

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		15-0004		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: 5/25/2011 TIME 18:00

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: FRANCISCAN ST MARGARET - HAMMOND 15-0004 FOR THE COST REPORTING PERIOD BEGINNING 1/1/2010 AND ENDING 12/31/2010 AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS A TRUE, CORRECT, AND COMPLETE STATEMENT PREPARED FROM THE BOOKS AND RECORDS OF THE PROVIDER IN ACCORDANCE WITH APPLICABLE INSTRUCTIONS, EXCEPT AS NOTED. I FURTHER CERTIFY THAT I AM FAMILIAR WITH THE LAWS AND REGULATIONS REGARDING THE PROVISION OF HEALTH CARE SERVICES, AND THAT THE SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

\_\_\_\_\_  
 OFFICER OR ADMINISTRATOR OF PROVIDER(S)

\_\_\_\_\_  
 TITLE

\_\_\_\_\_  
 DATE

PART II - SETTLEMENT SUMMARY

	TITLE V	A	TITLE XVIII	B	TITLE XIX
	1	2	3	4	
1	HOSPITAL	0	-652,381	54,859	0
2	SUBPROVIDER	0	84,383	0	0
7	HOSPITAL-BASED HHA	0	0	0	0
7.01	HOSPITAL-BASED HHA II	0	0	0	0
100	TOTAL	0	-567,998	54,859	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.













HHA 1

	TITLE V 1	TITLE XVIII 2	TITLE XIX 3	OTHER 4
1 HOME HEALTH AIDE HOURS	0	0	0	7,800
2 UNDUPLICATED CENSUS COUNT		957.00		361.00
	TOTAL 5			
1 HOME HEALTH AIDE HOURS	7,800			
2 UNDUPLICATED CENSUS COUNT	1,318.00			

HOME HEALTH AGENCY - NUMBER OF EMPLOYEES  
(FULL TIME EQUIVALENT)

ENTER THE NUMBER OF HOURS IN YOUR NORMAL WORK WEEK

HHA NO. OF FTE EMPLOYEES (2080 HRS)

	STAFF 1	CONTRACT 2	TOTAL 3
3 ADMINISTRATOR AND ASSISTANT ADMINISTRATOR(S)			
4 DIRECTOR(S) AND ASSISTANT DIRECTOR(S)			
5 OTHER ADMINISTRATIVE PERSONEL	15.73		15.73
6 DIRECTING NURSING SERVICE	16.70		16.70
7 NURSING SUPERVISOR			
8 PHYSICAL THERAPY SERVICE	5.43		5.43
9 PHYSICAL THERAPY SUPERVISOR			
10 OCCUPATIONAL THERAPY SERVICE			
11 OCCUPATIONAL THERAPY SUPERVISOR			
12 SPEECH PATHOLOGY SERVICE	.12		.12
13 SPEECH PATHOLOGY SUPERVISOR			
14 MEDICAL SOCIAL SERVICE	.04		.04
15 MEDICAL SOCIAL SERVICE SUPERVISOR			
16 HOME HEALTH AIDE	3.75		3.75
17 HOME HEALTH AIDE SUPERVISOR			
18			
HOME HEALTH AGENCY MSA CODES	1	1.01	
19 HOW MANY MSAs IN COL. 1 OR CBSAs IN COL. 1.01 DID YOU PROVIDER SERVICES TO DURING THE C/R PERIOD?	0	2	
20 LIST THOSE MSA CODE(S) IN COL. 1 & CBSA CODE(S) IN COL. 1.01 SERVICED DURING THIS C/R PERIOD (LINE 20 CONTAINS THE FIRST CODE).		23844	
20.01		16974	

PPS ACTIVITY DATA - APPLICABLE FOR SERVICES ON OR AFTER OCTOBER 1, 2000

	FULL EPI SODES			
	WITHOUT OUTLIERS 1	WITH OUTLIERS 2	LUPA EPI SODES 3	PEP ONLY EPI SODES 4
21 SKILLED NURSING VISITS	10,910	314	390	129
22 SKILLED NURSING VISIT CHARGES	2,051,069	59,032	73,320	24,252
23 PHYSICAL THERAPY VISITS	5,992	0	32	75
24 PHYSICAL THERAPY VISIT CHARGES	1,126,496	0	6,016	14,100
25 OCCUPATIONAL THERAPY VISITS	1,308	1	5	7
26 OCCUPATIONAL THERAPY VISIT CHARGES	245,904	188	940	1,316
27 SPEECH PATHOLOGY VISITS	208	0	0	8
28 SPEECH PATHOLOGY VISIT CHARGES	39,104	0	0	1,504
29 MEDICAL SOCIAL SERVICE VISITS	48	1	0	2
30 MEDICAL SOCIAL SERVICE VISIT CHARGES	11,712	244	0	488
31 HOME HEALTH AIDE VISITS	4,590	0	5	36
32 HOME HEALTH AIDE VISIT CHARGES	523,260	0	570	4,104
33 TOTAL VISITS (SUM OF LINES 21, 23, 25, 27, 29 & 31)	23,056	316	432	257
34 OTHER CHARGES	0	0	0	0
35 TOTAL CHARGES (SUM OF LNS 22, 24, 26, 28, 30, 32 & 34)	3,997,545	59,464	80,846	45,764
36 TOTAL NUMBER OF EPI SODES (STANDARD/NON OUTLIER)	1,142	0	161	0
37 TOTAL NUMBER OF OUTLIER EPI SODES	0	9	0	19
38 TOTAL NON-ROUTINE MEDICAL SUPPLY CHARGES	61,442	4,352	16,212	1,280

HHA 1

PPS ACTIVITY DATA - APPLICABLE FOR SERVICES ON OR AFTER OCTOBER 1, 2000

	SCIC WITHIN A PEP 5	SCIC ONLY EPIISODES 6	TOTAL (COLS. 1-6) 7
21 SKILLED NURSING VISITS	0	0	11,743
22 SKILLED NURSING VISIT CHARGES	0	0	2,207,673
23 PHYSICAL THERAPY VISITS	0	0	6,099
24 PHYSICAL THERAPY VISIT CHARGES	0	0	1,146,612
25 OCCUPATIONAL THERAPY VISITS	0	0	1,321
26 OCCUPATIONAL THERAPY VISIT CHARGES	0	0	248,348
27 SPEECH PATHOLOGY VISITS	0	0	216
28 SPEECH PATHOLOGY VISIT CHARGES	0	0	40,608
29 MEDICAL SOCIAL SERVICE VISITS	0	0	51
30 MEDICAL SOCIAL SERVICE VISIT CHARGES	0	0	12,444
31 HOME HEALTH AIDE VISITS	0	0	4,631
32 HOME HEALTH AIDE VISIT CHARGES	0	0	527,934
33 TOTAL VISITS (SUM OF LINES 21, 23, 25, 27, 29 & 31)	0	0	24,061
34 OTHER CHARGES	0	0	0
35 TOTAL CHARGES (SUM OF LNS 22, 24, 26, 28, 30, 32 & 34)	0	0	4,183,619
36 TOTAL NUMBER OF EPIISODES (STANDARD/NON OUTLIER)	0	0	1,303
37 TOTAL NUMBER OF OUTLIER EPIISODES	0	0	28
38 TOTAL NON-ROUTINE MEDICAL SUPPLY CHARGES	0	0	83,286

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	719,381
17.01	GROSS MEDICAID REVENUES	16,566,651
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	17,286,032
UNCOMPENSATED CARE COST		
23	TOTAL CHARGES FOR PATIENTS COVERED BY STATE AND LOCAL INDIGENT CARE PROGRAMS	1,647,890
24	COST TO CHARGE RATIO (WKST C, PART I, COLUMN 3, LINE 103, DIVIDED BY COLUMN 8, LINE 103)	.310128
25	TOTAL STATE AND LOCAL INDIGENT CARE PROGRAM COST (LINE 23 * LINE 24)	511,057
26	TOTAL SCHIP CHARGES FROM YOUR RECORDS	
27	TOTAL SCHIP COST, (LINE 24 * LINE 26)	

DESCRIPTION

28	TOTAL GROSS MEDICAID CHARGES FROM YOUR RECORDS	91,343,431
29	TOTAL GROSS MEDICAID COST (LINE 24 * LINE 28)	28,328,156
30	OTHER UNCOMPENSATED CARE CHARGES FROM YOUR RECORDS	34,729,002
31	UNCOMPENSATED CARE COST (LINE 24 * LINE 30)	10,770,436
32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL (SUM OF LINES 25, 27, AND 29)	28,839,213

RECLASSIFICATION AND ADJUSTMENT OF  
TRIAL BALANCE OF EXPENSES

COST CENTER	COST CENTER DESCRIPTION	SALARIES 1	OTHER 2	TOTAL 3	RECLASS- IFI CATIONS 4	RECLASSIFI ED TRIAL BALANCE 5
	GENERAL SERVICE COST CNTR					
1	0100 OLD CAP REL COSTS-BLDG & FIXT		7,154,638	7,154,638	-6,381,086	773,552
2	0200 OLD CAP REL COSTS-MVBLE EQUIP				8,929	8,929
3	0300 NEW CAP REL COSTS-BLDG & FIXT				2,867,083	2,867,083
4	0400 NEW CAP REL COSTS-MVBLE EQUIP				3,774,324	3,774,324
5	0500 EMPLOYEE BENEFITS	2,920,684	27,123,137	30,043,821	-2,683	30,041,138
6.01	1160 COMMUNICATIONS	396,610	854,220	1,250,830		1,250,830
6.02	0620 DATA PROCESSING	13,060	-6,491,902	-6,478,842		-6,478,842
6.03	0630 PURCHASING, RECEIVING AND STORES	350,800	245,668	596,468		596,468
6.04	0640 ADMIN TTING	1,066,169	32,331	1,098,500		1,098,500
6.05	0661 OTHER ADMIN STRATIVE AND GENERAL	4,235,230	11,942,753	16,177,983	2,367,677	18,545,660
7	0700 MAINTENANCE & REPAIRS	1,418,613	2,101,491	3,520,104		3,520,104
8	0800 OPERATION OF PLANT	341,278	2,939,661	3,280,939		3,280,939
9	0900 LAUNDRY & LINEN SERVICE	1,546,821	995,253	2,542,074		2,542,074
10	1000 HOUSEKEEPING	1,614,118	375,681	1,989,799		1,989,799
11	1100 DIETARY	997,147	1,991,590	2,988,737	-1,500,300	1,488,437
12	1200 CAFETERIA				1,500,300	1,500,300
14	1400 NURSING ADMINISTRATION	3,532,512	402,035	3,934,547		3,934,547
15	1500 CENTRAL SERVICES & SUPPLY	424,642	4,087,386	4,512,028	-69,845	4,442,183
16	1600 PHARMACY	2,131,500	8,005,942	10,137,442	-4,958,666	5,178,776
17	1700 MEDICAL RECORDS & LIBRARY	1,251,421	168,249	1,419,670		1,419,670
18	1800 SOCIAL SERVICE		155	155		155
23	2300 I&R SERVICES-OTHER PRGM COSTS APPRVD		5,375	5,375	752,167	757,542
24	2400 PARAMED ED PRGM					
24.01	2401 PARAMED ED PRGM - LAB	75,463	9,013	84,476	80,278	164,754
24.02	2402 PARAMED ED PRGM - RADIOLOGY	64,271	376	64,647	50,849	115,496
24.03	2403 PARAMED ED PRGM - RESP THER	61,272	1,509	62,781	10,528	73,309
24.04	2404 PARAMED ED PRGM-PHARMACY	346,208	10,395	356,603	143,751	500,354
25	2500 ADULTS & PEDIATRICS	15,181,689	2,108,917	17,290,606	-2,160,168	15,130,438
26	2600 INTENSIVE CARE UNIT	2,800,590	208,832	3,009,422	-96,875	2,912,547
30	2040 NEWBORN INTENSIVE CARE UNIT	1,887,752	75,513	1,963,265	-17,840	1,945,425
31	3100 SUBPROVIDER	2,378,170	10,078,559	12,456,729		12,456,729
33	3300 NURSERY				1,045,358	1,045,358
34	3400 SKILLED NURSING FACILITY ANCILLARY SRVC COST CNTRS					
37	3700 OPERATING ROOM	1,459,682	3,899,734	5,359,416	-2,691,873	2,667,543
37.01	3701 OPEN HEART SURGERY	142,339	543,496	685,835	-317,092	368,743
37.02	3702 OUTPATIENT SURGERY	1,102,875	301,514	1,404,389	-115,248	1,289,141
38	3800 RECOVERY ROOM	443,490	10,960	454,450	-4,283	450,167
40	4000 ANESTHESIOLOGY	5,526,834	554,549	6,081,383	-259,958	5,821,425
41	4100 RADIOLOGY-DIAGNOSTIC	1,390,887	444,949	1,835,836	-164,341	1,671,495
41.01	4101 RADIOLOGY SPECIAL PROCEDURES	425,861	2,096,569	2,522,430	-760,041	1,762,389
41.02	3630 ULTRASOUND	539,217	134,467	673,684	7,874	681,558
42	4200 RADIOLOGY-THERAPEUTIC					
42.01	4201 COMPUTED TOMOGRAPHY	466,726	479,506	946,232	29,202	975,434
44	4400 LABORATORY		7,435,104	7,435,104	-80,545	7,354,559
47	4700 BLOOD STORING, PROCESSING & TRANS.		1,052,065	1,052,065	191,736	1,243,801
47.01	3450 NUCLEAR MEDICINE	277,624	314,702	592,326	2,671	594,997
49	4900 RESPIRATORY THERAPY	1,498,024	236,162	1,734,186	75,864	1,810,050
50	5000 PHYSICAL THERAPY	2,109,624	1,149,570	3,259,194	-1,637,726	1,621,468
51	5100 OCCUPATIONAL THERAPY				888,375	888,375
52	5200 SPEECH PATHOLOGY				467,937	467,937
53	5300 ELECTROCARDIOLOGY	369,590	268,060	637,650	-2,673	634,977
54	5400 ELECTROENCEPHALOGRAPHY	239,045	27,837	266,882	-3,012	263,870
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS				6,342,734	6,342,734
56	5600 DRUGS CHARGED TO PATIENTS				4,601,663	4,601,663
59	3020 PAIN CLINIC	1,174	1,878	3,052	-1,505	1,547
59.01	3021 ORTHOPEDICS	274,448	47,669	322,117	-26,096	296,021
59.02	3022 CARDIOVASCULAR SERVICES	867,643	1,184,725	2,052,368	-845,066	1,207,302
59.03	3023 CARDIAC REHAB	371,504	16,967	388,471	17,144	405,615
59.04	3024 RADIATION ONCOLOGY	607,851	295,185	903,036	-1,937	901,099
59.05	3025 MRI	105,773	169,070	274,843	-15,796	259,047
59.06	3026 BARIATRIC CENTER		89	89		89
59.07	3027 PSYCH ACTIVITY THERAPY		1,287,946	1,287,946		1,287,946
59.08	3028 WOUND CARE	478,876	126,540	605,416	-95,624	509,792
59.09	3029 RENAL DIALYSIS				774,455	774,455
60	6000 CLINIC					
60.01	6001 OCC HEALTH CLINIC				-1,712	-1,712
61	6100 EMERGENCY	7,051,739	2,728,505	9,780,244	-1,151,981	8,628,263
62	6200 OBSERVATION BEDS (NON-DISTINCT PART) OTHER REIMBURS COST CNTRS					
71	7100 HOME HEALTH AGENCY SPEC PURPOSE COST CENTERS	2,395,529	693,502	3,089,031		3,089,031
88	8800 INTEREST EXPENSE		7,845,513	7,845,513	-2,636,927	5,208,586
90	9000 OTHER CAPITAL RELATED COSTS					
95	SUBTOTALS	73,182,375	107,773,610	180,955,985	-0-	180,955,985
96	9600 NONREIMBURS COST CENTERS					
96.01	9601 GIFT, FLOWER, COFFEE SHOP & CANTEEN	40,328	91,393	131,721		131,721
96.02	9602 CONVENT		9,846	9,846		9,846
96.03	9603 HOME MEDICAL EQUIPMENT					
96.04	9604 MEDICAL ARTS BUILDING	3,103	107,849	110,952		110,952
96.05	9605 WOMEN'S HEALTH CENTER	83,817	6,980	90,797		90,797
96.06	9606 DEVELOPMENT					
96.06	9606 NEUROSURGERY PROF SERVICES					

RECLASSIFICATION AND ADJUSTMENT OF  
TRIAL BALANCE OF EXPENSES

PROVIDER NO: 15-0004  
PERIOD: FROM 1/1/2010 TO 12/31/2010  
PREPARED 5/25/2011  
WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	SALARIES	OTHER	TOTAL	RECLASS- IFICATIONS	RECLASSIFIED TRIAL BALANCE
		1	2	3	4	5
	NONREIMBURS COST CENTERS					
96.07	9607 IMAGE RECOVERY		26	26		26
96.08	9608 FAMILY SERVICES	778,357	135,597	913,954		913,954
96.09	9609 MDWISE	106,810	5,048,816	5,155,626		5,155,626
96.10	9610 CATHERINE MCAULEY CLINIC	276,814	87,647	364,461		364,461
96.11	9611 CENTER OF HOPE	5,113		5,113		5,113
96.12	9612 SELECT					
96.13	9613 PERCINI AS					
98	9800 PHYSICIANS' PRIVATE OFFICES	4,186,065	422,054	4,608,119		4,608,119
98.01	9801 WORKING WELL	242,009	116,641	358,650		358,650
99	9900 NONPAID WORKERS					
100.01	7951 REHAB					
101	TOTAL	78,904,791	113,800,459	192,705,250	-0-	192,705,250

RECLASSIFICATION AND ADJUSTMENT OF  
TRIAL BALANCE OF EXPENSES

I PROVIDER NO: I PERIOD: I PREPARED 5/25/2011  
I 15-0004 I FROM 1/ 1/2010 I WORKSHEET A  
I I TO 12/31/2010 I

COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS	NET EXPENSES FOR ALLOC
		6	7
	GENERAL SERVICE COST CNTR		
1	0100 OLD CAP REL COSTS-BLDG & FIXT	-253,868	519,684
2	0200 OLD CAP REL COSTS-MVBLE EQUIP		8,929
3	0300 NEW CAP REL COSTS-BLDG & FIXT	1,666,337	4,533,420
4	0400 NEW CAP REL COSTS-MVBLE EQUIP		3,774,324
5	0500 EMPLOYEE BENEFITS	-4,157,024	25,884,114
6.01	1160 COMMUNICATIONS	-30,801	1,220,029
6.02	0620 DATA PROCESSING	6,988,528	509,686
6.03	0630 PURCHASING, RECEIVING AND STORES	-226,598	369,870
6.04	0640 ADMINITTING		1,098,500
6.05	0661 OTHER ADMINISTRATION AND GENERAL	-397,135	18,148,525
7	0700 MAINTENANCE & REPAIRS	-21,238	3,498,866
8	0800 OPERATION OF PLANT		3,280,939
9	0900 LAUNDRY & LINEN SERVICE	-2,721,828	-179,754
10	1000 HOUSEKEEPING		1,989,799
11	1100 DIETARY	-736,230	752,207
12	1200 CAFETERIA	-766,611	733,689
14	1400 NURSING ADMINISTRATION	-52,942	3,881,605
15	1500 CENTRAL SERVICES & SUPPLY	-571,536	3,870,647
16	1600 PHARMACY	-1,419,969	3,758,807
17	1700 MEDICAL RECORDS & LIBRARY	-12,865	1,406,805
18	1800 SOCIAL SERVICE		155
23	2300 I&R SERVICES-OTHER PRGM COSTS APPRVD		757,542
24	2400 PARAMED ED PRGM		
24.01	2401 PARAMED ED PRGM - LAB	-37,242	127,512
24.02	2402 PARAMED ED PRGM - RADIOLOGY		115,496
24.03	2403 PARAMED ED PRGM - RESP THER		73,309
24.04	2404 PARAMED ED PRGM-PHARMACY		500,354
25	2500 ADULTS & PEDIATRICS	-1,959,288	13,171,150
26	2600 INTENSIVE CARE UNIT	-1,144	2,911,403
30	2040 NEWBORN INTENSIVE CARE UNIT		1,945,425
31	3100 SUBPROVIDER	-8,707,210	3,749,519
33	3300 NURSERY		1,045,358
34	3400 SKILLED NURSING FACILITY		
	ANCILLARY SRVC COST CNTRS		
37	3700 OPERATING ROOM	-630,895	2,036,648
37.01	3701 OPEN HEART SURGERY	-28,188	340,555
37.02	3702 OUTPATIENT SURGERY		1,289,141
38	3800 RECOVERY ROOM		450,167
40	4000 ANESTHESIOLOGY	-4,459,190	1,362,235
41	4100 RADIOLOGY-DIAGNOSTIC	-76,255	1,595,240
41.01	4101 RADIOLOGY SPECIAL PROCEDURES		1,762,389
41.02	3630 ULTRASOUND	-7,347	674,211
42	4200 RADIOLOGY-THERAPEUTIC		
42.01	4201 COMPUTED TOMOGRAPHY	-87,247	888,187
44	4400 LABORATORY	-1,690,008	5,664,551
47	4700 BLOOD STORING, PROCESSING & TRANS.	-81	1,243,720
47.01	3450 NUCLEAR MEDICINE		594,997
49	4900 RESPIRATORY THERAPY	-32,302	1,777,748
50	5000 PHYSICAL THERAPY	-3,744	1,617,724
51	5100 OCCUPATIONAL THERAPY		888,375
52	5200 SPEECH PATHOLOGY		467,937
53	5300 ELECTROCARDIOLOGY	-151,992	482,985
54	5400 ELECTROENCEPHALOGRAPHY	-98	263,772
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS		6,342,734
56	5600 DRUGS CHARGED TO PATIENTS		4,601,663
59	3020 PAIN CLINIC		1,547
59.01	3021 ORTHOPEDICS	-147,362	148,659
59.02	3022 CARDIOVASCULAR SERVICES	-78,022	1,129,280
59.03	3023 CARDIAC REHAB	-2,548	403,067
59.04	3024 RADIATION ONCOLOGY	-310	900,789
59.05	3025 MRI	-9,209	249,838
59.06	3026 BARIATRIC CENTER		89
59.07	3027 PSYCH ACTIVITY THERAPY	-973,895	314,051
59.08	3028 WOUND CARE	-16,531	493,261
59.09	3029 RENAL DIALYSIS		774,455
60	6000 OUTPAT SERVICE COST CNTRS		
	CLINIC		
60.01	6001 OCC HEALTH CLINIC	-87,279	-88,991
61	6100 EMERGENCY	-4,391,743	4,236,520
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)		
	OTHER REIMBURS COST CNTRS		
71	7100 HOME HEALTH AGENCY	-75,000	3,014,031
	SPEC PURPOSE COST CENTERS		
88	8800 INTEREST EXPENSE	-5,208,586	-0-
90	9000 OTHER CAPITAL RELATED COSTS		-0-
95	SUBTOTALS	-31,576,496	149,379,489
	NONREIMBURS COST CENTERS		
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN		131,721
96.01	9601 CONVENT		9,846
96.02	9602 HOME MEDICAL EQUIPMENT		
96.03	9603 MEDICAL ARTS BUILDING		110,952
96.04	9604 WOMEN'S HEALTH CENTER		90,797
96.05	9605 DEVELOPMENT		
96.06	9606 NEUROSURGERY PROF SERVICES		

RECLASSIFICATION AND ADJUSTMENT OF  
TRIAL BALANCE OF EXPENSES

PROVIDER NO: 15-0004  
PERIOD: FROM 1/1/2010 TO 12/31/2010  
PREPARED 5/25/2011  
WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS 6	NET EXPENSES FOR ALLOC 7
	NONREIMBURS COST CENTERS		
96.07	9607 IMAGE RECOVERY		26
96.08	9608 FAMILY SERVICES		913,954
96.09	9609 MDWISE		5,155,626
96.10	9610 CATHERINE MCAULEY CLINIC		364,461
96.11	9611 CENTER OF HOPE		5,113
96.12	9612 SELECT		
96.13	9613 PERCINIAS		
98	9800 PHYSICIANS' PRIVATE OFFICES		4,608,119
98.01	9801 WORKING WELL		358,650
99	9900 NONPAID WORKERS		
100.01	7951 REHAB		
101	TOTAL	-31,576,496	161,128,754

COST CENTERS USED IN COST REPORT

LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
	GENERAL SERVICE COST		
1	OLD CAP REL COSTS-BLDG & FIXT	0100	
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	COMMUNICATIONS	1160	COMMUNICATIONS
6.02	DATA PROCESSING	0620	DATA PROCESSING
6.03	PURCHASING, RECEIVING AND STORES	0630	PURCHASING, RECEIVING AND STORES
6.04	ADMINISTRATIVE	0640	ADMINISTRATIVE
6.05	OTHER ADMINISTRATIVE AND GENERAL	0661	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	
23	I&R SERVICES-OTHER PRGM COSTS APPRVD	2300	
24	PARAMED PRGM	2400	
24.01	PARAMED PRGM - LAB	2401	PARAMED PRGM
24.02	PARAMED PRGM - RADIOLOGY	2402	PARAMED PRGM
24.03	PARAMED PRGM - RESP THER	2403	PARAMED PRGM
24.04	PARAMED PRGM-PHARMACY	2404	PARAMED PRGM
	INPAT ROUTINE SRVC C		
25	ADULTS & PEDIATRICS	2500	
26	INTENSIVE CARE UNIT	2600	
30	NEWBORN INTENSIVE CARE UNIT	2040	DETOXIFICATION INTENSIVE CARE UNIT
31	SUBPROVIDER	3100	
33	NURSERY	3300	
34	SKILLED NURSING FACILITY	3400	
	ANCILLARY SRVC COST		
37	OPERATING ROOM	3700	
37.01	OPEN HEART SURGERY	3701	OPERATING ROOM
37.02	OUTPATIENT SURGERY	3702	OPERATING ROOM
38	RECOVERY ROOM	3800	
40	ANESTHESIOLOGY	4000	
41	RADIOLOGY-DIAGNOSTIC	4100	
41.01	RADIOLOGY SPECIAL PROCEDURES	4101	RADIOLOGY-DIAGNOSTIC
41.02	ULTRASOUND	3630	ULTRASOUND
42	RADIOLOGY-THERAPEUTIC	4200	
42.01	COMPUTED TOMOGRAPHY	4201	RADIOLOGY-THERAPEUTIC
44	LABORATORY	4400	
47	BLOOD STORING, PROCESSING & TRANS.	4700	
47.01	NUCLEAR MEDICINE	3450	NUCLEAR MEDICINE-DIAGNOSTIC
49	RESPIRATORY THERAPY	4900	
50	PHYSICAL THERAPY	5000	
51	OCCUPATIONAL THERAPY	5100	
52	SPEECH PATHOLOGY	5200	
53	ELECTROCARDIOLOGY	5300	
54	ELECTROENCEPHALOGRAPHY	5400	
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	5500	
56	DRUGS CHARGED TO PATIENTS	5600	
59	PAIN CLINIC	3020	ACUPUNCTURE
59.01	ORTHOPEDECS	3021	ACUPUNCTURE
59.02	CARDIOVASCULAR SERVICES	3022	ACUPUNCTURE
59.03	CARDIAC REHAB	3023	ACUPUNCTURE
59.04	RADIATION ONCOLOGY	3024	ACUPUNCTURE
59.05	MRI	3025	ACUPUNCTURE
59.06	BARIATRIC CENTER	3026	ACUPUNCTURE
59.07	PSYCH ACTIVITY THERAPY	3027	ACUPUNCTURE
59.08	WOUND CARE	3028	ACUPUNCTURE
59.09	RENAL DIALYSIS	3029	ACUPUNCTURE
	OUTPAT SERVICE COST		
60	CLINIC	6000	
60.01	OCC HEALTH CLINIC	6001	CLINIC
61	EMERGENCY	6100	
62	OBSERVATION BEDS (NON-DISTINCT PART)	6200	
	OTHER REIMBURS COST		
71	HOME HEALTH AGENCY	7100	
	SPEC PURPOSE COST CE		
88	INTEREST EXPENSE	8800	
90	OTHER CAPITAL RELATED COSTS	9000	
95	SUBTOTALS	0000	
	NONREIMBURS COST CEN		
96	GIFT, FLOWER, COFFEE SHOP & CANTEEN	9600	
96.01	CONVENT	9601	GIFT, FLOWER, COFFEE SHOP & CANTEEN
96.02	HOME MEDICAL EQUIPMENT	9602	GIFT, FLOWER, COFFEE SHOP & CANTEEN
96.03	MEDICAL ARTS BUILDING	9603	GIFT, FLOWER, COFFEE SHOP & CANTEEN
96.04	WOMEN'S HEALTH CENTER	9604	GIFT, FLOWER, COFFEE SHOP & CANTEEN
96.05	DEVELOPMENT	9605	GIFT, FLOWER, COFFEE SHOP & CANTEEN
96.06	NEUROSURGERY PROF SERVICES	9606	GIFT, FLOWER, COFFEE SHOP & CANTEEN
96.07	IMAGE RECOVERY	9607	GIFT, FLOWER, COFFEE SHOP & CANTEEN

COST CENTERS USED IN COST REPORT

I PROVIDER NO: I PERIOD: I PREPARED 5/25/2011  
 I 15-0004 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
	NONREIMBURS COST CEN		
96.08	FAMILY SERVICES	9608	GIFT, FLOWER, COFFEE SHOP & CANTEEN
96.09	MDWISE	9609	GIFT, FLOWER, COFFEE SHOP & CANTEEN
96.10	CATHERINE MCAULEY CLINIC	9610	GIFT, FLOWER, COFFEE SHOP & CANTEEN
96.11	CENTER OF HOPE	9611	GIFT, FLOWER, COFFEE SHOP & CANTEEN
96.12	SELECT	9612	GIFT, FLOWER, COFFEE SHOP & CANTEEN
96.13	PERCINI AS	9613	GIFT, FLOWER, COFFEE SHOP & CANTEEN
98	PHYSICIANS' PRIVATE OFFICES	9800	
98.01	WORKING WELL	9801	PHYSICIANS' PRIVATE OFFICES
99	NONPAID WORKERS	9900	
100.01	REHAB	7951	OTHER NONREIMBURSABLE COST CENTERS
101	TOTAL	0000	

RECLASSIFICATIONS

PROVIDER NO:  
150004

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

PREPARED 5/25/2011  
WORKSHEET A-6

----- INCREASE -----					
EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER	LINE NO	SALARY	OTHER
	1	2	3	4	5
1 CAPTIAL	A	OLD CAP REL COSTS-MVBLE EQUIP	2		8,929
2		NEW CAP REL COSTS-BLDG & FIXT	3		2,867,083
3		NEW CAP REL COSTS-MVBLE EQUIP	4		3,774,324
4 INTEREST EXPENSE	B	OLD CAP REL COSTS-BLDG & FIXT	1		79,664
5 DIETARY	C	CAFETERIA	12	500,657	999,643
6 INSURANCE	D	OLD CAP REL COSTS-BLDG & FIXT	1		171,336
7		OTHER ADMINISTRATIVE AND GENERAL	6.05		2,367,677
8 MEDICAL SUPPLIES	E	MEDICAL SUPPLIES CHARGED TO PATIENTS	55		6,342,734
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					
27					
28					
29					
30					
31					
32					
33					
34					
35					
1 MEDICAL SUPPLIES	E				
2					
3 PHARMACY	F	DRUGS CHARGED TO PATIENTS	56	143,802	4,457,861
4		BLOOD STORING, PROCESSING & TRANS.	47		191,736
5 RADIOLOGY ADMINISTRATION	G	ULTRASOUND	41.02	38,800	
6		COMPUTED TOMOGRAPHY	42.01	49,200	
7		RADIOLOGY SPECIAL PROCEDURES	41.01	10,909	
8		NUCLEAR MEDICINE	47.01	5,095	
9		MRI	59.05	6,596	
10 PROFESSIONAL SUPPORT SERVICES	H	RESPIRATORY THERAPY	49	172,163	1,245
11		OCCUPATIONAL THERAPY	51	27,820	201
12		SPEECH PATHOLOGY	52	13,107	95
13		CARDIAC REHAB	59.03	17,605	127
14 INTERNS AND RESIDENTS	I	I&R SERVICES-OTHER PRGM COSTS APPRVD	23		752,167
15					
16 RENT	J	OLD CAP REL COSTS-BLDG & FIXT	1		18,250
17 PARAMED ED	K	PARAMED ED PRGM - LAB	24.01		80,278
18		PARAMED ED PRGM - RADIOLOGY	24.02	50,849	
19		PARAMED ED PRGM - RESP THER	24.03	10,528	
20 NURSERY	L	NURSERY	33	816,486	228,872
21 RENAL DIALYSIS	M	RENAL DIALYSIS	59.09	558,873	215,582
22 THERAPY	N	OCCUPATIONAL THERAPY	51	539,684	320,670
23		SPEECH PATHOLOGY	52	249,571	205,164
24 PARAMED ED - PHARMACY	O	PARAMED ED PRGM-PHARMACY	24.04		143,751
36 TOTAL RECLASSIFICATIONS				3,211,745	23,227,389

(1) A letter (A, B, etc) must be entered on each line to identify each reclassification entry.  
Transfer the amounts in columns 4, 5, 8, and 9 to Worksheet A, column 4, lines as appropriate.  
See instructions for column 10 referencing to Worksheet A-7, Part III, columns 9 through 14.

