

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		14-0164		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: 3/ 1/2012 TIME 9: 18

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: MEMORIAL HOSPITAL OF CARBONDALE 14-0164 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	-428,286	678,772	0	
9	RHC	0	0	12,483	0	
100	TOTAL	0	-428,286	691,255	0	

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

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











HOSPITAL WAGE INDEX INFORMATION

PROVIDER NO: 14-0164  
 PERIOD: FROM 4/1/2010 TO 3/31/2011  
 PREPARED 3/1/2012  
 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	53,624,189		53,624,189	2,177,876.64	24.62	
2 NON-PHYSICIAN ANESTHETIST PART A						
3 NON-PHYSICIAN ANESTHETIST PART B						
4 PHYSICIAN - PART A						
4.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
5 PHYSICIAN - PART B						
5.01 NON-PHYSICIAN - PART B	466,129		466,129	27,363.98	17.03	
6 INTERNS & RESIDENTS (APPRVD)	1,011,848		1,011,848	39,888.00	25.37	
6.01 CONTRACT SERVICES, I&R						
7 HOME OFFICE PERSONNEL						
8 SNF						
8.01 EXCLUDED AREA SALARIES	163,921	-84,444	79,477	2,703.49	29.40	
OTHER WAGES & RELATED COSTS						
9 CONTRACT LABOR:	1,430,219		1,430,219	25,823.00	55.39	
9.01 PHARMACY SERVICES UNDER CONTRACT						
9.02 LABORATORY SERVICES UNDER CONTRACT						
9.03 MANAGEMENT & ADMINISTRATIVE UNDER CONTRACT						
10 CONTRACT LABOR: PHYS PART A	693,723		693,723	6,124.00	113.28	
10.01 TEACHING PHYSICIAN UNDER CONTRACT (SEE INSTRUCTIONS)						
11 HOME OFFICE SALARIES & WAGE RELATED COSTS	10,859,402		10,859,402	293,475.08	37.00	
12 HOME OFFICE: PHYS PART A						
12.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
WAGE RELATED COSTS						
13 WAGE-RELATED COSTS (CORE)	15,207,209		15,207,209			CMS 339
14 WAGE-RELATED COSTS (OTHER)						CMS 339
15 EXCLUDED AREAS	23,213		23,213			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	16,646		16,646			CMS 339
19.01 WAGE-RELATED COSTS (RHC/FOHC)	119,497		119,497			CMS 339
20 INTERNS & RESIDENTS (APPRVD)	295,532		295,532			CMS 339
OVERHEAD COSTS - DIRECT SALARIES						
21 EMPLOYEE BENEFITS	555,018		555,018	24,100.16	23.03	
22 ADMINISTRATIVE & GENERAL	3,072,842		3,072,842	147,233.82	20.87	
22.01 A & G UNDER CONTRACT	181,391		181,391	899.88	201.57	
23 MAINTENANCE & REPAIRS	689,735		689,735	33,061.73	20.86	
24 OPERATION OF PLANT						
25 LAUNDRY & LINEN SERVICE	31,567		31,567	3,068.65	10.29	
26 HOUSEKEEPING	840,134		840,134	69,562.61	12.08	
26.01 HOUSEKEEPING UNDER CONTRACT	216,528		216,528	17,821.25	12.15	
27 DIETARY	1,262,725	-961,745	300,980	22,312.13	13.49	
27.01 DIETARY UNDER CONTRACT						
28 CAFETERIA		961,745	961,745	71,279.04	13.49	
29 MAINTENANCE OF PERSONNEL						
30 NURSING ADMINISTRATION	1,691,856	-79,477	1,612,379	49,781.99	32.39	
31 CENTRAL SERVICE AND SUPPLY	814,349		814,349	58,990.66	13.80	
32 PHARMACY						
33 MEDICAL RECORDS & MEDICAL RECORDS LIBRARY	544,099		544,099	37,929.30	14.35	
34 SOCIAL SERVICE	105,261		105,261	4,319.57	24.37	
35 OTHER GENERAL SERVICE						
PART III - HOSPITAL WAGE INDEX SUMMARY						
1 NET SALARIES	52,544,131		52,544,131	2,129,345.79	24.68	
2 EXCLUDED AREA SALARIES	163,921	-84,444	79,477	2,703.49	29.40	
3 SUBTOTAL SALARIES	52,380,210	84,444	52,464,654	2,126,642.30	24.67	
4 SUBTOTAL OTHER WAGES & RELATED COSTS	12,983,344		12,983,344	325,422.08	39.90	
5 SUBTOTAL WAGE-RELATED COSTS	15,207,209		15,207,209		28.99	
6 TOTAL	80,570,763	84,444	80,655,207	2,452,064.38	32.89	
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	10,005,505	-79,477	9,926,028	540,360.79	18.37	

RHC 1

CLINIC ADDRESS AND IDENTIFICATION

1 STREET: 2553 KEN GRAY BLVD.  
 1.01 CITY: WEST FRANKFORT STATE: IL ZIP CODE: 62846 COUNTY: FRANKLIN  
 2 DESIGNATION (FOR FQHCs ONLY) - ENTER "R" FOR RURAL OR "U" FOR URBAN R

SOURCE OF FEDERAL FUNDS:

	GRANT AWARD	DATE
3 COMMUNITY HEALTH CENTER (SECTION 339(d), PHS ACT)	1	2
4 MIGRANT HEALTH CENTER (SECTION 329(d), PHS ACT)		/ /
5 HEALTH SERVICES FOR THE HOMELESS (SECTION 340(d), PHS ACT)		/ /
6 APPALACHIAN REGIONAL COMMISSION		/ /
7 LOOK-ALIKES		/ /
8 OTHER (SPECIFY)		/ /

PHYSICIAN INFORMATION:

9 PHYSICIAN(S) FURNISHING SERVICES AT THE CLINIC OR UNDER AGREEMENT  
 PHYSICIAN NAME BILLING NUMBER  
 10 SUPERVISORY PHYSICIAN(S) AND HOURS OF SUPERVISION DURING PERIOD  
 PHYSICIAN NAME HOURS OF SUPERVISION  
 11 DOES THIS FACILITY OPERATE AS OTHER THAN AN RHC OR FQHC? IF YES, INDICATE NUMBER OF OTHER OPERATIONS IN COLUMN 2 (ENTER IN SUBSCRIPTS OF LINE 12 THE TYPE OF OTHER OPERATION(S) AND THE OPERATING HOURS.) N

FACILITY HOURS OF OPERATIONS (1)

TYPE OPERATION	SUNDAY		MONDAY		TUESDAY		WEDNESDAY		THURSDAY		FRIDAY		SATURDAY	
	FROM	TO	FROM	TO	FROM	TO	FROM	TO	FROM	TO	FROM	TO	FROM	TO
12 CLINIC	0		800	1700	800	1700	800	1700	800	1700	800	1700		

(1) ENTER CLINIC HOURS OF OPERATIONS ON SUBSCRIPTS OF LINE 12 (BOTH TYPE AND HOURS OF OPERATION). LIST HOURS OF OPERATION BASED ON A 24 HOUR CLOCK. FOR EXAMPLE: 8:00AM IS 0800, 6:30PM IS 1830, AND MIDNIGHT IS 2400

