

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		14-1334		FROM 4/ 1/2009		--AUDITED --DESK REVIEW		/ /
				TO 3/31/2010		--INITIAL --REOPENED		INTERMEDIARY NO:
						--FINAL 1-MCR CODE		
						00 - # OF REOPENINGS		

ELECTRONICALLY FILED COST REPORT DATE: 8/12/2010 TIME 14:38

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:
 SAINT JOSEPH MEMORIAL HOSPITAL 14-1334

FOR THE COST REPORTING PERIOD BEGINNING 4/ 1/2009 AND ENDING 3/31/2010 AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS A TRUE, CORRECT, AND COMPLETE STATEMENT PREPARED FROM THE BOOKS AND RECORDS OF THE PROVIDER IN ACCORDANCE WITH APPLICABLE INSTRUCTIONS, EXCEPT AS NOTED. I FURTHER CERTIFY THAT I AM FAMILIAR WITH THE LAWS AND REGULATIONS REGARDING THE PROVISION OF HEALTH CARE SERVICES, AND THAT THE SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

 OFFICER OR ADMINISTRATOR OF PROVIDER(S)

 TITLE

 DATE

PART II - SETTLEMENT SUMMARY

	TITLE V	A	TITLE XVIII	B	TITLE XIX	
	1	2	3	4		
1	HOSPITAL	0	-602,684	1,346,250		0
3	SWING BED - SNF	0	0	0		0
100	TOTAL	0	-602,684	1,346,250		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.

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	1,158,092
18	REVENUES FROM STATE AND LOCAL INDIGENT CARE PROGRAMS	395
19	REVENUE RELATED TO SCHIP (SEE INSTRUCTIONS)	
20	RESTRICTED GRANTS	30,589
21	NON-RESTRICTED GRANTS	
22	TOTAL GROSS UNCOMPENSATED CARE REVENUES	1,189,076
UNCOMPENSATED CARE COST		
23	TOTAL CHARGES FOR PATIENTS COVERED BY STATE AND LOCAL INDIGENT CARE PROGRAMS	6,029
24	COST TO CHARGE RATIO (WKST C, PART I, COLUMN 3, LINE 103, DIVIDED BY COLUMN 8, LINE 103)	.355163
25	TOTAL STATE AND LOCAL INDIGENT CARE PROGRAM COST (LINE 23 * LINE 24)	2,141
26	TOTAL SCHIP CHARGES FROM YOUR RECORDS	
27	TOTAL SCHIP COST, (LINE 24 * LINE 26)	

DESCRIPTION

28	TOTAL GROSS MEDICAID CHARGES FROM YOUR RECORDS	12,148,345
29	TOTAL GROSS MEDICAID COST (LINE 24 * LINE 28)	4,314,643
30	OTHER UNCOMPENSATED CARE CHARGES FROM YOUR RECORDS	1,352,456
31	UNCOMPENSATED CARE COST (LINE 24 * LINE 30)	480,342
32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL (SUM OF LINES 25, 27, AND 29)	4,316,784

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

PROVIDER NO:
14-1334

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

PREPARED 8/12/2010
WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	SALARIES 1	OTHER 2	TOTAL 3	RECLASS- IFICATIONS 4	RECLASSIFIED TRIAL BALANCE 5
	GENERAL SERVICE COST CNTR					
1	0100 OLD CAP REL COSTS-BLDG & FIXT					
2	0200 OLD CAP REL COSTS-MVBLE EQUIP					
3	0300 NEW CAP REL COSTS-BLDG & FIXT		1,955,557	1,955,557	-1,032,502	923,055
4	0400 NEW CAP REL COSTS-MVBLE EQUIP				1,196,858	1,196,858
5	0500 EMPLOYEE BENEFITS	174,264	3,214,943	3,389,207	-104,723	3,284,484
6.01	0620 DATA PROCESSING					
6.02	0630 PURCHASING, RECEIVING AND STORES		31,260	31,260		31,260
6.03	0650 CASHIERING/ACCOUNTS RECEIVABLE	396,841	30,443	427,284		427,284
6.04	0660 OTHER ADMINISTRATIVE AND GENERAL	919,833	1,438,980	2,358,813	-26,236	2,332,577
7	0700 MAINTENANCE & REPAIRS	316,308	575,179	891,487		891,487
8	0800 OPERATION OF PLANT	124,635	657	125,292		125,292
9	0900 LAUNDRY & LINEN SERVICE		50,687	50,687		50,687
10	1000 HOUSEKEEPING	223,634	51,290	274,924		274,924
11	1100 DIETARY	317,811	109,357	427,168	-305,273	121,895
12	1200 CAFETERIA				304,912	304,912
14	1400 NURSING ADMINISTRATION	904,215	92,522	996,737		996,737
15	1500 CENTRAL SERVICES & SUPPLY		17,183	17,183		17,183
16	1600 PHARMACY	320,743	676,116	996,859		996,859
17	1700 MEDICAL RECORDS & LIBRARY	65,018	4,905	69,923		69,923
18	1800 SOCIAL SERVICE	24,533	211	24,744		24,744
20	2000 NONPHYSICIAN ANESTHETISTS INPAT ROUTINE SRVC CNTRS				705,373	705,373
25	2500 ADULTS & PEDIATRICS ANCILLARY SRVC COST CNTRS	2,029,397	302,162	2,331,559	-6,264	2,325,295
37	3700 OPERATING ROOM	811,957	1,078,867	1,890,824	-606,942	1,283,882
38	3800 RECOVERY ROOM	129,854	3,884	133,738	-105	133,633
40	4000 ANESTHESIOLOGY	435,575	235,629	671,204	-604,891	66,313
41	4100 RADIOLOGY-DIAGNOSTIC	782,086	724,106	1,506,192		1,506,192
44	4400 LABORATORY	664,898	987,900	1,652,798	-4,299	1,648,499
49	4900 RESPIRATORY THERAPY	370,387	68,847	439,234	-25,838	413,396
49.01	3950 SLEEP LAB	904,524	288,632	1,193,156		1,193,156
49.02	3951 GERIATRIC PSYCH		429,637	429,637		429,637
50	5000 PHYSICAL THERAPY	273,488	122,037	395,525	-164	395,361
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS				640,062	640,062
56	5600 DRUGS CHARGED TO PATIENTS				11,340	11,340
59.97	3997 CARDIAC REHABILITATION OUTPAT SERVICE COST CNTRS	256,866	6,611	263,477		263,477
61	6100 EMERGENCY	1,073,569	1,085,760	2,159,329	-3,188	2,156,141
62	6200 OBSERVATION BEDS (NON-DISTINCT PART) SPEC PURPOSE COST CENTERS					
88	8800 INTEREST EXPENSE		327,954	327,954	-138,120	189,834
95	SUBTOTALS	11,520,436	13,911,316	25,431,752	-0-	25,431,752
	NONREIMBURS COST CENTERS					
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN					
98	9800 PHYSICIANS' PRIVATE OFFICES		13,919	13,919		13,919
98.01	9801 UNUSED SPACE					
101	TOTAL	11,520,436	13,925,235	25,445,671	-0-	25,445,671

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

I PROVIDER NO: I PERIOD: I PREPARED 8/12/2010
I 14-1334 I FROM 4/ 1/2009 I WORKSHEET A
I I TO 3/31/2010 I

COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS 6	NET EXPENSES FOR ALLOC 7
	GENERAL SERVICE COST CNTR		
1	0100 OLD CAP REL COSTS-BLDG & FIXT		
2	0200 OLD CAP REL COSTS-MVBLE EQUIP		
3	0300 NEW CAP REL COSTS-BLDG & FIXT	12,863	935,918
4	0400 NEW CAP REL COSTS-MVBLE EQUIP	445,560	1,642,418
5	0500 EMPLOYEE BENEFITS	-224,725	3,059,759
6.01	0620 DATA PROCESSING	906,621	906,621
6.02	0630 PURCHASING, RECEIVING AND STORES	-3,745	27,515
6.03	0650 CASHIERING/ACCOUNTS RECEIVABLE	514,830	942,114
6.04	0660 OTHER ADMINISTRATIVE AND GENERAL	857,772	3,190,349
7	0700 MAINTENANCE & REPAIRS	-9	891,478
8	0800 OPERATION OF PLANT		125,292
9	0900 LAUNDRY & LINEN SERVICE		50,687
10	1000 HOUSEKEEPING		274,924
11	1100 DIETARY		121,895
12	1200 CAFETERIA	-71,474	233,438
14	1400 NURSING ADMINISTRATION		996,737
15	1500 CENTRAL SERVICES & SUPPLY		17,183
16	1600 PHARMACY		996,859
17	1700 MEDICAL RECORDS & LIBRARY	-20,092	49,831
18	1800 SOCIAL SERVICE		24,744
20	2000 NONPHYSICIAN ANESTHETISTS INPAT ROUTINE SRVC CNTRS	-705,373	
25	2500 ADULTS & PEDIATRICS ANCILLARY SRVC COST CNTRS		2,325,295
37	3700 OPERATING ROOM		1,283,882
38	3800 RECOVERY ROOM		133,633
40	4000 ANESTHESIOLOGY		66,313
41	4100 RADIOLOGY-DIAGNOSTIC	-656	1,505,536
44	4400 LABORATORY		1,648,499
49	4900 RESPIRATORY THERAPY	-24,986	388,410
49.01	3950 SLEEP LAB	-2,311	1,190,845
49.02	3951 GERIATRIC PSYCH		429,637
50	5000 PHYSICAL THERAPY		395,361
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS		640,062
56	5600 DRUGS CHARGED TO PATIENTS		11,340
59.97	3997 CARDIAC REHABILITATION OUTPAT SERVICE COST CNTRS		263,477
61	6100 EMERGENCY	-878,274	1,277,867
62	6200 OBSERVATION BEDS (NON-DISTINCT PART) SPEC PURPOSE COST CENTERS		
88	8800 INTEREST EXPENSE	-189,834	-0-
95	SUBTOTALS	616,167	26,047,919
	NONREIMBURS COST CENTERS		
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN		
98	9800 PHYSICIANS' PRIVATE OFFICES	-6,508	7,411
98.01	9801 UNUSED SPACE		
101	TOTAL	609,659	26,055,330

