

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

FORM APPROVED
 OMB NO. 0938-0050

WORKSHEET S
 PARTS I & II

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX		PROVIDER NO:		PERIOD		INTERMEDIARY USE ONLY		DATE RECEIVED:
COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY		14-0068		FROM 4/ 1/2010		--AUDITED --DESK REVIEW		/ /
				TO 3/31/2011		--INITIAL --REOPENED		INTERMEDIARY NO:
						--FINAL 1-MCR CODE		
						OO - # OF REOPENINGS		

ELECTRONICALLY FILED COST REPORT DATE: 8/30/2011 TIME 22:46

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:
 ROSELAND COMMUNITY HOSPITAL 14-0068
 FOR THE COST REPORTING PERIOD BEGINNING 4/ 1/2010 AND ENDING 3/31/2011 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	-57,990	98,119	0		
100	TOTAL	0	-57,990	98,119	0		

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

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

COMPONENT	NO. OF BEDS 1	BED DAYS AVAILABLE 2	CAH N/A 2.01	TITLE V 3	I/P DAYS / TITLE XVII 4	O/P VISITS / NOT LTCH N/A 4.01	TRIPS TOTAL TITLE XIX 5
1 ADULTS & PEDIATRICS	107	39,055			6,674		7,986
2 HMO					23		1,833
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS	107	39,055			6,674		7,986
6 INTENSIVE CARE UNIT	10	3,650			1,448		553
7 CORONARY CARE UNIT							
8 BURN INTENSIVE CARE UNIT							
9 SURGICAL INTENSIVE CARE UNIT							
11 NURSERY							453
12 TOTAL	117	42,705			8,122		8,992
13 RPCH VISITS							
14 SUBPROVIDER							
15 SKILLED NURSING FACILITY							
16 NURSING FACILITY							
16 01 ICF/MR							
17 OTHER LONG TERM CARE							
18 HOME HEALTH AGENCY							
20 AMBULATORY SURGICAL CENTER (
21 HOSPICE							
23 CORF							
25 TOTAL	117						
26 OBSERVATION BED DAYS							
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							
29 LABOR & DELIVERY DAYS							

COMPONENT	TITLE XIX ADMITTED 5.01	I/P DAYS / OBSERVATION BEDS NOT ADMITTED 5.02	O/P VISITS / TOTAL ALL PATS 6	TRIPS TOTAL ADMITTED 6.01	OBSERVATION BEDS NOT ADMITTED 6.02	INTERNS & RES. TOTAL 7	FTES LESS I&R REPL NON-PHYS ANES 8
1 ADULTS & PEDIATRICS			19,167				
2 HMO							
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS			19,167				
6 INTENSIVE CARE UNIT			3,061				
7 CORONARY CARE UNIT							
8 BURN INTENSIVE CARE UNIT							
9 SURGICAL INTENSIVE CARE UNIT							
11 NURSERY			785				
12 TOTAL			23,013				
13 RPCH VISITS							
14 SUBPROVIDER							
15 SKILLED NURSING FACILITY							
16 NURSING FACILITY							
16 01 ICF/MR							
17 OTHER LONG TERM CARE							
18 HOME HEALTH AGENCY							
20 AMBULATORY SURGICAL CENTER (
21 HOSPICE							
23 CORF							
25 TOTAL							
26 OBSERVATION BED DAYS							
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							
29 LABOR & DELIVERY DAYS							

COMPONENT	I & R FTES NET 9	FULL TIME EMPLOYEES ON PAYROLL 10	EQUIV NONPAID WORKERS 11	TITLE V 12	DISCHARGES TITLE XVIII 13	TITLE XIX 14	TOTAL ALL PATIENTS 15
1 ADULTS & PEDIATRICS					1,325	2,602	5,495
2 HMO							
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS							
6 INTENSIVE CARE UNIT							
7 CORONARY CARE UNIT							
8 BURN INTENSIVE CARE UNIT							
9 SURGICAL INTENSIVE CARE UNIT							
11 NURSERY							
12 TOTAL		427.87			1,325	2,602	5,495
13 RPCH VISITS							
14 SUBPROVIDER							

HOSPITAL AND HOSPITAL HEALTH CARE
 COMPLEX STATISTICAL DATA

PROVIDER NO: 14-0068
 PERIOD: FROM 4/1/2010 TO 3/31/2011
 PREPARED 8/30/2011
 WORKSHEET S-3
 PART I

COMPONENT	I & R FTES		--- FULL TIME EQUIV ---		----- DISCHARGES -----			TOTAL ALL PATIENTS
	NET	EMPLOYEES ON PAYROLL	NONPAID WORKERS	TITLE V	TITLE XVIII	TITLE XIX		
15 SKILLED NURSING FACILITY	9	10	11	12	13	14	15	
16 NURSING FACILITY								
16 01 ICF/MR								
17 OTHER LONG TERM CARE								
18 HOME HEALTH AGENCY								
20 AMBULATORY SURGICAL CENTER (
21 HOSPICE								
23 CORF								
25 TOTAL		427.87						
26 OBSERVATION BED DAYS								
27 AMBULANCE TRIPS								
28 EMPLOYEE DISCOUNT DAYS								
28 01 EMP DISCOUNT DAYS -IRF								
29 LABOR & DELIVERY DAYS								

HOSPITAL WAGE INDEX INFORMATION

PROVIDER NO: 14-0068
 PERIOD: FROM 4/1/2010 TO 3/31/2011
 PREPARED 8/30/2011
 WORKSHEET S-3
 PARTS II & III

PART II - WAGE DATA	AMOUNT REPORTED 1	RECLASS OF SALARIES 2	ADJUSTED SALARIES 3	PAID HOURS RELATED TO SALARY 4	AVERAGE HOURLY WAGE 5	DATA SOURCE 6
SALARIES						
1 TOTAL SALARY	23,448,118		23,448,118	890,379.00	26.33	
2 NON-PHYSICIAN ANESTHETIST PART A						
3 NON-PHYSICIAN ANESTHETIST PART B						
4 PHYSICIAN - PART A						PAYROLL
4.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
5 PHYSICIAN - PART B						PAYROLL
5.01 NON-PHYSICIAN - PART B						
6 INTERNS & RESIDENTS (APPRVD)						
6.01 CONTRACT SERVICES, I&R						
7 HOME OFFICE PERSONNEL						
8 SNF						
8.01 EXCLUDED AREA SALARIES						PAYROLL REGISTER
OTHER WAGES & RELATED COSTS						
9 CONTRACT LABOR:	432,247		432,247	7,204.12	60.00	INVOICES
9.01 PHARMACY SERVICES UNDER CONTRACT						
9.02 LABORATORY SERVICES UNDER CONTRACT						
9.03 MANAGEMENT & ADMINISTRATIVE UNDER CONTRACT						
10 CONTRACT LABOR: PHYS PART A						INVOICES
10.01 TEACHING PHYSICIAN UNDER CONTRACT (SEE INSTRUCTIONS)						
11 HOME OFFICE SALARIES & WAGE RELATED COSTS						
12 HOME OFFICE: PHYS PART A						
12.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
WAGE RELATED COSTS						
13 WAGE-RELATED COSTS (CORE)	3,800,631		3,800,631			CMS 339
14 WAGE-RELATED COSTS (OTHER)						CMS 339
15 EXCLUDED AREAS						CMS 339
16 NON-PHYS ANESTHETIST PART A						CMS 339
17 NON-PHYS ANESTHETIST PART B						CMS 339
18 PHYSICIAN PART A						CMS 339
18.01 PART A TEACHING PHYSICIANS						CMS 339
19 PHYSICIAN PART B						CMS 339
19.01 WAGE-RELATED COSTS (RHC/FOHC)						CMS 339
20 INTERNS & RESIDENTS (APPRVD)						CMS 339
OVERHEAD COSTS - DIRECT SALARIES						
21 EMPLOYEE BENEFITS	149,619		149,619	6,065.00	24.67	
22 ADMINISTRATIVE & GENERAL	3,941,081	-327,498	3,613,583	133,509.00	27.07	
22.01 A & G UNDER CONTRACT	15,600		15,600	104.00	150.00	
23 MAINTENANCE & REPAIRS						
24 OPERATION OF PLANT	626,193		626,193	24,472.00	25.59	
25 LAUNDRY & LINEN SERVICE						
26 HOUSEKEEPING	632,619		632,619	51,954.00	12.18	
26.01 HOUSEKEEPING UNDER CONTRACT						
27 DIETARY	538,449	-314,497	223,952	19,052.00	11.75	
27.01 DIETARY UNDER CONTRACT						
28 CAFETERIA		314,497	314,497	26,309.96	11.95	
29 MAINTENANCE OF PERSONNEL						
30 NURSING ADMINISTRATION	1,196,566		1,196,566	40,954.00	29.22	
31 CENTRAL SERVICE AND SUPPLY	104,784		104,784	6,539.00	16.02	
32 PHARMACY	501,297		501,297	16,204.00	30.94	
33 MEDICAL RECORDS & MEDICAL RECORDS LIBRARY	619,884		619,884	32,208.00	19.25	
34 SOCIAL SERVICE						
35 OTHER GENERAL SERVICE						
PART III - HOSPITAL WAGE INDEX SUMMARY						
1 NET SALARIES	23,463,718		23,463,718	890,483.00	26.35	
2 EXCLUDED AREA SALARIES						
3 SUBTOTAL SALARIES	23,463,718		23,463,718	890,483.00	26.35	
4 SUBTOTAL OTHER WAGES & RELATED COSTS	432,247		432,247	7,204.12	60.00	
5 SUBTOTAL WAGE-RELATED COSTS	3,800,631		3,800,631		16.20	
6 TOTAL	27,696,596		27,696,596	897,687.12	30.85	
7 NET SALARIES						
8 EXCLUDED AREA SALARIES						
9 SUBTOTAL SALARIES						
10 SUBTOTAL OTHER WAGES & RELATED COSTS						
11 SUBTOTAL WAGE-RELATED COSTS						
12 TOTAL						
13 TOTAL OVERHEAD COSTS	8,326,092	-327,498	7,998,594	357,370.96	22.38	

DESCRIPTION

UNCOMPENSATED CARE INFORMATION		
1	DO YOU HAVE A WRITTEN CHARITY CARE POLICY?	
2	ARE PATIENTS WRITE-OFFS IDENTIFIED AS CHARITY? IF YES ANSWER LINES 2.01 THRU 2.04	
2.01	IS IT AT THE TIME OF ADMISSION?	
2.02	IS IT AT THE TIME OF FIRST BILLING?	
2.03	IS IT AFTER SOME COLLECTION EFFORT HAS BEEN MADE?	
2.04		
3	ARE CHARITY WRITE-OFFS MADE FOR PARTIAL BILLS?	
4	ARE CHARITY DETERMINATIONS BASED UPON ADMINISTRATIVE JUDGMENT WITHOUT FINANCIAL DATA?	
5	ARE CHARITY DETERMINATIONS BASED UPON INCOME DATA ONLY?	
6	ARE CHARITY DETERMINATIONS BASED UPON NET WORTH (ASSETS) DATA?	
7	ARE CHARITY DETERMINATIONS BASED UPON INCOME AND NET WORTH DATA?	
8	DOES YOUR ACCOUNTING SYSTEM SEPARATELY IDENTIFY BAD DEBT AND CHARITY CARE? IF YES ANSWER 8.01	
8.01	DO YOU SEPARATELY ACCOUNT FOR INPATIENT AND OUTPATIENT SERVICES?	
9	IS DISCERNING CHARITY FROM BAD DEBT A HIGH PRIORITY IN YOUR INSTITUTION? IF NO ANSWER 9.01 THRU 9.04	
9.01	IS IT BECAUSE THERE IS NOT ENOUGH STAFF TO DETERMINE ELIGIBILITY?	
9.02	IS IT BECAUSE THERE IS NO FINANCIAL INCENTIVE TO SEPARATE CHARITY FROM BAD DEBT?	
9.03	IS IT BECAUSE THERE IS NO CLEAR DIRECTIVE POLICY ON CHARITY DETERMINATION?	
9.04	IS IT BECAUSE YOUR INSTITUTION DOES NOT DEEM THE DISTINCTION IMPORTANT?	
10	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, WHAT IS THE MAXIMUM INCOME THAT CAN BE EARNED BY PATIENTS (SINGLE WITHOUT DEPENDENT) AND STILL DETERMINED TO BE A CHARITY WRITE OFF?	
11	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, IS THE INCOME DIRECTLY TIED TO FEDERAL POVERTY LEVEL? IF YES ANSWER 11.01 THRU 11.04	
11.01	IS THE PERCENTAGE LEVEL USED LESS THAN 100% OF THE FEDERAL POVERTY LEVEL?	
11.02	IS THE PERCENTAGE LEVEL USED BETWEEN 100% AND 150% OF THE FEDERAL POVERTY LEVEL?	
11.03	IS THE PERCENTAGE LEVEL USED BETWEEN 150% AND 200% OF THE FEDERAL POVERTY LEVEL?	
11.04	IS THE PERCENTAGE LEVEL USED GREATER THAN 200% OF THE FEDERAL POVERTY LEVEL?	
12	ARE PARTIAL WRITE-OFFS GIVEN TO HIGHER INCOME PATIENTS ON A GRADUAL SCALE?	
13	IS THERE CHARITY CONSIDERATION GIVEN TO HIGH NET WORTH PATIENTS WHO HAVE CATASTROPHIC OR OTHER EXTRAORDINARY MEDICAL EXPENSES?	
14	IS YOUR HOSPITAL STATE OR LOCAL GOVERNMENT OWNED? IF YES ANSWER LINES 14.01 AND 14.02	
14.01	DO YOU RECEIVE DIRECT FINANCIAL SUPPORT FROM THAT GOVERNMENT ENTITY FOR THE PURPOSE OF PROVIDING COMPENSATED CARE?	
14.02	WHAT PERCENTAGE OF THE AMOUNT ON LINE 14.01 IS FROM GOVERNMENT FUNDING?	
15	DO YOU RECEIVE RESTRICTED GRANTS FOR RENDERING CARE TO CHARITY PATIENTS?	
16	ARE OTHER NON-RESTRICTED GRANTS USED TO SUBSIDIZE CHARITY CARE?	
UNCOMPENSATED CARE REVENUES		
17	REVENUE FROM UNCOMPENSATED CARE	
17.01	GROSS MEDICAID REVENUES	14,137,504
18	REVENUES FROM STATE AND LOCAL INDIGENT CARE PROGRAMS	
19	REVENUE RELATED TO SCHIP (SEE INSTRUCTIONS)	
20	RESTRICTED GRANTS	479,910
21	NON-RESTRICTED GRANTS	
22	TOTAL GROSS UNCOMPENSATED CARE REVENUES	14,617,414
UNCOMPENSATED CARE COST		
23	TOTAL CHARGES FOR PATIENTS COVERED BY STATE AND LOCAL INDIGENT CARE PROGRAMS	
24	COST TO CHARGE RATIO (WKST C, PART I, COLUMN 3, LINE 103, DIVIDED BY COLUMN 8, LINE 103)	.271711
25	TOTAL STATE AND LOCAL INDIGENT CARE PROGRAM COST (LINE 23 * LINE 24)	
26	TOTAL SCHIP CHARGES FROM YOUR RECORDS	
27	TOTAL SCHIP COST, (LINE 24 * LINE 26)	
28	TOTAL GROSS MEDICAID CHARGES FROM YOUR RECORDS	58,642,683

DESCRIPTION

29	TOTAL GROSS MEDICAID COST (LINE 24 * LINE 28)	15,933,862
30	OTHER UNCOMPENSATED CARE CHARGES FROM YOUR RECORDS	25,529,205
31	UNCOMPENSATED CARE COST (LINE 24 * LINE 30)	6,936,566
32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL (SUM OF LINES 25, 27, AND 29)	15,933,862

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

PROVIDER NO: 14-0068

PERIOD: FROM 4/1/2010 TO 3/31/2011

PREPARED 8/30/2011 WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	SALARIES	OTHER	TOTAL	RECLASSIFICATIONS	RECLASSIFIED TRIAL BALANCE
		1	2	3	4	5
1	0100 GENERAL SERVICE COST CNTR					
2	0200 OLD CAP REL COSTS-BLDG & FIXT				365,997	365,997
3	0300 OLD CAP REL COSTS-MVBLE EQUIP					
4	0400 NEW CAP REL COSTS-BLDG & FIXT		1,319,055	1,319,055		1,319,055
5	0500 NEW CAP REL COSTS-MVBLE EQUIP		8,627	8,627	7,909	16,536
6.01	0610 EMPLOYEE BENEFITS	149,619	3,800,631	3,950,250		3,950,250
6.02	0620 NONPATIENT TELEPHONES	75,975	402,664	478,639		478,639
6.03	0630 DATA PROCESSING	327,473	692,595	1,020,068		1,020,068
6.04	0630 PURCHASING, RECEIVING AND STORES	160,524	591,162	751,686		751,686
6.05	0650 CASHIERING/ACCOUNTS RECEIVABLE	722,607	600,255	1,322,862		1,322,862
7	0660 OTHER ADMINISTRATIVE AND GENERAL	2,654,502	3,209,273	5,863,775	2,693,015	8,556,790
8	0700 MAINTENANCE & REPAIRS					
9	0800 OPERATION OF PLANT	626,193	1,918,896	2,545,089		2,545,089
10	0900 LAUNDRY & LINEN SERVICE					
11	1000 HOUSEKEEPING	632,619	558,153	1,190,772		1,190,772
12	1100 DIETARY	538,449	935,447	1,473,896	-675,486	798,410
13	1200 CAFETERIA				675,486	675,486
14	1300 MAINTENANCE OF PERSONNEL					
15	1400 NURSING ADMINISTRATION	1,196,566	123,023	1,319,589		1,319,589
16	1500 CENTRAL SERVICES & SUPPLY	104,784	520,048	624,832	-453,528	171,304
17	1600 PHARMACY	501,297	1,532,515	2,033,812	-953,999	1,079,813
18	1700 MEDICAL RECORDS & LIBRARY	619,884	395,079	1,014,963		1,014,963
19	1800 SOCIAL SERVICE					
20	2000 NONPHYSICIAN ANESTHETISTS					
21	2100 NURSING SCHOOL					
22	2200 I&R SERVICES-SALARY & FRINGES APPRVD					
23	2300 I&R SERVICES-OTHER PRGM COSTS APPRVD					
24	2400 PARAMED ED PRGM					
25	2500 INPAT ROUTINE SRVC CNTRS					
26	2500 ADULTS & PEDIATRICS	5,616,824	1,852,230	7,469,054	-547,748	6,921,306
27	2600 INTENSIVE CARE UNIT	1,686,580	81,804	1,768,384		1,768,384
28	2700 CORONARY CARE UNIT					
29	2800 BURN INTENSIVE CARE UNIT					
30	2900 SURGICAL INTENSIVE CARE UNIT					
31	3100 SUBPROVIDER					
32	3300 NURSERY	372,350	53,717	426,067		426,067
33	3400 SKILLED NURSING FACILITY					
34	3500 NURSING FACILITY					
35.01	3510 ICF/MR					
36	3600 OTHER LONG TERM CARE					
37	3700 ANCILLARY SRVC COST CNTRS					
38	3700 OPERATING ROOM	827,323	596,184	1,423,507	-469,638	953,869
39	3800 RECOVERY ROOM		11,773	11,773	361,091	372,864
40	3900 DELIVERY ROOM & LABOR ROOM				887,045	887,045
41	4000 ANESTHESIOLOGY		1,262,481	1,262,481	108,547	1,371,028
42	4100 RADIOLOGY-DIAGNOSTIC	1,572,612	1,175,702	2,748,314		2,748,314
43	4200 RADIOLOGY-THERAPEUTIC					
44	4300 RADIOISOTOPE					
45	4400 LABORATORY	973,680	1,687,240	2,660,920		2,660,920
46	4500 PBP CLINICAL LAB SERVICES-PRGM ONLY					
47	4600 WHOLE BLOOD & PACKED RED BLOOD CELLS					
48	4700 BLOOD STORING, PROCESSING & TRANS.					
49	4800 INTRAVENOUS THERAPY					
50	4900 RESPIRATORY THERAPY					
51	5000 PHYSICAL THERAPY	36,971	276,924	313,895		313,895
52	5100 OCCUPATIONAL THERAPY					
53	5200 SPEECH PATHOLOGY					
54	5300 ELECTROCARDIOLOGY					
55.01	3160 CARDIOPULMONARY	1,246,612	881,873	2,128,485		2,128,485
56	5400 ELECTROENCEPHALOGRAPHY					
57	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS				453,528	453,528
58	5600 DRUGS CHARGED TO PATIENTS				953,999	953,999
59	5700 RENAL DIALYSIS					
60	5800 ASC (NON-DISTINCT PART)					
61.01	3350 IP HEMODIALYSIS		347,198	347,198		347,198
62	6000 OUTPAT SERVICE COST CNTRS					
63	6000 CLINIC	152,066	15,979	168,045		168,045
64	6100 EMERGENCY	2,652,608	1,927,551	4,580,159		4,580,159
65.01	4950 OTHER OUTPATIENT SERVICE COST CENTER				39,141	39,141
66	6200 OBSERVATION BEDS (NON-DISTINCT PART)					
67	6400 OTHER REIMBURS COST CNTRS					
68	6400 HOME PROGRAM DIALYSIS					
69	6500 AMBULANCE SERVICES					
70	6600 DURABLE MEDICAL EQUIP-RENTED					
71	6700 DURABLE MEDICAL EQUIP-SOLD					
72	6900 CORF					
73	7000 I&R SERVICES-NOT APPRVD PRGM					
74	7100 HOME HEALTH AGENCY					
75	8200 SPEC PURPOSE COST CENTERS					
76	8200 LUNG ACQUISITION					
77	8300 KIDNEY ACQUISITION					
78	8400 LIVER ACQUISITION					
79	8500 HEART ACQUISITION					
80.01	8510 PANCREAS ACQUISITION					
81	8600 OTHER ORGAN ACQUISITION					
82	8800 INTEREST EXPENSE		3,445,359	3,445,359	-3,445,359	
83	8900 UTILIZATION REVIEW-SNF					