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER	DECREASE		SALARY	OTHER	A-7 REF
			LINE NO				
1 CAPTIAL	A	OLD CAP REL COSTS-BLDG & FIXT	1			6,650,336	9
2							9
3							9
4 INTEREST EXPENSE	B	INTEREST EXPENSE	88			79,664	10
5 DIETARY	C	DIETARY	11		500,657	999,643	
6 INSURANCE	D	INTEREST EXPENSE	88			2,539,013	12
7							12
8 MEDICAL SUPPLIES	E	EMPLOYEE BENEFITS	5			2,683	
9		CENTRAL SERVICES & SUPPLY	15			69,845	
10		PHARMACY	16			21,516	
11		ADULTS & PEDIATRICS	25			340,355	
12		INTENSIVE CARE UNIT	26			96,875	
13		NEWBORN INTENSIVE CARE UNIT	30			17,840	
14		OPERATING ROOM	37			2,691,873	
15		OPEN HEART SURGERY	37.01			317,092	
16		OUTPATIENT SURGERY	37.02			115,248	
17		RECOVERY ROOM	38			4,283	
18		ANESTHESIOLOGY	40			113,833	
19		RADIOLOGY-DIAGNOSTIC	41			2,892	
20		RADIOLOGY SPECIAL PROCEDURES	41.01			770,950	
21		ULTRASOUND	41.02			30,926	
22		COMPUTED TOMOGRAPHY	42.01			19,998	
23		LABORATORY	44			267	
24		NUCLEAR MEDICINE	47.01			2,424	
25		RESPIRATORY THERAPY	49			87,016	
26		PHYSICAL THERAPY	50			90,274	
27		ELECTROCARDIOLOGY	53			2,673	
28		ELECTROENCEPHALOGRAPHY	54			3,012	
29		PAIN CLINIC	59			1,505	
30		ORTHOPEDI CS	59.01			26,096	
31		CARDIOVASCULAR SERVICES	59.02			845,066	
32		CARDIAC REHAB	59.03			588	
33		RADIATION ONCOLOGY	59.04			1,937	
34		MRI	59.05			22,392	
35		WOUND CARE	59.08			95,624	
1 MEDICAL SUPPLIES	E	OCC HEALTH CLINIC	60.01			1,712	
2		EMERGENCY	61			545,939	
3 PHARMACY	F	PHARMACY	16		143,802	4,649,597	
4							
5 RADIOLOGY ADMINISTRATION	G	RADIOLOGY-DIAGNOSTIC	41		110,600		
6							
7							
8							
9							
10 PROFESSIONAL SUPPORT SERVICES	H	PHYSICAL THERAPY	50		230,695	1,668	
11							
12							
13							
14 INTERNS AND RESIDENTS	I	EMERGENCY	61			606,042	
15		ANESTHESIOLOGY	40			146,125	
16 RENT	J	INTEREST EXPENSE	88			18,250	10
17 PARAMED ED	K	LABORATORY	44			80,278	
18		RADIOLOGY-DIAGNOSTIC	41		50,849		
19		RESPIRATORY THERAPY	49		10,528		
20 NURSERY	L	ADULTS & PEDIATRICS	25		816,486	228,872	
21 RENAL DIALYSIS	M	ADULTS & PEDIATRICS	25		558,873	215,582	
22 THERAPY	N	PHYSICAL THERAPY	50		789,255	525,834	
23							
24 PARAMED ED - PHARMACY	O	PHARMACY	16			143,751	
36 TOTAL RECLASSIFICATIONS					3,211,745	23,227,389	

(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:  
150004

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

PREPARED 5/25/2011  
WORKSHEET A-6  
NOT A CMS WORKSHEET

RECLASS CODE: A  
EXPLANATION : CAPITAL

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	OLD CAP REL COSTS-MVBLE EQUIP	2	8,929	OLD CAP REL COSTS-BLDG & FIXT	1	6,650,336	
2.00	NEW CAP REL COSTS-BLDG & FIXT	3	2,867,083			0	
3.00	NEW CAP REL COSTS-MVBLE EQUIP	4	3,774,324			0	
TOTAL RECLASSIFICATIONS FOR CODE A			6,650,336			6,650,336	

RECLASS CODE: B  
EXPLANATION : INTEREST EXPENSE

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	OLD CAP REL COSTS-BLDG & FIXT	1	79,664	INTEREST EXPENSE	88	79,664	
TOTAL RECLASSIFICATIONS FOR CODE B			79,664			79,664	

RECLASS CODE: C  
EXPLANATION : DIETARY

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	CAFETERIA	12	1,500,300	DIETARY	11	1,500,300	
TOTAL RECLASSIFICATIONS FOR CODE C			1,500,300			1,500,300	

RECLASS CODE: D  
EXPLANATION : INSURANCE

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	OLD CAP REL COSTS-BLDG & FIXT	1	171,336	INTEREST EXPENSE	88	2,539,013	
2.00	OTHER ADMINISTRATIVE AND GENER	6.05	2,367,677			0	
TOTAL RECLASSIFICATIONS FOR CODE D			2,539,013			2,539,013	

RECLASS CODE: E  
EXPLANATION : MEDICAL SUPPLIES

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	MEDICAL SUPPLIES CHARGED TO PA	55	6,342,734	EMPLOYEE BENEFITS	5	2,683	
2.00			0	CENTRAL SERVICES & SUPPLY	15	69,845	
3.00			0	PHARMACY	16	21,516	
4.00			0	ADULTS & PEDIATRICS	25	340,355	
5.00			0	INTENSIVE CARE UNIT	26	96,875	
6.00			0	NEWBORN INTENSIVE CARE UNIT	30	17,840	
7.00			0	OPERATING ROOM	37	2,691,873	
8.00			0	OPEN HEART SURGERY	37.01	317,092	
9.00			0	OUTPATIENT SURGERY	37.02	115,248	
10.00			0	RECOVERY ROOM	38	4,283	
11.00			0	ANESTHESIOLOGY	40	113,833	
12.00			0	RADIOLOGY-DIAGNOSTIC	41	2,892	
13.00			0	RADIOLOGY SPECIAL PROCEDURES	41.01	770,950	
14.00			0	ULTRASOUND	41.02	30,926	
15.00			0	COMPUTED TOMOGRAPHY	42.01	19,998	
16.00			0	LABORATORY	44	267	
17.00			0	NUCLEAR MEDICINE	47.01	2,424	
18.00			0	RESPIRATORY THERAPY	49	87,016	
19.00			0	PHYSICAL THERAPY	50	90,274	
20.00			0	ELECTROCARDIOLOGY	53	2,673	
21.00			0	ELECTROENCEPHALOGRAPHY	54	3,012	
22.00			0	PAIN CLINIC	59	1,505	
23.00			0	ORTHOPEDICS	59.01	26,096	
24.00			0	CARDIOVASCULAR SERVICES	59.02	845,066	
25.00			0	CARDIAC REHAB	59.03	588	
26.00			0	RADIATION ONCOLOGY	59.04	1,937	
27.00			0	MRI	59.05	22,392	
28.00			0	WOUND CARE	59.08	95,624	
29.00			0	OCC HEALTH CLINIC	60.01	1,712	
30.00			0	EMERGENCY	61	545,939	
TOTAL RECLASSIFICATIONS FOR CODE E			6,342,734			6,342,734	

RECLASS CODE: F  
EXPLANATION : PHARMACY

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	DRUGS CHARGED TO PATIENTS	56	4,601,663	PHARMACY	16	4,793,399	

RECLASSIFICATIONS

PROVIDER NO:  
150004

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

PREPARED 5/25/2011  
WORKSHEET A-6  
NOT A CMS WORKSHEET

RECLASS CODE: F  
EXPLANATION : PHARMACY

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
2.00	BLOOD STORING, PROCESSING & TR	47	191,736				0
TOTAL RECLASSIFICATIONS FOR CODE F			4,793,399				4,793,399

RECLASS CODE: G  
EXPLANATION : RADIOLOGY ADMINISTRATION

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	ULTRASOUND	41.02	38,800	RADIOLOGY-DIAGNOSTIC	41	110,600	
2.00	COMPUTED TOMOGRAPHY	42.01	49,200				0
3.00	RADIOLOGY SPECIAL PROCEDURES	41.01	10,909				0
4.00	NUCLEAR MEDICINE	47.01	5,095				0
5.00	MRI	59.05	6,596				0
TOTAL RECLASSIFICATIONS FOR CODE G			110,600				110,600

RECLASS CODE: H  
EXPLANATION : PROFESSIONAL SUPPORT SERVICES

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	RESPIRATORY THERAPY	49	173,408	PHYSICAL THERAPY	50	232,363	
2.00	OCCUPATIONAL THERAPY	51	28,021				0
3.00	SPEECH PATHOLOGY	52	13,202				0
4.00	CARDIAC REHAB	59.03	17,732				0
TOTAL RECLASSIFICATIONS FOR CODE H			232,363				232,363

RECLASS CODE: I  
EXPLANATION : INTERNS AND RESIDENTS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	I&R SERVICES-OTHER PRGM COSTS	23	752,167	EMERGENCY	61	606,042	
2.00			0	ANESTHESIOLOGY	40	146,125	
TOTAL RECLASSIFICATIONS FOR CODE I			752,167				752,167

RECLASS CODE: J  
EXPLANATION : RENT

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	OLD CAP REL COSTS-BLDG & FIXT	1	18,250	INTEREST EXPENSE	88	18,250	
TOTAL RECLASSIFICATIONS FOR CODE J			18,250				18,250

RECLASS CODE: K  
EXPLANATION : PARAMED ED

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	PARAMED ED PRGM - LAB	24.01	80,278	LABORATORY	44	80,278	
2.00	PARAMED ED PRGM - RADIOLOGY	24.02	50,849	RADIOLOGY-DIAGNOSTIC	41	50,849	
3.00	PARAMED ED PRGM - RESP THER	24.03	10,528	RESPIRATORY THERAPY	49	10,528	
TOTAL RECLASSIFICATIONS FOR CODE K			141,655				141,655

RECLASS CODE: L  
EXPLANATION : NURSERY

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NURSERY	33	1,045,358	ADULTS & PEDIATRICS	25	1,045,358	
TOTAL RECLASSIFICATIONS FOR CODE L			1,045,358				1,045,358

RECLASS CODE: M  
EXPLANATION : RENAL DIALYSIS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	RENAL DIALYSIS	59.09	774,455	ADULTS & PEDIATRICS	25	774,455	
TOTAL RECLASSIFICATIONS FOR CODE M			774,455				774,455

RECLASSIFICATIONS

PROVIDER NO:  
150004

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

PREPARED 5/25/2011  
WORKSHEET A-6  
NOT A CMS WORKSHEET

RECLASS CODE: N  
EXPLANATION : THERAPY

----- INCREASE -----			----- DECREASE -----		
LINE	COST CENTER	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	OCCUPATIONAL THERAPY	860,354	PHYSICAL THERAPY	50	1,315,089
2.00	SPEECH PATHOLOGY	454,735			0
TOTAL RECLASSIFICATIONS FOR CODE N		1,315,089			1,315,089

RECLASS CODE: O  
EXPLANATION : PARAMED ED - PHARMACY

----- INCREASE -----			----- DECREASE -----		
LINE	COST CENTER	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	PARAMED ED PRGM-PHARMACY	143,751	PHARMACY	16	143,751
TOTAL RECLASSIFICATIONS FOR CODE O		143,751			143,751

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING	PURCHASES	ACQUISITIONS		TOTAL	DISPOSALS AND RETIREMENTS	ENDING BALANCE	FULLY DEPRECIATED ASSETS
	BALANCES		DONATION					
	1	2	3	4	5	6	7	
1 LAND	4,036,392						4,036,392	
2 LAND IMPROVEMENTS	2,007,008						2,007,008	
3 BUILDINGS & FIXTURE	37,521,962						37,521,962	
4 BUILDING IMPROVEMEN								
5 FIXED EQUIPMENT	42,320,305						42,320,305	
6 MOVABLE EQUIPMENT	964,379					472,575	491,804	
7 SUBTOTAL	86,850,046					472,575	86,377,471	
8 RECONCILING ITEMS								
9 TOTAL	86,850,046					472,575	86,377,471	

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING	PURCHASES	ACQUISITIONS		TOTAL	DISPOSALS AND RETIREMENTS	ENDING BALANCE	FULLY DEPRECIATED ASSETS
	BALANCES		DONATION					
	1	2	3	4	5	6	7	
1 LAND	1,486,544						1,486,544	
2 LAND IMPROVEMENTS	1,311,116	128,537		128,537			1,439,653	
3 BUILDINGS & FIXTURE	7,057,249	23,830		23,830			7,081,079	
4 BUILDING IMPROVEMEN								
5 FIXED EQUIPMENT	52,323,426	1,648,132		1,648,132			53,971,558	
6 MOVABLE EQUIPMENT	47,831,462					2,507,329	45,324,133	
7 SUBTOTAL	110,009,797	1,800,499		1,800,499		2,507,329	109,302,967	
8 RECONCILING ITEMS								
9 TOTAL	110,009,797	1,800,499		1,800,499		2,507,329	109,302,967	



DESCRIPTION (1)	(2) BASIS/CODE	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST. A-7 REF. 5
			COST CENTER	LINE NO	
	1	2	3	4	
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	B	-605,734	INTEREST EXPENSE	88	
6 TRADE, QUANTITY AND TIME DISCOUNTS					
7 REFUNDS AND REBATES OF EXPENSES	B	-515,512	CENTRAL SERVICES & SUPPLY	15	
8 RENTAL OF PRVIDER SPACE BY SUPPLIERS	B	-24,991	OLD CAP REL COSTS-BLDG &	1	10
9 TELEPHONE SERVICES	B	-30,801	COMMUNICATIONS	6.01	
10 TELEVISION AND RADIO SERVICE					
11 PARKING LOT					
12 PROVIDER BASED PHYSICIAN ADJUSTMENT	A-8-2	-11,316,222			
13 SALE OF SCRAP, WASTE, ETC.	B	-9,982	RADIOLOGY-DIAGNOSTIC	41	
14 RELATED ORGANIZATION TRANSACTIONS	A-8-1	-5,805,481			
15 LAUNDRY AND LINEN SERVICE	B	-2,721,828	LAUNDRY & LINEN SERVICE	9	
16 CAFETERIA--EMPLOYEES AND GUESTS	B	-756,727	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	-12,865	MEDICAL RECORDS & LIBRARY	17	
21 NURSG SCHOOL(TUITN, FEES, BOOKS, ETC.)					
22 VENDING MACHINES	B	-24,293	OTHER ADMINISTRATIVE AND	6.05	
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			**COST CENTER DELETED**	20	
34 PHYSICIANS' ASSISTANT					
35 ADJUSTMENT FOR OCCUPATIONAL THERAPY	A-8-4		OCCUPATIONAL THERAPY	51	
36 ADJUSTMENT FOR SPEECH PATHOLOGY	A-8-4		SPEECH PATHOLOGY	52	
37 SELECT MEALS	B	-232,630	DIETARY	11	
38 WELLNESS CENTER REVENUE	B	-12,073	EMPLOYEE BENEFITS	5	
39 DIETARY SUPPLEMENTS	B	-502,976	DIETARY	11	
40 CATERING	B	-1,839	CAFETERIA	12	
41 PHYSICIAN APPLICATION FEES	B	-28,800	OTHER ADMINISTRATIVE AND	6.05	
42 CARDIAC DIETETIC INSTRUCTION	B	-8,045	CAFETERIA	12	
43 MISCELLANEOUS INCOME	B	-7,892	CARDIOVASCULAR SERVICES	59.02	
44 RENTAL INCOME	B	-15,813	CARDIOVASCULAR SERVICES	59.02	
45 MISCELLANEOUS INCOME	B	-310	RADIATION ONCOLOGY	59.04	
46 LOBBYING EXPENSE	A	-59,423	OTHER ADMINISTRATIVE AND	6.05	
47 LIFELINE	B	-82,761	OTHER ADMINISTRATIVE AND	6.05	
48 PROGRAM FEES	B	-40,821	NURSING ADMINISTRATION	14	
49 PROGRAM FEES	B	-37,242	PARAMED PRGM - LAB	24.01	
49.01 UNNECESSARY BORROWING	A	-1,200,589	INTEREST EXPENSE	88	
49.02 SHARED SERVICES - HR	A	-318,602	EMPLOYEE BENEFITS	5	
49.03 SHARED SERVICES - RECEIVING	A	-226,598	PURCHASING, RECEIVING AND	6.03	
49.04 SHARED SERVICES - A&G	A	-3,727,700	OTHER ADMINISTRATIVE AND	6.05	
49.05 SHARED SERVICES - PR	A	1,062,030	OTHER ADMINISTRATIVE AND	6.05	
49.06 MISCELLANEOUS INCOME	B	-21,000	ADULTS & PEDIATRICS	25	
49.07 RENTAL INCOME	B	-75,000	HOME HEALTH AGENCY	71	
49.08 MISCELLANEOUS INCOME	A	-6,326	OTHER ADMINISTRATIVE AND	6.05	
49.09 DONATIONS EXPENSE	B	-29,312	RADIOLOGY-DIAGNOSTIC	41	
49.10 RENTAL INCOME	A	-234,400	OLD CAP REL COSTS-BLDG &	1	14
49.11 PRESCRIPTION DRUG	B	-21,238	MAINTENANCE & REPAIRS	7	
49.12 GOODWILL OFFSET	A	-959	SUBPROVIDER	31	
49.13 SELECT CLINICAL ENGINEERING	A	-3,723	WOUND CARE	59.08	
49.14 ADVERTISING EXPENSE	B	-3,170	RADIOLOGY-DIAGNOSTIC	41	
49.15 PENSION EXPENSE	A	-3,826,349	EMPLOYEE BENEFITS	5	
49.16 PATIENT INTEREST	B	-88,499	OTHER ADMINISTRATIVE AND	6.05	
50 TOTAL (SUM OF LINES 1 THRU 49)		-31,576,496			

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

(2) Basis for adjustment (see instructions).

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

B. Amount Received - if cost cannot be determined.

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

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

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

LINE NO.	COST CENTER	EXPENSE ITEMS	AMOUNT OF ALLOWABLE COST	AMOUNT	NET* ADJUSTMENTS	WKSHT A-7 COL. REF.
1	2	3	4	5	6	
1	1	OLD CAP REL COSTS-BLDG & ALLOWABLE OLD CAPITAL COS	5,523		5,523	14
2	3	NEW CAP REL COSTS-BLDG & ALLOWABLE NEW CAPITAL COS	1,666,337		1,666,337	14
3	6 2	DATA PROCESSING		8,973,404	-8,973,404	
4	6 5	OTHER ADMINISTRATIVE AND ADMINSTRATIVE & GENERAL	8,599,473	6,040,836	2,558,637	
4.01	16	PHARMACY		516,294	-131,622	
4.02	88	INTEREST EXPENSE	1,642,823	5,045,086	-3,402,263	
4.03	6 2	DATA PROCESSING			15,961,932	
4.04	11	DIETARY			624	
4.05	15	CENTRAL SERVICES & SUPPLY	18,797	74,821	-56,024	
4.06	16	PHARMACY	305,296	1,587,643	-1,282,347	
4.07	26	INTENSIVE CARE UNIT		1,144	-1,144	
4.08	31	SUBPROVIDER		1,942	-1,942	
4.09	31	SUBPROVIDER		3,348,540	-3,348,540	
4.10	31	SUBPROVIDER		6,625,914	-6,625,914	
4.11	41	RADIOLOGY-DIAGNOSTIC	5,497	39,288	-33,791	
4.12	41 2	ULTRASOUND	457	3,264	-2,807	
4.13	41 2	ULTRASOUND	738	5,278	-4,540	
4.14	42 1	COMPUTED TOMOGRAPHY	41,407	128,654	-87,247	
4.15	44	LABORATORY	20	133	-113	
4.16	44	LABORATORY	882	5,939	-5,057	
4.17	44	LABORATORY	2,810	18,921	-16,111	
4.18	44	LABORATORY	46,907	315,891	-268,984	
4.19	44	LABORATORY	244,093	1,643,836	-1,399,743	
4.20	47	BLOOD STORING, PROCESSING	41	122	-81	
4.21	49	RESPIRATORY THERAPY	9,187	33,533	-24,346	
4.22	50	PHYSICAL THERAPY	2,251	5,995	-3,744	
4.23	53	ELECTROCARDIOLOGY	57,358	209,350	-151,992	
4.24	59 3	CARDIAC REHAB	1,532	4,080	-2,548	
4.25	59 5	MRI	1,498	10,707	-9,209	
4.26	59 7	PSYCH ACTIVITY THERAPY	314,051	1,287,946	-973,895	
4.27	61	EMERGENCY	148,344	608,367	-460,023	
4.28	31	SUBPROVIDER	1,270,145		1,270,145	
5		TOTALS	14,901,761	20,707,242	-5,805,481	

\* 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	FRANCISCAN ALLIANCE - HAM	100.00	FRANCISCAN ALLIANCE, INC	0.00
2			0.00		0.00
3			0.00		0.00
4			0.00		0.00
5			0.00		0.00

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

PROVIDER BASED PHYSICIAN ADJUSTMENTS

PROVIDER NO: 15-0004  
 PERIOD: FROM 1/1/2010 TO 12/31/2010  
 PREPARED: 5/25/2011  
 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 14	INFECTION PREVENTION AND	34,370		34,370	171,400	270	22,249	1,112
2 16	ANTI COAGULATION CLINIC	6,000	6,000		171,400			
3 25	IN HOUSE PHYSICIANS	1,909,038	1,909,038		136,700			
4 25	IN HOUSE PHYSICIANS	29,250	29,250		136,700			
5 37	SURGERY	630,895	630,895		204,100			
6 37 1	OPEN HEART SURGERY	73,620		73,620	204,100	463	45,432	2,272
7 40	ANESTHESIA PHYSICIANS	4,273,536	4,273,536		200,300			
8 40	ANESTHESIA PHYSICIANS	185,654	185,654		200,300			
9 49	RESPIRATORY CARE	14,960	3,440	11,520	171,400	85	7,004	350
10 54	SLEEP LAB	9,000		9,000	171,400	116	9,559	478
11 54	HYPERBARIC MEDICINE	510		510	171,400	5	412	21
12 59 1	SPI NE CLINIC	147,362	147,362		171,400			
13 59 2	CARDIOVASCULAR SERVICES	75,000		75,000	171,400	251	20,683	1,034
14 59 8	WOUND CARE PHYSICIANS	12,808	12,808		171,400			
15 59 8	WOUND CARE	3,810		3,810	171,400	152	12,525	626
16 60 1	OCCUPATIONAL HEALTH SERVI	87,279	87,279		171,400			
17 61	ER PHYSICIANS	3,792,585	3,792,585		171,400			
18 61	ER PHYSICIANS	139,135	139,135		171,400			
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
101	TOTAL	11,424,812	11,216,982	207,830		1,342	117,864	5,893

PROVIDER BASED PHYSICIAN ADJUSTMENTS

PROVIDER NO:  
15-0004

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

PREPARED 5/25/2011  
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 14	INFECTION PREVENTION AND					22,249	12,121	12,121
2 16	ANTI COAGULATION CLINIC							6,000
3 25	IN HOUSE PHYSICIANS							1,909,038
4 25	IN HOUSE PHYSICIANS							29,250
5 37	SURGERY							630,895
6 37 1	OPEN HEART SURGERY					45,432	28,188	28,188
7 40	ANESTHESIA PHYSICIANS							4,273,536
8 40	ANESTHESIA PHYSICIANS							185,654
9 49	RESPIRATORY CARE					7,004	4,516	7,956
10 54	SLEEP LAB					9,559		
11 54	HYPERBARIC MEDICINE					412	98	98
12 59 1	SPINE CLINIC							147,362
13 59 2	CARDIOVASCULAR SERVICES					20,683	54,317	54,317
14 59 8	WOUND CARE PHYSICIANS							12,808
15 59 8	WOUND CARE					12,525		
16 60 1	OCCUPATIONAL HEALTH SERVI							87,279
17 61	ER PHYSICIANS							3,792,585
18 61	ER PHYSICIANS							139,135
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
101	TOTAL					117,864	99,240	11,316,222

COST ALLOCATION STATISTICS

PROVIDER NO: 15-0004  
 PERIOD: FROM 1/1/2010 TO 12/31/2010  
 PREPARED 5/25/2011  
 NOT A CMS WORKSHEET

LINE NO.	COST CENTER DESCRIPTION	STATISTICS CODE	STATISTICS DESCRIPTION	
	GENERAL SERVICE COST			
1	OLD CAP REL COSTS-BLDG & FIXT	1	SQUARE FEET	ENTERED
2	OLD CAP REL COSTS-MVBLE EQUIP	2	DOLLAR VALUE	ENTERED
3	NEW CAP REL COSTS-BLDG & FIXT	1	SQUARE FEET	ENTERED
4	NEW CAP REL COSTS-MVBLE EQUIP	3	DOLLAR VALUE	ENTERED
5	EMPLOYEE BENEFITS	4	GROSS SALARIES	ENTERED
6.01	COMMUNICATIONS	5	NUMBER OF PHONES	ENTERED
6.02	DATA PROCESSING	6	ALLOC OF TIME	ENTERED
6.03	PURCHASING, RECEIVING AND STORES	7	COSTED REQUIS.	ENTERED
6.04	ADMITTING	8	GROSS CHARGES	ENTERED
6.05	OTHER ADMINISTRATIVE AND GENERAL	-9	ACCUM. COST	NOT ENTERED
7	MAINTENANCE & REPAIRS	10	SQUARE FEET	ENTERED
8	OPERATION OF PLANT	10	SQUARE FEET	ENTERED
9	LAUNDRY & LINEN SERVICE	11	POUNDS OF LAUNDRY	ENTERED
10	HOUSEKEEPING	10	SQUARE FEET	ENTERED
11	DIETARY	12	MEALS SERVED	ENTERED
12	CAFETERIA	13	PROD HOURS	ENTERED
14	NURSING ADMINISTRATION	14	DI RECT NRSING HRS	ENTERED
15	CENTRAL SERVICES & SUPPLY	15	COSTED REQUIS.	ENTERED
16	PHARMACY	16	COSTED REQUIS	ENTERED
17	MEDICAL RECORDS & LIBRARY	8	GROSS CHARGES	ENTERED
18	SOCIAL SERVICE	8	GROSS CHARGES	ENTERED
23	I&R SERVICES-OTHER PRGM COSTS APPRVD	17	ASSIGNED TIME	ENTERED
24	PARAMED ED PRGM	18	NO STATISTICS	ENTERED
24.01	PARAMED ED PRGM - LAB	19	ASSIGNED TIME	ENTERED
24.02	PARAMED ED PRGM - RADIOLOGY	20	ASSIGNED TIME	ENTERED
24.03	PARAMED ED PRGM - RESPTHER	21	ASSIGNED TIME	ENTERED
24.04	PARAMED ED PRGM-PHARMACY	22	NO STATISTICS	ENTERED

COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION	OLD CAP REL C OSTS-BLDG &	OLD CAP REL C OSTS-MVBLE E	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-MVBLE E	EMPLOYEE BENEFITS	COMMUNICATIONS
	0	1	2	3	4	5	6.01
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &	519,684	519,684					
003 OLD CAP REL COSTS-MVBLE E	8,929		8,929				
004 NEW CAP REL COSTS-BLDG &	4,533,420			4,533,420			
005 NEW CAP REL COSTS-MVBLE E	3,774,324				3,774,324		
006 EMPLOYEE BENEFITS	25,884,114	3,479		30,346	9,146	25,927,085	
006 01 COMMUNICATIONS	1,220,029	1,232		10,749	49,335	135,330	1,416,675
006 02 DATA PROCESSING	509,686	6,184		53,944	482,330	4,456	
006 03 PURCHASING, RECEIVING AND	369,870	1,570		13,698	7,099	119,699	18,667
006 04 ADMINISTRATION	1,098,500	3,584		31,268		363,795	56,667
006 05 OTHER ADMINISTRATIVE AND	18,148,525	22,290	25	194,442	90,458	1,445,132	164,668
007 MAINTENANCE & REPAIRS	3,498,866	32,730		285,517	24,855	484,055	91,334
008 OPERATION OF PLANT	3,280,939	23,328	2,511	203,498	37,060	116,450	40,000
009 LAUNDRY & LINEN SERVICE	-179,754	617	32	5,385	84,133	527,802	8,667
010 HOUSEKEEPING	1,989,799	9,007		78,569	9,553	550,765	9,333
011 DIETARY	752,207	7,465		65,121	82,702	169,411	18,000
012 CAFETERIA	733,689	7,403		64,578		170,833	
014 NURSING ADMINISTRATION	3,881,605	5,900		51,465	31,156	1,205,353	44,667
015 CENTRAL SERVICES & SUPPLY	3,870,647	8,738		76,227	154,299	144,895	26,667
016 PHARMACY	3,758,807	4,262		37,181	6,361	678,236	35,334
017 MEDICAL RECORDS & LIBRARY	1,406,805	15,517		135,363	2,372	427,006	11,333
018 SOCIAL SERVICE	155	920		8,028			
023 I&R SERVICES-OTHER PRGM C	757,542						
024 PARAMEDICAL PRGM							667
024 01 PARAMEDICAL PRGM - LAB	127,512					25,749	667
024 02 PARAMEDICAL PRGM - RADIOLO	115,496					39,281	667
024 03 PARAMEDICAL PRGM - RESP TH	73,309					24,499	667
024 04 PARAMEDICAL PRGM-PHARMACY	500,354					118,132	
025 INPATIENT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	13,171,150	109,033		951,155	374,187	4,710,969	209,999
026 INTENSIVE CARE UNIT	2,911,403	12,508		109,109	148,482	955,609	33,334
030 NEWBORN INTENSIVE CARE UN	1,945,425	3,251		28,361	69,237	644,133	8,667
031 SUBPROVIDER	3,749,519				55	811,472	
033 NURSERY	1,045,358					278,599	
034 SKILLED NURSING FACILITY							
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	2,036,648	29,955		261,312	532,014	498,068	78,000
037 01 OPEN HEART SURGERY	340,555				7,204	48,568	
037 02 OUTPATIENT SURGERY	1,289,141	22,882		199,605	90,028	376,320	30,667
038 RECOVERY ROOM	450,167				2,094	151,326	
040 ANESTHESIOLOGY	1,362,235				76,332	1,885,850	6,000
041 RADIOLOGY-DIAGNOSTIC	1,595,240	14,647		127,771	206,677	419,505	56,667
041 01 RADIOLOGY SPECIAL PROCEDU	1,762,389	2,539		22,147	5,839	149,033	4,000
041 02 ULTRASOUND	674,211	1,664		14,513	69,672	197,229	8,667
042 RADIOLOGY-THERAPEUTIC							
042 01 COMPUTED TOMOGRAPHY	888,187	1,702		14,848	4,723	176,043	
044 LABORATORY	5,664,551	11,364		99,131			30,667
047 BLOOD STORING, PROCESSING	1,243,720						30,000
047 01 NUCLEAR MEDICINE	594,997	2,250		19,626	125,626	96,469	8,667
049 RESPIRATORY THERAPY	1,777,748	4,514		39,381	116,994	566,304	18,000
050 PHYSICAL THERAPY	1,617,724	11,680		101,888	11,889	371,815	35,334
051 OCCUPATIONAL THERAPY	888,375	1,079		9,413	312	193,642	8,000
052 SPEECH PATHOLOGY	467,937	3,344		29,168	5,161	89,630	2,000
053 ELECTROCARDIOLOGY	482,985	1,879	6,348	16,391	55,719	126,110	9,333
054 ELECTROENCEPHALOGRAPHY	263,772	2,943		25,676	24,913	81,566	12,667
055 MEDICAL SUPPLIES CHARGED	6,342,734						
056 DRUGS CHARGED TO PATIENTS	4,601,663					49,068	
059 PAIN CLINIC	1,547	3,254		28,382	3,817	401	15,333
059 01 ORTHOPEDICS	148,659	757		6,606	870	93,646	
059 02 CARDIOVASCULAR SERVICES	1,129,280	6,668		58,165	382,511	296,055	50,667
059 03 CARDIAC REHAB	403,067	1,436		12,527	27,835	132,771	2,000
059 04 RADIATION ONCOLOGY	900,789	14,964		130,535	89,434	207,409	
059 05 MRI	249,838	3,277		28,582	91,860	38,342	
059 06 BARIATRIC CENTER	89		13		837		
059 07 PSYCH ACTIVITY THERAPY	314,051						
059 08 WOUND CARE	493,261	5,350		46,673	3,781	163,401	20,000
059 09 RENAL DIALYSIS	774,455	10,333		90,139		190,697	
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC							
060 01 OCC HEALTH CLINIC	-88,991						
061 EMERGENCY	4,236,520	12,766		111,366	51,077	2,406,173	69,334
062 OBSERVATION BEDS (NON-DIS							
071 OTHER REIMBURS COST CNTRS							
071 HOME HEALTH AGENCY	3,014,031	4,156		36,253	64,319	817,395	61,334
095 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	149,379,489	454,421	8,929	3,964,102	3,714,358	23,974,497	1,337,342
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP	131,721	3,639		31,746		13,761	3,333
096 01 CONVENT	9,846	9,293		81,069	281		22,000
096 02 HOME MEDICAL EQUIPMENT							
096 03 MEDICAL ARTS BUILDING	110,952				3,614	1,059	
096 04 WOMEN'S HEALTH CENTER	90,797	940		8,199		28,600	3,333
096 05 DEVELOPMENT							
096 06 NEUROSURGERY PROF SERVICE							
096 07 IMAGE RECOVERY	26				828		

COST CENTER DESCRIPTION		NET EXPENSES FOR COST ALLOCATION	OLD CAP REL C OSTS-BLDG & 0	1	OLD CAP REL C OSTS-MVBLE E 2	3	NEW CAP REL C OSTS-BLDG & 4	NEW CAP REL C OSTS-MVBLE E 5	EMPLOYEE BENE COMMUNICATIONS 6.01
NONREIMBURS COST CENTERS									
096	08 FAMILY SERVICES	913,954						8,317	265,589
096	09 MDWISE	5,155,626							36,445
096	10 CATHERINE MCAULEY CLINIC	364,461						1,956	94,454
096	11 CENTER OF HOPE	5,113		412		3,592			1,745
096	12 SELECT		32,302			281,781			
096	13 PERCINI AS								
098	PHYSICIANS' PRIVATE OFFIC	4,608,119		4,180		36,467		40,973	1,428,357
098	01 WORKING WELL	358,650							82,578
099	NONPAID WORKERS								
100	01 REHAB			14,497		126,464		3,997	
101	CROSS FOOT ADJUSTMENT								
102	NEGATIVE COST CENTER								
103	TOTAL	161,128,754	519,684		8,929	4,533,420	3,774,324	25,927,085	1,416,675

COST CENTER DESCRIPTION	DATA PROCESSING	PURCHASING, RECEIVING AND	R ADMINISTRATION	SUBTOTAL	OTHER ADMINISTRATIVE AND	MAINTENANCE & REPAIRS	OPERATION OF PLANT
	6.02	6.03	6.04	6a.04	6.05	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 COMMUNICATIONS							
006 02 DATA PROCESSING	1,056,600						
006 03 PURCHASING, RECEIVING AND	34,300	564,903					
006 04 ADMINISTRATION	74,925	614	1,629,353				
006 05 OTHER ADMINISTRATIVE AND	314,430	4		20,379,974	20,379,974		
007 MAINTENANCE & REPAIRS		9		4,417,366	639,215	5,056,581	
008 OPERATION OF PLANT		1		3,703,787	535,956		4,239,743
009 LAUNDRY & LINEN SERVICE		10,320		457,202	66,159		
010 HOUSEKEEPING		211		2,647,237	383,068		
011 DIETARY		231		1,095,137	158,472	90,056	75,509
012 CAFETERIA				976,503	141,305	90,056	75,509
014 NURSING ADMINISTRATION	12,253	5		5,232,404	757,155	71,470	59,925
015 CENTRAL SERVICES & SUPPLY		158,277		4,439,750	642,454	105,856	88,756
016 PHARMACY	69,558			4,589,739	664,158	51,634	43,293
017 MEDICAL RECORDS & LIBRARY	264,987	84		2,263,467	327,535	187,978	157,612
018 SOCIAL SERVICE				9,103	1,317	11,148	9,347
023 I&R SERVICES-OTHER PRGM C				757,542	109,620		
024 PARAMEDICAL PRGM				667	97		
024 01 PARAMEDICAL PRGM - LAB				153,928	22,274		
024 02 PARAMEDICAL PRGM - RADIOLO				155,444	22,494		
024 03 PARAMEDICAL PRGM - RESP TH				98,475	14,250		
024 04 PARAMEDICAL PRGM-PHARMACY				618,486	89,498		
025 INPATIENT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS		34,769	131,829	19,693,091	2,849,732	1,320,867	1,107,491
026 INTENSIVE CARE UNIT		8,384	27,986	4,206,815	608,747	151,519	127,043
030 NEWBORN INTENSIVE CARE UN		2,851	19,773	2,721,698	393,843	39,385	33,023
031 SUBPROVIDER		437	74,377	4,635,860	670,832		
033 NURSERY			5,423	1,329,380	192,368		
034 SKILLED NURSING FACILITY							
ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	22,226	150,868	51,256	3,660,347	529,671	362,884	304,264
037 01 OPEN HEART SURGERY		17,985	5,845	420,157	60,799		
037 02 OUTPATIENT SURGERY		12,068	15,455	2,036,166	294,643	277,191	232,414
038 RECOVERY ROOM		316	12,649	616,552	89,218		
040 ANESTHESIOLOGY		7,288	12,533	3,350,238	484,796		
041 RADIOLOGY-DIAGNOSTIC	61,013	876	50,482	2,532,878	366,520	177,435	148,772
041 01 RADIOLOGY SPECIAL PROCEDU		40,796	36,368	2,023,111	292,754	30,756	25,788
041 02 ULTRASOUND		2,184	37,229	1,005,369	145,482	20,154	16,898
042 RADIOLOGY-THERAPEUTIC							
042 01 COMPUTED TOMOGRAPHY		5,710	130,235	1,221,448	176,750	20,620	17,289
044 LABORATORY	141,402	16	194,833	6,141,964	888,773	137,663	115,425
047 BLOOD STORING, PROCESSING			17,498	1,291,218	186,846		
047 01 NUCLEAR MEDICINE		366	22,089	870,090	125,906	27,255	22,852
049 RESPIRATORY THERAPY		8,656	47,566	2,579,163	373,218	54,688	45,854
050 PHYSICAL THERAPY		2,884	18,936	2,172,150	314,321	141,492	118,635
051 OCCUPATIONAL THERAPY		1,276	9,958	1,112,055	160,920	13,072	10,960
052 SPEECH PATHOLOGY		675	4,691	602,606	87,200	40,506	33,962
053 ELECTROCARDIOLOGY		745	33,750	733,260	106,106	22,762	19,085
054 ELECTROENCEPHALOGRAPHY		388	6,587	418,512	60,561	35,656	29,896
055 MEDICAL SUPPLIES CHARGED			172,976	6,515,710	942,856		
056 DRUGS CHARGED TO PATIENTS			206,586	4,857,317	702,878		
059 PAIN CLINIC		74		52,808	7,642	39,415	33,048
059 01 ORTHOPEDICS		1,623	1,505	253,666	36,707	9,174	7,692
059 02 CARDIOVASCULAR SERVICES		44,609	54,267	2,022,222	292,626	80,773	67,725
059 03 CARDIAC REHAB		321	6,299	586,256	84,834	17,396	14,586
059 04 RADIATION ONCOLOGY		670	26,389	1,370,190	198,273	181,273	151,991
059 05 MRI		1,788	27,934	441,634	63,907	39,692	33,280
059 06 BARIATRIC CENTER				926	134		
059 07 PSYCH ACTIVITY THERAPY			4,765	318,816	46,134		
059 08 WOUND CARE		5,202	6,734	744,402	107,719	64,815	54,345
059 09 RENAL DIALYSIS			10,614	1,076,238	155,737	125,176	104,956
OUTPAT SERVICE COST CNTRS							
060 CLINIC							
060 01 OCC HEALTH CLINIC				-88,991			
061 EMERGENCY		36,965	143,936	7,068,137	1,022,795	154,653	129,671
062 OBSERVATION BEDS (NON-DIS							
071 HOME HEALTH AGENCY	61,506	4,357		4,063,351	587,987	50,344	42,212
095 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	1,056,600	564,903	1,629,353	146,653,021	18,285,262	4,244,814	3,559,108
NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP				184,200	26,655	11,237	9,422
096 01 CONVENT				122,489	17,725	115,863	97,147
096 02 HOME MEDICAL EQUIPMENT							
096 03 MEDICAL ARTS BUILDING				115,625	16,732	257,871	216,215
096 04 WOMEN'S HEALTH CENTER				131,869	19,082	11,951	10,021
096 05 DEVELOPMENT							
096 06 NEUROSURGERY PROF SERVICE							
096 07 IMAGE RECOVERY				854	124		

COST CENTER DESCRIPTION	DATA PROCESSING	PURCHASING, RECEIVING AND	ADMINISTRATIVE	SUBTOTAL	OTHER ADMINISTRATIVE	MAINTENANCE & REPAIRS	OPERATION OF PLANT
	6.02	6.03	6.04	6a.04	6.05	7	8
NONREIMBURS COST CENTERS							
096 08 FAMILY SERVICES				1,187,860	171,889		
096 09 MDWISE				5,192,071	751,319		
096 10 CATHERINE MCAULEY CLINIC				464,871	67,269	35,110	29,438
096 11 CENTER OF HOPE				10,862	1,572	5,395	4,524
096 12 SELECT				314,083	45,449		
096 13 PERCINI AS						124,562	104,440
098 PHYSICIANS' PRIVATE OFFICE				6,146,096	889,371	55,829	46,810
098 01 WORKING WELL				441,228	63,848		
099 NONPAID WORKERS							
100 01 REHAB				163,625	23,677	193,949	162,618
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	1,056,600	564,903	1,629,353	161,128,754	20,379,974	5,056,581	4,239,743



COST CENTER DESCRIPTION		LAUNDRY & LIN EN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	SERVICES	PHARMACY
		9	10	11	12	14	15		16
NONREIMBURS COST CENTERS									
096	08 FAMILY SERVICES				15,226				
096	09 MDWISE				3,355				
096	10 CATHERINE MCAULEY CLINIC		21,041		7,372				
096	11 CENTER OF HOPE		3,233		60				
096	12 SELECT								
096	13 PERCINI AS		74,647						
098	PHYSICIANS' PRIVATE OFFICE		33,457		42,533				
098	01 WORKING WELL				4,980				
099	NONPAID WORKERS								
100	01 REHAB	56,063	116,229	205,229	45,497				
101	CROSS FOOT ADJUSTMENT								
102	NEGATIVE COST CENTER								
103	TOTAL	523,361	3,030,305	1,473,143	1,337,342	6,240,245	5,478,912		5,424,241

COST CENTER DESCRIPTION	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	I&R SERVICES- OTHER PRGM C	PARAMED ED PR GM	PARAMED ED PR GM - LAB	PARAMED ED PR GM - RADIOLO	PARAMED ED PR GM - RESP TH
	17	18	23	24	24.01	24.02	24.03
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 COMMUNICATIONS							
006 02 DATA PROCESSING							
006 03 PURCHASING, RECEIVING AND							
006 04 ADMINISTRATION							
006 05 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	3,095,972						
018 SOCIAL SERVICE		37,596					
023 I&R SERVICES-OTHER PRGM C			867,162				
024 PARAMED ED PRGM				764			
024 01 PARAMED ED PRGM - LAB					177,707		
024 02 PARAMED ED PRGM - RADIOLO						179,458	
024 03 PARAMED ED PRGM - RESP TH							114,230
024 04 PARAMED ED PRGM-PHARMACY							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	250,511	3,029	8,586				
026 INTENSIVE CARE UNIT	53,182	643					
030 NEWBORN INTENSIVE CARE UN	37,574	454					
031 SUBPROVIDER	141,337	1,709					
033 NURSERY	10,304	125					
034 SKILLED NURSING FACILITY							
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	97,399	1,177					
037 01 OPEN HEART SURGERY	11,107	134					
037 02 OUTPATIENT SURGERY	29,369	355					
038 RECOVERY ROOM	24,037	291					
040 ANESTHESIOLOGY	23,817	288	171,715				
041 RADIOLOGY-DIAGNOSTIC	95,929	1,160				170,485	
041 01 RADIOLOGY SPECIAL PROCEDU	69,110	835				3,589	
041 02 ULTRASOUND	70,744	855				1,795	
042 RADIOLOGY-THERAPEUTIC							
042 01 COMPUTED TOMOGRAPHY	247,482	2,992				3,589	
044 LABORATORY	370,236	4,476			145,720		
047 BLOOD STORING, PROCESSING	33,251	402			28,433		
047 01 NUCLEAR MEDICINE	41,975	507			3,554		
049 RESPIRATORY THERAPY	90,388	1,093					114,230
050 PHYSICAL THERAPY	35,984	435					
051 OCCUPATIONAL THERAPY	18,923	229					
052 SPEECH PATHOLOGY	8,915	108					
053 ELECTROCARDIOLOGY	64,133	775					
054 ELECTROENCEPHALOGRAPHY	12,518	151					
055 MEDICAL SUPPLIES CHARGED	328,701	3,974					
056 DRUGS CHARGED TO PATIENTS	392,325	4,909		764			
059 PAIN CLINIC							
059 01 ORTHOPEDICS	2,860	35					
059 02 CARDIOVASCULAR SERVICES	103,122	1,247					
059 03 CARDIAC REHAB	11,969	145					
059 04 RADIATION ONCOLOGY	50,147	606					
059 05 MRI	53,083	642					
059 06 BARIATRIC CENTER							
059 07 PSYCH ACTIVITY THERAPY	9,056	109					
059 08 WOUND CARE	12,797	155					
059 09 RENAL DIALYSIS	20,169	244					
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC							
060 01 OCC HEALTH CLINIC							
061 EMERGENCY	273,518	3,307	686,861				
062 OBSERVATION BEDS (NON-DIS							
071 OTHER REIMBURS COST CNTRS							
071 HOME HEALTH AGENCY							
095 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	3,095,972	37,596	867,162	764	177,707	179,458	114,230
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP							
096 01 CONVENT							
096 02 HOME MEDICAL EQUIPMENT							
096 03 MEDICAL ARTS BUILDING							
096 04 WOMEN'S HEALTH CENTER							
096 05 DEVELOPMENT							
096 06 NEUROSURGERY PROF SERVICE							
096 07 IMAGE RECOVERY							

COST CENTER DESCRIPTION	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	I&R SERVICES- OTHER PRGM C	PARAMED ED PR GM	PARAMED ED PR GM - LAB	PARAMED ED PR GM - RADIOLO	PARAMED ED PR GM - RESP TH
NONREIMBURS COST CENTERS	17	18	23	24	24.01	24.02	24.03
096 08 FAMILY SERVICES							
096 09 MDWISE							
096 10 CATHERINE MCAULEY CLINIC							
096 11 CENTER OF HOPE							
096 12 SELECT							
096 13 PERCINI AS							
098 PHYSICIANS' PRIVATE OFFICE							
098 01 WORKING WELL							
099 NONPAID WORKERS							
100 01 REHAB							
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	3,095,972	37,596	867,162	764	177,707	179,458	114,230

COST CENTER DESCRIPTION	PARAMED PR GM-PHARMACY	24.04	PR SUBTOTAL 25	I&R COST POST STEP-DOWN ADJ 26	TOTAL 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 COMMUNICATIONS					
006 02 DATA PROCESSING					
006 03 PURCHASING, RECEIVING AND					
006 04 ADMINISTRATION					
006 05 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					
023 I&R SERVICES-OTHER PRGM C					
024 PARAMED PRGM					
024 01 PARAMED PRGM - LAB					
024 02 PARAMED PRGM - RADIOLO					
024 03 PARAMED PRGM - RESP TH					
024 04 PARAMED PRGM-PHARMACY	715,898				
025 INPAT ROUTINE SRVC CNTRS					
026 ADULTS & PEDIATRICS		31,479,063		-8,586	31,470,477
030 INTENSIVE CARE UNIT		6,135,175			6,135,175
031 NEWBORN INTENSIVE CARE UN		3,770,324			3,770,324
033 SUBPROVIDER		5,456,013			5,456,013
034 NURSERY		1,532,177			1,532,177
037 SKILLED NURSING FACILITY					
037 01 ANCI LLARY SRVC COST CNTRS					
037 02 OPERATING ROOM		5,719,804			5,719,804
037 03 OPEN HEART SURGERY		527,811			527,811
037 04 OUTPATIENT SURGERY		3,268,311			3,268,311
038 RECOVERY ROOM		826,093			826,093
040 ANESTHESIOLOGY		4,076,467		-171,715	3,904,752
041 RADIOLOGY-DIAGNOSTIC		3,653,008			3,653,008
041 01 RADIOLOGY SPECIAL PROCEDU		2,513,160			2,513,160
041 02 ULTRASOUND		1,289,896			1,289,896
042 RADIOLOGY-THERAPEUTIC					
042 01 COMPUTED TOMOGRAPHY		1,780,055			1,780,055
044 LABORATORY		7,886,778			7,886,778
047 BLOOD STORING, PROCESSING		1,540,150			1,540,150
047 01 NUCLEAR MEDICINE		1,328,353			1,328,353
049 RESPIRATORY THERAPY		3,346,246			3,346,246
050 PHYSICAL THERAPY		2,903,700			2,903,700
051 OCCUPATIONAL THERAPY		1,339,875			1,339,875
052 SPEECH PATHOLOGY		805,959			805,959
053 ELECTROCARDIOLOGY		980,325			980,325
054 ELECTROENCEPHALOGRAPHY		587,125			587,125
055 MEDICAL SUPPLIES CHARGED		12,413,771			12,413,771
056 DRUGS CHARGED TO PATIENTS	715,898	11,844,560			11,844,560
059 PAIN CLINIC		156,548			156,548
059 01 ORTHOPEDICS		352,177			352,177
059 02 CARDIOVASCULAR SERVICES		2,830,080			2,830,080
059 03 CARDIAC REHAB		821,089			821,089
059 04 RADIATION ONCOLOGY		2,080,459			2,080,459
059 05 MRI		668,511			668,511
059 06 BARIATRIC CENTER		1,060			1,060
059 07 PSYCH ACTIVITY THERAPY		374,115			374,115
059 08 WOUND CARE		1,046,911			1,046,911
059 09 RENAL DIALYSIS		1,557,536			1,557,536
060 OUTPAT SERVICE COST CNTRS					
060 01 CLINIC					
061 OCC HEALTH CLINIC		-88,991			-88,991
061 EMERGENCY		10,535,455		-686,861	9,848,594
062 OBSERVATION BEDS (NON-DIS					
071 OTHER REIMBURS COST CNTRS					
071 HOME HEALTH AGENCY		4,852,746			4,852,746
095 SPEC PURPOSE COST CENTERS					
095 SUBTOTALS	715,898	142,191,895		-867,162	141,324,733
096 NONREIMBURS COST CENTERS					
096 01 GIFT, FLOWER, COFFEE SHOP		240,580			240,580
096 02 CONVENT		422,659			422,659
096 03 HOME MEDICAL EQUIPMENT		196			196
096 04 MEDICAL ARTS BUILDING		761,070			761,070
096 05 WOMEN'S HEALTH CENTER		184,689			184,689
096 06 DEVELOPMENT					
096 07 NEUROSURGERY PROF SERVICE					
096 08 IMAGE RECOVERY		978			978

COST CENTER DESCRIPTION		PARAMED ED PR	SUBTOTAL	I & R COST POST STEP- DOWN ADJ	TOTAL
		24.04	25	26	27
NONREIMBURS COST CENTERS					
096	08 FAMILY SERVICES		1,374,975		1,374,975
096	09 MDWISE		5,946,745		5,946,745
096	10 CATHERINE MCAULEY CLINIC		625,101		625,101
096	11 CENTER OF HOPE		25,646		25,646
096	12 SELECT		359,532		359,532
096	13 PERCINI AS		303,649		303,649
098	PHYSICIANS' PRIVATE OFFIC		7,214,096		7,214,096
098	01 WORKING WELL		510,056		510,056
099	NONPAID WORKERS				
100	01 REHAB		966,887		966,887
101	CROSS FOOT ADJUSTMENT				
102	NEGATIVE COST CENTER				
103	TOTAL	715,898	161,128,754	-867,162	160,261,592

ALLOCATION OF OLD CAPITAL RELATED COSTS

PROVIDER NO: 15-0004  
 PERIOD: FROM 1/1/2010 TO 12/31/2010  
 PREPARED 5/25/2011  
 WORKSHEET B  
 PART II

COST CENTER DESCRIPTION	DIR ASSGND OLD CAPITAL REL COSTS	OLD CAP REL C OSTS-BLDG & 1	OLD CAP REL C OSTS-MVBLE E 2	NEW CAP REL C OSTS-BLDG & 3	NEW CAP REL C OSTS-MVBLE E 4	SUBTOTAL 4a	EMPLOYEE BENEFITS 5
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS		3,479				3,479	3,479
006 01 COMMUNICATIONS		1,232				1,232	18
006 02 DATA PROCESSING		6,184				6,184	1
006 03 PURCHASING, RECEIVING AND		1,570				1,570	16
006 04 ADMINITTING		3,584				3,584	49
006 05 OTHER ADMINISTRATIVE AND		22,290		25		22,315	195
007 MAINTENANCE & REPAIRS		32,730				32,730	65
008 OPERATION OF PLANT		23,328		2,511		25,839	16
009 LAUNDRY & LINEN SERVICE		617		32		649	71
010 HOUSEKEEPING		9,007				9,007	74
011 DIETARY		7,465				7,465	23
012 CAFETERIA		7,403				7,403	23
014 NURSING ADMINISTRATION		5,900				5,900	162
015 CENTRAL SERVICES & SUPPLY		8,738				8,738	20
016 PHARMACY		4,262				4,262	91
017 MEDICAL RECORDS & LIBRARY		15,517				15,517	58
018 SOCIAL SERVICE		920				920	
023 I&R SERVICES-OTHER PRGM C							
024 PARAMED ED PRGM							
024 01 PARAMED ED PRGM - LAB							3
024 02 PARAMED ED PRGM - RADIOLO							5
024 03 PARAMED ED PRGM - RESP TH							3
024 04 PARAMED ED PRGM-PHARMACY							16
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS		109,033				109,033	618
026 INTENSIVE CARE UNIT		12,508				12,508	129
030 NEWBORN INTENSIVE CARE UN		3,251				3,251	87
031 SUBPROVIDER							109
033 NURSERY							38
034 SKILLED NURSING FACILITY							
037 ANCILLARY SRVC COST CNTRS							
037 01 OPERATING ROOM		29,955				29,955	67
037 02 OPEN HEART SURGERY							7
037 03 OUTPATIENT SURGERY		22,882				22,882	51
038 RECOVERY ROOM							20
040 ANESTHESIOLOGY							254
041 RADIOLOGY-DIAGNOSTIC		14,647				14,647	57
041 01 RADIOLOGY SPECIAL PROCEDU		2,539				2,539	20
041 02 ULTRASOUND		1,664				1,664	27
042 RADIOLOGY-THERAPEUTIC							
042 01 COMPUTED TOMOGRAPHY		1,702				1,702	24
044 LABORATORY		11,364				11,364	
047 BLOOD STORING, PROCESSING							
047 01 NUCLEAR MEDICINE		2,250				2,250	13
049 RESPIRATORY THERAPY		4,514				4,514	76
050 PHYSICAL THERAPY		11,680				11,680	50
051 OCCUPATIONAL THERAPY		1,079				1,079	26
052 SPEECH PATHOLOGY		3,344				3,344	12
053 ELECTROCARDIOLOGY		1,879		6,348		8,227	17
054 ELECTROENCEPHALOGRAPHY		2,943				2,943	11
055 MEDICAL SUPPLIES CHARGED							
056 DRUGS CHARGED TO PATIENTS							7
059 PAIN CLINIC		3,254				3,254	
059 01 ORTHOPEDICS		757				757	13
059 02 CARDIOVASCULAR SERVICES		6,668				6,668	40
059 03 CARDIAC REHAB		1,436				1,436	18
059 04 RADIATION ONCOLOGY		14,964				14,964	28
059 05 MRI		3,277				3,277	5
059 06 BARIATRIC CENTER				13		3,290	
059 07 PSYCH ACTIVITY THERAPY							
059 08 WOUND CARE		5,350				5,350	22
059 09 RENAL DIALYSIS		10,333				10,333	26
060 OUTPAT SERVICE COST CNTRS							
060 01 CLINIC							
060 02 OCC HEALTH CLINIC							
061 EMERGENCY		12,766				12,766	324
062 OBSERVATION BEDS (NON-DIS							
071 OTHER REIMBURS COST CNTRS							
071 01 HOME HEALTH AGENCY		4,156				4,156	110
095 SPEC PURPOSE COST CENTERS							
095 01 SUBTOTALS		454,421		8,929		463,350	3,215
096 NONREIMBURS COST CENTERS							
096 01 GIFT, FLOWER, COFFEE SHOP		3,639				3,639	2
096 02 CONVENT		9,293				9,293	
096 03 HOME MEDICAL EQUIPMENT							
096 04 MEDICAL ARTS BUILDING							
096 05 WOMEN'S HEALTH CENTER		940				940	4
096 06 DEVELOPMENT							
096 07 NEUROSURGERY PROF SERVICE							
096 08 IMAGE RECOVERY							