COST CENTERS USED IN COST REPORT

PROVIDER NO: 14-1334
 PERIOD: FROM 4/1/2009 TO 3/31/2010
 PREPARED 8/12/2010
 NOT A CMS WORKSHEET

LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
	GENERAL SERVICE COST		
1	OLD CAP REL COSTS-BLDG & FIXT	0100	
2	OLD CAP REL COSTS-MVBLE EQUIP	0200	
3	NEW CAP REL COSTS-BLDG & FIXT	0300	
4	NEW CAP REL COSTS-MVBLE EQUIP	0400	
5	EMPLOYEE BENEFITS	0500	
6.01	DATA PROCESSING	0620	DATA PROCESSING
6.02	PURCHASING, RECEIVING AND STORES	0630	PURCHASING, RECEIVING AND STORES
6.03	CASHIERING/ACCOUNTS RECEIVABLE	0650	CASHIERING/ACCOUNTS RECEIVABLE
6.04	OTHER ADMINISTRATIVE AND GENERAL	0660	OTHER ADMINISTRATIVE AND GENERAL
7	MAINTENANCE & REPAIRS	0700	
8	OPERATION OF PLANT	0800	
9	LAUNDRY & LINEN SERVICE	0900	
10	HOUSEKEEPING	1000	
11	DIETARY	1100	
12	CAFETERIA	1200	
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	
25	INPAT ROUTINE SRVC ADULTS & PEDIATRICS	2500	
	ANCILLARY SRVC COST		
37	OPERATING ROOM	3700	
38	RECOVERY ROOM	3800	
40	ANESTHESIOLOGY	4000	
41	RADIOLOGY-DIAGNOSTIC	4100	
44	LABORATORY	4400	
49	RESPIRATORY THERAPY	4900	
49.01	SLEEP LAB	3950	OTHER ANCILLARY SERVICE COST CENTERS
49.02	GERIATRIC PSYCH	3951	OTHER ANCILLARY SERVICE COST CENTERS
50	PHYSICAL THERAPY	5000	
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	5500	
56	DRUGS CHARGED TO PATIENTS	5600	
59.97	CARDIAC REHABILITATION	3997	CARDIAC REHABILITATION
	OUTPAT SERVICE COST		
61	EMERGENCY	6100	
62	OBSERVATION BEDS (NON-DISTINCT PART)	6200	
	SPEC PURPOSE COST CE		
88	INTEREST EXPENSE	8800	
95	SUBTOTALS		OLD CAP REL COSTS-BLDG & FIXT
	NONREIMBURS COST CEN		
96	GIFT, FLOWER, COFFEE SHOP & CANTEEN	9600	
98	PHYSICIANS' PRIVATE OFFICES	9800	
98.01	UNUSED SPACE	9801	PHYSICIANS' PRIVATE OFFICES
101	TOTAL		OLD CAP REL COSTS-BLDG & FIXT

RECLASSIFICATIONS

PROVIDER NO:
141334

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

PREPARED 8/12/2010
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	CODE		INCREASE		SALARY	OTHER
	(1)	COST CENTER	LINE NO			
	1	2	3		4	5
1 DIETARY RECLASS	A	CAFETERIA	12		227,045	78,125
2 MEDICAL SUPPLY RECLASS	B	MEDICAL SUPPLIES CHARGED TO PATIENTS	55			640,062
3						
4						
5						
6						
7						
8						
9 CRNA RECLASS	C	NONPHYSICIAN ANESTHETISTS	20		435,575	269,798
10						
11 DEPRECIATION RECLASS	D	NEW CAP REL COSTS-MVBLE EQUIP	4			1,134,402
12 INSURANCE RECLASS	E	NEW CAP REL COSTS-BLDG & FIXT	3			16,266
13		NEW CAP REL COSTS-MVBLE EQUIP	4			9,970
14 IV SOLUTIONS	F	DRUGS CHARGED TO PATIENTS	56			11,340
15						
16						
17						
18						
19						
20						
21 INTEREST RECLASS	G	NEW CAP REL COSTS-BLDG & FIXT	3			85,634
22		NEW CAP REL COSTS-MVBLE EQUIP	4			52,486
36 TOTAL RECLASSIFICATIONS					662,620	2,298,083

(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:
141334

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

PREPARED 8/12/2010
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER 6	DECREASE		SALARY 8	OTHER 9	A-7 REF 10
			LINE 7	NO 7			
1 DIETARY RECLASS	A	DIETARY	11		227,045	78,125	
2 MEDICAL SUPPLY RECLASS	B	OPERATING ROOM	37			604,812	
3		ANESTHESIOLOGY	40			3,761	
4		RESPIRATORY THERAPY	49			25,838	
5		EMERGENCY	61			970	
6		LABORATORY	44			4,299	
7		PHYSICAL THERAPY	50			164	
8		ADULTS & PEDIATRICS	25			218	
9 CRNA RECLASS	C	ANESTHESIOLOGY	40		435,575	165,075	
10		EMPLOYEE BENEFITS	5			104,723	
11 DEPRECIATION RECLASS	D	NEW CAP REL COSTS-BLDG & FIXT	3			1,134,402	9
12 INSURANCE RECLASS	E	OTHER ADMINISTRATIVE AND GENERAL	6.04			26,236	9
13							9
14 IV SOLUTIONS	F	DIETARY	11			103	
15		CAFETERIA	12			258	
16		ADULTS & PEDIATRICS	25			6,046	
17		OPERATING ROOM	37			2,130	
18		RECOVERY ROOM	38			105	
19		ANESTHESIOLOGY	40			480	
20		EMERGENCY	61			2,218	
21 INTEREST RECLASS	G	INTEREST EXPENSE	88			138,120	9
22							9
36 TOTAL RECLASSIFICATIONS					662,620	2,298,083	

(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:
141334

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

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

RECLASS CODE: A
EXPLANATION : DIETARY RECLASS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	CAFETERIA	12	305,170	DIETARY	11	305,170	
TOTAL RECLASSIFICATIONS FOR CODE A			305,170				305,170

RECLASS CODE: B
EXPLANATION : MEDICAL SUPPLY RECLASS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	MEDICAL SUPPLIES CHARGED TO PA	55	640,062	OPERATING ROOM	37	604,812	
2.00			0	ANESTHESIOLOGY	40	3,761	
3.00			0	RESPIRATORY THERAPY	49	25,838	
4.00			0	EMERGENCY	61	970	
5.00			0	LABORATORY	44	4,299	
6.00			0	PHYSICAL THERAPY	50	164	
7.00			0	ADULTS & PEDIATRICS	25	218	
TOTAL RECLASSIFICATIONS FOR CODE B			640,062				640,062

RECLASS CODE: C
EXPLANATION : CRNA RECLASS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NONPHYSICIAN ANESTHETISTS	20	705,373	ANESTHESIOLOGY	40	600,650	
2.00			0	EMPLOYEE BENEFITS	5	104,723	
TOTAL RECLASSIFICATIONS FOR CODE C			705,373				705,373

RECLASS CODE: D
EXPLANATION : DEPRECIATION RECLASS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CAP REL COSTS-MVBLE EQUIP	4	1,134,402	NEW CAP REL COSTS-BLDG & FIXT	3	1,134,402	
TOTAL RECLASSIFICATIONS FOR CODE D			1,134,402				1,134,402

RECLASS CODE: E
EXPLANATION : INSURANCE RECLASS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	16,266	OTHER ADMINISTRATIVE AND GENER	6.04	26,236	
2.00	NEW CAP REL COSTS-MVBLE EQUIP	4	9,970			0	
TOTAL RECLASSIFICATIONS FOR CODE E			26,236				26,236

RECLASS CODE: F
EXPLANATION : IV SOLUTIONS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	DRUGS CHARGED TO PATIENTS	56	11,340	DIETARY	11	103	
2.00			0	CAFETERIA	12	258	
3.00			0	ADULTS & PEDIATRICS	25	6,046	
4.00			0	OPERATING ROOM	37	2,130	
5.00			0	RECOVERY ROOM	38	105	
6.00			0	ANESTHESIOLOGY	40	480	
7.00			0	EMERGENCY	61	2,218	
TOTAL RECLASSIFICATIONS FOR CODE F			11,340				11,340

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	85,634	INTEREST EXPENSE	88	138,120	
2.00	NEW CAP REL COSTS-MVBLE EQUIP	4	52,486			0	
TOTAL RECLASSIFICATIONS FOR CODE G			138,120				138,120

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

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

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING BALANCES 1	PURCHASES 2	ACQUISITIONS DONATION 3	TOTAL 4	DI SPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7
1 LAND	148,117	23,019		23,019		171,136	
2 LAND IMPROVEMENTS	730,891	29,629		29,629	2,234	758,286	
3 BUILDINGS & FIXTURE	9,434,006	4,641,753		4,641,753	40,690	14,035,069	
4 BUILDING IMPROVEMEN							
5 FIXED EQUIPMENT							
6 MOVABLE EQUIPMENT	8,281,098	1,598,033		1,598,033	776,211	9,102,920	
7 SUBTOTAL	18,594,112	6,292,434		6,292,434	819,135	24,067,411	
8 RECONCILING ITEMS							
9 TOTAL	18,594,112	6,292,434		6,292,434	819,135	24,067,411	