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

PROVIDER NO:
14-0068

PERIOD:
FROM 4/1/2010
TO 3/31/2011

PREPARED 8/30/2011
WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	SALARIES 1	OTHER 2	TOTAL 3	RECLASS- IFICATIONS 4	RECLASSIFIED TRIAL BALANCE 5
	SPEC PURPOSE COST CENTERS					
90	9000 OTHER CAPITAL RELATED COSTS					
92	9200 AMBULATORY SURGICAL CENTER (D.P.)					
93	9300 HOSPICE					
95	SUBTOTALS	23,448,118	30,223,438	53,671,556	-0-	53,671,556
	NONREIMBURS COST CENTERS					
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN		44,286	44,286		44,286
97	9700 RESEARCH					
98	9800 PHYSICIANS' PRIVATE OFFICES		225,470	225,470		225,470
99	9900 NONPAID WORKERS					
101	TOTAL	23,448,118	30,493,194	53,941,312	-0-	53,941,312

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

PROVIDER NO: 14-0068

PERIOD: FROM 4/1/2010 TO 3/31/2011

PREPARED 8/30/2011
WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS	NET EXPENSES FOR ALLOC
		6	7
	GENERAL SERVICE COST CNTR		
1 0100	OLD CAP REL COSTS-BLDG & FIXT		365,997
2 0200	OLD CAP REL COSTS-MVBLE EQUIP		
3 0300	NEW CAP REL COSTS-BLDG & FIXT	-5,174	1,313,881
4 0400	NEW CAP REL COSTS-MVBLE EQUIP		16,536
5 0500	EMPLOYEE BENEFITS		3,950,250
6.01 0610	NONPATIENT TELEPHONES		478,639
6.02 0620	DATA PROCESSING		1,020,068
6.03 0630	PURCHASING, RECEIVING AND STORES		751,686
6.04 0650	CASHIERING/ACCOUNTS RECEIVABLE		1,322,862
6.05 0660	OTHER ADMINISTRATIVE AND GENERAL	-107,375	8,449,415
7 0700	MAINTENANCE & REPAIRS		
8 0800	OPERATION OF PLANT		2,545,089
9 0900	LAUNDRY & LINEN SERVICE		
10 1000	HOUSEKEEPING		1,190,772
11 1100	DIETARY	-117,436	680,974
12 1200	CAFETERIA		675,486
13 1300	MAINTENANCE OF PERSONNEL		
14 1400	NURSING ADMINISTRATION	-1,931	1,317,658
15 1500	CENTRAL SERVICES & SUPPLY		171,304
16 1600	PHARMACY		1,079,813
17 1700	MEDICAL RECORDS & LIBRARY	-1,931	1,013,032
18 1800	SOCIAL SERVICE		
20 2000	NONPHYSICIAN ANESTHETISTS		
21 2100	NURSING SCHOOL		
22 2200	I&R SERVICES-SALARY & FRINGES APPRVD		
23 2300	I&R SERVICES-OTHER PRGM COSTS APPRVD		
24 2400	PARAMED PRGM		
25 2500	INPAT ROUTINE SRVC CNTRS		
25 2500	ADULTS & PEDIATRICS	-784,305	6,137,001
26 2600	INTENSIVE CARE UNIT		1,768,384
27 2700	CORONARY CARE UNIT		
28 2800	BURN INTENSIVE CARE UNIT		
29 2900	SURGICAL INTENSIVE CARE UNIT		
31 3100	SUBPROVIDER		
33 3300	NURSERY		426,067
34 3400	SKILLED NURSING FACILITY		
35 3500	NURSING FACILITY		
35.01 3510	ICF/MR		
36 3600	OTHER LONG TERM CARE		
	ANCILLARY SRVC COST CNTRS		
37 3700	OPERATING ROOM	-80,500	873,369
38 3800	RECOVERY ROOM		372,864
39 3900	DELIVERY ROOM & LABOR ROOM		887,045
40 4000	ANESTHESIOLOGY	-1,209,997	161,031
41 4100	RADIOLOGY-DIAGNOSTIC	-52,148	2,696,166
42 4200	RADIOLOGY-THERAPEUTIC		
43 4300	RADIOISOTOPE		
44 4400	LABORATORY	-62,504	2,598,416
45 4500	PBP CLINICAL LAB SERVICES-PRGM ONLY		
46 4600	WHOLE BLOOD & PACKED RED BLOOD CELLS		
47 4700	BLOOD STORING, PROCESSING & TRANS.		
48 4800	INTRAVENOUS THERAPY		
49 4900	RESPIRATORY THERAPY		
50 5000	PHYSICAL THERAPY		313,895
51 5100	OCCUPATIONAL THERAPY		
52 5200	SPEECH PATHOLOGY		
53 5300	ELECTROCARDIOLOGY		
53.01 3160	CARDIOPULMONARY	-216,000	1,912,485
54 5400	ELECTROENCEPHALOGRAPHY		
55 5500	MEDICAL SUPPLIES CHARGED TO PATIENTS		453,528
56 5600	DRUGS CHARGED TO PATIENTS		953,999
57 5700	RENAL DIALYSIS		
58 5800	ASC (NON-DISTINCT PART)		
58.01 3350	IP HEMODIALYSIS		347,198
	OUTPAT SERVICE COST CNTRS		
60 6000	CLINIC		168,045
61 6100	EMERGENCY	-1,521,500	3,058,659
61.01 4950	OTHER OUTPATIENT SERVICE COST CENTER		39,141
62 6200	OBSERVATION BEDS (NON-DISTINCT PART)		
	OTHER REIMBURS COST CNTRS		
64 6400	HOME PROGRAM DIALYSIS		
65 6500	AMBULANCE SERVICES		
66 6600	DURABLE MEDICAL EQUIP-RENTED		
67 6700	DURABLE MEDICAL EQUIP-SOLD		
69 6900	CORF		
70 7000	I&R SERVICES-NOT APPRVD PRGM		
71 7100	HOME HEALTH AGENCY		
	SPEC PURPOSE COST CENTERS		
82 8200	LUNG ACQUISITION		
83 8300	KIDNEY ACQUISITION		
84 8400	LIVER ACQUISITION		
85 8500	HEART ACQUISITION		
85.01 8510	PANCREAS ACQUISITION		
86 8600	OTHER ORGAN ACQUISITION		
88 8800	INTEREST EXPENSE		-0-
89 8900	UTILIZATION REVIEW-SNF		-0-

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

PROVIDER NO: 14-0068
PERIOD: FROM 4/1/2010 TO 3/31/2011
PREPARED 8/30/2011
WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS 6	NET EXPENSES FOR ALLOC 7
	SPEC PURPOSE COST CENTERS		
90	9000 OTHER CAPITAL RELATED COSTS		-0-
92	9200 AMBULATORY SURGICAL CENTER (D.P.)		
93	9300 HOSPICE		
95	SUBTOTALS	-4,160,801	49,510,755
	NONREIMBURS COST CENTERS		
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN		44,286
97	9700 RESEARCH		
98	9800 PHYSICIANS' PRIVATE OFFICES		225,470
99	9900 NONPAID WORKERS		
101	TOTAL	-4,160,801	49,780,511

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	NONPATIENT TELEPHONES	0610	NONPATIENT TELEPHONES
6.02	DATA PROCESSING	0620	DATA PROCESSING
6.03	PURCHASING, RECEIVING AND STORES	0630	PURCHASING, RECEIVING AND STORES
6.04	CASHIERING/ACCOUNTS RECEIVABLE	0650	CASHIERING/ACCOUNTS RECEIVABLE
6.05	OTHER ADMINISTRATIVE AND GENERAL	0660	OTHER ADMINISTRATIVE AND GENERAL
7	MAINTENANCE & REPAIRS	0700	
8	OPERATION OF PLANT	0800	
9	LAUNDRY & LINEN SERVICE	0900	
10	HOUSEKEEPING	1000	
11	DIETARY	1100	
12	CAFETERIA	1200	
13	MAINTENANCE OF PERSONNEL	1300	
14	NURSING ADMINISTRATION	1400	
15	CENTRAL SERVICES & SUPPLY	1500	
16	PHARMACY	1600	
17	MEDICAL RECORDS & LIBRARY	1700	
18	SOCIAL SERVICE	1800	
20	NONPHYSICIAN ANESTHETISTS	2000	
21	NURSING SCHOOL	2100	
22	I&R SERVICES-SALARY & FRINGES APPRVD	2200	
23	I&R SERVICES-OTHER PRGM COSTS APPRVD	2300	
24	PARAMED ED PRGM	2400	
	INPAT ROUTINE SRVC C		
25	ADULTS & PEDIATRICS	2500	
26	INTENSIVE CARE UNIT	2600	
27	CORONARY CARE UNIT	2700	
28	BURN INTENSIVE CARE UNIT	2800	
29	SURGICAL INTENSIVE CARE UNIT	2900	
31	SUBPROVIDER	3100	
33	NURSERY	3300	
34	SKILLED NURSING FACILITY	3400	
35	NURSING FACILITY	3500	
35.01	ICF/MR	3510	
36	OTHER LONG TERM CARE	3600	
	ANCILLARY SRVC COST		
37	OPERATING ROOM	3700	
38	RECOVERY ROOM	3800	
39	DELIVERY ROOM & LABOR ROOM	3900	
40	ANESTHESIOLOGY	4000	
41	RADIOLOGY-DIAGNOSTIC	4100	
42	RADIOLOGY-THERAPEUTIC	4200	
43	RADIOISOTOPE	4300	
44	LABORATORY	4400	
45	PBP CLINICAL LAB SERVICES-PRGM ONLY	4500	
46	WHOLE BLOOD & PACKED RED BLOOD CELLS	4600	
47	BLOOD STORING, PROCESSING & TRANS.	4700	
48	INTRAVENOUS THERAPY	4800	
49	RESPIRATORY THERAPY	4900	
50	PHYSICAL THERAPY	5000	
51	OCCUPATIONAL THERAPY	5100	
52	SPEECH PATHOLOGY	5200	
53	ELECTROCARDIOLOGY	5300	
53.01	CARDIOPULMONARY	3160	CARDIOPULMONARY
54	ELECTROENCEPHALOGRAPHY	5400	
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	5500	
56	DRUGS CHARGED TO PATIENTS	5600	
57	RENAL DIALYSIS	5700	
58	ASC (NON-DISTINCT PART)	5800	
58.01	IP HEMODIALYSIS	3350	HEMATOLOGY
	OUTPAT SERVICE COST		
60	CLINIC	6000	
61	EMERGENCY	6100	
61.01	OTHER OUTPATIENT SERVICE COST CENTER	4950	OTHER OUTPATIENT SERVICE COST CENTER
62	OBSERVATION BEDS (NON-DISTINCT PART)	6200	
	OTHER REIMBURS COST		
64	HOME PROGRAM DIALYSIS	6400	
65	AMBULANCE SERVICES	6500	
66	DURABLE MEDICAL EQUIP-RENTED	6600	
67	DURABLE MEDICAL EQUIP-SOLD	6700	
69	CORF	6900	
70	I&R SERVICES-NOT APPRVD PRGM	7000	
71	HOME HEALTH AGENCY	7100	
	SPEC PURPOSE COST CE		
82	LUNG ACQUISITION	8200	
83	KIDNEY ACQUISITION	8300	
84	LIVER ACQUISITION	8400	
85	HEART ACQUISITION	8500	
85.01	PANCREAS ACQUISITION	8510	
86	OTHER ORGAN ACQUISITION	8600	
88	INTEREST EXPENSE	8800	
89	UTILIZATION REVIEW-SNF	8900	
90	OTHER CAPITAL RELATED COSTS	9000	

COST CENTERS USED IN COST REPORT

I PROVIDER NO:	I PERIOD:	I PREPARED 8/30/2011
I 14-0068	I FROM 4/ 1/2010	I NOT A CMS WORKSHEET
I	I TO 3/31/2011	I

LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
	SPEC PURPOSE COST CE		
92	AMBULATORY SURGICAL CENTER (D.P.)	9200	
93	HOSPICE	9300	
95	SUBTOTALS		OLD CAP REL COSTS-BLDG & FIXT
	NONREIMBURS COST CEN		
96	GIFT, FLOWER, COFFEE SHOP & CANTEEN	9600	
97	RESEARCH	9700	
98	PHYSICIANS' PRIVATE OFFICES	9800	
99	NONPAID WORKERS	9900	
101	TOTAL		OLD CAP REL COSTS-BLDG & FIXT

RECLASSIFICATIONS

PROVIDER NO:
140068

PERIOD:
FROM 4/ 1/2010
TO 3/31/2011

PREPARED 8/30/2011
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	INCREASE				
	CODE (1) 1	COST CENTER 2	LINE NO 3	SALARY 4	OTHER 5
1 RECLASS CAPITAL RELATED INT EXPENSE	A	OLD CAP REL COSTS-BLDG & FIXT	1		327,521
2 DELIVERY ROOM RECLASS	B	DELIVERY ROOM & LABOR ROOM	39	430,878	456,167
3 PROPERTY INSURANCE RECLASS	C	OLD CAP REL COSTS-BLDG & FIXT	1		38,476
4 RECLASS MEDICAL SUPPLIES	D	MEDICAL SUPPLIES CHARGED TO PATIENTS	55		453,528
5 RECLASS DRUGS SOLD	E	DRUGS CHARGED TO PATIENTS	56		953,999
6 WICK PROGRAM RECLASS	F	ADULTS & PEDIATRICS	25	327,498	50,940
7 23HR OBSERVATION COSTS RECLASS	G	OTHER OUTPATIENT SERVICE COST CENTER	61.01	29,435	9,706
8 PROPERTY INSURANCE RECLASS	J	NEW CAP REL COSTS-MVBLE EQUIP	4		7,909
9 DIETARY/CAFETERIA RECLASS	K	CAFETERIA	12	314,497	360,989
10 RECLASS ANESTHESIA COSTS	L	ANESTHESIOLOGY	40		108,547
11 RECLASS RECOVERY ROOM COSTS	M	RECOVERY ROOM	38	228,226	132,865
12 OPERATING INTEREST	N	OTHER ADMINISTRATIVE AND GENERAL	6.05		67,515
13 IDPA PROVIDER TAX	O	OTHER ADMINISTRATIVE AND GENERAL	6.05		3,050,323
36 TOTAL RECLASSIFICATIONS				1,330,534	6,018,485

(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:
140068

PERIOD:
FROM 4/ 1/2010
TO 3/31/2011

PREPARED 8/30/2011
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	----- DECREASE -----					A-7 REF 10
	CODE (1) 1	COST CENTER 6	LINE NO 7	SALARY 8	OTHER 9	
1 RECLASS CAPITAL RELATED INT EXPENSE	A	INTEREST EXPENSE	88		327,521	9
2 DELIVERY ROOM RECLASS	B	ADULTS & PEDIATRICS	25	430,878	456,167	
3 PROPERTY INSURANCE RECLASS	C	OTHER ADMINISTRATIVE AND GENERAL	6.05		38,476	9
4 RECLASS MEDICAL SUPPLIES	D	CENTRAL SERVICES & SUPPLY	15		453,528	
5 RECLASS DRUGS SOLD	E	PHARMACY	16		953,999	
6 WICK PROGRAM RECLASS	F	OTHER ADMINISTRATIVE AND GENERAL	6.05	327,498	50,940	
7 23HR OBSERVATION COSTS RECLASS	G	ADULTS & PEDIATRICS	25	29,435	9,706	
8 PROPERTY INSURANCE RECLASS	J	OTHER ADMINISTRATIVE AND GENERAL	6.05		7,909	9
9 DIETARY/CAFETERIA RECLASS	K	DIETARY	11	314,497	360,989	
10 RECLASS ANESTHESIA COSTS	L	OPERATING ROOM	37		108,547	
11 RECLASS RECOVERY ROOM COSTS	M	OPERATING ROOM	37	228,226	132,865	
12 OPERATING INTEREST	N	INTEREST EXPENSE	88		67,515	
13 IDPA PROVIDER TAX	O	INTEREST EXPENSE	88		3,050,323	
36 TOTAL RECLASSIFICATIONS				1,330,534	6,018,485	

(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:
140068

PERIOD:
FROM 4/ 1/2010
TO 3/31/2011

PREPARED 8/30/2011
WORKSHEET A-6
NOT A CMS WORKSHEET

RECLASS CODE: A
EXPLANATION : RECLASS CAPITAL RELATED INT EXPENSE

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	OLD CAP REL COSTS-BLDG & FIXT	1	327,521	INTEREST EXPENSE	88	327,521	
TOTAL RECLASSIFICATIONS FOR CODE A			327,521				327,521

RECLASS CODE: B
EXPLANATION : DELIVERY ROOM RECLASS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	DELIVERY ROOM & LABOR ROOM	39	887,045	ADULTS & PEDIATRICS	25	887,045	
TOTAL RECLASSIFICATIONS FOR CODE B			887,045				887,045

RECLASS CODE: C
EXPLANATION : PROPERTY INSURANCE RECLASS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	OLD CAP REL COSTS-BLDG & FIXT	1	38,476	OTHER ADMINISTRATIVE AND GENER	6.05	38,476	
TOTAL RECLASSIFICATIONS FOR CODE C			38,476				38,476

RECLASS CODE: D
EXPLANATION : RECLASS MEDICAL SUPPLIES

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	MEDICAL SUPPLIES CHARGED TO PA	55	453,528	CENTRAL SERVICES & SUPPLY	15	453,528	
TOTAL RECLASSIFICATIONS FOR CODE D			453,528				453,528

RECLASS CODE: E
EXPLANATION : RECLASS DRUGS SOLD

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	DRUGS CHARGED TO PATIENTS	56	953,999	PHARMACY	16	953,999	
TOTAL RECLASSIFICATIONS FOR CODE E			953,999				953,999

RECLASS CODE: F
EXPLANATION : WICK PROGRAM RECLASS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	ADULTS & PEDIATRICS	25	378,438	OTHER ADMINISTRATIVE AND GENER	6.05	378,438	
TOTAL RECLASSIFICATIONS FOR CODE F			378,438				378,438

RECLASS CODE: G
EXPLANATION : 23HR OBSERVATION COSTS RECLASS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	OTHER OUTPATIENT SERVICE COST	61.01	39,141	ADULTS & PEDIATRICS	25	39,141	
TOTAL RECLASSIFICATIONS FOR CODE G			39,141				39,141

RECLASS CODE: J
EXPLANATION : PROPERTY INSURANCE RECLASS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CAP REL COSTS-MVBLE EQUIP	4	7,909	OTHER ADMINISTRATIVE AND GENER	6.05	7,909	
TOTAL RECLASSIFICATIONS FOR CODE J			7,909				7,909

RECLASS CODE: K
EXPLANATION : DIETARY/CAFETERIA RECLASS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	CAFETERIA	12	675,486	DIETARY	11	675,486	
TOTAL RECLASSIFICATIONS FOR CODE K			675,486				675,486

RECLASS CODE: L
EXPLANATION : RECLASS ANESTHESIA COSTS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	ANESTHESIOLOGY	40	108,547	OPERATING ROOM	37	108,547	
TOTAL RECLASSIFICATIONS FOR CODE L			108,547				108,547