13 HAVE YOU RECEIVED AN APPROVAL FOR AN EXCEPTION TO THE PRODUCTIVITY STANDARD? N  
 14 IS THIS A CONSOLIDATED COST REPORT DEFINED IN THE RURAL HEALTH CLINIC MANUAL? IF YES, ENTER IN COLUMN 2 THE NUMBER OF PROVIDERS INCLUDED IN THIS REPORT, COMPLETE LINE 15 AND COMPLETE ONLY ONE WORKSHEET SERIES M FOR THE CONSOLIDATED GROUP. IF NO, COMPLETE A SEPARATE WORKSHEET S-8 FOR EACH COMPONENT ACCOMPANIED BY A CORRESPONDING WORKSHEET M SERIES.  
 15 PROVIDER NAME: PROVIDER NUMBER:

16 HAVE YOU PROVIDED ALL OR SUBSTANTIALLY ALL GME COSTS. IF YES, ENTER IN COLUMNS 2, 3, AND 4 THE NUMBER OF PROGRAM VISITS PERFORMED BY INTERNS & RESIDENTS. Y TITLE V TITLE XVII 895 TITLE XIX 1,829  
 17 HAS THE HOSPITALS' BED SIZE CHANGED TO LESS THAN 50 BEDS DURING THE YEAR FOR COST REPORTING PERIODS OVERLAPPING 7/1/2001? IF YES, SEE INSTRUCTIONS. N

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	11,784,389
18	REVENUES FROM STATE AND LOCAL INDIGENT CARE PROGRAMS	
19	REVENUE RELATED TO SCHIP (SEE INSTRUCTIONS)	
20	RESTRICTED GRANTS	336,511
21	NON-RESTRICTED GRANTS	
22	TOTAL GROSS UNCOMPENSATED CARE REVENUES	12,120,900
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)	.316748
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)	

DESCRIPTION

28	TOTAL GROSS MEDICAID CHARGES FROM YOUR RECORDS	76,131,791
29	TOTAL GROSS MEDICAID COST (LINE 24 * LINE 28)	24,114,593
30	OTHER UNCOMPENSATED CARE CHARGES FROM YOUR RECORDS	22,298,684
31	UNCOMPENSATED CARE COST (LINE 24 * LINE 30)	7,063,064
32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL (SUM OF LINES 25, 27, AND 29)	24,114,593

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

PROVIDER NO: 14-0164

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

PREPARED 3/1/2012 WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	SALARIES 1	OTHER 2	TOTAL 3	RECLASS- IFICATIONS 4	RECLASSIFIED TRIAL BALANCE 5
	GENERAL SERVICE COST CNTR					
1 0100	OLD CAP REL COSTS-BLDG & FIXT				107,158	107,158
1.01 0101	OLD CAP REL COSTS-NEW BLDG		9,018,085	9,018,085	-5,016,750	4,001,335
1.02 0102	OLD CAP REL COSTS-NEW ADD				558,271	558,271
1.03 0103	OLD CAP REL COSTS-1988 ADDITION				5,674	5,674
2 0200	OLD CAP REL COSTS-MVBLE EQUIP				363,745	363,745
3 0300	NEW CAP REL COSTS-BLDG & FIXT				91,517	91,517
3.01 0301	NEW CAP REL COSTS-NEW BLDG				964,741	964,741
3.02 0302	NEW CAP REL COSTS-NEW ADD				1,134,126	1,134,126
3.03 0303	NEW CAP REL COSTS-1988 ADDITION				717,579	717,579
4 0400	NEW CAP REL COSTS-MVBLE EQUIP				5,967,715	5,967,715
5 0500	EMPLOYEE BENEFITS	555,018	18,465,990	19,021,008		19,021,008
6.01 0610	NONPATIENT TELEPHONES					
6.02 0620	DATA PROCESSING					
6.03 0630	PURCHASING, RECEIVING AND STORES		104,224	104,224		104,224
6.04 0640	ADMINISTRATIVE					
6.05 0650	CASHIERING/ACCOUNTS RECEIVABLE	714,536	101,043	815,579		815,579
6.06 0660	OTHER ADMINISTRATIVE AND GENERAL	2,358,306	13,553,702	15,912,008	-113,941	15,798,067
7 0700	MAINTENANCE & REPAIRS	689,735	1,607,743	2,297,478		2,297,478
9 0900	LAUNDRY & LINEN SERVICE	31,567	686,865	718,432		718,432
10 1000	HOUSEKEEPING	840,134	727,203	1,567,337		1,567,337
11 1100	DIETARY	1,262,725	1,226,683	2,489,408		2,489,408
12 1200	CAFETERIA				-1,911,737	577,671
14 1400	NURSING ADMINISTRATION	1,691,856	323,476	2,015,332	1,896,039	1,896,039
15 1500	CENTRAL SERVICES & SUPPLY	814,349	381,179	1,195,528	-108,764	1,906,568
17 1700	MEDICAL RECORDS & LIBRARY	544,099	54,995	599,094	-13,315	1,182,213
18 1800	SOCIAL SERVICE	105,261	1,422	106,683		599,094
20 2000	NONPHYSICIAN ANESTHETISTS				106,683	106,683
22 2200	I&R SERVICES-SALARY & FRINGES APPRVD	1,011,848		1,011,848	1,680,700	1,680,700
23 2300	I&R SERVICES-OTHER PRGM COSTS APPRVD		567,641	567,641		1,011,848
	INPAT ROUTINE SRVC CNTRS					567,641
25 2500	ADULTS & PEDIATRICS	11,284,003	4,310,674	15,594,677	-32,710	15,561,967
26 2600	INTENSIVE CARE UNIT	2,720,409	648,142	3,368,551	-44,217	3,324,334
30 2060	NEONATAL INTENSIVE CARE UNIT	1,166,117	603,471	1,769,588	-144	1,769,444
33 3300	NURSERY	202,662	192,922	395,584	-2,090	393,494
	ANCILLARY SRVC COST CNTRS					
37 3700	OPERATING ROOM	3,613,942	15,305,386	18,919,328	-9,655,986	9,263,342
37.01 3701	SAME DAY SURGERY	2,087,706	943,836	3,031,542	-3,031,542	
38 3800	RECOVERY ROOM	503,851	83,834	587,685	-2,100	585,585
39 3900	DELIVERY ROOM & LABOR ROOM	2,879,858	365,520	3,245,378	-16,298	3,229,080
40 4000	ANESTHESIOLOGY		2,309,865	2,309,865	-1,851,459	458,406
41 4100	RADIOLOGY-DIAGNOSTIC	2,421,539	1,722,114	4,143,653	-498,746	3,644,907
41.01 3440	MAMMOGRAPHY	586,148	508,633	1,094,781	-112,240	982,541
41.02 3480	ONCOLOGY	875,615	823,017	1,698,632	-4,939	1,693,693
41.03 3120	CARDIAC CATHETERIZATION LABORATORY	2,319,035	13,022,010	15,341,045	-7,607,356	7,733,689
43 4300	RADIOISOTOPE	337,984	878,575	1,216,559	-192	1,216,367
44 4400	LABORATORY	2,260,584	4,131,352	6,391,936	245,037	6,636,973
49 4900	RESPIRATORY THERAPY	1,225,736	338,947	1,564,683	-96,756	1,467,927
50 5000	PHYSICAL THERAPY	1,777,910	781,488	2,559,398	-19,527	2,539,871
53 5300	ELECTROCARDIOLOGY	693,630	475,643	1,169,273	-516	1,168,757
54 5400	ELECTROENCEPHALOGRAPHY	61,842	83,063	144,905	-10,153	134,752
55 5500	MEDICAL SUPPLIES CHARGED TO PATIENTS				8,841,495	8,841,495
55.30 5530	IMPL. DEV. CHARGED TO PATIENT				12,426,956	12,426,956
56 5600	DRUGS CHARGED TO PATIENTS	2,102,168	5,118,131	7,220,299	96,166	7,316,465
	OUTPAT SERVICE COST CNTRS					
60 6000	CLINIC					
61 6100	EMERGENCY	3,310,958	2,756,296	6,067,254	-19,622	6,047,632
62 6200	OBSERVATION BEDS (NON-DISTINCT PART)					
63.50 6310	RURAL HEALTH CLINIC	409,137	1,074,975	1,484,112	-9,243	1,474,869
	OTHER REIMBURS COST CNTRS					
70 7000	I&R SERVICES-NOT APPRVD PRGM					
	SPEC PURPOSE COST CENTERS					
88 8800	INTEREST EXPENSE		4,781,243	4,781,243	-4,779,835	1,408
95	SUBTOTALS	53,460,268	108,079,388	161,539,656	136,741	161,676,397
	NONREIMBURS COST CENTERS					
96 9600	GIFT, FLOWER, COFFEE SHOP & CANTEEN					
98 9800	PHYSICIANS' PRIVATE OFFICES		35,541	35,541		35,541
98.01 9801	FAMILY PRACTICE					
98.02 9802	REFERENCE LAB	163,921	81,584	245,505	-245,505	
98.03 9803	COMMUNITY HEALTH EDUCATION				108,764	108,764
98.04 9804	UNUSED SPACE					
101	TOTAL	53,624,189	108,196,513	161,820,702	-0-	161,820,702