PART III - RECONCILIATION OF CAPITAL COST CENTERS
 DESCRIPTION

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

DESCRIPTION

SUMMARY OF OLD AND NEW CAPITAL

		DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL RELATED COST	TOTAL (1)
		9	10	11	12	13	14	15
*								
1	OLD CAP REL COSTS-BL							
2	OLD CAP REL COSTS-MV							
3	NEW CAP REL COSTS-BL	935,918						935,918
4	NEW CAP REL COSTS-MV	1,642,418						1,642,418
5	TOTAL	2,578,336						2,578,336

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

SUMMARY OF OLD AND NEW CAPITAL

		DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL RELATED COST	TOTAL (1)
		9	10	11	12	13	14	15
*								
1	OLD CAP REL COSTS-BL							
2	OLD CAP REL COSTS-MV							
3	NEW CAP REL COSTS-BL	1,955,557						1,955,557
4	NEW CAP REL COSTS-MV							
5	TOTAL	1,955,557						1,955,557

* 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

PROVIDER NO:
14-1334

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

PREPARED 8/12/2010
WORKSHEET A-8

DESCRPTION (1)	(2) BASIS/CODE 1	AMOUNT 2	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED		LINE NO 4	WKST. A-7 REF. 5
			COST CENTER 3			
1 INVST INCOME-OLD BLDGS AND FIXTURES			OLD CAP REL COSTS-BLDG &		1	
2 INVESTMENT INCOME-OLD MOVABLE EQUIP			OLD CAP REL COSTS-MVBLE E		2	
3 INVST INCOME-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &		3	
4 INVESTMENT INCOME-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E		4	
5 INVESTMENT INCOME-OTHER						
6 TRADE, QUANTITY AND TIME DISCOUNTS						
7 REFUNDS AND REBATES OF EXPENSES						
8 RENTAL OF PRVIDER SPACE BY SUPPLIERS						
9 TELEPHONE SERVICES						
10 TELEVISION AND RADIO SERVICE						
11 PARKING LOT						
12 PROVIDER BASED PHYSICIAN ADJUSTMENT	A-8-2	-903,260				
13 SALE OF SCRAP, WASTE, ETC.						
14 RELATED ORGANIZATION TRANSACTIONS	A-8-1	3,763,123				
15 LAUNDRY AND LINEN SERVICE						
16 CAFETERIA--EMPLOYEES AND GUESTS	B	-60,153	CAFETERIA		12	
17 RENTAL OF QTRS TO EMPLOYEE AND OTHERS						
18 SALE OF MED AND SURG SUPPLIES						
19 SALE OF DRUGS TO OTHER THAN PATIENTS						
20 SALE OF MEDICAL RECORDS & ABSTRACTS	B	-20,092	MEDICAL RECORDS & LIBRARY		17	
21 NURSG SCHOOL(TUITN, FEES, BOOKS, ETC.)						
22 VENDING MACHINES	B	-11,321	CAFETERIA		12	
23 INCOME FROM IMPOSITION OF INTEREST						
24 INTRST EXP ON MEDICARE OVERPAYMENTS						
25 ADJUSTMENT FOR RESPIRATORY THERAPY	A-8-3/A-8-4		RESPIRATORY THERAPY		49	
26 ADJUSTMENT FOR PHYSICAL THERAPY	A-8-3/A-8-4		PHYSICAL THERAPY		50	
27 ADJUSTMENT FOR HHA PHYSICAL THERAPY	A-8-3					
28 UTILIZATION REVIEW-PHYSIAN COMP			**COST CENTER DELETED**		89	
29 DEPRECIATION-OLD BLDGS AND FIXTURES			OLD CAP REL COSTS-BLDG &		1	
30 DEPRECIATION-OLD MOVABLE EQUIP			OLD CAP REL COSTS-MVBLE E		2	
31 DEPRECIATION-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &		3	
32 DEPRECIATION-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E		4	
33 NON-PHYSICIAN ANESTHETIST	A	-705,373	NONPHYSICIAN ANESTHETISTS		20	
34 PHYSICIANS' ASSISTANT						
35 ADJUSTMENT FOR OCCUPATIONAL THERAPY	A-8-4		**COST CENTER DELETED**		51	
36 ADJUSTMENT FOR SPEECH PATHOLOGY	A-8-4		**COST CENTER DELETED**		52	
37 PURCHASE DISCOUNT	B	-3,745	PURCHASING, RECEIVING AND		6.02	
38 EMPLOYEE OUTPATIENT INSURANCE PYMTS	B	-779,215	EMPLOYEE BENEFITS		5	
39 LOBBYING EXPENSES	A	-9,050	OTHER ADMINISTRATIVE AND		6.04	
40 UNRESTRICTED INTEREST REVENUE	B	-59,904	OTHER ADMINISTRATIVE AND		6.04	
41 PERSONAL USE OF PROVIDER VEHICLES	A	-6,925	OTHER ADMINISTRATIVE AND		6.04	
42 LEASEHOLD REVENUE	B	-40,900	NEW CAP REL COSTS-BLDG &		3	
43 DONATIONS	A	-2,447	OTHER ADMINISTRATIVE AND		6.04	
44 CABLE TV	A	-336	OTHER ADMINISTRATIVE AND		6.04	
45 XRAY FILM REVENUE	B	-656	RADIOLOGY-DIAGNOSTIC		41	
46 LOAN FORGIVENESS	A	-62,537	OTHER ADMINISTRATIVE AND		6.04	
47 NONALLOWABLE INTEREST	A	-189,834	INTEREST EXPENSE		88	
48 CABLE TV	A	-1,321	SLEEP LAB		49.01	
49 REAL ESTATE TAXES	A	-6,508	PHYSICIANS' PRIVATE OFFIC		98	
49.01 MEDICAID PROVIDER TAX	A	-287,388	OTHER ADMINISTRATIVE AND		6.04	
49.02 CAFETERIA	B	-1,500	OTHER ADMINISTRATIVE AND		6.04	
49.03 VENDING MACHINES	B	-9	MAINTENANCE & REPAIRS		7	
49.04 REAL ESTATE TAXES	A	-990	SLEEP LAB		49.01	
50 TOTAL (SUM OF LINES 1 THRU 49)		609,659				

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

(2) Basis for adjustment (see instructions).

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

B. Amount Received - if cost cannot be determined.

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

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

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

LINE NO.	COST CENTER	EXPENSE ITEMS	AMOUNT OF ALLOWABLE COST	AMOUNT	NET* ADJUSTMENTS	WKSHT A-7 COL. REF.
1	2	3	4	5	6	
1	3	NEW CAP REL COSTS-BLDG & HOME OFFICE COST	53,763		53,763	9
2	4	NEW CAP REL COSTS-MVBLE E HOME OFFICE COST	445,560		445,560	9
3	5	EMPLOYEE BENEFITS HOME OFFICE COST	554,490		554,490	9
4	6 1	DATA PROCESSING HOME OFFICE COST	906,621		906,621	
4.01	6 3	CASHIERING/ACCOUNTS RECEI HOME OFFICE COST	514,830		514,830	
4.02	6 4	OTHER ADMINISTRATIVE AND HOME OFFICE COST	1,287,859		1,287,859	
5		TOTALS	3,763,123		3,763,123	

* 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	SO. ILL. HOSPITAL SVCS.		100.00	
2	B	SO. ILL. HEALTHCARE ENTER		100.00	
3	B	HEALTH SVCS. OF SO. ILL.		100.00	
4	B	SO. ILL. MEDICAL SERVICES		100.00	
5				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: 14-1334
 PERIOD: FROM 4/1/2009 TO 3/31/2010
 PREPARED: 8/12/2010
 WORKSHEET A-8-2
 GROUP 1

WKSHT A LINE NO.	COST CENTER/ PHYSICIAN IDENTIFIER	TOTAL REMUN- ERATION	PROFES- SIONAL COMPONENT	PROVIDER COMPONENT	RCE AMOUNT	PHYSICIAN/ PROVIDER COMPONENT HOURS	UNADJUSTED RCE LIMIT	5 PERCENT OF UNADJUSTED RCE LIMIT
1	2	3	4	5	6	7	8	9
1 61	SIMS	878,274	878,274					
2 44	SO. ILL. PATHOLOGY	40,000		40,000				
3 49	DR. BLAISE	26,015	24,986	1,029				
4 49 1	DR. BROWN	25,400		25,400				
5								
6								
7								
8								
9								
10								
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15								
16								
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18								
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20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
101	TOTAL	969,689	903,260	66,429				

COST ALLOCATION STATISTICS

PROVIDER NO: 14-1334
 PERIOD: FROM 4/1/2009 TO 3/31/2010
 PREPARED 8/12/2010
 NOT A CMS WORKSHEET

LINE NO.	COST CENTER DESCRIPTION	STATISTICS CODE	STATISTICS DESCRIPTION	
	GENERAL SERVICE COST			
1	OLD CAP REL COSTS-BLDG & FIXT	1	SQUARE FEET	ENTERED
2	OLD CAP REL COSTS-MVBLE EQUIP	1	SQUARE FEET	ENTERED
3	NEW CAP REL COSTS-BLDG & FIXT	1	SQUARE FEET	ENTERED
4	NEW CAP REL COSTS-MVBLE EQUIP	1	SQUARE FEET	ENTERED
5	EMPLOYEE BENEFITS	2	GROSS SALARIES	ENTERED
6.01	DATA PROCESSING	3	NUMBER OF PCS	ENTERED
6.02	PURCHASING, RECEIVING AND STORES	4	PURCH SUPPLIES	ENTERED
6.03	CASHIERING/ACCOUNTS RECEIVABLE	5	GROSS REVENUE	ENTERED
6.04	OTHER ADMINISTRATIVE AND GENERAL	#	ACCUM. COST	NOT ENTERED
7	MAINTENANCE & REPAIRS	6	SQUARE FEET	ENTERED
8	OPERATION OF PLANT	7	SQUARE FEET	ENTERED
9	LAUNDRY & LINEN SERVICE	8	POUNDS OF LAUNDRY	ENTERED
10	HOUSEKEEPING	9	HOURS OF SERVICE	ENTERED
11	DIETARY	10	MEALS SERVED	ENTERED
12	CAFETERIA	11	NUMBER OF FTES	ENTERED
14	NURSING ADMINISTRATION	12	DIRECT NRSING HRS	ENTERED
15	CENTRAL SERVICES & SUPPLY	13	COSTED REQUIS.	ENTERED
16	PHARMACY	14	COSTED REQUIS.	ENTERED
17	MEDICAL RECORDS & LIBRARY	15	TIME SPENT	ENTERED
18	SOCIAL SERVICE	16	PATIENT DAYS	ENTERED
20	NONPHYSICIAN ANESTHETISTS	17	ASSIGNED TIME	NOT ENTERED

COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION	OLD CAP REL C OSTS-BLDG & OSTS-MVBLE E	OLD CAP REL C OSTS-MVBLE E	NEW CAP REL C OSTS-BLDG & OSTS-MVBLE E	NEW CAP REL C OSTS-MVBLE E	EMPLOYEE BENEFITS	DATA PROCESSING
	0	1	2	3	4	5	6.01
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &	935,918			935,918			
005 NEW CAP REL COSTS-MVBLE E	1,642,418				1,642,418		
006 EMPLOYEE BENEFITS	3,059,759			4,191	7,354	3,071,304	
006 01 DATA PROCESSING	906,621			3,515	6,168		916,304
006 02 PURCHASING, RECEIVING AND	27,515			3,503	6,146		8,644
006 03 CASHIERING/ACCOUNTS RECEI	942,114			11,970	21,006	111,710	51,866
006 04 OTHER ADMINISTRATIVE AND	3,190,349			230,220	404,006	258,930	69,155
007 MAINTENANCE & REPAIRS	891,478			24,812	43,543	89,040	12,967
008 OPERATION OF PLANT	125,292			60,784	106,668	35,084	8,644
009 LAUNDRY & LINEN SERVICE	50,687			10,790	18,935		
010 HOUSEKEEPING	274,924			1,745	3,062	62,952	8,644
011 DIETARY	121,895			38,061	66,791	25,550	21,611
012 CAFETERIA	233,438			26,127	45,850	63,912	
014 NURSING ADMINISTRATION	996,737			35,222	61,810	254,534	82,122
015 CENTRAL SERVICES & SUPPLY	17,183			7,570	13,285		
016 PHARMACY	996,859			7,939	13,932	90,288	17,289
017 MEDICAL RECORDS & LIBRARY	49,831			7,533	13,220	18,302	25,933
018 SOCIAL SERVICE	24,744			2,089	3,666	6,906	4,322
020 NONPHYSICIAN ANESTHETISTS							
025 INPAT ROUTINE SRVC CNTRS							
ADULTS & PEDIATRICS	2,325,295			136,512	239,561	571,274	151,277
037 ANCILLARY SRVC COST CNTRS							
OPERATING ROOM	1,283,882			76,809	134,791	228,563	82,122
038 RECOVERY ROOM	133,633			9,733	17,081	36,554	4,322
040 ANESTHESIOLOGY	66,313			1,757	3,084		17,289
041 RADIOLOGY-DIAGNOSTIC	1,505,536			49,686	87,193	220,155	69,155
044 LABORATORY	1,648,499			32,481	57,000	187,167	56,188
049 RESPIRATORY THERAPY	388,410			9,217	16,175	104,263	30,255
049 01 SLEEP LAB	1,190,845			52,624	92,348	254,621	60,511
049 02 GERIATRIC PSYCH	429,637			9,758	17,124		17,289
050 PHYSICAL THERAPY	395,361			7,669	13,457	76,986	25,933
055 MEDICAL SUPPLIES CHARGED	640,062						
056 DRUGS CHARGED TO PATIENTS	11,340						
059 97 CARDIAC REHABILITATION	263,477			21,789	38,237	72,307	17,289
061 OUTPAT SERVICE COST CNTRS							
EMERGENCY	1,277,867			35,590	62,457	302,206	73,477
062 OBSERVATION BEDS (NON-DIS							
SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	26,047,919			919,696	1,613,950	3,071,304	916,304
096 NONREIMBURS COST CENTERS							
GIFT, FLOWER, COFFEE SHOP				5,297	9,295		
098 PHYSICIANS' PRIVATE OFFIC	7,411			10,925	19,173		
098 01 UNUSED SPACE							
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	26,055,330			935,918	1,642,418	3,071,304	916,304

COST CENTER DESCRIPTION	PURCHASING, RECEIVING AND	CASHIERING/COUNTS RECEI	SUBTOTAL	OTHER ADMINISTRATIVE AND	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE
	6.02	6.03		6a.03	6.04	7	8
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
006 01 DATA PROCESSING							
006 02 PURCHASING, RECEIVING AND	45,808						
006 03 CASHIERING/ACCOUNTS RECEI	807	1,139,473					
006 04 OTHER ADMINISTRATIVE AND			4,152,660	4,152,660			
007 MAINTENANCE & REPAIRS			1,061,840	201,321	1,263,161		
008 OPERATION OF PLANT			336,472	63,794	116,738	517,004	
009 LAUNDRY & LINEN SERVICE			80,412	15,246	20,723	9,345	125,726
010 HOUSEKEEPING			351,327	66,610	3,352	1,511	418
011 DIETARY	50		273,958	51,941	73,097	32,965	936
012 CAFETERIA	68		369,395	70,036	50,179	22,629	
014 NURSING ADMINISTRATION	104		1,430,529	271,223	67,645	30,506	
015 CENTRAL SERVICES & SUPPLY	95		38,133	7,230	14,539	6,557	
016 PHARMACY	7		1,126,314	213,545	15,247	6,876	
017 MEDICAL RECORDS & LIBRARY			114,819	21,769	14,468	6,525	
018 SOCIAL SERVICE			41,727	7,911	4,012	1,809	
020 NONPHYSICIAN ANESTHETISTS							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	10,015	64,074	3,498,008	663,208	262,178	118,236	36,535
025 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	18,603	128,294	1,953,064	370,293	147,516	66,525	22,214
038 RECOVERY ROOM	167	32,657	234,147	44,393	18,693	8,430	7,642
040 ANESTHESIOLOGY	1,994	12,588	103,025	19,533	3,375	1,522	
041 RADIOLOGY-DIAGNOSTIC	1,117	233,216	2,166,058	410,676	95,425	43,034	9,882
044 LABORATORY	3,317	261,686	2,246,338	425,897	62,382	28,132	
049 RESPIRATORY THERAPY	645	29,833	578,798	109,738	17,702	7,983	251
049 01 SLEEP LAB	638	125,556	1,777,143	336,939	101,066	45,578	14,054
049 02 GERIATRIC PSYCH		11,802	485,610	92,070	18,740	8,451	
050 PHYSICAL THERAPY	450	24,903	544,759	103,284	14,728	6,642	351
055 MEDICAL SUPPLIES CHARGED		57,223	697,285	132,202			
056 DRUGS CHARGED TO PATIENTS		54,540	65,880	12,491			
059 97 CARDIAC REHABILITATION	204	8,130	421,433	79,902	41,847	18,872	84
061 OUTPAT SERVICE COST CNTRS							
061 EMERGENCY	7,527	94,971	1,854,095	351,529	68,353	30,825	33,359
062 OBSERVATION BEDS (NON-DIS							
062 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	45,808	1,139,473	26,003,229	4,142,781	1,232,005	502,953	125,726
095 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP			14,592	2,767	10,173	4,588	
098 PHYSICIANS' PRIVATE OFFIC			37,509	7,112	20,983	9,463	
098 01 UNUSED SPACE							
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	45,808	1,139,473	26,055,330	4,152,660	1,263,161	517,004	125,726

COST CENTER DESCRIPTION	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY
	10	11	12	14	15	16	17
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
006 01 DATA PROCESSING							
006 02 PURCHASING, RECEIVING AND							
006 03 CASHIERING/ACCOUNTS RECEI							
006 04 OTHER ADMINISTRATIVE AND							
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING	423,218						
011 DIETARY	1,315	434,212					
012 CAFETERIA	7,671		519,910				
014 NURSING ADMINISTRATION	438		45,668	1,846,009			
015 CENTRAL SERVICES & SUPPLY					66,459		
016 PHARMACY	5,698		14,052	96,518		1,478,250	
017 MEDICAL RECORDS & LIBRARY			10,539				168,120
018 SOCIAL SERVICE	658		3,513				
020 NONPHYSICIAN ANESTHETISTS							
025 INPAT ROUTINE SRVC CNTRS							
ADULTS & PEDIATRICS	245,691	434,212	133,489	914,518	23	17,170	42,395
037 ANCILLARY SRVC COST CNTRS							
OPERATING ROOM	48,217		45,668	324,780	62,798	6,049	
038 RECOVERY ROOM	4,164		7,026	48,745		298	
040 ANESTHESIOLOGY	1,753		7,026	51,468	391	1,363	
041 RADIOLOGY-DIAGNOSTIC	17,972		38,642				10,964
044 LABORATORY	12,493		35,129		446		10,964
049 RESPIRATORY THERAPY	7,890		24,590		2,683		4,386
049 01 SLEEP LAB	28,273		63,232				30,700
049 02 GERIATRIC PSYCH	4,603						731
050 PHYSICAL THERAPY			17,565		17	7,355	5,848
055 MEDICAL SUPPLIES CHARGED							
056 DRUGS CHARGED TO PATIENTS						1,439,716	
059 97 CARDIAC REHABILITATION	7,671		14,052				
061 OUTPAT SERVICE COST CNTRS							
EMERGENCY	28,711		59,719	409,980	101	6,299	62,132
062 OBSERVATION BEDS (NON-DIS							
SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	423,218	434,212	519,910	1,846,009	66,459	1,478,250	168,120
096 NONREIMBURS COST CENTERS							
GIFT, FLOWER, COFFEE SHOP							
098 PHYSICIANS' PRIVATE OFFIC							
098 01 UNUSED SPACE							
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	423,218	434,212	519,910	1,846,009	66,459	1,478,250	168,120