RECLASSIFICATIONS

PROVIDER NO:
140068

PERIOD:
FROM 4/1/2010
TO 3/31/2011

PREPARED 8/30/2011
WORKSHEET A-6
NOT A CMS WORKSHEET

RECLASS CODE: M
EXPLANATION : RECLASS RECOVERY ROOM COSTS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	RECOVERY ROOM	38	361,091	OPERATING ROOM	37	361,091	
TOTAL RECLASSIFICATIONS FOR CODE M			361,091				361,091

RECLASS CODE: N
EXPLANATION : OPERATING INTEREST

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	OTHER ADMINISTRATIVE AND GENER	6.05	67,515	INTEREST EXPENSE	88	67,515	
TOTAL RECLASSIFICATIONS FOR CODE N			67,515				67,515

RECLASS CODE: O
EXPLANATION : IDPA PROVIDER TAX

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	OTHER ADMINISTRATIVE AND GENER	6.05	3,050,323	INTEREST EXPENSE	88	3,050,323	
TOTAL RECLASSIFICATIONS FOR CODE O			3,050,323				3,050,323

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

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

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING BALANCES 1	PURCHASES 2	ACQUISITIONS DONATION 3	TOTAL 4	DI SPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7
1 LAND	923,853					923,853	
2 LAND IMPROVEMENTS	473,801	22,005		22,005		495,806	
3 BUILDINGS & FIXTURE	16,696,571	2,448,525		2,448,525		19,145,096	
4 BUILDING IMPROVEMEN	7,516,203	1,502,247		1,502,247		9,018,450	
5 FIXED EQUIPMENT	357,562	415,026		415,026		772,588	
6 MOVABLE EQUIPMENT	13,350,299	1,164,095		1,164,095		14,514,394	
7 SUBTOTAL	39,318,289	5,551,898		5,551,898		44,870,187	
8 RECONCILING ITEMS							
9 TOTAL	39,318,289	5,551,898		5,551,898		44,870,187	

PART III - RECONCILIATION OF CAPITAL COST CENTERS
 DESCRIPTION

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

DESCRIPTION SUMMARY OF OLD AND NEW CAPITAL

DESCRIPTION		DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL RELATED COST	TOTAL (1)
		9	10	11	12	13	14	15
*								
1	OLD CAP REL COSTS-BL	365,997						365,997
2	OLD CAP REL COSTS-MV							
3	NEW CAP REL COSTS-BL	1,313,881						1,313,881
4	NEW CAP REL COSTS-MV	16,536						16,536
5	TOTAL	1,696,414						1,696,414

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

DESCRIPTION		DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL RELATED COST	TOTAL (1)
		9	10	11	12	13	14	15
*								
1	OLD CAP REL COSTS-BL							
2	OLD CAP REL COSTS-MV							
3	NEW CAP REL COSTS-BL	1,319,055						1,319,055
4	NEW CAP REL COSTS-MV	8,627						8,627
5	TOTAL	1,327,682						1,327,682

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

ADJUSTMENTS TO EXPENSES

DESCRPTION (1)	(2) BASIS/CODE 1	AMOUNT 2	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED		LINE NO 4	WKST. A-7 REF. 5
			COST CENTER 3			
1 INVST INCOME-OLD BLDGS AND FIXTURES			OLD CAP REL COSTS-BLDG &		1	
2 INVESTMENT INCOME-OLD MOVABLE EQUIP			OLD CAP REL COSTS-MVBLE E		2	
3 INVST INCOME-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &		3	
4 INVESTMENT INCOME-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E		4	
5 INVESTMENT INCOME-OTHER						
6 TRADE, QUANTITY AND TIME DISCOUNTS						
7 REFUNDS AND REBATES OF EXPENSES						
8 RENTAL OF PRVIDER SPACE BY SUPPLIERS						
9 TELEPHONE SERVICES						
10 TELEVISION AND RADIO SERVICE						
11 PARKING LOT						
12 PROVIDER BASED PHYSICIAN ADJUSTMENT	A-8-2	-3,942,489				
13 SALE OF SCRAP, WASTE, ETC.						
14 RELATED ORGANIZATION TRANSACTIONS	A-8-1					
15 LAUNDRY AND LINEN SERVICE						
16 CAFETERIA--EMPLOYEES AND GUESTS						
17 RENTAL OF QTRS TO EMPLOYEE AND OTHRS						
18 SALE OF MED AND SURG SUPPLIES						
19 SALE OF DRUGS TO OTHER THAN PATIENTS						
20 SALE OF MEDICAL RECORDS & ABSTRACTS						
21 NURSG SCHOOL(TUITN, FEES, BOOKS, ETC.)						
22 VENDING MACHINES						
23 INCOME FROM IMPOSITION OF INTEREST						
24 INTRST EXP ON MEDICARE OVERPAYMENTS						
25 ADJUSTMENT FOR RESPIRATORY THERAPY	A-8-3/A-8-4		RESPIRATORY THERAPY		49	
26 ADJUSTMENT FOR PHYSICAL THERAPY	A-8-3/A-8-4		PHYSICAL THERAPY		50	
27 ADJUSTMENT FOR HHA PHYSICAL THERAPY	A-8-3					
28 UTILIZATION REVIEW-PHYSIAN COMP			UTILIZATION REVIEW-SNF		89	
29 DEPRECIATION-OLD BLDGS AND FIXTURES			OLD CAP REL COSTS-BLDG &		1	
30 DEPRECIATION-OLD MOVABLE EQUIP			OLD CAP REL COSTS-MVBLE E		2	
31 DEPRECIATION-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &		3	
32 DEPRECIATION-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E		4	
33 NON-PHYSICIAN ANESTHETIST			NONPHYSICIAN ANESTHETISTS		20	
34 PHYSICIANS' ASSISTANT						
35 ADJUSTMENT FOR OCCUPATIONAL THERAPY	A-8-4		OCCUPATIONAL THERAPY		51	
36 ADJUSTMENT FOR SPEECH PATHOLOGY	A-8-4		SPEECH PATHOLOGY		52	
37 OTHER ADJUSTMENTS (SPECIFY)						
38 MEDICAL RECORD COPIES	B	-1,931	MEDICAL RECORDS & LIBRARY		17	
39						
40 NUTRITIONAL SERVICES INCOME	B	-107,935	DIETARY		11	
41 OTHER ADJUSTMENTS (SPECIFY)						
42 OTHER ADJUSTMENTS (SPECIFY)						
43 CPR TRAINING	B	-1,931	NURSING ADMINISTRATION		14	
44 OPERATING FUND INTEREST INCOME	B	-8,016	OTHER ADMINISTRATIVE AND		6.05	
45 RCH SUITE RENTAL	B	-35,988	NEW CAP REL COSTS-BLDG &		3	9
46 DONATIONS						
47						
48						
49						
49.02 FILM COPIES	B	-65	RADIOLOGY-DIAGNOSTIC		41	
49.03						
49.04 REMAINING NON OPERATING REVENUE	B	-59,154	OTHER ADMINISTRATIVE AND		6.05	
49.05 PARTNER RETURNS	B	-752	OTHER ADMINISTRATIVE AND		6.05	
49.06						
49.07 MEDICARE ADJ-BOND AMORTIZATION	A	30,814	NEW CAP REL COSTS-BLDG &		3	9
49.08 MEDICARE ADJ-MEDICARE AFFAIRS CO	A	-23,853	OTHER ADMINISTRATIVE AND		6.05	
49.09						
49.10						
49.11						
49.14 VENDING MACHINES	B	-9,501	DIETARY		11	
49.15						
49.16						
49.19						
50 TOTAL (SUM OF LINES 1 THRU 49)		-4,160,801				

(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

PROVIDER BASED PHYSICIAN ADJUSTMENTS

PROVIDER NO: 14-0068
 PERIOD: FROM 4/1/2010 TO 3/31/2011
 PREPARED: 8/30/2011
 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 25	ADULTS & PEDIATRICS	784,305	784,305		177,200			
2 33	NURSERY							
3 40	ANESTHESIOLOGY	1,209,997	1,209,997					
4 61	EMERGENCY	1,521,500	1,521,500					
5 60	CLINIC							
6 44	LABORATORY	62,504	62,504					
7 41	RADIOLOGY - DIAGNOSTIC	52,083	52,083					
8 6 5	ADMIN & GENERAL	15,600	15,600					
9 37	OPER ROOM	80,500	80,500					
10 53 1	CARDIO-PULMONARY	216,000	216,000					
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
101	TOTAL	3,942,489	3,942,489					

COST ALLOCATION STATISTICS

PROVIDER NO: 14-0068
 PERIOD: FROM 4/1/2010 TO 3/31/2011
 PREPARED 8/30/2011
 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	3	SQUARE	FEET	ENTERED
4	NEW CAP REL COSTS-MVBLE EQUIP	4	DOLLAR	VALUE	ENTERED
5	EMPLOYEE BENEFITS	S	GROSS	SALARIES	ENTERED
6.01	NONPATIENT TELEPHONES	7	PHONES		ENTERED
6.02	DATA PROCESSING	8	MACH		ENTERED
6.03	PURCHASING, RECEIVING AND STORES	9	CHARGES		ENTERED
6.04	CASHIERING/ACCOUNTS RECEIVABLE	9	CHARGES		ENTERED
6.05	OTHER ADMINISTRATIVE AND GENERAL	-10	ACCUM.	COST	NOT ENTERED
7	MAINTENANCE & REPAIRS	11	SQUARE	FEET	NOT ENTERED
8	OPERATION OF PLANT	12	SQUARE	FEET	ENTERED
9	LAUNDRY & LINEN SERVICE	13	POUNDS OF	LAUNDRY	NOT ENTERED
10	HOUSEKEEPING	14	HOURS OF	SERVICE	ENTERED
11	DIETARY	15	MEALS	SERVED	ENTERED
12	CAFETERIA	16	MEALS	SERVED	ENTERED
13	MAINTENANCE OF PERSONNEL	17	NUMBER	HOUSED	NOT ENTERED
14	NURSING ADMINISTRATION	18	DIRECT	NRSING HRS	ENTERED
15	CENTRAL SERVICES & SUPPLY	19	COSTED	REQUIS.	ENTERED
16	PHARMACY	20	COSTED	REQUIS.	ENTERED
17	MEDICAL RECORDS & LIBRARY	21	TIME	SPENT	ENTERED
18	SOCIAL SERVICE	22	TIME	SPENT	NOT ENTERED
20	NONPHYSICIAN ANESTHETISTS	24	ASSIGNED	TIME	NOT ENTERED
21	NURSING SCHOOL	25	ASSIGNED	TIME	NOT ENTERED
22	I&R SERVICES-SALARY & FRINGES APPRVD	26	ASSIGNED	TIME	NOT ENTERED
23	I&R SERVICES-OTHER PRGM COSTS APPRVD	27	ASSIGNED	TIME	NOT ENTERED
24	PARAMED ED PRGM	28	ASSIGNED	TIME	NOT ENTERED

COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION	OLD CAP REL C OSTS-BLDG &	OLD CAP REL C OSTS-MVBLE E	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-MVBLE E	EMPLOYEE BENE FITS	NONPATIENT TELEPHONES
	0	1	2	3	4	5	6.01
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &	365,997	365,997					
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &	1,313,881			1,313,881			
005 NEW CAP REL COSTS-MVBLE E	16,536				16,536		
006 EMPLOYEE BENEFITS	3,950,250	3,863		13,869	235	3,968,217	
006 01 NONPATIENT TELEPHONES	478,639	147		527	29	12,940	492,282
006 02 DATA PROCESSING	1,020,068	773		2,774	315	55,776	12,105
006 03 PURCHASING, RECEIVING AND	751,686	5,077		18,224	381	27,341	8,070
006 04 CASHIERING/ACCOUNTS RECEI	1,322,862	5,402		19,393	214	123,075	76,667
006 05 OTHER ADMINISTRATIVE AND	8,449,415	44,817		160,888	1,172	396,338	104,917
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT	2,545,089	43,211		155,123	290	106,654	12,105
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING	1,190,772	4,508		16,184	177	107,748	12,105
011 DIETARY	680,974	14,052		50,443		38,144	16,140
012 CAFETERIA	675,486	5,923		21,262		53,565	16,140
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION	1,317,658	932		3,347	474	203,800	4,035
015 CENTRAL SERVICES & SUPPLY	171,304	6,925		24,860	41	17,847	12,105
016 PHARMACY	1,079,813	9,218		33,090		85,381	16,140
017 MEDICAL RECORDS & LIBRARY	1,013,032	6,025		21,628	163	105,579	52,456
018 SOCIAL SERVICE							
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C							
024 PARAMED ED PRGM							
025 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS	6,137,001	113,612		407,854	1,561	934,035	20,175
027 INTENSIVE CARE UNIT	1,768,384	11,095		39,830	861	287,260	8,070
028 CORONARY CARE UNIT							
029 BURN INTENSIVE CARE UNIT							
031 SURGICAL INTENSIVE CARE U							
033 SUBPROVIDER							
033 NURSERY	426,067	5,252		18,855	178	63,419	4,035
034 SKILLED NURSING FACILITY							
035 NURSING FACILITY							
035 01 ICF/MR							
036 OTHER LONG TERM CARE							
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	873,369	16,954		60,862	1,182	102,039	8,070
038 RECOVERY ROOM	372,864	2,021		7,255	61	38,872	4,035
039 DELIVERY ROOM & LABOR ROO	887,045	6,619		23,760	512	73,388	12,105
040 ANESTHESIOLOGY	161,031	421		1,513	620		
041 RADIOLOGY-DIAGNOSTIC	2,696,166	12,551		45,056	5,161	267,849	
042 RADIOLOGY-THERAPEUTIC							
043 RADIOISOTOPE							
044 LABORATORY	2,598,416	10,559		37,904	557	165,838	40,351
045 PBP CLINICAL LAB SERVICES							
046 WHOLE BLOOD & PACKED RED							
047 BLOOD STORING, PROCESSING							
048 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY							
050 PHYSICAL THERAPY	313,895	3,806		13,662	55	6,297	4,035
051 OCCUPATIONAL THERAPY							
052 SPEECH PATHOLOGY							
053 ELECTROCARDIOLOGY							
053 01 CARDIOPULMONARY	1,912,485	2,404		8,631	2,297	212,324	12,105
054 ELECTROENCEPHALOGRAPHY							
055 MEDICAL SUPPLIES CHARGED	453,528						
056 DRUGS CHARGED TO PATIENTS	953,999						
057 RENAL DIALYSIS							
058 ASC (NON-DISTINCT PART)							
058 01 IP HEMODIALYSIS	347,198	287		1,032			8,070
060 OUTPAT SERVICE COST CNTRS							
061 CLINIC	168,045	1,839		6,602		25,900	
061 EMERGENCY	3,058,659	27,704		99,453		451,795	28,246
062 01 OTHER OUTPATIENT SERVICE	39,141					5,013	
062 OBSERVATION BEDS (NON-DIS							
064 OTHER REIMBURS COST CNTRS							
064 HOME PROGRAM DIALYSIS							
065 AMBULANCE SERVICES							
066 DURABLE MEDICAL EQUIP-REN							
067 DURABLE MEDICAL EQUIP-SOL							
069 CORF							
070 I&R SERVICES-NOT APPRVD P							
071 HOME HEALTH AGENCY							
082 LUNG ACQUISITION							
083 SPEC PURPOSE COST CENTERS							
083 KIDNEY ACQUISITION							
084 LIVER ACQUISITION							
085 HEART ACQUISITION							
085 01 PANCREAS ACQUISITION							
086 OTHER ORGAN ACQUISITION							
092 AMBULATORY SURGICAL CENTE							

COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION	0	1	2	3	4	5	6.01
093 SPEC PURPOSE COST CENTERS								
095 HOSPICE								
095 SUBTOTALS	49,510,755		365,997		1,313,881	16,536	3,968,217	492,282
096 NONREIMBURS COST CENTERS								
096 GIFT, FLOWER, COFFEE SHOP	44,286							
097 RESEARCH								
098 PHYSICIANS' PRIVATE OFFICE	225,470							
099 NONPAID WORKERS								
101 CROSS FOOT ADJUSTMENT								
102 NEGATIVE COST CENTER								
103 TOTAL	49,780,511		365,997		1,313,881	16,536	3,968,217	492,282

COST CENTER DESCRIPTION	DATA PROCESSING	PURCHASING, RECEIVING AND	CASHIERING/ACCOUNTS RECEIVABLE	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 NONPATIENT TELEPHONES							
006 02 DATA PROCESSING	1,091,811						
006 03 PURCHASING, RECEIVING AND	54,591	865,370					
006 04 CASHIERING/ACCOUNTS RECEI	968,436	2,765	2,518,814				
006 05 OTHER ADMINISTRATIVE AND	68,784	34,610	101,061	9,362,002	9,362,002		
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT		47,710	139,313	3,049,495	706,345		3,755,840
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING		11,460	33,463	1,376,417	318,815		64,453
011 DIETARY		4,262	12,446	816,461	189,114		200,890
012 CAFETERIA				772,376	178,903		84,674
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION		2,457	7,176	1,539,879	356,678		13,329
015 CENTRAL SERVICES & SUPPLY				233,082	53,988		99,007
016 PHARMACY				1,223,642	283,429		131,781
017 MEDICAL RECORDS & LIBRARY		1,452	4,241	1,204,576	279,012		86,135
018 SOCIAL SERVICE							
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C							
024 PARAMED ED PRGM							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS		62,027	181,119	7,857,384	1,819,969		1,624,287
026 INTENSIVE CARE UNIT		21,624	63,143	2,200,267	509,641		158,622
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
031 SUBPROVIDER							
033 NURSERY		104,261	304,445	926,512	214,605		75,088
034 SKILLED NURSING FACILITY							
035 NURSING FACILITY							
035 01 ICF/MR							
036 OTHER LONG TERM CARE							
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM		104,261	304,445	1,471,182	340,765		242,383
038 RECOVERY ROOM		975	2,848	428,931	99,352		28,894
039 DELIVERY ROOM & LABOR ROO		7,638	22,304	1,033,371	239,357		94,625
040 ANESTHESIOLOGY		5,545	16,190	185,320	42,925		6,025
041 RADIOLOGY-DIAGNOSTIC		59,820	174,676	3,261,279	755,400		179,436
042 RADIOLOGY-THERAPEUTIC							
043 RADIOISOTOPE							
044 LABORATORY		121,394	354,465	3,329,484	771,198		150,953
045 PBP CLINICAL LAB SERVICES							
046 WHOLE BLOOD & PACKED RED							
047 BLOOD STORING, PROCESSING							
048 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY							
050 PHYSICAL THERAPY		702	2,051	344,503	79,796		54,411
051 OCCUPATIONAL THERAPY							
052 SPEECH PATHOLOGY							
053 ELECTROCARDIOLOGY							
053 01 CARDIOPULMONARY		68,719	200,659	2,419,624	560,450		34,372
054 ELECTROENCEPHALOGRAPHY							
055 MEDICAL SUPPLIES CHARGED		97,364	284,303	835,195	193,454		
056 DRUGS CHARGED TO PATIENTS		31,675	92,491	1,078,165	249,732		
057 RENAL DIALYSIS							
058 ASC (NON-DISTINCT PART)							
058 01 IP HEMODIALYSIS				356,587	82,595		4,108
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC		7,855	22,936	233,177	54,010		26,292
061 EMERGENCY		54,516	159,188	3,879,561	898,611		396,075
061 01 OTHER OUTPATIENT SERVICE		1,694	4,947	50,795	11,765		
062 OBSERVATION BEDS (NON-DIS							
062 OTHER REIMBURS COST CNTRS							
064 HOME PROGRAM DIALYSIS							
065 AMBULANCE SERVICES							
066 DURABLE MEDICAL EQUIP-REN							
067 DURABLE MEDICAL EQUIP-SOL							
069 CORF							
070 I&R SERVICES-NOT APPRVD P							
071 HOME HEALTH AGENCY							
082 LUNG ACQUISITION							
082 SPEC PURPOSE COST CENTERS							
083 KIDNEY ACQUISITION							
084 LIVER ACQUISITION							
085 HEART ACQUISITION							
085 01 PANCREAS ACQUISITION							
086 OTHER ORGAN ACQUISITION							
092 AMBULATORY SURGICAL CENTE							

COST CENTER DESCRIPTION	DATA PROCESSING	PURCHASING RECEIVING AND	R CASHIERING/AC COUNTS RECEI	SUBTOTAL	OTHER ADMINISTRATIVE AND	MAINTENANCE REPAIRS	& OPERATION OF PLANT
	6.02	6.03	6.04	6a.04	6.05	7	8
093 SPEC PURPOSE COST CENTERS							
095 HOSPICE							
095 SUBTOTALS	1,091,811	854,786	2,487,910	49,469,267	9,289,909		3,755,840
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP				44,286	10,258		
097 RESEARCH							
098 PHYSICIANS' PRIVATE OFFICE		10,584	30,904	266,958	61,835		
099 NONPAID WORKERS							
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	1,091,811	865,370	2,518,814	49,780,511	9,362,002		3,755,840