COST CENTER DESCRIPTION		DIR ASSGND OLD 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
NONREIMBURS COST CENTERS								
096	08 FAMILY SERVICES							36
096	09 MDWISE							5
096	10 CATHERINE MCAULEY CLINIC							13
096	11 CENTER OF HOPE		412				412	
096	12 SELECT		32,302				32,302	
096	13 PERCINI AS							
098	PHYSICIANS' PRIVATE OFFIC		4,180				4,180	193
098	01 WORKING WELL							11
099	NONPAID WORKERS							
100	01 REHAB		14,497				14,497	
101	CROSS FOOT ADJUSTMENTS							
102	NEGATIVE COST CENTER							
103	TOTAL		519,684	8,929			528,613	3,479

ALLOCATION OF OLD CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	COMMUNICATIONS	DATA PROCESSING	PURCHASING, RECEIVING AND RECEIVING	ADMINISTRATIVE	OTHER ADMINISTRATIVE	MAINTENANCE & REPAIRS	OPERATION OF PLANT
	6.01	6.02	6.03	6.04	6.05	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 COMMUNICATIONS	1,250						
006 02 DATA PROCESSING		6,185					
006 03 PURCHASING, RECEIVING AND	16	201	1,803				
006 04 ADMINISTRATIVE	50	439	2	4,124			
006 05 OTHER ADMINISTRATIVE AND	145	1,840			24,495		
007 MAINTENANCE & REPAIRS	81				769	33,645	
008 OPERATION OF PLANT	35				644		26,534
009 LAUNDRY & LINEN SERVICE	8		33		80		
010 HOUSEKEEPING	8		1		461		
011 DIETARY	16		1		191	599	473
012 CAFETERIA					170	599	473
014 NURSING ADMINISTRATION	39	72			910	476	375
015 CENTRAL SERVICES & SUPPLY	24		502		773	704	555
016 PHARMACY	31	407			799	344	271
017 MEDICAL RECORDS & LIBRARY	10	1,551			394	1,251	986
018 SOCIAL SERVICE					2	74	58
023 I&R SERVICES-OTHER PRGM C					132		
024 PARAMEDICAL PRGM	1						
024 01 PARAMEDICAL PRGM - LAB	1				27		
024 02 PARAMEDICAL PRGM - RADIOLO	1				27		
024 03 PARAMEDICAL PRGM - RESP TH	1				17		
024 04 PARAMEDICAL PRGM-PHARMACY					108		
025 INPATIENT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	183		111	321	3,413	8,789	6,932
026 INTENSIVE CARE UNIT	29		27	68	732	1,008	795
030 NEWBORN INTENSIVE CARE UN	8		9	48	474	262	207
031 SUBPROVIDER			1	181	807		
033 NURSERY				13	231		
034 SKILLED NURSING FACILITY							
037 ANCILLARY SRVC COST CNTRS							
037 01 OPERATING ROOM	69	130	483	125	637	2,415	1,904
037 02 OPEN HEART SURGERY			58	14	73		
037 03 OUTPATIENT SURGERY	27		39	38	354	1,844	1,455
038 RECOVERY ROOM			1	31	107		
040 ANESTHESIOLOGY	5		23	30	583		
041 RADIOLOGY-DIAGNOSTIC	50	357	3	123	441	1,181	931
041 01 RADIOLOGY SPECIAL PROCEDU	4		131	88	352	205	161
041 02 ULTRASOUND	8		7	91	175	134	106
042 RADIOLOGY-THERAPEUTIC							
042 01 COMPUTED TOMOGRAPHY			18	317	213	137	108
044 LABORATORY	27	828		474	1,069	916	722
047 BLOOD STORAGE, PROCESSING	26			43	225		
047 01 NUCLEAR MEDICINE	8		1	54	151	181	143
049 RESPIRATORY THERAPY	16		28	116	449	364	287
050 PHYSICAL THERAPY	31		9	46	378	941	742
051 OCCUPATIONAL THERAPY	7		4	24	193	87	69
052 SPEECH PATHOLOGY	2		2	11	105	270	213
053 ELECTROCARDIOLOGY	8		2	82	128	151	119
054 ELECTROENCEPHALOGRAPHY	11		1	16	73	237	187
055 MEDICAL SUPPLIES CHARGED				421	1,134		
056 DRUGS CHARGED TO PATIENTS				662	845		
059 PAIN CLINIC	14				9	262	207
059 01 ORTHOPEDICS			5	4	44	61	48
059 02 CARDIOVASCULAR SERVICES	45		143	132	352	537	424
059 03 CARDIAC REHAB	2		1	15	102	116	91
059 04 RADIATION ONCOLOGY			2	64	238	1,206	951
059 05 MRI			6	68	77	264	208
059 06 BARIATRIC CENTER							
059 07 PSYCH ACTIVITY THERAPY				12	55		
059 08 WOUND CARE	18		17	16	130	431	340
059 09 RENAL DIALYSIS				26	187	833	657
060 OUTPAT SERVICE COST CNTRS							
060 01 CLINIC							
061 OCC HEALTH CLINIC							
061 EMERGENCY	61		118	350	1,230	1,029	812
062 OBSERVATION BEDS (NON-DIS							
071 OTHER REIMBURS COST CNTRS							
071 HOME HEALTH AGENCY	54	360	14		707	335	264
095 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	1,180	6,185	1,803	4,124	21,977	28,243	22,274
096 NONREIMBURS COST CENTERS							
096 01 GIFT, FLOWER, COFFEE SHOP	3				32	75	59
096 02 CONVENT	19				21	771	608
096 03 HOME MEDICAL EQUIPMENT							
096 04 MEDICAL ARTS BUILDING					20	1,716	1,353
096 05 WOMEN'S HEALTH CENTER	3				23	80	63
096 06 DEVELOPMENT							
096 07 NEUROSURGERY PROF SERVICE							
096 08 IMAGE RECOVERY							

COST CENTER DESCRIPTION	COMMUNICATIONS	DATA PROCESSING	PURCHASING, RECEIVING AND	ADMINISTRATIVE	OTHER ADMINISTRATIVE	MAINTENANCE REPAIRS	& OPERATION OF PLANT
	6.01	6.02	6.03	6.04	6.05	7	8
NONREIMBURS COST CENTERS							
096 08 FAMILY SERVICES					207		
096 09 MDWISE					903		
096 10 CATHERINE MCAULEY CLINIC	4				81	234	184
096 11 CENTER OF HOPE					2	36	28
096 12 SELECT					55		
096 13 PERCINI AS						829	654
098 PHYSICIANS' PRIVATE OFFICE	25				1,069	371	293
098 01 WORKING WELL					77		
099 NONPAID WORKERS							
100 01 REHAB	16				28	1,290	1,018
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	1,250	6,185	1,803	4,124	24,495	33,645	26,534

COST CENTER DESCRIPTION	LAUNDRY & LINEN SERVICE		DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY
	9	10	11	12	14	15	16
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							
006 01 COMMUNICATIONS							
006 02 DATA PROCESSING							
006 03 PURCHASING, RECEIVING AND							
006 04 ADMINISTRATION							
006 05 OTHER ADMINISTRATIVE AND							
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE	626						
010 HOUSEKEEPING		9,551					
011 DIETARY		170	8,938				
012 CAFETERIA		170		8,838			
014 NURSING ADMINISTRATION		135		505	8,574		
015 CENTRAL SERVICES & SUPPLY		200		137	162	11,815	
016 PHARMACY		98		294			6,597
017 MEDICAL RECORDS & LIBRARY		355		301		3	
018 SOCIAL SERVICE		21					
023 I&R SERVICES-OTHER PRGM C							
024 PARAMEDICAL PRGM							
024 01 PARAMEDICAL PRGM - LAB				10			
024 02 PARAMEDICAL PRGM - RADIOLO				10			
024 03 PARAMEDICAL PRGM - RESP TH				10			
024 04 PARAMEDICAL PRGM-PHARMACY				52			
025 INPATIENT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	472	2,499	6,506	2,539	4,607	528	7
026 INTENSIVE CARE UNIT	51	286	697	445	856	102	2
030 NEWBORN INTENSIVE CARE UN	36	74	490	246	472	62	1
031 SUBPROVIDER						14	
033 NURSERY							
034 SKILLED NURSING FACILITY							
037 ANCILLARY SRVC COST CNTRS							
037 01 OPERATING ROOM		685		264	508	293	1
037 02 OPEN HEART SURGERY				13	26	32	
037 03 OUTPATIENT SURGERY		524		157	227	90	1
038 RECOVERY ROOM				61	117	3	
040 ANESTHESIOLOGY				186		38	
041 RADIOLOGY-DIAGNOSTIC		335		288		21	
041 01 RADIOLOGY SPECIAL PROCEDU		58		57		86	
041 02 ULTRASOUND		38		59		16	
042 RADIOLOGY-THERAPEUTIC							
042 01 COMPUTED TOMOGRAPHY		39		70		144	
044 LABORATORY		260					
047 BLOOD STORING, PROCESSING							
047 01 NUCLEAR MEDICINE		51		32		5	259
049 RESPIRATORY THERAPY		103		260		32	1
050 PHYSICAL THERAPY		267		215		7	
051 OCCUPATIONAL THERAPY		25		95		3	
052 SPEECH PATHOLOGY		77		50		2	
053 ELECTROCARDIOLOGY		43		77		19	
054 ELECTROENCEPHALOGRAPHY		67		35		7	
055 MEDICAL SUPPLIES CHARGED						9,966	
056 DRUGS CHARGED TO PATIENTS							6,289
059 PAIN CLINIC		74					
059 01 ORTHOPEDICS		17		27	38	11	
059 02 CARDIOVASCULAR SERVICES		153		110	211	91	2
059 03 CARDIAC REHAB		33		59	113	9	
059 04 RADIATION ONCOLOGY		342		76		17	
059 05 MRI		75		16		22	
059 06 BARIATRIC CENTER							
059 07 PSYCH ACTIVITY THERAPY							
059 08 WOUND CARE		122		60		15	9
059 09 RENAL DIALYSIS		236					
060 OUTPAT SERVICE COST CNTRS							
060 01 CLINIC							
061 OCC HEALTH CLINIC							
061 EMERGENCY		292		774	1,237	142	25
062 OBSERVATION BEDS (NON-DIS							
071 OTHER REIMBURS COST CNTRS							
071 HOME HEALTH AGENCY		95		414		35	
095 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	559	8,019	7,693	8,004	8,574	11,815	6,597
096 NONREIMBURS COST CENTERS							
096 01 GIFT, FLOWER, COFFEE SHOP		21		15			
096 02 CONVENT		219					
096 03 HOME MEDICAL EQUIPMENT				1			
096 04 MEDICAL ARTS BUILDING		487		1			
096 05 WOMEN'S HEALTH CENTER		23		30			
096 06 DEVELOPMENT							
096 07 NEUROSURGERY PROF SERVICE							
096 08 IMAGE RECOVERY							

COST CENTER DESCRIPTION	LAUNDRY & LIN EN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMIN ISTRATION	CENTRAL SERVI CES & SUPPLY	PHARMACY
	9	10	11	12	14	15	16
NONREIMBURS COST CENTERS							
096 08 FAMILY SERVICES				101			
096 09 MDWISE				22			
096 10 CATHERINE MCAULEY CLINIC		66		49			
096 11 CENTER OF HOPE		10					
096 12 SELECT							
096 13 PERCINI AS		235					
098 PHYSICIANS' PRIVATE OFFIC		105		281			
098 01 WORKING WELL				33			
099 NONPAID WORKERS							
100 01 REHAB	67	366	1,245	301			
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER	215						
103 TOTAL	841	9,551	8,938	8,838	8,574	11,815	6,597







		SUBTOTAL	POST STEPDOWN ADJUSTMENT	TOTAL
		25	26	27
NONREIMBURS COST CENTERS				
096	08 FAMILY SERVICES		344	344
096	09 MDWISE		930	930
096	10 CATHERINE MCAULEY CLINIC		631	631
096	11 CENTER OF HOPE		488	488
096	12 SELECT		32,357	32,357
096	13 PERCINI AS		1,718	1,718
098	PHYSICIANS' PRIVATE OFFIC		6,517	6,517
098	01 WORKING WELL		121	121
099	NONPAID WORKERS			
100	01 REHAB		18,828	18,828
101	CROSS FOOT ADJUSTMENTS	176	424	424
102	NEGATIVE COST CENTER		215	215
103	TOTAL	176	528,613	528,613

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 &							
005 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS				30,346	9,146	39,492	39,492
006 01 COMMUNICATIONS				10,749	49,335	60,084	206
006 02 DATA PROCESSING				53,944	482,330	536,274	7
006 03 PURCHASING, RECEIVING AND				13,698	7,099	20,797	182
006 04 ADMINISTRATION				31,268		31,268	554
006 05 OTHER ADMINISTRATIVE AND				194,442	90,458	284,900	2,202
007 MAINTENANCE & REPAIRS				285,517	24,855	310,372	738
008 OPERATION OF PLANT				203,498	37,060	240,558	177
009 LAUNDRY & LINEN SERVICE				5,385	84,133	89,518	804
010 HOUSEKEEPING				78,569	9,553	88,122	839
011 DIETARY				65,121	82,702	147,823	258
012 CAFETERIA				64,578		64,578	260
014 NURSING ADMINISTRATION				51,465	31,156	82,621	1,837
015 CENTRAL SERVICES & SUPPLY				76,227	154,299	230,526	221
016 PHARMACY				37,181	6,361	43,542	1,034
017 MEDICAL RECORDS & LIBRARY				135,363	2,372	137,735	651
018 SOCIAL SERVICE				8,028		8,028	
023 I&R SERVICES-OTHER PRGM C							
024 PARAMEDICAL PRGM							
024 01 PARAMEDICAL PRGM - LAB							39
024 02 PARAMEDICAL PRGM - RADIOLO							60
024 03 PARAMEDICAL PRGM - RESP TH							37
024 04 PARAMEDICAL PRGM-PHARMACY							180
025 INPATIENT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS				951,155	374,187	1,325,342	7,158
026 INTENSIVE CARE UNIT				109,109	148,482	257,591	1,456
030 NEWBORN INTENSIVE CARE UN				28,361	69,237	97,598	982
031 SUBPROVIDER					55	55	1,237
033 NURSERY							425
034 SKILLED NURSING FACILITY							
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM				261,312	532,014	793,326	759
037 01 OPEN HEART SURGERY					7,204	7,204	74
037 02 OUTPATIENT SURGERY				199,605	90,028	289,633	573
038 RECOVERY ROOM					2,094	2,094	231
040 ANESTHESIOLOGY					76,332	76,332	2,874
041 RADIOLOGY-DIAGNOSTIC				127,771	206,677	334,448	639
041 01 RADIOLOGY SPECIAL PROCEDURE				22,147	5,839	27,986	227
041 02 ULTRASOUND				14,513	69,672	84,185	301
042 RADIOLOGY-THERAPEUTIC							
042 01 COMPUTED TOMOGRAPHY				14,848	4,723	19,571	268
044 LABORATORY				99,131		99,131	
047 BLOOD STORING, PROCESSING							
047 01 NUCLEAR MEDICINE				19,626	125,626	145,252	147
049 RESPIRATORY THERAPY				39,381	116,994	156,375	863
050 PHYSICAL THERAPY				101,888	11,889	113,777	567
051 OCCUPATIONAL THERAPY				9,413	312	9,725	295
052 SPEECH PATHOLOGY				29,168	5,161	34,329	137
053 ELECTROCARDIOLOGY				16,391	55,719	72,110	192
054 ELECTROENCEPHALOGRAPHY				25,676	24,913	50,589	124
055 MEDICAL SUPPLIES CHARGED							75
056 DRUGS CHARGED TO PATIENTS							1
059 PAIN CLINIC				28,382	3,817	32,199	143
059 01 ORTHOPEDICS				6,606	870	7,476	451
059 02 CARDIOVASCULAR SERVICES				58,165	382,511	440,676	202
059 03 CARDIAC REHAB				12,527	27,835	40,362	316
059 04 RADIATION ONCOLOGY				130,535	89,434	219,969	58
059 05 MRI				28,582	91,860	120,442	
059 06 BARIATRIC CENTER					837	837	
059 07 PSYCH ACTIVITY THERAPY							
059 08 WOUND CARE				46,673	3,781	50,454	249
059 09 RENAL DIALYSIS				90,139		90,139	291
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC							
060 01 OCC HEALTH CLINIC							
061 EMERGENCY				111,366	51,077	162,443	3,667
062 OBSERVATION BEDS (NON-DIS							
071 OTHER REIMBURS COST CNTRS							
071 HOME HEALTH AGENCY				36,253	64,319	100,572	1,246
095 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS				3,964,102	3,714,358	7,678,460	36,514
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP				31,746		31,746	21
096 01 CONVENT				81,069	281	81,350	
096 02 HOME MEDICAL EQUIPMENT							
096 03 MEDICAL ARTS BUILDING					3,614	3,614	2
096 04 WOMEN'S HEALTH CENTER				8,199		8,199	44
096 05 DEVELOPMENT							
096 06 NEUROSURGERY PROF SERVICE							
096 07 IMAGE RECOVERY					828	828	

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
NONREIMBURS COST CENTERS							
096 08 FAMILY SERVICES						8,317	405
096 09 MDWISE							56
096 10 CATHERINE MCAULEY CLINIC						1,956	144
096 11 CENTER OF HOPE				3,592		3,592	3
096 12 SELECT				281,781		281,781	
096 13 PERCINI AS							
098 PHYSICIANS' PRIVATE OFFIC				36,467	40,973	77,440	2,177
098 01 WORKING WELL							126
099 NONPAID WORKERS							
100 01 REHAB				126,464	3,997	130,461	
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL				4,533,420	3,774,324	8,307,744	39,492

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	COMMUNICATIONS	DATA PROCESSING	PURCHASING, RECEIVING AND RECEIVING	ADMINISTRATIVE	OTHER ADMINISTRATIVE	MAINTENANCE & REPAIRS	OPERATION OF PLANT
	6.01	6.02	6.03	6.04	6.05	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 COMMUNICATIONS	60,290						
006 02 DATA PROCESSING		536,281					
006 03 PURCHASING, RECEIVING AND	794	17,409	39,182				
006 04 ADMINISTRATION	2,412	38,028	43	72,305			
006 05 OTHER ADMINISTRATIVE AND	7,008	159,591			453,701		
007 MAINTENANCE & REPAIRS	3,887		1		14,228	329,226	
008 OPERATION OF PLANT	1,702				11,930		254,367
009 LAUNDRY & LINEN SERVICE	369		716		1,473		
010 HOUSEKEEPING	397		15		8,527		
011 DIETARY	766		16		3,527	5,863	4,530
012 CAFETERIA					3,145	5,863	4,530
014 NURSING ADMINISTRATION	1,901	6,219			16,854	4,653	3,595
015 CENTRAL SERVICES & SUPPLY	1,135		10,974		14,300	6,892	5,325
016 PHARMACY	1,504	35,304			14,784	3,362	2,597
017 MEDICAL RECORDS & LIBRARY	482	134,495	6		7,291	12,239	9,456
018 SOCIAL SERVICE					29	726	561
023 I&R SERVICES-OTHER PRGM C					2,440		
024 PARAMEDICAL PRGM	28				2		
024 01 PARAMEDICAL PRGM - LAB	28				496		
024 02 PARAMEDICAL PRGM - RADIOLO	28				501		
024 03 PARAMEDICAL PRGM - RESP TH	28				317		
024 04 PARAMEDICAL PRGM-PHARMACY					1,992		
025 INPATIENT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	8,939		2,412	5,843	63,496	86,000	66,445
026 INTENSIVE CARE UNIT	1,419		582	1,240	13,550	9,865	7,622
030 NEWBORN INTENSIVE CARE UN	369		198	876	8,767	2,564	1,981
031 SUBPROVIDER			30	3,297	14,932		
033 NURSERY				240	4,282		
034 SKILLED NURSING FACILITY							
037 ANCILLARY SRVC COST CNTRS							
037 01 OPERATING ROOM	3,319	11,281	10,465	2,272	11,790	23,627	18,255
037 02 OPEN HEART SURGERY			1,248	259	1,353		
037 03 OUTPATIENT SURGERY	1,305		837	685	6,558	18,048	13,944
038 RECOVERY ROOM			22	561	1,986		
040 ANESTHESIOLOGY	255		506	556	10,791		
041 RADIOLOGY-DIAGNOSTIC	2,412	30,968	61	2,238	8,158	11,553	8,926
041 01 RADIOLOGY SPECIAL PROCEDU	170		2,830	1,612	6,516	2,002	1,547
041 02 ULTRASOUND	369		152	1,650	3,238	1,312	1,014
042 RADIOLOGY-THERAPEUTIC							
042 01 COMPUTED TOMOGRAPHY			396	5,773	3,934	1,343	1,037
044 LABORATORY	1,305	71,769	1	8,636	19,783	8,963	6,925
047 BLOOD STORING, PROCESSING	1,277			776	4,159		
047 01 NUCLEAR MEDICINE	369		25	979	2,803	1,775	1,371
049 RESPIRATORY THERAPY	766		600	2,108	8,307	3,561	2,751
050 PHYSICAL THERAPY	1,504		200	839	6,996	9,212	7,118
051 OCCUPATIONAL THERAPY	340		89	441	3,582	851	658
052 SPEECH PATHOLOGY	85		47	208	1,941	2,637	2,038
053 ELECTROCARDIOLOGY	397		52	1,496	2,362	1,482	1,145
054 ELECTROENCEPHALOGRAPHY	539		27	292	1,348	2,321	1,794
055 MEDICAL SUPPLIES CHARGED				7,667	20,987		
056 DRUGS CHARGED TO PATIENTS				9,243	15,645		
059 PAIN CLINIC	653		5		170	2,566	1,983
059 01 ORTHOPEDICS			113	67	817	597	462
059 02 CARDIOVASCULAR SERVICES	2,156		3,094	2,405	6,514	5,259	4,063
059 03 CARDIAC REHAB	85		22	279	1,888	1,133	875
059 04 RADIATION ONCOLOGY			46	1,170	4,413	11,802	9,119
059 05 MRI			124	1,238	1,423	2,584	1,997
059 06 BARIATRIC CENTER					3		
059 07 PSYCH ACTIVITY THERAPY				211	1,027		
059 08 WOUND CARE	851		361	298	2,398	4,220	3,260
059 09 RENAL DIALYSIS				470	3,467	8,150	6,297
060 OUTPAT SERVICE COST CNTRS							
060 01 CLINIC							
061 OCC HEALTH CLINIC							
061 EMERGENCY	2,951		2,564	6,380	22,766	10,069	7,780
062 OBSERVATION BEDS (NON-DIS							
071 HOME HEALTH AGENCY	2,610	31,217	302		13,088	3,278	2,533
095 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	56,914	536,281	39,182	72,305	407,074	276,372	213,534
096 NONREIMBURS COST CENTERS							
096 01 GIFT, FLOWER, COFFEE SHOP	142				593	732	565
096 02 CONVENT	936				395	7,544	5,828
096 03 HOME MEDICAL EQUIPMENT							
096 04 MEDICAL ARTS BUILDING					372	16,790	12,972
096 05 WOMEN'S HEALTH CENTER	142				425	778	601
096 06 DEVELOPMENT							
096 07 NEUROSURGERY PROF SERVICE							
096 08 IMAGE RECOVERY							

COST CENTER DESCRIPTION	COMMUNICATIONS	DATA PROCESSING	PURCHASING, RECEIVING AND	ADMINISTRATIVE	OTHER ADMINISTRATIVE	MAINTENANCE REPAIRS	& OPERATION OF PLANT
	6.01	6.02	6.03	6.04	6.05	7	8
NONREIMBURS COST CENTERS							
096 08 FAMILY SERVICES					3,826		
096 09 MDWISE					16,724		
096 10 CATHERINE MCAULEY CLINIC	170				1,497	2,286	1,766
096 11 CENTER OF HOPE					35	351	271
096 12 SELECT					1,012		
096 13 PERCINI AS						8,110	6,266
098 PHYSICIANS' PRIVATE OFFICE	1,192				19,797	3,635	2,808
098 01 WORKING WELL					1,421		
099 NONPAID WORKERS							
100 01 REHAB	794				527	12,628	9,756
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	60,290	536,281	39,182	72,305	453,701	329,226	254,367

COST CENTER DESCRIPTION	LAUNDRY & LINEN SERVICE		DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY
	9	10	11	12	14	15	16
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 COMMUNICATIONS							
006 02 DATA PROCESSING							
006 03 PURCHASING, RECEIVING AND							
006 04 ADMINISTRATION							
006 05 OTHER ADMINISTRATIVE AND							
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE	69,135						
010 HOUSEKEEPING		97,900					
011 DIETARY		1,744	164,527				
012 CAFETERIA		1,744		80,120			
014 NURSING ADMINISTRATION		1,384		4,581	123,645		
015 CENTRAL SERVICES & SUPPLY		2,049		1,243	2,336	275,001	
016 PHARMACY		1,000		2,664			105,791
017 MEDICAL RECORDS & LIBRARY		3,639		2,725		63	
018 SOCIAL SERVICE		216					
023 I&R SERVICES-OTHER PRGM C							
024 PARAMEDICAL PRGM							
024 01 PARAMEDICAL PRGM - LAB				90			
024 02 PARAMEDICAL PRGM - RADIOLO				91			
024 03 PARAMEDICAL PRGM - RESP TH				90			
024 04 PARAMEDICAL PRGM-PHARMACY				474			
025 INPATIENT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	52,211	25,571	119,772	22,991	66,425	12,286	109
026 INTENSIVE CARE UNIT	5,589	2,934	12,822	4,036	12,337	2,375	39
030 NEWBORN INTENSIVE CARE UN	3,929	763	9,012	2,228	6,811	1,440	14
031 SUBPROVIDER						315	
033 NURSERY							
034 SKILLED NURSING FACILITY							
037 ANCILLARY SRVC COST CNTRS							
037 01 OPERATING ROOM		7,026		2,398	7,328	6,817	18
037 02 OPEN HEART SURGERY				122	372	743	
037 03 OUTPATIENT SURGERY		5,367		1,422	3,279	2,096	21
038 RECOVERY ROOM				554	1,694	61	
040 ANESTHESIOLOGY				1,689		873	1
041 RADIOLOGY-DIAGNOSTIC		3,435		2,608		485	6
041 01 RADIOLOGY SPECIAL PROCEDU		595		519		2,007	3
041 02 ULTRASOUND		390		535		380	
042 RADIOLOGY-THERAPEUTIC							
042 01 COMPUTED TOMOGRAPHY		399		637		3,356	
044 LABORATORY		2,665				1	
047 BLOOD STORAGE, PROCESSING							
047 01 NUCLEAR MEDICINE		528		288		119	4,148
049 RESPIRATORY THERAPY		1,059		2,354		755	10
050 PHYSICAL THERAPY		2,739		1,951		166	
051 OCCUPATIONAL THERAPY		253		864		74	
052 SPEECH PATHOLOGY		784		456		39	
053 ELECTROCARDIOLOGY		441		702		444	
054 ELECTROENCEPHALOGRAPHY		690		318		158	
055 MEDICAL SUPPLIES CHARGED						232,016	
056 DRUGS CHARGED TO PATIENTS							100,841
059 PAIN CLINIC		763		1			
059 01 ORTHOPEDICS		178		243	546	246	1
059 02 CARDIOVASCULAR SERVICES		1,564		997	3,047	2,118	26
059 03 CARDIAC REHAB		337		534	1,631	214	
059 04 RADIATION ONCOLOGY		3,510		692		390	1
059 05 MRI		768		144		506	
059 06 BARIATRIC CENTER							
059 07 PSYCH ACTIVITY THERAPY							
059 08 WOUND CARE		1,255		541		357	150
059 09 RENAL DIALYSIS		2,424					
060 OUTPATIENT SERVICE COST CNTRS							
060 01 CLINIC							
061 OCC HEALTH CLINIC							
061 EMERGENCY		2,994		7,021	17,839	3,296	403
062 OBSERVATION BEDS (NON-DIS							
071 OTHER REIMBURS COST CNTRS							
071 HOME HEALTH AGENCY		975		3,753		805	
095 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	61,729	82,183	141,606	72,556	123,645	275,001	105,791
096 NONREIMBURS COST CENTERS							
096 01 GIFT, FLOWER, COFFEE SHOP		218		140			
096 02 CONVENT		2,243					
096 03 HOME MEDICAL EQUIPMENT				12			
096 04 MEDICAL ARTS BUILDING		4,993		5			
096 05 WOMEN'S HEALTH CENTER		231		276			
096 06 DEVELOPMENT							
096 07 NEUROSURGERY PROF SERVICE							
096 08 IMAGE RECOVERY							