COST CENTER DESCRIPTION	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	SUBTOTAL	I&R COST POST STEP-DOWN ADJ 26	TOTAL
	18	20	25	26	27
001 GENERAL SERVICE COST CNTR					
002 OLD CAP REL COSTS-BLDG &					
003 OLD CAP REL COSTS-MVBLE E					
004 NEW CAP REL COSTS-BLDG &					
005 NEW CAP REL COSTS-MVBLE E					
006 EMPLOYEE BENEFITS					
006 01 DATA PROCESSING					
006 02 PURCHASING, RECEIVING AND					
006 03 CASHIERING/ACCOUNTS RECEI					
006 04 OTHER ADMINISTRATIVE AND					
007 MAINTENANCE & REPAIRS					
008 OPERATION OF PLANT					
009 LAUNDRY & LINEN SERVICE					
010 HOUSEKEEPING					
011 DIETARY					
012 CAFETERIA					
014 NURSING ADMINISTRATION					
015 CENTRAL SERVICES & SUPPLY					
016 PHARMACY					
017 MEDICAL RECORDS & LIBRARY					
018 SOCIAL SERVICE	59,630				
020 NONPHYSICIAN ANESTHETISTS					
025 INPAT ROUTINE SRVC CNTRS					
ADULTS & PEDIATRICS	59,630		6,425,293		6,425,293
037 ANCILLARY SRVC COST CNTRS					
OPERATING ROOM			3,047,124		3,047,124
038 RECOVERY ROOM			373,538		373,538
040 ANESTHESIOLOGY			189,456		189,456
041 RADIOLOGY-DIAGNOSTIC			2,792,653		2,792,653
044 LABORATORY			2,821,781		2,821,781
049 RESPIRATORY THERAPY			754,021		754,021
049 01 SLEEP LAB			2,396,985		2,396,985
049 02 GERIATRIC PSYCH			610,205		610,205
050 PHYSICAL THERAPY			700,549		700,549
055 MEDICAL SUPPLIES CHARGED			829,487		829,487
056 DRUGS CHARGED TO PATIENTS			1,518,087		1,518,087
059 97 CARDIAC REHABILITATION			583,861		583,861
061 OUTPAT SERVICE COST CNTRS					
EMERGENCY			2,905,103		2,905,103
062 OBSERVATION BEDS (NON-DIS					
SPEC PURPOSE COST CENTERS					
095 SUBTOTALS	59,630		25,948,143		25,948,143
096 NONREIMBURS COST CENTERS					
GIFT, FLOWER, COFFEE SHOP			32,120		32,120
098 PHYSICIANS' PRIVATE OFFIC			75,067		75,067
098 01 UNUSED SPACE					
101 CROSS FOOT ADJUSTMENT					
102 NEGATIVE COST CENTER					
103 TOTAL	59,630		26,055,330		26,055,330

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	DIR ASSGND NEW CAPITAL REL COSTS	OLD CAP REL C OSTS-BLDG &	OLD CAP REL C OSTS-MVBLE E	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-MVBLE E	SUBTOTAL	EMPLOYEE BENEFITS
	0	1	2	3	4	4a	5
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS				4,191	7,354	11,545	11,545
006 01 DATA PROCESSING				3,515	6,168	9,683	
006 02 PURCHASING, RECEIVING AND				3,503	6,146	9,649	
006 03 CASHIERING/ACCOUNTS RECEI				11,970	21,006	32,976	420
006 04 OTHER ADMINISTRATIVE AND				230,220	404,006	634,226	973
007 MAINTENANCE & REPAIRS				24,812	43,543	68,355	335
008 OPERATION OF PLANT				60,784	106,668	167,452	132
009 LAUNDRY & LINEN SERVICE				10,790	18,935	29,725	
010 HOUSEKEEPING				1,745	3,062	4,807	237
011 DIETARY				38,061	66,791	104,852	96
012 CAFETERIA				26,127	45,850	71,977	240
014 NURSING ADMINISTRATION				35,222	61,810	97,032	957
015 CENTRAL SERVICES & SUPPLY				7,570	13,285	20,855	
016 PHARMACY				7,939	13,932	21,871	339
017 MEDICAL RECORDS & LIBRARY				7,533	13,220	20,753	69
018 SOCIAL SERVICE				2,089	3,666	5,755	26
020 NONPHYSICIAN ANESTHETISTS							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS				136,512	239,561	376,073	2,149
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM				76,809	134,791	211,600	859
038 RECOVERY ROOM				9,733	17,081	26,814	137
040 ANESTHESIOLOGY				1,757	3,084	4,841	
041 RADIOLOGY-DIAGNOSTIC				49,686	87,193	136,879	827
044 LABORATORY				32,481	57,000	89,481	703
049 RESPIRATORY THERAPY				9,217	16,175	25,392	392
049 01 SLEEP LAB				52,624	92,348	144,972	957
049 02 GERIATRIC PSYCH				9,758	17,124	26,882	
050 PHYSICAL THERAPY				7,669	13,457	21,126	289
055 MEDICAL SUPPLIES CHARGED							
056 DRUGS CHARGED TO PATIENTS							
059 97 CARDIAC REHABILITATION				21,789	38,237	60,026	272
061 OUTPAT SERVICE COST CNTRS							
061 EMERGENCY				35,590	62,457	98,047	1,136
062 OBSERVATION BEDS (NON-DIS							
062 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS				919,696	1,613,950	2,533,646	11,545
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP				5,297	9,295	14,592	
098 PHYSICIANS' PRIVATE OFFIC				10,925	19,173	30,098	
098 01 UNUSED SPACE							
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL				935,918	1,642,418	2,578,336	11,545

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO: 14-1334
 PERIOD: FROM 4/1/2009 TO 3/31/2010
 PREPARED 8/12/2010
 WORKSHEET B
 PART III

COST CENTER DESCRIPTION	DATA PROCESSING	PURCHASING, RECEIVING AND	CASHIERING/ACCOUNTS RECEIVABLE	OTHER ADMINISTRATIVE	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE
	6.01	6.02	6.03	6.04	7	8	9
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
006 01 DATA PROCESSING	9,683						
006 02 PURCHASING, RECEIVING AND	91	9,740					
006 03 CASHIERING/ACCOUNTS RECEI	548	172	34,116				
006 04 OTHER ADMINISTRATIVE AND	731			635,930			
007 MAINTENANCE & REPAIRS	137			30,829	99,656		
008 OPERATION OF PLANT	91			9,769	9,210	186,654	
009 LAUNDRY & LINEN SERVICE				2,335	1,635	3,374	37,069
010 HOUSEKEEPING	91			10,200	264	546	123
011 DIETARY	228	11		7,954	5,767	11,901	276
012 CAFETERIA		14		10,725	3,959	8,170	
014 NURSING ADMINISTRATION	868	22		41,534	5,337	11,014	
015 CENTRAL SERVICES & SUPPLY		20		1,107	1,147	2,367	
016 PHARMACY	183	2		32,701	1,203	2,482	
017 MEDICAL RECORDS & LIBRARY	274			3,334	1,141	2,356	
018 SOCIAL SERVICE	46			1,212	317	653	
020 NONPHYSICIAN ANESTHETISTS							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	1,598	2,129	1,918	101,569	20,682	42,685	10,771
025 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	868	3,956	3,841	56,705	11,638	24,018	6,550
038 RECOVERY ROOM	46	36	978	6,798	1,475	3,044	2,253
040 ANESTHESIOLOGY	183	424	377	2,991	266	550	
041 RADIOLOGY-DIAGNOSTIC	731	237	6,982	62,889	7,528	15,537	2,914
044 LABORATORY	594	705	7,837	65,220	4,922	10,157	
049 RESPIRATORY THERAPY	320	137	893	16,805	1,397	2,882	74
049 01 SLEEP LAB	639	136	3,759	51,598	7,974	16,455	4,144
049 02 GERIATRIC PSYCH	183		353	14,099	1,479	3,051	
050 PHYSICAL THERAPY	274	96	746	15,817	1,162	2,398	104
055 MEDICAL SUPPLIES CHARGED			1,713	20,245			
056 DRUGS CHARGED TO PATIENTS			1,633	1,913			
059 97 CARDIAC REHABILITATION	183	43	243	12,236	3,302	6,813	25
059 97 OUTPAT SERVICE COST CNTRS							
061 EMERGENCY	776	1,600	2,843	53,832	5,393	11,129	9,835
062 OBSERVATION BEDS (NON-DIS							
062 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	9,683	9,740	34,116	634,417	97,198	181,582	37,069
095 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP				424	803	1,656	
098 PHYSICIANS' PRIVATE OFFIC				1,089	1,655	3,416	
098 01 UNUSED SPACE							
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	9,683	9,740	34,116	635,930	99,656	186,654	37,069