RECLASSIFICATION AND ADJUSTMENT OF  
TRIAL BALANCE OF EXPENSES

PROVIDER NO: 14-0164

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

PREPARED 3/1/2012  
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	14,163	121,321
1.01 0101	OLD CAP REL COSTS-NEW BLDG	51,121	4,052,456
1.02 0102	OLD CAP REL COSTS-NEW ADD	194,692	752,963
1.03 0103	OLD CAP REL COSTS-1988 ADDITION		5,674
2 0200	OLD CAP REL COSTS-MVBLE EQUIP	179,232	542,977
3 0300	NEW CAP REL COSTS-BLDG & FIXT	173,774	265,291
3.01 0301	NEW CAP REL COSTS-NEW BLDG	346,296	1,311,037
3.02 0302	NEW CAP REL COSTS-NEW ADD	-461,802	672,324
3.03 0303	NEW CAP REL COSTS-1988 ADDITION	8,763	726,342
4 0400	NEW CAP REL COSTS-MVBLE EQUIP	3,625,333	9,593,048
5 0500	EMPLOYEE BENEFITS	1,491,897	20,512,905
6.01 0610	NONPATIENT TELEPHONES		
6.02 0620	DATA PROCESSING	3,690,332	3,690,332
6.03 0630	PURCHASING, RECEIVING AND STORES	-39,136	65,088
6.04 0640	ADMINISTRATIVE		
6.05 0650	CASHIERING/ACCOUNTS RECEIVABLE	3,614,506	4,430,085
6.06 0660	OTHER ADMINISTRATIVE AND GENERAL	-142,532	15,655,535
7 0700	MAINTENANCE & REPAIRS		2,297,478
9 0900	LAUNDRY & LINEN SERVICE		718,432
10 1000	HOUSEKEEPING	-136	1,567,201
11 1100	DIETARY		577,671
12 1200	CAFETERIA	-913,087	982,952
14 1400	NURSING ADMINISTRATION	-419	1,906,149
15 1500	CENTRAL SERVICES & SUPPLY		1,182,213
17 1700	MEDICAL RECORDS & LIBRARY	-79,871	519,223
18 1800	SOCIAL SERVICE		106,683
20 2000	NONPHYSICIAN ANESTHETISTS	-1,680,700	
22 2200	I&R SERVICES-SALARY & FRINGES APPRVD		1,011,848
23 2300	I&R SERVICES-OTHER PRGM COSTS APPRVD	-131	567,510
	INPAT ROUTINE SRVC CNTRS		
25 2500	ADULTS & PEDIATRICS	-1,538,698	14,023,269
26 2600	INTENSIVE CARE UNIT	-21,269	3,303,065
30 2060	NEONATAL INTENSIVE CARE UNIT	-367,538	1,401,906
33 3300	NURSERY		393,494
	ANCILLARY SRVC COST CNTRS		
37 3700	OPERATING ROOM	-294,286	8,969,056
37.01 3701	SAME DAY SURGERY		
38 3800	RECOVERY ROOM		585,585
39 3900	DELIVERY ROOM & LABOR ROOM		3,229,080
40 4000	ANESTHESIOLOGY		458,406
41 4100	RADIOLOGY-DIAGNOSTIC	-995	3,643,912
41.01 3440	MAMMOGRAPHY	-28,244	954,297
41.02 3480	ONCOLOGY	159,858	1,853,551
41.03 3120	CARDIAC CATHETERIZATION LABORATORY	-26,640	7,707,049
43 4300	RADIOISOTOPE		1,216,367
44 4400	LABORATORY	-79,000	6,557,973
49 4900	RESPIRATORY THERAPY	-5,781	1,462,146
50 5000	PHYSICAL THERAPY	-26,359	2,513,512
53 5300	ELECTROCARDIOLOGY	-187,247	981,510
54 5400	ELECTROENCEPHALOGRAPHY	-7,575	127,177
55 5500	MEDICAL SUPPLIES CHARGED TO PATIENTS		8,841,495
55.30 5530	IMPL. DEV. CHARGED TO PATIENT		12,426,956
56 5600	DRUGS CHARGED TO PATIENTS		7,316,465
	OUTPAT SERVICE COST CNTRS		
60 6000	CLINIC		
61 6100	EMERGENCY	-1,882,030	4,165,602
62 6200	OBSERVATION BEDS (NON-DISTINCT PART)		
63.50 6310	RURAL HEALTH CLINIC		1,474,869
	OTHER REIMBURS COST CNTRS		
70 7000	I&R SERVICES-NOT APPRVD PRGM		
	SPEC PURPOSE COST CENTERS		
88 8800	INTEREST EXPENSE	-1,408	-0-
95	SUBTOTALS	5,765,083	167,441,480
	NONREIMBURS COST CENTERS		
96 9600	GIFT, FLOWER, COFFEE SHOP & CANTEEN		
98 9800	PHYSICIANS' PRIVATE OFFICES		35,541
98.01 9801	FAMILY PRACTICE		
98.02 9802	REFERENCE LAB		
98.03 9803	COMMUNITY HEALTH EDUCATION		108,764
98.04 9804	UNUSED SPACE		
101	TOTAL	5,765,083	167,585,785