COST CENTER DESCRIPTION		LAUNDRY & LIN EN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMIN ISTRATION	CENTRAL SERVI CES & SUPPLY	PHARMACY
		9	10	11	12	14	15	16
NONREIMBURS COST CENTERS								
096	08 FAMILY SERVICES				912			
096	09 MDWISE				201			
096	10 CATHERINE MCAULEY CLINIC		680		442			
096	11 CENTER OF HOPE		104		4			
096	12 SELECT							
096	13 PERCINI AS		2,412					
098	PHYSICIANS' PRIVATE OFFIC		1,081		2,548			
098	01 WORKING WELL				298			
099	NONPAID WORKERS							
100	01 REHAB	7,406	3,755	22,921	2,726			
101	CROSS FOOT ADJUSTMENTS							
102	NEGATIVE COST CENTER	23,745						
103	TOTAL	92,880	97,900	164,527	80,120	123,645	275,001	105,791



COST CENTER DESCRIPTION	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	PHYSICIAN & OTHER SERVICES	PARAMEDICAL PRGM	PARAMEDICAL PRGM - LAB	PARAMEDICAL PRGM - RADIOLOGY	PARAMEDICAL PRGM - RESPIRATORY
NONREIMBURS COST CENTERS	17	18	23	24	24.01	24.02	24.03
096 08 FAMILY SERVICES							
096 09 MDWISE							
096 10 CATHERINE MCAULEY CLINIC							
096 11 CENTER OF HOPE							
096 12 SELECT							
096 13 PERCINI AS							
098 PHYSICIANS' PRIVATE OFFICE							
098 01 WORKING WELL							
099 NONPAID WORKERS							
100 01 REHAB							
101 CROSS FOOT ADJUSTMENTS			2,440	30	653	680	472
102 NEGATIVE COST CENTER							
103 TOTAL	308,782	9,560	2,440	30	653	680	472





COST CENTER DESCRIPTION	OLD CAP REL C	OLD CAP REL C	NEW CAP REL C	NEW CAP REL C	EMPLOYEE BENE	COMMUNICATION
	OSTS-BLDG & (SQUARE FEET)	OSTS-MVBLE E (DOLLAR VALUE)	OSTS-BLDG & (SQUARE FEET)	OSTS-MVBLE E (DOLLAR VALUE)	FITS (GROSS SALARIES)	S (NUMBER OF PHONES)
	1	2	3	4	5	6.01
GENERAL SERVICE COST						
001 OLD CAP REL COSTS-BLD	634,753					
002 OLD CAP REL COSTS-MVB		8,767				
003 NEW CAP REL COSTS-BLD			634,753			
004 NEW CAP REL COSTS-MVB				3,228,309		
005 EMPLOYEE BENEFITS	4,249		4,249	7,823	75,984,107	
006 01 COMMUNICATIONS	1,505		1,505	42,198	396,610	2,125
006 02 DATA PROCESSING	7,553		7,553	412,554	13,060	
006 03 PURCHASING, RECEIVING	1,918		1,918	6,072	350,800	28
006 04 ADMINITTING	4,378		4,378		1,066,169	85
006 05 OTHER ADMINISTRATIVE	27,225	25	27,225	77,372	4,235,230	247
007 MAINTENANCE & REPAIRS	39,977		39,977	21,259	1,418,613	137
008 OPERATION OF PLANT	28,493	2,465	28,493	31,699	341,278	60
009 LAUNDRY & LINEN SERVICE	754	31	754	71,962	1,546,821	13
010 HOUSEKEEPING	11,001		11,001	8,171	1,614,118	14
011 DIETARY	9,118		9,118	70,738	496,490	27
012 CAFETERIA	9,042		9,042		500,657	
014 NURSING ADMINISTRATIO	7,206		7,206	26,649	3,532,512	67
015 CENTRAL SERVICES & SU	10,673		10,673	131,977	424,642	40
016 PHARMACY	5,206		5,206	5,441	1,987,698	53
017 MEDICAL RECORDS & LIB	18,953		18,953	2,029	1,251,421	17
018 SOCIAL SERVICE	1,124		1,124			
023 I&R SERVICES-OTHER PR						
024 PARAMED ED PRGM						1
024 01 PARAMED ED PRGM - LAB					75,463	1
024 02 PARAMED ED PRGM - RAD					115,120	1
024 03 PARAMED ED PRGM - RES					71,800	1
024 04 PARAMED ED PRGM-PHARM					346,208	
025 ADULTS & PEDIATRICS	133,177		133,177	320,055	13,806,330	315
026 INTENSIVE CARE UNIT	15,277		15,277	127,002	2,800,590	50
030 NEWBORN INTENSIVE CAR	3,971		3,971	59,221	1,887,752	13
031 SUBPROVIDER				47	2,378,170	
033 NURSERY					816,486	
034 SKILLED NURSING FACIL						
ANCILLARY SRVC COST C						
037 OPERATING ROOM	36,588		36,588	455,049	1,459,682	117
037 01 OPEN HEART SURGERY				6,162	142,339	
037 02 OUTPATIENT SURGERY	27,948		27,948	77,004	1,102,875	46
038 RECOVERY ROOM				1,791	443,490	
040 ANESTHESIOLOGY				65,289	5,526,834	9
041 RADIOLOGY-DIAGNOSTIC	17,890		17,890	176,778	1,229,438	85
041 01 RADIOLOGY SPECIAL PRO	3,101		3,101	4,994	436,770	6
041 02 ULTRASOUND	2,032		2,032	59,593	578,017	13
042 RADIOLOGY-THERAPEUTIC						
042 01 COMPUTED TOMOGRAPHY	2,079		2,079	4,040	515,926	
044 LABORATORY	13,880		13,880			46
047 BLOOD STORING, PROCES						45
047 01 NUCLEAR MEDICINE	2,748		2,748	107,452	282,719	13
049 RESPIRATORY THERAPY	5,514		5,514	100,069	1,659,659	27
050 PHYSICAL THERAPY	14,266		14,266	10,169	1,089,674	53
051 OCCUPATIONAL THERAPY	1,318		1,318	267	567,504	12
052 SPEECH PATHOLOGY	4,084		4,084	4,414	262,678	3
053 ELECTROCARDIOLOGY	2,295	6,233	2,295	47,658	369,590	14
054 ELECTROENCEPHALOGRAPH	3,595		3,595	21,309	239,045	19
055 MEDICAL SUPPLIES CHAR						
056 DRUGS CHARGED TO PATI					143,802	
059 PAIN CLINIC	3,974		3,974	3,265	1,174	23
059 01 ORTHOPEDICS	925		925	744	274,448	
059 02 CARDIOVASCULAR SERVIC	8,144		8,144	327,175	867,643	76
059 03 CARDIAC REHAB	1,754		1,754	23,808	389,109	3
059 04 RADIATION ONCOLOGY	18,277		18,277	76,496	607,851	
059 05 MRI	4,002	13	4,002	78,571	112,369	
059 06 BARIATRIC CENTER				716		
059 07 PSYCH ACTIVITY THERAP						
059 08 WOUND CARE	6,535		6,535	3,234	478,876	30
059 09 RENAL DIALYSIS	12,621		12,621		558,873	
060 OUTPAT SERVICE COST C						
060 CLINIC						
060 01 OCC HEALTH CLINIC						
061 EMERGENCY	15,593		15,593	43,688	7,051,739	104
062 OBSERVATION BEDS (NON						
OTHER REIMBURS COST C						
071 HOME HEALTH AGENCY	5,076		5,076	55,014	2,395,529	92
SPEC PURPOSE COST CEN						
095 SUBTOTALS	555,039	8,767	555,039	3,177,018	70,261,691	2,006
NONREIMBURS COST CENT						
096 GIFT, FLOWER, COFFEE	4,445		4,445		40,328	5
096 01 CONVENT	11,351		11,351	240		33
096 02 HOME MEDICAL EQUIPMEN						
096 03 MEDICAL ARTS BUILDING				3,091	3,103	



COST CENTER DESCRIPTION	DATA PROCESSING (ALLOC OF TIME)	PURCHASING, RECEIVING AND (COSTED) REQUIS.	R ADMINITTING AND (GROSS) CHARGES	RECONCILIATION	OTHER ADMINISTRATIVE AND (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)
	6.02	6.03	6.04	6a.05	6.05	7	8
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 COMMUNICATIONS							
006 02 DATA PROCESSING	482,898						
006 03 PURCHASING, RECEIVING	15,676	11,444,264					
006 04 ADMINITTING	34,243	12,446	440,338,175				
006 05 OTHER ADMINISTRATIVE	143,704	81		-20,379,974	140,837,771		
007 MAINTENANCE & REPAIRS		173			4,417,366	509,833	
008 OPERATION OF PLANT		12			3,703,787		509,833
009 LAUNDRY & LINEN SERVI		209,062			457,202		
010 HOUSEKEEPING		4,270			2,647,237		
011 DIETARY		4,673			1,095,137	9,080	9,080
012 CAFETERIA					976,503	9,080	9,080
014 NURSING ADMINISTRATION	5,600	97			5,232,404	7,206	7,206
015 CENTRAL SERVICES & SU		3,206,510			4,439,750	10,673	10,673
016 PHARMACY	31,790				4,589,739	5,206	5,206
017 MEDICAL RECORDS & LIB	121,107	1,711			2,263,467	18,953	18,953
018 SOCIAL SERVICE					9,103	1,124	1,124
023 I&R SERVICES-OTHER PR					757,542		
024 PARAMED ED PRGM					667		
024 01 PARAMED ED PRGM - LAB					153,928		
024 02 PARAMED ED PRGM - RAD					155,444		
024 03 PARAMED ED PRGM - RES					98,475		
024 04 PARAMED ED PRGM-PHARM					618,486		
025 ADULTS & PEDIATRICS		704,380	35,629,453		19,693,091	133,177	133,177
026 INTENSIVE CARE UNIT		169,842	7,563,872		4,206,815	15,277	15,277
030 NEWBORN INTENSIVE CAR		57,762	5,344,065		2,721,698	3,971	3,971
031 SUBPROVIDER		8,852	20,101,942		4,635,860		
033 NURSERY			1,465,558		1,329,380		
034 SKILLED NURSING FACIL							
ANCILLARY SRVC COST C							
037 OPERATING ROOM	10,158	3,056,413	13,852,841		3,660,347	36,588	36,588
037 01 OPEN HEART SURGERY		364,349	1,579,785		420,157		
037 02 OUTPATIENT SURGERY		244,485	4,177,018		2,036,166	27,948	27,948
038 RECOVERY ROOM		6,408	3,418,729		616,552		
040 ANESTHESIOLOGY		147,641	3,387,399		3,350,238		
041 RADIOLOGY-DIAGNOSTIC	27,885	17,749	13,643,738		2,532,878	17,890	17,890
041 01 RADIOLOGY SPECIAL PRO		826,475	9,829,258		2,023,111	3,101	3,101
041 02 ULTRASOUND		44,254	10,061,792		1,005,369	2,032	2,032
042 RADIOLOGY-THERAPEUTIC							
042 01 COMPUTED TOMOGRAPHY		115,688	35,198,729		1,221,448	2,079	2,079
044 LABORATORY	64,625	320	52,657,695		6,141,964	13,880	13,880
047 BLOOD STORING, PROCES			4,729,229		1,291,218		
047 01 NUCLEAR MEDICINE		7,414	5,970,030		870,090	2,748	2,748
049 RESPIRATORY THERAPY		175,359	12,855,601		2,579,163	5,514	5,514
050 PHYSICAL THERAPY		58,432	5,117,904		2,172,150	14,266	14,266
051 OCCUPATIONAL THERAPY		25,859	2,691,300		1,112,055	1,318	1,318
052 SPEECH PATHOLOGY		13,668	1,267,916		602,606	4,084	4,084
053 ELECTROCARDIOLOGY		15,103	9,121,533		733,260	2,295	2,295
054 ELECTROENCEPHALOGRAPH		7,868	1,780,333		418,512	3,595	3,595
055 MEDICAL SUPPLIES CHAR			46,750,260		6,515,710		
056 DRUGS CHARGED TO PATI			55,805,898		4,857,317		
059 PAIN CLINIC		1,505			52,808	3,974	3,974
059 01 ORTHOPEDICS		32,879	406,769		253,666	925	925
059 02 CARDIOVASCULAR SERVI		903,733	14,666,814		2,022,222	8,144	8,144
059 03 CARDIAC REHAB		6,494	1,702,330		586,256	1,754	1,754
059 04 RADIATION ONCOLOGY		13,567	7,132,296		1,370,190	18,277	18,277
059 05 MRI		36,222	7,549,851		441,634	4,002	4,002
059 06 BARIATRIC CENTER					926		
059 07 PSYCH ACTIVITY THERAP			1,287,946		318,816		
059 08 WOUND CARE		105,383	1,820,061		744,402	6,535	6,535
059 09 RENAL DIALYSIS			2,868,546		1,076,238	12,621	12,621
060 OUTPAT SERVICE COST C							
060 CLINIC							
060 01 OCC HEALTH CLINIC				88,991			
061 EMERGENCY		748,865	38,901,684		7,068,137	15,593	15,593
062 OBSERVATION BEDS (NON							
OTHER REIMBURS COST C							
071 HOME HEALTH AGENCY	28,110	88,260			4,063,351	5,076	5,076
SPEC PURPOSE COST CEN							
095 SUBTOTALS	482,898	11,444,264	440,338,175	-20,290,983	126,362,038	427,986	427,986
NONREIMBURS COST CENT							
096 GIFT, FLOWER, COFFEE					184,200	1,133	1,133
096 01 CONVENT					122,489	11,682	11,682
096 02 HOME MEDICAL EQUIPMEN							
096 03 MEDICAL ARTS BUILDING					115,625	26,000	26,000

COST CENTER DESCRIPTION	DATA PROCESSING	PURCHASING, RECEIVING AND	R ADMITTING	RECONCILIATION	OTHER ADMINISTRATIVE AND	MAINTENANCE REPAIRS	OPERATION OF PLANT
	(ALLOC OF TIME)	(COSTED )REQUIS.	(GROSS )CHARGES	( )	( ACCUM. COST	(SQUARE )FEET	(SQUARE )FEET
NONREIMBURS COST CENT	6.02	6.03	6.04	6a.05	6.05	7	8
096 04 WOMEN'S HEALTH CENTER					131,869	1,205	1,205
096 05 DEVELOPMENT							
096 06 NEUROSURGERY PROF SER							
096 07 IMAGE RECOVERY					854		
096 08 FAMILY SERVICES					1,187,860		
096 09 MDWISE					5,192,071		
096 10 CATHERINE MCAULEY CLI					464,871	3,540	3,540
096 11 CENTER OF HOPE					10,862	544	544
096 12 SELECT					314,083		
096 13 PERCINI AS						12,559	12,559
098 PHYSICIANS' PRIVATE O					6,146,096	5,629	5,629
098 01 WORKING WELL					441,228		
099 NONPAID WORKERS							
100 01 REHAB					163,625	19,555	19,555
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 COST TO BE ALLOCATED (WRKSHT B, PART I)	1,056,600	564,903	1,629,353		20,379,974	5,056,581	4,239,743
104 UNIT COST MULTIPLIER (WRKSHT B, PT I)		.049361				9.918112	
105 COST TO BE ALLOCATED (WRKSHT B, PART II)	2.188040	1,803	4,124		.144705	33,645	26,534
106 UNIT COST MULTIPLIER (WRKSHT B, PT II)		.000158				.065992	
107 COST TO BE ALLOCATED (WRKSHT B, PART III)	.012808	39,182	72,305		.000174	329,226	254,367
108 UNIT COST MULTIPLIER (WRKSHT B, PT III)	536,281	.003424			453,701	.645753	
	1.110547		.000164		.003221		.498922

COST CENTER DESCRIPTION	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY
	(POUNDS OF LAUNDRY)	(SQUARE FEET)	(MEALS SERVED)	(PROD HOURS)	(DIRECT NRSING HRS)	(COSTED REQUIS.)	(COSTED REQUIS.)
	9	10	11	12	14	15	16
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 COMMUNICATIONS							
006 02 DATA PROCESSING							
006 03 PURCHASING, RECEIVING							
006 04 ADMINISTRATION							
006 05 OTHER ADMINISTRATION							
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE	1,026,136						
010 HOUSEKEEPING		509,833					
011 DIETARY		9,080	223,883				
012 CAFETERIA		9,080		88,887			
014 NURSING ADMINISTRATION		7,206		5,082	44,879		
015 CENTRAL SERVICES & SUPPLY		10,673		1,379	848	7,517,804	
016 PHARMACY		5,206		2,956			5,039,231
017 MEDICAL RECORDS & LIBRARY		18,953		3,023		1,711	
018 SOCIAL SERVICE		1,124					
023 I&R SERVICES-OTHER PROGRAMS							
024 PARAMEDICAL PROGRAM							
024 01 PARAMEDICAL PROGRAM - LAB				100			
024 02 PARAMEDICAL PROGRAM - RADIOLOGY				101			
024 03 PARAMEDICAL PROGRAM - RESPIRATORY				100			
024 04 PARAMEDICAL PROGRAM-PHARMACY				526			
025 ADULTS & PEDIATRICS	774,945	133,177	162,982	25,505	24,110	335,875	5,210
026 INTENSIVE CARE UNIT	82,961	15,277	17,448	4,478	4,478	64,914	1,834
030 NEWBORN INTENSIVE CARE	58,310	3,971	12,263	2,472	2,472	39,354	668
031 SUBPROVIDER						8,610	
033 NURSERY							
034 SKILLED NURSING FACILITY							
ANCILLARY SERVICE COST CENTER							
037 OPERATING ROOM		36,588		2,660	2,660	186,346	839
037 01 OPEN HEART SURGERY				135	135	20,324	
037 02 OUTPATIENT SURGERY		27,948		1,578	1,190	57,300	1,014
038 RECOVERY ROOM				615	615	1,673	9
040 ANESTHESIOLOGY				1,874		23,864	24
041 RADIOLOGY-DIAGNOSTIC		17,890		2,893		13,259	285
041 01 RADIOLOGY SPECIAL PROCEDURES		3,101		576		54,873	120
041 02 ULTRASOUND		2,032		594		10,399	5
042 RADIOLOGY-THERAPEUTIC							
042 01 COMPUTED TOMOGRAPHY		2,079		707		91,756	19
044 LABORATORY		13,880				30	
047 BLOOD STORAGE, PROCESSING							
047 01 NUCLEAR MEDICINE		2,748		319		3,257	197,610
049 RESPIRATORY THERAPY		5,514		2,612		20,645	458
050 PHYSICAL THERAPY		14,266		2,165		4,551	
051 OCCUPATIONAL THERAPY		1,318		958		2,014	
052 SPEECH PATHOLOGY		4,084		506		1,064	
053 ELECTROCARDIOLOGY		2,295		779		12,134	
054 ELECTROENCEPHALOGRAPHY		3,595		353		4,325	
055 MEDICAL SUPPLIES CHARGED TO PATIENTS						6,342,734	
056 DRUGS CHARGED TO PATIENTS							4,803,471
059 PAIN CLINIC		3,974		1			
059 01 ORTHOPEDICS		925		270	198	6,726	46
059 02 CARDIOVASCULAR SERVICE		8,144		1,106	1,106	57,900	1,242
059 03 CARDIAC REHABILITATION		1,754		592	592	5,840	
059 04 RADIATION ONCOLOGY		18,277		768		10,649	28
059 05 MRI		4,002		160		13,830	
059 06 BARIATRIC CENTER							
059 07 PSYCH ACTIVITY THERAPY							
059 08 WOUND CARE		6,535		600		9,751	7,156
059 09 RENAL DIALYSIS		12,621					
OUTPATIENT SERVICE COST CENTER							
060 CLINIC							
060 01 OCCUPATIONAL HEALTH CLINIC							
061 EMERGENCY		15,593		7,789	6,475	90,097	19,193
062 OBSERVATION BEDS (NON-REIMBURSABLE)							
071 HOME HEALTH AGENCY		5,076		4,164		21,999	
SPECIAL PURPOSE COST CENTER							
095 SUBTOTALS	916,216	427,986	192,693	80,496	44,879	7,517,804	5,039,231
NONREIMBURSABLE COST CENTER							
096 GIFT, FLOWER, COFFEE		1,133		155			
096 01 CONVENT		11,682					
096 02 HOME MEDICAL EQUIPMENT				13			
096 03 MEDICAL ARTS BUILDING		26,000		6			

COST CENTER DESCRIPTION		LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY
		(POUNDS OF LAUNDRY)	(SQUARE FEET)	(MEALS SERVED)	(PROD) HOURS	(DIRECT) NRSING HRS	(COSTED) REQUIS.	(COSTED) REQUIS
NONREIMBURS COST CENT		9	10	11	12	14	15	16
096	04 WOMEN'S HEALTH CENTER		1,205		306			
096	05 DEVELOPMENT							
096	06 NEUROSURGERY PROF SER							
096	07 IMAGE RECOVERY							
096	08 FAMILY SERVICES				1,012			
096	09 MDWISE				223			
096	10 CATHERINE MCAULEY CLI		3,540		490			
096	11 CENTER OF HOPE		544		4			
096	12 SELECT							
096	13 PERCINI AS		12,559					
098	PHYSICIANS' PRIVATE O		5,629		2,827			
098	01 WORKING WELL				331			
099	NONPAID WORKERS							
100	01 REHAB	109,920	19,555	31,190	3,024			
101	CROSS FOOT ADJUSTMENT							
102	NEGATIVE COST CENTER							
103	COST TO BE ALLOCATED	523,361	3,030,305	1,473,143	1,337,342	6,240,245	5,478,912	5,424,241
104	(WRKSHT B, PART I)							
104	UNIT COST MULTIPLIER		5.943721		15.045417		.728792	
105	(WRKSHT B, PT I)	.510031		6.579968		139.045990		1.076403
105	COST TO BE ALLOCATED	626	9,551	8,938	8,838	8,574	11,815	6,597
106	(WRKSHT B, PART II)							
106	UNIT COST MULTIPLIER		.018734		.099430		.001572	
107	(WRKSHT B, PT II)	.000610		.039923		.191047		.001309
107	COST TO BE ALLOCATED	69,135	97,900	164,527	80,120	123,645	275,001	105,791
108	(WRKSHT B, PART III)							
108	UNIT COST MULTIPLIER		.192024		.901369		.036580	
108	(WRKSHT B, PT III)	.067374		.734879		2.755075		.020993

COST CENTER DESCRIPTION	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	I&R SERVICES- OTHER PRGM C	PARAMED ED PR GM	PARAMED ED PR GM - LAB	PARAMED ED PR GM - RADIOLO	PARAMED ED PR GM - RESP TH
	(GROSS CHARGES)	(GROSS CHARGES)	(ASSIGNED TIME)	(NO STATISTICS)	(ASSIGNED TIME)	(ASSIGNED TIME)	(ASSIGNED TIME)
	17	18	23	24	24.01	24.02	24.03
001	GENERAL SERVICE COST						
002	OLD CAP REL COSTS-BLD						
003	OLD CAP REL COSTS-MVB						
004	NEW CAP REL COSTS-BLD						
005	NEW CAP REL COSTS-MVB						
006	EMPLOYEE BENEFITS						
006 01	COMMUNICATIONS						
006 02	DATA PROCESSING						
006 03	PURCHASING, RECEIVING						
006 04	ADMINISTRATIVE						
006 05	OTHER ADMINISTRATIVE						
007	MAINTENANCE & REPAIRS						
008	OPERATION OF PLANT						
009	LAUNDRY & LINEN SERVICE						
010	HOUSEKEEPING						
011	DIETARY						
012	CAFETERIA						
014	NURSING ADMINISTRATIVE						
015	CENTRAL SERVICES & SU						
016	PHARMACY						
017	MEDICAL RECORDS & LIBRARY	440,338,175					
018	SOCIAL SERVICE		440,338,175				
023	I&R SERVICES-OTHER PRGM			101			
024	PARAMED ED PRGM				100		
024 01	PARAMED ED PRGM - LAB					1,000	
024 02	PARAMED ED PRGM - RADIOLO						1,000
024 03	PARAMED ED PRGM - RESP TH						
024 04	PARAMED ED PRGM-PHARM						100
025	INPAT ROUTINE SERVICE						
026	ADULTS & PEDIATRICS	35,629,453	35,629,453	1			
026	INTENSIVE CARE UNIT	7,563,872	7,563,872				
030	NEWBORN INTENSIVE CARE	5,344,065	5,344,065				
031	SUBPROVIDER	20,101,942	20,101,942				
033	NURSERY	1,465,558	1,465,558				
034	SKILLED NURSING FACILITY						
037	ANCILLARY SERVICE COST CENTER						
037 01	OPERATING ROOM	13,852,841	13,852,841				
037 02	OPEN HEART SURGERY	1,579,785	1,579,785				
038	OUTPATIENT SURGERY	4,177,018	4,177,018				
040	RECOVERY ROOM	3,418,729	3,418,729				
041	ANESTHESIOLOGY	3,387,399	3,387,399	20			
041 01	RADIOLOGY-DIAGNOSTIC	13,643,738	13,643,738			950	
041 02	RADIOLOGY-SPECIAL PROC	9,829,258	9,829,258			20	
042	ULTRASOUND	10,061,792	10,061,792			10	
042 01	RADIOLOGY-THERAPEUTIC						
044	COMPUTED TOMOGRAPHY	35,198,729	35,198,729			20	
047	LABORATORY	52,657,695	52,657,695			820	
047 01	BLOOD STORAGE, PROCESSING	4,729,229	4,729,229			160	
049	NUCLEAR MEDICINE	5,970,030	5,970,030			20	
050	RESPIRATORY THERAPY	12,855,601	12,855,601				100
051	PHYSICAL THERAPY	5,117,904	5,117,904				
052	OCCUPATIONAL THERAPY	2,691,300	2,691,300				
053	SPEECH PATHOLOGY	1,267,916	1,267,916				
054	ELECTROCARDIOLOGY	9,121,533	9,121,533				
055	ELECTROENCEPHALOGRAPH	1,780,333	1,780,333				
056	MEDICAL SUPPLIES CHARGED TO PATIENT	46,750,260	46,750,260				
059	DRUGS CHARGED TO PATIENT CLINIC	55,805,898	55,805,898		100		
059 01	ORTHOPEDICS	406,769	406,769				
059 02	CARDIOVASCULAR SERVICE	14,666,814	14,666,814				
059 03	CARDIAC REHAB	1,702,330	1,702,330				
059 04	RADIATION ONCOLOGY	7,132,296	7,132,296				
059 05	MRI	7,549,851	7,549,851				
059 06	BARITRIC CENTER						
059 07	PSYCH ACTIVITY THERAPY	1,287,946	1,287,946				
059 08	WOUND CARE	1,820,061	1,820,061				
059 09	RENAL DIALYSIS	2,868,546	2,868,546				
060	OUTPAT SERVICE COST CENTER						
060 01	CLINIC						
061	OCC HEALTH CLINIC						
062	EMERGENCY	38,901,684	38,901,684	80			
071	OBSERVATION BEDS (NON OTHER REIMBURS COST CENTER)						
095	HOME HEALTH AGENCY SPEC PURPOSE COST CENTER						
095	SUBTOTALS	440,338,175	440,338,175	101	100	1,000	1,000
096	NONREIMBURS COST CENTER						
096 01	GIFT, FLOWER, COFFEE						
096 02	CONVENT						
096 03	HOME MEDICAL EQUIPMENT						
096 03	MEDICAL ARTS BUILDING						

COST CENTER DESCRIPTION	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	I&R SERVICES- OTHER PRGM C	PARAMED ED PR GM	PARAMED ED PR GM - LAB	PARAMED ED PR GM - RADIOLO	PARAMED ED PR GM - RESP TH
	(GROSS CHARGES)	(GROSS CHARGES)	(ASSIGNED TIME)	(NO STATISTICS)	(ASSIGNED TIME)	(ASSIGNED TIME)	(ASSIGNED TIME)
NONREIMBURS COST CENT	17	18	23	24	24.01	24.02	24.03
096 04 WOMEN'S HEALTH CENTER							
096 05 DEVELOPMENT							
096 06 NEUROSURGERY PROF SER							
096 07 IMAGE RECOVERY							
096 08 FAMILY SERVICES							
096 09 MDWISE							
096 10 CATHERINE MCAULEY CLI							
096 11 CENTER OF HOPE							
096 12 SELECT							
096 13 PERCINI AS							
098 PHYSICIANS' PRIVATE O							
098 01 WORKING WELL							
099 NONPAID WORKERS							
100 01 REHAB							
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 COST TO BE ALLOCATED (WRKSHT B, PART I)	3,095,972	37,596	867,162	764	177,707	179,458	114,230
104 UNIT COST MULTIPLIER (WRKSHT B, PT I)	.007031	.000085	8,585.762376	7.640000	177.707000	179.458000	1,142.300000
105 COST TO BE ALLOCATED (WRKSHT B, PART II)	20,426	1,075	132	1	41	43	31
106 UNIT COST MULTIPLIER (WRKSHT B, PT II)	.000046	.000002	1.306931	.010000	.041000	.043000	.310000
107 COST TO BE ALLOCATED (WRKSHT B, PART III)	308,782	9,560	2,440	30	653	680	472
108 UNIT COST MULTIPLIER (WRKSHT B, PT III)	.000701	.000022	24.158416	.300000	.653000	.680000	4.720000