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY
	10	11	12	14	15	16	17
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
006 01 DATA PROCESSING							
006 02 PURCHASING, RECEIVING AND							
006 03 CASHIERING/ACCOUNTS RECEI							
006 04 OTHER ADMINISTRATIVE AND							
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING	16,268						
011 DIETARY	51	131,136					
012 CAFETERIA	295		95,380				
014 NURSING ADMINISTRATION	17		8,378	165,159			
015 CENTRAL SERVICES & SUPPLY					25,496		
016 PHARMACY	219		2,578	8,635		70,213	
017 MEDICAL RECORDS & LIBRARY			1,933				29,860
018 SOCIAL SERVICE	25		644				
020 NONPHYSICIAN ANESTHETISTS							
025 INPAT ROUTINE SRVC CNTRS							
ADULTS & PEDIATRICS	9,444	131,136	24,490	81,821	9	816	7,530
037 ANCILLARY SRVC COST CNTRS							
OPERATING ROOM	1,853		8,378	29,057	24,091	287	
038 RECOVERY ROOM	160		1,289	4,361		14	
040 ANESTHESIOLOGY	67		1,289	4,605	150	65	
041 RADIOLOGY-DIAGNOSTIC	691		7,089				1,947
044 LABORATORY	480		6,445		171		1,947
049 RESPIRATORY THERAPY	303		4,511		1,029		779
049 01 SLEEP LAB	1,087		11,600				5,453
049 02 GERIATRIC PSYCH	177						130
050 PHYSICAL THERAPY			3,222		7	349	1,039
055 MEDICAL SUPPLIES CHARGED							
056 DRUGS CHARGED TO PATIENTS						68,383	
059 97 CARDIAC REHABILITATION	295		2,578				
061 OUTPAT SERVICE COST CNTRS							
EMERGENCY	1,104		10,956	36,680	39	299	11,035
062 OBSERVATION BEDS (NON-DIS							
SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	16,268	131,136	95,380	165,159	25,496	70,213	29,860
096 NONREIMBURS COST CENTERS							
GIFT, FLOWER, COFFEE SHOP							
098 PHYSICIANS' PRIVATE OFFIC							
098 01 UNUSED SPACE							
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	16,268	131,136	95,380	165,159	25,496	70,213	29,860

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	SUBTOTAL	POST STEPDOWN ADJUSTMENT	TOTAL
	18	20	25	26	27
001 GENERAL SERVICE COST CNTR					
002 OLD CAP REL COSTS-BLDG &					
003 OLD CAP REL COSTS-MVBLE E					
004 NEW CAP REL COSTS-BLDG &					
005 NEW CAP REL COSTS-MVBLE E					
006 EMPLOYEE BENEFITS					
006 01 DATA PROCESSING					
006 02 PURCHASING, RECEIVING AND					
006 03 CASHIERING/ACCOUNTS RECEI					
006 04 OTHER ADMINISTRATIVE AND					
007 MAINTENANCE & REPAIRS					
008 OPERATION OF PLANT					
009 LAUNDRY & LINEN SERVICE					
010 HOUSEKEEPING					
011 DIETARY					
012 CAFETERIA					
014 NURSING ADMINISTRATION					
015 CENTRAL SERVICES & SUPPLY					
016 PHARMACY					
017 MEDICAL RECORDS & LIBRARY					
018 SOCIAL SERVICE	8,678				
020 NONPHYSICIAN ANESTHETISTS					
025 INPAT ROUTINE SRVC CNTRS					
ADULTS & PEDIATRICS	8,678		823,498		823,498
037 ANCILLARY SRVC COST CNTRS					
OPERATING ROOM			383,701		383,701
038 RECOVERY ROOM			47,405		47,405
040 ANESTHESIOLOGY			15,808		15,808
041 RADIOLOGY-DIAGNOSTIC			244,251		244,251
044 LABORATORY			188,662		188,662
049 RESPIRATORY THERAPY			54,914		54,914
049 01 SLEEP LAB			248,774		248,774
049 02 GERIATRIC PSYCH			46,354		46,354
050 PHYSICAL THERAPY			46,629		46,629
055 MEDICAL SUPPLIES CHARGED			21,958		21,958
056 DRUGS CHARGED TO PATIENTS			71,929		71,929
059 97 CARDIAC REHABILITATION			86,016		86,016
061 OUTPAT SERVICE COST CNTRS					
EMERGENCY			244,704		244,704
062 OBSERVATION BEDS (NON-DIS					
SPEC PURPOSE COST CENTERS					
095 SUBTOTALS	8,678		2,524,603		2,524,603
096 NONREIMBURS COST CENTERS					
GIFT, FLOWER, COFFEE SHOP			17,475		17,475
098 PHYSICIANS' PRIVATE OFFIC			36,258		36,258
098 01 UNUSED SPACE					
101 CROSS FOOT ADJUSTMENTS					
102 NEGATIVE COST CENTER					
103 TOTAL	8,678		2,578,336		2,578,336

COST CENTER DESCRIPTION	OLD CAP REL COSTS-BLDG & (SQUARE FEET)	OLD CAP REL COSTS-MVBLE (SQUARE FEET)	NEW CAP REL COSTS-BLDG & (SQUARE FEET)	NEW CAP REL COSTS-MVBLE (SQUARE FEET)	EMPLOYEE BENEFITS (GROSS SALARIES)	DATA PROCESSING (NUMBER OF PCS)
	1	2	3	4	5	6.01
001 GENERAL SERVICE COST						
002 OLD CAP REL COSTS-BLD	76,156					
003 OLD CAP REL COSTS-MVB		76,156				
004 NEW CAP REL COSTS-BLD			76,156			
005 NEW CAP REL COSTS-MVB				76,156		
006 EMPLOYEE BENEFITS	341	341	341	341	10,910,597	
006 01 DATA PROCESSING	286	286	286	286		212
006 02 PURCHASING, RECEIVING	285	285	285	285		2
006 03 CASHIERING/ACCOUNTS R	974	974	974	974	396,841	12
006 04 OTHER ADMINISTRATIVE	18,733	18,733	18,733	18,733	919,833	16
007 MAINTENANCE & REPAIRS	2,019	2,019	2,019	2,019	316,308	3
008 OPERATION OF PLANT	4,946	4,946	4,946	4,946	124,635	2
009 LAUNDRY & LINEN SERVI	878	878	878	878		
010 HOUSEKEEPING	142	142	142	142	223,634	2
011 DIETARY	3,097	3,097	3,097	3,097	90,766	5
012 CAFETERIA	2,126	2,126	2,126	2,126	227,045	
014 NURSING ADMINISTRATIO	2,866	2,866	2,866	2,866	904,215	19
015 CENTRAL SERVICES & SU	616	616	616	616		
016 PHARMACY	646	646	646	646	320,743	4
017 MEDICAL RECORDS & LIB	613	613	613	613	65,018	6
018 SOCIAL SERVICE	170	170	170	170	24,533	1
020 NONPHYSICIAN ANESTHET						
025 INPAT ROUTINE SRVC CN	11,108	11,108	11,108	11,108	2,029,397	35
037 ADULTS & PEDIATRICS						
038 ANCILLARY SRVC COST C	6,250	6,250	6,250	6,250	811,957	19
040 OPERATING ROOM	792	792	792	792	129,854	1
041 RECOVERY ROOM	143	143	143	143		4
044 ANESTHESIOLOGY	4,043	4,043	4,043	4,043	782,086	16
049 RADIOLOGY-DIAGNOSTIC	2,643	2,643	2,643	2,643	664,898	13
049 LABORATORY	750	750	750	750	370,387	7
049 01 RESPIRATORY THERAPY	4,282	4,282	4,282	4,282	904,524	14
049 02 SLEEP LAB	794	794	794	794		4
050 GERIATRIC PSYCH	624	624	624	624	273,488	6
055 PHYSICAL THERAPY						
056 MEDICAL SUPPLIES CHAR						
059 97 DRUGS CHARGED TO PATI	1,773	1,773	1,773	1,773	256,866	4
061 CARDIAC REHABILITATIO						
062 OUTPAT SERVICE COST C	2,896	2,896	2,896	2,896	1,073,569	17
095 EMERGENCY	74,836	74,836	74,836	74,836	10,910,597	212
096 OBSERVATION BEDS (NON						
098 SPEC PURPOSE COST CEN	431	431	431	431		
098 01 PHYSICIANS PRIVATE O	889	889	889	889		
101 UNUSED SPACE						
102 CROSS FOOT ADJUSTMENT						
103 NEGATIVE COST CENTER						
104 COST TO BE ALLOCATED			935,918	1,642,418	3,071,304	916,304
(WRKSHT B, PART I)						
105 UNIT COST MULTIPLIER			12.289485		.281497	
(WRKSHT B, PT I)				21.566495		4,322.188679
106 COST TO BE ALLOCATED						
(WRKSHT B, PART II)						
107 UNIT COST MULTIPLIER						
(WRKSHT B, PT II)					11,545	9,683
108 COST TO BE ALLOCATED						
(WRKSHT B, PART III)						
108 UNIT COST MULTIPLIER					.001058	45.674528
(WRKSHT B, PT III)						

