

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

FORM APPROVED
 OMB NO. 0938-0050

WORKSHEET S
 PARTS I & II

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX		PROVIDER NO:		PERIOD		INTERMEDIARY USE ONLY		DATE RECEIVED:
COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY		14-0292		FROM 1/1/2010		--AUDITED --DESK REVIEW		/ /
				TO 12/31/2010		--INITIAL --REOPENED		INTERMEDIARY NO:
						--FINAL 1-MCR CODE		
						00 - # OF REOPENINGS		

ELECTRONICALLY FILED COST REPORT DATE: 5/27/2011 TIME 11:16

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:
 ADVENTIST GLENOAKS HOSPITAL 14-0292

FOR THE COST REPORTING PERIOD BEGINNING 1/1/2010 AND ENDING 12/31/2010 AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS A TRUE, CORRECT, AND COMPLETE STATEMENT PREPARED FROM THE BOOKS AND RECORDS OF THE PROVIDER IN ACCORDANCE WITH APPLICABLE INSTRUCTIONS, EXCEPT AS NOTED. I FURTHER CERTIFY THAT I AM FAMILIAR WITH THE LAWS AND REGULATIONS REGARDING THE PROVISION OF HEALTH CARE SERVICES, AND THAT THE SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

 OFFICER OR ADMINISTRATOR OF PROVIDER(S)

 TITLE

 DATE

PART II - SETTLEMENT SUMMARY

	TITLE V	A	TITLE XVIII	B	TITLE XIX	
	1	2	3	4	5	
1	HOSPITAL	0	565,767	42,587	0	
2	SUBPROVIDER	0	0	0	0	
100	TOTAL	0	565,767	42,587	0	

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

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX ADDRESS

1 STREET: 701 WINTHROP AVENUE P.O. BOX:
 1.01 CITY: GLENDALE HEIGHTS STATE: IL ZIP CODE: 60139- COUNTY: DUPAGE

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION:

COMPONENT	COMPONENT NAME	PROVIDER NO.	NPI NUMBER	DATE CERTIFIED	PAYMENT SYSTEM (P, T, O OR N)		
0	1	2	2.01	3	V	XVIII	XIX
02.00 HOSPITAL	ADVENTIST GLENOAKS HOSPITAL	14-0292		11/23/1982	4	5	6
03.00 SUBPROVIDER	GLEN OAKS MED CTR PSYCH UNIT	14-S292		1/1/1984	N	P	O
					N	P	T

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

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 42.105 LESS THAN OR EQUAL TO 100 BEDS, ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO. 1 N
- 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 16974
- 21.04 FOR STANDARD GEOGRAPHIC CLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE BEGINNING OF THE COST REPORTING PERIOD. ENTER (1)URBAN OR (2)RURAL 1
- 21.05 FOR STANDARD GEOGRAPHIC CLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE END OF THE COST REPORTING PERIOD. ENTER (1)URBAN OR (2)RURAL 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. 3 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). / /

25 IS THIS A TEACHING HOSPITAL OR AFFILIATED WITH A TEACHING HOSPITAL AND YOU ARE RECEIVING PAYMENTS FOR I&R? N

25.01 IS THIS TEACHING PROGRAM APPROVED IN ACCORDANCE WITH CMS PUB. 15-1, CHAPTER 4? N

25.02 IF LINE 25.01 IS YES, WAS MEDICARE PARTICIPATION AND APPROVED TEACHING PROGRAM STATUS IN EFFECT DURING THE FIRST MONTH OF THE COST REPORTING PERIOD? IF YES, COMPLETE WORKSHEET E-3, PART IV. IF NO, COMPLETE WORKSHEET D-2, PART II.

25.03 AS A TEACHING HOSPITAL, DID YOU ELECT COST REIMBURSEMENT FOR PHYSICIANS' SERVICES AS DEFINED IN CMS PUB. 15-1, SECTION 2148? IF YES, COMPLETE WORKSHEET D-9. N

25.04 ARE YOU CLAIMING COSTS ON LINE 70 OF WORKSHEET A? IF YES, COMPLETE WORKSHEET D-2, PART I. N

25.05 HAS YOUR FACILITY DIRECT GME FTE CAP (COLUMN 1) OR IME FTE CAP (COLUMN 2) BEEN REDUCED UNDER 42 CFR 413.79(c)(3) OR 42 CFR 412.105(f)(1)(iv)(B)? ENTER "Y" FOR YES OR "N" FOR NO IN THE APPLICABLE COLUMNS. (SEE INSTRUCTIONS) N N

25.06 HAS YOUR FACILITY RECEIVED ADDITIONAL DIRECT GME FTE RESIDENT CAP SLOTS OR IME FTE RESIDENTS CAP SLOTS UNDER 42 CFR 413.79(c)(4) OR 42 CFR 412.105(f)(1)(iv)(C)? ENTER "Y" FOR YES OR "N" FOR NO IN THE APPLICABLE COLUMNS (SEE INSTRUCTIONS) N N

25.07 HAS YOUR FACILITY TRAINED RESIDENTS IN NON-PROVIDER SETTINGS DURING THE COST REPORTING PERIOD? ENTER "Y" FOR YES OR "N" FOR NO IN COLUMN 1.

25.08 IF LINE 25.07 IS YES, ENTER IN COLUMN 1 THE WEIGHTED NUMBER OF NON-PRIMARY CARE FTE RESIDENTS ATTRIBUTABLE TO ROTATIONS OCCURRING IN ALL NON-PROVIDER SETTINGS. 0.00

IF LINE 25.07 IS YES, USE LINES 25.09 THROUGH 25.59 AS NECESSARY TO IDENTIFY THE PROGRAM NAME IN COLUMN 1, THE PROGRAM CODE IN COLUMN 2, AND THE NUMBER OF UNWEIGHTED PRIMARY CARE RESIDENTS FTES BY PROGRAM IN COLUMN 3 FOR EACH PRIMARY CARE SPECIALTY PROGRAM IN WHICH RESIDENTS ARE TRAINED. (SEE INSTRUCTIONS)

25.09 0000 0.00

26 IF THIS IS A SOLE COMMUNITY HOSPITAL (SCH), ENTER THE NUMBER OF PERIODS SCH STATUS IN EFFECT IN THE C/R PERIOD. ENTER BEGINNING AND ENDING DATES OF SCH STATUS ON LINE 26.01. SUBSCRIPT LINE 26.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES. 0

26.01 ENTER THE APPLICABLE SCH DATES: BEGINNING: / / ENDING: / /

26.02 ENTER THE APPLICABLE SCH DATES: BEGINNING: / / ENDING: / /

27 DOES THIS HOSPITAL HAVE AN AGREEMENT UNDER EITHER SECTION 1883 OR SECTION 1913 FOR SWING BEDS. IF YES, ENTER THE AGREEMENT DATE (MM/DD/YYYY) IN COLUMN 2. N / /

28 IF THIS FACILITY CONTAINS A HOSPITAL-BASED SNF, ARE ALL PATIENTS UNDER MANAGED CARE OR THERE WERE NO MEDICARE UTILIZATION ENTER "Y", IF "N" COMPLETE LINES 28.01 AND 28.02

28.01 IF HOSPITAL BASED SNF, ENTER APPROPRIATE TRANSITION PERIOD 1, 2, 3, OR 100 IN COLUMN 1. ENTER IN COLUMNS 2 AND 3 THE WAGE INDEX ADJUSTMENT FACTOR BEFORE AND ON OR AFTER THE OCTOBER 1ST (SEE INSTRUCTIONS) 1 2 3 4

 0 0.0000 0.0000

28.02 ENTER IN COLUMN 1 THE HOSPITAL BASED SNF FACILITY SPECIFIC RATE(FROM YOUR FISCAL INTERMEDIARY) IF YOU HAVE NOT TRANSITIONED TO 100% PPS SNF PPS PAYMENT. IN COLUMN 2 ENTER THE FACILITY CLASSIFICATION URBAN(1) OR RURAL (2). IN COLUMN 3 ENTER THE SNF MSA CODE OR TWO CHARACTER STATE CODE IF A RURAL BASED FACILITY. IN COLUMN 4, ENTER THE SNF CBSA CODE OR TWO CHARACTER CODE IF RURAL BASED FACILITY 0.00 0

A NOTICE PUBLISHED IN THE "FEDERAL REGISTER" VOL. 68, NO. 149 AUGUST 4, 2003 PROVIDED FOR AN INCREASE IN THE RUG PAYMENTS BEGINNING 10/01/2003. CONGRESS EXPECTED THIS INCREASE TO BE USED FOR DIRECT PATIENT CARE AND RELATED EXPENSES. ENTER IN COLUMN 1 THE PERCENTAGE OF TOTAL EXPENSES FOR EACH CATEGORY TO TOTAL SNF REVENUE FROM WORKSHEET G-2, PART I, LINE 6, COLUMN 3. INDICATE IN COLUMN 2 "Y" FOR YES OR "N" FOR NO IF THE SPENDING REFLECTS INCREASES ASSOCIATED WITH DIRECT PATIENT CARE AND RELATED EXPENSES FOR EACH CATEGORY. (SEE INSTR) % Y/N

28.03 STAFFING 0.00%

28.04 RECRUITMENT 0.00%

28.05 RETENTION 0.00%

28.06 TRAINING 0.00%

29 IS THIS A RURAL HOSPITAL WITH A CERTIFIED SNF WHICH HAS FEWER THAN 50 BEDS IN THE AGGREGATE FOR BOTH COMPONENTS, USING THE SWING BED OPTIONAL METHOD OF REIMBURSEMENT? N

30 DOES THIS HOSPITAL QUALIFY AS A RURAL PRIMARY CARE HOSPITAL (RPCH)/CRITICAL ACCESS HOSPITAL(CAH)? (SEE 42 CFR 485.606ff) N

30.01 IF SO, IS THIS THE INITIAL 12 MONTH PERIOD FOR THE FACILITY OPERATED AS AN RPCH/CAH? SEE 42 CFR 413.70

30.02 IF THIS FACILITY QUALIFIES AS AN RPCH/CAH, HAS IT ELECTED THE ALL-INCLUSIVE METHOD OF PAYMENT FOR OUTPATIENT SERVICES? (SEE INSTRUCTIONS)

30.03 IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIGIBLE FOR COST REIMBURSEMENT FOR AMBULANCE SERVICES? IF YES, ENTER IN COLUMN 2 THE DATE OF ELIGIBILITY DETERMINATION (DATE MUST BE ON OR AFTER 12/21/2000). N

30.04 IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIGIBLE FOR COST REIMBURSEMENT FOR I&R TRAINING PROGRAMS? ENTER "Y" FOR YES AND "N" FOR NO. IF YES, THE GME ELIMINATION WOULD NOT BE ON WORKSHEET B, PART I, COLUMN 26 AND THE PROGRAM WOULD BE COST REIMBURSED. IF YES COMPLETE WORKSHEET D-2, PART II N

31 IS THIS A RURAL HOSPITAL QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c). N

31.01 IS THIS A RURAL SUBPROVIDER 1 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c). N

31.02 IS THIS A RURAL SUBPROVIDER 2 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c). N

31.03 IS THIS A RURAL SUBPROVIDER 3 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c). N

31.04 IS THIS A RURAL SUBPROVIDER 4 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c). N

31.05 IS THIS A RURAL SUBPROVIDER 5 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c). N

MI SCELLANEOUS COST REPORT INFORMATION

- 32 IS THIS AN ALL-INCLUSIVE PROVIDER? IF YES, ENTER THE METHOD USED (A, B, OR E ONLY) COL 2. N
- 33 IS THIS A NEW HOSPITAL UNDER 42 CFR 412.300 PPS CAPITAL? ENTER "Y" FOR YES AND "N" FOR NO IN COLUMN 1. IF YES, FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 2002, DO YOU ELECT TO BE REIMBURSED AT 100% FEDERAL CAPITAL PAYMENT? ENTER "Y" FOR YES AND "N" FOR NO IN COLUMN 2. N
- 34 IS THIS A NEW HOSPITAL UNDER 42 CFR 413.40 (f)(1)(i) TEFRA? N
- 35 HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)? N
- 35.01 HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)? N
- 35.02 HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)? N
- 35.03 HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)? N
- 35.04 HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)? N

PROSPECTIVE PAYMENT SYSTEM (PPS)-CAPITAL

- 36 DO YOU ELECT FULLY PROSPECTIVE PAYMENT METHODOLOGY FOR CAPITAL COSTS? (SEE INSTRUCTIONS) V XVIII XIX
1 2 3
- 36.01 DOES YOUR FACILITY QUALIFY AND RECEIVE PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE WITH 42 CFR 412.320? (SEE INSTRUCTIONS) N Y Y
- 37 DO YOU ELECT HOLD HARMLESS PAYMENT METHODOLOGY FOR CAPITAL COSTS? (SEE INSTRUCTIONS) N N N
- 37.01 IF YOU ARE A HOLD HARMLESS PROVIDER, ARE YOU FILING ON THE BASIS OF 100% OF THE FED RATE? N N N

TITLE XIX INPATIENT SERVICES

- 38 DO YOU HAVE TITLE XIX INPATIENT HOSPITAL SERVICES? Y
- 38.01 IS THIS HOSPITAL REIMBURSED FOR TITLE XIX THROUGH THE COST REPORT EITHER IN FULL OR IN PART? Y
- 38.02 DOES THE TITLE XIX PROGRAM REDUCE CAPITAL FOLLOWING THE MEDICARE METHODOLOGY? Y
- 38.03 ARE TITLE XIX NF PATIENTS OCCUPYING TITLE XVIII SNF BEDS (DUAL CERTIFICATION)? N
- 38.04 DO YOU OPERATE AN ICF/MR FACILITY FOR PURPOSES OF TITLE XIX? N
- 40 ARE THERE ANY RELATED ORGANIZATION OR HOME OFFICE COSTS AS DEFINED IN CMS PUB 15-1, CHAP 10? IF YES, AND THIS FACILITY IS PART OF A CHAIN ORGANIZATION, ENTER IN COLUMN 2 THE CHAIN HOME OFFICE CHAIN NUMBER. (SEE INSTRUCTIONS). Y 108013
- 40.01 NAME: ADVENTIST HEALTH SYSTEM FI/CONTRACTOR NAME FIRST COAST SERVICE OPTIONS FI/CONTRACTOR # 90
- 40.02 STREET: 111 N. ORLANDO AVE P.O. BOX:
- 40.03 CITY: WINTER PARK STATE: FL ZIP CODE: 32789-
- 41 ARE PROVIDER BASED PHYSICIANS' COSTS INCLUDED IN WORKSHEET A? N
- 42 ARE PHYSICAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? Y
- 42.01 ARE OCCUPATIONAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N
- 42.02 ARE SPEECH PATHOLOGY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N
- 43 ARE RESPIRATORY THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N
- 44 IF YOU ARE CLAIMING COST FOR RENAL SERVICES ON WORKSHEET A, ARE THEY INPATIENT SERVICES ONLY? Y
- 45 HAVE YOU CHANGED YOUR COST ALLOCATION METHODOLOGY FROM THE PREVIOUSLY FILED COST REPORT? SEE CMS PUB. 15-11, SECTION 3617. IF YES, ENTER THE APPROVAL DATE IN COLUMN 2. N 00/00/0000
- 45.01 WAS THERE A CHANGE IN THE STATISTICAL BASIS?
- 45.02 WAS THERE A CHANGE IN THE ORDER OF ALLOCATION?
- 45.03 WAS THE CHANGE TO THE SIMPLIFIED COST FINDING METHOD?
- 46 IF YOU ARE PARTICIPATING IN THE NHCMQ DEMONSTRATION PROJECT (MUST HAVE A HOSPITAL-BASED SNF) DURING THIS COST REPORTING PERIOD, ENTER THE PHASE (SEE INSTRUCTIONS).

IF THIS FACILITY CONTAINS A PROVIDER THAT QUALIFIES FOR AN EXEMPTION FROM THE APPLICATION OF THE LOWER OF COSTS OR CHARGES, ENTER "Y" FOR EACH COMPONENT AND TYPE OF SERVICE THAT QUALIFIES FOR THE EXEMPTION. ENTER "N" IF NOT EXEMPT. (SEE 42 CFR 413.13.)

	PART A	PART B	OUTPATIENT ASC	OUTPATIENT RADIOLOGY	OUTPATIENT DIAGNOSTIC
	1	2	3	4	5
47.00 HOSPITAL	N	N	N	N	N
48.00 SUBPROVIDER	N	N	N	N	N

- 52 DOES THIS HOSPITAL CLAIM EXPENDITURES FOR EXTRAORDINARY CIRCUMSTANCES IN ACCORDANCE WITH 42 CFR 412.348(e)? (SEE INSTRUCTIONS) N
- 52.01 IF YOU ARE A FULLY PROSPECTIVE OR HOLD HARMLESS PROVIDER ARE YOU ELIGIBLE FOR THE SPECIAL EXCEPTIONS PAYMENT PURSUANT TO 42 CFR 412.348(g)? IF YES, COMPLETE WORKSHEET L, PART IV N
- 53 IF YOU ARE A MEDICARE DEPENDENT HOSPITAL (MDH), ENTER THE NUMBER OF PERIODS MDH STATUS IN EFFECT. ENTER BEGINNING AND ENDING DATES OF MDH STATUS ON LINE 53.01. SUBSCRIPT LINE 53.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES. 0
- 53.01 MDH PERIOD: BEGINNING: / / ENDING: / /
- 54 LIST AMOUNTS OF MALPRACTICE PREMIUMS AND PAID LOSSES:
PREMIUMS: 895,488
PAID LOSSES: 0
AND/OR SELF INSURANCE: 0
- 54.01 ARE MALPRACTICE PREMIUMS AND PAID LOSSES REPORTED IN OTHER THAN THE ADMINISTRATIVE AND GENERAL COST CENTER? IF YES, SUBMIT SUPPORTING SCHEDULE LISTING COST CENTERS AND AMOUNTS CONTAINED THEREIN. N
- 55 DOES YOUR FACILITY QUALIFY FOR ADDITIONAL PROSPECTIVE PAYMENT IN ACCORDANCE WITH 42 CFR 412.107. ENTER "Y" FOR YES AND "N" FOR NO. N

LINE	DESCRIPTION	DATE	Y OR N	LIMIT	Y OR N	FEES
		0	1	2	3	4
56	ARE YOU CLAIMING AMBULANCE COSTS? IF YES, ENTER IN COLUMN 2 THE PAYMENT LIMIT PROVIDED FROM YOUR FISCAL INTERMEDIARY AND THE APPLICABLE DATES FOR THOSE LIMITS IN COLUMN 0. IF THIS IS THE FIRST YEAR OF OPERATION NO ENTRY IS REQUIRED IN COLUMN 2. IF COLUMN 1 IS Y, ENTER Y OR N IN COLUMN 3 WHETHER THIS IS YOUR FIRST YEAR OF OPERATIONS FOR RENDERING AMBULANCE SERVICES. ENTER IN COLUMN 4, IF APPLICABLE, THE FEE SCHEDULES AMOUNTS FOR THE PERIOD BEGINNING ON OR AFTER 4/1/2002.		N	0.00		0
56.01	ENTER SUBSEQUENT AMBULANCE PAYMENT LIMIT AS REQUIRED. SUBSCRIPT IF MORE THAN 2 LIMITS APPLY. ENTER IN COLUMN 4 THE FEE SCHEDULES AMOUNTS FOR INITIAL OR SUBSEQUENT PERIOD AS APPLICABLE.			0.00		0
56.02	THIRD AMBULANCE LIMIT AND FEE SCHEDULE IF NECESSARY.			0.00		0
56.03	FOURTH AMBULANCE LIMIT AND FEE SCHEDULE IF NECESSARY.			0.00		0
57	ARE YOU CLAIMING NURSING AND ALLIED HEALTH COSTS?		N			
58	ARE YOU AN INPATIENT REHABILITATION FACILITY (IRF), OR DO YOU CONTAIN AN IRF SUBPROVIDER? ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES HAVE YOU MADE THE ELECTION FOR 100% FEDERAL PPS REIMBURSEMENT? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. THIS OPTION IS ONLY AVAILABLE FOR COST REPORTING PERIODS BEGINNING ON OR AFTER 1/1/2002 AND BEFORE 10/1/2002.		N			
58.01	IF LINE 58 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER "Y" FOR YES OR "N" FOR NO. IS THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR SEC. 412.424(d)(1)(iii)(2)? ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO. IF COLUMN 2 IS Y, ENTER 1, 2 OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS). IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5. (SEE INSTR).					
59	ARE YOU A LONG TERM CARE HOSPITAL (LTCH)? ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES, HAVE YOU MADE THE ELECTION FOR 100% FEDERAL PPS REIMBURSEMENT? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. (SEE INSTRUCTIONS)		N			
60	ARE YOU AN INPATIENT PSYCHIATRIC FACILITY (IPF), OR DO YOU CONTAIN AN IPF SUBPROVIDER? ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES, IS THE IPF OR IPF SUBPROVIDER A NEW FACILITY? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. (SEE INSTRUCTIONS)		Y			
60.01	IF LINE 60 COLUMN 1 IS Y, AND THE FACILITY IS AN IPF SUBPROVIDER, WERE RESIDENTS TRAINING IN THIS FACILITY IN ITS MOST RECENT COST REPORTING PERIOD FILED BEFORE NOV. 15, 2004? ENTER "Y" FOR YES AND "N" FOR NO. IS THIS FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR §412.424(d)(1)(iii)(C)? ENTER IN COL. 2 "Y" FOR YES OR "N" FOR NO. IF COL. 2 IS Y, ENTER 1, 2 OR 3 RESPECTIVELY IN COL. 3, (SEE INSTRUC). IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COL. 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5. (SEE INSTRUC).		N	N	0	

MULTI CAMPUS

61.00	IS THIS FACILITY PART OF A MULTICAMPUS HOSPITAL THAT HAS ONE OR MORE CAMPUSES IN DIFFERENT CBSA? ENTER "Y" FOR YES AND "N" FOR NO.					N
	IF LINE 61 IS YES, ENTER THE NAME IN COL. 0, COUNTY IN COL. 1, STATE IN COL. 2, ZIP IN COL. 3, CBSA IN COL. 4 AND FTE/CAMPUS IN COL. 5.					

LINE	NAME	COUNTY	STATE	ZIP CODE	CBSA	FTE/CAMPUS
62.00						0.00

SETTLEMENT DATA

63.00	WAS THE COST REPORT FILED USING THE PS&R (EITHER IN ITS ENTIRETY OR FOR TOTAL CHARGES AND DAYS ONLY)? ENTER "Y" FOR YES AND "N" FOR NO IN COL. 1. IF COL. 1 IS "Y", ENTER THE "PAID THROUGH" DATE OF THE PS&R IN COL. 2 (MM/DD/YYYY).				N	/ /
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MISCELLANEOUS DATA

64.00	DID THIS FACILITY INCUR AND REPORT COSTS FOR IMPLANTABLE DEVICES CHARGED TO PATIENTS? ENTER IN COLUMN 1 "Y" FOR YES OR "N" FOR NO.				Y	
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COMPONENT	NO. OF BEDS 1	BED DAYS AVAILABLE 2	CAH N/A 2.01	TITLE V 3	I/P DAYS / TITLE XVII 4	O/P VISITS / NOT LTCH N/A 4.01	TRIPS TOTAL TITLE XIX 5
1 ADULTS & PEDIATRICS	117	42,705			9,051		10,212
2 HMO					446		
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS	117	42,705			9,051		10,212
6 INTENSIVE CARE UNIT	10	3,650			1,367		347
11 NURSERY							1,063
12 TOTAL	127	46,355			10,418		11,622
13 RPCH VISITS							
14 SUBPROVIDER I	16	5,840			3,877		682
18 HOME HEALTH AGENCY							
23 10 CMHC							
23 20 OUTPATIENT PHYSICAL THERAPY							
23 30 OUTPATIENT OCCUPATIONAL THER							
23 40 OUTPATIENT SPEECH PATHOLOGY							
24 RHC							
24 10 FOHC							
25 TOTAL	143						
26 OBSERVATION BED DAYS							235
26 01 OBSERVATION BED DAYS-SUB I							
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							
29 LABOR & DELIVERY DAYS							76

COMPONENT	TITLE XIX ADMITTED 5.01	I/P DAYS / OBSERVATION BEDS NOT ADMITTED 5.02	O/P VISITS / TOTAL ALL PATS 6	TRIPS / TOTAL OBSERVATION BEDS ADMITTED 6.01	INTERNS & RES. LESS I&R REPL NON-PHYS ANES 7	FTES 8
1 ADULTS & PEDIATRICS			22,508			
2 HMO						
2 01 HMO - (IRF PPS SUBPROVIDER)						
3 ADULTS & PED-SB SNF						
4 ADULTS & PED-SB NF						
5 TOTAL ADULTS AND PEDS			22,508			
6 INTENSIVE CARE UNIT			2,644			
11 NURSERY			1,190			
12 TOTAL			26,342			
13 RPCH VISITS						
14 SUBPROVIDER I			4,731			
18 HOME HEALTH AGENCY						
23 10 CMHC						
23 20 OUTPATIENT PHYSICAL THERAPY						
23 30 OUTPATIENT OCCUPATIONAL THER						
23 40 OUTPATIENT SPEECH PATHOLOGY						
24 RHC						
24 10 FOHC						
25 TOTAL						
26 OBSERVATION BED DAYS			940			
26 01 OBSERVATION BED DAYS-SUB I						
27 AMBULANCE TRIPS						
28 EMPLOYEE DISCOUNT DAYS						
28 01 EMP DISCOUNT DAYS -IRF						
29 LABOR & DELIVERY DAYS			80			

COMPONENT	I & R FTES NET 9	FULL TIME EMPLOYEES ON PAYROLL 10	EQUIV NONPAID WORKERS 11	TITLE V 12	DISCHARGES TITLE XVIII 13	TITLE XIX 14	TOTAL ALL PATIENTS 15
1 ADULTS & PEDIATRICS					1,616	2,409	5,047
2 HMO							
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS							
6 INTENSIVE CARE UNIT							
11 NURSERY							
12 TOTAL		505.92			1,616	2,409	5,047
13 RPCH VISITS							
14 SUBPROVIDER I		28.78			314	65	398
18 HOME HEALTH AGENCY							
23 10 CMHC							
23 20 OUTPATIENT PHYSICAL THERAPY							
23 30 OUTPATIENT OCCUPATIONAL THER							
23 40 OUTPATIENT SPEECH PATHOLOGY							
24 RHC							
24 10 FOHC							

COMPONENT	I & R FTES	--- FULL TIME	EQUIV ---	DISCHARGES			TOTAL ALL PATIENTS
	NET	EMPLOYEES ON PAYROLL	NONPAID WORKERS	TITLE V	TITLE XVIII	TITLE XIX	
25 TOTAL	9	534.70	11	12	13	14	15
26 OBSERVATION BED DAYS							
26 01 OBSERVATION BED DAYS-SUB I							
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							
29 LABOR & DELIVERY DAYS							