## COST CENTERS USED IN COST REPORT

PROVIDER NO: 14-0164  
 PERIOD: FROM 4/1/2010 TO 3/31/2011  
 PREPARED 3/1/2012  
 NOT A CMS WORKSHEET

LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
	GENERAL SERVICE COST		
1	OLD CAP REL COSTS-BLDG & FIXT	0100	
1.01	OLD CAP REL COSTS-NEW BLDG	0101	OLD CAP REL COSTS-BLDG & FIXT
1.02	OLD CAP REL COSTS-NEW ADD	0102	OLD CAP REL COSTS-BLDG & FIXT
1.03	OLD CAP REL COSTS-1988 ADDITION	0103	OLD CAP REL COSTS-BLDG & FIXT
2	OLD CAP REL COSTS-MVBLE EQUIP	0200	
3	NEW CAP REL COSTS-BLDG & FIXT	0300	
3.01	NEW CAP REL COSTS-NEW BLDG	0301	NEW CAP REL COSTS-BLDG & FIXT
3.02	NEW CAP REL COSTS-NEW ADD	0302	NEW CAP REL COSTS-BLDG & FIXT
3.03	NEW CAP REL COSTS-1988 ADDITION	0303	NEW CAP REL COSTS-BLDG & FIXT
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	ADMINISTRATIVE	0640	ADMINISTRATIVE
6.05	CASHIERING/ACCOUNTS RECEIVABLE	0650	CASHIERING/ACCOUNTS RECEIVABLE
6.06	OTHER ADMINISTRATIVE AND GENERAL	0660	OTHER ADMINISTRATIVE AND GENERAL
7	MAINTENANCE & REPAIRS	0700	
9	LAUNDRY & LINEN SERVICE	0900	
10	HOUSEKEEPING	1000	
11	DIETARY	1100	
12	CAFETERIA	1200	
14	NURSING ADMINISTRATION	1400	
15	CENTRAL SERVICES & SUPPLY	1500	
17	MEDICAL RECORDS & LIBRARY	1700	
18	SOCIAL SERVICE	1800	
20	NONPHYSICIAN ANESTHETISTS	2000	
22	I&R SERVICES-SALARY & FRINGES APPRVD	2200	
23	I&R SERVICES-OTHER PRGM COSTS APPRVD	2300	
	INPAT ROUTINE SRVC C		
25	ADULTS & PEDIATRICS	2500	
26	INTENSIVE CARE UNIT	2600	
30	NEONATAL INTENSIVE CARE UNIT	2060	NEONATAL INTENSIVE CARE UNIT
33	NURSERY	3300	
	ANCILLARY SRVC COST		
37	OPERATING ROOM	3700	
37.01	SAME DAY SURGERY	3701	OPERATING ROOM
38	RECOVERY ROOM	3800	
39	DELIVERY ROOM & LABOR ROOM	3900	
40	ANESTHESIOLOGY	4000	
41	RADIOLOGY-DIAGNOSTIC	4100	
41.01	MAMMOGRAPHY	3440	MAMMOGRAPHY
41.02	ONCOLOGY	3480	ONCOLOGY
41.03	CARDIAC CATHETERIZATION LABORATORY	3120	CARDIAC CATHETERIZATION LABORATORY
43	RADIOISOTOPE	4300	
44	LABORATORY	4400	
49	RESPIRATORY THERAPY	4900	
50	PHYSICAL THERAPY	5000	
53	ELECTROCARDIOLOGY	5300	
54	ELECTROENCEPHALOGRAPHY	5400	
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	5500	
55.30	IMPL. DEV. CHARGED TO PATIENT	5530	IMPL. DEV. CHARGED TO PATIENT
56	DRUGS CHARGED TO PATIENTS	5600	
	OUTPAT SERVICE COST		
60	CLINIC	6000	
61	EMERGENCY	6100	
62	OBSERVATION BEDS (NON-DISTINCT PART)	6200	
63.50	RURAL HEALTH CLINIC	6310	RURAL HEALTH CLINIC #####
	OTHER REIMBURS COST		
70	I&R SERVICES-NOT APPRVD PRGM	7000	
	SPEC PURPOSE COST CE		
88	INTEREST EXPENSE	8800	
95	SUBTOTALS	0000	
	NONREIMBURS COST CEN		
96	GIFT, FLOWER, COFFEE SHOP & CANTEEN	9600	
98	PHYSICIANS' PRIVATE OFFICES	9800	
98.01	FAMILY PRACTICE	9801	PHYSICIANS' PRIVATE OFFICES
98.02	REFERENCE LAB	9802	PHYSICIANS' PRIVATE OFFICES
98.03	COMMUNITY HEALTH EDUCATION	9803	PHYSICIANS' PRIVATE OFFICES
98.04	UNUSED SPACE	9804	PHYSICIANS' PRIVATE OFFICES
101	TOTAL	0000	

RECLASSIFICATIONS

PROVIDER NO:  
140164

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

PREPARED 3/ 1/2012  
WORKSHEET A-6

----- INCREASE -----					
EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER 2	LINE NO 3	SALARY 4	OTHER 5
1 DIETARY RECLASS	A	CAFETERIA	12	961,745	934,294
2 INSURANCE RECLASS	B	OLD CAP REL COSTS-BLDG & FIXT	1		1,046
3		OLD CAP REL COSTS-NEW BLDG	1.01		10,517
4		OLD CAP REL COSTS-NEW ADD	1.02		1,780
5		OLD CAP REL COSTS-1988 ADDITION	1.03		330
6		NEW CAP REL COSTS-BLDG & FIXT	3		7,671
7		NEW CAP REL COSTS-NEW BLDG	3.01		77,126
8		NEW CAP REL COSTS-NEW ADD	3.02		13,055
9		NEW CAP REL COSTS-1988 ADDITION	3.03		2,416
10 DEPRECIATION RECLASS	C	OLD CAP REL COSTS-NEW ADD	1.02		39,313
11		OLD CAP REL COSTS-1988 ADDITION	1.03		5,344
12		NEW CAP REL COSTS-NEW ADD	3.02		868,696
13		NEW CAP REL COSTS-1988 ADDITION	3.03		22,087
14		NEW CAP REL COSTS-MVBLE EQUIP	4		4,543,800
15		NEW CAP REL COSTS-BLDG & FIXT	3		7,369
16 SAME DAY SURGERY RECLASS	D	OPERATING ROOM	37	2,087,706	943,836
17 COMMUNITY EDUCATION RECLASS	E	COMMUNITY HEALTH EDUCATION	98.03	79,477	29,287
18 CRNA RECLASS	F	NONPHYSICIAN ANESTHETISTS	20		1,680,700
19 REFERENCE LAB RECLASS	G	LABORATORY	44	163,921	81,584
20 MEDICAL SUPPLY RECLASS	H	MEDICAL SUPPLIES CHARGED TO PATIENTS	55		21,268,451
21					
22					
23					
24					
25					
26					
27					
28					
29					
30					
31					
32					
33					
34					
35					
1 MEDICAL SUPPLY RECLASS	H				
2					
3 NUTRITIONAL PRODUCT RECLASS	I	DRUGS CHARGED TO PATIENTS	56		96,166
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19 INTEREST RECLASS	J	OLD CAP REL COSTS-BLDG & FIXT	1		106,112
20		NEW CAP REL COSTS-BLDG & FIXT	3		76,477
21		OLD CAP REL COSTS-NEW BLDG	1.01		459,342
22		NEW CAP REL COSTS-NEW BLDG	3.01		887,615
23		OLD CAP REL COSTS-NEW ADD	1.02		517,178
24		NEW CAP REL COSTS-NEW ADD	3.02		252,375
25		NEW CAP REL COSTS-1988 ADDITION	3.03		693,076
26		OLD CAP REL COSTS-MVBLE EQUIP	2		363,745
27		NEW CAP REL COSTS-MVBLE EQUIP	4		1,423,915
28 IMPLANTABLE SUPPLY RECLASS	K	IMPL. DEV. CHARGED TO PATIENT	55.30		12,426,956
36 TOTAL RECLASSIFICATIONS				3,292,849	47,841,659