COST CENTER DESCRIPTION	PURCHASING, RECEIVING AND CASHIERING/ACCOUNTS RECEIVABLE			OTHER ADMINISTRATIVE AND MAINTENANCE & OPERATIONS			LAUNDRY & LINEN SERVICE	
	(PURCH SUPPLIES)	(GROSS REVENUE)	(RECONCILIATION)	(ACCUM. COST)	(SQUARE FEET)	(SQUARE FEET)	(POUNDS OF LAUNDRY)	()
	6.02	6.03	6a.04	6.04	7	8	9	
GENERAL SERVICE COST								
001 OLD CAP REL COSTS-BLD								
002 OLD CAP REL COSTS-MVB								
003 NEW CAP REL COSTS-BLD								
004 NEW CAP REL COSTS-MVB								
005 EMPLOYEE BENEFITS								
006 01 DATA PROCESSING								
006 02 PURCHASING, RECEIVING	558,854							
006 03 CASHIERING/ACCOUNTS R	9,840	74,321,429						
006 04 OTHER ADMINISTRATIVE			-4,152,660	21,902,670				
007 MAINTENANCE & REPAIRS				1,061,840	53,518			
008 OPERATION OF PLANT				336,472	4,946	48,572		
009 LAUNDRY & LINEN SERVI				80,412	878	878	15,038	
010 HOUSEKEEPING				351,327	142	142	50	
011 DIETARY	612			273,958	3,097	3,097	112	
012 CAFETERIA	830			369,395	2,126	2,126		
014 NURSING ADMINISTRATIO	1,264			1,430,529	2,866	2,866		
015 CENTRAL SERVICES & SU	1,165			38,133	616	616		
016 PHARMACY	87			1,126,314	646	646		
017 MEDICAL RECORDS & LIB				114,819	613	613		
018 SOCIAL SERVICE				41,727	170	170		
020 NONPHYSICIAN ANESTHET								
025 INPAT ROUTINE SRVC CN								
ADULTS & PEDIATRICS	122,177	4,179,095		3,498,008	11,108	11,108	4,370	
ANCILLARY SRVC COST C								
037 OPERATING ROOM	226,963	8,367,731		1,953,064	6,250	6,250	2,657	
038 RECOVERY ROOM	2,038	2,129,970		234,147	792	792	914	
040 ANESTHESIOLOGY	24,326	821,025		103,025	143	143		
041 RADIOLOGY-DIAGNOSTIC	13,626	15,211,037		2,166,058	4,043	4,043	1,182	
044 LABORATORY	40,466	17,069,610		2,246,338	2,643	2,643		
049 RESPIRATORY THERAPY	7,870	1,945,789		578,798	750	750	30	
049 01 SLEEP LAB	7,784	8,189,156		1,777,143	4,282	4,282	1,681	
049 02 GERIATRIC PSYCH		769,737		485,610	794	794		
050 PHYSICAL THERAPY	5,494	1,624,258		544,759	624	624	42	
055 MEDICAL SUPPLIES CHAR		3,732,248		697,285				
056 DRUGS CHARGED TO PATI		3,557,265		65,880				
059 97 CARDIAC REHABILITATIO	2,483	530,238		421,433	1,773	1,773	10	
OUTPAT SERVICE COST C								
061 EMERGENCY	91,829	6,194,270		1,854,095	2,896	2,896	3,990	
062 OBSERVATION BEDS (NON								
SPEC PURPOSE COST CEN								
095 SUBTOTALS	558,854	74,321,429	-4,152,660	21,850,569	52,198	47,252	15,038	
NONREIMBURS COST CENT								
096 GIFT, FLOWER, COFFEE				14,592	431	431		
098 PHYSICIANS' PRIVATE O				37,509	889	889		
098 01 UNUSED SPACE								
101 CROSS FOOT ADJUSTMENT								
102 NEGATIVE COST CENTER								
103 COST TO BE ALLOCATED	45,808	1,139,473		4,152,660	1,263,161	517,004	125,726	
(WRKSHT B, PART I)								
104 UNIT COST MULTIPLIER		.015332		.189596		10.644075		
(WRKSHT B, PT I)	.081968				23.602545		8.360553	
105 COST TO BE ALLOCATED								
(WRKSHT B, PART II)								
106 UNIT COST MULTIPLIER								
(WRKSHT B, PT II)								
107 COST TO BE ALLOCATED	9,740	34,116		635,930	99,656	186,654	37,069	
(WRKSHT B, PART III)								
108 UNIT COST MULTIPLIER		.000459		.029034		3.842831		
(WRKSHT B, PT III)	.017429				1.862102		2.465022	

COST CENTER DESCRIPTION	SOCIAL SERVICE (PATIENT DAYS)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)
GENERAL SERVICE COST	18	20
001 OLD CAP REL COSTS-BLD		
002 OLD CAP REL COSTS-MVB		
003 NEW CAP REL COSTS-BLD		
004 NEW CAP REL COSTS-MVB		
005 EMPLOYEE BENEFITS		
006 01 DATA PROCESSING		
006 02 PURCHASING, RECEIVING		
006 03 CASHIERING/ACCOUNTS R		
006 04 OTHER ADMINISTRATIVE		
007 MAINTENANCE & REPAIRS		
008 OPERATION OF PLANT		
009 LAUNDRY & LINEN SERVI		
010 HOUSEKEEPING		
011 DIETARY		
012 CAFETERIA		
014 NURSING ADMINISTRATIO		
015 CENTRAL SERVICES & SU		
016 PHARMACY		
017 MEDICAL RECORDS & LIB		
018 SOCIAL SERVICE	2,957	
020 NONPHYSICIAN ANESTHET		
025 INPAT ROUTINE SRVC CN		
ADULTS & PEDIATRICS	2,957	
ANCILLARY SRVC COST C		
037 OPERATING ROOM		
038 RECOVERY ROOM		
040 ANESTHESIOLOGY		
041 RADIOLOGY-DIAGNOSTIC		
044 LABORATORY		
049 RESPIRATORY THERAPY		
049 01 SLEEP LAB		
049 02 GERIATRIC PSYCH		
050 PHYSICAL THERAPY		
055 MEDICAL SUPPLIES CHAR		
056 DRUGS CHARGED TO PATI		
059 97 CARDIAC REHABILITATIO		
OUTPAT SERVICE COST C		
061 EMERGENCY		
062 OBSERVATION BEDS (NON		
SPEC PURPOSE COST CEN		
095 SUBTOTALS	2,957	
NONREIMBURS COST CENT		
096 GIFT, FLOWER, COFFEE		
098 PHYSICIANS' PRIVATE O		
098 01 UNUSED SPACE		
101 CROSS FOOT ADJUSTMENT		
102 NEGATIVE COST CENTER		
103 COST TO BE ALLOCATED	59,630	
(PER WRKSHT B, PART		
104 UNIT COST MULTIPLIER		
(WRKSHT B, PT I)	20.165708	
105 COST TO BE ALLOCATED		
(PER WRKSHT B, PART		
106 UNIT COST MULTIPLIER		
(WRKSHT B, PT II)		
107 COST TO BE ALLOCATED	8,678	
(PER WRKSHT B, PART		
108 UNIT COST MULTIPLIER		
(WRKSHT B, PT III)	2.934731	

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 REDUCTION 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM	3,047,124	383,701	2,663,423			3,047,124
38	RECOVERY ROOM	373,538	47,405	326,133			373,538
40	ANESTHESIOLOGY	189,456	15,808	173,648			189,456
41	RADIOLOGY-DIAGNOSTIC	2,792,653	244,251	2,548,402			2,792,653
44	LABORATORY	2,821,781	188,662	2,633,119			2,821,781
49	RESPIRATORY THERAPY	754,021	54,914	699,107			754,021
49	01 SLEEP LAB	2,396,985	248,774	2,148,211			2,396,985
49	02 GERIATRIC PSYCH	610,205	46,354	563,851			610,205
50	PHYSICAL THERAPY	700,549	46,629	653,920			700,549
55	MEDICAL SUPPLIES CHARGED	829,487	21,958	807,529			829,487
56	DRUGS CHARGED TO PATIENTS	1,518,087	71,929	1,446,158			1,518,087
59	97 CARDIAC REHABILITATION	583,861	86,016	497,845			583,861
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY	2,905,103	244,704	2,660,399			2,905,103
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	1,332,936		1,332,936			1,332,936
101	SUBTOTAL	20,855,786	1,701,105	19,154,681			20,855,786
102	LESS OBSERVATION BEDS	1,332,936		1,332,936			1,332,936
103	TOTAL	19,522,850	1,701,105	17,821,745			19,522,850

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRG RATIO	I/P PT B COST TO CHRG RATIO
		7	8	9
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	8,185,016	.372281	.372281
38	RECOVERY ROOM	2,071,697	.180305	.180305
40	ANESTHESIOLOGY	808,800	.234243	.234243
41	RADIOLOGY-DIAGNOSTIC	14,963,889	.186626	.186626
44	LABORATORY	16,730,764	.168658	.168658
49	RESPIRATORY THERAPY	1,929,328	.390821	.390821
49 01	SLEEP LAB	8,016,113	.299021	.299021
49 02	GERIATRIC PSYCH	769,737	.792745	.792745
50	PHYSICAL THERAPY	1,580,544	.443233	.443233
55	MEDICAL SUPPLIES CHARGED	3,666,873	.226211	.226211
56	DRUGS CHARGED TO PATIENTS	3,528,915	.430185	.430185
59 97	CARDIAC REHABILITATION	524,583	1.113000	1.113000
	OUTPAT SERVICE COST CNTRS			
61	EMERGENCY	6,118,342	.474819	.474819
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS)	647,674	2.058035	2.058035
101	SUBTOTAL	69,542,275		
102	LESS OBSERVATION BEDS	647,674		
103	TOTAL	68,894,601		

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

PROVIDER NO:	PERIOD:	PREPARED
14-1334	FROM 4/ 1/2009	8/12/2010
COMPONENT NO:	TO 3/31/2010	WORKSHEET D-4
14-1334		

TITLE XVIII, PART A HOSPITAL 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		1,294,735	
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.372281	256,445	95,470
38	RECOVERY ROOM	.180305	75,850	13,676
40	ANESTHESIOLOGY	.234243	41,862	9,806
41	RADIOLOGY-DIAGNOSTIC	.186626	801,471	149,575
44	LABORATORY	.168658	1,232,996	207,955
49	RESPIRATORY THERAPY	.390821	484,872	189,498
49 01	SLEEP LAB	.299021		
49 02	GERIATRIC PSYCH	.792745		
50	PHYSICAL THERAPY	.443233	62,277	27,603
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.226211	312,797	70,758
56	DRUGS CHARGED TO PATIENTS	.430185	1,305,554	561,630
59 97	CARDIAC REHABILITATION	1.113000	4,505	5,014
	OUTPAT SERVICE COST CNTRS			
61	EMERGENCY	.474819	74,037	35,154
62	OBSERVATION BEDS (NON-DISTINCT PART)	2.058035	2,326	4,787
	OTHER REIMBURS COST CNTRS			
101	TOTAL		4,654,992	1,370,926
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		4,654,992	