PART II - WAGE DATA	AMOUNT REPORTED 1	RECLASS OF SALARIES 2	ADJUSTED SALARIES 3	PAID HOURS RELATED TO SALARY 4	AVERAGE HOURLY WAGE 5	DATA SOURCE 6
SALARIES						
1 TOTAL SALARY	32,458,688	21,725	32,480,413	1,119,416.00	29.02	
2 NON-PHYSICIAN ANESTHETIST PART A						
3 NON-PHYSICIAN ANESTHETIST PART B						
4 PHYSICIAN - PART A						
4.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
5 PHYSICIAN - PART B						
5.01 NON-PHYSICIAN - PART B						
6 INTERNS & RESIDENTS (APPRVD)						
6.01 CONTRACT SERVICES, I&R						
7 HOME OFFICE PERSONNEL SNF	2,857,693		2,857,693	41,066.00	69.59	
8						
8.01 EXCLUDED AREA SALARIES	4,608,970	289,108	4,898,078	178,251.00	27.48	
OTHER WAGES & RELATED COSTS						
9 CONTRACT LABOR:	598,577		598,577	8,444.00	70.89	
9.01 PHARMACY SERVICES UNDER CONTRACT						
9.02 LABORATORY SERVICES UNDER CONTRACT						
9.03 MANAGEMENT & ADMINISTRATIVE UNDER CONTRACT	1,394		1,394	72.00	19.36	
10 CONTRACT LABOR: PHYS PART A						
10.01 TEACHING PHYSICIAN UNDER CONTRACT (SEE INSTRUCTIONS)						
11 HOME OFFICE SALARIES & WAGE RELATED COSTS	2,625,008		2,625,008	39,426.00	66.58	HO CR 10-8013
12 HOME OFFICE: PHYS PART A						
12.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
WAGE RELATED COSTS						
13 WAGE-RELATED COSTS (CORE)	8,760,467		8,760,467			CMS 339
14 WAGE-RELATED COSTS (OTHER)						CMS 339
15 EXCLUDED AREAS	1,515,111		1,515,111			CMS 339
16 NON-PHYS ANESTHETIST PART A						CMS 339
17 NON-PHYS ANESTHETIST PART B						CMS 339
18 PHYSICIAN PART A						CMS 339
18.01 PART A TEACHING PHYSICIANS						CMS 339
19 PHYSICIAN PART B						CMS 339
19.01 WAGE-RELATED COSTS (RHC/FOHC)						CMS 339
20 INTERNS & RESIDENTS (APPRVD)						CMS 339
OVERHEAD COSTS - DIRECT SALARIES						
21 EMPLOYEE BENEFITS	48,330	203,713	252,043	7,815.00	32.25	
22 ADMINISTRATIVE & GENERAL A & G UNDER CONTRACT	4,519,863	-876,779	3,643,084	122,795.00	29.67	
23 MAINTENANCE & REPAIRS						
24 OPERATION OF PLANT	860,533	236,689	1,097,222	43,919.00	24.98	
25 LAUNDRY & LINEN SERVICE						
26 HOUSEKEEPING	664,956		664,956	49,865.00	13.34	
26.01 HOUSEKEEPING UNDER CONTRACT						
27 DIETARY	742,555	-493,153	249,402	16,593.00	15.03	
27.01 DIETARY UNDER CONTRACT						
28 CAFETERIA		493,153	493,153	32,781.00	15.04	
29 MAINTENANCE OF PERSONNEL						
30 NURSING ADMINISTRATION	1,119,491	233,557	1,353,048	34,638.00	39.06	
31 CENTRAL SERVICE AND SUPPLY	235,664		235,664	13,954.00	16.89	
32 PHARMACY	1,138,976	-102,458	1,036,518	28,769.00	36.03	
33 MEDICAL RECORDS & MEDICAL RECORDS LIBRARY	367,695	62,197	429,892	21,827.00	19.70	
34 SOCIAL SERVICE						
35 OTHER GENERAL SERVICE						
PART III - HOSPITAL WAGE INDEX SUMMARY						
1 NET SALARIES	29,600,995	21,725	29,622,720	1,078,350.00	27.47	
2 EXCLUDED AREA SALARIES	4,608,970	289,108	4,898,078	178,251.00	27.48	
3 SUBTOTAL SALARIES	24,992,025	-267,383	24,724,642	900,099.00	27.47	
4 SUBTOTAL OTHER WAGES & RELATED COSTS	3,224,979		3,224,979	47,942.00	67.27	
5 SUBTOTAL WAGE-RELATED COSTS	8,760,467		8,760,467		35.43	
6 TOTAL	36,977,471	-267,383	36,710,088	948,041.00	38.72	
7 NET SALARIES						
8 EXCLUDED AREA SALARIES						
9 SUBTOTAL SALARIES						
10 SUBTOTAL OTHER WAGES & RELATED COSTS						
11 SUBTOTAL WAGE-RELATED COSTS						

DESCRIPTION

UNCOMPENSATED CARE INFORMATION	
1	DO YOU HAVE A WRITTEN CHARITY CARE POLICY?
2	ARE PATIENTS WRITE-OFFS IDENTIFIED AS CHARITY? IF YES ANSWER LINES 2.01 THRU 2.04
2.01	IS IT AT THE TIME OF ADMISSION?
2.02	IS IT AT THE TIME OF FIRST BILLING?
2.03	IS IT AFTER SOME COLLECTION EFFORT HAS BEEN MADE?
2.04	
3	ARE CHARITY WRITE-OFFS MADE FOR PARTIAL BILLS?
4	ARE CHARITY DETERMINATIONS BASED UPON ADMINISTRATIVE JUDGMENT WITHOUT FINANCIAL DATA?
5	ARE CHARITY DETERMINATIONS BASED UPON INCOME DATA ONLY?
6	ARE CHARITY DETERMINATIONS BASED UPON NET WORTH (ASSETS) DATA?
7	ARE CHARITY DETERMINATIONS BASED UPON INCOME AND NET WORTH DATA?
8	DOES YOUR ACCOUNTING SYSTEM SEPARATELY IDENTIFY BAD DEBT AND CHARITY CARE? IF YES ANSWER 8.01
8.01	DO YOU SEPARATELY ACCOUNT FOR INPATIENT AND OUTPATIENT SERVICES?
9	IS DISCERNING CHARITY FROM BAD DEBT A HIGH PRIORITY IN YOUR INSTITUTION? IF NO ANSWER 9.01 THRU 9.04
9.01	IS IT BECAUSE THERE IS NOT ENOUGH STAFF TO DETERMINE ELIGIBILITY?
9.02	IS IT BECAUSE THERE IS NO FINANCIAL INCENTIVE TO SEPARATE CHARITY FROM BAD DEBT?
9.03	IS IT BECAUSE THERE IS NO CLEAR DIRECTIVE POLICY ON CHARITY DETERMINATION?
9.04	IS IT BECAUSE YOUR INSTITUTION DOES NOT DEEM THE DISTINCTION IMPORTANT?
10	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, WHAT IS THE MAXIMUM INCOME THAT CAN BE EARNED BY PATIENTS (SINGLE WITHOUT DEPENDENT) AND STILL DETERMINED TO BE A CHARITY WRITE OFF?
11	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, IS THE INCOME DIRECTLY TIED TO FEDERAL POVERTY LEVEL? IF YES ANSWER 11.01 THRU 11.04
11.01	IS THE PERCENTAGE LEVEL USED LESS THAN 100% OF THE FEDERAL POVERTY LEVEL?
11.02	IS THE PERCENTAGE LEVEL USED BETWEEN 100% AND 150% OF THE FEDERAL POVERTY LEVEL?
11.03	IS THE PERCENTAGE LEVEL USED BETWEEN 150% AND 200% OF THE FEDERAL POVERTY LEVEL?
11.04	IS THE PERCENTAGE LEVEL USED GREATER THAN 200% OF THE FEDERAL POVERTY LEVEL?
12	ARE PARTIAL WRITE-OFFS GIVEN TO HIGHER INCOME PATIENTS ON A GRADUAL SCALE?
13	IS THERE CHARITY CONSIDERATION GIVEN TO HIGH NET WORTH PATIENTS WHO HAVE CATASTROPHIC OR OTHER EXTRAORDINARY MEDICAL EXPENSES?
14	IS YOUR HOSPITAL STATE OR LOCAL GOVERNMENT OWNED? IF YES ANSWER LINES 14.01 AND 14.02
14.01	DO YOU RECEIVE DIRECT FINANCIAL SUPPORT FROM THAT GOVERNMENT ENTITY FOR THE PURPOSE OF PROVIDING COMPENSATED CARE?
14.02	WHAT PERCENTAGE OF THE AMOUNT ON LINE 14.01 IS FROM GOVERNMENT FUNDING?
15	DO YOU RECEIVE RESTRICTED GRANTS FOR RENDERING CARE TO CHARITY PATIENTS?
16	ARE OTHER NON-RESTRICTED GRANTS USED TO SUBSIDIZE CHARITY CARE?
UNCOMPENSATED CARE REVENUES	
17	REVENUE FROM UNCOMPENSATED CARE
17.01	GROSS MEDICAID REVENUES 28,112,667
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 28,112,667
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) .277206
25	TOTAL STATE AND LOCAL INDIGENT CARE PROGRAM COST (LINE 23 * LINE 24)
26	TOTAL SCHIP CHARGES FROM YOUR RECORDS

DESCRIPTION

27	TOTAL SCHIP COST, (LINE 24 * LINE 26)	
28	TOTAL GROSS MEDICAID CHARGES FROM YOUR RECORDS	69,314,206
29	TOTAL GROSS MEDICAID COST (LINE 24 * LINE 28)	19,214,314
30	OTHER UNCOMPENSATED CARE CHARGES FROM YOUR RECORDS	16,912,897
31	UNCOMPENSATED CARE COST (LINE 24 * LINE 30)	4,688,357
32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL (SUM OF LINES 25, 27, AND 29)	19,214,314

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					
3	0300 NEW CAP REL COSTS-BLDG & FIXT				6,671,586	6,671,586
4	0400 NEW CAP REL COSTS-MVBLE EQUIP				2,724,253	2,724,253
5	0500 EMPLOYEE BENEFITS	48,330	1,556,510	1,604,840	3,521,224	5,126,064
6.01	1160 COMMUNICATIONS		334,074	334,074	-5,437	328,637
6.02	0620 DATA PROCESSING					
6.03	0630 PURCHASING					
6.04	0640 ADMINISTRATION	507,194	47,963	555,157	-600	554,557
6.06	0660 ADMIN & GENERAL	4,012,669	19,625,786	23,638,455	-8,366,601	15,271,854
7	0700 MAINTENANCE & REPAIRS					
8	0800 OPERATION OF PLANT	860,533	1,999,273	2,859,806	1,316,603	4,176,409
9	0900 LAUNDRY & LINEN SERVICE					
10	1000 HOUSEKEEPING	664,956	240,282	905,238	-904	904,334
11	1100 DIETARY	742,555	549,741	1,292,296	-864,714	427,582
12	1200 CAFETERIA				858,252	858,252
13	1300 MAINTENANCE OF PERSONNEL					
14	1400 NURSING ADMINISTRATION	1,119,491	380,672	1,500,163	240,544	1,740,707
15	1500 CENTRAL SERVICES & SUPPLY	235,664	398,498	634,162	-445,222	188,940
16	1600 PHARMACY	1,138,976	2,818,446	3,957,422	-3,467,554	489,868
17	1700 MEDICAL RECORDS & LIBRARY	367,695	155,079	522,774	77,772	600,546
18	1800 SOCIAL SERVICE					
20	2000 NONPHYSICIAN ANESTHETISTS					
21	2100 NURSING SCHOOL					
22	2200 I&R SERVICES-SALARY & FRINGES APPRVD					
23	2300 I&R SERVICES-OTHER PRGM COSTS APPRVD					
24	2400 PARAMEDICAL PRGM-(SPECIFY) INPAT ROUTINE SRVC CNTRS					
25	2500 ADULTS & PEDIATRICS	8,762,251	2,025,086	10,787,337	-1,696,978	9,090,359
26	2600 INTENSIVE CARE UNIT	1,801,806	506,824	2,308,630	-140,974	2,167,656
31	3100 SUBPROVIDER I	1,558,824	272,518	1,831,342	191,111	2,022,453
33	3300 NURSERY		4,650	4,650	551,368	556,018
	ANCILLARY SRVC COST CNTRS					
37	3700 OPERATING ROOM	635,188	816,704	1,451,892	-626,491	825,401
38	3800 RECOVERY ROOM	204,002	20,996	224,998		224,998
39	3900 DELIVERY ROOM & LABOR ROOM	603	27,703	28,306	924,666	952,972
40	4000 ANESTHESIOLOGY	39,439	41,630	81,069	-1,487	79,582
41	4100 RADIOLOGY-DIAGNOSTIC	912,291	586,330	1,498,621	84,135	1,582,756
41.01	4101 MRI	484,268	109,445	593,713	-10	593,703
43.01	3450 NUCLEAR MEDICINE	149,167	108,536	257,703	-91,682	166,021
44	4400 LABORATORY	1,127,352	1,336,754	2,464,106	-31,567	2,432,539
46.30	4650 BLOOD CLOTTING FACTORS ADMIN COSTS					
49	4900 RESPIRATORY THERAPY	578,712	140,101	718,813	-1,621	717,192
50	5000 PHYSICAL THERAPY	283,733	272,292	556,025	-73,213	482,812
51	5100 OCCUPATIONAL THERAPY	142	5,447	5,589		5,589
52	5200 SPEECH PATHOLOGY					
53	5300 ELECTROCARDIOLOGY	283,302	179,097	462,399	-1,061	461,338
53.01	3120 CARDIAC CATH LAB	561,080	1,651,380	2,212,460	-1,212,955	999,505
54	5400 ELECTROENCEPHALOGRAPHY	104,413	20,579	124,992		124,992
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS				1,350,396	1,350,396
55.30	5530 IMPL. DEV. CHARGED TO PATIENT				1,683,346	1,683,346
56	5600 DRUGS CHARGED TO PATIENTS				2,615,845	2,615,845
57	5700 RENAL DIALYSIS		195,804	195,804		195,804
58.01	5801 OP SURGERY	370,423	768,329	1,138,752	-678,262	460,490
58.02	3550 OP PSYCH SERVICES					
58.03	3551 CHEMICAL DEPENDENCY					
58.04	3950 PAIN CLINIC	20,295	6,454	26,749	-367	26,382
59	3951 SLEEP LAB					
	OUTPAT SERVICE COST CNTRS					
60	6000 CLINIC	66,014	120,121	186,135	-42,742	143,393
61	6100 EMERGENCY	1,767,174	1,139,824	2,906,998	-180	2,906,818
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)					
63.50	6310 RHC					
63.60	6320 FQHC					
	OTHER REIMBURS COST CNTRS					
69.10	6910 CMHC					
69.20	6920 OUTPATIENT PHYSICAL THERAPY					
69.30	6930 OUTPATIENT OCCUPATIONAL THERAPY					
69.40	6940 OUTPATIENT SPEECH PATHOLOGY					
71	7100 HOME HEALTH AGENCY					
	SPEC PURPOSE COST CENTERS					
85.01	8510 PANCREAS ACQUISITION					
85.02	8520 INTESTINAL ACQUISITION					
85.03	8530 ISLET CELL ACQUISITION					
88	8800 INTEREST EXPENSE		3,983,582	3,983,582	-5,719,853	-1,736,271
95	SUBTOTALS	29,408,542	42,446,510	71,855,052	-659,374	71,195,678
	NONREIMBURS COST CENTERS					
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN					
98	9800 PHYSICIANS' PRIVATE OFFICES	24,669	3,163,214	3,187,883		3,187,883
98.01	9802 THERAPEUTIC DAY SCHOOL	3,025,477	1,194,730	4,220,207		4,220,207
98.02	9801 RESP OUTSOURCE					
98.03	9803 OP PHARMACY				659,374	659,374
101	TOTAL	32,458,688	46,804,454	79,263,142	-0-	79,263,142

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

PROVIDER NO: 14-0292
PERIOD: FROM 1/1/2010 TO 12/31/2010
PREPARED 5/27/2011
WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS	NET EXPENSES FOR ALLOC
		6	7
	GENERAL SERVICE COST CNTR		
3	0300 NEW CAP REL COSTS-BLDG & FIXT	-1,897,906	4,773,680
4	0400 NEW CAP REL COSTS-MVBLE EQUIP	8,042	2,732,295
5	0500 EMPLOYEE BENEFITS	160,421	5,286,485
6.01	1160 COMMUNICATIONS	-57,179	271,458
6.02	0620 DATA PROCESSING		
6.03	0630 PURCHASING		
6.04	0640 ADMITTING		554,557
6.06	0660 ADMIN & GENERAL	-5,584,963	9,686,891
7	0700 MAINTENANCE & REPAIRS		
8	0800 OPERATION OF PLANT	-28,413	4,147,996
9	0900 LAUNDRY & LINEN SERVICE		
10	1000 HOUSEKEEPING		904,334
11	1100 DIETARY	-6,357	421,225
12	1200 CAFETERIA	-63,551	794,701
13	1300 MAINTENANCE OF PERSONNEL		
14	1400 NURSING ADMINISTRATION	-511	1,740,196
15	1500 CENTRAL SERVICES & SUPPLY		188,940
16	1600 PHARMACY		489,868
17	1700 MEDICAL RECORDS & LIBRARY	35,480	636,026
18	1800 SOCIAL SERVICE		
20	2000 NONPHYSICIAN ANESTHETISTS		
21	2100 NURSING SCHOOL		
22	2200 I&R SERVICES-SALARY & FRINGES APPRVD		
23	2300 I&R SERVICES-OTHER PRGM COSTS APPRVD		
24	2400 PARAMED ED PRGM-(SPECIFY) INPAT ROUTINE SRVC CNTRS		
25	2500 ADULTS & PEDIATRICS		9,090,359
26	2600 INTENSIVE CARE UNIT		2,167,656
31	3100 SUBPROVIDER I		2,022,453
33	3300 NURSERY		556,018
	ANCILLARY SRVC COST CNTRS		
37	3700 OPERATING ROOM		825,401
38	3800 RECOVERY ROOM		224,998
39	3900 DELIVERY ROOM & LABOR ROOM		952,972
40	4000 ANESTHESIOLOGY		79,582
41	4100 RADIOLOGY-DIAGNOSTIC	-825	1,581,931
41.01	4101 MRI		593,703
43.01	3450 NUCLEAR MEDICINE		166,021
44	4400 LABORATORY		2,432,539
46.30	4650 BLOOD CLOTTING FACTORS ADMIN COSTS		
49	4900 RESPIRATORY THERAPY		717,192
50	5000 PHYSICAL THERAPY	-10	482,802
51	5100 OCCUPATIONAL THERAPY		5,589
52	5200 SPEECH PATHOLOGY		
53	5300 ELECTROCARDIOLOGY		461,338
53.01	3120 CARDIAC CATH LAB		999,505
54	5400 ELECTROENCEPHALOGRAPHY		124,992
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS		1,350,396
55.30	5530 IMPL. DEV. CHARGED TO PATIENT		1,683,346
56	5600 DRUGS CHARGED TO PATIENTS	-673,784	1,942,061
57	5700 RENAL DIALYSIS		195,804
58.01	5801 OP SURGERY		460,490
58.02	3550 OP PSYCH SERVICES	-5,914,835	-5,914,835
58.03	3551 CHEMICAL DEPENDENCY		
58.04	3950 PAIN CLINIC		26,382
59	3951 SLEEP LAB		
	OUTPAT SERVICE COST CNTRS		
60	6000 CLINIC	-22,234	121,159
61	6100 EMERGENCY		2,906,818
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)		
63.50	6310 RHC		
63.60	6320 FQHC		
	OTHER REIMBURS COST CNTRS		
69.10	6910 CMHC		
69.20	6920 OUTPATIENT PHYSICAL THERAPY		
69.30	6930 OUTPATIENT OCCUPATIONAL THERAPY		
69.40	6940 OUTPATIENT SPEECH PATHOLOGY		
71	7100 HOME HEALTH AGENCY		
	SPEC PURPOSE COST CENTERS		
85.01	8510 PANCREAS ACQUISITION		
85.02	8520 INTESTINAL ACQUISITION		
85.03	8530 ISLET CELL ACQUISITION		
88	8800 INTEREST EXPENSE	1,736,271	-0-
95	SUBTOTALS	-12,310,354	58,885,324
	NONREIMBURS COST CENTERS		
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN		
98	9800 PHYSICIANS' PRIVATE OFFICES		3,187,883
98.01	9802 THERAPEUTIC DAY SCHOOL		4,220,207
98.02	9801 RESP OUTSOURCE		
98.03	9803 OP PHARMACY		659,374
101	TOTAL	-12,310,354	66,952,788

COST CENTERS USED IN COST REPORT

I PROVIDER NO: I PERIOD: I PREPARED 5/27/2011
 I 14-0292 I FROM 1/ 1/2010 I NOT A CMS WORKSHEET
 I I TO 12/31/2010 I

LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
	GENERAL SERVICE COST		
3	NEW CAP REL COSTS-BLDG & FIXT	0300	
4	NEW CAP REL COSTS-MVBLE EQUIP	0400	
5	EMPLOYEE BENEFITS	0500	
6.01	COMMUNICATIONS	1160	COMMUNICATIONS
6.02	DATA PROCESSING	0620	DATA PROCESSING
6.03	PURCHASING	0630	PURCHASING, RECEIVING AND STORES
6.04	ADMITTING	0640	ADMITTING
6.06	ADMIN & GENERAL	0660	OTHER ADMINISTRATIVE AND GENERAL
7	MAINTENANCE & REPAIRS	0700	
8	OPERATION OF PLANT	0800	
9	LAUNDRY & LINEN SERVICE	0900	
10	HOUSEKEEPING	1000	
11	DIETARY	1100	
12	CAFETERIA	1200	
13	MAINTENANCE OF PERSONNEL	1300	
14	NURSING ADMINISTRATION	1400	
15	CENTRAL SERVICES & SUPPLY	1500	
16	PHARMACY	1600	
17	MEDICAL RECORDS & LIBRARY	1700	
18	SOCIAL SERVICE	1800	
20	NONPHYSICIAN ANESTHETISTS	2000	
21	NURSING SCHOOL	2100	
22	I&R SERVICES-SALARY & FRINGES APPRVD	2200	
23	I&R SERVICES-OTHER PRGM COSTS APPRVD	2300	
24	PARAMED PRGM-(SPECIFY)	2400	
	INPAT ROUTINE SRVC		
25	ADULTS & PEDIATRICS	2500	
26	INTENSIVE CARE UNIT	2600	
31	SUBPROVIDER I	3100	
33	NURSERY	3300	
	ANCILLARY SRVC COST		
37	OPERATING ROOM	3700	
38	RECOVERY ROOM	3800	
39	DELIVERY ROOM & LABOR ROOM	3900	
40	ANESTHESIOLOGY	4000	
41	RADIOLOGY-DIAGNOSTIC	4100	
41.01	MRI	4101	RADIOLOGY-DIAGNOSTIC
43.01	NUCLEAR MEDICINE	3450	NUCLEAR MEDICINE-DIAGNOSTIC
44	LABORATORY	4400	
46.30	BLOOD CLOTTING FACTORS ADMIN COSTS	4650	BLOOD CLOTTING FOR HEMOPHILIACS
49	RESPIRATORY THERAPY	4900	
50	PHYSICAL THERAPY	5000	
51	OCCUPATIONAL THERAPY	5100	
52	SPEECH PATHOLOGY	5200	
53	ELECTROCARDIOLOGY	5300	
53.01	CARDIAC CATH LAB	3120	CARDIAC CATHETERIZATION LABORATORY
54	ELECTROENCEPHALOGRAPHY	5400	
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	5500	
55.30	IMPL. DEV. CHARGED TO PATIENT	5530	IMPL. DEV. CHARGED TO PATIENT
56	DRUGS CHARGED TO PATIENTS	5600	
57	RENAL DIALYSIS	5700	
58.01	OP SURGERY	5801	ASC (NON-DISTINCT PART)
58.02	OP PSYCH SERVICES	3550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES
58.03	CHEMICAL DEPENDENCY	3551	PSYCHIATRIC/PSYCHOLOGICAL SERVICES
58.04	PAIN CLINIC	3950	OTHER ANCILLARY SERVICE COST CENTERS
59	SLEEP LAB	3951	OTHER ANCILLARY SERVICE COST CENTERS
	OUTPAT SERVICE COST		
60	CLINIC	6000	
61	EMERGENCY	6100	
62	OBSERVATION BEDS (NON-DISTINCT PART)	6200	
63.50	RHC	6310	RURAL HEALTH CLINIC #####
63.60	FQHC	6320	FEDERALLY QUALIFIED HEALTH CTR #####
	OTHER REIMBURS COST		
69.10	CMHC	6910	CMHC #####
69.20	OUTPATIENT PHYSICAL THERAPY	6920	OPT #####
69.30	OUTPATIENT OCCUPATIONAL THERAPY	6930	OOT #####
69.40	OUTPATIENT SPEECH PATHOLOGY	6940	OSP #####
71	HOME HEALTH AGENCY	7100	
	SPEC PURPOSE COST CE		
85.01	PANCREAS ACQUISITION	8510	
85.02	INTESTINAL ACQUISITION	8520	
85.03	ISLET CELL ACQUISITION	8530	
88	INTEREST EXPENSE	8800	
95	SUBTOTALS	0000	
	NONREIMBURS COST CEN		
96	GIFT, FLOWER, COFFEE SHOP & CANTEEN	9600	
98	PHYSICIANS' PRIVATE OFFICES	9800	
98.01	THERAPEUTIC DAY SCHOOL	9802	PHYSICIANS' PRIVATE OFFICES
98.02	RESP OUTSOURCE	9801	PHYSICIANS' PRIVATE OFFICES
98.03	OP PHARMACY	9803	PHYSICIANS' PRIVATE OFFICES
101	TOTAL	0000	