(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:  
140164

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

PREPARED 3/ 1/2012  
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER	DECREASE		SALARY	OTHER	A-7 REF
			LINE NO				
	1	6	7		8	9	10
1 DIETARY RECLASS	A	DIETARY	11		961,745	934,294	
2 INSURANCE RECLASS	B	OTHER ADMINISTRATIVE AND GENERAL	6.06			113,941	9
3							9
4							9
5							9
6							9
7							9
8							9
9							9
10 DEPRECIATION RECLASS	C	OLD CAP REL COSTS-NEW BLDG	1.01			5,486,609	9
11							9
12							9
13							9
14							9
15							9
16 SAME DAY SURGERY RECLASS	D	SAME DAY SURGERY	37.01		2,087,706	943,836	
17 COMMUNITY EDUCATION RECLASS	E	NURSING ADMINISTRATION	14		79,477	29,287	
18 CRNA RECLASS	F	ANESTHESIOLOGY	40			1,680,700	
19 REFERENCE LAB RECLASS	G	REFERENCE LAB	98.02		163,921	81,584	
20 MEDICAL SUPPLY RECLASS	H	RESPIRATORY THERAPY	49			96,756	
21		CENTRAL SERVICES & SUPPLY	15			11,332	
22		ADULTS & PEDIATRICS	25			9,468	
23		INTENSIVE CARE UNIT	26			37,656	
24		OPERATING ROOM	37			12,672,708	
25		DELIVERY ROOM & LABOR ROOM	39			9,151	
26		ANESTHESIOLOGY	40			161,820	
27		RADIOLOGY-DIAGNOSTIC	41			497,788	
28		CARDIAC CATHETERIZATION LABORATORY	41.03			7,600,919	
29		EMERGENCY	61			13,322	
30		NURSERY	33			1,074	
31		ONCOLOGY	41.02			4,939	
32		MAMMOGRAPHY	41.01			112,020	
33		NEONATAL INTENSIVE CARE UNIT	30			144	
34		RURAL HEALTH CLINIC	63.50			9,243	
35		LABORATORY	44			431	
1 MEDICAL SUPPLY RECLASS	H	ELECTROENCEPHALOGRAPHY	54			10,153	
2		PHYSICAL THERAPY	50			19,527	
3 NUTRITIONAL PRODUCT RECLASS	I	CENTRAL SERVICES & SUPPLY	15			1,983	
4		ADULTS & PEDIATRICS	25			23,242	
5		INTENSIVE CARE UNIT	26			6,561	
6		NURSERY	33			1,016	
7		OPERATING ROOM	37			14,820	
8		RECOVERY ROOM	38			2,100	
9		DELIVERY ROOM & LABOR ROOM	39			7,147	
10		ANESTHESIOLOGY	40			8,939	
11		RADIOLOGY-DIAGNOSTIC	41			958	
12		CARDIAC CATHETERIZATION LABORATORY	41.03			6,437	
13		RADIOISOTOPE	43			192	
14		LABORATORY	44			37	
15		ELECTROCARDIOLOGY	53			516	
16		EMERGENCY	61			6,300	
17		MAMMOGRAPHY	41.01			220	
18		DIETARY	11			15,698	
19 INTEREST RECLASS	J	INTEREST EXPENSE	88			4,779,835	9
20							9
21							9
22							9
23							9
24							9
25							9
26							9
27							9
28 IMPLANTABLE SUPPLY RECLASS	K	MEDICAL SUPPLIES CHARGED TO PATIENTS	55			12,426,956	
36 TOTAL RECLASSIFICATIONS					3,292,849	47,841,659	

(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:  
140164

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

PREPARED 3/ 1/2012  
WORKSHEET A-6  
NOT A CMS WORKSHEET

RECLASS CODE: A  
EXPLANATION : DIETARY RECLASS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	CAFETERIA	12	1,896,039	DIETARY	11	1,896,039	
TOTAL RECLASSIFICATIONS FOR CODE A			1,896,039				

RECLASS CODE: B  
EXPLANATION : INSURANCE RECLASS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	OLD CAP REL COSTS-BLDG & FIXT	1	1,046	OTHER ADMINISTRATIVE AND GENER	6.06	113,941	
2.00	OLD CAP REL COSTS-NEW BLDG	1.01	10,517			0	
3.00	OLD CAP REL COSTS-NEW ADD	1.02	1,780			0	
4.00	OLD CAP REL COSTS-1988 ADDITIO	1.03	330			0	
5.00	NEW CAP REL COSTS-BLDG & FIXT	3	7,671			0	
6.00	NEW CAP REL COSTS-NEW BLDG	3.01	77,126			0	
7.00	NEW CAP REL COSTS-NEW ADD	3.02	13,055			0	
8.00	NEW CAP REL COSTS-1988 ADDITIO	3.03	2,416			0	
TOTAL RECLASSIFICATIONS FOR CODE B			113,941	113,941			

RECLASS CODE: C  
EXPLANATION : DEPRECIATION RECLASS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	OLD CAP REL COSTS-NEW ADD	1.02	39,313	OLD CAP REL COSTS-NEW BLDG	1.01	5,486,609	
2.00	OLD CAP REL COSTS-1988 ADDITIO	1.03	5,344			0	
3.00	NEW CAP REL COSTS-NEW ADD	3.02	868,696			0	
4.00	NEW CAP REL COSTS-1988 ADDITIO	3.03	22,087			0	
5.00	NEW CAP REL COSTS-MVBLE EQUIP	4	4,543,800			0	
6.00	NEW CAP REL COSTS-BLDG & FIXT	3	7,369			0	
TOTAL RECLASSIFICATIONS FOR CODE C			5,486,609	5,486,609			

RECLASS CODE: D  
EXPLANATION : SAME DAY SURGERY RECLASS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	OPERATING ROOM	37	3,031,542	SAME DAY SURGERY	37.01	3,031,542	
TOTAL RECLASSIFICATIONS FOR CODE D			3,031,542	3,031,542			

RECLASS CODE: E  
EXPLANATION : COMMUNITY EDUCATION RECLASS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	COMMUNITY HEALTH EDUCATION	98.03	108,764	NURSING ADMINISTRATION	14	108,764	
TOTAL RECLASSIFICATIONS FOR CODE E			108,764	108,764			