PART B - MEDICAL AND OTHER HEALTH SERVICES

HOSPITAL

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)		7,182,631
1.01	MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER APRIL 1, 2001 (SEE INSTRUCTIONS).		
1.02	PPS PAYMENTS RECEIVED INCLUDING OUTLIERS.		
1.03	ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO.		
1.04	LINE 1.01 TIMES LINE 1.03.		
1.05	LINE 1.02 DIVIDED BY LINE 1.04.		
1.06	TRANSITIONAL CORRIDOR PAYMENT (SEE INSTRUCTIONS)		
1.07	ENTER THE AMOUNT FROM WORKSHEET D, PART IV, (COLS 9, 9.01, 9.02) LINE 101.		
2	INTERNS AND RESIDENTS		
3	ORGAN ACQUISITIONS		
4	COST OF TEACHING PHYSICIANS		
5	TOTAL COST (SEE INSTRUCTIONS)		7,182,631

COMPUTATION OF LESSER OF COST OR CHARGES

REASONABLE CHARGES			
6	ANCILLARY SERVICE CHARGES		
7	INTERNS AND RESIDENTS SERVICE CHARGES		
8	ORGAN ACQUISITION CHARGES		
9	CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS.		
10	TOTAL REASONABLE CHARGES		
CUSTOMARY CHARGES			
11	AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS		
12	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e).		
13	RATIO OF LINE 11 TO LINE 12		
14	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)		
15	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST		
16	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES		
17	LESSER OF COST OR CHARGES (FOR CAH SEE INSTRUC)		7,254,457
17.01	TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 1.02, 1.06 AND 1.07)		

COMPUTATION OF REIMBURSEMENT SETTLEMENT

18	CAH DEDUCTIBLES		46,508
18.01	CAH ACTUAL BILLED COINSURANCE		3,182,194
	LINE 17.01 (SEE INSTRUCTIONS)		
19	SUBTOTAL (SEE INSTRUCTIONS)		4,025,755
20	SUM OF AMOUNTS FROM WORKSHEET E PARTS C, D & E (SEE INSTR.)		
21	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS		
22	ESRD DIRECT MEDICAL EDUCATION COSTS		
23	SUBTOTAL		4,025,755
24	PRIMARY PAYER PAYMENTS		894
25	SUBTOTAL		4,024,861

REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)

26	COMPOSITE RATE ESRD		
27	BAD DEBTS (SEE INSTRUCTIONS)		914,831
27.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)		914,831
27.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES		
28	SUBTOTAL		4,939,692
29	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION.		
30	OTHER ADJUSTMENTS (SPECIFY)		
30.99	OTHER ADJUSTMENTS (MSP-LCC RECONCILIATION AMOUNT)		
31	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS.		
32	SUBTOTAL		4,939,692
33	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)		
34	INTERIM PAYMENTS		3,593,442
34.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
35	BALANCE DUE PROVIDER/PROGRAM		1,346,250
36	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2		80,018

TO BE COMPLETED BY CONTRACTOR

50	ORIGINAL OUTLIER AMOUNT (SEE INSTRUCTIONS)		
51	OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)		
52	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY		
53	TIME VALUE OF MONEY (SEE INSTRUCTIONS)		
54	TOTAL (SUM OF LINES 51 AND 53)		

PART II - MEDICARE PART A SERVICES - COST REIMBURSEMENT
HOSPITAL

1	INPATIENT SERVICES		4,775,597
1.01	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT		
2	ORGAN ACQUISITION		
3	COST OF TEACHING PHYSICIANS		
4	SUBTOTAL		4,775,597
5	PRIMARY PAYER PAYMENTS		
6	TOTAL COST. FOR CAH (SEE INSTRUCTIONS)		4,823,353
COMPUTATION OF LESSER OF COST OR CHARGES			
REASONABLE CHARGES			
7	ROUTINE SERVICE CHARGES		
8	ANCILLARY SERVICE CHARGES		
9	ORGAN ACQUISITION CHARGES, NET OF REVENUE		
10	TEACHING PHYSICIANS		
11	TOTAL REASONABLE CHARGES		
CUSTOMARY CHARGES			
12	AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS		
13	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e)		
14	RATIO OF LINE 12 TO LINE 13 (NOT TO EXCEED 1.000000)		
15	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)		
16	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST		
17	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES		
COMPUTATION OF REIMBURSEMENT SETTLEMENT			
18	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS		
19	COST OF COVERED SERVICES		4,823,353
20	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)		398,895
21	EXCESS REASONABLE COST		
22	SUBTOTAL		4,424,458
23	COINSURANCE		4,125
24	SUBTOTAL		4,420,333
25	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES (SEE INSTRUCTIONS))		118,116
25.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)		118,116
25.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES		
26	SUBTOTAL		4,538,449
27	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION		
28	OTHER ADJUSTMENTS (SPECIFY)		
29	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS		
30	SUBTOTAL		4,538,449
31	SEQUESTRATION ADJUSTMENT		
32	INTERIM PAYMENTS		5,141,133
32.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
33	BALANCE DUE PROVIDER/PROGRAM		-602,684
34	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-111, SECTION 115.2.		53,194

PART II - MEDICARE PART A SERVICES - COST REIMBURSEMENT
SUBPROVIDER 1

- 1 INPATIENT SERVICES
- 1.01 NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT
- 2 ORGAN ACQUISITION
- 3 COST OF TEACHING PHYSICIANS
- 4 SUBTOTAL
- 5 PRIMARY PAYER PAYMENTS
- 6 TOTAL COST. FOR CAH (SEE INSTRUCTIONS)

- COMPUTATION OF LESSER OF COST OR CHARGES

- REASONABLE CHARGES
- 7 ROUTINE SERVICE CHARGES
- 8 ANCI LLARY SERVICE CHARGES
- 9 ORGAN ACQUISITION CHARGES, NET OF REVENUE
- 10 TEACHING PHYSICIANS
- 11 TOTAL REASONABLE CHARGES

- CUSTOMARY CHARGES
- 12 AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIA BLE
FOR PAYMENT FOR SERVICES ON A CHARGE BASIS
- 13 AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE
FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT
BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e)
- 14 RATIO OF LINE 12 TO LINE 13 (NOT TO EXCEED 1.000000)
- 15 TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)
- 16 EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST
- 17 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES

- COMPUTATION OF REIMBURSEMENT SETTLEMENT
- 18 DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS
- 19 COST OF COVERED SERVICES
- 20 DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)
- 21 EXCESS REASONABLE COST
- 22 SUBTOTAL
- 23 COI NSURANCE
- 24 SUBTOTAL
- 25 REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESS IONAL
SERVICES (SEE INSTRUCTIONS)
- 25.01 ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)
- 25.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES
- 26 SUBTOTAL
- 27 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVID ER
TERMINATION OR A DECREASE IN PROGRAM UTI LIZATION
- 28 OTHER ADJUSTMENTS (SPECIFY)
- 29 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS
RESULTING FROM DI SPOSITION OF DEPRECIABLE ASSETS
- 30 SUBTOTAL
- 31 SEQUESTRATION ADJUSTMENT
- 32 INTERIM PAYMENTS
- 32.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)
- 33 BALANCE DUE PROVIDER/PROGRAM
- 34 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS)
IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.

	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
LIABILITIES AND FUND BALANCE	1	2	3	4
CURRENT LIABILITIES				
28 ACCOUNTS PAYABLE	685,304			
29 SALARIES, WAGES & FEES PAYABLE	1,481,853			
30 PAYROLL TAXES PAYABLE				
31 NOTES AND LOANS PAYABLE (SHORT TERM)	157,760			
32 DEFERRED INCOME				
33 ACCELERATED PAYMENTS				
34 DUE TO OTHER FUNDS	32,118			
35 OTHER CURRENT LIABILITIES	277,286			
36 TOTAL CURRENT LIABILITIES	2,634,321			
LONG TERM LIABILITIES				
37 MORTGAGE PAYABLE	8,965,784			
38 NOTES PAYABLE				
39 UNSECURED LOANS				
40.01 LOANS PRIOR TO 7/1/66				
40.02 ON OR AFTER 7/1/66				
41 OTHER LONG TERM LIABILITIES	328,344			
42 TOTAL LONG-TERM LIABILITIES	9,294,128			
43 TOTAL LIABILITIES	11,928,449			
CAPITAL ACCOUNTS				
44 GENERAL FUND BALANCE	26,286,061			
45 SPECIFIC PURPOSE FUND				
46 DONOR CREATED- ENDOWMENT FUND BALANCE- RESTRICTED				
47 DONOR CREATED- ENDOWMENT FUND BALANCE- UNRESTRICT				
48 GOVERNING BODY CREATED- ENDOWMENT FUND BALANCE				
49 PLANT FUND BALANCE-INVESTED IN PLANT				
50 PLANT FUND BALANCE- RESERVE FOR PLANT IMPROVEMENT, REPLACEMENT AND EXPANSION				
51 TOTAL FUND BALANCES	26,286,061			
52 TOTAL LIABILITIES AND FUND BALANCES	38,214,510			

		GENERAL FUND		SPECIFIC PURPOSE FUND	
		1	2	3	4
1	FUND BALANCE AT BEGINNING OF PERIOD		22,204,731		
2	NET INCOME (LOSS)		5,150,233		
3	TOTAL		27,354,964		
4	ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
5	ADDITIONS (CREDIT ADJUSTM TRANSFERS	490			
6					
7					
8					
9					
10	TOTAL ADDITIONS		490		
11	SUBTOTAL		27,355,454		
12	DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
13	DEDUCTIONS (DEBIT ADJUSTM TRANSFERS	1,069,387			
14	ROUNDING	6			
15					
16					
17					
18	TOTAL DEDUCTIONS		1,069,393		
19	FUND BALANCE AT END OF PERIOD PER BALANCE SHEET		26,286,061		

		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 TRANSFERS				
6					
7					
8					
9					
10	TOTAL ADDITIONS				
11	SUBTOTAL				
12	DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
13	DEDUCTIONS (DEBIT ADJUSTM TRANSFERS				
14	ROUNDING				
15					
16					
17					
18	TOTAL DEDUCTIONS				
19	FUND BALANCE AT END OF PERIOD PER BALANCE SHEET				