COST CENTER DESCRIPTION	LAUNDRY & LINEN SERVICE		DIETARY	CAFETERIA	MAINTENANCE PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY
	9	10	11	12	13	14	15
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 NONPATIENT TELEPHONES							
006 02 DATA PROCESSING							
006 03 PURCHASING, RECEIVING AND							
006 04 CASHIERING/ACCOUNTS RECEI							
006 05 OTHER ADMINISTRATIVE AND							
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING		1,759,685					
011 DIETARY		30,388	1,236,853				
012 CAFETERIA		30,388		1,066,341			
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION		15,194		59,023		1,984,103	
015 CENTRAL SERVICES & SUPPLY		36,900					422,977
016 PHARMACY		15,194					
017 MEDICAL RECORDS & LIBRARY		26,047		49,670			
018 SOCIAL SERVICE							
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C							
024 PARAMED ED PRGM							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS		1,116,542	1,123,807	359,005		1,078,684	50,463
026 INTENSIVE CARE UNIT		26,047	84,582	75,316		226,298	18,798
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
031 SUBPROVIDER							
033 NURSERY		15,194		18,933		56,886	10,141
034 SKILLED NURSING FACILITY							
035 NURSING FACILITY							
035 01 ICF/MR							
036 OTHER LONG TERM CARE							
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM		79,226		43,259		129,977	90,636
038 RECOVERY ROOM		7,597					848
039 DELIVERY ROOM & LABOR ROO		22,791					6,633
040 ANESTHESIOLOGY		3,256					4,820
041 RADIOLOGY-DIAGNOSTIC		58,606		94,022			34,109
042 RADIOLOGY-THERAPEUTIC							
043 RADIOISOTOPE							
044 LABORATORY		41,241		77,089			
045 PBP CLINICAL LAB SERVICES							
046 WHOLE BLOOD & PACKED RED							
047 BLOOD STORING, PROCESSING							
048 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY							
050 PHYSICAL THERAPY		10,853		3,583		10,765	610
051 OCCUPATIONAL THERAPY							
052 SPEECH PATHOLOGY							
053 ELECTROCARDIOLOGY							
053 01 CARDIOPULMONARY		18,884		76,862			38,208
054 ELECTROENCEPHALOGRAPHY							
055 MEDICAL SUPPLIES CHARGED				11,503			84,640
056 DRUGS CHARGED TO PATIENTS		3,256		25,306			27,536
057 RENAL DIALYSIS							
058 ASC (NON-DISTINCT PART)							
058 01 IP HEMODIALYSIS							
060 OUTPAT SERVICE COST CNTRS							
061 CLINIC				12,521			6,828
061 EMERGENCY		173,646		160,249		481,493	47,322
061 01 OTHER OUTPATIENT SERVICE		28,435	28,464				1,385
062 OBSERVATION BEDS (NON-DIS							
064 OTHER REIMBURS COST CNTRS							
064 HOME PROGRAM DIALYSIS							
065 AMBULANCE SERVICES							
066 DURABLE MEDICAL EQUIP-REN							
067 DURABLE MEDICAL EQUIP-SOL							
069 CORF							
070 I&R SERVICES-NOT APPRVD P							
071 HOME HEALTH AGENCY							
082 LUNG ACQUISITION							
082 SPEC PURPOSE COST CENTERS							
083 KIDNEY ACQUISITION							
084 LIVER ACQUISITION							
085 HEART ACQUISITION							
085 01 PANCREAS ACQUISITION							
086 OTHER ORGAN ACQUISITION							
092 AMBULATORY SURGICAL CENTE							

COST CENTER DESCRIPTION	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY
	9	10	11	12	13	14	15
093 SPEC PURPOSE COST CENTERS							
095 HOSPICE							
095 SUBTOTALS		1,759,685	1,236,853	1,066,341		1,984,103	422,977
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP							
097 RESEARCH							
098 PHYSICIANS' PRIVATE OFFICE							
099 NONPAID WORKERS							
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL		1,759,685	1,236,853	1,066,341		1,984,103	422,977

COST CENTER DESCRIPTION	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	I&R SERVICES-SALARY & FRI	I&R SERVICES-OTHER PRGM C
	16	17	18	20	21	22	23
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 NONPATIENT TELEPHONES							
006 02 DATA PROCESSING							
006 03 PURCHASING, RECEIVING AND							
006 04 CASHIERING/ACCOUNTS RECEI							
006 05 OTHER ADMINISTRATIVE AND							
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
011 DIETARY							
012 CAFETERIA							
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION							
015 CENTRAL SERVICES & SUPPLY							
016 PHARMACY	1,654,046						
017 MEDICAL RECORDS & LIBRARY		1,645,440					
018 SOCIAL SERVICE							
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C							
024 PARAMED ED PRGM							
025 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS		1,143,581					
027 INTENSIVE CARE UNIT		103,663					
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
031 SUBPROVIDER							
033 NURSERY		78,981					
034 SKILLED NURSING FACILITY							
035 NURSING FACILITY							
035 01 ICF/MR							
036 OTHER LONG TERM CARE							
037 ANCILLARY SRVC COST CNTRS							
038 OPERATING ROOM							
038 RECOVERY ROOM							
039 DELIVERY ROOM & LABOR ROO							
040 ANESTHESIOLOGY							
041 RADIOLOGY-DIAGNOSTIC							
042 RADIOLOGY-THERAPEUTIC							
043 RADIOISOTOPE							
044 LABORATORY							
045 PBP CLINICAL LAB SERVICES							
046 WHOLE BLOOD & PACKED RED							
047 BLOOD STORING, PROCESSING							
048 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY							
050 PHYSICAL THERAPY							
051 OCCUPATIONAL THERAPY							
052 SPEECH PATHOLOGY							
053 ELECTROCARDIOLOGY							
053 01 CARDIOPULMONARY							
054 ELECTROENCEPHALOGRAPHY							
055 MEDICAL SUPPLIES CHARGED	1,654,046						
056 DRUGS CHARGED TO PATIENTS							
057 RENAL DIALYSIS							
058 ASC (NON-DISTINCT PART)							
058 01 IP HEMODIALYSIS							
060 OUTPAT SERVICE COST CNTRS							
061 CLINIC							
061 EMERGENCY		289,597					
061 01 OTHER OUTPATIENT SERVICE		29,618					
062 OBSERVATION BEDS (NON-DIS							
064 OTHER REIMBURS COST CNTRS							
064 HOME PROGRAM DIALYSIS							
065 AMBULANCE SERVICES							
066 DURABLE MEDICAL EQUIP-REN							
067 DURABLE MEDICAL EQUIP-SOL							
069 CORF							
070 I&R SERVICES-NOT APPRVD P							
071 HOME HEALTH AGENCY							
082 LUNG ACQUISITION							
082 SPEC PURPOSE COST CENTERS							
083 KIDNEY ACQUISITION							
084 LIVER ACQUISITION							
085 HEART ACQUISITION							
085 01 PANCREAS ACQUISITION							
086 OTHER ORGAN ACQUISITION							
092 AMBULATORY SURGICAL CENTE							

COST CENTER DESCRIPTION	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING	SCHOOL	I&R SERVICES-SALARY & FRI	I&R SERVICES-OTHER PRGM C
	16	17	18	20	21		22	23
093 SPEC PURPOSE COST CENTERS								
095 HOSPICE								
095 SUBTOTALS	1,654,046	1,645,440						
096 NONREIMBURS COST CENTERS								
096 GIFT, FLOWER, COFFEE SHOP								
097 RESEARCH								
098 PHYSICIANS' PRIVATE OFFICE								
099 NONPAID WORKERS								
101 CROSS FOOT ADJUSTMENT								
102 NEGATIVE COST CENTER								
103 TOTAL	1,654,046	1,645,440						

COST CENTER DESCRIPTION	PARAMED ED PR GM	SUBTOTAL	I&R COST POST STEP-DOWN ADJ	TOTAL
	24	25	26	27
001 GENERAL SERVICE COST CNTR				
002 OLD CAP REL COSTS-BLDG &				
003 OLD CAP REL COSTS-MVBLE E				
004 NEW CAP REL COSTS-BLDG &				
005 NEW CAP REL COSTS-MVBLE E				
006 EMPLOYEE BENEFITS				
006 01 NONPATIENT TELEPHONES				
006 02 DATA PROCESSING				
006 03 PURCHASING, RECEIVING AND				
006 04 CASHIERING/ACCOUNTS RECEI				
006 05 OTHER ADMINISTRATIVE AND				
007 MAINTENANCE & REPAIRS				
008 OPERATION OF PLANT				
009 LAUNDRY & LINEN SERVICE				
010 HOUSEKEEPING				
011 DIETARY				
012 CAFETERIA				
013 MAINTENANCE OF PERSONNEL				
014 NURSING ADMINISTRATION				
015 CENTRAL SERVICES & SUPPLY				
016 PHARMACY				
017 MEDICAL RECORDS & LIBRARY				
018 SOCIAL SERVICE				
020 NONPHYSICIAN ANESTHETISTS				
021 NURSING SCHOOL				
022 I&R SERVICES-SALARY & FRI				
023 I&R SERVICES-OTHER PRGM C				
024 PARAMED ED PRGM				
025 INPAT ROUTINE SRVC CNTRS				
025 ADULTS & PEDIATRICS		16,173,722		16,173,722
026 INTENSIVE CARE UNIT		3,403,234		3,403,234
027 CORONARY CARE UNIT				
028 BURN INTENSIVE CARE UNIT				
029 SURGICAL INTENSIVE CARE U				
031 SUBPROVIDER				
033 NURSERY		1,396,340		1,396,340
034 SKILLED NURSING FACILITY				
035 NURSING FACILITY				
036 01 ICF/MR				
036 OTHER LONG TERM CARE				
037 ANCILLARY SRVC COST CNTRS				
037 OPERATING ROOM		2,397,428		2,397,428
038 RECOVERY ROOM		565,622		565,622
039 DELIVERY ROOM & LABOR ROO		1,396,777		1,396,777
040 ANESTHESIOLOGY		242,346		242,346
041 RADIOLOGY-DIAGNOSTIC		4,382,852		4,382,852
042 RADIOLOGY-THERAPEUTIC				
043 RADIOISOTOPE				
044 LABORATORY		4,369,965		4,369,965
045 PBP CLINICAL LAB SERVICES				
046 WHOLE BLOOD & PACKED RED				
047 BLOOD STORING, PROCESSING				
048 INTRAVENOUS THERAPY				
049 RESPIRATORY THERAPY				
050 PHYSICAL THERAPY		504,521		504,521
051 OCCUPATIONAL THERAPY				
052 SPEECH PATHOLOGY				
053 ELECTROCARDIOLOGY				
053 01 CARDIOPULMONARY		3,148,400		3,148,400
054 ELECTROENCEPHALOGRAPHY				
055 MEDICAL SUPPLIES CHARGED		1,124,792		1,124,792
056 DRUGS CHARGED TO PATIENTS		3,038,041		3,038,041
057 RENAL DIALYSIS				
058 ASC (NON-DISTINCT PART)				
058 01 IP HEMODIALYSIS		443,290		443,290
060 OUTPAT SERVICE COST CNTRS				
061 CLINIC		332,828		332,828
061 EMERGENCY		6,326,554		6,326,554
061 01 OTHER OUTPATIENT SERVICE		150,462		150,462
062 OBSERVATION BEDS (NON-DIS				
064 OTHER REIMBURS COST CNTRS				
064 HOME PROGRAM DIALYSIS				
065 AMBULANCE SERVICES				
066 DURABLE MEDICAL EQUIP-REN				
067 DURABLE MEDICAL EQUIP-SOL				
069 CORF				
070 I&R SERVICES-NOT APPRVD P				
071 HOME HEALTH AGENCY				
082 LUNG ACQUISITION				
082 SPEC PURPOSE COST CENTERS				
083 KIDNEY ACQUISITION				
084 LIVER ACQUISITION				
085 HEART ACQUISITION				
085 01 PANCREAS ACQUISITION				
086 OTHER ORGAN ACQUISITION				
092 AMBULATORY SURGICAL CENTE				

ALLOCATION OF OLD CAPITAL RELATED COSTS

14-0068

FROM 4/ 1/2010

WORKSHEET B

TO 3/31/2011

PART II

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
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		3,863				3,863	3,863
006 01 NONPATIENT TELEPHONES		147				147	13
006 02 DATA PROCESSING		773				773	54
006 03 PURCHASING, RECEIVING AND		5,077				5,077	27
006 04 CASHIERING/ACCOUNTS RECEI		5,402				5,402	120
006 05 OTHER ADMINISTRATIVE AND		44,817				44,817	386
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT		43,211				43,211	104
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING		4,508				4,508	105
011 DIETARY		14,052				14,052	37
012 CAFETERIA		5,923				5,923	52
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION		932				932	199
015 CENTRAL SERVICES & SUPPLY		6,925				6,925	17
016 PHARMACY		9,218				9,218	83
017 MEDICAL RECORDS & LIBRARY		6,025				6,025	103
018 SOCIAL SERVICE							
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C							
024 PARAMED ED PRGM							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS		113,612				113,612	906
026 INTENSIVE CARE UNIT		11,095				11,095	280
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
031 SUBPROVIDER							
033 NURSERY		5,252				5,252	62
034 SKILLED NURSING FACILITY							
035 NURSING FACILITY							
035 01 ICF/MR							
036 OTHER LONG TERM CARE							
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM		16,954				16,954	99
038 RECOVERY ROOM		2,021				2,021	38
039 DELIVERY ROOM & LABOR ROO		6,619				6,619	72
040 ANESTHESIOLOGY		421				421	
041 RADIOLOGY-DIAGNOSTIC		12,551				12,551	261
042 RADIOLOGY-THERAPEUTIC							
043 RADIOISOTOPE							
044 LABORATORY		10,559				10,559	162
045 PBP CLINICAL LAB SERVICES							
046 WHOLE BLOOD & PACKED RED							
047 BLOOD STORING, PROCESSING							
048 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY							
050 PHYSICAL THERAPY		3,806				3,806	6
051 OCCUPATIONAL THERAPY							
052 SPEECH PATHOLOGY							
053 ELECTROCARDIOLOGY							
053 01 CARDIOPULMONARY		2,404				2,404	207
054 ELECTROENCEPHALOGRAPHY							
055 MEDICAL SUPPLIES CHARGED							
056 DRUGS CHARGED TO PATIENTS							
057 RENAL DIALYSIS							
058 ASC (NON-DISTINCT PART)							
058 01 IP HEMODIALYSIS		287				287	
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC		1,839				1,839	25
061 EMERGENCY		27,704				27,704	440
061 01 OTHER OUTPATIENT SERVICE							5
062 OBSERVATION BEDS (NON-DIS							
064 OTHER REIMBURS COST CNTRS							
064 HOME PROGRAM DIALYSIS							
065 AMBULANCE SERVICES							
066 DURABLE MEDICAL EQUIP-REN							
067 DURABLE MEDICAL EQUIP-SOL							
069 CORF							
070 I&R SERVICES-NOT APPRVD P							
071 HOME HEALTH AGENCY							
082 LUNG ACQUISITION							
083 SPEC PURPOSE COST CENTERS							
083 KIDNEY ACQUISITION							
084 LIVER ACQUISITION							
085 HEART ACQUISITION							
085 01 PANCREAS ACQUISITION							
086 OTHER ORGAN ACQUISITION							
092 AMBULATORY SURGICAL CENTE							

ALLOCATION OF OLD CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	DIR ASSGND OLD CAPITAL REL COSTS	0	1	2	3	4	4a	5
093 SPEC PURPOSE COST CENTERS								
093 HOSPICE								
095 SUBTOTALS			365,997				365,997	3,863
096 NONREIMBURS COST CENTERS								
096 GIFT, FLOWER, COFFEE SHOP								
097 RESEARCH								
098 PHYSICIANS' PRIVATE OFFICE								
099 NONPAID WORKERS								
101 CROSS FOOT ADJUSTMENTS								
102 NEGATIVE COST CENTER								
103 TOTAL			365,997				365,997	3,863

ALLOCATION OF OLD CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING, RECEIVING AND	CASHIERING/ACCOUNTS RECEI	OTHER ADMINISTRATIVE AND	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 NONPATIENT TELEPHONES	160						
006 02 DATA PROCESSING	4	831					
006 03 PURCHASING, RECEIVING AND	3	42	5,149				
006 04 CASHIERING/ACCOUNTS RECEI	25	737	16	6,300			
006 05 OTHER ADMINISTRATIVE AND	34	52	206	253	45,748		
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT	4		284	348	3,452		47,403
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING	4		68	84	1,558		813
011 DIETARY	5		25	31	924		2,535
012 CAFETERIA	5				874		1,069
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION	1		15	18	1,743		168
015 CENTRAL SERVICES & SUPPLY	4				264		1,250
016 PHARMACY	5				1,385		1,663
017 MEDICAL RECORDS & LIBRARY	17		9	11	1,364		1,087
018 SOCIAL SERVICE							
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C							
024 PARAMED ED PRGM							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	7		369	453	8,889		20,500
026 INTENSIVE CARE UNIT	3		129	158	2,491		2,002
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
031 SUBPROVIDER							
033 NURSERY	1		620	761	1,049		948
034 SKILLED NURSING FACILITY							
035 NURSING FACILITY							
036 01 ICF/MR							
036 OTHER LONG TERM CARE							
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	3		620	761	1,665		3,059
038 RECOVERY ROOM	1		6	7	486		365
039 DELIVERY ROOM & LABOR ROO	4		45	56	1,170		1,194
040 ANESTHESIOLOGY			33	40	210		76
041 RADIOLOGY-DIAGNOSTIC			356	437	3,692		2,265
042 RADIOLOGY-THERAPEUTIC							
043 RADIOISOTOPE							
044 LABORATORY	13		724	889	3,769		1,905
045 PBP CLINICAL LAB SERVICES							
046 WHOLE BLOOD & PACKED RED							
047 BLOOD STORING, PROCESSING							
048 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY							
050 PHYSICAL THERAPY	1		4	5	390		687
051 OCCUPATIONAL THERAPY							
052 SPEECH PATHOLOGY							
053 ELECTROCARDIOLOGY							
053 01 CARDIOPULMONARY	4		409	502	2,739		434
054 ELECTROENCEPHALOGRAPHY							
055 MEDICAL SUPPLIES CHARGED			579	711	945		
056 DRUGS CHARGED TO PATIENTS			188	231	1,220		
057 RENAL DIALYSIS							
058 ASC (NON-DISTINCT PART)							
058 01 IP HEMODIALYSIS	3				404		52
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC			47	57	264		332
061 EMERGENCY	9		324	398	4,392		4,999
062 01 OTHER OUTPATIENT SERVICE			10	12	57		
062 OBSERVATION BEDS (NON-DIS							
064 OTHER REIMBURS COST CNTRS							
064 HOME PROGRAM DIALYSIS							
065 AMBULANCE SERVICES							
066 DURABLE MEDICAL EQUIP-REN							
067 DURABLE MEDICAL EQUIP-SOL							
069 CORF							
070 I&R SERVICES-NOT APPRVD P							
071 HOME HEALTH AGENCY							
082 LUNG ACQUISITION							
082 SPEC PURPOSE COST CENTERS							
083 KIDNEY ACQUISITION							
084 LIVER ACQUISITION							
085 HEART ACQUISITION							
085 01 PANCREAS ACQUISITION							
086 OTHER ORGAN ACQUISITION							
092 AMBULATORY SURGICAL CENTE							