RECLASS CODE: F  
EXPLANATION : CRNA RECLASS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NONPHYSICIAN ANESTHETISTS	20	1,680,700	ANESTHESIOLOGY	40	1,680,700	
TOTAL RECLASSIFICATIONS FOR CODE F			1,680,700	1,680,700			

RECLASS CODE: G  
EXPLANATION : REFERENCE LAB RECLASS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	LABORATORY	44	245,505	REFERENCE LAB	98.02	245,505	
TOTAL RECLASSIFICATIONS FOR CODE G			245,505	245,505			

RECLASS CODE: H  
EXPLANATION : MEDICAL SUPPLY RECLASS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	MEDICAL SUPPLIES CHARGED TO PA	55	21,268,451	RESPIRATORY THERAPY	49	96,756	

RECLASSIFICATIONS

PROVIDER NO:  
140164

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

PREPARED 3/ 1/2012  
WORKSHEET A-6  
NOT A CMS WORKSHEET

RECLASS CODE: H  
EXPLANATION : MEDICAL SUPPLY RECLASS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
2.00			0	CENTRAL SERVICES & SUPPLY	15	11,332	
3.00			0	ADULTS & PEDIATRICS	25	9,468	
4.00			0	INTENSIVE CARE UNIT	26	37,656	
5.00			0	OPERATING ROOM	37	12,672,708	
6.00			0	DELIVERY ROOM & LABOR ROOM	39	9,151	
7.00			0	ANESTHESIOLOGY	40	161,820	
8.00			0	RADIOLOGY-DIAGNOSTIC	41	497,788	
9.00			0	CARDIAC CATHETERIZATION LABORA	41.03	7,600,919	
10.00			0	EMERGENCY	61	13,322	
11.00			0	NURSERY	33	1,074	
12.00			0	ONCOLOGY	41.02	4,939	
13.00			0	MAMMOGRAPHY	41.01	112,020	
14.00			0	NEONATAL INTENSIVE CARE UNIT	30	144	
15.00			0	RURAL HEALTH CLINIC	63.50	9,243	
16.00			0	LABORATORY	44	431	
17.00			0	ELECTROENCEPHALOGRAPHY	54	10,153	
18.00			0	PHYSICAL THERAPY	50	19,527	
TOTAL RECLASSIFICATIONS FOR CODE H			21,268,451	TOTAL RECLASSIFICATIONS FOR CODE H			21,268,451

RECLASS CODE: I  
EXPLANATION : NUTRITIONAL PRODUCT RECLASS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	DRUGS CHARGED TO PATIENTS	56	96,166	CENTRAL SERVICES & SUPPLY	15	1,983	
2.00			0	ADULTS & PEDIATRICS	25	23,242	
3.00			0	INTENSIVE CARE UNIT	26	6,561	
4.00			0	NURSERY	33	1,016	
5.00			0	OPERATING ROOM	37	14,820	
6.00			0	RECOVERY ROOM	38	2,100	
7.00			0	DELIVERY ROOM & LABOR ROOM	39	7,147	
8.00			0	ANESTHESIOLOGY	40	8,939	
9.00			0	RADIOLOGY-DIAGNOSTIC	41	958	
10.00			0	CARDIAC CATHETERIZATION LABORA	41.03	6,437	
11.00			0	RADIOISOTOPE	43	192	
12.00			0	LABORATORY	44	37	
13.00			0	ELECTROCARDIOLOGY	53	516	
14.00			0	EMERGENCY	61	6,300	
15.00			0	MAMMOGRAPHY	41.01	220	
16.00			0	DIETARY	11	15,698	
TOTAL RECLASSIFICATIONS FOR CODE I			96,166	TOTAL RECLASSIFICATIONS FOR CODE I			96,166

RECLASS CODE: J  
EXPLANATION : INTEREST RECLASS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	OLD CAP REL COSTS-BLDG & FIXT	1	106,112	INTEREST EXPENSE	88	4,779,835	
2.00	NEW CAP REL COSTS-BLDG & FIXT	3	76,477			0	
3.00	OLD CAP REL COSTS-NEW BLDG	1.01	459,342			0	
4.00	NEW CAP REL COSTS-NEW BLDG	3.01	887,615			0	
5.00	OLD CAP REL COSTS-NEW ADD	1.02	517,178			0	
6.00	NEW CAP REL COSTS-NEW ADD	3.02	252,375			0	
7.00	NEW CAP REL COSTS-1988 ADDITIO	3.03	693,076			0	
8.00	OLD CAP REL COSTS-MVBLE EQUIP	2	363,745			0	
9.00	NEW CAP REL COSTS-MVBLE EQUIP	4	1,423,915			0	
TOTAL RECLASSIFICATIONS FOR CODE J			4,779,835	TOTAL RECLASSIFICATIONS FOR CODE J			4,779,835

RECLASS CODE: K  
EXPLANATION : IMPLANTABLE SUPPLY RECLASS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	IMPL. DEV. CHARGED TO PATIENT	55.30	12,426,956	MEDICAL SUPPLIES CHARGED TO PA	55	12,426,956	
TOTAL RECLASSIFICATIONS FOR CODE K			12,426,956	TOTAL RECLASSIFICATIONS FOR CODE K			12,426,956

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

	DESCRIPTION	BEGINNING BALANCES 1	ACQUISITIONS		TOTAL 4	DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7
			PURCHASES 2	DONATION 3				
1	LAND	1,810,670					1,810,670	
2	LAND IMPROVEMENTS	927,539				135,930	791,609	
3	BUILDINGS & FIXTURE	7,746,767				261,202	7,485,565	
4	BUILDING IMPROVEMENT	10,362,954				348,549	10,014,405	
5	FIXED EQUIPMENT							
6	MOVABLE EQUIPMENT	1,013,307				42,964	970,343	
7	SUBTOTAL	21,861,237				788,645	21,072,592	
8	RECONCILING ITEMS							
9	TOTAL	21,861,237				788,645	21,072,592	

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

	DESCRIPTION	BEGINNING BALANCES 1	ACQUISITIONS		TOTAL 4	DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7
			PURCHASES 2	DONATION 3				
1	LAND	1,570,542	177,619		177,619		1,748,161	
2	LAND IMPROVEMENTS	2,410,598	15,242		15,242	7,766	2,418,074	
3	BUILDINGS & FIXTURE	46,988,733	1,222,878		1,222,878	308,032	47,903,579	
4	BUILDING IMPROVEMENT	35,602,984	1,398,175		1,398,175	16,604	36,984,555	
5	FIXED EQUIPMENT							
6	MOVABLE EQUIPMENT	45,943,628	6,172,103		6,172,103	1,307,772	50,807,959	
7	SUBTOTAL	132,516,485	8,986,017		8,986,017	1,640,174	139,862,328	
8	RECONCILING ITEMS							
9	TOTAL	132,516,485	8,986,017		8,986,017	1,640,174	139,862,328	