COST CENTER DESCRIPTION	PARAMED ED PR GM-PHARMACY	(NO STATISTICS )
		24.04
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 COMMUNICATIONS		
006 02 DATA PROCESSING		
006 03 PURCHASING, RECEIVING		
006 04 ADMINISTRATION		
006 05 OTHER ADMINISTRATION		
007 MAINTENANCE & REPAIRS		
008 OPERATION OF PLANT		
009 LAUNDRY & LINEN SERVICE		
010 HOUSEKEEPING		
011 DIETARY		
012 CAFETERIA		
014 NURSING ADMINISTRATION		
015 CENTRAL SERVICES & SU		
016 PHARMACY		
017 MEDICAL RECORDS & LIB		
018 SOCIAL SERVICE		
023 I&R SERVICES-OTHER PR		
024 PARAMED ED PRGM		
024 01 PARAMED ED PRGM - LAB		
024 02 PARAMED ED PRGM - RAD		
024 03 PARAMED ED PRGM - RES		
024 04 PARAMED ED PRGM-PHARM	100	
INPAT ROUTINE SRVC CN		
025 ADULTS & PEDIATRICS		
026 INTENSIVE CARE UNIT		
030 NEWBORN INTENSIVE CAR		
031 SUBPROVIDER		
033 NURSERY		
034 SKILLED NURSING FACIL		
ANCILLARY SRVC COST C		
037 OPERATING ROOM		
037 01 OPEN HEART SURGERY		
037 02 OUTPATIENT SURGERY		
038 RECOVERY ROOM		
040 ANESTHESIOLOGY		
041 RADIOLOGY-DIAGNOSTIC		
041 01 RADIOLOGY SPECIAL PRO		
041 02 ULTRASOUND		
042 RADIOLOGY-THERAPEUTIC		
042 01 COMPUTED TOMOGRAPHY		
044 LABORATORY		
047 BLOOD STORAGE, PROCES		
047 01 NUCLEAR MEDICINE		
049 RESPIRATORY THERAPY		
050 PHYSICAL THERAPY		
051 OCCUPATIONAL THERAPY		
052 SPEECH PATHOLOGY		
053 ELECTROCARDIOLOGY		
054 ELECTROENCEPHALOGRAPH		
055 MEDICAL SUPPLIES CHAR		
056 DRUGS CHARGED TO PATI	100	
059 PAIN CLINIC		
059 01 ORTHOPEDICS		
059 02 CARDIOVASCULAR SERVIC		
059 03 CARDIAC REHAB		
059 04 RADIATION ONCOLOGY		
059 05 MRI		
059 06 BARIATRIC CENTER		
059 07 PSYCH ACTIVITY THERAP		
059 08 WOUND CARE		
059 09 RENAL DIALYSIS		
OUTPAT SERVICE COST C		
060 CLINIC		
060 01 OCC HEALTH CLINIC		
061 EMERGENCY		
062 OBSERVATION BEDS (NON		
OTHER REIMBURS COST C		
071 HOME HEALTH AGENCY		
SPEC PURPOSE COST CEN		
095 SUBTOTALS	100	
NONREIMBURS COST CENT		
096 GIFT, FLOWER, COFFEE		
096 01 CONVENT		
096 02 HOME MEDICAL EQUIPMEN		
096 03 MEDICAL ARTS BUILDING		

COST CENTER		PARAMED ED PR
DESCRIPTION		GM-PHARMACY
		(NO
		STATISTICS )
		24.04
NONREIMBURS COST CENT		
096	04 WOMEN'S HEALTH CENTER	
096	05 DEVELOPMENT	
096	06 NEUROSURGERY PROF SER	
096	07 IMAGE RECOVERY	
096	08 FAMILY SERVICES	
096	09 MDWISE	
096	10 CATHERINE MCAULEY CLI	
096	11 CENTER OF HOPE	
096	12 SELECT	
096	13 PERCINI AS	
098	PHYSICIANS' PRIVATE O	
098	01 WORKING WELL	
099	NONPAID WORKERS	
100	01 REHAB	
101	CROSS FOOT ADJUSTMENT	
102	NEGATIVE COST CENTER	
103	COST TO BE ALLOCATED	715,898
		(PER WRKSHT B, PART
104	UNIT COST MULTIPLIER	
		(WRKSHT B, PT I)
105	COST TO BE ALLOCATED	7,158.980000
		176
		(PER WRKSHT B, PART
106	UNIT COST MULTIPLIER	
		(WRKSHT B, PT II)
107	COST TO BE ALLOCATED	1.760000
		2,646
		(PER WRKSHT B, PART
108	UNIT COST MULTIPLIER	
		(WRKSHT B, PT III)
		26.460000

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	31,470,477		31,470,477		31,470,477
26	INTENSIVE CARE UNIT	6,135,175		6,135,175		6,135,175
30	NEWBORN INTENSIVE CARE UN	3,770,324		3,770,324		3,770,324
31	SUBPROVIDER	5,456,013		5,456,013		5,456,013
33	NURSERY	1,532,177		1,532,177		1,532,177
34	SKILLED NURSING FACILITY ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	5,719,804		5,719,804		5,719,804
37 01	OPEN HEART SURGERY	527,811		527,811	28,188	555,999
37 02	OUTPATIENT SURGERY	3,268,311		3,268,311		3,268,311
38	RECOVERY ROOM	826,093		826,093		826,093
40	ANESTHESIOLOGY	3,904,752		3,904,752		3,904,752
41	RADIOLOGY-DIAGNOSTIC	3,653,008		3,653,008		3,653,008
41 01	RADIOLOGY SPECIAL PROCEDU	2,513,160		2,513,160		2,513,160
41 02	ULTRASOUND	1,289,896		1,289,896		1,289,896
42	RADIOLOGY-THERAPEUTIC					
42 01	COMPUTED TOMOGRAPHY	1,780,055		1,780,055		1,780,055
44	LABORATORY	7,886,778		7,886,778		7,886,778
47	BLOOD STORING, PROCESSING	1,540,150		1,540,150		1,540,150
47 01	NUCLEAR MEDICINE	1,328,353		1,328,353		1,328,353
49	RESPIRATORY THERAPY	3,346,246		3,346,246	4,516	3,350,762
50	PHYSICAL THERAPY	2,903,700		2,903,700		2,903,700
51	OCCUPATIONAL THERAPY	1,339,875		1,339,875		1,339,875
52	SPEECH PATHOLOGY	805,959		805,959		805,959
53	ELECTROCARDIOLOGY	980,325		980,325		980,325
54	ELECTROENCEPHALOGRAPHY	587,125		587,125	98	587,223
55	MEDICAL SUPPLIES CHARGED	12,413,771		12,413,771		12,413,771
56	DRUGS CHARGED TO PATIENTS	11,844,560		11,844,560		11,844,560
59	PAIN CLINIC	156,548		156,548		156,548
59 01	ORTHOPEDICS	352,177		352,177		352,177
59 02	CARDIOVASCULAR SERVICES	2,830,080		2,830,080	54,317	2,884,397
59 03	CARDIAC REHAB	821,089		821,089		821,089
59 04	RADIATION ONCOLOGY	2,080,459		2,080,459		2,080,459
59 05	MRI	668,511		668,511		668,511
59 06	BARITRIC CENTER	1,060		1,060		1,060
59 07	PSYCH ACTIVITY THERAPY	374,115		374,115		374,115
59 08	WOUND CARE	1,046,911		1,046,911		1,046,911
59 09	RENAL DIALYSIS	1,557,536		1,557,536		1,557,536
60	OUTPAT SERVICE COST CNTRS CLINIC					
60 01	OCC HEALTH CLINIC					
61	EMERGENCY	9,848,594		9,848,594		9,848,594
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	1,677,132		1,677,132		1,677,132
101	SUBTOTAL	138,238,110		138,238,110	87,119	138,325,229
102	LESS OBSERVATION BEDS	1,677,132		1,677,132		1,677,132
103	TOTAL	136,560,978		136,560,978	87,119	136,648,097

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	33,922,647		33,922,647			
26	INTENSIVE CARE UNIT	7,563,872		7,563,872			
30	NEWBORN INTENSIVE CARE UN	5,344,065		5,344,065			
31	SUBPROVIDER	20,101,942		20,101,942			
33	NURSERY	1,465,558		1,465,558			
34	SKILLED NURSING FACILITY ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	7,658,374	6,194,467	13,852,841	.412898	.412898	.412898
37 01	OPEN HEART SURGERY	1,579,785		1,579,785	.334103	.334103	.351946
37 02	OUTPATIENT SURGERY	1,955,474	2,221,544	4,177,018	.782451	.782451	.782451
38	RECOVERY ROOM	1,981,956	1,436,773	3,418,729	.241637	.241637	.241637
40	ANESTHESIOLOGY	1,596,659	1,790,740	3,387,399	1.152729	1.152729	1.152729
41	RADIOLOGY-DIAGNOSTIC	5,402,936	8,240,802	13,643,738	.267742	.267742	.267742
41 01	RADIOLOGY SPECIAL PROCEDU	4,385,042	5,444,216	9,829,258	.255682	.255682	.255682
41 02	ULTRASOUND	4,201,207	5,860,585	10,061,792	.128197	.128197	.128197
42	RADIOLOGY-THERAPEUTIC						
42 01	COMPUTED TOMOGRAPHY	15,787,170	19,411,559	35,198,729	.050572	.050572	.050572
44	LABORATORY	31,008,813	21,648,882	52,657,695	.149774	.149774	.149774
47	BLOOD STORING, PROCESSING	3,912,324	816,905	4,729,229	.325666	.325666	.325666
47 01	NUCLEAR MEDICINE	2,537,005	3,433,025	5,970,030	.222504	.222504	.222504
49	RESPIRATORY THERAPY	11,846,654	1,008,947	12,855,601	.260295	.260295	.260646
50	PHYSICAL THERAPY	3,507,415	1,610,489	5,117,904	.567361	.567361	.567361
51	OCCUPATIONAL THERAPY	2,296,128	395,172	2,691,300	.497854	.497854	.497854
52	SPEECH PATHOLOGY	738,673	529,243	1,267,916	.635656	.635656	.635656
53	ELECTROCARDIOLOGY	6,160,235	2,961,298	9,121,533	.107474	.107474	.107474
54	ELECTROENCEPHALOGRAPHY	58,349	1,721,984	1,780,333	.329784	.329784	.329839
55	MEDICAL SUPPLIES CHARGED	36,141,350	10,608,910	46,750,260	.265534	.265534	.265534
56	DRUGS CHARGED TO PATIENTS	48,899,565	6,906,333	55,805,898	.212246	.212246	.212246
59	PAIN CLINIC						
59 01	ORTHOPEDICS	26,855	379,914	406,769	.865791	.865791	.865791
59 02	CARDIOVASCULAR SERVICES	11,519,218	3,147,596	14,666,814	.192958	.192958	.196661
59 03	CARDIAC REHAB	574,990	1,127,340	1,702,330	.482332	.482332	.482332
59 04	RADIATION ONCOLOGY	544,671	6,587,625	7,132,296	.291696	.291696	.291696
59 05	MRI	3,205,926	4,343,925	7,549,851	.088546	.088546	.088546
59 06	BARIATRIC CENTER						
59 07	PSYCH ACTIVITY THERAPY	1,287,946		1,287,946	.290474	.290474	.290474
59 08	WOUND CARE		1,820,061	1,820,061	.575207	.575207	.575207
59 09	RENAL DIALYSIS	2,853,006	15,540	2,868,546	.542971	.542971	.542971
60	OUTPAT SERVICE COST CNTRS CLINIC						
60 01	OCC HEALTH CLINIC						
61	EMERGENCY	13,533,351	25,368,333	38,901,684	.253166	.253166	.253166
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	245,846	1,460,960	1,706,806	.982614	.982614	.982614
101	SUBTOTAL	293,845,007	146,493,168	440,338,175			
102	LESS OBSERVATION BEDS						
103	TOTAL	293,845,007	146,493,168	440,338,175			





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	5,719,804	946,898	4,772,906			5,719,804
37 01	OPEN HEART SURGERY	527,811	12,816	514,995			527,811
37 02	OUTPATIENT SURGERY	3,268,311	374,677	2,893,634			3,268,311
38	RECOVERY ROOM	826,093	10,179	815,914			826,093
40	ANESTHESIOLOGY	3,904,752	97,609	3,807,143			3,904,752
41	RADIOLOGY-DIAGNOSTIC	3,653,008	434,890	3,218,118			3,653,008
41 01	RADIOLOGY SPECIAL PROCEDU	2,513,160	57,293	2,455,867			2,513,160
41 02	ULTRASOUND	1,289,896	103,608	1,186,288			1,289,896
42	RADIOLOGY-THERAPEUTIC						
42 01	COMPUTED TOMOGRAPHY	1,780,055	66,623	1,713,432			1,780,055
44	LABORATORY	7,886,778	275,437	7,611,341			7,886,778
47	BLOOD STORING, PROCESSING	1,540,150	10,152	1,529,998			1,540,150
47 01	NUCLEAR MEDICINE	1,328,353	165,555	1,162,798			1,328,353
49	RESPIRATORY THERAPY	3,346,246	195,667	3,150,579			3,346,246
50	PHYSICAL THERAPY	2,903,700	163,381	2,740,319			2,903,700
51	OCCUPATIONAL THERAPY	1,339,875	20,859	1,319,016			1,339,875
52	SPEECH PATHOLOGY	805,959	47,767	758,192			805,959
53	ELECTROCARDIOLOGY	980,325	96,729	883,596			980,325
54	ELECTROENCEPHALOGRAPHY	587,125	63,161	523,964			587,125
55	MEDICAL SUPPLIES CHARGED	12,413,771	308,237	12,105,534			12,413,771
56	DRUGS CHARGED TO PATIENTS	11,844,560	176,978	11,667,582			11,844,560
59	PAIN CLINIC	156,548	42,161	114,387			156,548
59 01	ORTHOPEDICS	352,177	12,228	339,949			352,177
59 02	CARDIOVASCULAR SERVICES	2,830,080	492,586	2,337,494			2,830,080
59 03	CARDIAC REHAB	821,089	50,868	770,221			821,089
59 04	RADIATION ONCOLOGY	2,080,459	274,815	1,805,644			2,080,459
59 05	MRI	668,511	139,135	529,376			668,511
59 06	BARIATRIC CENTER	1,060	840	220			1,060
59 07	PSYCH ACTIVITY THERAPY	374,115	2,298	371,817			374,115
59 08	WOUND CARE	1,046,911	72,328	974,583			1,046,911
59 09	RENAL DIALYSIS	1,557,536	125,748	1,431,788			1,557,536
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60 01	OCC HEALTH CLINIC						
61	EMERGENCY	9,848,594	299,326	9,549,268			9,848,594
62	OBSERVATION BEDS (NON-DIS	1,677,132	108,663	1,568,469			1,677,132
	OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	89,873,944	5,249,512	84,624,432			89,873,944
102	LESS OBSERVATION BEDS	1,677,132	108,663	1,568,469			1,677,132
103	TOTAL	88,196,812	5,140,849	83,055,963			88,196,812

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRGRATIO	I/P PT B COST TO CHRGRATIO
		7	8	9
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	13,852,841	.412898	.412898
37 01	OPEN HEART SURGERY	1,579,785	.334103	.334103
37 02	OUTPATIENT SURGERY	4,177,018	.782451	.782451
38	RECOVERY ROOM	3,418,729	.241637	.241637
40	ANESTHESIOLOGY	3,387,399	1.152729	1.152729
41	RADIOLOGY-DIAGNOSTIC	13,643,738	.267742	.267742
41 01	RADIOLOGY SPECIAL PROCEDU	9,829,258	.255682	.255682
41 02	ULTRASOUND	10,061,792	.128197	.128197
42	RADIOLOGY-THERAPEUTIC			
42 01	COMPUTED TOMOGRAPHY	35,198,729	.050572	.050572
44	LABORATORY	52,657,695	.149774	.149774
47	BLOOD STORING, PROCESSING	4,729,229	.325666	.325666
47 01	NUCLEAR MEDICINE	5,970,030	.222504	.222504
49	RESPIRATORY THERAPY	12,855,601	.260295	.260295
50	PHYSICAL THERAPY	5,117,904	.567361	.567361
51	OCCUPATIONAL THERAPY	2,691,300	.497854	.497854
52	SPEECH PATHOLOGY	1,267,916	.635656	.635656
53	ELECTROCARDIOLOGY	9,121,533	.107474	.107474
54	ELECTROENCEPHALOGRAPHY	1,780,333	.329784	.329784
55	MEDICAL SUPPLIES CHARGED	46,750,260	.265534	.265534
56	DRUGS CHARGED TO PATIENTS	55,805,898	.212246	.212246
59	PAIN CLINIC			
59 01	ORTHOPEDICS	406,769	.865791	.865791
59 02	CARDIOVASCULAR SERVICES	14,666,814	.192958	.192958
59 03	CARDIAC REHAB	1,702,330	.482332	.482332
59 04	RADIATION ONCOLOGY	7,132,296	.291696	.291696
59 05	MRI	7,549,851	.088546	.088546
59 06	BARIATRIC CENTER			
59 07	PSYCH ACTIVITY THERAPY	1,287,946	.290474	.290474
59 08	WOUND CARE	1,820,061	.575207	.575207
59 09	RENAL DIALYSIS	2,868,546	.542971	.542971
60	OUTPAT SERVICE COST CNTRS			
60	CLINIC			
60 01	OCC HEALTH CLINIC			
61	EMERGENCY	38,901,684	.253166	.253166
62	OBSERVATION BEDS (NON-DIS	1,706,806	.982614	.982614
	OTHER REIMBURS COST CNTRS			
101	SUBTOTAL	371,940,091		
102	LESS OBSERVATION BEDS	1,706,806		
103	TOTAL	370,233,285		

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	5,719,804	946,898	4,772,906	94,690	276,829	5,348,285
37 01	OPEN HEART SURGERY	527,811	12,816	514,995	1,282	29,870	496,659
37 02	OUTPATIENT SURGERY	3,268,311	374,677	2,893,634	37,468	167,831	3,063,012
38	RECOVERY ROOM	826,093	10,179	815,914	1,018	47,323	777,752
40	ANESTHESIOLOGY	4,076,467	97,609	3,978,858	9,761	230,774	3,835,932
41	RADIOLOGY-DIAGNOSTIC	3,653,008	434,890	3,218,118	43,489	186,651	3,422,868
41 01	RADIOLOGY SPECIAL PROCEDURE	2,513,160	57,293	2,455,867	5,729	142,440	2,364,991
41 02	ULTRASOUND	1,289,896	103,608	1,186,288	10,361	68,805	1,210,730
42	RADIOLOGY-THERAPEUTIC						
42 01	COMPUTED TOMOGRAPHY	1,780,055	66,623	1,713,432	6,662	99,379	1,674,014
44	LABORATORY	7,886,778	275,437	7,611,341	27,544	441,458	7,417,776
47	BLOOD STORING, PROCESSING	1,540,150	10,152	1,529,998	1,015	88,740	1,450,395
47 01	NUCLEAR MEDICINE	1,328,353	165,555	1,162,798	16,556	67,442	1,244,355
49	RESPIRATORY THERAPY	3,346,246	195,667	3,150,579	19,567	182,734	3,143,945
50	PHYSICAL THERAPY	2,903,700	163,381	2,740,319	16,338	158,939	2,728,423
51	OCCUPATIONAL THERAPY	1,339,875	20,859	1,319,016	2,086	76,503	1,261,286
52	SPEECH PATHOLOGY	805,959	47,767	758,192	4,777	43,975	757,207
53	ELECTROCARDIOLOGY	980,325	96,729	883,596	9,673	51,249	919,403
54	ELECTROENCEPHALOGRAPHY	587,125	63,161	523,964	6,316	30,390	550,419
55	MEDICAL SUPPLIES CHARGED	12,413,771	308,237	12,105,534	30,824	702,121	11,680,826
56	DRUGS CHARGED TO PATIENTS	11,844,560	176,978	11,667,582	17,698	676,720	11,150,142
59	PAIN CLINIC	156,548	42,161	114,387	4,216	6,634	145,698
59 01	ORTHOPEDICS	352,177	12,228	339,949	1,223	19,717	331,237
59 02	CARDIOVASCULAR SERVICES	2,830,080	492,586	2,337,494	49,259	135,575	2,645,246
59 03	CARDIAC REHAB	821,089	50,868	770,221	5,087	44,673	771,329
59 04	RADIATION ONCOLOGY	2,080,459	274,815	1,805,644	27,482	104,727	1,948,250
59 05	MRI	668,511	139,135	529,376	13,914	30,704	623,893
59 06	BARIATRIC CENTER	1,060	840	220	84	13	963
59 07	PSYCH ACTIVITY THERAPY	374,115	2,298	371,817	230	21,565	352,320
59 08	WOUND CARE	1,046,911	72,328	974,583	7,233	56,526	983,152
59 09	RENAL DIALYSIS	1,557,536	125,748	1,431,788	12,575	83,044	1,461,917
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60 01	OC HEALTH CLINIC						
61	EMERGENCY	10,535,455	299,326	10,236,129	29,933	593,695	9,911,827
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS)	1,677,132	108,663	1,568,469	10,866	90,971	1,575,295
101	SUBTOTAL	90,732,520	5,249,512	85,483,008	524,956	4,958,017	85,249,547
102	LESS OBSERVATION BEDS	1,677,132	108,663	1,568,469	10,866	90,971	1,575,295
103	TOTAL	89,055,388	5,140,849	83,914,539	514,090	4,867,046	83,674,252

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRGRATIO	I/P PT B COST TO CHRGRATIO
		7	8	9
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	13,852,841	.386079	.406062
37 01	OPEN HEART SURGERY	1,579,785	.314384	.333292
37 02	OUTPATIENT SURGERY	4,177,018	.733301	.773481
38	RECOVERY ROOM	3,418,729	.227497	.241340
40	ANESTHESIOLOGY	3,387,399	1.132412	1.200539
41	RADIOLOGY-DIAGNOSTIC	13,643,738	.250875	.264555
41 01	RADIOLOGY SPECIAL PROCEDU	9,829,258	.240607	.255099
41 02	ULTRASOUND	10,061,792	.120329	.127168
42	RADIOLOGY-THERAPEUTIC			
42 01	COMPUTED TOMOGRAPHY	35,198,729	.047559	.050382
44	LABORATORY	52,657,695	.140868	.149251
47	BLOOD STORING, PROCESSING	4,729,229	.306687	.325452
47 01	NUCLEAR MEDICINE	5,970,030	.208434	.219730
49	RESPIRATORY THERAPY	12,855,601	.244558	.258773
50	PHYSICAL THERAPY	5,117,904	.533113	.564169
51	OCCUPATIONAL THERAPY	2,691,300	.468653	.497079
52	SPEECH PATHOLOGY	1,267,916	.597206	.631889
53	ELECTROCARDIOLOGY	9,121,533	.100795	.106413
54	ELECTROENCEPHALOGRAPHY	1,780,333	.309166	.326236
55	MEDICAL SUPPLIES CHARGED	46,750,260	.249856	.264874
56	DRUGS CHARGED TO PATIENTS	55,805,898	.199802	.211929
59	PAIN CLINIC			
59 01	ORTHOPEDICS	406,769	.814312	.862785
59 02	CARDIOVASCULAR SERVICES	14,666,814	.180356	.189600
59 03	CARDIAC REHAB	1,702,330	.453102	.479344
59 04	RADIATION ONCOLOGY	7,132,296	.273159	.287842
59 05	MRI	7,549,851	.082636	.086703
59 06	BARIATRIC CENTER			
59 07	PSYCH ACTIVITY THERAPY	1,287,946	.273552	.290296
59 08	WOUND CARE	1,820,061	.540175	.571233
59 09	RENAL DIALYSIS	2,868,546	.509637	.538587
60	OUTPAT SERVICE COST CNTRS			
60	CLINIC			
60 01	OCC HEALTH CLINIC			
61	EMERGENCY	38,901,684	.254792	.270053
62	OBSERVATION BEDS (NON-DIS	1,706,806	.922949	.976248
	OTHER REIMBURS COST CNTRS			
101	SUBTOTAL	371,940,091		
102	LESS OBSERVATION BEDS	1,706,806		
103	TOTAL	370,233,285		

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	148,268		148,268	1,890,760		1,890,760
26	INTENSIVE CARE UNIT	18,098		18,098	338,925		338,925
30	NEWBORN INTENSIVE CARE UN	5,984		5,984	141,396		141,396
31	SUBPROVIDER	2,077		2,077	34,399		34,399
33	NURSERY	352		352	6,006		6,006
101	TOTAL	174,779		174,779	2,411,486		2,411,486

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL PATIENT DAYS 7	INPATIENT PROGRAM DAYS 8	OLD CAPITAL PER DIEM 9	INPAT PROGRAM OLD CAP CST 10	NEW CAPITAL PER DIEM 11	INPAT PROGRAM NEW CAP CST 12
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS	44,716	25,261	3.32	83,867	42.28	1,068,035
26	INTENSIVE CARE UNIT	4,550	2,634	3.98	10,483	74.49	196,207
30	NEWBORN INTENSIVE CARE UN	3,198		1.87		44.21	
31	SUBPROVIDER	8,380	1,382	.25	346	4.10	5,666
33	NURSERY	1,483		.24		4.05	
101	TOTAL	62,327	29,277		94,696		1,269,908





WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST 1	MED ED NRS SCHOOL COST 2	MED ED ALLIED HEALTH COST 2.01	MED ED ALL OTHER COSTS 2.02	SWING BED ADJ AMOUNT 3	TOTAL COSTS 4
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS						
26	INTENSIVE CARE UNIT						
30	NEWBORN INTENSIVE CARE UN						
31	SUBPROVIDER						
33	NURSERY						
34	SKILLED NURSING FACILITY						
101	TOTAL						

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

PROVIDER NO: 15-0004  
PERIOD: FROM 1/1/2010 TO 12/31/2010  
PREPARED 5/25/2011  
WORKSHEET D  
PART III

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL PATIENT DAYS	PER DIEM	INPAT PROG DAYS	INPAT PROG PASS THRU COST
		5	6	7	8
25	ADULTS & PEDIATRICS	44,716		25,261	
26	INTENSIVE CARE UNIT	4,550		2,634	
30	NEWBORN INTENSIVE CARE UN	3,198			
31	SUBPROVIDER	8,380		1,382	
33	NURSERY	1,483			
34	SKILLED NURSING FACILITY				
101	TOTAL	62,327		29,277	

TITLE XVIII, PART A HOSPITAL PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST	1	1.01	MED ED NRS SCHOOL COST	2	MED ED ALLIED HEALTH COST	2.01	MED ED ALL OTHER COSTS	2.02	BLOOD CLOT FOR HEMOPHILIACS	2.03
37	ANCILLARY SRVC COST CNTRS OPERATING ROOM											
37	01 OPEN HEART SURGERY											
37	02 OUTPATIENT SURGERY											
38	RECOVERY ROOM											
40	ANESTHESIOLOGY											
41	RADIOLOGY-DIAGNOSTIC						170,485					
41	01 RADIOLOGY SPECIAL PROCEDU						3,589					
41	02 ULTRASOUND						1,795					
42	RADIOLOGY-THERAPEUTIC											
42	01 COMPUTED TOMOGRAPHY						3,589					
44	LABORATORY						145,720					
47	BLOOD STORING, PROCESSING						28,433					
47	01 NUCLEAR MEDICINE						3,554					
49	RESPIRATORY THERAPY						114,230					
50	PHYSICAL THERAPY											
51	OCCUPATIONAL THERAPY											
52	SPEECH PATHOLOGY											
53	ELECTROCARDIOLOGY											
54	ELECTROENCEPHALOGRAPHY											
55	MEDICAL SUPPLIES CHARGED											
56	DRUGS CHARGED TO PATIENTS						716,662					
59	PAIN CLINIC											
59	01 ORTHOPEDICS											
59	02 CARDIOVASCULAR SERVICES											
59	03 CARDIAC REHAB											
59	04 RADIATION ONCOLOGY											
59	05 MRI											
59	06 BARIATRIC CENTER											
59	07 PSYCH ACTIVITY THERAPY											
59	08 WOUND CARE											
59	09 RENAL DIALYSIS											
60	OUTPAT SERVICE COST CNTRS CLINIC											
60	01 OCC HEALTH CLINIC											
61	EMERGENCY											
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS											
101	TOTAL						1,188,057					