ALLOCATION OF OLD CAPITAL RELATED COSTS

14-0068

FROM 4/ 1/2010

WORKSHEET B

TO 3/31/2011

PART II

COST CENTER DESCRIPTION	LAUNDRY & LINEN SERVICE		DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY
	9	10	11	12	13	14	15
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 NONPATIENT TELEPHONES							
006 02 DATA PROCESSING							
006 03 PURCHASING, RECEIVING AND							
006 04 CASHIERING/ACCOUNTS RECEI							
006 05 OTHER ADMINISTRATIVE AND							
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING		7,140					
011 DIETARY		123	17,732				
012 CAFETERIA		123		8,046			
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION		62		445		3,583	
015 CENTRAL SERVICES & SUPPLY		150					8,610
016 PHARMACY		62					
017 MEDICAL RECORDS & LIBRARY		106		375			
018 SOCIAL SERVICE							
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C							
024 PARAMED ED PRGM							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS		4,530	16,111	2,710		1,947	1,027
026 INTENSIVE CARE UNIT		106	1,213	568		409	383
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
031 SUBPROVIDER							
033 NURSERY		62		143		103	206
034 SKILLED NURSING FACILITY							
035 NURSING FACILITY							
036 01 ICF/MR							
036 OTHER LONG TERM CARE							
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM		321		326		235	1,846
038 RECOVERY ROOM		31					17
039 DELIVERY ROOM & LABOR ROO		92					135
040 ANESTHESIOLOGY		13					98
041 RADIOLOGY-DIAGNOSTIC		238		709			694
042 RADIOLOGY-THERAPEUTIC							
043 RADIOISOTOPE							
044 LABORATORY		167		582			
045 PBP CLINICAL LAB SERVICES							
046 WHOLE BLOOD & PACKED RED							
047 BLOOD STORING, PROCESSING							
048 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY							
050 PHYSICAL THERAPY		44		27		19	12
051 OCCUPATIONAL THERAPY							
052 SPEECH PATHOLOGY							
053 ELECTROCARDIOLOGY							
053 01 CARDIOPULMONARY		77		580			778
054 ELECTROENCEPHALOGRAPHY							
055 MEDICAL SUPPLIES CHARGED				87			1,723
056 DRUGS CHARGED TO PATIENTS		13		191			561
057 RENAL DIALYSIS							
058 ASC (NON-DISTINCT PART)							
058 01 IP HEMODIALYSIS							
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC				94			139
061 EMERGENCY		705		1,209		870	963
061 01 OTHER OUTPATIENT SERVICE		115	408				28
062 OBSERVATION BEDS (NON-DIS							
062 OTHER REIMBURS COST CNTRS							
064 HOME PROGRAM DIALYSIS							
065 AMBULANCE SERVICES							
066 DURABLE MEDICAL EQUIP-REN							
067 DURABLE MEDICAL EQUIP-SOL							
069 CORF							
070 I&R SERVICES-NOT APPRVD P							
071 HOME HEALTH AGENCY							
082 LUNG ACQUISITION							
082 SPEC PURPOSE COST CENTERS							
083 KIDNEY ACQUISITION							
084 LIVER ACQUISITION							
085 HEART ACQUISITION							
085 01 PANCREAS ACQUISITION							
086 OTHER ORGAN ACQUISITION							
092 AMBULATORY SURGICAL CENTE							

COST CENTER DESCRIPTION	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	I&R SERVICES-SALARY & FRI	I&R SERVICES-OTHER PRGM C
	16	17	18	20	21	22	23
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 NONPATIENT TELEPHONES							
006 02 DATA PROCESSING							
006 03 PURCHASING, RECEIVING AND							
006 04 CASHIERING/ACCOUNTS RECEI							
006 05 OTHER ADMINISTRATIVE AND							
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
011 DIETARY							
012 CAFETERIA							
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION							
015 CENTRAL SERVICES & SUPPLY							
016 PHARMACY	12,416						
017 MEDICAL RECORDS & LIBRARY		9,097					
018 SOCIAL SERVICE							
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C							
024 PARAMED ED PRGM							
025 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS		6,322					
027 INTENSIVE CARE UNIT		573					
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
031 SUBPROVIDER							
033 NURSERY		437					
034 SKILLED NURSING FACILITY							
035 NURSING FACILITY							
035 01 ICF/MR							
036 OTHER LONG TERM CARE							
037 ANCILLARY SRVC COST CNTRS							
038 OPERATING ROOM							
038 RECOVERY ROOM							
039 DELIVERY ROOM & LABOR ROO							
040 ANESTHESIOLOGY							
041 RADIOLOGY-DIAGNOSTIC							
042 RADIOLOGY-THERAPEUTIC							
043 RADIOISOTOPE							
044 LABORATORY							
045 PBP CLINICAL LAB SERVICES							
046 WHOLE BLOOD & PACKED RED							
047 BLOOD STORING, PROCESSING							
048 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY							
050 PHYSICAL THERAPY							
051 OCCUPATIONAL THERAPY							
052 SPEECH PATHOLOGY							
053 ELECTROCARDIOLOGY							
053 01 CARDIOPULMONARY							
054 ELECTROENCEPHALOGRAPHY							
055 MEDICAL SUPPLIES CHARGED							
056 DRUGS CHARGED TO PATIENTS	12,416						
057 RENAL DIALYSIS							
058 ASC (NON-DISTINCT PART)							
058 01 IP HEMODIALYSIS							
060 OUTPAT SERVICE COST CNTRS							
061 CLINIC							
061 EMERGENCY		1,601					
061 01 OTHER OUTPATIENT SERVICE		164					
062 OBSERVATION BEDS (NON-DIS							
064 OTHER REIMBURS COST CNTRS							
064 HOME PROGRAM DIALYSIS							
065 AMBULANCE SERVICES							
066 DURABLE MEDICAL EQUIP-REN							
067 DURABLE MEDICAL EQUIP-SOL							
069 CORF							
070 I&R SERVICES-NOT APPRVD P							
071 HOME HEALTH AGENCY							
082 LUNG ACQUISITION							
082 SPEC PURPOSE COST CENTERS							
083 KIDNEY ACQUISITION							
084 LIVER ACQUISITION							
085 HEART ACQUISITION							
085 01 PANCREAS ACQUISITION							
086 OTHER ORGAN ACQUISITION							
092 AMBULATORY SURGICAL CENTE							

	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	I&R SERVICES-SALARY & FRI	I&R SERVICES-OTHER PRGM C
093							
095							
096							
097							
098							
099							
101							
102							
103							
	16	17	18	20	21	22	23
SPEC PURPOSE COST CENTERS							
HOSPICE							
SUBTOTALS	12,416	9,097					
NONREIMBURS COST CENTERS							
GIFT, FLOWER, COFFEE SHOP							
RESEARCH							
PHYSICIANS' PRIVATE OFFICE							
NONPAID WORKERS							
CROSS FOOT ADJUSTMENTS							
NEGATIVE COST CENTER							
TOTAL	12,416	9,097					

ALLOCATION OF OLD CAPITAL RELATED COSTS

	PARAMED ED PR GM	SUBTOTAL	POST STEPDOWN ADJUSTMENT	TOTAL
	24	25	26	27
001				
002				
003				
004				
005				
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016				
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018				
020				
021				
022				
023				
024				
025		177,383		177,383
026		19,410		19,410
027				
028				
029				
031				
033		9,644		9,644
034				
035				
036				
037		25,889		25,889
038		2,972		2,972
039		9,387		9,387
040		891		891
041		21,203		21,203
042				
043				
044		18,770		18,770
045				
046				
047				
048				
049				
050		5,001		5,001
051				
052				
053				
053		8,134		8,134
054				
055		4,045		4,045
056		14,820		14,820
057				
058				
058		746		746
060		2,797		2,797
061		43,614		43,614
062		799		799
064				
065				
066				
067				
069				
070				
071				
082				
083				
084				
085				
085				
086				
092				

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO: 14-0068
 PERIOD: FROM 4/1/2010 TO 3/31/2011
 PREPARED 8/30/2011
 WORKSHEET B
 PART III

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				13,869	235	14,104	14,104
006 01 NONPATIENT TELEPHONES				527	29	556	46
006 02 DATA PROCESSING				2,774	315	3,089	198
006 03 PURCHASING, RECEIVING AND				18,224	381	18,605	97
006 04 CASHIERING/ACCOUNTS RECEI				19,393	214	19,607	437
006 05 OTHER ADMINISTRATIVE AND				160,888	1,172	162,060	1,408
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT				155,123	290	155,413	379
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING				16,184	177	16,361	383
011 DIETARY				50,443		50,443	135
012 CAFETERIA				21,262		21,262	190
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION				3,347	474	3,821	724
015 CENTRAL SERVICES & SUPPLY				24,860	41	24,901	63
016 PHARMACY				33,090		33,090	303
017 MEDICAL RECORDS & LIBRARY				21,628	163	21,791	375
018 SOCIAL SERVICE							
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C							
024 PARAMED ED PRGM							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS				407,854	1,561	409,415	3,329
026 INTENSIVE CARE UNIT				39,830	861	40,691	1,020
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
031 SUBPROVIDER							
033 NURSERY				18,855	178	19,033	225
034 SKILLED NURSING FACILITY							
035 NURSING FACILITY							
035 01 ICF/MR							
036 OTHER LONG TERM CARE							
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM				60,862	1,182	62,044	362
038 RECOVERY ROOM				7,255	61	7,316	138
039 DELIVERY ROOM & LABOR ROO				23,760	512	24,272	261
040 ANESTHESIOLOGY				1,513	620	2,133	
041 RADIOLOGY-DIAGNOSTIC				45,056	5,161	50,217	951
042 RADIOLOGY-THERAPEUTIC							
043 RADIOISOTOPE							
044 LABORATORY				37,904	557	38,461	589
045 PBP CLINICAL LAB SERVICES							
046 WHOLE BLOOD & PACKED RED							
047 BLOOD STORING, PROCESSING							
048 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY							
050 PHYSICAL THERAPY				13,662	55	13,717	22
051 OCCUPATIONAL THERAPY							
052 SPEECH PATHOLOGY							
053 ELECTROCARDIOLOGY							
053 01 CARDIOPULMONARY				8,631	2,297	10,928	754
054 ELECTROENCEPHALOGRAPHY							
055 MEDICAL SUPPLIES CHARGED							
056 DRUGS CHARGED TO PATIENTS							
057 RENAL DIALYSIS							
058 ASC (NON-DISTINCT PART)							
058 01 IP HEMODIALYSIS				1,032		1,032	
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC				6,602		6,602	92
061 EMERGENCY				99,453		99,453	1,605
061 01 OTHER OUTPATIENT SERVICE							18
062 OBSERVATION BEDS (NON-DIS							
062 OTHER REIMBURS COST CNTRS							
064 HOME PROGRAM DIALYSIS							
065 AMBULANCE SERVICES							
066 DURABLE MEDICAL EQUIP-REN							
067 DURABLE MEDICAL EQUIP-SOL							
069 CORF							
070 I&R SERVICES-NOT APPRVD P							
071 HOME HEALTH AGENCY							
082 LUNG ACQUISITION							
082 SPEC PURPOSE COST CENTERS							
083 KIDNEY ACQUISITION							
084 LIVER ACQUISITION							
085 HEART ACQUISITION							
085 01 PANCREAS ACQUISITION							
086 OTHER ORGAN ACQUISITION							
092 AMBULATORY SURGICAL CENTE							

ALLOCATION OF NEW CAPITAL RELATED COSTS

14-0068

FROM 4/ 1/2010

WORKSHEET B

|

TO 3/31/2011

PART III

COST CENTER DESCRIPTION	DIR ASSGND NEW CAPITAL REL COSTS 0	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
093 SPEC PURPOSE COST CENTERS							
095 HOSPICE							
095 SUBTOTALS				1,313,881	16,536	1,330,417	14,104
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP							
097 RESEARCH							
098 PHYSICIANS' PRIVATE OFFICE							
099 NONPAID WORKERS							
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL				1,313,881	16,536	1,330,417	14,104

ALLOCATION OF NEW CAPITAL RELATED COSTS

14-0068

FROM 4/ 1/2010

WORKSHEET B

TO 3/31/2011

PART III

COST CENTER DESCRIPTION	NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING, RECEIVING AND	CASHIERING/ACCOUNTS RECEI	OTHER ADMINISTRATIVE AND	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 NONPATIENT TELEPHONES	602						
006 02 DATA PROCESSING	15	3,302					
006 03 PURCHASING, RECEIVING AND	10	165	18,877				
006 04 CASHIERING/ACCOUNTS RECEI	94	2,929	60	23,127			
006 05 OTHER ADMINISTRATIVE AND	125	208	755	928	165,484		
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT	15		1,041	1,279	12,485		170,612
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING	15		250	307	5,635		2,928
011 DIETARY	20		93	114	3,343		9,126
012 CAFETERIA	20				3,162		3,846
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION	5		54	66	6,304		605
015 CENTRAL SERVICES & SUPPLY	15				954		4,497
016 PHARMACY	20				5,010		5,986
017 MEDICAL RECORDS & LIBRARY	64		32	39	4,932		3,913
018 SOCIAL SERVICE							
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C							
024 PARAMED ED PRGM							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	25		1,353	1,663	32,177		73,785
026 INTENSIVE CARE UNIT	10		472	580	9,008		7,206
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
031 SUBPROVIDER							
033 NURSERY	5		2,274	2,795	3,793		3,411
034 SKILLED NURSING FACILITY							
035 NURSING FACILITY							
035 01 ICF/MR							
036 OTHER LONG TERM CARE							
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	10		2,274	2,795	6,023		11,010
038 RECOVERY ROOM	5		21	26	1,756		1,313
039 DELIVERY ROOM & LABOR ROO	15		167	205	4,231		4,298
040 ANESTHESIOLOGY			121	149	759		274
041 RADIOLOGY-DIAGNOSTIC			1,305	1,604	13,352		8,151
042 RADIOLOGY-THERAPEUTIC							
043 RADIOISOTOPE							
044 LABORATORY	49		2,648	3,255	13,631		6,857
045 PBP CLINICAL LAB SERVICES							
046 WHOLE BLOOD & PACKED RED							
047 BLOOD STORING, PROCESSING							
048 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY							
050 PHYSICAL THERAPY	5		15	19	1,410		2,472
051 OCCUPATIONAL THERAPY							
052 SPEECH PATHOLOGY							
053 ELECTROCARDIOLOGY							
053 01 CARDIOPULMONARY	15		1,499	1,842	9,906		1,561
054 ELECTROENCEPHALOGRAPHY							
055 MEDICAL SUPPLIES CHARGED			2,124	2,610	3,419		
056 DRUGS CHARGED TO PATIENTS			691	849	4,414		
057 RENAL DIALYSIS							
058 ASC (NON-DISTINCT PART)							
058 01 IP HEMODIALYSIS	10				1,460		187
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC			171	211	955		1,194
061 EMERGENCY	35		1,189	1,462	15,883		17,992
061 01 OTHER OUTPATIENT SERVICE			37	45	208		
062 OBSERVATION BEDS (NON-DIS							
064 OTHER REIMBURS COST CNTRS							
064 HOME PROGRAM DIALYSIS							
065 AMBULANCE SERVICES							
066 DURABLE MEDICAL EQUIP-REN							
067 DURABLE MEDICAL EQUIP-SOL							
069 CORF							
070 I&R SERVICES-NOT APPRVD P							
071 HOME HEALTH AGENCY							
082 LUNG ACQUISITION							
083 SPEC PURPOSE COST CENTERS							
083 KIDNEY ACQUISITION							
084 LIVER ACQUISITION							
085 HEART ACQUISITION							
085 01 PANCREAS ACQUISITION							
086 OTHER ORGAN ACQUISITION							
092 AMBULATORY SURGICAL CENTE							

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO:	PERIOD:	PREPARED 8/30/2011
14-0068	FROM 4/ 1/2010	WORKSHEET B
	TO 3/31/2011	PART III

	COST CENTER DESCRIPTION	NONPATIENT TELEPHONES	TELEPHONE DATA PROCESSING	PURCHASING, RECEIVING AND	CASHIERING/AC COUNTS RECEI	OTHER ADMINISTRATIVE AND	MAINTENANCE REPAIRS	& OPERATION OF PLANT
		6.01	6.02	6.03	6.04	6.05	7	8
093	SPEC PURPOSE COST CENTERS							
	HOSPICE							
095	SUBTOTALS	602	3,302	18,646	22,843	164,210		170,612
	NONREIMBURS COST CENTERS							
096	GIFT, FLOWER, COFFEE SHOP					181		
097	RESEARCH							
098	PHYSICIANS' PRIVATE OFFICE			231	284	1,093		
099	NONPAID WORKERS							
101	CROSS FOOT ADJUSTMENTS							
102	NEGATIVE COST CENTER							
103	TOTAL	602	3,302	18,877	23,127	165,484		170,612

ALLOCATION OF NEW CAPITAL RELATED COSTS

14-0068

FROM 4/ 1/2010

WORKSHEET B

TO 3/31/2011

PART III

COST CENTER DESCRIPTION	LAUNDRY & LINEN SERVICE	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY
	9	10	11	12	13	14
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 NONPATIENT TELEPHONES						
006 02 DATA PROCESSING						
006 03 PURCHASING, RECEIVING AND						
006 04 CASHIERING/ACCOUNTS RECEI						
006 05 OTHER ADMINISTRATIVE AND						
007 MAINTENANCE & REPAIRS						
008 OPERATION OF PLANT						
009 LAUNDRY & LINEN SERVICE						
010 HOUSEKEEPING		25,879				
011 DIETARY		447	63,721			
012 CAFETERIA		447		28,927		
013 MAINTENANCE OF PERSONNEL						
014 NURSING ADMINISTRATION		223		1,601	13,403	
015 CENTRAL SERVICES & SUPPLY		543				30,973
016 PHARMACY		223				
017 MEDICAL RECORDS & LIBRARY		383		1,347		
018 SOCIAL SERVICE						
020 NONPHYSICIAN ANESTHETISTS						
021 NURSING SCHOOL						
022 I&R SERVICES-SALARY & FRI						
023 I&R SERVICES-OTHER PRGM C						
024 PARAMED ED PRGM						
025 INPAT ROUTINE SRVC CNTRS						
025 ADULTS & PEDIATRICS		16,420	57,897	9,740	7,286	3,695
026 INTENSIVE CARE UNIT		383	4,358	2,043	1,529	1,377
027 CORONARY CARE UNIT						
028 BURN INTENSIVE CARE UNIT						
029 SURGICAL INTENSIVE CARE U						
031 SUBPROVIDER						
033 NURSERY		223		514	384	743
034 SKILLED NURSING FACILITY						
035 NURSING FACILITY						
035 01 ICF/MR						
036 OTHER LONG TERM CARE						
037 ANCILLARY SRVC COST CNTRS						
037 OPERATING ROOM		1,165		1,173	878	6,636
038 RECOVERY ROOM		112				62
039 DELIVERY ROOM & LABOR ROO		335				486
040 ANESTHESIOLOGY		48				353
041 RADIOLOGY-DIAGNOSTIC		862		2,551		2,498
042 RADIOLOGY-THERAPEUTIC						
043 RADIOISOTOPE						
044 LABORATORY		607		2,091		
045 PBP CLINICAL LAB SERVICES						
046 WHOLE BLOOD & PACKED RED						
047 BLOOD STORING, PROCESSING						
048 INTRAVENOUS THERAPY						
049 RESPIRATORY THERAPY						
050 PHYSICAL THERAPY		160		97	73	45
051 OCCUPATIONAL THERAPY						
052 SPEECH PATHOLOGY						
053 ELECTROCARDIOLOGY						
053 01 CARDIOPULMONARY		278		2,085		2,798
054 ELECTROENCEPHALOGRAPHY						
055 MEDICAL SUPPLIES CHARGED				312		6,198
056 DRUGS CHARGED TO PATIENTS		48		686		2,016
057 RENAL DIALYSIS						
058 ASC (NON-DISTINCT PART)						
058 01 IP HEMODIALYSIS						
060 OUTPAT SERVICE COST CNTRS						
060 CLINIC				340		500
061 EMERGENCY		2,554		4,347	3,253	3,465
061 01 OTHER OUTPATIENT SERVICE		418	1,466			101
062 OBSERVATION BEDS (NON-DIS						
062 OTHER REIMBURS COST CNTRS						
064 HOME PROGRAM DIALYSIS						
065 AMBULANCE SERVICES						
066 DURABLE MEDICAL EQUIP-REN						
067 DURABLE MEDICAL EQUIP-SOL						
069 CORF						
070 I&R SERVICES-NOT APPRVD P						
071 HOME HEALTH AGENCY						
082 LUNG ACQUISITION						
082 SPEC PURPOSE COST CENTERS						
083 KIDNEY ACQUISITION						
084 LIVER ACQUISITION						
085 HEART ACQUISITION						
085 01 PANCREAS ACQUISITION						
086 OTHER ORGAN ACQUISITION						
092 AMBULATORY SURGICAL CENTE						