RECLASSIFICATIONS

PROVIDER NO:
140292

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

PREPARED 5/27/2011
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER 2	INCREASE		
			LINE NO 3	SALARY 4	OTHER 5
1 CAFETERIA RECLASS	A	CAFETERIA	12	493,153	365,099
2 NURSERY SALARY RECLASS	B	NURSERY	33	380,977	170,391
3		DELIVERY ROOM & LABOR ROOM	39	652,362	299,849
4 DRUGS CHGD TO PATIENTS	C	DRUGS CHARGED TO PATIENTS	56		2,615,845
5					
6 MEDICAL SUPPLIES CHGD TO PATIENTS	D	MEDICAL SUPPLIES CHARGED TO PATIENTS	55		1,350,396
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21 RENTS AND LEASES	E	NEW CAP REL COSTS-BLDG & FIXT	3		225,836
22		NEW CAP REL COSTS-MVBLE EQUIP	4		775,610
23					
24					
25					
26					
27					
28					
29					
30					
31					
32					
33					
34					
35					
1 RENTS AND LEASES	E				
2					
3					
4					
5					
6					
7					
8					
9					
10					
11 DEPRECIATION RECLASS	F	NEW CAP REL COSTS-BLDG & FIXT	3		1,474,844
12		NEW CAP REL COSTS-MVBLE EQUIP	4		1,678,565
13 INTEREST RECLASS	G	NEW CAP REL COSTS-BLDG & FIXT	3		2,193,466
14		NEW CAP REL COSTS-MVBLE EQUIP	4		264,078
15 PSYCH ASSESSMENT	H	SUBPROVIDER I	31	176,990	14,521
16 SHARED SERVICE RECLASS	I	NEW CAP REL COSTS-BLDG & FIXT	3		2,735,536
17		EMPLOYEE BENEFITS	5	203,713	3,317,511
18		ADMIN & GENERAL	6.06	1,427,182	1,939,602
19		OPERATION OF PLANT	8	236,689	589,710
20		NURSING ADMINISTRATION	14	54,687	8,201
21		PHARMACY	16	9,660	599
22		MEDICAL RECORDS & LIBRARY	17	62,197	15,695
23		RADIOLOGY-DIAGNOSTIC	41	78,698	15,971
24		LABORATORY	44	52,265	39,880
25 CHIEF NURSING OFFICER	J	NURSING ADMINISTRATION	14	178,870	
26 RECRUITMENT BONUSES	K	ADULTS & PEDIATRICS	25	11,750	
27		INTENSIVE CARE UNIT	26	3,000	
28		RECOVERY ROOM	38	175	
29		CARDIAC CATH LAB	53.01	5,000	
30		EMERGENCY	61	1,800	
31 INSURANCE RECLASS	L	NEW CAP REL COSTS-MVBLE EQUIP	4		6,000
32		NEW CAP REL COSTS-BLDG & FIXT	3		41,904
33 IMPLANTABLE DEVICES	M	IMPL. DEV. CHARGED TO PATIENT	55.30		1,683,346
34		OPERATING ROOM	37		9,033
35					

RECLASSIFICATIONS

PROVIDER NO:
140292

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

PREPARED 5/27/2011
WORKSHEET A-6
CONTD

EXPLANATION OF RECLASSIFICATION	INCREASE				
	CODE (1)	COST CENTER 2	LINE NO 3	SALARY 4	OTHER 5
1 IMPLANTABLE DEVICES	M				
2 OP PHARM	N	OP PHARMACY	98.03	112,118	547,256
3 PROPERTY TAXES	O	OPERATION OF PLANT	8		517,683
4 STATE ASSESSMENT	P	ADMIN & GENERAL	6.06		424
5 MISC INTEREST	Q	INTEREST EXPENSE	88		3,203
36 TOTAL RECLASSIFICATIONS				4,141,286	22,900,054

(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:
140292

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

PREPARED 5/27/2011
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER	DECREASE			A-7 REF
			LINE NO	SALARY	OTHER	
	1	6	7	8	9	10
1 CAFETERIA RECLASS	A	DIETARY	11	493,153	365,099	
2 NURSERY SALARY RECLASS	B	ADULTS & PEDIATRICS	25	1,033,339	470,240	
3						
4 DRUGS CHGD TO PATIENTS	C	PHARMACY	16		2,615,813	
5		PHYSICAL THERAPY	50		32	
6 MEDICAL SUPPLIES CHGD TO PATIENTS	D	ADMIN & GENERAL	6.06		95,192	
7		DIETARY	11		6,342	
8		CENTRAL SERVICES & SUPPLY	15		374,301	
9		PHARMACY	16		972	
10		ADULTS & PEDIATRICS	25		198	
11		OPERATING ROOM	37		607,319	
12		DELIVERY ROOM & LABOR ROOM	39		27,545	
13		ANESTHESIOLOGY	40		1,097	
14		RADIOLOGY-DIAGNOSTIC	41		5,740	
15		NUCLEAR MEDICINE	43.01		91,682	
16		LABORATORY	44		604	
17		ELECTROCARDIOLOGY	53		128	
18		CARDIAC CATH LAB	53.01		67,759	
19		OP SURGERY	58.01		71,150	
20		PAI N CLINIC	58.04		367	
21 RENTS AND LEASES	E	COMMUNICATIONS	6.01		5,437	10
22		ADMINISTRATION	6.04		600	10
23		ADMIN & GENERAL	6.06		214,840	
24		OPERATION OF PLANT	8		27,479	
25		HOUSEKEEPING	10		904	
26		DIETARY	11		120	
27		NURSING ADMINISTRATION	14		1,214	
28		CENTRAL SERVICES & SUPPLY	15		66,418	
29		PHARMACY	16		201,654	
30		MEDICAL RECORDS & LIBRARY	17		120	
31		ADULTS & PEDIATRICS	25		1,690	
32		INTENSIVE CARE UNIT	26		140,974	
33		SUBPROVIDER I	31		400	
34		OPERATING ROOM	37		28,205	
35		ANESTHESIOLOGY	40		390	
1 RENTS AND LEASES	E	RADIOLOGY-DIAGNOSTIC	41		1,797	
2		MRI	41.01		10	
3		LABORATORY	44		123,108	
4		RESPIRATORY THERAPY	49		1,621	
5		PHYSICAL THERAPY	50		73,181	
6		ELECTROCARDIOLOGY	53		933	
7		CARDIAC CATH LAB	53.01		43,129	
8		OP SURGERY	58.01		24,300	
9		CLINIC	60		42,742	
10		EMERGENCY	61		180	
11 DEPRECIATION RECLASS	F	INTEREST EXPENSE	88		2,747,405	9
12		ADMIN & GENERAL	6.06		406,004	9
13 INTEREST RECLASS	G	INTEREST EXPENSE	88		2,457,544	11
14						11
15 PSYCH ASSESSMENT	H	ADULTS & PEDIATRICS	25	176,990	14,521	
16 SHARED SERVICE RECLASS	I	ADMIN & GENERAL	6.06	2,125,091	8,662,705	11
17						
18						
19						
20						
21						
22						
23						
24						
25 CHIEF NURSING OFFICER	J	ADMIN & GENERAL	6.06	178,870		
26 RECRUITMENT BONUSES	K	ADULTS & PEDIATRICS	25		11,750	
27		INTENSIVE CARE UNIT	26		3,000	
28		RECOVERY ROOM	38		175	
29		CARDIAC CATH LAB	53.01		5,000	
30		EMERGENCY	61		1,800	
31 INSURANCE RECLASS	L	ADMIN & GENERAL	6.06		6,000	12
32		ADMIN & GENERAL	6.06		41,904	12
33 IMPLANTABLE DEVICES	M	CENTRAL SERVICES & SUPPLY	15		4,503	
34		RADIOLOGY-DIAGNOSTIC	41		2,997	
35		CARDIAC CATH LAB	53.01		1,102,067	

RECLASSIFICATIONS

PROVIDER NO: 140292	PERIOD: FROM 1/1/2010 TO 12/31/2010	PREPARED 5/27/2011 WORKSHEET A-6 CONTD
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EXPLANATION OF RECLASSIFICATION	----- DECREASE -----				A-7 REF 10
	CODE (1)	COST CENTER 6	LINE NO 7	SALARY 8	
1 IMPLANTABLE DEVICES	M	OP SURGERY	58.01		582,812
2 OP PHARM	N	PHARMACY	16	112,118	547,256
3 PROPERTY TAXES	O	INTEREST EXPENSE	88		517,683
4 STATE ASSESSMENT	P	INTEREST EXPENSE	88		424
5 MISC INTEREST	Q	ADMIN & GENERAL	6.06		3,203
36 TOTAL RECLASSIFICATIONS				4,119,561	22,921,779

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

PREPARED 5/27/2011
WORKSHEET A-6
NOT A CMS WORKSHEET

RECLASS CODE: A
EXPLANATION : CAFETERIA RECLASS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	CAFETERIA	12	858,252	DIETARY	11	858,252	
TOTAL RECLASSIFICATIONS FOR CODE A			858,252				858,252

RECLASS CODE: B
EXPLANATION : NURSERY SALARY RECLASS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NURSERY	33	551,368	ADULTS & PEDIATRICS	25	1,503,579	
2.00	DELIVERY ROOM & LABOR ROOM	39	952,211			0	
TOTAL RECLASSIFICATIONS FOR CODE B			1,503,579				1,503,579

RECLASS CODE: C
EXPLANATION : DRUGS CHGD TO PATIENTS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	DRUGS CHARGED TO PATIENTS	56	2,615,845	PHARMACY	16	2,615,813	
2.00			0	PHYSICAL THERAPY	50	32	
TOTAL RECLASSIFICATIONS FOR CODE C			2,615,845				2,615,845

RECLASS CODE: D
EXPLANATION : MEDICAL SUPPLIES CHGD TO PATIENTS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	MEDICAL SUPPLIES CHARGED TO PA	55	1,350,396	ADMIN & GENERAL	6.06	95,192	
2.00			0	DIETARY	11	6,342	
3.00			0	CENTRAL SERVICES & SUPPLY	15	374,301	
4.00			0	PHARMACY	16	972	
5.00			0	ADULTS & PEDIATRICS	25	198	
6.00			0	OPERATING ROOM	37	607,319	
7.00			0	DELIVERY ROOM & LABOR ROOM	39	27,545	
8.00			0	ANESTHESIOLOGY	40	1,097	
9.00			0	RADIOLOGY-DIAGNOSTIC	41	5,740	
10.00			0	NUCLEAR MEDICINE	43.01	91,682	
11.00			0	LABORATORY	44	604	
12.00			0	ELECTROCARDIOLOGY	53	128	
13.00			0	CARDIAC CATH LAB	53.01	67,759	
14.00			0	OP SURGERY	58.01	71,150	
15.00			0	PAIN CLINIC	58.04	367	
TOTAL RECLASSIFICATIONS FOR CODE D			1,350,396				1,350,396

RECLASS CODE: E
EXPLANATION : RENTS AND LEASES

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	225,836	COMMUNICATIONS	6.01	5,437	
2.00	NEW CAP REL COSTS-MVBLE EQUIP	4	775,610	ADMIN	6.04	600	
3.00			0	ADMIN & GENERAL	6.06	214,840	
4.00			0	OPERATION OF PLANT	8	27,479	
5.00			0	HOUSEKEEPING	10	904	
6.00			0	DIETARY	11	120	
7.00			0	NURSING ADMINISTRATION	14	1,214	
8.00			0	CENTRAL SERVICES & SUPPLY	15	66,418	
9.00			0	PHARMACY	16	201,654	
10.00			0	MEDICAL RECORDS & LIBRARY	17	120	
11.00			0	ADULTS & PEDIATRICS	25	1,690	
12.00			0	INTENSIVE CARE UNIT	26	140,974	
13.00			0	SUBPROVIDER I	31	400	
14.00			0	OPERATING ROOM	37	28,205	
15.00			0	ANESTHESIOLOGY	40	390	
16.00			0	RADIOLOGY-DIAGNOSTIC	41	1,797	
17.00			0	MRI	41.01	10	
18.00			0	LABORATORY	44	123,108	
19.00			0	RESPIRATORY THERAPY	49	1,621	
20.00			0	PHYSICAL THERAPY	50	73,181	
21.00			0	ELECTROCARDIOLOGY	53	933	

RECLASSIFICATIONS

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TO 12/31/2010

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RECLASS CODE: E
EXPLANATION: RENTS AND LEASES

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
22.00			0	CARDIAC CATH LAB	53.01	43,129	
23.00			0	OP SURGERY	58.01	24,300	
24.00			0	CLINIC	60	42,742	
25.00			0	EMERGENCY	61	180	
TOTAL RECLASSIFICATIONS FOR CODE E			1,001,446				1,001,446

RECLASS CODE: F
EXPLANATION: DEPRECIATION RECLASS

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	1,474,844	INTEREST EXPENSE	88	2,747,405	
2.00	NEW CAP REL COSTS-MVBLE EQUIP	4	1,678,565	ADMIN & GENERAL	6.06	406,004	
TOTAL RECLASSIFICATIONS FOR CODE F			3,153,409				3,153,409

RECLASS CODE: G
EXPLANATION: INTEREST RECLASS

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	2,193,466	INTEREST EXPENSE	88	2,457,544	
2.00	NEW CAP REL COSTS-MVBLE EQUIP	4	264,078			0	
TOTAL RECLASSIFICATIONS FOR CODE G			2,457,544				2,457,544

RECLASS CODE: H
EXPLANATION: PSYCH ASSESSMENT

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	SUBPROVIDER I	31	191,511	ADULTS & PEDIATRICS	25	191,511	
TOTAL RECLASSIFICATIONS FOR CODE H			191,511				191,511

RECLASS CODE: I
EXPLANATION: SHARED SERVICE RECLASS

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	2,735,536	ADMIN & GENERAL	6.06	10,787,796	
2.00	EMPLOYEE BENEFITS	5	3,521,224			0	
3.00	ADMIN & GENERAL	6.06	3,366,784			0	
4.00	OPERATION OF PLANT	8	826,399			0	
5.00	NURSING ADMINISTRATION	14	62,888			0	
6.00	PHARMACY	16	10,259			0	
7.00	MEDICAL RECORDS & LIBRARY	17	77,892			0	
8.00	RADIOLOGY-DIAGNOSTIC	41	94,669			0	
9.00	LABORATORY	44	92,145			0	
TOTAL RECLASSIFICATIONS FOR CODE I			10,787,796				10,787,796

RECLASS CODE: J
EXPLANATION: CHIEF NURSING OFFICER

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NURSING ADMINISTRATION	14	178,870	ADMIN & GENERAL	6.06	178,870	
TOTAL RECLASSIFICATIONS FOR CODE J			178,870				178,870

RECLASS CODE: K
EXPLANATION: RECRUITMENT BONUSES

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	ADULTS & PEDIATRICS	25	11,750	ADULTS & PEDIATRICS	25	11,750	
2.00	INTENSIVE CARE UNIT	26	3,000	INTENSIVE CARE UNIT	26	3,000	
3.00	RECOVERY ROOM	38	175	RECOVERY ROOM	38	175	
4.00	CARDIAC CATH LAB	53.01	5,000	CARDIAC CATH LAB	53.01	5,000	
5.00	EMERGENCY	61	1,800	EMERGENCY	61	1,800	
TOTAL RECLASSIFICATIONS FOR CODE K			21,725				21,725

RECLASSIFICATIONS

PROVIDER NO:
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TO 12/31/2010

PREPARED 5/27/2011
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RECLASS CODE: L
EXPLANATION : INSURANCE RECLASS

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	NEW CAP REL COSTS-MVBLE EQUIP	4	6,000
2.00	NEW CAP REL COSTS-BLDG & FIXT	3	41,904
TOTAL RECLASSIFICATIONS FOR CODE L			47,904

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
ADMIN & GENERAL	6.06	6,000	
ADMIN & GENERAL	6.06	41,904	
TOTAL RECLASSIFICATIONS FOR CODE L		47,904	

RECLASS CODE: M
EXPLANATION : IMPLANTABLE DEVICES

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	IMPL. DEV. CHARGED TO PATIENT	55.30	1,683,346
2.00	OPERATING ROOM	37	9,033
3.00			0
4.00			0
TOTAL RECLASSIFICATIONS FOR CODE M			1,692,379

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
CENTRAL SERVICES & SUPPLY	15	4,503	
RADIOLOGY-DIAGNOSTIC	41	2,997	
CARDIAC CATH LAB	53.01	1,102,067	
OP SURGERY	58.01	582,812	
TOTAL RECLASSIFICATIONS FOR CODE M		1,692,379	

RECLASS CODE: N
EXPLANATION : OP PHARM

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	OP PHARMACY	98.03	659,374
TOTAL RECLASSIFICATIONS FOR CODE N			659,374

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
PHARMACY	16	659,374	
TOTAL RECLASSIFICATIONS FOR CODE N		659,374	

RECLASS CODE: O
EXPLANATION : PROPERTY TAXES

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	OPERATION OF PLANT	8	517,683
TOTAL RECLASSIFICATIONS FOR CODE O			517,683

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
INTEREST EXPENSE	88	517,683	
TOTAL RECLASSIFICATIONS FOR CODE O		517,683	

RECLASS CODE: P
EXPLANATION : STATE ASSESSMENT

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	ADMIN & GENERAL	6.06	424
TOTAL RECLASSIFICATIONS FOR CODE P			424

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
INTEREST EXPENSE	88	424	
TOTAL RECLASSIFICATIONS FOR CODE P		424	

RECLASS CODE: Q
EXPLANATION : MISC INTEREST

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	INTEREST EXPENSE	88	3,203
TOTAL RECLASSIFICATIONS FOR CODE Q			3,203

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
ADMIN & GENERAL	6.06	3,203	
TOTAL RECLASSIFICATIONS FOR CODE Q		3,203	

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

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

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING BALANCES 1	PURCHASES 2	ACQUISITIONS DONATION 3	TOTAL 4	DI SPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7
1 LAND	1,869,112					1,869,112	
2 LAND IMPROVEMENTS	78,294					78,294	
3 BUILDINGS & FIXTURE	24,846,672	44,206		44,206		24,890,878	
4 BUILDING IMPROVEMENT							
5 FIXED EQUIPMENT	7,031,284	42,330		42,330		7,073,614	
6 MOVABLE EQUIPMENT	6,042,347	920,986		920,986	7,201	6,956,132	
7 SUBTOTAL	39,867,709	1,007,522		1,007,522	7,201	40,868,030	
8 RECONCILING ITEMS							
9 TOTAL	39,867,709	1,007,522		1,007,522	7,201	40,868,030	

PART III - RECONCILIATION OF CAPITAL COST CENTERS
 DESCRIPTION

	DESCRIPTION	COMPUTATION OF RATIOS				ALLOCATION OF OTHER CAPITAL			TOTAL
		GROSS ASSETS 1	CAPITALIZED LEASES 2	GROSS ASSETS FOR RATIO 3	RATIO 4	INSURANCE 5	TAXES 6	OTHER CAPITAL RELATED COSTS 7	
*								8	
3	NEW CAP REL COSTS-BL	24,890,878		24,890,878	.781577				
4	NEW CAP REL COSTS-MV	6,956,132		6,956,132	.218423				
5	TOTAL	31,847,010		31,847,010	1.000000				

DESCRIPTION

SUMMARY OF OLD AND NEW CAPITAL

	DEPRECIATION 9	LEASE 10	INTEREST 11	INSURANCE 12	TAXES 13	OTHER CAPITAL RELATED COST 14	TOTAL (1) 15
*							
3	NEW CAP REL COSTS-BL	-423,062	225,836	4,929,002	41,904		4,773,680
4	NEW CAP REL COSTS-MV	1,686,607	775,610	264,078	6,000		2,732,295
5	TOTAL	1,263,545	1,001,446	5,193,080	47,904		7,505,975

PART IV - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 THRU 4
 DESCRIPTION SUMMARY OF OLD AND NEW CAPITAL

	DEPRECIATION 9	LEASE 10	INTEREST 11	INSURANCE 12	TAXES 13	OTHER CAPITAL RELATED COST 14	TOTAL (1) 15
*							
3	NEW CAP REL COSTS-BL						
4	NEW CAP REL COSTS-MV						
5	TOTAL						

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

ADJUSTMENTS TO EXPENSES

DESCRIPTION (1)	(2) BASIS/CODE	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 INVST INCOME-OLD BLDGS AND FIXTURES			**COST CENTER DELETED**	1	
2 INVESTMENT INCOME-OLD MOVABLE EQUIP			**COST CENTER DELETED**	2	
3 INVST INCOME-NEW BLDGS AND FIXTURES	B	-1,957,445	NEW CAP REL COSTS-BLDG &	3	9
4 INVESTMENT INCOME-NEW MOVABLE EQUIP	B	-235,663	NEW CAP REL COSTS-MVBLE E	4	9
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	-57,179	COMMUNICATIONS	6.01	
10 TELEVISION AND RADIO SERVICE	A	-15,153	OPERATION OF PLANT	8	
11 PARKING LOT					
12 PROVIDER BASED PHYSICIAN ADJUSTMENT	A-8-2				
13 SALE OF SCRAP, WASTE, ETC.					
14 RELATED ORGANIZATION TRANSACTIONS	A-8-1	-882,641			
15 LAUNDRY AND LINEN SERVICE					
16 CAFETERIA--EMPLOYEES AND GUESTS	B	-63,551	CAFETERIA	12	
17 RENTAL OF QTRS TO EMPLOYEE AND OTHRS					
18 SALE OF MED AND SURG SUPPLIES					
19 SALE OF DRUGS TO OTHER THAN PATIENTS	B	-15,395	DRUGS CHARGED TO PATIENTS	56	
20 SALE OF MEDICAL RECORDS & ABSTRACTS	B	-1,683	MEDICAL RECORDS & LIBRARY	17	
21 NURSG SCHOOL(TUITN, FEES, BOOKS, ETC.)					
22 VENDING MACHINES					
23 INCOME FROM IMPOSITION OF INTEREST					
24 INTRST EXP ON MEDICARE OVERPAYMENTS					
25 ADJUSTMENT FOR RESPIRATORY THERAPY	A-8-3/A-8-4		RESPIRATORY THERAPY	49	
26 ADJUSTMENT FOR PHYSICAL THERAPY	A-8-3/A-8-4		PHYSICAL THERAPY	50	
27 ADJUSTMENT FOR HHA PHYSICAL THERAPY	A-8-3				
28 UTILIZATION REVIEW-PHYSIAN COMP			**COST CENTER DELETED**	89	
29 DEPRECIATION-OLD BLDGS AND FIXTURES			**COST CENTER DELETED**	1	
30 DEPRECIATION-OLD MOVABLE EQUIP			**COST CENTER DELETED**	2	
31 DEPRECIATION-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &	3	
32 DEPRECIATION-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E	4	
33 NON-PHYSICIAN ANESTHETIST			NONPHYSICIAN ANESTHETISTS	20	
34 PHYSICIANS' ASSISTANT					
35 ADJUSTMENT FOR OCCUPATIONAL THERAPY	A-8-4		OCCUPATIONAL THERAPY	51	
36 ADJUSTMENT FOR SPEECH PATHOLOGY	A-8-4		SPEECH PATHOLOGY	52	
37 OFFSET MARKETING DEPT	A	-651,794	ADMIN & GENERAL	6.06	
38 OTHER OPERATING REVENUE	B	-511	NURSING ADMINISTRATION	14	
38.01 OTHER OPERATING REVENUE	B	-58,922	ADMIN & GENERAL	6.06	
38.02 OTHER OPERATING REVENUE	B	-13,260	OPERATION OF PLANT	8	
38.03 OTHER OPERATING REVENUE	B	-825	RADIOLOGY-DIAGNOSTIC	41	
38.04 OTHER OPERATING REVENUE	B	-10	PHYSICAL THERAPY	50	
38.05 OTHER OPERATING REVENUE	B	-5,914,835	OP PSYCH SERVICES	58.02	
38.06 OTHER OPERATING REVENUE	B	-22,234	CLINIC	60	
38.07					
38.08					
38.09 BAD DEBT EXPENSE	A	-3,489,534	ADMIN & GENERAL	6.06	
38.10 FED INCOME TAXES	A	-3,203	INTEREST EXPENSE	88	
38.11					
39 MED STAFF TRAVEL	A	-1,244	ADMIN & GENERAL	6.06	
40 ADJ TO BOND AUDIT	A	1,756,260	INTEREST EXPENSE	88	
41 BANK FEES	A	-16,786	INTEREST EXPENSE	88	
42 OFFSET REV	B	-6,357	DIETARY	11	
43 OFFSET OP PHARMACY	B	-658,389	DRUGS CHARGED TO PATIENTS	56	
44 OTHER ADJUSTMENTS (SPECIFY)					
45 OTHER ADJUSTMENTS (SPECIFY)					
46 OTHER ADJUSTMENTS (SPECIFY)					
47 OTHER ADJUSTMENTS (SPECIFY)					
48 OTHER ADJUSTMENTS (SPECIFY)					
49 OTHER ADJUSTMENTS (SPECIFY)					
50 TOTAL (SUM OF LINES 1 THRU 49)		-12,310,354			

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

(2) Basis for adjustment (see instructions).