PART III - RECONCILIATION OF CAPITAL COST CENTERS  
 DESCRIPTION

*	DESCRIPTION	COMPUTATION OF RATIOS			RATIO	ALLOCATION OF OTHER CAPITAL			TOTAL
		GROSS ASSETS	CAPITALIZED LEASES	GROSS ASSETS FOR RATIO		INSURANCE	TAXES	OTHER CAPITAL RELATED COSTS	
		1	2	3	4	5	6	7	8
1	OLD CAP REL COSTS-BL								
1 01	OLD CAP REL COSTS-NE								
1 02	OLD CAP REL COSTS-NE								
1 03	OLD CAP REL COSTS-19								
2	OLD CAP REL COSTS-MV								
3	NEW CAP REL COSTS-BL								
3 01	NEW CAP REL COSTS-NE								
3 02	NEW CAP REL COSTS-NE								
3 03	NEW CAP REL COSTS-19								
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	TOTAL (1)
		9	10	11	12	13	14	15
1	OLD CAP REL COSTS-BL	121,321						121,321
1 01	OLD CAP REL COSTS-NE	4,052,456						4,052,456
1 02	OLD CAP REL COSTS-NE	752,963						752,963
1 03	OLD CAP REL COSTS-19	5,674						5,674
2	OLD CAP REL COSTS-MV	542,977						542,977
3	NEW CAP REL COSTS-BL	265,291						265,291
3 01	NEW CAP REL COSTS-NE	1,311,037						1,311,037
3 02	NEW CAP REL COSTS-NE	672,324						672,324
3 03	NEW CAP REL COSTS-19	726,342						726,342
4	NEW CAP REL COSTS-MV	9,593,048						9,593,048
5	TOTAL	18,043,433						18,043,433

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	TOTAL (1)
		9	10	11	12	13	14	15
1	OLD CAP REL COSTS-BL							
1 01	OLD CAP REL COSTS-NE	9,018,085						9,018,085
1 02	OLD CAP REL COSTS-NE							
1 03	OLD CAP REL COSTS-19							
2	OLD CAP REL COSTS-MV							
3	NEW CAP REL COSTS-BL							
3 01	NEW CAP REL COSTS-NE							
3 02	NEW CAP REL COSTS-NE							
3 03	NEW CAP REL COSTS-19							
4	NEW CAP REL COSTS-MV							
5	TOTAL	9,018,085						9,018,085

\* 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	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST. A-7 REF.
			COST CENTER	LINE NO	
	1	2	3	4	5
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	-4,404,420			
13 SALE OF SCRAP, WASTE, ETC.					
14 RELATED ORGANIZATION TRANSACTIONS	A-8-1	22,493,889			
15 LAUNDRY AND LINEN SERVICE					
16 CAFETERIA--EMPLOYEES AND GUESTS	B	-899,447	CAFETERIA	12	
17 RENTAL OF QTRS TO EMPLOYEE AND OTHERS					
18 SALE OF MED AND SURG SUPPLIES					
19 SALE OF DRUGS TO OTHER THAN PATIENTS					
20 SALE OF MEDICAL RECORDS & ABSTRACTS	B	-79,871	MEDICAL RECORDS & LIBRARY	17	
21 NURSG SCHOOL(TUITN, FEES, BOOKS, ETC.)					
22 VENDING MACHINES	B	-13,640	CAFETERIA	12	
23 INCOME FROM IMPOSITION OF INTEREST					
24 INTRST EXP ON MEDICARE OVERPAYMENTS					
25 ADJUSTMENT FOR RESPIRATORY THERAPY	A-8-3/A-8-4		RESPIRATORY THERAPY	49	
26 ADJUSTMENT FOR PHYSICAL THERAPY	A-8-3/A-8-4		PHYSICAL THERAPY	50	
27 ADJUSTMENT FOR HHA PHYSICAL THERAPY	A-8-3				
28 UTILIZATION REVIEW-PHYSIAN COMP			**COST CENTER DELETED**	89	
29 DEPRECIATION-OLD BLDGS AND FIXTURES			OLD CAP REL COSTS-BLDG &	1	
30 DEPRECIATION-OLD MOVABLE EQUIP			OLD CAP REL COSTS-MVBLE E	2	
31 DEPRECIATION-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &	3	
32 DEPRECIATION-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E	4	
33 NON-PHYSICIAN ANESTHETIST	A	-1,680,700	NONPHYSICIAN ANESTHETISTS	20	
34 PHYSICIANS' ASSISTANT					
35 ADJUSTMENT FOR OCCUPATIONAL THERAPY	A-8-4		**COST CENTER DELETED**	51	
36 ADJUSTMENT FOR SPEECH PATHOLOGY	A-8-4		**COST CENTER DELETED**	52	
37 EMPLOYEE OUTPATIENT PAYMENTS	B	-2,564,500	EMPLOYEE BENEFITS	5	
38 DEBT FORGIVENESS	A	-2,890,714	OTHER ADMINISTRATIVE AND	6.06	
39 TELEVISION AND RADIO SERVICES	A	-15,121	NEW CAP REL COSTS-MVBLE E	4	9
40 INTEREST INCOME UNRESTRICTED	B	-505,850	OTHER ADMINISTRATIVE AND	6.06	
41 LOSS ON 1994 BONDS	A	17,260	NEW CAP REL COSTS-BLDG &	3	9
42 LOSS ON 1994 BONDS	A	179,074	NEW CAP REL COSTS-NEW BLD	3.01	9
43 LOSS ON 1994 BONDS	A	8,763	NEW CAP REL COSTS-1988 AD	3.03	9
44 LOSS ON 1994 BONDS	A	175,912	NEW CAP REL COSTS-MVBLE E	4	9
45 AMORTIZATION OF MINNER CONSTRUCTION	A	-6,604	OLD CAP REL COSTS-NEW BLD	1.01	9
46 FUNDED DEPR ADJ	A	-7,613	OLD CAP REL COSTS-NEW BLD	1.01	9
47 BOND REVENUE	B	-1,408	INTEREST EXPENSE	88	
48 MISCELLANEOUS INCOME	B	-2,377	OTHER ADMINISTRATIVE AND	6.06	
49 SALE OF XRAY SILVER/FILM	B	-995	RADIOLOGY-DIAGNOSTIC	41	
49.01 OFFSET LOBBYING EXPENSES	A	-20,761	OTHER ADMINISTRATIVE AND	6.06	
49.02 PURCHASE DISCOUNT	B	-39,136	PURCHASING, RECEIVING AND	6.03	
49.03 LOSS ON 1987 BONDS	A	14,163	OLD CAP REL COSTS-BLDG &	1	9
49.04 LOSS ON 1987 BONDS	A	52,326	OLD CAP REL COSTS-NEW BLD	1.01	9
49.05 LOSS ON 1987 BONDS	A	192,628	OLD CAP REL COSTS-NEW ADD	1.02	9
49.06 LOSS ON 1987 BONDS	A	89,721	OLD CAP REL COSTS-MVBLE E	2	9
49.07 LOSS ON 1991 BONDS	A	13,012	OLD CAP REL COSTS-NEW BLD	1.01	9
49.08 LOSS ON 1991 BONDS	A	2,064	OLD CAP REL COSTS-NEW ADD	1.02	9
49.09 LOSS ON 1991 BONDS	A	89,511	OLD CAP REL COSTS-MVBLE E	2	9
49.10 LOSS ON 1991 BONDS	A	176,868	NEW CAP REL COSTS-MVBLE E	4	9
49.11 LOSS ON 1991 BONDS	A	167,222	NEW CAP REL COSTS-NEW BLD	3.01	9
49.12 LEASEHOLD REVENUE	B	-17,901	MAMMOGRAPHY	41.01	
49.13 VENDING MACHINE INCOME	B	-136	HOUSEKEEPING	10	
49.14 CABLE TV	A	-131	I&R SERVICES-OTHER PRGM C	23	
49.15 PATIENT'S GUEST LODGING EXPENSE	A	-13,954	OPERATING ROOM	37	
49.16 PATIENT'S GUEST LODGING EXPENSE	A	-15,194	CARDIAC CATHETERIZATION L	41.03	
49.17 LEASEHOLD REVENUE	B	-461,802	NEW CAP REL COSTS-NEW ADD	3.02	9
49.18 MEDICAL PROVIDER TAX	A	-4,220,412	OTHER ADMINISTRATIVE AND	6.06	
49.19 CABLE TV	A	-164	OPERATING ROOM	37	
49.20 PERSONAL PORTION OF PROVIDER VEHICLE	A	-6,304	OTHER ADMINISTRATIVE AND	6.06	
49.21 PATIENT'S GUEST LODGING EXPENSE	A	-419	NURSING ADMINISTRATION	14	
49.22 HERRIN MEDICAL DIRECTOR	A	-275	ELECTROCARDIOLOGY	53	
49.23 HERRIN MEDICAL DIRECTOR	A	-275	ELECTROENCEPHALOGRAPHY	54	
49.24 PHYSICIAN CONSULTING FEES	A	-37,206	OTHER ADMINISTRATIVE AND	6.06	
50 TOTAL (SUM OF LINES 1 THRU 49)		5,765,083			