COST CENTER DESCRIPTION	PHARMACY 16	MEDICAL RECORDS & LIBRARY 17	SOCIAL SERVICE 18	NONPHYSICIAN ANESTHETISTS 20	NURSING SCHOOL 21	I&R SERVICES-SALARY & FRI 22	I&R SERVICES-OTHER PRGM C 23
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 NONPATIENT TELEPHONES							
006 02 DATA PROCESSING							
006 03 PURCHASING, RECEIVING AND							
006 04 CASHIERING/ACCOUNTS RECEI							
006 05 OTHER ADMINISTRATIVE AND							
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
011 DIETARY							
012 CAFETERIA							
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION							
015 CENTRAL SERVICES & SUPPLY							
016 PHARMACY	44,632						
017 MEDICAL RECORDS & LIBRARY		32,876					
018 SOCIAL SERVICE							
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C							
024 PARAMED ED PRGM							
025 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS		22,849					
027 INTENSIVE CARE UNIT		2,071					
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
031 SUBPROVIDER							
033 NURSERY		1,578					
034 SKILLED NURSING FACILITY							
035 NURSING FACILITY							
035 01 ICF/MR							
036 OTHER LONG TERM CARE							
037 ANCILLARY SRVC COST CNTRS							
038 OPERATING ROOM							
038 RECOVERY ROOM							
039 DELIVERY ROOM & LABOR ROO							
040 ANESTHESIOLOGY							
041 RADIOLOGY-DIAGNOSTIC							
042 RADIOLOGY-THERAPEUTIC							
043 RADIOISOTOPE							
044 LABORATORY							
045 PBP CLINICAL LAB SERVICES							
046 WHOLE BLOOD & PACKED RED							
047 BLOOD STORING, PROCESSING							
048 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY							
050 PHYSICAL THERAPY							
051 OCCUPATIONAL THERAPY							
052 SPEECH PATHOLOGY							
053 ELECTROCARDIOLOGY							
053 01 CARDIOPULMONARY							
054 ELECTROENCEPHALOGRAPHY							
055 MEDICAL SUPPLIES CHARGED	44,632						
056 DRUGS CHARGED TO PATIENTS							
057 RENAL DIALYSIS							
058 ASC (NON-DISTINCT PART)							
058 01 IP HEMODIALYSIS							
060 OUTPAT SERVICE COST CNTRS							
061 CLINIC							
061 EMERGENCY		5,786					
061 01 OTHER OUTPATIENT SERVICE		592					
062 OBSERVATION BEDS (NON-DIS							
064 OTHER REIMBURS COST CNTRS							
064 HOME PROGRAM DIALYSIS							
065 AMBULANCE SERVICES							
066 DURABLE MEDICAL EQUIP-REN							
067 DURABLE MEDICAL EQUIP-SOL							
069 CORF							
070 I&R SERVICES-NOT APPRVD P							
071 HOME HEALTH AGENCY							
082 LUNG ACQUISITION							
082 SPEC PURPOSE COST CENTERS							
083 KIDNEY ACQUISITION							
084 LIVER ACQUISITION							
085 HEART ACQUISITION							
085 01 PANCREAS ACQUISITION							
086 OTHER ORGAN ACQUISITION							
092 AMBULATORY SURGICAL CENTE							

COST CENTER DESCRIPTION	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	I&R SERVICES-SALARY & FRI	I&R SERVICES-OTHER PRGM C
	16	17	18	20	21	22	23
093 SPEC PURPOSE COST CENTERS							
095 HOSPICE							
095 SUBTOTALS	44,632	32,876					
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP							
097 RESEARCH							
098 PHYSICIANS' PRIVATE OFFICE							
099 NONPAID WORKERS							
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	44,632	32,876					

ALLOCATION OF NEW CAPITAL RELATED COSTS

14-0068

FROM 4/ 1/2010

WORKSHEET B

TO 3/31/2011

PART III

	PARAMED ED PR GM	SUBTOTAL	POST STEPDOWN ADJUSTMENT	TOTAL
	24	25	26	27
001				
002				
003				
004				
005				
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011				
012				
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014				
015				
016				
017				
018				
020				
021				
022				
023				
024				
025		639, 634		639, 634
026		70, 748		70, 748
027				
028				
029				
031				
033		34, 978		34, 978
034				
035				
036				
037		94, 370		94, 370
038		10, 749		10, 749
039		34, 270		34, 270
040		3, 837		3, 837
041		81, 491		81, 491
042				
043				
044		68, 188		68, 188
045				
046				
047				
048				
049				
050		18, 035		18, 035
051				
052				
053				
053		31, 666		31, 666
054				
055		14, 663		14, 663
056		53, 336		53, 336
057				
058				
058		2, 689		2, 689
060				
061		10, 065		10, 065
061		157, 024		157, 024
062		2, 885		2, 885
064				
065				
066				
067				
069				
070				
071				
082				
083				
084				
085				
085				
086				
092				

COST ALLOCATION - STATISTICAL BASIS

PROVIDER NO:

PERIOD:

PREPARED 8/30/2011

14-0068

FROM 4/ 1/2010

WORKSHEET B-1

TO 3/31/2011

COST CENTER DESCRIPTION	OLD CAP REL C	OLD CAP REL C	NEW CAP REL C	NEW CAP REL C	EMPLOYEE BENE	NONPATIENT TELEPHONES
	OSTS-BLDG & (SQUARE FEET)	OSTS-MVBLE E (DOLLAR VALUE)	OSTS-BLDG & (SQUARE FEET)	OSTS-MVBLE E (DOLLAR VALUE)	(GROSS SALARIES)	(PHONES)
	1	2	3	4	5	6.01
GENERAL SERVICE COST						
001 OLD CAP REL COSTS-BLD	114,632					
002 OLD CAP REL COSTS-MVB		101,982				
003 NEW CAP REL COSTS-BLD			229,264			
004 NEW CAP REL COSTS-MVB				308,090		
005 EMPLOYEE BENEFITS	1,210	252	2,420	4,375	23,298,499	
006 01 NONPATIENT TELEPHONES	46		92	531	75,975	122
006 02 DATA PROCESSING	242	32,286	484	5,860	327,473	3
006 03 PURCHASING, RECEIVING	1,590	133	3,180	7,100	160,524	2
006 04 CASHIERING/ACCOUNTS R	1,692	1,319	3,384	3,981	722,607	19
006 05 OTHER ADMINISTRATIVE	14,037	2,502	28,074	21,833	2,327,004	26
007 MAINTENANCE & REPAIRS						
008 OPERATION OF PLANT	13,534	694	27,068	5,402	626,193	3
009 LAUNDRY & LINEN SERVI						
010 HOUSEKEEPING	1,412	664	2,824	3,297	632,619	3
011 DIETARY	4,401	1,188	8,802		223,952	4
012 CAFETERIA	1,855		3,710		314,497	4
013 MAINTENANCE OF PERSON						
014 NURSING ADMINISTRATIO	292	775	584	8,832	1,196,566	1
015 CENTRAL SERVICES & SU	2,169	871	4,338	756	104,784	3
016 PHARMACY	2,887		5,774		501,297	4
017 MEDICAL RECORDS & LIB	1,887	1,399	3,774	3,032	619,884	13
018 SOCIAL SERVICE						
020 NONPHYSICIAN ANESTHET						
021 NURSING SCHOOL						
022 I & R SERVICES-SALARY &						
023 I & R SERVICES-OTHER PR						
024 PARAMEDICAL PRGM						
025 INPAT ROUTINE SRVC CN						
025 ADULTS & PEDIATRICS	35,584	26,083	71,168	29,087	5,484,009	5
026 INTENSIVE CARE UNIT	3,475	2,575	6,950	16,038	1,686,580	2
027 CORONARY CARE UNIT						
028 BURN INTENSIVE CARE U						
029 SURGICAL INTENSIVE CA						
031 SUBPROVIDER						
033 NURSERY	1,645	585	3,290	3,309	372,350	1
034 SKILLED NURSING FACIL						
035 NURSING FACILITY						
035 01 ICF/MR						
036 OTHER LONG TERM CARE						
037 ANCILLARY SRVC COST C						
037 OPERATING ROOM	5,310	9,141	10,620	22,027	599,097	2
038 RECOVERY ROOM	633	1,534	1,266	1,139	228,226	1
039 DELIVERY ROOM & LABOR	2,073	1,114	4,146	9,545	430,878	3
040 ANESTHESIOLOGY	132	1,749	264	11,550		
041 RADIOLOGY-DIAGNOSTIC	3,931	12,509	7,862	96,206	1,572,612	
042 RADIOLOGY-THERAPEUTIC						
043 RADIOISOTOPE						
044 LABORATORY	3,307		6,614	10,376	973,680	10
045 PBP CLINICAL LAB SERV						
046 WHOLE BLOOD & PACKED						
047 BLOOD STORING, PROCES						
048 INTRAVENOUS THERAPY						
049 RESPIRATORY THERAPY						
050 PHYSICAL THERAPY	1,192	863	2,384	1,017	36,971	1
051 OCCUPATIONAL THERAPY						
052 SPEECH PATHOLOGY						
053 ELECTROCARDIOLOGY						
053 01 CARDIOPULMONARY	753	2,066	1,506	42,797	1,246,612	3
054 ELECTROENCEPHALOGRAPH						
055 MEDICAL SUPPLIES CHAR						
056 DRUGS CHARGED TO PATI		10				
057 RENAL DIALYSIS						
058 ASC (NON-DISTINCT PAR						
058 01 IP HEMODIALYSIS	90		180			2
060 OUTPAT SERVICE COST C						
060 CLINIC	576		1,152		152,066	
061 EMERGENCY	8,677	1,670	17,354		2,652,608	7
061 01 OTHER OUTPATIENT SERV					29,435	
062 OBSERVATION BEDS (NON						
062 OTHER REIMBURS COST C						
064 HOME PROGRAM DIALYSIS						
065 AMBULANCE SERVICES						
066 DURABLE MEDICAL EQUIP						
067 DURABLE MEDICAL EQUIP						
069 CORF						
070 I & R SERVICES-NOT APPR						
071 HOME HEALTH AGENCY						
082 LUNG ACQUISITION						
SPEC PURPOSE COST CEN						
083 KIDNEY ACQUISITION						
084 LIVER ACQUISITION						

COST CENTER DESCRIPTION	OLD CAP REL C OSTS-BLDG & (SQUARE FEET)	OLD CAP REL C OSTS-MVBLE E (DOLLAR VALUE)	NEW CAP REL C OSTS-BLDG & (SQUARE FEET)	NEW CAP REL C OSTS-MVBLE E (DOLLAR VALUE)	EMPLOYEE BENE (GROSS SALARIES)	NONPATIENT TELEPHONES (PHONES)
	1	2	3	4	5	6.01
085 SPEC PURPOSE COST CEN						
085 01 HEART ACQUISITION						
086 PANCREAS ACQUISITION						
092 OTHER ORGAN ACQUISITION						
093 AMBULATORY SURGICAL C						
095 HOSPICE						
095 SUBTOTALS	114,632	101,982	229,264	308,090	23,298,499	122
096 NONREIMBURS COST CENT						
097 GIFT, FLOWER, COFFEE						
098 RESEARCH						
099 PHYSICIANS' PRIVATE O						
101 NONPAID WORKERS						
102 CROSS FOOT ADJUSTMENT						
103 NEGATIVE COST CENTER						
103 COST TO BE ALLOCATED (WRKSHT B, PART I)	365,997		1,313,881	16,536	3,968,217	492,282
104 UNIT COST MULTIPLIER (WRKSHT B, PT I)	3.192800		5.730865	.053673	.170321	4,035.098361
105 COST TO BE ALLOCATED (WRKSHT B, PART II)					3,863	160
106 UNIT COST MULTIPLIER (WRKSHT B, PT II)					.000166	1.311475
107 COST TO BE ALLOCATED (WRKSHT B, PART III)					14,104	602
108 UNIT COST MULTIPLIER (WRKSHT B, PT III)					.000605	4.934426

COST CENTER DESCRIPTION	DATA PROCESSING (MACH)	PURCHASING, RECEIVING AND (CHARGES)	CASHIERING/ACCOUNTS RECEIVABLE (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
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 NONPATIENT TELEPHONES							
006 02 DATA PROCESSING	1,000						
006 03 PURCHASING, RECEIVING	50	2,151,632					
006 04 CASHIERING/ACCOUNTS R	887	6,875	2,144,757				
006 05 OTHER ADMINISTRATIVE	63	86,053	86,053	-9,362,002	40,418,509		
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT		118,624	118,624		3,049,495		82,281
009 LAUNDRY & LINEN SERVI							
010 HOUSEKEEPING		28,494	28,494		1,376,417		1,412
011 DIETARY		10,598	10,598		816,461		4,401
012 CAFETERIA					772,376		1,855
013 MAINTENANCE OF PERSON							
014 NURSING ADMINISTRATIO		6,110	6,110		1,539,879		292
015 CENTRAL SERVICES & SU					233,082		2,169
016 PHARMACY					1,223,642		2,887
017 MEDICAL RECORDS & LIB		3,611	3,611		1,204,576		1,887
018 SOCIAL SERVICE							
020 NONPHYSICIAN ANESTHET							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY &							
023 I&R SERVICES-OTHER PR							
024 PARAMED ED PRGM							
025 INPAT ROUTINE SRVC CN							
026 ADULTS & PEDIATRICS		154,222	154,222		7,857,384		35,584
027 INTENSIVE CARE UNIT		53,766	53,766		2,200,267		3,475
028 CORONARY CARE UNIT							
029 BURN INTENSIVE CARE U							
031 SURGICAL INTENSIVE CA							
033 SUBPROVIDER							
034 NURSERY		259,233	259,233		926,512		1,645
035 SKILLED NURSING FACIL							
035 01 NURSING FACILITY							
036 ICF/MR							
036 OTHER LONG TERM CARE							
037 ANCILLARY SRVC COST C							
037 OPERATING ROOM		259,233	259,233		1,471,182		5,310
038 RECOVERY ROOM		2,425	2,425		428,931		633
039 DELIVERY ROOM & LABOR		18,992	18,992		1,033,371		2,073
040 ANESTHESIOLOGY		13,786	13,786		185,320		132
041 RADIOLOGY-DIAGNOSTIC		148,736	148,736		3,261,279		3,931
042 RADIOLOGY-THERAPEUTIC							
043 RADIOISOTOPE							
044 LABORATORY		301,824	301,824		3,329,484		3,307
045 PBP CLINICAL LAB SERV							
046 WHOLE BLOOD & PACKED							
047 BLOOD STORING, PROCES							
048 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY							
050 PHYSICAL THERAPY		1,746	1,746		344,503		1,192
051 OCCUPATIONAL THERAPY							
052 SPEECH PATHOLOGY							
053 ELECTROCARDIOLOGY							
053 01 CARDIOPULMONARY		170,860	170,860		2,419,624		753
054 ELECTROENCEPHALOGRAPH							
055 MEDICAL SUPPLIES CHAR		242,083	242,083		835,195		
056 DRUGS CHARGED TO PATI		78,756	78,756		1,078,165		
057 RENAL DIALYSIS							
058 ASC (NON-DIESTINCT PAR							
058 01 IP HEMODIALYSIS					356,587		90
060 OUTPAT SERVICE COST C							
060 CLINIC			19,530		233,177		576
061 EMERGENCY		135,548	135,548		3,879,561		8,677
061 01 OTHER OUTPATIENT SERV		4,212	4,212		50,795		
062 OBSERVATION BEDS (NON							
062 OTHER REIMBURS COST C							
064 HOME PROGRAM DIALYSIS							
065 AMBULANCE SERVICES							
066 DURABLE MEDICAL EQUIP							
067 DURABLE MEDICAL EQUIP							
069 CORF							
070 I&R SERVICES-NOT APPR							
071 HOME HEALTH AGENCY							
082 LUNG ACQUISITION							
083 SPEC PURPOSE COST CEN							
084 KIDNEY ACQUISITION							
084 LIVER ACQUISITION							

COST CENTER DESCRIPTION	DATA PROCESSING (MACH)	PURCHASING, RECEIVING AND (CHARGES)	CASHIERING/AC COUNTS RECEI (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
085 SPEC PURPOSE COST CEN							
085 01 HEART ACQUISITION							
086 PANCREAS ACQUISITION							
092 OTHER ORGAN ACQUISITI							
093 AMBULATORY SURGICAL C							
095 HOSPICE							
095 SUBTOTALS	1,000	2,125,317	2,118,442	-9,362,002	40,107,265		82,281
096 NONREIMBURS COST CENT							
096 GIFT, FLOWER, COFFEE					44,286		
097 RESEARCH							
098 PHYSICIANS' PRIVATE O		26,315	26,315		266,958		
099 NONPAID WORKERS							
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 COST TO BE ALLOCATED	1,091,811	865,370	2,518,814		9,362,002		3,755,840
104 (WRKSHT B, PART I)							
104 UNIT COST MULTIPLIER		.402192					
104 (WRKSHT B, PT I)	1,091.811000		1.174405		.231627		45.646504
105 COST TO BE ALLOCATED	831	5,149	6,300		45,748		47,403
105 (WRKSHT B, PART II)							
106 UNIT COST MULTIPLIER		.002393					
106 (WRKSHT B, PT II)	.831000		.002937		.001132		.576111
107 COST TO BE ALLOCATED	3,302	18,877	23,127		165,484		170,612
107 (WRKSHT B, PART III)							
108 UNIT COST MULTIPLIER		.008773					
108 (WRKSHT B, PT III)	3.302000		.010783		.004094		2.073529

COST ALLOCATION - STATISTICAL BASIS

14-0068

FROM 4/1/2010

WORKSHEET B-1

TO 3/31/2011

COST CENTER DESCRIPTION	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	MAINTENANCE	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY
	(POUNDS OF LAUNDRY)	(HOURS OF SERVICE)	(MEALS SERVED)	(MEALS SERVED)	(NUMBER HOUSED)	(DIRECT NRSNG HRS)	(COSTED)REQUIS.
	9	10	11	12	13	14	15
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 NONPATIENT TELEPHONES							
006 02 DATA PROCESSING							
006 03 PURCHASING, RECEIVING							
006 04 CASHIERING/ACCOUNTS R							
006 05 OTHER ADMINISTRATIVE							
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVI							
010 HOUSEKEEPING		8,107					
011 DIETARY			65,570				
012 CAFETERIA				28,274			
013 MAINTENANCE OF PERSON							
014 NURSING ADMINISTRATION						17,509	
015 CENTRAL SERVICES & SU							1,209,780
016 PHARMACY							
017 MEDICAL RECORDS & LIB							
018 SOCIAL SERVICE							
020 NONPHYSICIAN ANESTHET							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY &							
023 I&R SERVICES-OTHER PR							
024 PARAMED ED PRGM							
025 INPAT ROUTINE SRVC CN							
ADULTS & PEDIATRICS		5,144	59,577	9,519		9,519	144,333
026 INTENSIVE CARE UNIT		120	4,484	1,997		1,997	53,766
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE U							
029 SURGICAL INTENSIVE CA							
031 SUBPROVIDER							
033 NURSERY		70		502		502	29,004
034 SKILLED NURSING FACIL							
035 NURSING FACILITY							
035 01 ICF/MR							
036 OTHER LONG TERM CARE							
ANCILLARY SRVC COST C							
037 OPERATING ROOM		365		1,147		1,147	259,233
038 RECOVERY ROOM		35					2,425
039 DELIVERY ROOM & LABOR		105					18,972
040 ANESTHESIOLOGY		15					13,786
041 RADIOLOGY-DIAGNOSTIC		270		2,493			97,558
042 RADIOLOGY-THERAPEUTIC							
043 RADIOISOTOPE							
044 LABORATORY		190		2,044			
045 PBP CLINICAL LAB SERV							
046 WHOLE BLOOD & PACKED							
047 BLOOD STORING, PROCES							
048 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY							
050 PHYSICAL THERAPY		50		95		95	1,746
051 OCCUPATIONAL THERAPY							
052 SPEECH PATHOLOGY							
053 ELECTROCARDIOLOGY							
053 01 CARDIOPULMONARY		87		2,038			109,281
054 ELECTROENCEPHALOGRAPH							
055 MEDICAL SUPPLIES CHAR				305			242,083
056 DRUGS CHARGED TO PATI		15		671			78,756
057 RENAL DIALYSIS							
058 ASC (NON-DISTINCT PAR							
058 01 IP HEMODIALYSIS							
OUTPAT SERVICE COST C							
060 CLINIC				332			19,530
061 EMERGENCY		800		4,249		4,249	135,347
061 01 OTHER OUTPATIENT SERV		131	1,509				3,960
062 OBSERVATION BEDS (NON							
OTHER REIMBURS COST C							
064 HOME PROGRAM DIALYSIS							
065 AMBULANCE SERVICES							
066 DURABLE MEDICAL EQUIP							
067 DURABLE MEDICAL EQUIP							
069 CORF							
070 I&R SERVICES-NOT APPR							
071 HOME HEALTH AGENCY							
082 LUNG ACQUISITION							
SPEC PURPOSE COST CEN							
083 KIDNEY ACQUISITION							
084 LIVER ACQUISITION							