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

B. Amount Received - if cost cannot be determined.

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

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

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

LINE NO.	COST CENTER	EXPENSE ITEMS	AMOUNT OF ALLOWABLE COST	AMOUNT	NET* ADJUSTMENTS	WKSHT A-7 COL. REF.	
1	2	3	4	5	6		
1	6	ADMIN & GENERAL	SHARED SERVICE	10,787,798	11,529,189	-741,391	
2	3	NEW CAP REL COSTS-BLDG &	AHS CAPITAL	59,539		59,539	9
3	4	NEW CAP REL COSTS-MVBLE E	AHS CAPITAL	243,705		243,705	9
4	5	EMPLOYEE BENEFITS	AHS EMPLOYEE BENEFITS	160,421		160,421	
4.01	6	ADMIN & GENERAL	MANAGEMENT FEES	3,744,991	4,387,069	-642,078	
4.02	17	MEDICAL RECORDS & LIBRARY	AHS MED RECORDS	37,163		37,163	
4.03							
5		TOTALS		15,033,617	15,916,258	-882,641	

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

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

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

SYMBOL (1)	NAME	PERCENTAGE OF OWNERSHIP	RELATED ORGANIZATION(S) AND/OR HOME OFFICE NAME	PERCENTAGE OF OWNERSHIP	TYPE OF BUSINESS	
1	2	3	4	5	6	
1	B	AHS CORPORATE	0.00	AHS CORPORATE	0.00	MANAGEMENT SVCS
2	B	SHARED SERVICE	0.00	SHARED SERVICE	0.00	FIN SERVICES
3			0.00		0.00	
4			0.00		0.00	
5			0.00		0.00	

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

PROVIDER BASED PHYSICIAN ADJUSTMENTS

PROVIDER NO: 14-0292
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 PREPARED: 5/27/2011
 WORKSHEET: A-8-2
 GROUP: 1

WKSHT A LINE NO.	COST CENTER/ PHYSICIAN IDENTIFIER	TOTAL REMUN- ERATION	PROFES- SIONAL COMPONENT	PROVIDER COMPONENT	RCE AMOUNT	PHYSICIAN/ PROVIDER COMPONENT HOURS	UNADJUSTED RCE LIMIT	5 PERCENT OF UNADJUSTED RCE LIMIT
1	2	3	4	5	6	7	8	9
1 6 6	ADMIN AND GENERAL	91,958		91,958	165,600	2,080	165,600	8,280
2 14	NURSING ADMIN	60,000		60,000	165,600	2,080	165,600	8,280
3 25	ADULTS AND PEDS	65,834		65,834	165,600	2,080	165,600	8,280
4 31	PSYCH - SUB	45,066		45,066	165,600	2,080	165,600	8,280
5 40	ANESTHESIA	13,750		13,750	165,600	2,080	165,600	8,280
6 49	RESP THERAPY	13,750		13,750	165,600	2,080	165,600	8,280
7 53	CARDIOLOGY SVCS	32,500		32,500	208,000	2,080	208,000	10,400
8 53 1	CARDIAC CATH LAB	180,872		180,872	208,000	2,080	208,000	10,400
9 60	CLINIC	42,000		42,000	165,600	2,080	165,600	8,280
10 61	EMERGENCY SVCS	98,326		98,326	165,600	2,080	165,600	8,280
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
101	TOTAL	644,056		644,056		20,800	1,740,800	87,040

PROVIDER BASED PHYSICIAN ADJUSTMENTS

PROVIDER NO:
14-0292

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

PREPARED 5/27/2011
WORKSHEET A-8-2
GROUP 1

WKSHT A LINE NO.	COST CENTER/ PHYSICIAN IDENTIFIER	COST OF MEMBERSHIPS & CONTINUING EDUCATION	PROVIDER COMPONENT SHARE OF COL 12	PHYSICIAN COST OF MALPRACTICE INSURANCE	PROVIDER COMPONENT SHARE OF COL 14	ADJUSTED RCE LIMIT	RCE DIS- ALLOWANCE	ADJUSTMENT
10	11	12	13	14	15	16	17	18
1	6 6 ADMIN AND GENERAL					165,600		
2	14 NURSING ADMIN					165,600		
3	25 ADULTS AND PEDS					165,600		
4	31 PSYCH - SUB					165,600		
5	40 ANESTHESIA					165,600		
6	49 RESP THERAPY					165,600		
7	53 CARDIOLOGY SVCS					208,000		
8	53 1 CARDIAC CATH LAB					208,000		
9	60 CLINIC					165,600		
10	61 EMERGENCY SVCS					165,600		
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
101	TOTAL					1,740,800		

COST ALLOCATION STATISTICS

PROVIDER NO: 14-0292
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 PREPARED 5/27/2011
 NOT A CMS WORKSHEET

LINE NO.	COST CENTER DESCRIPTION	STATISTICS CODE	STATISTICS DESCRIPTION	
	GENERAL SERVICE COST			
3	NEW CAP REL COSTS-BLDG & FIXT	3	SQUARE FEET	ENTERED
4	NEW CAP REL COSTS-MVBLE EQUIP	3	SQUARE FEET	ENTERED
5	EMPLOYEE BENEFITS	2	GROSS SALARIES	ENTERED
6.01	COMMUNICATIONS	60	NUMBER OF PHONES	ENTERED
6.02	DATA PROCESSING	4	GROSS REVENUE	ENTERED
6.03	PURCHASING	5	COSTED REQUI S.	NOT ENTERED
6.04	ADMINISTRATIVE	4	GROSS REVENUE	ENTERED
6.06	ADMIN & GENERAL	-6	ACCUM. COST	ENTERED
7	MAINTENANCE & REPAIRS	7	SQUARE FEET	ENTERED
8	OPERATION OF PLANT	7	SQUARE FEET	ENTERED
9	LAUNDRY & LINEN SERVICE	8	PATIENT DAYS	ENTERED
10	HOUSEKEEPING	9	SQUARE FEET	ENTERED
11	DIETARY	10	MEALS SERVED	ENTERED
12	CAFETERIA	11	HOURS WORKED	ENTERED
13	MAINTENANCE OF PERSONNEL	12	NUMBER HOUSED	NOT ENTERED
14	NURSING ADMINISTRATION	13	DIRECT NRSNG HRS	ENTERED
15	CENTRAL SERVICES & SUPPLY	14	COSTED REQUI S.	ENTERED
16	PHARMACY	15	COSTED REQUI S.	ENTERED
17	MEDICAL RECORDS & LIBRARY	4	GROSS REVENUE	ENTERED
18	SOCIAL SERVICE	16	PATIENT DAYS	ENTERED
20	NONPHYSICIAN ANESTHETISTS	17	ASSIGNED TIME	NOT ENTERED
21	NURSING SCHOOL	18	ASSIGNED TIME	NOT ENTERED
22	I&R SERVICES-SALARY & FRINGES APPRVD	19	ASSIGNED TIME	NOT ENTERED
23	I&R SERVICES-OTHER PRGM COSTS APPRVD	20	ASSIGNED TIME	NOT ENTERED
24	PARAMEDICAL PRGM-(SPECIFY)	21	ASSIGNED TIME	NOT ENTERED

COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-MVBLE E	EMPLOYEE BENEFITS	COMMUNICATIONS	DATA PROCESSING	PURCHASING
	0	3	4	5	6.01	6.02	6.03
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG &	4,773,680	4,773,680					
005 NEW CAP REL COSTS-MVBLE E	2,732,295		2,732,295				
006 EMPLOYEE BENEFITS	5,286,485	53,241	30,473	5,370,199			
006 01 COMMUNICATIONS	271,458	16,683	9,549		297,690		
006 02 DATA PROCESSING							
006 03 PURCHASING							
006 04 ADMINISTRATION	554,557	13,713	7,849	115,448			
006 06 ADMIN & GENERAL	9,686,891	503,499	288,186	459,914	238,651		
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT	4,147,996	857,733	490,938	186,092			
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING	904,334	53,241	30,473	120,076			
011 DIETARY	421,225	154,667	88,527	114,657			
012 CAFETERIA	794,701	102,438	58,632	22,415			
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION	1,740,196	39,812	22,787	216,071			
015 CENTRAL SERVICES & SUPPLY	188,940	116,814	66,861	29,998			
016 PHARMACY	489,868	54,821	31,378	156,381			
017 MEDICAL RECORDS & LIBRARY	636,026	60,824	34,814	81,118			
018 SOCIAL SERVICE							
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C							
024 PARAMEDICAL PRGM-(SPECIFY)							
025 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS	9,090,359	995,372	569,714	1,326,235	48,229		
027 INTENSIVE CARE UNIT	2,167,656	159,375	91,221	292,419	4,158		
031 SUBPROVIDER I	2,022,453	394,110	225,575	236,863	6,652		
033 NURSERY	556,018	19,243	11,014	63,914			
037 ANCILLARY SRVC COST CNTRS							
038 OPERATING ROOM	825,401	176,280	100,897	125,054			
039 RECOVERY ROOM	224,998	18,958	10,851	32,634			
040 DELIVERY ROOM & LABOR ROOM	952,972	15,799	9,043	98			
041 ANESTHESIOLOGY	79,582	13,271	7,596				
041 RADIOLOGY-DIAGNOSTIC	1,581,931	207,561	118,801	179,335			
041 01 MRI	593,703			93,096			
043 01 NUCLEAR MEDICINE	166,021	36,842	21,087	26,609			
044 LABORATORY	2,432,539	121,269	69,411	221,430			
046 30 BLOOD CLOTTING FACTORS AD							
049 RESPIRATORY THERAPY	717,192	77,286	44,236	114,729			
050 PHYSICAL THERAPY	482,802	59,466	34,036	60,214			
051 OCCUPATIONAL THERAPY	5,589						
052 SPEECH PATHOLOGY				1,945			
053 ELECTROCARDIOLOGY	461,338			44,426			
053 01 CARDIAC CATH LAB	999,505			73,110			
054 ELECTROENCEPHALOGRAPHY	124,992	8,910	5,100	5,406			
055 MEDICAL SUPPLIES CHARGED	1,350,396						
055 30 IMPL. DEV. CHARGED TO PAT	1,683,346						
056 DRUGS CHARGED TO PATIENTS	1,942,061						
057 RENAL DIALYSIS	195,804						
058 01 OP SURGERY	460,490	129,421	74,077	64,977			
058 02 OP PSYCH SERVICES	-5,914,835	144,398	82,649	35,505			
058 03 CHEMICAL DEPENDENCY							
058 04 PAIN CLINIC	26,382			6,841			
059 SLEEP LAB							
060 OUTPAT SERVICE COST CNTRS							
061 CLINIC	121,159						
062 EMERGENCY	2,906,818	159,944	91,547	304,094			
062 OBSERVATION BEDS (NON-DIS							
063 50 RHC							
063 60 FOHC							
069 OTHER REIMBURS COST CNTRS							
069 10 CMHC							
069 20 OUTPATIENT PHYSICAL THERA							
069 30 OUTPATIENT OCCUPATIONAL T							
069 40 OUTPATIENT SPEECH PATHOLO							
071 HOME HEALTH AGENCY							
085 SPEC PURPOSE COST CENTERS							
085 01 PANCREAS ACQUISITION							
085 02 INTRESTINAL ACQUISITION							
085 03 ISLET CELL ACQUISITION							
095 SUBTOTALS	58,885,324	4,764,991	2,727,322	4,811,104	297,690		
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP		8,689	4,973	37,372			
098 PHYSICIANS' PRIVATE OFFICE	3,187,883						
098 01 THERAPEUTIC DAY SCHOOL	4,220,207			521,723			
098 02 RESP OUTSOURCE							
098 03 OP PHARMACY	659,374						
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	66,952,788	4,773,680	2,732,295	5,370,199	297,690		

COST CENTER DESCRIPTION	ADMINING	SUBTOTAL	ADMIN & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING
	6.04	6a.04	6.06	7	8	9	10
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
006 01 COMMUNICATIONS							
006 02 DATA PROCESSING							
006 03 PURCHASING							
006 04 ADMINING	691,567						
006 06 ADMIN & GENERAL		11,177,141	11,177,141				
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT		5,682,759	1,034,092		6,716,851		
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING		1,108,124	201,645		107,429		1,417,198
011 DIETARY		779,076	141,768		312,087		66,918
012 CAFETERIA		978,186	178,001		206,698		44,320
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION		2,018,866	367,373		80,333		17,225
015 CENTRAL SERVICES & SUPPLY		402,613	73,263		235,707		50,540
016 PHARMACY		732,448	133,284		110,617		23,719
017 MEDICAL RECORDS & LIBRARY		812,782	147,902		122,731		26,316
018 SOCIAL SERVICE							
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C							
024 PARAMED ED PRGM-(SPECIFY)							
025 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS	119,265	12,149,174	2,210,776		2,008,449		430,656
031 INTENSIVE CARE UNIT	21,326	2,736,155	497,898		321,587		68,955
033 SUBPROVIDER I	20,586	2,906,239	528,848		795,232		170,514
037 NURSERY	3,209	653,398	118,899		38,828		8,325
037 ANCILLARY SRVC COST CNTRS							
038 OPERATING ROOM	44,745	1,272,377	231,534		355,696		76,269
039 RECOVERY ROOM	5,075	292,516	53,229		38,254		8,202
040 DELIVERY ROOM & LABOR ROO	7,602	985,514	179,334		31,878		6,835
041 ANESTHESIOLOGY	8,966	109,415	19,910		26,778		5,742
041 RADIOLOGY-DIAGNOSTIC	45,980	2,133,608	388,253		418,815		89,803
041 01 MRI	62,585	749,384	136,365				
043 01 NUCLEAR MEDICINE	8,214	258,773	47,089		74,340		15,940
044 LABORATORY	101,043	2,945,692	536,028		244,697		52,468
046 30 BLOOD CLOTTING FACTORS AD							
049 RESPIRATORY THERAPY	21,686	975,129	177,444		155,948		33,438
050 PHYSICAL THERAPY	7,299	643,817	117,155		119,989		25,728
051 OCCUPATIONAL THERAPY		5,589	1,017				
052 SPEECH PATHOLOGY	874	2,819	513				
053 ELECTROCARDIOLOGY	22,215	527,979	96,076				
053 01 CARDIAC CATH LAB	21,740	1,094,355	199,140				
054 ELECTROENCEPHALOGRAPHY	1,065	145,473	26,472		17,979		3,855
055 MEDICAL SUPPLIES CHARGED	5,352	1,355,748	246,705				
055 30 IMPL. DEV. CHARGED TO PAT		1,683,346	306,318				
056 DRUGS CHARGED TO PATIENTS	72,500	2,014,561	366,590				
057 RENAL DIALYSIS	2,402	198,206	36,068				
058 01 OP SURGERY	9,857	738,822	134,443		261,146		55,995
058 02 OP PSYCH SERVICES	4,884	-5,647,399			291,366		62,475
058 03 CHEMICAL DEPENDENCY							
058 04 PAIN CLINIC	2,123	35,346	6,432				
059 SLEEP LAB							
060 OUTPAT SERVICE COST CNTRS							
061 CLINIC		121,159	22,047				
061 EMERGENCY	70,974	3,533,377	642,969		322,734		69,201
062 OBSERVATION BEDS (NON-DIS							
063 50 RHC							
063 60 FOHC							
069 OTHER REIMBURS COST CNTRS							
069 10 CMHC							
069 20 OUTPATIENT PHYSICAL THERA							
069 30 OUTPATIENT OCCUPATIONAL T							
069 40 OUTPATIENT SPEECH PATHOLO							
071 HOME HEALTH AGENCY							
085 SPEC PURPOSE COST CENTERS							
085 01 PANCREAS ACQUISITION							
085 02 INTESTINAL ACQUISITION							
085 03 ISLET CELL ACQUISITION							
095 SUBTOTALS	691,567	58,312,567	9,604,880		6,699,318		1,413,439
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP		51,034	9,287		17,533		3,759
098 PHYSICIANS' PRIVATE OFFIC		3,187,883	580,099				
098 01 THERAPEUTIC DAY SCHOOL		4,741,930	862,889				
098 02 RESP OUTSOURCE							
098 03 OP PHARMACY		659,374	119,986				
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	691,567	66,952,788	11,177,141		6,716,851		1,417,198

COST CENTER DESCRIPTION	DIETARY	CAFETERIA	MAINTENANCE PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY
	11	12	13	14	15	16	17
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
006 01 COMMUNICATIONS							
006 02 DATA PROCESSING							
006 03 PURCHASING							
006 04 ADMINISTRATION							
006 06 ADMIN & GENERAL							
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
011 DIETARY	1,299,849						
012 CAFETERIA		1,407,205					
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION		67,242		2,551,039			
015 CENTRAL SERVICES & SUPPLY		27,088		63,731	852,942		
016 PHARMACY		55,848		131,395	2,286	1,189,597	
017 MEDICAL RECORDS & LIBRARY		42,372					1,152,103
018 SOCIAL SERVICE							
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C							
024 PARAMED ED PRGM-(SPECIFY)							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	976,295	483,025		1,136,415	38,382		198,791
026 INTENSIVE CARE UNIT	109,814	93,307		219,525	18,415		35,524
031 SUBPROVIDER I	213,740	116,220		273,432	5,677		34,291
033 NURSERY		21,078		49,591	602		5,346
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM		37,593		88,445	86,880	14	74,534
038 RECOVERY ROOM		9,108		21,430	576		8,454
039 DELIVERY ROOM & LABOR ROO		36,121		84,983	3,606		12,662
040 ANESTHESIOLOGY		3,985		9,377	2,721		14,934
041 RADIOLOGY-DIAGNOSTIC		59,581		140,178	5,007	773	76,591
041 01 MRI		26,943		63,389	1,104	11,470	104,251
043 01 NUCLEAR MEDICINE		6,868		16,159	12,222	201	13,683
044 LABORATORY		92,332			7,364		168,312
046 30 BLOOD CLOTTING FACTORS AD							
049 RESPIRATORY THERAPY		36,220			3,124	6	36,123
050 PHYSICAL THERAPY		16,093			523	929	12,158
051 OCCUPATIONAL THERAPY		6					
052 SPEECH PATHOLOGY		16,472					1,455
053 ELECTROCARDIOLOGY		23,909			1,421	41	37,005
053 01 CARDIAC CATH LAB		4,492			155,933	1,223	36,213
054 ELECTROENCEPHALOGRAPHY					54		1,774
055 MEDICAL SUPPLIES CHARGED					176,795		8,915
055 30 IMPL. DEV. CHARGED TO PAT					220,387		
056 DRUGS CHARGED TO PATIENTS						1,173,804	120,768
057 RENAL DIALYSIS							4,001
058 01 OP SURGERY		22,591			90,970		16,420
058 02 OP PSYCH SERVICES							8,136
058 03 CHEMICAL DEPENDENCY							
058 04 PAIN CLINIC		1,180			521		3,537
059 SLEEP LAB							
060 OUTPAT SERVICE COST CNTRS							
061 CLINIC					597	16	
061 EMERGENCY		107,531		252,989	17,775	1,120	118,225
062 OBSERVATION BEDS (NON-DIS							
063 50 RHC							
063 60 FOHC							
069 OTHER REIMBURS COST CNTRS							
069 10 CMHC							
069 20 OUTPATIENT PHYSICAL THERA							
069 30 OUTPATIENT OCCUPATIONAL T							
069 40 OUTPATIENT SPEECH PATHOLO							
071 HOME HEALTH AGENCY							
085 01 PANCREAS ACQUISITION							
085 02 INTESITINAL ACQUISITION							
085 03 ISLET CELL ACQUISITION							
095 SUBTOTALS	1,299,849	1,407,205		2,551,039	852,942	1,189,597	1,152,103
NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP							
098 PHYSICIANS' PRIVATE OFFIC							
098 01 THERAPEUTIC DAY SCHOOL							
098 02 RESP OUTSOURCE							
098 03 OP PHARMACY							
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	1,299,849	1,407,205		2,551,039	852,942	1,189,597	1,152,103

COST CENTER DESCRIPTION	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	I&R SERVICES- SALARY & FRI	I&R SERVICES- OTHER PRGM C	PARAMED ED PR GM-(SPECIFY)	SUBTOTAL
	18	20	21	22	23	24	25
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
006 01 COMMUNICATIONS							
006 02 DATA PROCESSING							
006 03 PURCHASING							
006 04 ADMINISTRATION							
006 06 ADMIN & GENERAL							
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
011 DIETARY							
012 CAFETERIA							
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION							
015 CENTRAL SERVICES & SUPPLY							
016 PHARMACY							
017 MEDICAL RECORDS & LIBRARY							
018 SOCIAL SERVICE							
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C							
024 PARAMED ED PRGM-(SPECIFY)							
025 INPAT ROUTINE SRVC CNTRS							19,631,963
026 ADULTS & PEDIATRICS							4,101,180
031 INTENSIVE CARE UNIT							5,044,193
033 SUBPROVIDER I							896,067
037 NURSERY							
037 ANCILLARY SRVC COST CNTRS							2,223,342
038 OPERATING ROOM							431,769
039 RECOVERY ROOM							1,340,933
040 DELIVERY ROOM & LABOR ROO							192,862
041 ANESTHESIOLOGY							3,312,609
041 RADIOLOGY-DIAGNOSTIC							1,092,906
041 01 MRI							445,275
043 01 NUCLEAR MEDICINE							4,046,893
044 LABORATORY							
046 30 BLOOD CLOTTING FACTORS AD							
049 RESPIRATORY THERAPY							1,417,432
050 PHYSICAL THERAPY							936,392
051 OCCUPATIONAL THERAPY							6,612
052 SPEECH PATHOLOGY							21,259
053 ELECTROCARDIOLOGY							686,431
053 01 CARDIAC CATH LAB							1,491,356
054 ELECTROENCEPHALOGRAPHY							195,607
055 MEDICAL SUPPLIES CHARGED							1,788,163
055 30 IMPL. DEV. CHARGED TO PAT							2,210,051
056 DRUGS CHARGED TO PATIENTS							3,675,723
057 RENAL DIALYSIS							238,275
058 01 OP SURGERY							1,320,387
058 02 OP PSYCH SERVICES							-5,285,422
058 03 CHEMICAL DEPENDENCY							
058 04 PAIN CLINIC							47,016
059 SLEEP LAB							
060 OUTPAT SERVICE COST CNTRS							143,819
061 CLINIC							5,065,921
061 EMERGENCY							
062 OBSERVATION BEDS (NON-DIS							
063 50 RHC							
063 60 FOHC							
069 OTHER REIMBURS COST CNTRS							
069 10 CMHC							
069 20 OUTPATIENT PHYSICAL THERA							
069 30 OUTPATIENT OCCUPATIONAL T							
069 40 OUTPATIENT SPEECH PATHOLO							
071 HOME HEALTH AGENCY							
085 SPEC PURPOSE COST CENTERS							
085 01 PANCREAS ACQUISITION							
085 02 INTTESTINAL ACQUISITION							
085 03 ISLET CELL ACQUISITION							
095 SUBTOTALS							56,719,014
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP							81,613
098 PHYSICIANS' PRIVATE OFFIC							3,767,982
098 01 THERAPEUTIC DAY SCHOOL							5,604,819
098 02 RESP OUTSOURCE							
098 03 OP PHARMACY							779,360
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL							66,952,788

COST CENTER DESCRIPTION	I & R COST POST STEP-DOWN ADJ 26	TOTAL 27
003 GENERAL SERVICE COST CNTR		
004 NEW CAP REL COSTS-BLDG &		
005 NEW CAP REL COSTS-MVBLE E		
006 EMPLOYEE BENEFITS		
006 01 COMMUNICATIONS		
006 02 DATA PROCESSING		
006 03 PURCHASING		
006 04 ADMINISTRATION		
006 06 ADMIN & GENERAL		
007 MAINTENANCE & REPAIRS		
008 OPERATION OF PLANT		
009 LAUNDRY & LINEN SERVICE		
010 HOUSEKEEPING		
011 DIETARY		
012 CAFETERIA		
013 MAINTENANCE OF PERSONNEL		
014 NURSING ADMINISTRATION		
015 CENTRAL SERVICES & SUPPLY		
016 PHARMACY		
017 MEDICAL RECORDS & LIBRARY		
018 SOCIAL SERVICE		
020 NONPHYSICIAN ANESTHETISTS		
021 NURSING SCHOOL		
022 I&R SERVICES-SALARY & FRI		
023 I&R SERVICES-OTHER PRGM C		
024 PARAMED ED PRGM-(SPECIFY)		
025 INPAT ROUTINE SRVC CNTRS		19,631,963
026 ADULTS & PEDIATRICS		4,101,180
031 INTENSIVE CARE UNIT		5,044,193
033 SUBPROVIDER I		896,067
037 NURSERY		
037 ANCILLARY SRVC COST CNTRS		
038 OPERATING ROOM		2,223,342
039 RECOVERY ROOM		431,769
040 DELIVERY ROOM & LABOR ROO		1,340,933
041 ANESTHESIOLOGY		192,862
041 RADIOLOGY-DIAGNOSTIC		3,312,609
041 01 MRI		1,092,906
043 01 NUCLEAR MEDICINE		445,275
044 LABORATORY		4,046,893
046 30 BLOOD CLOTTING FACTORS AD		
049 RESPIRATORY THERAPY		1,417,432
050 PHYSICAL THERAPY		936,392
051 OCCUPATIONAL THERAPY		6,612
052 SPEECH PATHOLOGY		21,259
053 ELECTROCARDIOLOGY		686,431
053 01 CARDIAC CATH LAB		1,491,356
054 ELECTROENCEPHALOGRAPHY		195,607
055 MEDICAL SUPPLIES CHARGED		1,788,163
055 30 IMPL. DEV. CHARGED TO PAT		2,210,051
056 DRUGS CHARGED TO PATIENTS		3,675,723
057 RENAL DIALYSIS		238,275
058 01 OP SURGERY		1,320,387
058 02 OP PSYCH SERVICES		-5,285,422
058 03 CHEMICAL DEPENDENCY		
058 04 PAIN CLINIC		47,016
059 SLEEP LAB		
060 OUTPAT SERVICE COST CNTRS		
061 CLINIC		143,819
061 EMERGENCY		5,065,921
062 OBSERVATION BEDS (NON-DIS		
063 50 RHC		
063 60 FOHC		
069 OTHER REIMBURS COST CNTRS		
069 10 CMHC		
069 20 OUTPATIENT PHYSICAL THERA		
069 30 OUTPATIENT OCCUPATIONAL T		
069 40 OUTPATIENT SPEECH PATHOLO		
071 HOME HEALTH AGENCY		
085 SPEC PURPOSE COST CENTERS		
085 01 PANCREAS ACQUISITION		
085 02 INTTESTINAL ACQUISITION		
085 03 ISLET CELL ACQUISITION		
095 SUBTOTALS		56,719,014
096 NONREIMBURS COST CENTERS		
096 GIFT, FLOWER, COFFEE SHOP		81,613
098 PHYSICIANS' PRIVATE OFFIC		3,767,982
098 01 THERAPEUTIC DAY SCHOOL		5,604,819
098 02 RESP OUTSOURCE		
098 03 OP PHARMACY		779,360
101 CROSS FOOT ADJUSTMENT		
102 NEGATIVE COST CENTER		
103 TOTAL		66,952,788