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			13,852,841			3,075,387	
37 01	OPEN HEART SURGERY			1,579,785			651,028	
37 02	OUTPATIENT SURGERY			4,177,018			1,244,632	
38	RECOVERY ROOM			3,418,729			803,868	
40	ANESTHESIOLOGY			3,387,399			667,264	
41	RADIOLOGY-DIAGNOSTIC	170,485	170,485	13,643,738	.012495	.012495	2,749,140	34,351
41 01	RADIOLOGY SPECIAL PROCEDURE	3,589	3,589	9,829,258	.000365	.000365	3,431,561	1,253
41 02	ULTRASOUND	1,795	1,795	10,061,792	.000178	.000178	2,286,176	407
42	RADIOLOGY-THERAPEUTIC							
42 01	COMPUTED TOMOGRAPHY	3,589	3,589	35,198,729	.000102	.000102	7,868,865	803
44	LABORATORY	145,720	145,720	52,657,695	.002767	.002767	15,897,046	43,987
47	BLOOD STORING, PROCESSING	28,433	28,433	4,729,229	.006012	.006012	1,755,291	10,553
47 01	NUCLEAR MEDICINE	3,554	3,554	5,970,030	.000595	.000595	1,432,411	852
49	RESPIRATORY THERAPY	114,230	114,230	12,855,601	.008886	.008886	6,710,564	59,630
50	PHYSICAL THERAPY			5,117,904			1,492,133	
51	OCCUPATIONAL THERAPY			2,691,300			612,722	
52	SPEECH PATHOLOGY			1,267,916			179,005	
53	ELECTROCARDIOLOGY			9,121,533			3,475,951	
54	ELECTROENCEPHALOGRAPHY			1,780,333			35,059	
55	MEDICAL SUPPLIES CHARGED			46,750,260			19,761,572	
56	DRUGS CHARGED TO PATIENTS	716,662	716,662	55,805,898	.012842	.012842	28,405,132	364,779
59	PAIN CLINIC							
59 01	ORTHOPEDICS			406,769			15,170	
59 02	CARDIOVASCULAR SERVICES			14,666,814			6,331,984	
59 03	CARDIAC REHAB			1,702,330			320,483	
59 04	RADIATION ONCOLOGY			7,132,296			375,863	
59 05	MRI			7,549,851			1,598,995	
59 06	BARITRIC CENTER							
59 07	PSYCH ACTIVITY THERAPY			1,287,946				
59 08	WOUND CARE			1,820,061				
59 09	RENAL DIALYSIS			2,868,546			1,955,878	
60	OUTPAT SERVICE COST CNTRS CLINIC							
60 01	OCC HEALTH CLINIC							
61	EMERGENCY			38,901,684			6,910,412	
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS			1,706,806			196,203	
101	TOTAL	1,188,057	1,188,057	371,940,091			120,239,795	516,615

TITLE XVIII, PART A HOSPITAL PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES 8	OUTPAT PROG D, V COL 5.03 8.01	OUTPAT PROG D, V COL 5.04 8.02	OUTPAT PROG PASS THRU COST 9	COL 8.01 * COL 5 9.01	COL 8.02 * COL 5 9.02
37	ANCILLARY SRVC COST CNTRS OPERATING ROOM	1,710,150					
37 01	OPEN HEART SURGERY						
37 02	OUTPATIENT SURGERY	785,523					
38	RECOVERY ROOM	486,085					
40	ANESTHESIOLOGY	460,358					
41	RADIOLOGY-DIAGNOSTIC	1,504,692			18,801		
41 01	RADIOLOGY SPECIAL PROCEDURE	2,067,161			755		
41 02	ULTRASOUND	1,219,946			217		
42	RADIOLOGY-THERAPEUTIC						
42 01	COMPUTED TOMOGRAPHY	4,761,020			486		
44	LABORATORY	397,588			1,100		
47	BLOOD STORING, PROCESSING	106,851			642		
47 01	NUCLEAR MEDICINE	1,475,827			878		
49	RESPIRATORY THERAPY	195,056			1,733		
50	PHYSICAL THERAPY	516					
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY	14,397					
53	ELECTROCARDIOLOGY	953,274					
54	ELECTROENCEPHALOGRAPHY	784,556					
55	MEDICAL SUPPLIES CHARGED	3,935,737					
56	DRUGS CHARGED TO PATIENTS	3,205,593			41,166		
59	PAIN CLINIC						
59 01	ORTHOPEDICS	12,725					
59 02	CARDIOVASCULAR SERVICES	1,549,229					
59 03	CARDIAC REHAB	483,289					
59 04	RADIATION ONCOLOGY	3,105,962					
59 05	MRI	1,455,567					
59 06	BARITRIC CENTER						
59 07	PSYCH ACTIVITY THERAPY						
59 08	WOUND CARE	970,864					
59 09	RENAL DIALYSIS	5,090					
60	OUTPAT SERVICE COST CNTRS CLINIC						
60 01	OCC HEALTH CLINIC						
61	EMERGENCY	2,994,715					
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	297,737					
101	TOTAL	34,939,508			65,778		















TITLE XVIII, PART A SUBPROVIDER 1 PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST	1.01	MED ED NRS SCHOOL COST	2	MED ED ALLIED HEALTH COST	2.01	MED ED ALL OTHER COSTS	2.02	BLOOD CLOT FOR HEMOPHILIACS	2.03
37	ANCILLARY SRVC COST CNTRS										
	OPERATING ROOM										
37	01 OPEN HEART SURGERY										
37	02 OUTPATIENT SURGERY										
38	RECOVERY ROOM										
40	ANESTHESIOLOGY										
41	RADIOLOGY-DIAGNOSTIC						170,485				
41	01 RADIOLOGY SPECIAL PROCEDU						3,589				
41	02 ULTRASOUND						1,795				
42	RADIOLOGY-THERAPEUTIC										
42	01 COMPUTED TOMOGRAPHY						3,589				
44	LABORATORY						145,720				
47	BLOOD STORING, PROCESSING						28,433				
47	01 NUCLEAR MEDICINE						3,554				
49	RESPIRATORY THERAPY						114,230				
50	PHYSICAL THERAPY										
51	OCCUPATIONAL THERAPY										
52	SPEECH PATHOLOGY										
53	ELECTROCARDIOLOGY										
54	ELECTROENCEPHALOGRAPHY										
55	MEDICAL SUPPLIES CHARGED										
56	DRUGS CHARGED TO PATIENTS						716,662				
59	PAIN CLINIC										
59	01 ORTHOPEDICS										
59	02 CARDIOVASCULAR SERVICES										
59	03 CARDIAC REHAB										
59	04 RADIATION ONCOLOGY										
59	05 MRI										
59	06 BARIATRIC CENTER										
59	07 PSYCH ACTIVITY THERAPY										
59	08 WOUND CARE										
59	09 RENAL DIALYSIS										
60	OUTPAT SERVICE COST CNTRS										
	CLINIC										
60	01 OCC HEALTH CLINIC										
61	EMERGENCY										
62	OBSERVATION BEDS (NON-DIS										
	OTHER REIMBURS COST CNTRS										
101	TOTAL						1,188,057				

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			13,852,841				
	OPERATING ROOM			1,579,785				
37 01	OPEN HEART SURGERY			4,177,018				
37 02	OUTPATIENT SURGERY			3,418,729				
38	RECOVERY ROOM			3,387,399				
40	ANESTHESIOLOGY			13,643,738	.012495	.012495	11,353	142
41	RADIOLOGY-DIAGNOSTIC	170,485	170,485	9,829,258	.000365	.000365		
41 01	RADIOLOGY SPECIAL PROCEDURE	3,589	3,589	10,061,792	.000178	.000178	1,911	
41 02	ULTRASOUND	1,795	1,795					
42	RADIOLOGY-THERAPEUTIC			35,198,729	.000102	.000102	55,018	6
42 01	COMPUTED TOMOGRAPHY	3,589	3,589	52,657,695	.002767	.002767	311,396	862
44	LABORATORY	145,720	145,720	4,729,229	.006012	.006012		
47	BLOOD STORING, PROCESSING	28,433	28,433	5,970,030	.000595	.000595		
47 01	NUCLEAR MEDICINE	3,554	3,554	12,855,601	.008886	.008886	3,747	33
49	RESPIRATORY THERAPY	114,230	114,230	5,117,904			2,678	
50	PHYSICAL THERAPY			2,691,300			1,092	
51	OCCUPATIONAL THERAPY			1,267,916			134	
52	SPEECH PATHOLOGY			9,121,533			39,070	
53	ELECTROCARDIOLOGY			1,780,333				
54	ELECTROENCEPHALOGRAPHY			46,750,260			22,047	
55	MEDICAL SUPPLIES CHARGED			55,805,898	.012842	.012842	417,318	5,359
56	DRUGS CHARGED TO PATIENTS	716,662	716,662					
59	PAIN CLINIC			406,769				
59 01	ORTHOPEDICS			14,666,814				
59 02	CARDIOVASCULAR SERVICES			1,702,330				
59 03	CARDIAC REHAB			7,132,296				
59 04	RADIATION ONCOLOGY			7,549,851				
59 05	MRI			1,287,946			196,514	
59 06	BARITRIC CENTER			1,820,061				
59 07	PSYCH ACTIVITY THERAPY			2,868,546				
59 08	WOUND CARE							
59 09	RENAL DIALYSIS							
60	OUTPAT SERVICE COST CNTRS							
60	CLINIC							
60 01	OCC HEALTH CLINIC			38,901,684			143,579	
61	EMERGENCY			1,706,806				
62	OBSERVATION BEDS (NON-DIS							
	OTHER REIMBURS COST CNTRS							
101	TOTAL	1,188,057	1,188,057	371,940,091			1,205,857	6,402

TITLE XVIII, PART A SUBPROVIDER 1 PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES 8	OUTPAT PROG D, V COL 5.03 8.01	OUTPAT PROG D, V COL 5.04 8.02	OUTPAT PROG PASS THRU COST 9	COL 8.01 * COL 5 9.01	COL 8.02 * COL 5 9.02
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM						
37	01 OPEN HEART SURGERY						
37	02 OUTPATIENT SURGERY						
38	RECOVERY ROOM						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
41	01 RADIOLOGY SPECIAL PROCEDU						
41	02 ULTRASOUND						
42	RADIOLOGY-THERAPEUTIC						
42	01 COMPUTED TOMOGRAPHY						
44	LABORATORY						
47	BLOOD STORING, PROCESSING						
47	01 NUCLEAR MEDICINE						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
59	PAIN CLINIC						
59	01 ORTHOPEDICS						
59	02 CARDIOVASCULAR SERVICES						
59	03 CARDIAC REHAB						
59	04 RADIATION ONCOLOGY						
59	05 MRI						
59	06 BARIATRIC CENTER						
59	07 PSYCH ACTIVITY THERAPY						
59	08 WOUND CARE						
59	09 RENAL DIALYSIS						
60	OUTPAT SERVICE COST CNTRS						
60	01 OCC HEALTH CLINIC						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
	OTHER REIMBURS COST CNTRS						
101	TOTAL						





TITLE XIX SUBPROVIDER 1 PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST	1	1.01	MED ED NRS SCHOOL COST	2	MED ED ALLIED HEALTH COST	2.01	MED ED ALL OTHER COSTS	2.02	BLOOD CLOT FOR HEMOPHILIACS	2.03
37	ANCILLARY SRVC COST CNTRS											
	OPERATING ROOM											
37	01 OPEN HEART SURGERY											
37	02 OUTPATIENT SURGERY											
38	RECOVERY ROOM											
40	ANESTHESIOLOGY				171,715							
41	RADIOLOGY-DIAGNOSTIC						170,485					
41	01 RADIOLOGY SPECIAL PROCEDU						3,589					
41	02 ULTRASOUND						1,795					
42	RADIOLOGY-THERAPEUTIC											
42	01 COMPUTED TOMOGRAPHY						3,589					
44	LABORATORY						145,720					
47	BLOOD STORING, PROCESSING						28,433					
47	01 NUCLEAR MEDICINE						3,554					
49	RESPIRATORY THERAPY						114,230					
50	PHYSICAL THERAPY											
51	OCCUPATIONAL THERAPY											
52	SPEECH PATHOLOGY											
53	ELECTROCARDIOLOGY											
54	ELECTROENCEPHALOGRAPHY											
55	MEDICAL SUPPLIES CHARGED											
56	DRUGS CHARGED TO PATIENTS						716,662					
59	PAIN CLINIC											
59	01 ORTHOPEDICS											
59	02 CARDIOVASCULAR SERVICES											
59	03 CARDIAC REHAB											
59	04 RADIATION ONCOLOGY											
59	05 MRI											
59	06 BARIATRIC CENTER											
59	07 PSYCH ACTIVITY THERAPY											
59	08 WOUND CARE											
59	09 RENAL DIALYSIS											
60	OUTPAT SERVICE COST CNTRS											
60	CLINIC											
60	01 OCC HEALTH CLINIC											
61	EMERGENCY				686,861							
62	OBSERVATION BEDS (NON-DIS											
	OTHER REIMBURS COST CNTRS											
101	TOTAL				858,576		1,188,057					

TITLE XIX

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			13,852,841				
	OPERATING ROOM			1,579,785				
37 01	OPEN HEART SURGERY			4,177,018				
37 02	OUTPATIENT SURGERY			3,418,729				
38	RECOVERY ROOM			3,387,399	.050692	.050692		
40	ANESTHESIOLOGY	171,715	171,715	13,643,738	.012495	.012495	9,184	115
41	RADIOLOGY-DIAGNOSTIC	170,485	170,485	9,829,258	.000365	.000365		
41 01	RADIOLOGY SPECIAL PROCEDURE	3,589	3,589	10,061,792	.000178	.000178	2,341	
41 02	ULTRASOUND	1,795	1,795					
42	RADIOLOGY-THERAPEUTIC			35,198,729	.000102	.000102	20,448	2
42 01	COMPUTED TOMOGRAPHY	3,589	3,589	52,657,695	.002767	.002767	502,661	1,391
44	LABORATORY	145,720	145,720	4,729,229	.006012	.006012		
47	BLOOD STORING, PROCESSING	28,433	28,433	5,970,030	.000595	.000595		
47 01	NUCLEAR MEDICINE	3,554	3,554	12,855,601	.008886	.008886	16,376	146
49	RESPIRATORY THERAPY	114,230	114,230	5,117,904			289	
50	PHYSICAL THERAPY			2,691,300			128	
51	OCCUPATIONAL THERAPY			1,267,916			68	
52	SPEECH PATHOLOGY			9,121,533			47,143	
53	ELECTROCARDIOLOGY			1,780,333				
54	ELECTROENCEPHALOGRAPHY			46,750,260			22,255	
55	MEDICAL SUPPLIES CHARGED			55,805,898	.012842	.012842	483,389	6,208
56	DRUGS CHARGED TO PATIENTS	716,662	716,662					
59	PAIN CLINIC			406,769				
59 01	ORTHOPEDICS			14,666,814				
59 02	CARDIOVASCULAR SERVICES			1,702,330			1,810	
59 03	CARDIAC REHAB			7,132,296				
59 04	RADIATION ONCOLOGY			7,549,851			2,763	
59 05	MRI			1,287,946			366,994	
59 06	BARITRIC CENTER			1,820,061				
59 07	PSYCH ACTIVITY THERAPY			2,868,546				
59 08	WOUND CARE							
59 09	RENAL DIALYSIS							
60	OUTPAT SERVICE COST CNTRS							
60	CLINIC							
60 01	OCC HEALTH CLINIC			38,901,684	.017656	.017656	157,925	2,788
61	EMERGENCY	686,861	686,861	1,706,806				
62	OBSERVATION BEDS (NON-DIS							
	OTHER REIMBURS COST CNTRS							
101	TOTAL	2,046,633	2,046,633	371,940,091			1,633,774	10,650

TITLE XIX

SUBPROVIDER 1

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES 8	OUTPAT PROG D, V COL 5.03 8.01	OUTPAT PROG D, V COL 5.04 8.02	OUTPAT PROG PASS THRU COST 9	COL 8.01 * COL 5 9.01	COL 8.02 * COL 5 9.02
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM						
37 01	OPEN HEART SURGERY						
37 02	OUTPATIENT SURGERY						
38	RECOVERY ROOM						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
41 01	RADIOLOGY SPECIAL PROCEDU						
41 02	ULTRASOUND						
42	RADIOLOGY-THERAPEUTIC						
42 01	COMPUTED TOMOGRAPHY						
44	LABORATORY						
47	BLOOD STORING, PROCESSING						
47 01	NUCLEAR MEDICINE						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
59	PAIN CLINIC						
59 01	ORTHOPEDICS						
59 02	CARDIOVASCULAR SERVICES						
59 03	CARDIAC REHAB						
59 04	RADIATION ONCOLOGY						
59 05	MRI						
59 06	BARIATRIC CENTER						
59 07	PSYCH ACTIVITY THERAPY						
59 08	WOUND CARE						
59 09	RENAL DIALYSIS						
60	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60 01	OCC HEALTH CLINIC						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
	OTHER REIMBURS COST CNTRS						
101	TOTAL						













































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

RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS		
17	TOTAL AMOUNT PAYABLE TO THE PROVIDER (SEE INSTRUCTIONS)	873,440
18	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
19	INTERIM PAYMENTS	789,057
19.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
20	BALANCE DUE PROVIDER/PROGRAM	84,383
21	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.	

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

PART III - TITLE V OR TITLE XIX SERVICES OR TITLE XVIII SNF PPS ONLY

	TITLE XIX	HOSPITAL	OTHER TITLE V OR TITLE XIX 1	TITLE XVIII SNF PPS 2
	COMPUTATION OF NET COST OF COVERED SERVICE			
1	INPATIENT HOSPITAL/SNF/NF SERVICES		15,126,019	
2	MEDICAL AND OTHER SERVICES			
3	INTERNS AND RESIDENTS (SEE INSTRUCTIONS)			
4	ORGAN ACQUISITION (CERT TRANSPLANT CENTERS ONLY)			
5	COST OF TEACHING PHYSICIANS (SEE INSTRUCTIONS)			
6	SUBTOTAL		15,126,019	
7	INPATIENT PRIMARY PAYER PAYMENTS			
8	OUTPATIENT PRIMARY PAYER PAYMENTS			
9	SUBTOTAL		15,126,019	
	COMPUTATION OF LESSER OF COST OR CHARGES			
	REASONABLE CHARGES			
10	ROUTINE SERVICE CHARGES			
11	ANCILLARY SERVICE CHARGES		21,061,538	
12	INTERNS AND RESIDENTS SERVICE CHARGES			
13	ORGAN ACQUISITION CHARGES, NET OF REVENUE			
14	TEACHING PHYSICIANS			
15	INCENTIVE FROM TARGET AMOUNT COMPUTATION			
16	TOTAL REASONABLE CHARGES		21,061,538	
	CUSTOMARY CHARGES			
17	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS			
18	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)			
19	RATIO OF LINE 17 TO LINE 18			
20	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)		21,061,538	
21	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST		5,935,519	
22	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			
23	COST OF COVERED SERVICES		15,126,019	
	PROSPECTIVE PAYMENT AMOUNT			
24	OTHER THAN OUTLIER PAYMENTS			
25	OUTLIER PAYMENTS			
26	PROGRAM CAPITAL PAYMENTS			
27	CAPITAL EXCEPTION PAYMENTS (SEE INSTRUCTIONS)			
28	ROUTINE SERVICE OTHER PASS THROUGH COSTS			
29	ANCILLARY SERVICE OTHER PASS THROUGH COSTS			
30	SUBTOTAL		15,126,019	
31	CUSTOMARY CHARGES (TITLE XIX PPS COVERED SERVICES ONLY)			
32	TITLES V OR XIX PPS, LESSER OF LNS 30 OR 31; NON PPS & TITLE XVIII ENTER AMOUNT FROM LINE 30		15,126,019	
33	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)			
	COMPUTATION OF REIMBURSEMENT SETTLEMENT			
34	EXCESS OF REASONABLE COST			
35	SUBTOTAL		15,126,019	
36	COINSURANCE			
37	SUM OF AMOUNTS FROM WKST. E, PARTS C, D & E, LN 19			
38	REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)			
38.01	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS ENDING BEFORE 10/01/05 (SEE INSTRUCTIONS)			
38.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES			
38.03	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS BEGINNING ON OR AFTER 10/01/05 (SEE INSTRUCTIONS)			
39	UTILIZATION REVIEW			
40	SUBTOTAL (SEE INSTRUCTIONS)		15,126,019	
41	INPATIENT ROUTINE SERVICE COST			
42	MEDICARE INPATIENT ROUTINE CHARGES			
43	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS			
44	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT OF PART A SERVICES			
45	RATIO OF LINE 43 TO 44			
46	TOTAL CUSTOMARY CHARGES			
47	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST			
48	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			
49	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION			
50	OTHER ADJUSTMENTS (SPECIFY)			
51	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS			
52	SUBTOTAL		15,126,019	
53	INDIRECT MEDICAL EDUCATION ADJUSTMENT (PPS ONLY)			
54	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS			
55	TOTAL AMOUNT PAYABLE TO THE PROVIDER		15,126,019	
56	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)			
57	INTERIM PAYMENTS		15,126,019	
57.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)			
58	BALANCE DUE PROVIDER/PROGRAM			

CALCULATION OF REIMBURSEMENT SETTLEMENT

PART III - TITLE V OR TITLE XIX SERVICES OR TITLE XVIII SNF PPS ONLY

TITLE XIX

HOSPITAL

OTHER  
TITLE V OR  
TITLE XIX  
1

TITLE XVIII  
SNF PPS  
2

59      PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS)  
IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.

PART III - TITLE V OR TITLE XIX SERVICES OR TITLE XVIII SNF PPS ONLY

	TITLE XIX	SUBPROVIDER 1	PPS TITLE V OR TITLE XIX 1	TITLE XVIII SNF PPS 2
	COMPUTATION OF NET COST OF COVERED SERVICE			
1	INPATIENT HOSPITAL/SNF/NF SERVICES			
2	MEDICAL AND OTHER SERVICES			
3	INTERNS AND RESIDENTS (SEE INSTRUCTIONS)			
4	ORGAN ACQUISITION (CERT TRANSPLANT CENTERS ONLY)			
5	COST OF TEACHING PHYSICIANS (SEE INSTRUCTIONS)			
6	SUBTOTAL			
7	INPATIENT PRIMARY PAYER PAYMENTS			
8	OUTPATIENT PRIMARY PAYER PAYMENTS			
9	SUBTOTAL			
	COMPUTATION OF LESSER OF COST OR CHARGES			
	REASONABLE CHARGES			
10	ROUTINE SERVICE CHARGES			
11	ANCILLARY SERVICE CHARGES			
12	INTERNS AND RESIDENTS SERVICE CHARGES			
13	ORGAN ACQUISITION CHARGES, NET OF REVENUE			
14	TEACHING PHYSICIANS			
15	INCENTIVE FROM TARGET AMOUNT COMPUTATION			
16	TOTAL REASONABLE CHARGES			
			1, 633, 774	
	CUSTOMARY CHARGES			
17	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS			
18	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)			
19	RATIO OF LINE 17 TO LINE 18			
20	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)			
21	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST			
22	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			
23	COST OF COVERED SERVICES			
			1, 633, 774	
24	PROSPECTIVE PAYMENT AMOUNT			
25	OTHER THAN OUTLIER PAYMENTS			
26	OUTLIER PAYMENTS			
27	PROGRAM CAPITAL PAYMENTS			
28	CAPITAL EXCEPTION PAYMENTS (SEE INSTRUCTIONS)			
29	ROUTINE SERVICE OTHER PASS THROUGH COSTS			
30	ANCILLARY SERVICE OTHER PASS THROUGH COSTS			
31	SUBTOTAL			
32	CUSTOMARY CHARGES (TITLE XIX PPS COVERED SERVICES ONLY)			
33	TITLES V OR XIX PPS, LESSER OF LNS 30 OR 31; NON PPS & TITLE XVIII ENTER AMOUNT FROM LINE 30			
			10, 650	
			10, 650	
34	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)			
	COMPUTATION OF REIMBURSEMENT SETTLEMENT			
35	EXCESS OF REASONABLE COST			
36	SUBTOTAL			
37	COINSURANCE			
38	SUM OF AMOUNTS FROM WKST. E, PARTS C, D & E, LN 19			
38.01	REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)			
38.02	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS ENDING BEFORE 10/01/05 (SEE INSTRUCTIONS)			
38.03	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS BEGINNING ON OR AFTER 10/01/05 (SEE INSTRUCTIONS)			
39	UTILIZATION REVIEW			
40	SUBTOTAL (SEE INSTRUCTIONS)			
41	INPATIENT ROUTINE SERVICE COST			
42	MEDICARE INPATIENT ROUTINE CHARGES			
43	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS			
44	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT OF PART A SERVICES			
45	RATIO OF LINE 43 TO 44			
46	TOTAL CUSTOMARY CHARGES			
47	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST			
48	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			
49	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION			
50	OTHER ADJUSTMENTS (SPECIFY)			
51	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS			
52	SUBTOTAL			
53	INDIRECT MEDICAL EDUCATION ADJUSTMENT (PPS ONLY)			
54	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS			
55	TOTAL AMOUNT PAYABLE TO THE PROVIDER			
56	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)			
57	INTERIM PAYMENTS			
57.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)			
58	BALANCE DUE PROVIDER/PROGRAM			

PART III - TITLE V OR TITLE XIX SERVICES OR TITLE XVIII SNF PPS ONLY

TITLE XIX

SUBPROVIDER 1

PPS  
TITLE V OR  
TITLE XIX  
1

TITLE XVIII  
SNF PPS  
2

59      PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS)  
IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.

TITLE XVIII

COMPUTATION OF TOTAL DIRECT GME AMOUNT

1	NUMBER OF FTE RESIDENTS FOR OB/GYN & PRIMARY CARE		
1.01	NUMBER OF FTE RESIDENTS FOR ALL OTHER (SEE INSTR)		
2	UPDATED PER RESIDENT AMOUNT FOR OB/GYN & PRIMARY		
2.01	UPDATED PER RESIDENT AMOUNT ALL OTHER (SEE INSTR)		
3	AGGREGATE APPROVED AMOUNT		
3.01	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR COST REPTG PERIODS ENDING ON OR BEFORE 12/31/96		6.11
3.02	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS WHICH MEET THE CRITERIA FOR AN ADD ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH 42 CFR 413.86(g)(6)		
3.03	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGS FOR AFFILIATED PROGS IN ACCORD W/ 42 CFR 413.86(g)(4).	E-3, PT 6 LN 4 + LINE 3.03	1.75
3.04	FTE ADJUSTMENT CAP (SUM OF LINES 3.01 THRU 3.03)	4.36	1.75
3.05	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR THE CURRENT YEAR FROM YOUR RECORDS		8.04
3.06	ENTER THE LESSER OF LINE 3.04 OR LINE 3.05.		6.11
3.07	WEIGHTED FTE COUNT FOR PRIMARY CARE PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR IN COLUMN 1. IF CURRENT YEAR IS ZERO AND TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COL. ZERO.		
3.08	WEIGHTED FTE COUNT FOR ALL OTHER PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR IN COLUMN 1. IF CURRENT YEAR IS ZERO AND TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COL. ZERO.		8.02
3.09	ENTER THE SUM OF LINES 3.07 AND 3.08.		8.02
3.10	SEE INSTRUCTIONS		6.09
3.11	WEIGHTED DENTAL & PODIATRIC RESIDENT FTE COUNT FOR CUR YEAR IN COLUMN 1. IF CURRENT YEAR IS ZERO & TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COL. ZERO.		
3.12	SEE INSTRUCTIONS		6.09
3.13	TOTAL WEIGHTED RESIDENT FTE COUNT FOR NONPRIMARY CARE RESIDENTS FOR THE PRIOR COST REPORTING YEAR (SEE INSTRUCTIONS)		7.58
3.14	TOTAL WEIGHTED RESIDENT FTE COUNT FOR NONPRIMARY CARE RESIDENTS FOR THE PENULTIMATE COST REPORTING YEAR (SEE INSTRUCTIONS)		8.45
3.15	ROLLING AVERAGE FTE COUNT (SEE INSTRUCTIONS)	RES INIT YEARS	7.37
3.16	ENTER THE SUM OF LINE 3.15 PLUS THE WEIGHTED NUMBER OF NONPRIMARY CARE FTE RESIDENTS IN THE INITIAL YEAR OF NEW ALLOPATHIC AND OSTEOPATHIC PROGRAMS. (SEE INSTRUCTIONS)		7.37
3.17	ENTER THE NONPRIMARY CARE PER RESIDENT AMOUNT.		74,033.41
3.18	SEE INSTRUCTIONS		545,626
3.19	ENTER THE WEIGHTED FTE RESIDENT COUNT FOR PRIMARY CARE AND OB/GYN RESIDENTS FOR THE PRIOR YEAR (SEE INSTRUCTIONS)		.30
3.20	ENTER THE WEIGHTED FTE RESIDENT COUNT FOR PRIMARY CARE AND OB/GYN RESIDENTS FOR THE PENULTIMATE YEAR (SEE INSTRUCTIONS)		
3.21	SEE INSTRUCTIONS	RES INIT YEARS	.10
3.22	SEE INSTRUCTIONS		.10
3.23	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001		78,184.06
3.24	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001		7,818
3.25	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001		553,444

COMPUTATION OF PROGRAM PATIENT LOAD

4	PROGRAM PART A INPATIENT DAYS		29,277
5	TOTAL INPATIENT DAYS		58,461
6	RATIO OF PROGRAM INPATIENT DAYS TO TOTAL INPATIENT DAYS.	LN 6 * LN 3.25 + E-3, 6 L 11	.500795
6.01	TOTAL GME PAYMENT FOR NON-MANAGED CARE DAYS	277,162	277,162
6.02	PROGRAM MANAGED CARE DAYS OCCURRING ON OR AFTER JANUARY 1 OF THIS COST REPORTING PERIOD (SEE INSTRUCTIONS)		1,580
6.03	ENTER THE TOTAL INPATIENT DAYS FROM LINE 5 ABOVE.		58,461
6.04	ENTER THE APPROPRIATE PERCENTAGE FOR INCLUSION OF THE MANAGED CARE DAYS (SEE INSTRUCTIONS)		100.00
6.05	GRADUATE MEDICAL EDUCATION PAYMENT FOR MANAGED CARE DAYS ON OR AFTER JAN 1 THROUGH THE END OF THE COST REPORTING PERIOD.		12,844
6.06	PROGRAM MANAGED CARE DAYS OCCURRING BEFORE JAN 1 OF THIS COST REPORTING YEAR (SEE INSTRUCTIONS)		
6.07	ENTER THE APPROPRIATE PERCENTAGE USING THE CRITERIA IDENTIFIED ON LINE 6.04 ABOVE. (SEE INSTRUCTIONS)	PRIOR TO 422 E-3, 6 LN 12	100.00
6.08	GRADUATE MEDICAL EDUCATION PAYMENT FOR MANAGED CARE DAYS PRIOR TO JANUARY 1 OF THIS COST REPORTING PERIOD		