COST CENTER DESCRIPTION	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	MAINTENANCE PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY
	(POUNDS OF LAUNDRY)	(HOURS OF SERVICE)	(MEALS SERVED)	(MEALS SERVED)	(NUMBER HOUSED)	(DIRECT NRSING HRS)	(COSTED REQUIS.)
	9	10	11	12	13	14	15
085 SPEC PURPOSE COST CEN							
085 01 HEART ACQUISITION							
086 PANCREAS ACQUISITION							
092 OTHER ORGAN ACQUISITI							
093 AMBULATORY SURGICAL C							
095 HOSPICE							
095 SUBTOTALS		8,107	65,570	28,274		17,509	1,209,780
096 NONREIMBURS COST CENT							
097 GIFT, FLOWER, COFFEE							
098 RESEARCH							
099 PHYSICIANS' PRIVATE O							
101 NONPAID WORKERS							
102 CROSS FOOT ADJUSTMENT							
103 NEGATIVE COST CENTER							
103 COST TO BE ALLOCATED		1,759,685	1,236,853	1,066,341		1,984,103	422,977
104 (WRKSHT B, PART I)							
104 UNIT COST MULTIPLIER		217.057481		37.714543		113.319036	
105 (WRKSHT B, PT I)			18.863093				.349631
105 COST TO BE ALLOCATED		7,140	17,732	8,046		3,583	8,610
106 (WRKSHT B, PART II)							
106 UNIT COST MULTIPLIER		.880720		.284572		.204638	
107 (WRKSHT B, PT II)			.270429				.007117
107 COST TO BE ALLOCATED		25,879	63,721	28,927		13,403	30,973
108 (WRKSHT B, PART III)							
108 UNIT COST MULTIPLIER		3.192180		1.023095		.765492	
108 (WRKSHT B, PT III)			.971801				.025602

COST CENTER DESCRIPTION	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	SOCIAL SERVICE (TIME SPENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)	I&R SERVICES-SALARY & FRI (ASSIGNED TIME)	I&R SERVICES-OTHER PRGM C (ASSIGNED TIME)
	16	17	18	20	21	22	23
085 SPEC PURPOSE COST CEN							
085 01 HEART ACQUISITION							
086 PANCREAS ACQUISITION							
092 OTHER ORGAN ACQUISITION							
093 AMBULATORY SURGICAL C							
095 HOSPICE							
095 SUBTOTALS	1,000	1,000					
096 NONREIMBURS COST CENT							
097 GIFT, FLOWER, COFFEE							
097 RESEARCH							
098 PHYSICIANS' PRIVATE O							
099 NONPAID WORKERS							
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 COST TO BE ALLOCATED (WRKSHT B, PART I)	1,654,046	1,645,440					
104 UNIT COST MULTIPLIER (WRKSHT B, PT I)	1,654.046000	1,645.440000					
105 COST TO BE ALLOCATED (WRKSHT B, PART II)	12,416	9,097					
106 UNIT COST MULTIPLIER (WRKSHT B, PT II)	12.416000	9.097000					
107 COST TO BE ALLOCATED (WRKSHT B, PART III)	44,632	32,876					
108 UNIT COST MULTIPLIER (WRKSHT B, PT III)	44.632000	32.876000					

COMPUTATION OF RATIO OF COSTS TO CHARGES

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	16,173,722		16,173,722		16,173,722
26	INTENSIVE CARE UNIT	3,403,234		3,403,234		3,403,234
27	CORONARY CARE UNIT					
28	BURN INTENSIVE CARE UNIT					
29	SURGICAL INTENSIVE CARE U					
31	SUBPROVIDER					
33	NURSERY	1,396,340		1,396,340		1,396,340
34	SKILLED NURSING FACILITY					
35	NURSING FACILITY					
01	ICF/MR					
36	OTHER LONG TERM CARE					
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	2,397,428		2,397,428		2,397,428
38	RECOVERY ROOM	565,622		565,622		565,622
39	DELIVERY ROOM & LABOR ROO	1,396,777		1,396,777		1,396,777
40	ANESTHESIOLOGY	242,346		242,346		242,346
41	RADIOLOGY-DIAGNOSTIC	4,382,852		4,382,852		4,382,852
42	RADIOLOGY-THERAPEUTIC					
43	RADIOISOTOPE					
44	LABORATORY	4,369,965		4,369,965		4,369,965
45	PBP CLINICAL LAB SERVICES					
46	WHOLE BLOOD & PACKED RED					
47	BLOOD STORING, PROCESSING					
48	INTRAVENOUS THERAPY					
49	RESPIRATORY THERAPY					
50	PHYSICAL THERAPY	504,521		504,521		504,521
51	OCCUPATIONAL THERAPY					
52	SPEECH PATHOLOGY					
53	ELECTROCARDIOLOGY					
01	CARDIOPULMONARY	3,148,400		3,148,400		3,148,400
54	ELECTROENCEPHALOGRAPHY					
55	MEDICAL SUPPLIES CHARGED	1,124,792		1,124,792		1,124,792
56	DRUGS CHARGED TO PATIENTS	3,038,041		3,038,041		3,038,041
57	RENAL DIALYSIS					
58	ASC (NON-DISTINCT PART)					
01	IP HEMODIALYSIS	443,290		443,290		443,290
	OUTPAT SERVICE COST CNTRS					
60	CLINIC	332,828		332,828		332,828
61	EMERGENCY	6,326,554		6,326,554		6,326,554
01	OTHER OUTPATIENT SERVICE	150,462		150,462		150,462
62	OBSERVATION BEDS (NON-DIS					
	OTHER REIMBURS COST CNTRS					
64	HOME PROGRAM DIALYSIS					
65	AMBULANCE SERVICES					
66	DURABLE MEDICAL EQUIP-REN					
67	DURABLE MEDICAL EQUIP-SOL					
101	SUBTOTAL	49,397,174		49,397,174		49,397,174
102	LESS OBSERVATION BEDS					
103	TOTAL	49,397,174		49,397,174		49,397,174

COMPUTATION OF RATIO OF COSTS TO CHARGES

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	55,362,477		55,362,477			
26	INTENSIVE CARE UNIT	8,471,081		8,471,081			
27	CORONARY CARE UNIT						
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U						
31	SUBPROVIDER						
33	NURSERY	585,143		585,143			
34	SKILLED NURSING FACILITY						
35	NURSING FACILITY						
01	ICF/MR						
36	OTHER LONG TERM CARE						
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	2,700,157	1,078,809	3,778,966	.634414	.634414	.634414
38	RECOVERY ROOM	898,502	541,099	1,439,601	.392902	.392902	.392902
39	DELIVERY ROOM & LABOR ROO	610,609	867,309	1,477,918	.945098	.945098	.945098
40	ANESTHESIOLOGY	1,482,620	720,412	2,203,032	.110006	.110006	.110006
41	RADIOLOGY-DIAGNOSTIC	5,754,640	8,618,508	14,373,148	.304933	.304933	.304933
42	RADIOLOGY-THERAPEUTIC						
43	RADIOISOTOPE						
44	LABORATORY	11,877,350	8,550,245	20,427,595	.213925	.213925	.213925
45	PBP CLINICAL LAB SERVICES						
46	WHOLE BLOOD & PACKED RED						
47	BLOOD STORING, PROCESSING						
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY	199,152	427,527	626,679	.805071	.805071	.805071
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
01	CARDIOPULMONARY	14,956,561	3,389,587	18,346,148	.171611	.171611	.171611
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED	2,907,475	2,037,578	4,945,053	.227458	.227458	.227458
56	DRUGS CHARGED TO PATIENTS	17,426,433	2,812,201	20,238,634	.150111	.150111	.150111
57	RENAL DIALYSIS						
58	ASC (NON-DISTINCT PART)						
01	IP HEMODIALYSIS	1,245,816	6,655	1,252,471	.353932	.353932	.353932
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	71,269	849,567	920,836	.361441	.361441	.361441
61	EMERGENCY	7,446,866	19,612,790	27,059,656	.233800	.233800	.233800
01	OTHER OUTPATIENT SERVICE	2,862	288,790	291,652	.515896	.515896	.515896
62	OBSERVATION BEDS (NON-DIS						
	OTHER REIMBURS COST CNTRS						
64	HOME PROGRAM DIALYSIS						
65	AMBULANCE SERVICES						
66	DURABLE MEDICAL EQUIP-REN						
67	DURABLE MEDICAL EQUIP-SOL						
101	SUBTOTAL	131,999,013	49,801,077	181,800,090			
102	LESS OBSERVATION BEDS						
103	TOTAL	131,999,013	49,801,077	181,800,090			

PROVIDER NO:
14-0068

PERIOD:
FROM 4/1/2010
TO 3/31/2011

PREPARED 8/30/2011
WORKSHEET C
PART I

COMPUTATION OF RATIO OF COSTS TO CHARGES
SPECIAL TITLE XIX WORKSHEET

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	16,173,722		16,173,722		16,173,722
26	INTENSIVE CARE UNIT	3,403,234		3,403,234		3,403,234
27	CORONARY CARE UNIT					
28	BURN INTENSIVE CARE UNIT					
29	SURGICAL INTENSIVE CARE U					
31	SUBPROVIDER					
33	NURSERY	1,396,340		1,396,340		1,396,340
34	SKILLED NURSING FACILITY					
35	NURSING FACILITY					
35	01 ICF/MR					
36	OTHER LONG TERM CARE					
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	2,397,428		2,397,428		2,397,428
38	RECOVERY ROOM	565,622		565,622		565,622
39	DELIVERY ROOM & LABOR ROO	1,396,777		1,396,777		1,396,777
40	ANESTHESIOLOGY	242,346		242,346		242,346
41	RADIOLOGY-DIAGNOSTIC	4,382,852		4,382,852		4,382,852
42	RADIOLOGY-THERAPEUTIC					
43	RADIOISOTOPE					
44	LABORATORY	4,369,965		4,369,965		4,369,965
45	PBP CLINICAL LAB SERVICES					
46	WHOLE BLOOD & PACKED RED					
47	BLOOD STORING, PROCESSING					
48	INTRAVENOUS THERAPY					
49	RESPIRATORY THERAPY					
50	PHYSICAL THERAPY	504,521		504,521		504,521
51	OCCUPATIONAL THERAPY					
52	SPEECH PATHOLOGY					
53	ELECTROCARDIOLOGY					
53	01 CARDIOPULMONARY	3,148,400		3,148,400		3,148,400
54	ELECTROENCEPHALOGRAPHY					
55	MEDICAL SUPPLIES CHARGED	1,124,792		1,124,792		1,124,792
56	DRUGS CHARGED TO PATIENTS	3,038,041		3,038,041		3,038,041
57	RENAL DIALYSIS					
58	ASC (NON-DISTINCT PART)					
58	01 IP HEMODIALYSIS	443,290		443,290		443,290
	OUTPAT SERVICE COST CNTRS					
60	CLINIC	332,828		332,828		332,828
61	EMERGENCY	6,326,554		6,326,554		6,326,554
61	01 OTHER OUTPATIENT SERVICE	150,462		150,462		150,462
62	OBSERVATION BEDS (NON-DIS					
	OTHER REIMBURS COST CNTRS					
64	HOME PROGRAM DIALYSIS					
65	AMBULANCE SERVICES					
66	DURABLE MEDICAL EQUIP-REN					
67	DURABLE MEDICAL EQUIP-SOL					
101	SUBTOTAL	49,397,174		49,397,174		49,397,174
102	LESS OBSERVATION BEDS					
103	TOTAL	49,397,174		49,397,174		49,397,174

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27 1	CAPITAL COST WKST B PT II & III, COL. 27 2	OPERATING COST NET OF CAPITAL COST 3	CAPITAL REDUCTION 4	OPERATING COST REDUCTION AMOUNT 5	COST NET OF CAP AND OPER COST REDUCTION 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM	2,397,428	120,259	2,277,169			2,397,428
38	RECOVERY ROOM	565,622	13,721	551,901			565,622
39	DELIVERY ROOM & LABOR ROO	1,396,777	43,657	1,353,120			1,396,777
40	ANESTHESIOLOGY	242,346	4,728	237,618			242,346
41	RADIOLOGY-DIAGNOSTIC	4,382,852	102,694	4,280,158			4,382,852
42	RADIOLOGY-THERAPEUTIC						
43	RADIOISOTOPE						
44	LABORATORY	4,369,965	86,958	4,283,007			4,369,965
45	PBP CLINICAL LAB SERVICES						
46	WHOLE BLOOD & PACKED RED						
47	BLOOD STORING, PROCESSING						
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY	504,521	23,036	481,485			504,521
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
53	01 CARDIOPULMONARY	3,148,400	39,800	3,108,600			3,148,400
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED	1,124,792	18,708	1,106,084			1,124,792
56	DRUGS CHARGED TO PATIENTS	3,038,041	68,156	2,969,885			3,038,041
57	RENAL DIALYSIS						
58	ASC (NON-DISTINCT PART)						
58	01 IP HEMODIALYSIS	443,290	3,435	439,855			443,290
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	332,828	12,862	319,966			332,828
61	EMERGENCY	6,326,554	200,638	6,125,916			6,326,554
61	01 OTHER OUTPATIENT SERVICE	150,462	3,684	146,778			150,462
62	OBSERVATION BEDS (NON-DIS						
	OTHER REIMBURS COST CNTRS						
64	HOME PROGRAM DIALYSIS						
65	AMBULANCE SERVICES						
66	DURABLE MEDICAL EQUIP-REN						
67	DURABLE MEDICAL EQUIP-SOL						
101	SUBTOTAL	28,423,878	742,336	27,681,542			28,423,878
102	LESS OBSERVATION BEDS						
103	TOTAL	28,423,878	742,336	27,681,542			28,423,878

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRG RATIO	I/P PT B COST TO CHRG RATIO
		7	8	9
37	ANCILLARY SRVC COST CNTRS			
	OPERATING ROOM	3,778,966	.634414	.634414
38	RECOVERY ROOM	1,439,601	.392902	.392902
39	DELIVERY ROOM & LABOR ROO	1,477,918	.945098	.945098
40	ANESTHESIOLOGY	2,203,032	.110006	.110006
41	RADIOLOGY-DIAGNOSTIC	14,373,148	.304933	.304933
42	RADIOLOGY-THERAPEUTIC			
43	RADIOISOTOPE			
44	LABORATORY	20,427,595	.213925	.213925
45	PBP CLINICAL LAB SERVICES			
46	WHOLE BLOOD & PACKED RED			
47	BLOOD STORING, PROCESSING			
48	INTRAVENOUS THERAPY			
49	RESPIRATORY THERAPY			
50	PHYSICAL THERAPY	626,679	.805071	.805071
51	OCCUPATIONAL THERAPY			
52	SPEECH PATHOLOGY			
53	ELECTROCARDIOLOGY			
53	01 CARDIOPULMONARY	18,346,148	.171611	.171611
54	ELECTROENCEPHALOGRAPHY			
55	MEDICAL SUPPLIES CHARGED	4,945,053	.227458	.227458
56	DRUGS CHARGED TO PATIENTS	20,238,634	.150111	.150111
57	RENAL DIALYSIS			
58	ASC (NON-DISTINCT PART)			
58	01 IP HEMODIALYSIS	1,252,471	.353932	.353932
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	920,836	.361441	.361441
61	EMERGENCY	27,059,656	.233800	.233800
61	01 OTHER OUTPATIENT SERVICE	291,652	.515896	.515896
62	OBSERVATION BEDS (NON-DIS			
	OTHER REIMBURS COST CNTRS			
64	HOME PROGRAM DIALYSIS			
65	AMBULANCE SERVICES			
66	DURABLE MEDICAL EQUIP-REN			
67	DURABLE MEDICAL EQUIP-SOL			
101	SUBTOTAL	117,381,389		
102	LESS OBSERVATION BEDS			
103	TOTAL	117,381,389		

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27 1	CAPITAL COST WKST B PT II & III, COL. 27 2	OPERATING COST NET OF CAPITAL COST 3	CAPITAL REDUCTION 4	OPERATING COST REDUCTION AMOUNT 5	COST NET OF CAP AND OPER COST REDUCTION 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM	2,397,428	120,259	2,277,169	12,026	132,076	2,253,326
38	RECOVERY ROOM	565,622	13,721	551,901	1,372	32,010	532,240
39	DELIVERY ROOM & LABOR ROO	1,396,777	43,657	1,353,120	4,366	78,481	1,313,930
40	ANESTHESIOLOGY	242,346	4,728	237,618	473	13,782	228,091
41	RADIOLOGY-DIAGNOSTIC	4,382,852	102,694	4,280,158	10,269	248,249	4,124,334
42	RADIOLOGY-THERAPEUTIC						
43	RADIOISOTOPE						
44	LABORATORY	4,369,965	86,958	4,283,007	8,696	248,414	4,112,855
45	PBP CLINICAL LAB SERVICES						
46	WHOLE BLOOD & PACKED RED						
47	BLOOD STORING, PROCESSING						
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY	504,521	23,036	481,485	2,304	27,926	474,291
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
53	01 CARDIOPULMONARY	3,148,400	39,800	3,108,600	3,980	180,299	2,964,121
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED	1,124,792	18,708	1,106,084	1,871	64,153	1,058,768
56	DRUGS CHARGED TO PATIENTS	3,038,041	68,156	2,969,885	6,816	172,253	2,858,972
57	RENAL DIALYSIS						
58	ASC (NON-DISTINCT PART)						
58	01 IP HEMODIALYSIS	443,290	3,435	439,855	344	25,512	417,434
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	332,828	12,862	319,966	1,286	18,558	312,984
61	EMERGENCY	6,326,554	200,638	6,125,916	20,064	355,303	5,951,187
61	01 OTHER OUTPATIENT SERVICE	150,462	3,684	146,778	368	8,513	141,581
62	OBSERVATION BEDS (NON-DIS						
	OTHER REIMBURS COST CNTRS						
64	HOME PROGRAM DIALYSIS						
65	AMBULANCE SERVICES						
66	DURABLE MEDICAL EQUIP-REN						
67	DURABLE MEDICAL EQUIP-SOL						
101	SUBTOTAL	28,423,878	742,336	27,681,542	74,235	1,605,529	26,744,114
102	LESS OBSERVATION BEDS						
103	TOTAL	28,423,878	742,336	27,681,542	74,235	1,605,529	26,744,114

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRG RATIO	I/P PT B COST TO CHRG RATIO
		7	8	9
37	ANCILLARY SRVC COST CNTRS			
	OPERATING ROOM	3,778,966	.596281	.631231
38	RECOVERY ROOM	1,439,601	.369714	.391949
39	DELIVERY ROOM & LABOR ROO	1,477,918	.889041	.942144
40	ANESTHESIOLOGY	2,203,032	.103535	.109791
41	RADIOLOGY-DIAGNOSTIC	14,373,148	.286947	.304219
42	RADIOLOGY-THERAPEUTIC			
43	RADIOISOTOPE			
44	LABORATORY	20,427,595	.201338	.213499
45	PBP CLINICAL LAB SERVICES			
46	WHOLE BLOOD & PACKED RED			
47	BLOOD STORING, PROCESSING			
48	INTRAVENOUS THERAPY			
49	RESPIRATORY THERAPY			
50	PHYSICAL THERAPY	626,679	.756832	.801394
51	OCCUPATIONAL THERAPY			
52	SPEECH PATHOLOGY			
53	ELECTROCARDIOLOGY			
53	01 CARDIOPULMONARY	18,346,148	.161566	.171394
54	ELECTROENCEPHALOGRAPHY			
55	MEDICAL SUPPLIES CHARGED	4,945,053	.214107	.227080
56	DRUGS CHARGED TO PATIENTS	20,238,634	.141263	.149774
57	RENAL DIALYSIS			
58	ASC (NON-DISTINCT PART)			
58	01 IP HEMODIALYSIS	1,252,471	.333288	.353658
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	920,836	.339891	.360045
61	EMERGENCY	27,059,656	.219928	.233059
61	01 OTHER OUTPATIENT SERVICE	291,652	.485445	.514634
62	OBSERVATION BEDS (NON-DIS			
	OTHER REIMBURS COST CNTRS			
64	HOME PROGRAM DIALYSIS			
65	AMBULANCE SERVICES			
66	DURABLE MEDICAL EQUIP-REN			
67	DURABLE MEDICAL EQUIP-SOL			
101	SUBTOTAL	117,381,389		
102	LESS OBSERVATION BEDS			
103	TOTAL	117,381,389		

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL			NEW CAPITAL		
		CAPITAL REL COST (B, 11) 1	SWING BED ADJUSTMENT 2	REDUCED CAP RELATED COST 3	CAPITAL REL COST (B, 111) 4	SWING BED ADJUSTMENT 5	REDUCED CAP RELATED COST 6
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS	177,383		177,383	639,634		639,634
26	INTENSIVE CARE UNIT	19,410		19,410	70,748		70,748
27	CORONARY CARE UNIT						
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U						
31	SUBPROVIDER						
33	NURSERY	9,644		9,644	34,978		34,978
101	TOTAL	206,437		206,437	745,360		745,360

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	19,167	6,674	9.25	61,735	33.37	222,711
26	INTENSIVE CARE UNIT	3,061	1,448	6.34	9,180	23.11	33,463
27	CORONARY CARE UNIT						
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U						
31	SUBPROVIDER						
33	NURSERY	785		12.29		44.56	
101	TOTAL	23,013	8,122		70,915		256,174