COST CENTER DESCRIPTION	DIR ASSGND NEW CAPITAL REL COSTS 0	NEW CAP REL C OSTS-BLDG & 3	NEW CAP REL C OSTS-MVBLE E 4	SUBTOTAL 4a	EMPLOYEE BENE FITS 5	COMMUNI CATION S 6.01	DATA PROCESSI NG 6.02
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS		53,241	30,473	83,714	83,714		
006 01 COMMUNICATIONS		16,683	9,549	26,232		26,232	
006 02 DATA PROCESSING							
006 03 PURCHASING							
006 04 ADMINISTRATION		13,713	7,849	21,562	1,800		
006 06 ADMIN & GENERAL		503,499	288,186	791,685	7,170	21,030	
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT		857,733	490,938	1,348,671	2,901		
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING		53,241	30,473	83,714	1,872		
011 DIETARY		154,667	88,527	243,194	1,788		
012 CAFETERIA		102,438	58,632	161,070	349		
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION		39,812	22,787	62,599	3,369		
015 CENTRAL SERVICES & SUPPLY		116,814	66,861	183,675	468		
016 PHARMACY		54,821	31,378	86,199	2,438		
017 MEDICAL RECORDS & LIBRARY		60,824	34,814	95,638	1,265		
018 SOCIAL SERVICE							
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C							
024 PARAMED ED PRGM-(SPECIFY)							
025 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS		995,372	569,714	1,565,086	20,664	4,250	
026 INTENSIVE CARE UNIT		159,375	91,221	250,596	4,559	366	
031 SUBPROVIDER I		394,110	225,575	619,685	3,693	586	
033 NURSERY		19,243	11,014	30,257	996		
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM		176,280	100,897	277,177	1,950		
038 RECOVERY ROOM		18,958	10,851	29,809	509		
039 DELIVERY ROOM & LABOR ROO		15,799	9,043	24,842	2		
040 ANESTHESIOLOGY		13,271	7,596	20,867			
041 RADIOLOGY-DIAGNOSTIC		207,561	118,801	326,362	2,796		
041 01 MRI					1,451		
043 01 NUCLEAR MEDICINE		36,842	21,087	57,929	415		
044 LABORATORY		121,269	69,411	190,680	3,452		
046 30 BLOOD CLOTTING FACTORS AD							
049 RESPIRATORY THERAPY		77,286	44,236	121,522	1,789		
050 PHYSICAL THERAPY		59,466	34,036	93,502	939		
051 OCCUPATIONAL THERAPY							
052 SPEECH PATHOLOGY					30		
053 ELECTROCARDIOLOGY					693		
053 01 CARDIAC CATH LAB					1,140		
054 ELECTROENCEPHALOGRAPHY		8,910	5,100	14,010	84		
055 MEDICAL SUPPLIES CHARGED							
055 30 IMPL. DEV. CHARGED TO PAT							
056 DRUGS CHARGED TO PATIENTS							
057 RENAL DIALYSIS							
058 01 OP SURGERY		129,421	74,077	203,498	1,013		
058 02 OP PSYCH SERVICES		144,398	82,649	227,047	554		
058 03 CHEMICAL DEPENDENCY							
058 04 PAIN CLINIC					107		
059 SLEEP LAB							
060 OUTPAT SERVICE COST CNTRS							
061 CLINIC							
061 EMERGENCY		159,944	91,547	251,491	4,741		
062 OBSERVATION BEDS (NON-DIS							
063 50 RHC							
063 60 FOHC							
069 OTHER REIMBURS COST CNTRS							
069 10 CMHC							
069 20 OUTPATIENT PHYSICAL THERA							
069 30 OUTPATIENT OCCUPATIONAL T							
069 40 OUTPATIENT SPEECH PATHOLO							
071 HOME HEALTH AGENCY							
085 01 PANCREAS ACQUISITION							
085 02 INTTESTINAL ACQUISITION							
085 03 ISLET CELL ACQUISITION							
095 SUBTOTALS		4,764,991	2,727,322	7,492,313	74,997	26,232	
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP		8,689	4,973	13,662	583		
098 PHYSICIANS' PRIVATE OFFIC							
098 01 THERAPEUTIC DAY SCHOOL					8,134		
098 02 RESP OUTSOURCE							
098 03 OP PHARMACY							
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL		4,773,680	2,732,295	7,505,975	83,714	26,232	

COST CENTER DESCRIPTION	PURCHASING 6.03	ADMINISTRATIVE 6.04	ADMIN & GENERAL 6.06	MAINTENANCE & REPAIRS 7	OPERATION OF PLANT 8	LAUNDRY & LINEN SERVICE 9	HOUSEKEEPING 10
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
006 01 COMMUNICATIONS							
006 02 DATA PROCESSING							
006 03 PURCHASING							
006 04 ADMINISTRATION		23,362					
006 06 ADMIN & GENERAL			819,885				
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT			75,853		1,427,425		
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING			14,791				123,207
011 DIETARY			10,399		66,323		5,818
012 CAFETERIA			13,057		43,926		3,853
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION			26,948		17,072		1,497
015 CENTRAL SERVICES & SUPPLY			5,374		50,091		4,394
016 PHARMACY			9,777		23,508		2,062
017 MEDICAL RECORDS & LIBRARY			10,849		26,082		2,288
018 SOCIAL SERVICE							
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C							
024 PARAMEDICAL PRGM-(SPECIFY)							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS		3,961	162,177		426,825		37,440
026 INTENSIVE CARE UNIT		723	36,522		68,342		5,995
031 SUBPROVIDER I		698	38,792		168,998		14,824
033 NURSERY		109	8,722		8,251		724
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM		1,517	16,984		75,590		6,631
038 RECOVERY ROOM		172	3,905		8,129		713
039 DELIVERY ROOM & LABOR ROO		258	13,155		6,775		594
040 ANESTHESIOLOGY		304	1,460		5,691		499
041 RADIOLOGY-DIAGNOSTIC		1,559	28,479		89,004		7,807
041 01 MRI		2,122	10,003				
043 01 NUCLEAR MEDICINE		278	3,454		15,798		1,386
044 LABORATORY		3,425	39,319		52,001		4,561
046 30 BLOOD CLOTTING FACTORS AD							
049 RESPIRATORY THERAPY		735	13,016		33,141		2,907
050 PHYSICAL THERAPY		247	8,594		25,499		2,237
051 OCCUPATIONAL THERAPY			75				
052 SPEECH PATHOLOGY		30	38				
053 ELECTROCARDIOLOGY		753	7,047				
053 01 CARDIAC CATH LAB		737	14,607				
054 ELECTROENCEPHALOGRAPHY		36	1,942		3,821		335
055 MEDICAL SUPPLIES CHARGED		181	18,097				
055 30 IMPL. DEV. CHARGED TO PAT			22,469				
056 DRUGS CHARGED TO PATIENTS		2,458	26,890				
057 RENAL DIALYSIS		81	2,646				
058 01 OP SURGERY		334	9,862		55,497		4,868
058 02 OP PSYCH SERVICES		166			61,919		5,431
058 03 CHEMICAL DEPENDENCY							
058 04 PAIN CLINIC		72	472				
059 SLEEP LAB							
060 OUTPAT SERVICE COST CNTRS							
061 CLINIC			1,617				
061 EMERGENCY		2,406	47,164		68,586		6,016
062 OBSERVATION BEDS (NON-DIS							
063 50 RHC							
063 60 FOHC							
069 OTHER REIMBURS COST CNTRS							
069 10 CMHC							
069 20 OUTPATIENT PHYSICAL THERA							
069 30 OUTPATIENT OCCUPATIONAL T							
069 40 OUTPATIENT SPEECH PATHOLO							
071 HOME HEALTH AGENCY							
085 01 PANCREAS ACQUISITION							
085 02 INTTESTINAL ACQUISITION							
085 03 ISLET CELL ACQUISITION							
095 SUBTOTALS		23,362	704,556		1,423,699		122,880
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP			681		3,726		327
098 PHYSICIANS' PRIVATE OFFIC			42,552				
098 01 THERAPEUTIC DAY SCHOOL			63,295				
098 02 RESP OUTSOURCE							
098 03 OP PHARMACY			8,801				
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL		23,362	819,885		1,427,425		123,207

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	DIETARY	CAFETERIA	MAINTENANCE O F PERSONNEL	NURSING ADMIN ISTRATION	CENTRAL SERVI CES & SUPPLY	PHARMACY	MEDI CAL RECOR DS & LIBRARY
	11	12	13	14	15	16	17
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
006 01 COMMUNICATIONS							
006 02 DATA PROCESSING							
006 03 PURCHASING							
006 04 ADMIN TTING							
006 06 ADMIN & GENERAL							
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
011 DIETARY	327,522						
012 CAFETERIA		222,255					
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION		10,620		122,105			
015 CENTRAL SERVICES & SUPPLY		4,278		3,050	251,330		
016 PHARMACY		8,821		6,289	674	139,768	
017 MEDICAL RECORDS & LIBRARY		6,692					142,814
018 SOCIAL SERVICE							
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C							
024 PARAMED ED PRGM-(SPECIFY)							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	245,996	76,291		54,395	11,310		24,704
026 INTENSIVE CARE UNIT	27,670	14,737		10,507	5,426		4,401
031 SUBPROVIDER I	53,856	18,356		13,088	1,673		4,248
033 NURSERY		3,329		2,374	177		662
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM		5,937		4,233	25,601	2	9,235
038 RECOVERY ROOM		1,439		1,026	170		1,047
039 DELIVERY ROOM & LABOR ROO		5,705		4,068	1,063		1,569
040 ANESTHESIOLOGY		629		449	802		1,850
041 RADIOLOGY-DIAGNOSTIC		9,410		6,710	1,476	91	9,489
041 01 MRI		4,255		3,034	325	1,348	12,916
043 01 NUCLEAR MEDICINE		1,085		773	3,601	24	1,695
044 LABORATORY		14,583			2,170		20,853
046 30 BLOOD CLOTTING FACTORS AD							
049 RESPIRATORY THERAPY		5,721			921	1	4,475
050 PHYSICAL THERAPY		2,542			154	109	1,506
051 OCCUPATIONAL THERAPY		1					
052 SPEECH PATHOLOGY		2,602					180
053 ELECTROCARDIOLOGY		3,776			419	5	4,585
053 01 CARDIAC CATH LAB		709			45,948	144	4,487
054 ELECTROENCEPHALOGRAPHY					16		220
055 MEDICAL SUPPLIES CHARGED					52,096		1,105
055 30 IMPL. DEV. CHARGED TO PAT					64,935		
056 DRUGS CHARGED TO PATIENTS						137,910	14,963
057 RENAL DIALYSIS							496
058 01 OP SURGERY		3,568			26,806		2,034
058 02 OP PSYCH SERVICES							1,008
058 03 CHEMICAL DEPENDENCY							
058 04 PAIN CLINIC		186			153		438
059 SLEEP LAB							
060 OUTPAT SERVICE COST CNTRS							
061 CLINIC					176	2	
061 EMERGENCY		16,983		12,109	5,238	132	14,648
062 OBSERVATION BEDS (NON-DIS							
063 50 RHC							
063 60 FOHC							
069 OTHER REIMBURS COST CNTRS							
069 10 CMHC							
069 20 OUTPATIENT PHYSICAL THERA							
069 30 OUTPATIENT OCCUPATIONAL T							
069 40 OUTPATIENT SPEECH PATHOLO							
071 HOME HEALTH AGENCY							
085 01 PANCREAS ACQUISITION							
085 02 INTESITINAL ACQUISITION							
085 03 ISLET CELL ACQUISITION							
095 SUBTOTALS	327,522	222,255		122,105	251,330	139,768	142,814
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP							
098 PHYSICIANS' PRIVATE OFFIC							
098 01 THERAPEUTIC DAY SCHOOL							
098 02 RESP OUTSOURCE							
098 03 OP PHARMACY							
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	327,522	222,255		122,105	251,330	139,768	142,814

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	I&R SERVICES-SALARY & FRI	I&R SERVICES-OTHER PRGM C	PARAMED ED PRGM-(SPECIFY)	SUBTOTAL
	18	20	21	22	23	24	25
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
006 01 COMMUNICATIONS							
006 02 DATA PROCESSING							
006 03 PURCHASING							
006 04 ADMINISTRATION							
006 06 ADMIN & GENERAL							
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
011 DIETARY							
012 CAFETERIA							
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION							
015 CENTRAL SERVICES & SUPPLY							
016 PHARMACY							
017 MEDICAL RECORDS & LIBRARY							
018 SOCIAL SERVICE							
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C							
024 PARAMED ED PRGM-(SPECIFY)							
025 INPAT ROUTINE SRVC CNTRS							2,633,099
026 ADULTS & PEDIATRICS							429,844
031 INTENSIVE CARE UNIT							938,497
033 SUBPROVIDER I							55,601
033 NURSERY							
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM							424,857
038 RECOVERY ROOM							46,919
039 DELIVERY ROOM & LABOR ROOM							58,031
040 ANESTHESIOLOGY							32,551
041 RADIOLOGY-DIAGNOSTIC							483,183
041 01 MRI							35,454
043 01 NUCLEAR MEDICINE							86,438
044 LABORATORY							331,044
046 30 BLOOD CLOTTING FACTORS AD							
049 RESPIRATORY THERAPY							184,228
050 PHYSICAL THERAPY							135,329
051 OCCUPATIONAL THERAPY							76
052 SPEECH PATHOLOGY							2,880
053 ELECTROCARDIOLOGY							17,278
053 01 CARDIAC CATH LAB							67,772
054 ELECTROENCEPHALOGRAPHY							20,464
055 MEDICAL SUPPLIES CHARGED							71,479
055 30 IMPL. DEV. CHARGED TO PAT							87,404
056 DRUGS CHARGED TO PATIENTS							182,221
057 RENAL DIALYSIS							3,223
058 01 OP SURGERY							307,480
058 02 OP PSYCH SERVICES							296,125
058 03 CHEMICAL DEPENDENCY							
058 04 PAIN CLINIC							1,428
059 SLEEP LAB							
060 OUTPAT SERVICE COST CNTRS							
061 CLINIC							1,795
061 EMERGENCY							429,514
062 OBSERVATION BEDS (NON-DIS							
063 50 RHC							
063 60 FOHC							
069 OTHER REIMBURS COST CNTRS							
069 10 CMHC							
069 20 OUTPATIENT PHYSICAL THERA							
069 30 OUTPATIENT OCCUPATIONAL T							
069 40 OUTPATIENT SPEECH PATHOLO							
071 HOME HEALTH AGENCY							
085 SPEC PURPOSE COST CENTERS							
085 01 PANCREAS ACQUISITION							
085 02 INTTESTINAL ACQUISITION							
085 03 ISLET CELL ACQUISITION							
095 SUBTOTALS							7,364,214
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP							18,979
098 PHYSICIANS' PRIVATE OFFIC							42,552
098 01 THERAPEUTIC DAY SCHOOL							71,429
098 02 RESP OUTSOURCE							
098 03 OP PHARMACY							8,801
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL							7,505,975

	POST STEPDOWN ADJUSTMENT	TOTAL
	26	27
003	GENERAL SERVICE COST CNTR	
004	NEW CAP REL COSTS-BLDG &	
005	NEW CAP REL COSTS-MVBLE E	
006	EMPLOYEE BENEFITS	
006 01	COMMUNICATIONS	
006 02	DATA PROCESSING	
006 03	PURCHASING	
006 04	ADMINISTRATIVE	
006 06	ADMIN & GENERAL	
007	MAINTENANCE & REPAIRS	
008	OPERATION OF PLANT	
009	LAUNDRY & LINEN SERVICE	
010	HOUSEKEEPING	
011	DIETARY	
012	CAFETERIA	
013	MAINTENANCE OF PERSONNEL	
014	NURSING ADMINISTRATION	
015	CENTRAL SERVICES & SUPPLY	
016	PHARMACY	
017	MEDICAL RECORDS & LIBRARY	
018	SOCIAL SERVICE	
020	NONPHYSICIAN ANESTHETISTS	
021	NURSING SCHOOL	
022	I&R SERVICES-SALARY & FRI	
023	I&R SERVICES-OTHER PRGM C	
024	PARAMEDICAL PRGM-(SPECIFY)	
025	INPAT ROUTINE SRVC CNTRS	
025	ADULTS & PEDIATRICS	2,633,099
026	INTENSIVE CARE UNIT	429,844
031	SUBPROVIDER I	938,497
033	NURSERY	55,601
037	ANCILLARY SRVC COST CNTRS	
037	OPERATING ROOM	424,857
038	RECOVERY ROOM	46,919
039	DELIVERY ROOM & LABOR ROO	58,031
040	ANESTHESIOLOGY	32,551
041	RADIOLOGY-DIAGNOSTIC	483,183
041 01	MRI	35,454
043 01	NUCLEAR MEDICINE	86,438
044	LABORATORY	331,044
046 30	BLOOD CLOTTING FACTORS AD	
049	RESPIRATORY THERAPY	184,228
050	PHYSICAL THERAPY	135,329
051	OCCUPATIONAL THERAPY	76
052	SPEECH PATHOLOGY	2,880
053	ELECTROCARDIOLOGY	17,278
053 01	CARDIAC CATH LAB	67,772
054	ELECTROENCEPHALOGRAPHY	20,464
055	MEDICAL SUPPLIES CHARGED	71,479
055 30	IMPL. DEV. CHARGED TO PAT	87,404
056	DRUGS CHARGED TO PATIENTS	182,221
057	RENAL DIALYSIS	3,223
058 01	OP SURGERY	307,480
058 02	OP PSYCH SERVICES	296,125
058 03	CHEMICAL DEPENDENCY	
058 04	PAIN CLINIC	1,428
059	SLEEP LAB	
060	OUTPAT SERVICE COST CNTRS	
060	CLINIC	1,795
061	EMERGENCY	429,514
062	OBSERVATION BEDS (NON-DIS	
063 50	RHC	
063 60	FOHC	
069 10	OTHER REIMBURS COST CNTRS	
069 10	CMHC	
069 20	OUTPATIENT PHYSICAL THERA	
069 30	OUTPATIENT OCCUPATIONAL T	
069 40	OUTPATIENT SPEECH PATHOLO	
071	HOME HEALTH AGENCY	
085 01	SPEC PURPOSE COST CENTERS	
085 01	PANCREAS ACQUISITION	
085 02	INTESTINAL ACQUISITION	
085 03	ISLET CELL ACQUISITION	
095	SUBTOTALS	7,364,214
096	NONREIMBURS COST CENTERS	
096	GIFT, FLOWER, COFFEE SHOP	18,979
098	PHYSICIANS' PRIVATE OFFIC	42,552
098 01	THERAPEUTIC DAY SCHOOL	71,429
098 02	RESP OUTSOURCE	
098 03	OP PHARMACY	8,801
101	CROSS FOOT ADJUSTMENTS	
102	NEGATIVE COST CENTER	
103	TOTAL	7,505,975

COST CENTER DESCRIPTION	NEW CAP REL COSTS-BLDG & (SQUARE FEET)	NEW CAP REL COSTS-MVBLE (SQUARE FEET)	EMPLOYEE BENEFITS (GROSS SALARIES)	COMMUNICATIONS (NUMBER OF PHONES)	DATA PROCESSING (GROSS REVENUE)	PURCHASING (COSTED) REQUIS.
	3	4	5	6.01	6.02	6.03
003 GENERAL SERVICE COST						
004 NEW CAP REL COSTS-BLD	151,080					
005 NEW CAP REL COSTS-MVB		151,080				
006 EMPLOYEE BENEFITS	1,685	1,685	27,622,607			
006 01 COMMUNICATIONS	528	528		716		
006 02 DATA PROCESSING					172,389,433	
006 03 PURCHASING						
006 04 ADMITTING	434	434	593,829			
006 06 ADMIN & GENERAL	15,935	15,935	2,365,657	574		
007 MAINTENANCE & REPAIRS						
008 OPERATION OF PLANT	27,146	27,146	957,201			
009 LAUNDRY & LINEN SERVI						
010 HOUSEKEEPING	1,685	1,685	617,636			
011 DIETARY	4,895	4,895	589,759			
012 CAFETERIA	3,242	3,242	115,295			
013 MAINTENANCE OF PERSON						
014 NURSING ADMINISTRATION	1,260	1,260	1,111,402			
015 CENTRAL SERVICES & SU	3,697	3,697	154,302			
016 PHARMACY	1,735	1,735	804,375			
017 MEDICAL RECORDS & LIB	1,925	1,925	417,245			
018 SOCIAL SERVICE						
020 NONPHYSICIAN ANESTHET						
021 NURSING SCHOOL						
022 I&R SERVICES-SALARY &						
023 I&R SERVICES-OTHER PR						
024 PARAMEDICAL PRGM-(SPEC						
025 INPAT ROUTINE SRVC CN						
026 ADULTS & PEDIATRICS	31,502	31,502	6,821,700	116	29,741,980	
031 INTENSIVE CARE UNIT	5,044	5,044	1,504,112	10	5,315,630	
033 SUBPROVIDER I	12,473	12,473	1,218,349	16	5,131,035	
037 NURSERY	609	609	328,756		799,905	
037 ANCILLARY SRVC COST C						
038 OPERATING ROOM	5,579	5,579	643,238		11,152,838	
039 RECOVERY ROOM	600	600	167,861		1,264,952	
040 DELIVERY ROOM & LABOR	500	500	506		1,894,692	
041 ANESTHESIOLOGY	420	420			2,234,687	
041 RADIOLOGY-DIAGNOSTIC	6,569	6,569	922,443		11,460,579	
043 01 MRI			478,858		15,599,466	
044 01 NUCLEAR MEDICINE	1,166	1,166	136,867		2,047,429	
046 LABORATORY	3,838	3,838	1,138,965		25,185,126	
049 BLOOD CLOTTING FACTOR						
050 RESPIRATORY THERAPY	2,446	2,446	590,132		5,405,181	
051 PHYSICAL THERAPY	1,882	1,882	309,724		1,819,209	
052 OCCUPATIONAL THERAPY						
053 SPEECH PATHOLOGY			10,006		217,789	
053 ELECTROCARDIOLOGY			228,513		5,537,246	
053 01 CARDIAC CATH LAB			376,056		5,418,737	
054 ELECTROENCEPHALOGRAPH	282	282	27,808		265,407	
055 MEDICAL SUPPLIES CHAR					1,333,966	
055 30 IMPL. DEV. CHARGED TO						
056 DRUGS CHARGED TO PATI					18,070,853	
057 RENAL DIALYSIS					598,748	
058 01 OP SURGERY	4,096	4,096	334,222		2,456,907	
058 02 OP PSYCH SERVICES	4,570	4,570	182,625		1,217,385	
058 03 CHEMICAL DEPENDENCY						
058 04 PAIN CLINIC			35,186		529,260	
059 SLEEP LAB						
060 OUTPAT SERVICE COST C						
061 CLINIC						
062 EMERGENCY	5,062	5,062	1,564,165		17,690,426	
063 OBSERVATION BEDS (NON						
063 50 RHC						
063 60 FOHC						
069 OTHER REIMBURS COST C						
069 10 CMHC						
069 20 OUTPATIENT PHYSICAL T						
069 30 OUTPATIENT OCCUPATION						
069 40 OUTPATIENT SPEECH PAT						
071 HOME HEALTH AGENCY						
085 SPEC PURPOSE COST CEN						
085 01 PANCREAS ACQUISITION						
085 02 INTESTINAL ACQUISITIO						
085 03 ISLET CELL ACQUISITIO						
095 SUBTOTALS	150,805	150,805	24,746,793	716	172,389,433	
096 NONREIMBURS COST CENT						
098 GIFT, FLOWER, COFFEE	275	275	192,231			
098 PHYSICIANS' PRIVATE O						
098 01 THERAPEUTIC DAY SCHOO			2,683,583			
098 02 RESP OUTSOURCE						

COST CENTER DESCRIPTION	NEW CAP REL C OSTS-BLDG & (SQUARE FEET	NEW CAP REL C OSTS-MVBLE E (SQUARE FEET	EMPLOYEE BENE FITS (GROSS SALARIES	COMMUNICATION DATA PROCESSING (NUMBER OF PHONES	PHO(GROSS REVENUE	PURCHASING (COSTED REQUIS.
	3	4	5	6.01	6.02	6.03
098 03 NONREIMBURS COST CENT						
101 OP PHARMACY						
102 CROSS FOOT ADJUSTMENT						
103 NEGATIVE COST CENTER COST TO BE ALLOCATED (WRKSHT B, PART I)	4,773,680	2,732,295	5,370,199	297,690		
104 UNIT COST MULTIPLIER (WRKSHT B, PT I)	31.597035		.194413			
105 COST TO BE ALLOCATED (WRKSHT B, PART II)		18.085087		415.768156		
106 UNIT COST MULTIPLIER (WRKSHT B, PT II)						
107 COST TO BE ALLOCATED (WRKSHT B, PART III)			83,714	26,232		
108 UNIT COST MULTIPLIER (WRKSHT B, PT III)			.003031	36.636872		

COST CENTER DESCRIPTION	ADMINISTRATIVE		ADMIN & GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (PATIENT DAYS)	HOUSEKEEPING (SQUARE FEET)
	(GROSS REVENUE)	RECONCILIATION					
	6.04	6a.06	6.06	7	8	9	10
GENERAL SERVICE COST							
003 NEW CAP REL COSTS-BLD							
004 NEW CAP REL COSTS-MVB							
005 EMPLOYEE BENEFITS							
006 01 COMMUNICATIONS							
006 02 DATA PROCESSING							
006 03 PURCHASING							
006 04 ADMINISTRATION	172,389,433						
006 06 ADMIN & GENERAL		-11,177,141	61,423,046				
007 MAINTENANCE & REPAIRS				132,498			
008 OPERATION OF PLANT			5,682,759	27,146	105,352		
009 LAUNDRY & LINEN SERVICE						28,483	
010 HOUSEKEEPING			1,108,124	1,685	1,685		103,667
011 DIETARY			779,076	4,895	4,895		4,895
012 CAFETERIA			978,186	3,242	3,242		3,242
013 MAINTENANCE OF PERSON							
014 NURSING ADMINISTRATION			2,018,866	1,260	1,260		1,260
015 CENTRAL SERVICES & SUPPLY			402,613	3,697	3,697		3,697
016 PHARMACY			732,448	1,735	1,735		1,735
017 MEDICAL RECORDS & LIBRARY			812,782	1,925	1,925		1,925
018 SOCIAL SERVICE							
020 NONPHYSICIAN ANESTHESIOLOGIST							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & BENEFITS							
023 I&R SERVICES-OTHER PERSONNEL							
024 PARAMEDICAL PRGM-(SPEC INPAT ROUTINE SRVC CN)							
025 ADULTS & PEDIATRICS	29,741,980		12,149,174	31,502	31,502	21,109	31,502
026 INTENSIVE CARE UNIT	5,315,630		2,736,155	5,044	5,044	2,582	5,044
031 SUBPROVIDER I	5,131,035		2,906,239	12,473	12,473	3,760	12,473
033 NURSERY	799,905		653,398	609	609	1,032	609
037 ANCILLARY SRVC COST CENTER							
037 OPERATING ROOM	11,152,838		1,272,377	5,579	5,579		5,579
038 RECOVERY ROOM	1,264,952		292,516	600	600		600
039 DELIVERY ROOM & LABOR	1,894,692		985,514	500	500		500
040 ANESTHESIOLOGY	2,234,687		109,415	420	420		420
041 RADIOLOGY-DIAGNOSTIC	11,460,579		2,133,608	6,569	6,569		6,569
041 01 MRI	15,599,466		749,384				
043 01 NUCLEAR MEDICINE	2,047,429		258,773	1,166	1,166		1,166
044 LABORATORY	25,185,126		2,945,692	3,838	3,838		3,838
046 30 BLOOD CLOTTING FACTOR							
049 RESPIRATORY THERAPY	5,405,181		975,129	2,446	2,446		2,446
050 PHYSICAL THERAPY	1,819,209		643,817	1,882	1,882		1,882
051 OCCUPATIONAL THERAPY			5,589				
052 SPEECH PATHOLOGY	217,789		2,819				
053 ELECTROCARDIOLOGY	5,537,246		527,979				
053 01 CARDIAC CATH LAB	5,418,737		1,094,355				
054 ELECTROENCEPHALOGRAPHY	265,407		145,473	282	282		282
055 MEDICAL SUPPLIES CHARACTERIZED	1,333,966		1,355,748				
055 30 IMPL. DEV. CHARGED TO PATIENT			1,683,346				
056 DRUGS CHARGED TO PATIENT	18,070,853		2,014,561				
057 RENAL DIALYSIS	598,748		198,206				
058 01 OP SURGERY	2,456,907		738,822	4,096	4,096		4,096
058 02 OP PSYCH SERVICES	1,217,385	5,647,399		4,570	4,570		4,570
058 03 CHEMICAL DEPENDENCY							
058 04 PAIN CLINIC	529,260		35,346				
059 SLEEP LAB							
060 OUTPAT SERVICE COST CENTER							
060 CLINIC			121,159				
061 EMERGENCY	17,690,426		3,533,377	5,062	5,062		5,062
062 OBSERVATION BEDS (NON)							
063 50 RHC							
063 60 FOHC							
069 OTHER REIMBURS COST CENTER							
069 10 CMHC							
069 20 OUTPATIENT PHYSICAL THERAPY							
069 30 OUTPATIENT OCCUPATIONAL THERAPY							
069 40 OUTPATIENT SPEECH PATHOLOGY							
071 HOME HEALTH AGENCY							
SPEC PURPOSE COST CENTER							
085 01 PANCREAS ACQUISITION							
085 02 INTESTINAL ACQUISITION							
085 03 ISLET CELL ACQUISITION							
095 SUBTOTALS	172,389,433	-5,529,742	52,782,825	132,223	105,077	28,483	103,392
NONREIMBURS COST CENTER							
096 GIFT, FLOWER, COFFEE			51,034	275	275		275
098 PHYSICIANS' PRIVATE OFFICE			3,187,883				
098 01 THERAPEUTIC DAY SCHOOL			4,741,930				
098 02 RESP OUTSOURCE							