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

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

TITLE XVIII

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

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

12	REASONABLE COST (SEE INSTRUCTIONS)	50,834,127
13	ORGAN ACQUISITION COSTS	
14	COST OF TEACHING PHYSICIANS	
15	PRIMARY PAYER PAYMENTS	14,750
16	TOTAL PART A REASONABLE COST	50,819,377

PART B REASONABLE COST

17	REASONABLE COST	9,059,145
18	PRIMARY PAYER PAYMENTS	1,089
19	TOTAL PART B REASONABLE COST	9,058,056
20	TOTAL REASONABLE COST	59,877,433
21	RATIO OF PART A REASONABLE COST TO TOTAL REASONABLE COST	.848723
22	RATIO OF PART B REASONABLE COST TO TOTAL REASONABLE COST	.151277

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

23	TOTAL PROGRAM GME PAYMENT	
23.01	FOR COST REPORTING PERIODS BEGINNING ON OR AFTER 10/1/97 (SUM OF LINES 6.01, 6.05, & 6.08)	290,006
24	PART A MEDICARE GME PAYMENT--TITLE XVIII ONLY	246,135
25	PART B MEDICARE GME PAYMENT--TITLE XVIII ONLY	43,871

TITLE XVII I

CALCULATION OF REDUCED DIRECT GME CAP UNDER SECTION 422 OF MMA

	COLUMN 1	COLUMN 1.01
1 RATIO OF DAYS OCCURRING ON OR AFTER 7/1/2005 TO TOTAL DAYS IN THE COST REPORTING PERIOD.	1.000000	
2 REDUCED DIRECT GME FTE CAP (SEE INSTRUCTIONS)	4.36	
3 UNADJUSTED DIRECT GME FTE CAP (WKST E-3, PART IV, SUM OF LINES 3.01 AND 3.02)	6.11	
4 PRORATED REDUCED DIRECT GME FTE CAP (SEE INSTRUCTIONS)	4.36	

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

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

CALCULATION OF REDUCED IIME CAP UNDER SECTION 422 OF MMA

13 REDUCED IIME FTE CAP (SEE INSTRUCTIONS)	4.39
14 UNADJUSTED IIME FTE CAP (WKST E, PART A, SUM OF LINES 3.04 AND 3.05)	6.11
15 PRORATED REDUCED ALLOWABLE IIME FTE CAP	4.39

CALCULATION OF ADDITIONAL IIME PAYMENTS ATTRIBUTABLE TO SECTION 422 OF MMA

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



	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
LIABILITIES AND FUND BALANCE	1	2	3	4
CURRENT LIABILITIES				
28 ACCOUNTS PAYABLE	16,832,355			
29 SALARIES, WAGES & FEES PAYABLE	9,022,135			
30 PAYROLL TAXES PAYABLE				
31 NOTES AND LOANS PAYABLE (SHORT TERM)				
32 DEFERRED INCOME				
33 ACCELERATED PAYMENTS				
34 DUE TO OTHER FUNDS	2,561,335			
35 OTHER CURRENT LIABILITIES	847,656			
36 TOTAL CURRENT LIABILITIES	29,263,481			
LONG TERM LIABILITIES				
37 MORTGAGE PAYABLE				
38 NOTES PAYABLE				
39 UNSECURED LOANS				
40.01 LOANS PRIOR TO 7/1/66				
40.02 ON OR AFTER 7/1/66				
41 OTHER LONG TERM LIABILITIES	-2,542,738			
42 TOTAL LONG-TERM LIABILITIES	-2,542,738			
43 TOTAL LIABILITIES	26,720,743			
CAPITAL ACCOUNTS				
44 GENERAL FUND BALANCE	52,842,727			
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	52,842,727			
52 TOTAL LIABILITIES AND FUND BALANCES	79,563,470			

	GENERAL FUND		SPECIFIC PURPOSE FUND	
	1	2	3	4
1 FUND BALANCE AT BEGINNING OF PERIOD		96,935,241		
2 NET INCOME (LOSS)		-19,828,731		
3 TOTAL		77,106,510		
4 ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
5 ADDITIONS (CREDIT ADJUSTM				
6				
7				
8				
9				
10 TOTAL ADDITIONS				
11 SUBTOTAL		77,106,510		
12 DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
13 DEDUCTIONS (DEBIT ADJUSTM	24,263,783			
14				
15				
16				
17				
18 TOTAL DEDUCTIONS		24,263,783		
19 FUND BALANCE AT END OF PERIOD PER BALANCE SHEET		52,842,727		

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





HHA 1

	SALARIES	EMPLOYEE BENEFITS	TRANSPORTATION	CONTRACTED/PURCHASED SVCS	OTHER COSTS	TOTAL
	1	2	3	4	5	6
GENERAL SERVICE COST CENTERS						
1						
2						
3					2,325	2,325
4						
5						
5	844,892		96,479	379,455	126,474	1,447,300
HHA REIMBURSABLE SERVICES						
6	1,177,929					1,177,929
7	262,981					262,981
8						
9	12,395					12,395
10	2,506					2,506
11	94,826					94,826
12					88,769	88,769
13						
13.20						
14						
HHA NONREIMBURSABLE SERVICES						
15						
16						
17						
18						
19						
20						
21						
22						
23						
23.50						
24	2,395,529		96,479	379,455	217,568	3,089,031

	RECLASSIFICATIONS	RECLASSIFIED TRIAL BALANCE	ADJUSTMENTS	NET EXPENSES FOR ALLOCATION
	7	8	9	10
GENERAL SERVICE COST CENTERS				
1				
2				
3		2,325		2,325
4				
5				
5		1,447,300	-75,000	1,372,300
HHA REIMBURSABLE SERVICES				
6		1,177,929		1,177,929
7		262,981		262,981
8				
9		12,395		12,395
10		2,506		2,506
11		94,826		94,826
12		88,769		88,769
13				
13.20				
14				
HHA NONREIMBURSABLE SERVICES				
15				
16				
17				
18				
19				
20				
21				
22				
23				
23.50				
24		3,089,031	-75,000	3,014,031

HHA 1

	NET EXPENSES FOR COST ALLOCATION	CAP-REL COST-BLDG & FIX	CAP-REL COST-MOV EQUIP	PLANT OPER & MAINT	TRANSPORTATION	SUBTOTAL	ADMINISTRATIVE & GENERAL
	0	1	2	3	4	4A	5
GENERAL SERVICE COST CENTERS							
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
13. 20							
14							
15							
16							
17							
18							
19							
20							
21							
22							
23							
23. 50							
24							
	3,014,031		2,325			3,014,031	

TOTAL

6

GENERAL SERVICE COST CENTERS							
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
13. 20							
14							
15							
16							
17							
18							
19							
20							
21							
22							
23							
23. 50							
24							
	3,014,031						

HHA 1

	CAP-REL COST-BLDG & FIX ( SQUARE FEET )	CAP-REL COST-MOV EQUIP ( DOLLAR VALUE )	PLANT OPER & MAINT ( SQUARE FEET )	TRANSPORTATIO N ( MI LEAGE )	RECONCILIATIO N ( 5A	ADMINISTRATIV E & GENERAL ( ACCUM. COST )
	1	2	3	4	5A	5
GENERAL SERVICE COST CENTERS						
1	CAP-REL COST-BLDG & FIX					
2	CAP-REL COST-MOV EQUIP	2,325				
3	PLANT OPER & MAINT					
4	TRANSPORTATION					
5	ADMINISTRATIVE & GENERAL	2,325			-1,374,625	1,639,406
HHA REIMBURSABLE SERVICES						
6	SKILLED NURSING CARE					1,177,929
7	PHYSICAL THERAPY					262,981
8	OCCUPATIONAL THERAPY					
9	SPEECH PATHOLOGY					12,395
10	MEDICAL SOCIAL SERVICES					2,506
11	HOME HEALTH AIDE					94,826
12	SUPPLIES					88,769
13	DRUGS					
13. 20	COST ADMINISTERING DRUGS					
14	DME					
HHA NONREIMBURSABLE SERVICES						
15	HOME DIALYSIS AIDE SVCS					
16	RESPIRATORY THERAPY					
17	PRIVATE DUTY NURSING					
18	CLINIC					
19	HEALTH PROM ACTIVITIES					
20	DAY CARE PROGRAM					
21	HOME DEL MEALS PROGRAM					
22	HOMEMAKER SERVICE					
23	ALL OTHERS					
23. 50	TELEMEDICINE					
24	TOTAL (SUM OF LINES 1-23)	2,325			-1,374,625	1,639,406
25	COST TO BE ALLOCATED	2,325				1,374,625
26	UNIT COST MULTIPLIER		1.000000			.838490

HHA 1

HHA COST CENTER	HHA TRIAL BALANCE (1) 0	OLD CAP REL COSTS-BLDG & 1	OLD CAP REL COSTS-MVBLE 2	NEW CAP REL COSTS-BLDG & 3	NEW CAP REL COSTS-MVBLE 4	EMPLOYEE BENEFITS 5
1 ADMIN & GENERAL			4,156	36,253	64,319	817,395
2 SKILLED NURSING CARE	2,165,610					
3 PHYSICAL THERAPY	483,488					
4 OCCUPATIONAL THERAPY						
5 SPEECH PATHOLOGY	22,788					
6 MEDICAL SOCIAL SERVICES	4,607					
7 HOME HEALTH AIDE	174,337					
8 SUPPLIES	163,201					
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19) (2)	3,014,031		4,156	36,253	64,319	817,395
21 UNIT COST MULTIPLIER						

(1) COLUMN 0, LINE 20 MUST AGREE WITH WKST. A, COLUMN 7, LINE 71.  
 (2) COLUMNS 0 THROUGH 27, LINE 20 MUST AGREE WITH THE CORRESPONDING COLUMNS OF WKST. B, PART I, LINE 71.

HHA COST CENTER	COMMUNICATIONS 6.01	DATA PROCESSING 6.02	PURCHASING, RECEIVING AND 6.03	ADMINITTING 6.04	SUBTOTAL 6A.04	OTHER ADMINISTRATIVE AND 6.05
1 ADMIN & GENERAL	61,334	61,506	4,357		1,049,320	151,842
2 SKILLED NURSING CARE					2,165,610	313,374
3 PHYSICAL THERAPY					483,488	69,963
4 OCCUPATIONAL THERAPY						
5 SPEECH PATHOLOGY					22,788	3,298
6 MEDICAL SOCIAL SERVICES					4,607	667
7 HOME HEALTH AIDE					174,337	25,227
8 SUPPLIES					163,201	23,616
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19) (2)	61,334	61,506	4,357		4,063,351	587,987
21 UNIT COST MULTIPLIER						

(1) COLUMN 0, LINE 20 MUST AGREE WITH WKST. A, COLUMN 7, LINE 71.  
 (2) COLUMNS 0 THROUGH 27, LINE 20 MUST AGREE WITH THE CORRESPONDING COLUMNS OF WKST. B, PART I, LINE 71.

HHA 1

HHA COST CENTER	MAINTENANCE & REPAIRS 7	OPERATION OF PLANT 8	LAUNDRY & LINEN SERVICE 9	HOUSEKEEPING 10	DIETARY 11	CAFETERIA 12
1 ADMIN & GENERAL	50,344	42,212		30,170		62,649
2 SKILLED NURSING CARE						
3 PHYSICAL THERAPY						
4 OCCUPATIONAL THERAPY						
5 SPEECH PATHOLOGY						
6 MEDICAL SOCIAL SERVICES						
7 HOME HEALTH AIDE						
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19) (2)	50,344	42,212		30,170		62,649
21 UNIT COST MULTIPLIER						

- (1) COLUMN 0, LINE 20 MUST AGREE WITH WKST. A, COLUMN 7, LINE 71.
- (2) COLUMNS 0 THROUGH 27, LINE 20 MUST AGREE WITH THE CORRESPONDING COLUMNS OF WKST. B, PART I, LINE 71.

HHA COST CENTER	NURSING ADMINISTRATION 14	CENTRAL SERVICES & SUPPL 15	PHARMACY 16	MEDICAL RECORDS & LIBRARY 17	SOCIAL SERVICE 18	I&R SERVICES - OTHER PRGM 23
1 ADMIN & GENERAL		16,033				
2 SKILLED NURSING CARE						
3 PHYSICAL THERAPY						
4 OCCUPATIONAL THERAPY						
5 SPEECH PATHOLOGY						
6 MEDICAL SOCIAL SERVICES						
7 HOME HEALTH AIDE						
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19) (2)		16,033				
21 UNIT COST MULTIPLIER						

- (1) COLUMN 0, LINE 20 MUST AGREE WITH WKST. A, COLUMN 7, LINE 71.
- (2) COLUMNS 0 THROUGH 27, LINE 20 MUST AGREE WITH THE CORRESPONDING COLUMNS OF WKST. B, PART I, LINE 71.

HHA 1

HHA COST CENTER	PARAMED ED P RGM	24	PARAMED ED P RGM - LAB	24.01	PARAMED ED P RGM - RADIOLOG	24.02	PARAMED ED P RGM - RESP T	24.03	PARAMED ED P RGM-PHARMACY	24.04	SUBTOTAL	25
1 ADMIN & GENERAL											1,402,570	
2 SKILLED NURSING CARE											2,478,984	
3 PHYSICAL THERAPY											553,451	
4 OCCUPATIONAL THERAPY												
5 SPEECH PATHOLOGY											26,086	
6 MEDICAL SOCIAL SERVICES											5,274	
7 HOME HEALTH AIDE											199,564	
8 SUPPLIES											186,817	
9 DRUGS												
9.20 COST ADMINISTERING DRUGS												
10 DME												
11 HOME DIALYSIS AIDE SVCS												
12 RESPIRATORY THERAPY												
13 PRIVATE DUTY NURSING												
14 CLINIC												
15 HEALTH PROM ACTIVITIES												
16 DAY CARE PROGRAM												
17 HOME DEL MEALS PROGRAM												
18 HOMEMAKER SERVICE												
19 ALL OTHER												
19.50 TELEMEDICINE												
20 TOTAL (SUM OF 1-19) (2)											4,852,746	
21 UNIT COST MULTIPLIER												

(1) COLUMN 0, LINE 20 MUST AGREE WITH WKST. A, COLUMN 7, LINE 71.  
 (2) COLUMNS 0 THROUGH 27, LINE 20 MUST AGREE WITH THE CORRESPONDING COLUMNS OF WKST. B, PART I, LINE 71.

HHA COST CENTER	POST STEP DOWN ADJUST	26	SUBTOTAL	27	ALLOCATED HHA A & G	28	TOTAL HHA COSTS	29
1 ADMIN & GENERAL			1,402,570					
2 SKILLED NURSING CARE			2,478,984		1,007,760		3,486,744	
3 PHYSICAL THERAPY			553,451		224,989		778,440	
4 OCCUPATIONAL THERAPY								
5 SPEECH PATHOLOGY			26,086		10,605		36,691	
6 MEDICAL SOCIAL SERVICES			5,274		2,144		7,418	
7 HOME HEALTH AIDE			199,564		81,127		280,691	
8 SUPPLIES			186,817		75,945		262,762	
9 DRUGS								
9.20 COST ADMINISTERING DRUGS								
10 DME								
11 HOME DIALYSIS AIDE SVCS								
12 RESPIRATORY THERAPY								
13 PRIVATE DUTY NURSING								
14 CLINIC								
15 HEALTH PROM ACTIVITIES								
16 DAY CARE PROGRAM								
17 HOME DEL MEALS PROGRAM								
18 HOMEMAKER SERVICE								
19 ALL OTHER								
19.50 TELEMEDICINE								
20 TOTAL (SUM OF 1-19) (2)			4,852,746		1,402,570		4,852,746	
21 UNIT COST MULTIPLIER					0.406521			

(1) COLUMN 0, LINE 20 MUST AGREE WITH WKST. A, COLUMN 7, LINE 71.  
 (2) COLUMNS 0 THROUGH 27, LINE 20 MUST AGREE WITH THE CORRESPONDING COLUMNS OF WKST. B, PART I, LINE 71.

HHA 1

HHA COST CENTER	OLD CAP REL COSTS-BLDG & (SQUARE FEET )	OLD CAP REL COSTS-MVBLE (DOLLAR VALUE )	NEW CAP REL COSTS-BLDG & (SQUARE FEET )	NEW CAP REL COSTS-MVBLE (DOLLAR VALUE )	EMPLOYEE BENEFITS (GROSS SALARIES )	COMMUNICATIONS (NUMBER OF PHONES )
	1	2	3	4	5	6.01
1 ADMIN & GENERAL	5,076		5,076	55,014	2,395,529	92
2 SKILLED NURSING CARE						
3 PHYSICAL THERAPY						
4 OCCUPATIONAL THERAPY						
5 SPEECH PATHOLOGY						
6 MEDICAL SOCIAL SERVICES						
7 HOME HEALTH AIDE						
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19)	5,076		5,076	55,014	2,395,529	92
21 COST TO BE ALLOCATED	4,156		36,253	64,319	817,395	61,334
22 UNIT COST MULTIPLIER	0.818755		7.142041	1.169139	0.341217	666.673913

HHA COST CENTER	DATA PROCESSING (ALLOCOF TIME )	PURCHASING, RECEIVING AND (COSTED ) REQUIS.	ADMITTING (GROSS ) CHARGES	RECONCILIATION	OTHER ADMINISTRATIVE AND ( ACCUM. ) COST	MAINTENANCE & REPAIRS (SQUARE ) FEET
	6.02	6.03	6.04	6A.05	6.05	7
1 ADMIN & GENERAL	28,110	88,260			1,049,320	5,076
2 SKILLED NURSING CARE					2,165,610	
3 PHYSICAL THERAPY					483,488	
4 OCCUPATIONAL THERAPY						
5 SPEECH PATHOLOGY					22,788	
6 MEDICAL SOCIAL SERVICES					4,607	
7 HOME HEALTH AIDE					174,337	
8 SUPPLIES					163,201	
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19)	28,110	88,260			4,063,351	5,076
21 COST TO BE ALLOCATED	61,506	4,357			587,987	50,344
22 UNIT COST MULTIPLIER	2.188047	0.049366			0.144705	9.918046

HHA 1

HHA COST CENTER	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (PROD HOURS)	NURSING ADMINISTRATION (DIRECT NRSNG HRS)
	8	9	10	11	12	14
1 ADMIN & GENERAL	5,076		5,076		4,164	
2 SKILLED NURSING CARE						
3 PHYSICAL THERAPY						
4 OCCUPATIONAL THERAPY						
5 SPEECH PATHOLOGY						
6 MEDICAL SOCIAL SERVICES						
7 HOME HEALTH AIDE						
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19)	5,076		5,076		4,164	
21 COST TO BE ALLOCATED	42,212		30,170		62,649	
22 UNIT COST MULTIPLIER	8.315997		5.943656		15.045389	

HHA COST CENTER	CENTRAL SERVICES & SUPPLIES (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (GROSS CHARGES)	I & R SERVICES - OTHER PRGM (ASSIGNED TIME)	PARAMEDICAL PRGM (NO STATISTICS)
	15	16	17	18	23	24
1 ADMIN & GENERAL	21,999					
2 SKILLED NURSING CARE						
3 PHYSICAL THERAPY						
4 OCCUPATIONAL THERAPY						
5 SPEECH PATHOLOGY						
6 MEDICAL SOCIAL SERVICES						
7 HOME HEALTH AIDE						
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19)	21,999					
21 COST TO BE ALLOCATED	16,033					
22 UNIT COST MULTIPLIER	0.728806					

HHA 1

HHA COST CENTER	PARAMED ED P RGM - LAB (ASSIGNED TIME	PARAMED ED P RGM - RADIOLOG (ASSIGNED TIME	PARAMED ED P RGM - RESPIR (ASSIGNED TIME	PARAMED ED P RGM-PHARMACY (NO STATISTICS )
	24.01	24.02	24.03	24.04
1 ADMIN & GENERAL				
2 SKILLED NURSING CARE				
3 PHYSICAL THERAPY				
4 OCCUPATIONAL THERAPY				
5 SPEECH PATHOLOGY				
6 MEDICAL SOCIAL SERVICES				
7 HOME HEALTH AIDE				
8 SUPPLIES				
9 DRUGS				
9.20 COST ADMINISTERING DRUGS				
10 DME				
11 HOME DIALYSIS AIDE SVCS				
12 RESPIRATORY THERAPY				
13 PRIVATE DUTY NURSING				
14 CLINIC				
15 HEALTH PROM ACTIVITIES				
16 DAY CARE PROGRAM				
17 HOME DEL MEALS PROGRAM				
18 HOMEMAKER SERVICE				
19 ALL OTHER				
19.50 TELEMEDICINE				
20 TOTAL (SUM OF 1-19)				
21 COST TO BE ALLOCATED				
22 UNIT COST MULTIPLIER				

[ ] TITLE V [X] TITLE XVIII [ ] TITLE XIX

PART I - APPORTIONMENT OF HHA COST CENTERS:  
 COMPUTATION OF THE LESSER OF AGGREGATE MEDICARE COST OR THE AGGREGATE OF THE MEDICARE LIMITATION

COST PER VISIT COMPUTATION	PATIENT SERVICES	FROM WKST H-5 PART I COL. 29, LINE:	FACILITY COSTS (FROM PART I)	SHARED ANCI LLARY COSTS (FROM PART II)	TOTAL HHA COSTS	TOTAL VISITS	AVERAGE COST PER VISIT	PROGRAM VISITS
			1	2	3	4	5	PART A 6
1	SKI LLED NURSING	2	3,486,744		3,486,744	15,934	218.82	7,328
2	PHYSICAL THERAPY	3	778,440		778,440	7,588	102.59	4,606
3	OCCUPATIONAL THERAPY	4				1,493		950
4	SPEECH PATHOLOGY	5	36,691		36,691	245	149.76	124
5	MEDICAL SOCIAL SERVICES	6	7,418		7,418	50	148.36	26
6	HOME HEALTH AIDE SERVICE	7	280,691		280,691	4,864	57.71	2,333
7	TOTAL		4,589,984		4,589,984	30,174		15,367

		-----PROGRAM VISITS-----		-----COST OF SERVICES-----			
		-----PART B-----		-----PART B-----			
		NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR	NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR	TOTAL PROGRAM COST	
		7	8	PART A 9	10	11	12
1	SKI LLED NURSING		4,415	1,603,513	966,090		2,569,603
2	PHYSICAL THERAPY		1,493	472,530	153,167		625,697
3	OCCUPATIONAL THERAPY		371				
4	SPEECH PATHOLOGY		92	18,570	13,778		32,348
5	MEDICAL SOCIAL SERVICES		25	3,857	3,709		7,566
6	HOME HEALTH AIDE SERVICES		2,298	134,637	132,618		267,255
7	TOTAL		8,694	2,233,107	1,269,362		3,502,469

LIMITATION COST COMPUTATION	PATIENT SERVICES	1	2	3	4	PROGRAM COST LIMITS 5	PROGRAM VISITS 6
8	SKI LLED NURSING						
8.01	SKI LLED NURSING						
9	PHYSICAL THERAPY						
9.01	PHYSICAL THERAPY						
10	OCCUPATIONAL THERAPY						
10.01	OCCUPATIONAL THERAPY						
11	SPEECH PATHOLOGY						
11.01	SPEECH PATHOLOGY						
12	MEDICAL SOCIAL SERVICES						
12.01	MEDICAL SOCIAL SERVICES						
13	HOME HEALTH AIDE SERVICE						
13.01	HOME HEALTH AIDE SERVICE						
14	TOTAL						

		-----PROGRAM VISITS-----		-----COST OF SERVICES-----			
		-----PART B-----		-----PART B-----			
		NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR	NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR	TOTAL PROGRAM COST	
		7	8	PART A 9	10	11	12
8	SKI LLED NURSING						
8.01	SKI LLED NURSING						
9	PHYSICAL THERAPY						
9.01	PHYSICAL THERAPY						
10	OCCUPATIONAL THERAPY						
10.01	OCCUPATIONAL THERAPY						
11	SPEECH PATHOLOGY						
11.01	SPEECH PATHOLOGY						
12	MEDICAL SOCIAL SERVICES						
12.01	MEDICAL SOCIAL SERVICES						
13	HOME HEALTH AIDE SERVICE						
13.01	HOME HEALTH AIDE SERVICE						
14	TOTAL						

[ ] TITLE V [X] TITLE XVIII [ ] TITLE XIX

PART I - APPORTIONMENT OF HHA COST CENTERS:  
 COMPUTATION OF THE LESSER OF AGGREGATE MEDICARE COST OR THE AGGREGATE OF THE MEDICARE LIMITATION

SUPPLIES AND EQUIPMENT COST COMPUTATION	FROM WKST H-5 PART I COL. 29, LINE:	FACILITY COSTS (FROM WKST H-5 PART I) 1	SHARED ANCILLARY COSTS (FROM PART II) 2	TOTAL HHA COSTS 3	TOTAL CHARGES 4	RATIO 5	PROGRAM COVERED CHARGES PART A 6
15 COST OF MEDICAL SUPPLIES	8.00	262,762		262,762	83,286	3.154936	31,727
16 COST OF DRUGS	9.00						
16.20 COST OF DRUGS	9.20						

	PROGRAM COVERED CHARGES -----PART B-----		-----COST OF SERVICES-----	
	NOT SUBJECT TO DEDUCT & COINSUR 7	SUBJECT TO DEDUCT & COINSUR 8	NOT SUBJECT TO DEDUCT & COINSUR 9	SUBJECT TO DEDUCT & COINSUR 10
15 COST OF MEDICAL SUPPLIES	51,559		100,097	162,665
16 COST OF DRUGS				
16.20 COST OF DRUGS				

PER BENEFICIARY COST LIMITATION:	MSA NUMBER 1	AMOUNT 2
162 PROGRAM UNDUP CENSUS FROM WRKST S-4		
16.01 PROGRAM UNDUP CENSUS FROM WRKST S-4		
17 PER BENE COST LIMITATION (FRM FI)		
17.01 PER BENE COST LIMITATION (FRM FI)		
18 PER BENE COST LIMITATION (LN 17*18)		

PART II - APPORTIONMENT OF COST OF HHA SERVICES FURNISHED BY SHARED HOSPITAL DEPARTMENTS

	FROM WKST C PART I, COL 9	COST TO CHARGE RATIO 1	TOTAL HHA CHARGES 2	HHA SHARED ANCILLARY COSTS 3	TRANSFER TO PART I AS INDICATED 4
1 PHYSICAL THERAPY	50	.567361			COL 2, LN 2
2 OCCUPATIONAL THERAPY	51	.497854			COL 2, LN 3
3 SPEECH PATHOLOGY	52	.635656			COL 2, LN 4
4 MEDICAL SUPPLIES CHARGED TO PATIENT	55	.265534			COL 2, LN 15
5 DRUGS CHARGED TO PATIENTS	56	.212246			COL 2, LN 16

PART III - OUTPATIENT THERAPY REDUCTION COMPUTATION

	FROM PART I, COL 5	COST PER VISIT 2	----- PART B SERVICES SUBJECT TO DEDUCTIBLES AND COINSURANCE -----		----- PROGRAM COSTS -----		PROG VISITS ON OR AFTER 1/1/1999 5
			PROGRAM VISITS PRIOR 1/1/1998 TO 12/31/1998 3	PROGRAM VISITS PRIOR 1/1/1998 TO 12/31/1998 4			
1 PHYSICAL THERAPY	1	102.59	2.01	3	3.01	4	
2 OCCUPATIONAL THERAPY	2						
3 SPEECH PATHOLOGY	3						
4 TOTAL (SUM OF LINES 1-3)	4	149.76					





PART I - FULLY PROSPECTIVE METHOD

1	CAPITAL HOSPITAL SPECIFIC RATE PAYMENTS		
	CAPITAL FEDERAL AMOUNT		
2	CAPITAL DRG OTHER THAN OUTLIER		3,046,287
3	CAPITAL DRG OUTLIER PAYMENTS PRIOR TO 10/01/1997		
3.01	CAPITAL DRG OUTLIER PAYMENTS AFTER 10/01/1997		46,916
	INDIRECT MEDICAL EDUCATION ADJUSTMENT		
4	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS		137.21
	IN THE COST REPORTING PERIOD		
4.01	NUMBER OF INTERNS AND RESIDENTS		7.80
	(SEE INSTRUCTIONS)		
4.02	INDIRECT MEDICAL EDUCATION PERCENTAGE		1.62
4.03	INDIRECT MEDICAL EDUCATION ADJUSTMENT		49,350
	(SEE INSTRUCTIONS)		
5	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO		7.42
	MEDICARE PART A PATIENT DAYS		
5.01	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL		23.90
	DAYS REPORTED ON S-3, PART I		
5.02	SUM OF 5 AND 5.01		31.32
5.03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE		6.55
5.04	DISPROPORTIONATE SHARE ADJUSTMENT		199,532
6	TOTAL PROSPECTIVE CAPITAL PAYMENTS		3,342,085
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)		