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

PROVIDER NO: 14-0068
PERIOD: FROM 4/1/2010 TO 3/31/2011
PREPARED 8/30/2011
WORKSHEET D
PART III

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST 1	MED EDUCATN COST 2	SWING BED ADJ AMOUNT 3	TOTAL COSTS 4	TOTAL PATIENT DAYS 5	PER DIEM 6
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS					19,167	
26	INTENSIVE CARE UNIT					3,061	
27	CORONARY CARE UNIT						
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U						
31	SUBPROVIDER						
33	NURSERY					785	
34	SKILLED NURSING FACILITY						
35	NURSING FACILITY						
35 01	ICF/MR						
101	TOTAL					23,013	

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

PROVIDER NO:	PERIOD:	PREPARED
14-0068	FROM 4/1/2010	8/30/2011
	TO 3/31/2011	WORKSHEET D PART III

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT PROG DAYS	INPAT PROGRAM PASS THRU COST
		7	8
25	ADULTS & PEDIATRICS		6,674
26	INTENSIVE CARE UNIT		1,448
27	CORONARY CARE UNIT		
28	BURN INTENSIVE CARE UNIT		
29	SURGICAL INTENSIVE CARE U		
31	SUBPROVIDER		
33	NURSERY		
34	SKILLED NURSING FACILITY		
35	NURSING FACILITY		
01	ICF/MR		
101	TOTAL		8,122

TITLE XVIII, PART A HOSPITAL PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST	HOSPITAL	MED ED NRS SCHOOL COST	MED ED ALLIED HEALTH COST	MED ED ALL OTHER COSTS	BLOOD CLOT FOR HEMOPHILIACS
		1	1.01	2	2.01	2.02	2.03
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM						
38	RECOVERY ROOM						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
42	RADIOLOGY-THERAPEUTIC						
43	RADIOISOTOPE						
44	LABORATORY						
45	PBP CLINICAL LAB SERVICES						
46	WHOLE BLOOD & PACKED RED						
47	BLOOD STORING, PROCESSING						
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
53	01 CARDIOPULMONARY						
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
57	RENAL DIALYSIS						
58	ASC (NON-DISTINCT PART)						
58	01 IP HEMODIALYSIS						
60	OUTPAT SERVICE COST CNTRS						
61	CLINIC						
61	EMERGENCY						
61	01 OTHER OUTPATIENT SERVICE						
62	OBSERVATION BEDS (NON-DIS						
	OTHER REIMBURS COST CNTRS						
64	HOME PROGRAM DIALYSIS						
65	AMBULANCE SERVICES						
66	DURABLE MEDICAL EQUIP-REN						
67	DURABLE MEDICAL EQUIP-SOL						
101	TOTAL						

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF CST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
37	ANCILLARY SRVC COST CNTRS							
	OPERATING ROOM			3,778,966			1,574,309	
38	RECOVERY ROOM			1,439,601			205,157	
39	DELIVERY ROOM & LABOR ROO			1,477,918			2,059	
40	ANESTHESIOLOGY			2,203,032			331,121	
41	RADIOLOGY-DIAGNOSTIC			14,373,148			2,025,400	
42	RADIOLOGY-THERAPEUTIC							
43	RADIOISOTOPE							
44	LABORATORY			20,427,595			5,165,732	
45	PBP CLINICAL LAB SERVICES							
46	WHOLE BLOOD & PACKED RED							
47	BLOOD STORING, PROCESSING							
48	INTRAVENOUS THERAPY							
49	RESPIRATORY THERAPY							
50	PHYSICAL THERAPY			626,679			114,513	
51	OCCUPATIONAL THERAPY							
52	SPEECH PATHOLOGY							
53	ELECTROCARDIOLOGY							
53	01 CARDIOPULMONARY			18,346,148			6,562,719	
54	ELECTROENCEPHALOGRAPHY							
55	MEDICAL SUPPLIES CHARGED			4,945,053			1,516,093	
56	DRUGS CHARGED TO PATIENTS			20,238,634			7,800,323	
57	RENAL DIALYSIS							
58	ASC (NON-DISTINCT PART)							
58	01 IP HEMODIALYSIS			1,252,471			647,017	
	OUTPAT SERVICE COST CNTRS							
60	CLINIC			920,836				
61	EMERGENCY			27,059,656			1,751,983	
61	01 OTHER OUTPATIENT SERVICE			291,652			2,862	
62	OBSERVATION BEDS (NON-DIS							
	OTHER REIMBURS COST CNTRS							
64	HOME PROGRAM DIALYSIS							
65	AMBULANCE SERVICES							
66	DURABLE MEDICAL EQUIP-REN							
67	DURABLE MEDICAL EQUIP-SOL							
101	TOTAL			117,381,389			27,699,288	

TITLE XVIII, PART A HOSPITAL PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES 8	OUTPAT PROG D, V COL 5.03 8.01	OUTPAT PROG D, V COL 5.04 8.02	OUTPAT PROG PASS THRU COST 9	COL 8.01 * COL 5 9.01	COL 8.02 * COL 5 9.02
37	ANCILLARY SRVC COST CNTRS						
38	OPERATING ROOM	112,614					
39	RECOVERY ROOM						
40	DELIVERY ROOM & LABOR ROO						
41	ANESTHESIOLOGY						
42	RADIOLOGY-DIAGNOSTIC	717,294					
43	RADIOLOGY-THERAPEUTIC						
44	RADIOISOTOPE						
45	LABORATORY	18,083					
46	PBP CLINICAL LAB SERVICES						
47	WHOLE BLOOD & PACKED RED						
48	BLOOD STORING, PROCESSING						
49	INTRAVENOUS THERAPY						
50	RESPIRATORY THERAPY						
51	PHYSICAL THERAPY						
52	OCCUPATIONAL THERAPY						
53	SPEECH PATHOLOGY						
54	ELECTROCARDIOLOGY						
55	01 CARDIOPULMONARY	643,027					
56	ELECTROENCEPHALOGRAPHY						
57	MEDICAL SUPPLIES CHARGED	677,662					
58	DRUGS CHARGED TO PATIENTS	432,712					
59	RENAL DIALYSIS						
60	ASC (NON-DISTINCT PART)						
61	01 IP HEMODIALYSIS						
62	OUTPAT SERVICE COST CNTRS						
63	CLINIC						
64	EMERGENCY	1,240,896					
65	01 OTHER OUTPATIENT SERVICE	26,238					
66	OBSERVATION BEDS (NON-DIS						
67	OTHER REIMBURS COST CNTRS						
68	HOME PROGRAM DIALYSIS						
69	AMBULANCE SERVICES						
70	DURABLE MEDICAL EQUIP-REN						
71	DURABLE MEDICAL EQUIP-SOL						
101	TOTAL	3,868,526					

TITLE XVIII PART A HOSPITAL PPS

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

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

PART IV - COMPUTATION OF OBSERVATION BED COST

83	TOTAL OBSERVATION BED DAYS	
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	843.83
85	OBSERVATION BED COST	

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

	COST	ROUTINE COST	COLUMN 1 DIVIDED BY COLUMN 2	TOTAL OBSERVATION BED COST	OBSERVATION BED PASS THROUGH COST
	1	2	3	4	5
86	OLD CAPITAL-RELATED COST	177,383	16,173,722	.010967	
87	NEW CAPITAL-RELATED COST	639,634	16,173,722	.039548	
88	NON PHYSICIAN ANESTHETIST		16,173,722		
89	MEDICAL EDUCATION		16,173,722		
89.01	MEDICAL EDUCATION - ALLIED HEA				
89.02	MEDICAL EDUCATION - ALL OTHER				

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS		15,656,391	
26	INTENSIVE CARE UNIT		4,255,224	
27	CORONARY CARE UNIT			
28	BURN INTENSIVE CARE UNIT			
29	SURGICAL INTENSIVE CARE UNIT			
31	SUBPROVIDER			
37	ANCILLARY SRVC COST CNTRS OPERATING ROOM	.634414	1,574,309	998,764
38	RECOVERY ROOM	.392902	205,157	80,607
39	DELIVERY ROOM & LABOR ROOM	.945098	2,059	1,946
40	ANESTHESIOLOGY	.110006	331,121	36,425
41	RADIOLOGY-DIAGNOSTIC	.304933	2,025,400	617,611
42	RADIOLOGY-THERAPEUTIC			
43	RADIOISOTOPE			
44	LABORATORY	.213925	5,165,732	1,105,079
45	PBP CLINICAL LAB SERVICES-PRGM ONLY			
46	WHOLE BLOOD & PACKED RED BLOOD CELLS			
47	BLOOD STORING, PROCESSING & TRANS.			
48	INTRAVENOUS THERAPY			
49	RESPIRATORY THERAPY			
50	PHYSICAL THERAPY	.805071	114,513	92,191
51	OCCUPATIONAL THERAPY			
52	SPEECH PATHOLOGY			
53	ELECTROCARDIOLOGY			
53	01 CARDIOPULMONARY	.171611	6,562,719	1,126,235
54	ELECTROENCEPHALOGRAPHY			
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.227458	1,516,093	344,847
56	DRUGS CHARGED TO PATIENTS	.150111	7,800,323	1,170,914
57	RENAL DIALYSIS			
58	ASC (NON-DISTINCT PART)			
58	01 IP HEMODIALYSIS	.353932	647,017	229,000
60	OUTPAT SERVICE COST CNTRS CLINIC	.361441		
61	EMERGENCY	.233800	1,751,983	409,614
61	01 OTHER OUTPATIENT SERVICE COST CENTER	.515896	2,862	1,476
62	OBSERVATION BEDS (NON-DISTINCT PART)			
	OTHER REIMBURS COST CNTRS			
64	HOME PROGRAM DIALYSIS			
65	AMBULANCE SERVICES			
66	DURABLE MEDICAL EQUIP-RENTED			
67	DURABLE MEDICAL EQUIP-SOLD			
101	TOTAL		27,699,288	6,214,709
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		27,699,288	

TITLE XVII HOSPITAL

DESCRIPTION	INPATIENT-PART A		PART B	
	MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER	1	12,346,944	3	590,625
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.		209,719		NONE
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
ADJUSTMENTS TO PROVIDER .01	3/11/2011	468,602		
ADJUSTMENTS TO PROVIDER .02				
ADJUSTMENTS TO PROVIDER .03				
ADJUSTMENTS TO PROVIDER .04				
ADJUSTMENTS TO PROVIDER .05				
ADJUSTMENTS TO PROVIDER .49				
ADJUSTMENTS TO PROGRAM .50				
ADJUSTMENTS TO PROGRAM .51				
ADJUSTMENTS TO PROGRAM .52				
ADJUSTMENTS TO PROGRAM .53				
ADJUSTMENTS TO PROGRAM .54				
ADJUSTMENTS TO PROGRAM .99				
SUBTOTAL		468,602		NONE
4 TOTAL INTERIM PAYMENTS		13,025,265		590,625
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
TENTATIVE TO PROVIDER .01				
TENTATIVE TO PROVIDER .02				
TENTATIVE TO PROVIDER .03				
TENTATIVE TO PROGRAM .50				
TENTATIVE TO PROGRAM .51				
TENTATIVE TO PROGRAM .52				
TENTATIVE TO PROGRAM .99				
SUBTOTAL		NONE		NONE
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)		57,990		98,119
7 TOTAL MEDICARE PROGRAM LIABILITY		12,967,275		688,744

NAME OF INTERMEDIARY:
 INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: _____

DATE: ___/___/___

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

BALANCE SHEET

		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
ASSETS		1	2	3	4
CURRENT ASSETS					
1	CASH ON HAND AND IN BANKS	1,077,018			
2	TEMPORARY INVESTMENTS	1,500,000			
3	NOTES RECEIVABLE				
4	ACCOUNTS RECEIVABLE	8,304,557			
5	OTHER RECEIVABLES	698,740			
6	LESS: ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE				
7	INVENTORY	530,365			
8	PREPAID EXPENSES	1,190,041			
9	OTHER CURRENT ASSETS				
10	DUE FROM OTHER FUNDS				
11	TOTAL CURRENT ASSETS	13,300,721			
FIXED ASSETS					
12	LAND	923,853			
12.01	LAND IMPROVEMENTS	495,806			
13	LESS ACCUMULATED DEPRECIATION				
13.01	BUILDINGS	19,110,496			
14	LESS ACCUMULATED DEPRECIATION				
14.01	LEASEHOLD IMPROVEMENTS	7,756,654			
15	LESS ACCUMULATED DEPRECIATION				
15.01	FIXED EQUIPMENT	1,863,355			
16	LESS ACCUMULATED DEPRECIATION				
16.01	AUTOMOBILES AND TRUCKS				
17	LESS ACCUMULATED DEPRECIATION				
17.01	MAJOR MOVABLE EQUIPMENT	14,193,432			
18	LESS ACCUMULATED DEPRECIATION				
18.01	MINOR EQUIPMENT DEPRECIABLE				
19	LESS ACCUMULATED DEPRECIATION				
19.01	MINOR EQUIPMENT-NONDEPRECIABLE	-23,390,823			
20	TOTAL FIXED ASSETS	20,952,773			
21	OTHER ASSETS				
22	INVESTMENTS	6,377,241			
23	DEPOSITS ON LEASES				
24	DUE FROM OWNERS/OFFICERS				
25	OTHER ASSETS	161,298			
26	TOTAL OTHER ASSETS	6,538,539			
27	TOTAL ASSETS	40,792,033			

	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
LIABILITIES AND FUND BALANCE	1	2	3	4
CURRENT LIABILITIES				
28 ACCOUNTS PAYABLE	4,166,446			
29 SALARIES, WAGES & FEES PAYABLE	3,118,303			
30 PAYROLL TAXES PAYABLE	2,521,179			
31 NOTES AND LOANS PAYABLE (SHORT TERM)	166,668			
32 DEFERRED INCOME				
33 ACCELERATED PAYMENTS				
34 DUE TO OTHER FUNDS	93,641			
35 OTHER CURRENT LIABILITIES	7,915,838			
36 TOTAL CURRENT LIABILITIES	17,982,075			
LONG TERM LIABILITIES				
37 MORTGAGE PAYABLE	4,499,996			
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	4,535,992			
42 TOTAL LONG-TERM LIABILITIES	9,035,988			
43 TOTAL LIABILITIES	27,018,063			
CAPITAL ACCOUNTS				
44 GENERAL FUND BALANCE	13,773,970			
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	13,773,970			
52 TOTAL LIABILITIES AND FUND BALANCES	40,792,033			

STATEMENT OF CHANGES IN FUND BALANCES

	GENERAL FUND		SPECIFIC PURPOSE FUND	
	1	2	3	4
1 FUND BALANCE AT BEGINNING		12,663,537		
2 OF PERIOD				
3 NET INCOME (LOSS)		542,394		
4 TOTAL		13,205,931		
5 ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
6 ADDITIONS (CREDIT ADJUSTM				
7 INC IN TEMP RESTRICTED AS	72,155			
8 PRIOR PERIOD ADJUSTMENT	495,884			
9				
10 TOTAL ADDITIONS		568,039		
11 SUBTOTAL		13,773,970		
12 DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
13 DEDUCTIONS (DEBIT ADJUSTM				
14				
15				
16				
17				
18 TOTAL DEDUCTIONS				
19 FUND BALANCE AT END OF		13,773,970		
PERIOD PER BALANCE SHEET				

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

PART I - PATIENT REVENUES

REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3
GENERAL INPATIENT ROUTINE CARE SERVICES			
1 00 HOSPITAL	45,862,906		45,862,906
2 00 SUBPROVIDER			
4 00 SWING BED - SNF			
5 00 SWING BED - NF			
6 00 SKILLED NURSING FACILITY			
7 00 NURSING FACILITY			
7 01 ICF/MR			
8 00 OTHER LONG TERM CARE			
9 00 TOTAL GENERAL INPATIENT ROUTINE CARE	45,862,906		45,862,906
INTENSIVE CARE TYPE INPATIENT HOSPITAL SVCS			
10 00 INTENSIVE CARE UNIT	8,392,186		8,392,186
11 00 CORONARY CARE UNIT			
12 00 BURN INTENSIVE CARE UNIT			
13 00 SURGICAL INTENSIVE CARE UNIT			
15 00 TOTAL INTENSIVE CARE TYPE INPAT HOSP	8,392,186		8,392,186
16 00 TOTAL INPATIENT ROUTINE CARE SERVICE	54,255,092		54,255,092
17 00 ANCILLARY SERVICES	76,707,069	12,826,886	89,533,955
18 00 OUTPATIENT SERVICES		38,076,458	38,076,458
19 00 HOME HEALTH AGENCY			
20 00 AMBULANCE SERVICES			
21 00 CORF			
22 00 AMBULATORY SURGICAL CENTER (D.P.)			
23 00 HOSPICE			
24 00 OTHER/PROF FEES		608,410	608,410
25 00 TOTAL PATIENT REVENUES	130,962,161	51,511,754	182,473,915

PART II - OPERATING EXPENSES

26 00 OPERATING EXPENSES		53,941,312	
ADD (SPECIFY)			
27 00 BAD DEBTS	20,803,847		
28 00			
29 00			
30 00			
31 00			
32 00			
33 00 TOTAL ADDITIONS		20,803,847	
DEDUCT (SPECIFY)			
34 00 OTHER	327,862		
35 00			
36 00			
37 00			
38 00			
39 00 TOTAL DEDUCTIONS		327,862	
40 00 TOTAL OPERATING EXPENSES		74,417,297	

DESCRIPTION

1	TOTAL PATIENT REVENUES	182,473,915
2	LESS: ALLOWANCES AND DISCOUNTS ON	109,528,950
3	NET PATIENT REVENUES	72,944,965
4	LESS: TOTAL OPERATING EXPENSES	74,417,297
5	NET INCOME FROM SERVICE TO PATIENT	-1,472,332
	OTHER INCOME	
6	CONTRIBUTIONS, DONATIONS, BEQUES	
7	INCOME FROM INVESTMENTS	63,165
8	REVENUE FROM TELEPHONE AND TELEG	
9	REVENUE FROM TELEVISION AND RADI	
10	PURCHASE DISCOUNTS	
11	REBATES AND REFUNDS OF EXPENSES	
12	PARKING LOT RECEIPTS	
13	REVENUE FROM LAUNDRY AND LINEN S	
14	REVENUE FROM MEALS SOLD TO EMPLO	
15	REVENUE FROM RENTAL OF LIVING QU	
16	REVENUE FROM SALE OF MEDICAL & S	
	TO OTHER THAN PATIENTS	
17	REVENUE FROM SALE OF DRUGS TO OT	
18	REVENUE FROM SALE OF MEDICAL REC	
19	TUITION (FEES, SALE OF TEXTBOOKS	
20	REVENUE FROM GIFTS, FLOWER, COFFE	
21	RENTAL OF VENDING MACHINES	
22	RENTAL OF HOSPITAL SPACE	
23	GOVERNMENTAL APPROPRIATIONS	
24	OTHER OPERATING REV	
24.01	MISC REVENUE	1,951,561
25	TOTAL OTHER INCOME	2,014,726
26	TOTAL	542,394
	OTHER EXPENSES	
27	OTHER EXPENSES (SPECIFY)	
28		
29		
30	TOTAL OTHER EXPENSES	
31	NET INCOME (OR LOSS) FOR THE PERIO	542,394

PART I - FULLY PROSPECTIVE METHOD

1	CAPITAL HOSPITAL SPECIFIC RATE PAYMENTS	
	CAPITAL FEDERAL AMOUNT	
2	CAPITAL DRG OTHER THAN OUTLIER	725,059
3	CAPITAL DRG OUTLIER PAYMENTS PRIOR TO 10/01/1997	
3.01	CAPITAL DRG OUTLIER PAYMENTS AFTER 10/01/1997	1,957
	INDIRECT MEDICAL EDUCATION ADJUSTMENT	
4	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS	60.90
	IN THE COST REPORTING PERIOD	
4.01	NUMBER OF INTERNS AND RESIDENTS	.00
	(SEE INSTRUCTIONS)	
4.02	INDIRECT MEDICAL EDUCATION PERCENTAGE	.00
4.03	INDIRECT MEDICAL EDUCATION ADJUSTMENT	
	(SEE INSTRUCTIONS)	
5	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO	19.79
	MEDICARE PART A PATIENT DAYS	
5.01	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL	47.04
	DAYS REPORTED ON S-3, PART I	
5.02	SUM OF 5 AND 5.01	66.83
5.03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE	14.49
5.04	DISPROPORTIONATE SHARE ADJUSTMENT	105,061
6	TOTAL PROSPECTIVE CAPITAL PAYMENTS	832,077
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)	