	COST CENTER DESCRIPTION	ADMITTING		ADMIN & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING
		(GROSS REVENUE)	RECONCILIATION					
	NONREIMBURS COST CENT	6.04	6a.06	6.06	7	8	9	10
098	03 OP PHARMACY			659,374				
101	CROSS FOOT ADJUSTMENT							
102	NEGATIVE COST CENTER							
103	COST TO BE ALLOCATED (WRKSHT B, PART I)	691,567		11,177,141		6,716,851		1,417,198
104	UNIT COST MULTIPLIER (WRKSHT B, PT I)	.004012		.181970		63.756274		13.670676
105	COST TO BE ALLOCATED (WRKSHT B, PART II)							
106	UNIT COST MULTIPLIER (WRKSHT B, PT II)							
107	COST TO BE ALLOCATED (WRKSHT B, PART III)	23,362		819,885		1,427,425		123,207
108	UNIT COST MULTIPLIER (WRKSHT B, PT III)	.000136		.013348		13.549102		1.188488

COST CENTER DESCRIPTION	DIETARY (MEALS SERVED)	CAFETERIA (HOURS WORKED)	MAINTENANCE (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT NRSING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS REVENUE)
	11	12	13	14	15	16	17
GENERAL SERVICE COST							
003 NEW CAP REL COSTS-BLD							
004 NEW CAP REL COSTS-MVB							
005 EMPLOYEE BENEFITS							
006 01 COMMUNICATIONS							
006 02 DATA PROCESSING							
006 03 PURCHASING							
006 04 ADMINISTRATION							
006 06 ADMIN & GENERAL							
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
011 DIETARY	86,314						
012 CAFETERIA		724,890					
013 MAINTENANCE OF PERSON							
014 NURSING ADMINISTRATION		34,638		558,551			
015 CENTRAL SERVICES & SU		13,954		13,954	6,514,919		
016 PHARMACY		28,769		28,769	17,459	2,651,039	
017 MEDICAL RECORDS & LIB		21,827					172,389,433
018 SOCIAL SERVICE							
020 NONPHYSICIAN ANESTHET							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY &							
023 I&R SERVICES-OTHER PR							
024 PARAMEDICAL PRGM-(SPEC							
INPAT ROUTINE SRVC CN							
025 ADULTS & PEDIATRICS	64,829	248,819		248,819	293,167		29,741,980
026 INTENSIVE CARE UNIT	7,292	48,065		48,065	140,658		5,315,630
031 SUBPROVIDER I	14,193	59,868		59,868	43,364		5,131,035
033 NURSERY		10,858		10,858	4,601		799,905
ANCILLARY SRVC COST C							
037 OPERATING ROOM		19,365		19,365	663,605	32	11,152,838
038 RECOVERY ROOM		4,692		4,692	4,402		1,264,952
039 DELIVERY ROOM & LABOR		18,607		18,607	27,545		1,894,692
040 ANESTHESIOLOGY		2,053		2,053	20,783		2,234,687
041 RADIOLOGY-DIAGNOSTIC		30,692		30,692	38,248	1,723	11,460,579
041 01 MRI		13,879		13,879	8,432	25,560	15,599,466
043 01 NUCLEAR MEDICINE		3,538		3,538	93,352	448	2,047,429
044 LABORATORY		47,563			56,244		25,185,126
046 30 BLOOD CLOTTING FACTOR							
049 RESPIRATORY THERAPY		18,658			23,864	14	5,405,181
050 PHYSICAL THERAPY		8,290			3,991	2,070	1,819,209
051 OCCUPATIONAL THERAPY		3					
052 SPEECH PATHOLOGY		8,485					217,789
053 ELECTROCARDIOLOGY		12,316			10,851	91	5,537,246
053 01 CARDIAC CATH LAB		2,314			1,191,044	2,725	5,418,737
054 ELECTROENCEPHALOGRAPH					413		265,407
055 MEDICAL SUPPLIES CHAR					1,350,396		1,333,966
055 30 IMPL. DEV. CHARGED TO					1,683,346		
056 DRUGS CHARGED TO PATI						2,615,845	18,070,853
057 RENAL DIALYSIS							598,748
058 01 OP SURGERY		11,637			694,850		2,456,907
058 02 OP PSYCH SERVICES							1,217,385
058 03 CHEMICAL DEPENDENCY							
058 04 PAIN CLINIC		608			3,976		529,260
059 SLEEP LAB							
OUTPAT SERVICE COST C							
060 CLINIC					4,558	36	
061 EMERGENCY		55,392		55,392	135,770	2,495	17,690,426
062 OBSERVATION BEDS (NON							
063 50 RHC							
063 60 FOHC							
OTHER REIMBURS COST C							
069 10 CMHC							
069 20 OUTPATIENT PHYSICAL T							
069 30 OUTPATIENT OCCUPATION							
069 40 OUTPATIENT SPEECH PAT							
071 HOME HEALTH AGENCY							
SPEC PURPOSE COST CEN							
085 01 PANCREAS ACQUISITION							
085 02 INTESTINAL ACQUISITIO							
085 03 ISLET CELL ACQUISITIO							
095 SUBTOTALS	86,314	724,890		558,551	6,514,919	2,651,039	172,389,433
NONREIMBURS COST CENT							
096 GIFT, FLOWER, COFFEE							
098 PHYSICIANS' PRIVATE O							
098 01 THERAPEUTIC DAY SCHOO							
098 02 RESP OUTSOURCE							

COST CENTER DESCRIPTION	DIETARY (MEALS SERVED)	CAFETERIA (HOURS WORKED)	MAINTENANCE F PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT NRSING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS REVENUE)
	11	12	13	14	15	16	17
098 03 NONREIMBURS COST CENT							
101 OP PHARMACY							
102 CROSS FOOT ADJUSTMENT							
103 NEGATIVE COST CENTER							
COST TO BE ALLOCATED	1,299,849	1,407,205		2,551,039	852,942	1,189,597	1,152,103
(WRKSHT B, PART I)							
104 UNIT COST MULTIPLIER		1.941267		4.567245		.448729	
(WRKSHT B, PT I)	15.059538				.130921		.006683
105 COST TO BE ALLOCATED							
(WRKSHT B, PART II)							
106 UNIT COST MULTIPLIER							
(WRKSHT B, PT II)							
107 COST TO BE ALLOCATED	327,522	222,255		122,105	251,330	139,768	142,814
(WRKSHT B, PART III)							
108 UNIT COST MULTIPLIER		.306605		.218610		.052722	
(WRKSHT B, PT III)	3.794541				.038578		.000828

COST CENTER DESCRIPTION	SOCIAL SERVICE (PATIENT DAYS)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)	I&R SERVICES-SALARY & FRI (ASSIGNED TIME)	I&R SERVICES-OTHER PRGM C (ASSIGNED TIME)	PARAMED ED PRGM-(SPECIFY) (ASSIGNED TIME)
	18	20	21	22	23	24
GENERAL SERVICE COST						
003 NEW CAP REL COSTS-BLD						
004 NEW CAP REL COSTS-MVB						
005 EMPLOYEE BENEFITS						
006 01 COMMUNICATIONS						
006 02 DATA PROCESSING						
006 03 PURCHASING						
006 04 ADMIN TTING						
006 06 ADMIN & GENERAL						
007 MAINTENANCE & REPAIRS						
008 OPERATION OF PLANT						
009 LAUNDRY & LINEN SERVI						
010 HOUSEKEEPING						
011 DIETARY						
012 CAFETERIA						
013 MAINTENANCE OF PERSON						
014 NURSING ADMINISTRATION						
015 CENTRAL SERVICES & SU						
016 PHARMACY						
017 MEDICAL RECORDS & LIB						
018 SOCIAL SERVICE	28,483					
020 NONPHYSICIAN ANESTHET						
021 NURSING SCHOOL						
022 I&R SERVICES-SALARY &						
023 I&R SERVICES-OTHER PR						
024 PARAMED ED PRGM-(SPEC						
INPAT ROUTINE SRVC CN						
025 ADULTS & PEDIATRICS	21,109					
026 INTENSIVE CARE UNIT	2,582					
031 SUBPROVIDER I	3,760					
033 NURSERY	1,032					
ANCILLARY SRVC COST C						
037 OPERATING ROOM						
038 RECOVERY ROOM						
039 DELIVERY ROOM & LABOR						
040 ANESTHESIOLOGY						
041 RADIOLOGY-DIAGNOSTIC						
041 01 MRI						
043 01 NUCLEAR MEDICINE						
044 LABORATORY						
046 30 BLOOD CLOTTING FACTOR						
049 RESPIRATORY THERAPY						
050 PHYSICAL THERAPY						
051 OCCUPATIONAL THERAPY						
052 SPEECH PATHOLOGY						
053 ELECTROCARDIOLOGY						
053 01 CARDIAC CATH LAB						
054 ELECTROENCEPHALOGRAPH						
055 MEDICAL SUPPLIES CHAR						
055 30 IMPL. DEV. CHARGED TO						
056 DRUGS CHARGED TO PATI						
057 RENAL DIALYSIS						
058 01 OP SURGERY						
058 02 OP PSYCH SERVICES						
058 03 CHEMICAL DEPENDENCY						
058 04 PAIN CLINIC						
059 SLEEP LAB						
OUTPAT SERVICE COST C						
060 CLINIC						
061 EMERGENCY						
062 OBSERVATION BEDS (NON						
063 50 RHC						
063 60 FOHC						
OTHER REIMBURS COST C						
069 10 CMHC						
069 20 OUTPATIENT PHYSICAL T						
069 30 OUTPATIENT OCCUPATION						
069 40 OUTPATIENT SPEECH PAT						
071 HOME HEALTH AGENCY						
SPEC PURPOSE COST CEN						
085 01 PANCREAS ACQUISITION						
085 02 INTESTINAL ACQUISITIO						
085 03 ISLET CELL ACQUISITIO						
095 SUBTOTALS	28,483					
NONREIMBURS COST CENT						
096 GIFT, FLOWER, COFFEE						
098 PHYSICIANS' PRIVATE O						
098 01 THERAPEUTIC DAY SCHOO						
098 02 RESP OUTSOURCE						

COST CENTER DESCRIPTION	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	I&R SERVICES- SALARY & FRI	I&R SERVICES- OTHER PRGM C	PARAMED ED PRGM-(SPECIFY)
	(PATIENT DAYS)	(ASSIGNED TIME)	(ASSIGNED TIME)	(ASSIGNED TIME)	(ASSIGNED TIME)	(ASSIGNED TIME)
NONREIMBURS COST CENT	18	20	21	22	23	24
098 03 OP PHARMACY						
101 CROSS FOOT ADJUSTMENT						
102 NEGATIVE COST CENTER						
103 COST TO BE ALLOCATED (PER WRKSHT B, PART						
104 UNIT COST MULTIPLIER (WRKSHT B, PT I)						
105 COST TO BE ALLOCATED (PER WRKSHT B, PART						
106 UNIT COST MULTIPLIER (WRKSHT B, PT II)						
107 COST TO BE ALLOCATED (PER WRKSHT B, PART						
108 UNIT COST MULTIPLIER (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	19,631,963		19,631,963		19,631,963
26	INTENSIVE CARE UNIT	4,101,180		4,101,180		4,101,180
31	SUBPROVIDER I	5,044,193		5,044,193		5,044,193
33	NURSERY	896,067		896,067		896,067
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	2,223,342		2,223,342		2,223,342
38	RECOVERY ROOM	431,769		431,769		431,769
39	DELIVERY ROOM & LABOR ROO	1,340,933		1,340,933		1,340,933
40	ANESTHESIOLOGY	192,862		192,862		192,862
41	RADIOLOGY-DIAGNOSTIC	3,312,609		3,312,609		3,312,609
41 01	MRI	1,092,906		1,092,906		1,092,906
43 01	NUCLEAR MEDICINE	445,275		445,275		445,275
44	LABORATORY	4,046,893		4,046,893		4,046,893
46 30	BLOOD CLOTTING FACTORS AD					
49	RESPIRATORY THERAPY	1,417,432		1,417,432		1,417,432
50	PHYSICAL THERAPY	936,392		936,392		936,392
51	OCCUPATIONAL THERAPY	6,612		6,612		6,612
52	SPEECH PATHOLOGY	21,259		21,259		21,259
53	ELECTROCARDIOLOGY	686,431		686,431		686,431
53 01	CARDIAC CATH LAB	1,491,356		1,491,356		1,491,356
54	ELECTROENCEPHALOGRAPHY	195,607		195,607		195,607
55	MEDICAL SUPPLIES CHARGED	1,788,163		1,788,163		1,788,163
55 30	IMPL. DEV. CHARGED TO PAT	2,210,051		2,210,051		2,210,051
56	DRUGS CHARGED TO PATIENTS	3,675,723		3,675,723		3,675,723
57	RENAL DIALYSIS	238,275		238,275		238,275
58 01	OP SURGERY	1,320,387		1,320,387		1,320,387
58 02	OP PSYCH SERVICES					
58 03	CHEMICAL DEPENDENCY					
58 04	PAIN CLINIC	47,016		47,016		47,016
59	SLEEP LAB					
	OUTPAT SERVICE COST CNTRS					
60	CLINIC	143,819		143,819		143,819
61	EMERGENCY	5,065,921		5,065,921		5,065,921
62	OBSERVATION BEDS (NON-DIS	787,024		787,024		787,024
63 50	RHC					
63 60	FQHC					
	OTHER REIMBURS COST CNTRS					
101	SUBTOTAL	62,791,460		62,791,460		62,791,460
102	LESS OBSERVATION BEDS	787,024		787,024		787,024
103	TOTAL	62,004,436		62,004,436		62,004,436

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	32,271,912		32,271,912			
26	INTENSIVE CARE UNIT	5,715,788		5,715,788			
31	SUBPROVIDER I	6,844,392		6,844,392			
33	NURSERY	1,018,507		1,018,507			
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	5,122,260	6,210,027	11,332,287	.196195	.196195	.196195
38	RECOVERY ROOM	780,038	929,880	1,709,918	.252509	.252509	.252509
39	DELIVERY ROOM & LABOR ROO	1,871,810	566,889	2,438,699	.549856	.549856	.549856
40	ANESTHESIOLOGY	1,401,605	1,655,137	3,056,742	.063094	.063094	.063094
41	RADIOLOGY-DIAGNOSTIC	4,528,191	9,319,117	13,847,308	.239224	.239224	.239224
41 01	MRI	8,167,662	11,624,427	19,792,089	.055219	.055219	.055219
43 01	NUCLEAR MEDICINE	1,652,361	1,569,181	3,221,542	.138218	.138218	.138218
44	LABORATORY	22,565,148	10,947,738	33,512,886	.120756	.120756	.120756
46 30	BLOOD CLOTTING FACTORS AD						
49	RESPIRATORY THERAPY	4,619,394	250,228	4,869,622	.291076	.291076	.291076
50	PHYSICAL THERAPY	788,594	1,530,395	2,318,989	.403793	.403793	.403793
51	OCCUPATIONAL THERAPY	13,586	610	14,196	.465765	.465765	.465765
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY	4,998,128	2,755,703	7,753,831	.088528	.088528	.088528
53 01	CARDIAC CATH LAB	8,058,728	1,279,856	9,338,584	.159698	.159698	.159698
54	ELECTROENCEPHALOGRAPHY	180,247	51,624	231,871	.843603	.843603	.843603
55	MEDICAL SUPPLIES CHARGED	809,829	404,843	1,214,672	1.472137	1.472137	1.472137
55 30	IMPL. DEV. CHARGED TO PAT	4,938,808	1,554,252	6,493,060	.340371	.340371	.340371
56	DRUGS CHARGED TO PATIENTS	18,169,531	4,216,750	22,386,281	.164195	.164195	.164195
57	RENAL DIALYSIS	789,501	14,103	803,604	.296508	.296508	.296508
58 01	OP SURGERY	1,286,793	1,644,085	2,930,878	.450509	.450509	.450509
58 02	OP PSYCH SERVICES						
58 03	CHEMICAL DEPENDENCY						
58 04	PAIN CLINIC	5,082	591,573	596,655	.078799	.078799	.078799
59	SLEEP LAB						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	8,176	744,285	752,461	.191132	.191132	.191132
61	EMERGENCY	7,518,282	20,006,278	27,524,560	.184051	.184051	.184051
62	OBSERVATION BEDS (NON-DIS		1,684,856	1,684,856	.467116	.467116	.467116
63 50	RHC						
63 60	FQHC						
	OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	144,124,353	79,551,837	223,676,190			
102	LESS OBSERVATION BEDS						
103	TOTAL	144,124,353	79,551,837	223,676,190			

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	19,631,963		19,631,963		19,631,963
26	INTENSIVE CARE UNIT	4,101,180		4,101,180		4,101,180
31	SUBPROVIDER I	5,044,193		5,044,193		5,044,193
33	NURSERY	896,067		896,067		896,067
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	2,223,342		2,223,342		2,223,342
38	RECOVERY ROOM	431,769		431,769		431,769
39	DELIVERY ROOM & LABOR ROO	1,340,933		1,340,933		1,340,933
40	ANESTHESIOLOGY	192,862		192,862		192,862
41	RADIOLOGY-DIAGNOSTIC	3,312,609		3,312,609		3,312,609
41 01	MRI	1,092,906		1,092,906		1,092,906
43 01	NUCLEAR MEDICINE	445,275		445,275		445,275
44	LABORATORY	4,046,893		4,046,893		4,046,893
46 30	BLOOD CLOTTING FACTORS AD					
49	RESPIRATORY THERAPY	1,417,432		1,417,432		1,417,432
50	PHYSICAL THERAPY	936,392		936,392		936,392
51	OCCUPATIONAL THERAPY	6,612		6,612		6,612
52	SPEECH PATHOLOGY	21,259		21,259		21,259
53	ELECTROCARDIOLOGY	686,431		686,431		686,431
53 01	CARDIAC CATH LAB	1,491,356		1,491,356		1,491,356
54	ELECTROENCEPHALOGRAPHY	195,607		195,607		195,607
55	MEDICAL SUPPLIES CHARGED	1,788,163		1,788,163		1,788,163
55 30	IMPL. DEV. CHARGED TO PAT	2,210,051		2,210,051		2,210,051
56	DRUGS CHARGED TO PATIENTS	3,675,723		3,675,723		3,675,723
57	RENAL DIALYSIS	238,275		238,275		238,275
58 01	OP SURGERY	1,320,387		1,320,387		1,320,387
58 02	OP PSYCH SERVICES					
58 03	CHEMICAL DEPENDENCY					
58 04	PAIN CLINIC	47,016		47,016		47,016
59	SLEEP LAB					
	OUTPAT SERVICE COST CNTRS					
60	CLINIC	143,819		143,819		143,819
61	EMERGENCY	5,065,921		5,065,921		5,065,921
62	OBSERVATION BEDS (NON-DIS	787,024		787,024		787,024
63 50	RHC					
63 60	FQHC					
	OTHER REIMBURS COST CNTRS					
101	SUBTOTAL	62,791,460		62,791,460		62,791,460
102	LESS OBSERVATION BEDS	787,024		787,024		787,024
103	TOTAL	62,004,436		62,004,436		62,004,436

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27	CAPITAL COST WKST B PT II & III, COL. 27	OPERATING COST NET OF CAPITAL COST	CAPITAL REDUCTION	OPERATING COST REDUCTION AMOUNT	COST NET OF CAP AND OPER COST REDUCTION
		1	2	3	4	5	6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM	2,223,342	424,857	1,798,485			2,223,342
38	RECOVERY ROOM	431,769	46,919	384,850			431,769
39	DELIVERY ROOM & LABOR ROO	1,340,933	58,031	1,282,902			1,340,933
40	ANESTHESIOLOGY	192,862	32,551	160,311			192,862
41	RADIOLOGY-DIAGNOSTIC	3,312,609	483,183	2,829,426			3,312,609
41	01 MRI	1,092,906	35,454	1,057,452			1,092,906
43	01 NUCLEAR MEDICINE	445,275	86,438	358,837			445,275
44	LABORATORY	4,046,893	331,044	3,715,849			4,046,893
46	30 BLOOD CLOTTING FACTORS AD						
49	RESPIRATORY THERAPY	1,417,432	184,228	1,233,204			1,417,432
50	PHYSICAL THERAPY	936,392	135,329	801,063			936,392
51	OCCUPATIONAL THERAPY	6,612	76	6,536			6,612
52	SPEECH PATHOLOGY	21,259	2,880	18,379			21,259
53	ELECTROCARDIOLOGY	686,431	17,278	669,153			686,431
53	01 CARDIAC CATH LAB	1,491,356	67,772	1,423,584			1,491,356
54	ELECTROENCEPHALOGRAPHY	195,607	20,464	175,143			195,607
55	MEDICAL SUPPLIES CHARGED	1,788,163	71,479	1,716,684			1,788,163
55	30 IMPL. DEV. CHARGED TO PAT	2,210,051	87,404	2,122,647			2,210,051
56	DRUGS CHARGED TO PATIENTS	3,675,723	182,221	3,493,502			3,675,723
57	RENAL DIALYSIS	238,275	3,223	235,052			238,275
58	01 OP SURGERY	1,320,387	307,480	1,012,907			1,320,387
58	02 OP PSYCH SERVICES		296,125	-296,125			
58	03 CHEMICAL DEPENDENCY						
58	04 PAIN CLINIC	47,016	1,428	45,588			47,016
59	SLEEP LAB						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	143,819	1,795	142,024			143,819
61	EMERGENCY	5,065,921	429,514	4,636,407			5,065,921
62	OBSERVATION BEDS (NON-DIS	787,024	105,558	681,466			787,024
63	50 RHC						
63	60 FOHC						
	OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	33,118,057	3,412,731	29,705,326			33,118,057
102	LESS OBSERVATION BEDS	787,024	105,558	681,466			787,024
103	TOTAL	32,331,033	3,307,173	29,023,860			32,331,033

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	11,332,287	.196195	.196195
38	RECOVERY ROOM	1,709,918	.252509	.252509
39	DELIVERY ROOM & LABOR ROO	2,438,699	.549856	.549856
40	ANESTHESIOLOGY	3,056,742	.063094	.063094
41	RADIOLOGY-DIAGNOSTIC	13,847,308	.239224	.239224
41	01 MRI	19,792,089	.055219	.055219
43	01 NUCLEAR MEDICINE	3,221,542	.138218	.138218
44	LABORATORY	33,512,886	.120756	.120756
46	30 BLOOD CLOTTING FACTORS AD			
49	RESPIRATORY THERAPY	4,869,622	.291076	.291076
50	PHYSICAL THERAPY	2,318,989	.403793	.403793
51	OCCUPATIONAL THERAPY	14,196	.465765	.465765
52	SPEECH PATHOLOGY			
53	ELECTROCARDIOLOGY	7,753,831	.088528	.088528
53	01 CARDIAC CATH LAB	9,338,584	.159698	.159698
54	ELECTROENCEPHALOGRAPHY	231,871	.843603	.843603
55	MEDICAL SUPPLIES CHARGED	1,214,672	1.472137	1.472137
55	30 IMPL. DEV. CHARGED TO PAT	6,493,060	.340371	.340371
56	DRUGS CHARGED TO PATIENTS	22,386,281	.164195	.164195
57	RENAL DIALYSIS	803,604	.296508	.296508
58	01 OP SURGERY	2,930,878	.450509	.450509
58	02 OP PSYCH SERVICES			
58	03 CHEMICAL DEPENDENCY			
58	04 PAIN CLINIC	596,655	.078799	.078799
59	SLEEP LAB			
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	752,461	.191132	.191132
61	EMERGENCY	27,524,560	.184051	.184051
62	OBSERVATION BEDS (NON-DIS	1,684,856	.467116	.467116
63	50 RHC			
63	60 FOHC			
	OTHER REIMBURS COST CNTRS			
101	SUBTOTAL	177,825,591		
102	LESS OBSERVATION BEDS	1,684,856		
103	TOTAL	176,140,735		

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27 1	CAPITAL COST WKST B PT II & III, COL. 27 2	OPERATING COST NET OF CAPITAL COST 3	CAPITAL REDUCTION 4	OPERATING COST REDUCTION AMOUNT 5	COST NET OF CAP AND OPER COST REDUCTION 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM	2,223,342	424,857	1,798,485			2,223,342
38	RECOVERY ROOM	431,769	46,919	384,850			431,769
39	DELIVERY ROOM & LABOR ROO	1,340,933	58,031	1,282,902			1,340,933
40	ANESTHESIOLOGY	192,862	32,551	160,311			192,862
41	RADIOLOGY-DIAGNOSTIC	3,312,609	483,183	2,829,426			3,312,609
41	01 MRI	1,092,906	35,454	1,057,452			1,092,906
43	01 NUCLEAR MEDICINE	445,275	86,438	358,837			445,275
44	LABORATORY	4,046,893	331,044	3,715,849			4,046,893
46	30 BLOOD CLOTTING FACTORS AD						
49	RESPIRATORY THERAPY	1,417,432	184,228	1,233,204			1,417,432
50	PHYSICAL THERAPY	936,392	135,329	801,063			936,392
51	OCCUPATIONAL THERAPY	6,612	76	6,536			6,612
52	SPEECH PATHOLOGY	21,259	2,880	18,379			21,259
53	ELECTROCARDIOLOGY	686,431	17,278	669,153			686,431
53	01 CARDIAC CATH LAB	1,491,356	67,772	1,423,584			1,491,356
54	ELECTROENCEPHALOGRAPHY	195,607	20,464	175,143			195,607
55	MEDICAL SUPPLIES CHARGED	1,788,163	71,479	1,716,684			1,788,163
55	30 IMPL. DEV. CHARGED TO PAT	2,210,051	87,404	2,122,647			2,210,051
56	DRUGS CHARGED TO PATIENTS	3,675,723	182,221	3,493,502			3,675,723
57	RENAL DIALYSIS	238,275	3,223	235,052			238,275
58	01 OP SURGERY	1,320,387	307,480	1,012,907			1,320,387
58	02 OP PSYCH SERVICES		296,125	-296,125			
58	03 CHEMICAL DEPENDENCY						
58	04 PAIN CLINIC	47,016	1,428	45,588			47,016
59	SLEEP LAB						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	143,819	1,795	142,024			143,819
61	EMERGENCY	5,065,921	429,514	4,636,407			5,065,921
62	OBSERVATION BEDS (NON-DIS	787,024	105,558	681,466			787,024
63	50 RHC						
63	60 FOHC						
	OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	33,118,057	3,412,731	29,705,326			33,118,057
102	LESS OBSERVATION BEDS	787,024	105,558	681,466			787,024
103	TOTAL	32,331,033	3,307,173	29,023,860			32,331,033

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	11,332,287	.196195	.196195
38	RECOVERY ROOM	1,709,918	.252509	.252509
39	DELIVERY ROOM & LABOR ROO	2,438,699	.549856	.549856
40	ANESTHESIOLOGY	3,056,742	.063094	.063094
41	RADIOLOGY-DIAGNOSTIC	13,847,308	.239224	.239224
41	01 MRI	19,792,089	.055219	.055219
43	01 NUCLEAR MEDICINE	3,221,542	.138218	.138218
44	LABORATORY	33,512,886	.120756	.120756
46	30 BLOOD CLOTTING FACTORS AD			
49	RESPIRATORY THERAPY	4,869,622	.291076	.291076
50	PHYSICAL THERAPY	2,318,989	.403793	.403793
51	OCCUPATIONAL THERAPY	14,196	.465765	.465765
52	SPEECH PATHOLOGY			
53	ELECTROCARDIOLOGY	7,753,831	.088528	.088528
53	01 CARDIAC CATH LAB	9,338,584	.159698	.159698
54	ELECTROENCEPHALOGRAPHY	231,871	.843603	.843603
55	MEDICAL SUPPLIES CHARGED	1,214,672	1.472137	1.472137
55	30 IMPL. DEV. CHARGED TO PAT	6,493,060	.340371	.340371
56	DRUGS CHARGED TO PATIENTS	22,386,281	.164195	.164195
57	RENAL DIALYSIS	803,604	.296508	.296508
58	01 OP SURGERY	2,930,878	.450509	.450509
58	02 OP PSYCH SERVICES			
58	03 CHEMICAL DEPENDENCY			
58	04 PAIN CLINIC	596,655	.078799	.078799
59	SLEEP LAB			
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	752,461	.191132	.191132
61	EMERGENCY	27,524,560	.184051	.184051
62	OBSERVATION BEDS (NON-DIS	1,684,856	.467116	.467116
63	50 RHC			
63	60 FOHC			
	OTHER REIMBURS COST CNTRS			
101	SUBTOTAL	177,825,591		
102	LESS OBSERVATION BEDS	1,684,856		
103	TOTAL	176,140,735		

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL			NEW CAPITAL		
		CAPITAL REL COST (B, I I) 1	SWING BED ADJUSTMENT 2	REDUCED CAP RELATED COST 3	CAPITAL REL COST (B, I I I) 4	SWING BED ADJUSTMENT 5	REDUCED CAP RELATED COST 6
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS				2,633,099		2,633,099
26	INTENSIVE CARE UNIT				429,844		429,844
31	SUBPROVIDER I				938,497		938,497
33	NURSERY				55,601		55,601
101	TOTAL				4,057,041		4,057,041

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
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	23,448	9,051			112.30	1,016,427
26	INTENSIVE CARE UNIT	2,644	1,367			162.57	222,233
31	SUBPROVIDER I	4,731	3,877			198.37	769,080
33	NURSERY	1,190				46.72	
101	TOTAL	32,013	14,295				2,007,740

TITLE XVIII, PART A HOSPITAL PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2	TOTAL CHARGES 3	INPAT PROGRAM CHARGES 4	OLD CAPITAL CST/CHRG RATIO 5	CAPITAL COSTS 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM		424,857	11,332,287	1,077,932		
38	RECOVERY ROOM		46,919	1,709,918	162,629		
39	DELIVERY ROOM & LABOR ROO		58,031	2,438,699			
40	ANESTHESIOLOGY		32,551	3,056,742	333,481		
41	RADIOLOGY-DIAGNOSTIC		483,183	13,847,308	2,065,371		
41 01	MRI		35,454	19,792,089	3,035,358		
43 01	NUCLEAR MEDICINE		86,438	3,221,542	740,876		
44	LABORATORY		331,044	33,512,886	3,353,926		
46 30	BLOOD CLOTTING FACTORS AD						
49	RESPIRATORY THERAPY		184,228	4,869,622	2,276,789		
50	PHYSICAL THERAPY		135,329	2,318,989	458,631		
51	OCCUPATIONAL THERAPY		76	14,196	3,248		
52	SPEECH PATHOLOGY		2,880				
53	ELECTROCARDIOLOGY		17,278	7,753,831	728,621		
53 01	CARDIAC CATH LAB		67,772	9,338,584	4,118,696		
54	ELECTROENCEPHALOGRAPHY		20,464	231,871	80,524		
55	MEDICAL SUPPLIES CHARGED		71,479	1,214,672	248,913		
55 30	IMPL. DEV. CHARGED TO PAT		87,404	6,493,060	2,162,113		
56	DRUGS CHARGED TO PATIENTS		182,221	22,386,281	13,199,773		
57	RENAL DIALYSIS		3,223	803,604	510,022		
58 01	OP SURGERY		307,480	2,930,878	547,454		
58 02	OP PSYCH SERVICES						
58 03	CHEMICAL DEPENDENCY						
58 04	PAIN CLINIC		1,428	596,655			
59	SLEEP LAB						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC		1,795	752,461			
61	EMERGENCY		429,514	27,524,560	2,759,355		
62	OBSERVATION BEDS (NON-DIS		105,558	1,684,856			
63 50	RHC						
63 60	FQHC						
	OTHER REIMBURS COST CNTRS						
101	TOTAL		3,116,606	177,825,591	37,863,712		

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST 1	MED EDUCATN COST 2	SWING BED ADJ AMOUNT 3	TOTAL COSTS 4	TOTAL PATIENT DAYS 5	PER DIEM 6
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS					23,448	
26	INTENSIVE CARE UNIT					2,644	
31	SUBPROVIDER I					4,731	
33	NURSERY					1,190	
101	TOTAL					32,013	

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

PROVIDER NO:	PERIOD:	PREPARED
14-0292	FROM 1/1/2010	5/27/2011
	TO 12/31/2010	WORKSHEET D
		PART III

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT PROG DAYS 7	INPAT PROGRAM PASS THRU COST 8
25	ADULTS & PEDIATRICS	9,051	
26	INTENSIVE CARE UNIT	1,367	
31	SUBPROVIDER I	3,877	
33	NURSERY		
101	TOTAL	14,295	

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										
41	01 MRI										
43	01 NUCLEAR MEDICINE										
44	LABORATORY										
46	30 BLOOD CLOTTING FACTORS AD										
49	RESPIRATORY THERAPY										
50	PHYSICAL THERAPY										
51	OCCUPATIONAL THERAPY										
52	SPEECH PATHOLOGY										
53	ELECTROCARDIOLOGY										
53	01 CARDIAC CATH LAB										
54	ELECTROENCEPHALOGRAPHY										
55	MEDICAL SUPPLIES CHARGED										
55	30 IMPL. DEV. CHARGED TO PAT										
56	DRUGS CHARGED TO PATIENTS										
57	RENAL DIALYSIS										
58	01 OP SURGERY										
58	02 OP PSYCH SERVICES										
58	03 CHEMICAL DEPENDENCY										
58	04 PAIN CLINIC										
59	SLEEP LAB										
	OUTPAT SERVICE COST CNTRS										
60	CLINIC										
61	EMERGENCY										
62	OBSERVATION BEDS (NON-DIS										
63	50 RHC										
63	60 FOHC										
	OTHER REIMBURS COST CNTRS										
101	TOTAL										

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF CST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
37	ANCILLARY SRVC COST CNTRS							
	OPERATING ROOM			11,332,287			1,077,932	
38	RECOVERY ROOM			1,709,918			162,629	
39	DELIVERY ROOM & LABOR ROO			2,438,699				
40	ANESTHESIOLOGY			3,056,742			333,481	
41	RADIOLOGY-DIAGNOSTIC			13,847,308			2,065,371	
41	01 MRI			19,792,089			3,035,358	
43	01 NUCLEAR MEDICINE			3,221,542			740,876	
44	LABORATORY			33,512,886			3,353,926	
46	30 BLOOD CLOTTING FACTORS AD							
49	RESPIRATORY THERAPY			4,869,622			2,276,789	
50	PHYSICAL THERAPY			2,318,989			458,631	
51	OCCUPATIONAL THERAPY			14,196			3,248	
52	SPEECH PATHOLOGY							
53	ELECTROCARDIOLOGY			7,753,831			728,621	
53	01 CARDIAC CATH LAB			9,338,584			4,118,696	
54	ELECTROENCEPHALOGRAPHY			231,871			80,524	
55	MEDICAL SUPPLIES CHARGED			1,214,672			248,913	
55	30 IMPL. DEV. CHARGED TO PAT			6,493,060			2,162,113	
56	DRUGS CHARGED TO PATIENTS			22,386,281			13,199,773	
57	RENAL DIALYSIS			803,604			510,022	
58	01 OP SURGERY			2,930,878			547,454	
58	02 OP PSYCH SERVICES							
58	03 CHEMICAL DEPENDENCY							
58	04 PAIN CLINIC			596,655				
59	SLEEP LAB							
	OUTPAT SERVICE COST CNTRS							
60	CLINIC			752,461				
61	EMERGENCY			27,524,560			2,759,355	
62	OBSERVATION BEDS (NON-DIS			1,684,856				
63	50 RHC							
63	60 FOHC							
	OTHER REIMBURS COST CNTRS							
101	TOTAL			177,825,591			37,863,712	

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	920,487					
38	RECOVERY ROOM	160,264					
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY	341,793					
41	RADIOLOGY-DIAGNOSTIC	1,473,061					
41 01	MRI	2,056,892					
43 01	NUCLEAR MEDICINE	361,486					
44	LABORATORY	123,345					
46 30	BLOOD CLOTTING FACTORS AD						
49	RESPIRATORY THERAPY	22,193					
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY	420,595					
53 01	CARDIAC CATH LAB	1,277,248					
54	ELECTROENCEPHALOGRAPHY	12,069					
55	MEDICAL SUPPLIES CHARGED	219,092					
55 30	IMPL. DEV. CHARGED TO PAT	237,091					
56	DRUGS CHARGED TO PATIENTS	1,022,310					
57	RENAL DIALYSIS	4,231					
58 01	OP SURGERY	464,655					
58 02	OP PSYCH SERVICES						
58 03	CHEMICAL DEPENDENCY						
58 04	PAIN CLINIC						
59	SLEEP LAB						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	200,250					
61	EMERGENCY	1,816,144					
62	OBSERVATION BEDS (NON-DIS	299,147					
63 50	RHC						
63 60	FQHC						
	OTHER REIMBURS COST CNTRS						
101	TOTAL	11,432,353					

TITLE XVIII, PART B HOSPITAL

Cost Center Description	Cost/Charge Ratio (C, Pt I, col. 9)	Cost/Charge Ratio (C, Pt II, col. 9)	Outpatient Ambulatory Surgical Ctr	Outpatient Radiology	Other Outpatient Diagnostic
	1	1.02	2	3	4
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM	.196195	.196195			
38 RECOVERY ROOM	.252509	.252509			
39 DELIVERY ROOM & LABOR ROOM	.549856	.549856			
40 ANESTHESIOLOGY	.063094	.063094			
41 RADIOLOGY-DIAGNOSTIC	.239224	.239224			
41 01 MRI	.055219	.055219			
43 01 NUCLEAR MEDICINE	.138218	.138218			
44 LABORATORY	.120756	.120756			
46 30 BLOOD CLOTTING FACTORS ADMIN COSTS					
49 RESPIRATORY THERAPY	.291076	.291076			
50 PHYSICAL THERAPY	.403793	.403793			
51 OCCUPATIONAL THERAPY	.465765	.465765			
52 SPEECH PATHOLOGY					
53 ELECTROCARDIOLOGY	.088528	.088528			
53 01 CARDIAC CATH LAB	.159698	.159698			
54 ELECTROENCEPHALOGRAPHY	.843603	.843603			
55 MEDICAL SUPPLIES CHARGED TO PATIENTS	1.472137	1.472137			
55 30 IMPL. DEV. CHARGED TO PATIENT	.340371	.340371			
56 DRUGS CHARGED TO PATIENTS	.164195	.164195			
57 RENAL DIALYSIS	.296508	.296508			
58 01 OP SURGERY	.450509	.450509			
58 02 OP PSYCH SERVICES					
58 03 CHEMICAL DEPENDENCY					
58 04 PAIN CLINIC	.078799	.078799			
59 SLEEP LAB					
60 OUTPAT SERVICE COST CNTRS					
61 CLINIC	.191132	.191132			
61 EMERGENCY	.184051	.184051			
62 OBSERVATION BEDS (NON-DISTINCT PART)	.467116	.467116			
63 50 RHC					
63 60 FOHC					
101 SUBTOTAL					
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES					
104 NET CHARGES					

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

TITLE XVIII, PART B		HOSPITAL				
		All Other (1)	PPS Services FYB to 12/31	Non-PPS Services	PPS Services 1/1 to FYE	Outpatient Ambulatory Surgical Ctr
Cost Center	Description	5	5.01	5.02	5.03	6
(A)	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM		920,487			
38	RECOVERY ROOM		160,264			
39	DELIVERY ROOM & LABOR ROOM					
40	ANESTHESIOLOGY		341,793			
41	RADIOLOGY-DIAGNOSTIC		1,473,061	11		
41 01	MRI		2,056,892			
43 01	NUCLEAR MEDICINE		361,486			
44	LABORATORY		123,345			
46 30	BLOOD CLOTTING FACTORS ADMIN COSTS					
49	RESPIRATORY THERAPY		22,193			
50	PHYSICAL THERAPY					
51	OCCUPATIONAL THERAPY					
52	SPEECH PATHOLOGY					
53	ELECTROCARDIOLOGY		420,595			
53 01	CARDIAC CATH LAB		1,277,248	48		
54	ELECTROENCEPHALOGRAPHY		12,069			
55	MEDICAL SUPPLIES CHARGED TO PATIENTS		219,092	39		
55 30	IMPL. DEV. CHARGED TO PATIENT		237,091			
56	DRUGS CHARGED TO PATIENTS		1,022,310			
57	RENAL DIALYSIS		4,231			
58 01	OP SURGERY		464,655			
58 02	OP PSYCH SERVICES					
58 03	CHEMICAL DEPENDENCY					
58 04	PAIN CLINIC					
59	SLEEP LAB					
	OUTPAT SERVICE COST CNTRS					
60	CLINIC		200,250			
61	EMERGENCY		1,816,144			
62	OBSERVATION BEDS (NON-DISTINCT PART)		299,147			
63 50	RHC					
63 60	FOHC					
101	SUBTOTAL		11,432,353	98		
102	CRNA CHARGES					
103	LESS PBP CLINIC LAB SVCS- PROGRAM ONLY CHARGES					
104	NET CHARGES		11,432,353	98		

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

TITLE XVIII, PART B HOSPITAL

Cost Center Description	Outpatient Radiology	Other Outpatient Diagnostic	All Other	PPS Services FYB to 12/31	Non-PPS Services
	7	8	9	9.01	9.02
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM				180,595	
38 RECOVERY ROOM				40,468	
39 DELIVERY ROOM & LABOR ROOM					
40 ANESTHESIOLOGY				21,565	
41 RADIOLOGY-DIAGNOSTIC				352,392	3
41 01 MRI				113,580	
43 01 NUCLEAR MEDICINE				49,964	
44 LABORATORY				14,895	
46 30 BLOOD CLOTTING FACTORS ADMIN COSTS					
49 RESPIRATORY THERAPY				6,460	
50 PHYSICAL THERAPY					
51 OCCUPATIONAL THERAPY					
52 SPEECH PATHOLOGY					
53 ELECTROCARDIOLOGY				37,234	
53 01 CARDIAC CATH LAB				203,974	8
54 ELECTROENCEPHALOGRAPHY				10,181	
55 MEDICAL SUPPLIES CHARGED TO PATIENTS				322,533	57
55 30 IMPL. DEV. CHARGED TO PATIENT				80,699	
56 DRUGS CHARGED TO PATIENTS				167,858	
57 RENAL DIALYSIS				1,255	
58 01 OP SURGERY				209,331	
58 02 OP PSYCH SERVICES					
58 03 CHEMICAL DEPENDENCY					
58 04 PAIN CLINIC					
59 SLEEP LAB					
60 OUTPAT SERVICE COST CNTRS					
61 CLINIC				38,274	
61 EMERGENCY				334,263	
62 OBSERVATION BEDS (NON-DISTINCT PART)				139,736	
63 50 RHC					
63 60 FOHC					
101 SUBTOTAL				2,325,257	68
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES					
104 NET CHARGES				2,325,257	68

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

TITLE XVIII, PART B HOSPITAL

Cost Center Description	PPS Services 1/1 to FYE	Hospital I/P Part B Charges	Hospital I/P Part B Costs
	9.03	10	11
(A) ANCILLARY SRVC COST CNTRS			
37 OPERATING ROOM			
38 RECOVERY ROOM			
39 DELIVERY ROOM & LABOR ROOM			
40 ANESTHESIOLOGY			
41 RADIOLOGY-DIAGNOSTIC			
41 01 MRI			
43 01 NUCLEAR MEDICINE			
44 LABORATORY			
46 30 BLOOD CLOTTING FACTORS ADMIN COSTS			
49 RESPIRATORY THERAPY			
50 PHYSICAL THERAPY			
51 OCCUPATIONAL THERAPY			
52 SPEECH PATHOLOGY			
53 ELECTROCARDIOLOGY			
53 01 CARDIAC CATH LAB			
54 ELECTROENCEPHALOGRAPHY			
55 MEDICAL SUPPLIES CHARGED TO PATIENTS			
55 30 IMPL. DEV. CHARGED TO PATIENT			
56 DRUGS CHARGED TO PATIENTS			
57 RENAL DIALYSIS			
58 01 OP SURGERY			
58 02 OP PSYCH SERVICES			
58 03 CHEMICAL DEPENDENCY			
58 04 PAIN CLINIC			
59 SLEEP LAB			
60 OUTPAT SERVICE COST CNTRS			
61 CLINIC			
61 EMERGENCY			
62 OBSERVATION BEDS (NON-DISTINCT PART)			
63 50 RHC			
63 60 FOHC			
101 SUBTOTAL			
102 CRNA CHARGES			
103 LESS PBP CLINIC LAB SVCS- PROGRAM ONLY CHARGES			
104 NET CHARGES			

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

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2	TOTAL CHARGES 3	INPAT PROGRAM CHARGES 4	OLD CAPITAL CST/CHRG RATIO 5	CAPITAL COSTS 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM		424,857	11,332,287	4,350		
38	RECOVERY ROOM		46,919	1,709,918	1,092		
39	DELIVERY ROOM & LABOR ROO		58,031	2,438,699			
40	ANESTHESIOLOGY		32,551	3,056,742	1,523		
41	RADIOLOGY-DIAGNOSTIC		483,183	13,847,308	160,016		
41 01	MRI		35,454	19,792,089	152,559		
43 01	NUCLEAR MEDICINE		86,438	3,221,542	23,140		
44	LABORATORY		331,044	33,512,886	338,695		
46 30	BLOOD CLOTTING FACTORS AD						
49	RESPIRATORY THERAPY		184,228	4,869,622	229,744		
50	PHYSICAL THERAPY		135,329	2,318,989	69,084		
51	OCCUPATIONAL THERAPY		76	14,196	377		
52	SPEECH PATHOLOGY		2,880				
53	ELECTROCARDIOLOGY		17,278	7,753,831	79,187		
53 01	CARDIAC CATH LAB		67,772	9,338,584	53,110		
54	ELECTROENCEPHALOGRAPHY		20,464	231,871	1,629		
55	MEDICAL SUPPLIES CHARGED		71,479	1,214,672	2,339		
55 30	IMPL. DEV. CHARGED TO PAT		87,404	6,493,060	1,019		
56	DRUGS CHARGED TO PATIENTS		182,221	22,386,281	1,931,912		
57	RENAL DIALYSIS		3,223	803,604	29,615		
58 01	OP SURGERY		307,480	2,930,878	3,164		
58 02	OP PSYCH SERVICES						
58 03	CHEMICAL DEPENDENCY						
58 04	PAIN CLINIC		1,428	596,655			
59	SLEEP LAB						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC		1,795	752,461			
61	EMERGENCY		429,514	27,524,560	168,695		
62	OBSERVATION BEDS (NON-DIS		105,558	1,684,856			
63 50	RHC						
63 60	FQHC						
	OTHER REIMBURS COST CNTRS						
101	TOTAL		3,116,606	177,825,591	3,251,250		

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
	ANCILLARY SRVC COST CNTRS										
37	OPERATING ROOM										
38	RECOVERY ROOM										
39	DELIVERY ROOM & LABOR ROO										
40	ANESTHESIOLOGY										
41	RADIOLOGY-DIAGNOSTIC										
41	01 MRI										
43	01 NUCLEAR MEDICINE										
44	LABORATORY										
46	30 BLOOD CLOTTING FACTORS AD										
49	RESPIRATORY THERAPY										
50	PHYSICAL THERAPY										
51	OCCUPATIONAL THERAPY										
52	SPEECH PATHOLOGY										
53	ELECTROCARDIOLOGY										
53	01 CARDIAC CATH LAB										
54	ELECTROENCEPHALOGRAPHY										
55	MEDICAL SUPPLIES CHARGED										
55	30 IMPL. DEV. CHARGED TO PAT										
56	DRUGS CHARGED TO PATIENTS										
57	RENAL DIALYSIS										
58	01 OP SURGERY										
58	02 OP PSYCH SERVICES										
58	03 CHEMICAL DEPENDENCY										
58	04 PAIN CLINIC										
59	SLEEP LAB										
	OUTPAT SERVICE COST CNTRS										
60	CLINIC										
61	EMERGENCY										
62	OBSERVATION BEDS (NON-DIS										
63	50 RHC										
63	60 FOHC										
	OTHER REIMBURS COST CNTRS										
101	TOTAL										

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							
	OPERATING ROOM			11,332,287			4,350	
38	RECOVERY ROOM			1,709,918			1,092	
39	DELIVERY ROOM & LABOR ROO			2,438,699				
40	ANESTHESIOLOGY			3,056,742			1,523	
41	RADIOLOGY-DIAGNOSTIC			13,847,308			160,016	
41	01 MRI			19,792,089			152,559	
43	01 NUCLEAR MEDICINE			3,221,542			23,140	
44	LABORATORY			33,512,886			338,695	
46	30 BLOOD CLOTTING FACTORS AD							
49	RESPIRATORY THERAPY			4,869,622			229,744	
50	PHYSICAL THERAPY			2,318,989			69,084	
51	OCCUPATIONAL THERAPY			14,196			377	
52	SPEECH PATHOLOGY							
53	ELECTROCARDIOLOGY			7,753,831			79,187	
53	01 CARDIAC CATH LAB			9,338,584			53,110	
54	ELECTROENCEPHALOGRAPHY			231,871			1,629	
55	MEDICAL SUPPLIES CHARGED			1,214,672			2,339	
55	30 IMPL. DEV. CHARGED TO PAT			6,493,060			1,019	
56	DRUGS CHARGED TO PATIENTS			22,386,281			1,931,912	
57	RENAL DIALYSIS			803,604			29,615	
58	01 OP SURGERY			2,930,878			3,164	
58	02 OP PSYCH SERVICES							
58	03 CHEMICAL DEPENDENCY							
58	04 PAIN CLINIC			596,655				
59	SLEEP LAB							
	OUTPAT SERVICE COST CNTRS							
60	CLINIC			752,461				
61	EMERGENCY			27,524,560			168,695	
62	OBSERVATION BEDS (NON-DIS			1,684,856				
63	50 RHC							
63	60 FOHC							
	OTHER REIMBURS COST CNTRS							
101	TOTAL			177,825,591			3,251,250	

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						
38	OPERATING ROOM						
39	RECOVERY ROOM						
40	DELIVERY ROOM & LABOR ROO						
41	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC	6,794					
41	01 MRI	4,411					
43	01 NUCLEAR MEDICINE						
44	LABORATORY						
46	30 BLOOD CLOTTING FACTORS AD						
49	RESPIRATORY THERAPY	87					
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY	3,549					
53	01 CARDIAC CATH LAB	2,560					
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED						
55	30 IMPL. DEV. CHARGED TO PAT						
56	DRUGS CHARGED TO PATIENTS	5,271					
57	RENAL DIALYSIS	9,872					
58	01 OP SURGERY						
58	02 OP PSYCH SERVICES						
58	03 CHEMICAL DEPENDENCY						
58	04 PAIN CLINIC						
59	SLEEP LAB						
60	OUTPAT SERVICE COST CNTRS						
61	CLINIC						
61	EMERGENCY	34					
62	OBSERVATION BEDS (NON-DIS						
63	50 RHC						
63	60 FOHC						
101	OTHER REIMBURS COST CNTRS						
	TOTAL	32,578					

TITLE XVIII, PART B SUBPROVIDER 1

Cost Center Description	Cost/Charge Ratio (C, Pt I, col. 9)	Cost/Charge Ratio (C, Pt II, col. 9)	Outpatient Ambulatory Surgical Ctr	Outpatient Radiology	Other Outpatient Diagnostic
	1	1.02	2	3	4
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM	.196195	.196195			
38 RECOVERY ROOM	.252509	.252509			
39 DELIVERY ROOM & LABOR ROOM	.549856	.549856			
40 ANESTHESIOLOGY	.063094	.063094			
41 RADIOLOGY-DIAGNOSTIC	.239224	.239224			
41 01 MRI	.055219	.055219			
43 01 NUCLEAR MEDICINE	.138218	.138218			
44 LABORATORY	.120756	.120756			
46 30 BLOOD CLOTTING FACTORS ADMIN COSTS					
49 RESPIRATORY THERAPY	.291076	.291076			
50 PHYSICAL THERAPY	.403793	.403793			
51 OCCUPATIONAL THERAPY	.465765	.465765			
52 SPEECH PATHOLOGY					
53 ELECTROCARDIOLOGY	.088528	.088528			
53 01 CARDIAC CATH LAB	.159698	.159698			
54 ELECTROENCEPHALOGRAPHY	.843603	.843603			
55 MEDICAL SUPPLIES CHARGED TO PATIENTS	1.472137	1.472137			
55 30 IMPL. DEV. CHARGED TO PATIENT	.340371	.340371			
56 DRUGS CHARGED TO PATIENTS	.164195	.164195			
57 RENAL DIALYSIS	.296508	.296508			
58 01 OP SURGERY	.450509	.450509			
58 02 OP PSYCH SERVICES					
58 03 CHEMICAL DEPENDENCY					
58 04 PAIN CLINIC	.078799	.078799			
59 SLEEP LAB					
60 OUTPAT SERVICE COST CNTRS					
61 CLINIC	.191132	.191132			
61 EMERGENCY	.184051	.184051			
62 OBSERVATION BEDS (NON-DISTINCT PART)	.467116	.467116			
63 50 RHC					
63 60 FOHC					
101 SUBTOTAL					
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES					
104 NET CHARGES					

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

TITLE XVIII, PART B SUBPROVIDER 1

Cost Center Description	All Other (1)	PPS Services FYB to 12/31	Non-PPS Services	PPS Services 1/1 to FYE	Outpatient Ambulatory Surgical Ctr
	5	5.01	5.02	5.03	6
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM					
38 RECOVERY ROOM					
39 DELIVERY ROOM & LABOR ROOM					
40 ANESTHESIOLOGY					
41 RADIOLOGY-DIAGNOSTIC		6,794			
41 01 MRI		4,411			
43 01 NUCLEAR MEDICINE					
44 LABORATORY					
46 30 BLOOD CLOTTING FACTORS ADMIN COSTS					
49 RESPIRATORY THERAPY		87			
50 PHYSICAL THERAPY					
51 OCCUPATIONAL THERAPY					
52 SPEECH PATHOLOGY					
53 ELECTROCARDIOLOGY		3,549			
53 01 CARDIAC CATH LAB		2,560			
54 ELECTROENCEPHALOGRAPHY					
55 MEDICAL SUPPLIES CHARGED TO PATIENTS					
55 30 IMPL. DEV. CHARGED TO PATIENT					
56 DRUGS CHARGED TO PATIENTS		5,271			
57 RENAL DIALYSIS		9,872			
58 01 OP SURGERY					
58 02 OP PSYCH SERVICES					
58 03 CHEMICAL DEPENDENCY					
58 04 PAIN CLINIC					
59 SLEEP LAB					
60 OUTPAT SERVICE COST CNTRS					
61 CLINIC					
61 EMERGENCY		34			
62 OBSERVATION BEDS (NON-DISTINCT PART)					
63 50 RHC					
63 60 FOHC					
101 SUBTOTAL		32,578			
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS- PROGRAM ONLY CHARGES					
104 NET CHARGES		32,578			

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

TITLE XVIII, PART B SUBPROVIDER 1

Cost Center Description	Outpatient Radiology	Other Outpatient Diagnostic	All Other	PPS Services FYB to 12/31	Non-PPS Services
	7	8	9	9.01	9.02
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM					
38 RECOVERY ROOM					
39 DELIVERY ROOM & LABOR ROOM					
40 ANESTHESIOLOGY					
41 RADIOLOGY-DIAGNOSTIC				1,625	
41 01 MRI				244	
43 01 NUCLEAR MEDICINE					
44 LABORATORY					
46 30 BLOOD CLOTTING FACTORS ADMIN COSTS					
49 RESPIRATORY THERAPY				25	
50 PHYSICAL THERAPY					
51 OCCUPATIONAL THERAPY					
52 SPEECH PATHOLOGY					
53 ELECTROCARDIOLOGY				314	
53 01 CARDIAC CATH LAB				409	
54 ELECTROENCEPHALOGRAPHY					
55 MEDICAL SUPPLIES CHARGED TO PATIENTS					
55 30 IMPL. DEV. CHARGED TO PATIENT					
56 DRUGS CHARGED TO PATIENTS				865	
57 RENAL DIALYSIS				2,927	
58 01 OP SURGERY					
58 02 OP PSYCH SERVICES					
58 03 CHEMICAL DEPENDENCY					
58 04 PAIN CLINIC					
59 SLEEP LAB					
60 OUTPAT SERVICE COST CNTRS					
61 CLINIC					
61 EMERGENCY				6	
62 OBSERVATION BEDS (NON-DISTINCT PART)					
63 50 RHC					
63 60 FOHC					
101 SUBTOTAL				6,415	
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES					
104 NET CHARGES				6,415	

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

TITLE XVIII, PART B SUBPROVIDER 1

PPS Services Hospital I/P Hospital I/P
 1/1 to FYE Part B Charges Part B Costs

Cost Center Description 9.03 10 11

- (A) ANCILLARY SRVC COST CNTRS
- 37 OPERATING ROOM
- 38 RECOVERY ROOM
- 39 DELIVERY ROOM & LABOR ROOM
- 40 ANESTHESIOLOGY
- 41 RADIOLOGY-DIAGNOSTIC
- 41 01 MRI
- 43 01 NUCLEAR MEDICINE
- 44 LABORATORY
- 46 30 BLOOD CLOTTING FACTORS ADMIN COSTS
- 49 RESPIRATORY THERAPY
- 50 PHYSICAL THERAPY
- 51 OCCUPATIONAL THERAPY
- 52 SPEECH PATHOLOGY
- 53 ELECTROCARDIOLOGY
- 53 01 CARDIAC CATH LAB
- 54 ELECTROENCEPHALOGRAPHY
- 55 MEDICAL SUPPLIES CHARGED TO PATIENTS
- 55 30 IMPL. DEV. CHARGED TO PATIENT
- 56 DRUGS CHARGED TO PATIENTS
- 57 RENAL DIALYSIS
- 58 01 OP SURGERY
- 58 02 OP PSYCH SERVICES
- 58 03 CHEMICAL DEPENDENCY
- 58 04 PAIN CLINIC
- 59 SLEEP LAB
- 60 OUTPAT SERVICE COST CNTRS
- 61 CLINIC
- 61 EMERGENCY
- 62 OBSERVATION BEDS (NON-DISTINCT PART)
- 63 50 RHC
- 63 60 FOHC
- 101 SUBTOTAL
- 102 CRNA CHARGES
- 103 LESS PBP CLINIC LAB SVCS-
PROGRAM ONLY CHARGES
- 104 NET CHARGES

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

TITLE XVIII PART A HOSPITAL PPS

PART II - HOSPITAL AND SUBPROVIDERS ONLY

1

PROGRAM INPATIENT OPERATING COST BEFORE
 PASS THROUGH COST ADJUSTMENTS

38	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM					837.26
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST					7,578,040
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM					
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST					7,578,040

	TOTAL I/P COST 1	TOTAL I/P DAYS 2	AVERAGE PER DIEM 3	PROGRAM DAYS 4	PROGRAM COST 5
42	NURSERY (TITLE V & XIX ONLY) INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS				
43	4,101,180	2,644	1,551.13	1,367	2,120,395
44	CORONARY CARE UNIT				
45	BURN INTENSIVE CARE UNIT				
46	SURGICAL INTENSIVE CARE UNIT				
47	OTHER SPECIAL CARE				
48	PROGRAM INPATIENT ANCILLARY SERVICE COST				
49	TOTAL PROGRAM INPATIENT COSTS				

PASS THROUGH COST ADJUSTMENTS

50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES					1,238,660
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES					584,212
52	TOTAL PROGRAM EXCLUDABLE COST					1,822,872
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST, AND MEDICAL EDUCATION COSTS					15,133,276

TARGET AMOUNT AND LIMIT COMPUTATION

54	PROGRAM DISCHARGES
55	TARGET AMOUNT PER DISCHARGE
56	TARGET AMOUNT
57	DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT
58	BONUS PAYMENT
58.01	LESSER OF LINES 53/54 OR 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED AND COMPOUNDED BY THE MARKET BASKET
58.02	LESSER OF LINES 53/54 OR 55 FROM PRIOR YEAR COST REPORT, UPDATED BY THE MARKET BASKET
58.03	IF LINES 53/54 IS LESS THAN THE LOWER OF LINES 55, 58.01 OR 58.02 ENTER THE LESSER OF 50% OF THE AMOUNT BY WHICH OPERATING COSTS (LINE 53) ARE LESS THAN EXPECTED COSTS (LINES 54 x 58.02), OR 1 PERCENT OF THE TARGET AMOUNT (LINE 56) OTHERWISE ENTER ZERO.
58.04	RELIEF PAYMENT
59	ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT
59.01	ALLOWABLE INPATIENT COST PER DISCHARGE (LINE 59 / LINE 54) (LTCH ONLY)
59.02	PROGRAM DISCHARGES PRIOR TO JULY 1
59.03	PROGRAM DISCHARGES AFTER JULY 1
59.04	PROGRAM DISCHARGES (SEE INSTRUCTIONS)
59.05	REDUCED INPATIENT COST PER DISCHARGE FOR DISCHARGES PRIOR TO JULY 1 (SEE INSTRUCTIONS) (LTCH ONLY)
59.06	REDUCED INPATIENT COST PER DISCHARGE FOR DISCHARGES AFTER JULY 1 (SEE INSTRUCTIONS) (LTCH ONLY)
59.07	REDUCED INPATIENT COST PER DISCHARGE (SEE INSTRUCTIONS) (LTCH ONLY)
59.08	REDUCED INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTRUCTIONS)

PROGRAM INPATIENT ROUTINE SWING BED COST

60	MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS)
61	MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS)
62	TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS
63	TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD
64	TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD
65	TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS

TITLE XVIII PART A HOSPITAL PPS

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

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

PART IV - COMPUTATION OF OBSERVATION BED COST

83	TOTAL OBSERVATION BED DAYS	940
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	837.26
85	OBSERVATION BED COST	787,024

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

	COST	ROUTINE COST	COLUMN 1 DIVIDED BY COLUMN 2	TOTAL OBSERVATION BED COST	OBSERVATION BED PASS THROUGH COST
	1	2	3	4	5
86	OLD CAPITAL-RELATED COST	19,631,963		787,024	
87	NEW CAPITAL-RELATED COST	2,633,099	.134123	787,024	105,558
88	NON PHYSICIAN ANESTHETIST	19,631,963		787,024	
89	MEDICAL EDUCATION	19,631,963		787,024	
89.01	MEDICAL EDUCATION - ALLIED HEA				
89.02	MEDICAL EDUCATION - ALL OTHER				

TITLE XVIII PART A SUBPROVIDER I PPS

PART II - HOSPITAL AND SUBPROVIDERS ONLY

1

PROGRAM INPATIENT OPERATING COST BEFORE
 PASS THROUGH COST ADJUSTMENTS

38 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM 1,066.20
 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST 4,133,657
 40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM
 41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST 4,133,657

	TOTAL I/P COST 1	TOTAL I/P DAYS 2	AVERAGE PER DIEM 3	PROGRAM DAYS 4	PROGRAM COST 5
42 NURSERY (TITLE V & XIX ONLY)					
INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS					
43 INTENSIVE CARE UNIT					
44 CORONARY CARE UNIT					
45 BURN INTENSIVE CARE UNIT					
46 SURGICAL INTENSIVE CARE UNIT					
47 OTHER SPECIAL CARE					1
48 PROGRAM INPATIENT ANCILLARY SERVICE COST					566,091
49 TOTAL PROGRAM INPATIENT COSTS					4,699,748

PASS THROUGH COST ADJUSTMENTS

50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES 769,080
 51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES 42,425
 52 TOTAL PROGRAM EXCLUDABLE COST 811,505
 53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN
 ANESTHETIST, AND MEDICAL EDUCATION COSTS 3,888,243

TARGET AMOUNT AND LIMIT COMPUTATION

54 PROGRAM DISCHARGES
 55 TARGET AMOUNT PER DISCHARGE
 56 TARGET AMOUNT
 57 DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT
 58 BONUS PAYMENT
 58.01 LESSER OF LINES 53/54 OR 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED
 AND COMPOUNDED BY THE MARKET BASKET
 58.02 LESSER OF LINES 53/54 OR 55 FROM PRIOR YEAR COST REPORT, UPDATED BY THE MARKET
 BASKET
 58.03 IF LINES 53/54 IS LESS THAN THE LOWER OF LINES 55, 58.01 OR 58.02 ENTER THE
 LESSER OF 50% OF THE AMOUNT BY WHICH OPERATING COSTS (LINE 53) ARE LESS THAN
 EXPECTED COSTS (LINES 54 x 58.02), OR 1 PERCENT OF THE TARGET AMOUNT (LINE 56)
 OTHERWISE ENTER ZERO.
 58.04 RELIEF PAYMENT
 59 ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT
 59.01 ALLOWABLE INPATIENT COST PER DISCHARGE (LINE 59 / LINE 54) (LTCH ONLY)
 59.02 PROGRAM DISCHARGES PRIOR TO JULY 1
 59.03 PROGRAM DISCHARGES AFTER JULY 1
 59.04 PROGRAM DISCHARGES (SEE INSTRUCTIONS)
 59.05 REDUCED INPATIENT COST PER DISCHARGE FOR DISCHARGES PRIOR TO JULY 1
 (SEE INSTRUCTIONS) (LTCH ONLY)
 59.06 REDUCED INPATIENT COST PER DISCHARGE FOR DISCHARGES AFTER JULY 1
 (SEE INSTRUCTIONS) (LTCH ONLY)
 59.07 REDUCED INPATIENT COST PER DISCHARGE (SEE INSTRUCTIONS) (LTCH ONLY)
 59.08 REDUCED INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTRUCTIONS)

PROGRAM INPATIENT ROUTINE SWING BED COST

60 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST
 REPORTING PERIOD (SEE INSTRUCTIONS)
 61 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST
 REPORTING PERIOD (SEE INSTRUCTIONS)
 62 TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS
 63 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE
 COST REPORTING PERIOD
 64 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE
 COST REPORTING PERIOD
 65 TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS

TITLE XVIII PART A SUBPROVIDER I PPS

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

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

PART IV - COMPUTATION OF OBSERVATION BED COST

83	TOTAL OBSERVATION BED DAYS	
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	1,066.20
85	OBSERVATION BED COST	

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

	COST	ROUTINE COST	COLUMN 1 DIVIDED BY COLUMN 2	TOTAL OBSERVATION BED COST	OBSERVATION BED PASS THROUGH COST
	1	2	3	4	5
86	OLD CAPITAL-RELATED COST	5,044,193			
87	NEW CAPITAL-RELATED COST	938,497	5,044,193		
88	NON PHYSICIAN ANESTHETIST		5,044,193	.186055	
89	MEDICAL EDUCATION		5,044,193		
89.01	MEDICAL EDUCATION - ALLIED HEA				
89.02	MEDICAL EDUCATION - ALL OTHER				

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS			
26	INTENSIVE CARE UNIT			
31	SUBPROVIDER I ANCILLARY SRVC COST CNTRS		5,605,099	
37	OPERATING ROOM	.196195	4,350	853
38	RECOVERY ROOM	.252509	1,092	276
39	DELIVERY ROOM & LABOR ROOM	.549856		
40	ANESTHESIOLOGY	.063094	1,523	96
41	RADIOLOGY-DIAGNOSTIC	.239224	160,016	38,280
41 01	MRI	.055219	152,559	8,424
43 01	NUCLEAR MEDICINE	.138218	23,140	3,198
44	LABORATORY	.120756	338,695	40,899
46 30	BLOOD CLOTTING FACTORS ADMIN COSTS			
49	RESPIRATORY THERAPY	.291076	229,744	66,873
50	PHYSICAL THERAPY	.403793	69,084	27,896
51	OCCUPATIONAL THERAPY	.465765	377	176
52	SPEECH PATHOLOGY			
53	ELECTROCARDIOLOGY	.088528	79,187	7,010
53 01	CARDIAC CATH LAB	.159698	53,110	8,482
54	ELECTROENCEPHALOGRAPHY	.843603	1,629	1,374
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	1.472137	2,339	3,443
55 30	IMPL. DEV. CHARGED TO PATIENT	.340371	1,019	347
56	DRUGS CHARGED TO PATIENTS	.164195	1,931,912	317,210
57	RENAL DIALYSIS	.296508	29,615	8,781
58 01	OP SURGERY	.450509	3,164	1,425
58 02	OP PSYCH SERVICES			
58 03	CHEMICAL DEPENDENCY			
58 04	PAIN CLINIC	.078799		
59	SLEEP LAB			
60	OUTPAT SERVICE COST CNTRS CLINIC	.191132		
61	EMERGENCY	.184051	168,695	31,048
62	OBSERVATION BEDS (NON-DISTINCT PART)	.467116		
63 50	RHC			
63 60	FOHC			
	OTHER REIMBURS COST CNTRS			
101	TOTAL		3,251,250	566,091
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		3,251,250	

TITLE XVII HOSPITAL

DESCRIPTION	INPATIENT-PART A		PART B	
	MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT
	1	2	3	4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		14,700,766		1,450,594
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.		NONE		NONE
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
ADJUSTMENTS TO PROVIDER .01	10/22/2010	119,734	10/22/2010	18,024
ADJUSTMENTS TO PROVIDER .02				
ADJUSTMENTS TO PROVIDER .03				
ADJUSTMENTS TO PROVIDER .04				
ADJUSTMENTS TO PROVIDER .05				
ADJUSTMENTS TO PROGRAM .50				
ADJUSTMENTS TO PROGRAM .51				
ADJUSTMENTS TO PROGRAM .52				
ADJUSTMENTS TO PROGRAM .53				
ADJUSTMENTS TO PROGRAM .54				
ADJUSTMENTS TO PROGRAM .56				
ADJUSTMENTS TO PROGRAM .57				
SUBTOTAL		119,734		18,024
4 TOTAL INTERIM PAYMENTS		14,820,500		1,468,618
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
TENTATIVE TO PROVIDER .01				
TENTATIVE TO PROVIDER .02				
TENTATIVE TO PROVIDER .03				
TENTATIVE TO PROGRAM .50				
TENTATIVE TO PROGRAM .51				
TENTATIVE TO PROGRAM .52				
SUBTOTAL		NONE		NONE
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)		565,767		42,587
7 TOTAL MEDICARE PROGRAM LIABILITY		15,386,267		1,511,205

NAME OF INTERMEDIARY:
 INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: _____

DATE: ___/___/___

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

TITLE XVII SUBPROVIDER 1

DESCRIPTION	INPATIENT-PART A		PART B	
	MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT
	1	2	3	4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		3,248,882		4,280
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.		NONE		NONE
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
ADJUSTMENTS TO PROVIDER		.01		
ADJUSTMENTS TO PROVIDER		.02		
ADJUSTMENTS TO PROVIDER		.03		
ADJUSTMENTS TO PROVIDER		.04		
ADJUSTMENTS TO PROVIDER		.05		
ADJUSTMENTS TO PROGRAM		.50		
ADJUSTMENTS TO PROGRAM		.51		
ADJUSTMENTS TO PROGRAM		.52		
ADJUSTMENTS TO PROGRAM		.53		
ADJUSTMENTS TO PROGRAM		.54		
SUBTOTAL		.99		
4 TOTAL INTERIM PAYMENTS		NONE		NONE
TO BE COMPLETED BY INTERMEDIARY		3,248,882		4,280
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
TENTATIVE TO PROVIDER		.01		
TENTATIVE TO PROVIDER		.02		
TENTATIVE TO PROVIDER		.03		
TENTATIVE TO PROGRAM		.50		
TENTATIVE TO PROGRAM		.51		
TENTATIVE TO PROGRAM		.52		
SUBTOTAL		.99		
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)		NONE		NONE
7 TOTAL MEDICARE PROGRAM LIABILITY		3,248,882		4,280

NAME OF INTERMEDIARY:
 INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: _____

DATE: ___/___/___

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

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

15.99	OUTLIER RECONCILIATION ADJUSTMENT	
16	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS	
17	TOTAL AMOUNT PAYABLE TO THE PROVIDER (SEE INSTRUCTIONS)	3,248,882
18	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
19	INTERIM PAYMENTS	3,248,882
19.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
20	BALANCE DUE PROVIDER/PROGRAM	
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).	

		GENERAL FUND		SPECIFIC PURPOSE FUND	
		1	2	3	4
1	FUND BALANCE AT BEGINNING OF PERIOD		20,678,989		
2	NET INCOME (LOSS)		842,339		
3	TOTAL		21,521,328		
4	ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
5	ADDITIONS (CREDIT ADJUSTM				
6	NET ASSETS				
7	DONOR RESTRICTED	523,747			
8					
9					
10	TOTAL ADDITIONS		523,747		
11	SUBTOTAL		22,045,075		
12	DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
13	DEDUCTIONS (DEBIT ADJUSTM				
14	DONOR RESTRICTED FUNDS				
15	OTHER				
16	CR YR	1,652,968			
17					
18	TOTAL DEDUCTIONS		1,652,968		
19	FUND BALANCE AT END OF PERIOD PER BALANCE SHEET		20,392,107		

		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	NET ASSETS				
7	DONOR RESTRICTED				
8					
9					
10	TOTAL ADDITIONS				
11	SUBTOTAL				
12	DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
13	DEDUCTIONS (DEBIT ADJUSTM				
14	DONOR RESTRICTED FUNDS				
15	OTHER				
16	CR YR				
17					
18	TOTAL DEDUCTIONS				
19	FUND BALANCE AT END OF PERIOD PER BALANCE SHEET				

PART I - PATIENT REVENUES

REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3
1 00 GENERAL INPATIENT ROUTINE CARE SERVICES			
1 00 HOSPITAL	33,290,419		33,290,419
2 00 SUBPROVIDER I	6,844,392		6,844,392
4 00 SWING BED - SNF			
5 00 SWING BED - NF			
9 00 TOTAL GENERAL INPATIENT ROUTINE CARE	40,134,811		40,134,811
10 00 INTENSIVE CARE TYPE INPATIENT HOSPITAL SVCS			
10 00 INTENSIVE CARE UNIT	5,715,788		5,715,788
15 00 TOTAL INTENSIVE CARE TYPE INPAT HOSP	5,715,788		5,715,788
16 00 TOTAL INPATIENT ROUTINE CARE SERVICE	45,850,599		45,850,599
17 00 ANCILLARY SERVICES	97,950,071	79,881,877	177,831,948
18 00 OUTPATIENT SERVICES			
18 50 RHC			
18 60 FOHC			
19 00 HOME HEALTH AGENCY			
21 10 CMHC			
21 20 OUTPATIENT PHYSICAL THERAPY			
21 30 OUTPATIENT OCCUPATIONAL THERAPY			
21 40 OUTPATIENT SPEECH PATHOLOGY			
24 00			
25 00 TOTAL PATIENT REVENUES	143,800,670	79,881,877	223,682,547

PART II - OPERATING EXPENSES

26 00 OPERATING EXPENSES		79,263,142	
ADD (SPECIFY)			
27 00 ADD (SPECIFY)			
28 00 BAD DEBT EXPENSE	3,489,534		
29 00			
30 00			
31 00			
32 00			
33 00 TOTAL ADDITIONS		3,489,534	
DEDUCT (SPECIFY)			
34 00 DEDUCT (SPECIFY)			
35 00 BAD DEBT EXPENSE	3,489,534		
36 00			
37 00			
38 00			
39 00 TOTAL DEDUCTIONS		3,489,534	
40 00 TOTAL OPERATING EXPENSES		79,263,142	

DESCRIPTION

1	TOTAL PATIENT REVENUES	223,682,547
2	LESS: ALLOWANCES AND DISCOUNTS ON PATIENT'S ACCTS	149,697,473
3	NET PATIENT REVENUES	73,985,074
4	LESS: TOTAL OPERATING EXPENSES	79,263,142
5	NET INCOME FROM SERVICE TO PATIENTS	-5,278,068
	OTHER INCOME	
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.	
7	INCOME FROM INVESTMENTS	
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE	
9	REVENUE FROM TELEVISION AND RADIO SERVICE	
10	PURCHASE DISCOUNTS	
11	REBATES AND REFUNDS OF EXPENSES	
12	PARKING LOT RECEIPTS	
13	REVENUE FROM LAUNDRY AND LINEN SERVICE	
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS	64,149
15	REVENUE FROM RENTAL OF LIVING QUARTERS	
16	REVENUE FROM SALE OF MEDICAL & SURGICAL SUPPLIES TO OTHER THAN PATIENTS	
17	REVENUE FROM SALE OF DRUGS TO OTHER THAN PATIENTS	21,149
18	REVENUE FROM SALE OF MEDICAL RECORDS & ABSTRACTS	1,562
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC)	
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOP & CANTEEN	
21	RENTAL OF VENDING MACHINES	
22	RENTAL OF HOSPITAL SPACE	3,604
23	GOVERNMENTAL APPROPRIATIONS	
24		
24.01	ADMIN AND GENERAL	61,167
24.02	INTEREST EXPENSE	19,191
24.03	MARKETING REVENUE	11,085
24.04	THERAPEUTIC DAY SCHOOL	5,913,835
24.05	ALL OTHER NON PATIENT REVENUE	24,665
25	TOTAL OTHER INCOME	6,120,407
26	TOTAL	842,339
	OTHER EXPENSES	
27	OTHER EXPENSES (SPECIFY)	
28		
29		
30	TOTAL OTHER EXPENSES	
31	NET INCOME (OR LOSS) FOR THE PERIOD	842,339

PART I - FULLY PROSPECTIVE METHOD

1	CAPITAL HOSPITAL SPECIFIC RATE PAYMENTS	
	CAPITAL FEDERAL AMOUNT	
2	CAPITAL DRG OTHER THAN OUTLIER	906,484
3	CAPITAL DRG OUTLIER PAYMENTS PRIOR TO 10/01/1997	
3.01	CAPITAL DRG OUTLIER PAYMENTS AFTER 10/01/1997	80,366
	INDIRECT MEDICAL EDUCATION ADJUSTMENT	
4	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS	68.91
	IN THE COST REPORTING PERIOD	
4.01	NUMBER OF INTERNS AND RESIDENTS	.00
	(SEE INSTRUCTIONS)	
4.02	INDIRECT MEDICAL EDUCATION PERCENTAGE	.00
4.03	INDIRECT MEDICAL EDUCATION ADJUSTMENT	
	(SEE INSTRUCTIONS)	
5	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO	9.71
	MEDICARE PART A PATIENT DAYS	
5.01	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL	44.27
	DAYS REPORTED ON S-3, PART I	
5.02	SUM OF 5 AND 5.01	53.98
5.03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE	11.55
5.04	DISPROPORTIONATE SHARE ADJUSTMENT	104,699
6	TOTAL PROSPECTIVE CAPITAL PAYMENTS	1,091,549
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)	