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

(2) Basis for adjustment (see instructions).

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

B. Amount Received - if cost cannot be determined.

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

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

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

LINE NO.	COST CENTER	EXPENSE ITEMS	AMOUNT OF ALLOWABLE COST	AMOUNT	NET* ADJUSTMENTS	WKSHT A-7 COL. REF.	
1	2	3	4	5	6		
1	41 2	ONCOLOGY	CANCER CARE MEDICAL DIREC	173,733		173,733	
2	3	NEW CAP REL COSTS-BLDG &	HOME OFFICE COST	156,514		156,514	9
3	4	NEW CAP REL COSTS-MVBLE E	HOME OFFICE COST	3,287,674		3,287,674	9
4	5	EMPLOYEE BENEFITS	HOME OFFICE COST	4,056,397		4,056,397	
4.01	6 2	DATA PROCESSING	HOME OFFICE COST	3,690,332		3,690,332	
4.02	6 5	CASHIERING/ACCOUNTS RECEI	HOME OFFICE COST	3,614,506		3,614,506	
4.03	6 6	OTHER ADMINISTRATIVE AND	HOME OFFICE COST	7,541,092		7,541,092	
4.04	50	PHYSICAL THERAPY	RENT	84,821	111,180	-26,359	
5		TOTALS		22,605,069	111,180	22,493,889	

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

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

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

SYMBOL (1)	NAME	PERCENTAGE OF OWNERSHIP	RELATED ORGANIZATION(S) AND/OR HOME OFFICE NAME	PERCENTAGE OF OWNERSHIP	TYPE OF BUSINESS
1	2	3	4	5	6
1	B	SO. ILL. HOSP. SVCS.			0.00
2	B	SO. ILL. HEALTHCARE ENTRP			0.00
3	B	HEALTH SVCS. OF SO. ILL.			0.00
4	B	SIH CAYMAN GROUP, LTD.			0.00
5	B	SO IL MEDICAL SVCS.			0.00

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

PROVIDER BASED PHYSICIAN ADJUSTMENTS

PROVIDER NO:  
14-0164

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

PREPARED 3/1/2012  
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 30	MIDWEST REG NEONATOLOGY/W	576,277	9,600	566,677	159,800	2,717	208,739	10,437
2 44	SO. I.L. PATHOLOGY	125,000		125,000	208,000	460	46,000	2,300
3 61	SO I.L. MEDICAL SVCS	1,882,030	1,882,030					
4 26	DR. ISTANBOULY	52,000		52,000	159,800	400	30,731	1,537
5 37	SIU PHYS & SURG, TRIVEDI, H	288,961	275,081	13,880	182,900	100	8,793	440
6 41 2	ROSENOW/KAO/FASNACHT	223,733		223,733	217,600	2,006	209,858	10,493
7 41 1	MATTISON/RYAN	31,371		31,371	217,600	201	21,028	1,051
8 53	PRAIRIE CARDIOVASCULAR	186,972	186,972					
9 54	ST. LOUIS UNIVERSITY	7,300	7,300					
10 41 3	PRAIRIE CARDIOVASCULAR	24,000		24,000	217,600	120	12,554	628
11 49	SHAWNEE HEALTH SERVICE	15,000		15,000	159,800	120	9,219	461
12 25	SO I.L. MEDICAL SERVICES	1,538,698	1,538,698					
13								
14								
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
101	TOTAL	4,951,342	3,899,681	1,051,661		6,124	546,922	27,347

PROVIDER BASED PHYSICIAN ADJUSTMENTS

PROVIDER NO:  
14-0164

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

PREPARED 3/1/2012  
WORKSHEET A-8-2  
GROUP 1

WKSHT A LINE NO.	COST CENTER/ PHYSICIAN IDENTIFIER	COST OF MEMBERSHIPS & CONTINUING EDUCATION	PROVIDER COMPONENT SHARE OF COL 12	PHYSICIAN COST OF MALPRACTICE INSURANCE	PROVIDER COMPONENT SHARE OF COL 14	ADJUSTED RCE LIMIT	RCE DIS- ALLOWANCE	ADJUSTMENT
10	11	12	13	14	15	16	17	18
1 30	MIDWEST REG NEONATOLOGY/W					208,739	357,938	367,538
2 44	SO. I.L. PATHOLOGY					46,000	79,000	79,000
3 61	SO I.L. MEDICAL SVCS							1,882,030
4 26	DR. ISTANBOULY					30,731	21,269	21,269
5 37	SIU PHYS & SURG, TRIVEDI, H					8,793	5,087	280,168
6 41 2	ROSENOW/KAO/FASNACHT					209,858	13,875	13,875
7 41 1	MATTISON/Ryan					21,028	10,343	10,343
8 53	PRAIRIE CARDIOVASCULAR							186,972
9 54	ST. LOUIS UNIVERSITY							7,300
10 41 3	PRAIRIE CARDIOVASCULAR					12,554	11,446	11,446
11 49	SHAWNEE HEALTH SERVICE					9,219	5,781	5,781
12 25	SO I.L. MEDICAL SERVICES							1,538,698
13								
14								
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
101	TOTAL					546,922	504,739	4,404,420

COST ALLOCATION STATISTICS

PROVIDER NO: 14-0164  
 PERIOD: FROM 4/1/2010 TO 3/31/2011  
 PREPARED 3/1/2012  
 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
1.01	OLD CAP REL COSTS-NEW BLDG	2	SQUARE FEET	ENTERED
1.02	OLD CAP REL COSTS-NEW ADD	3	SQUARE FEET	ENTERED
1.03	OLD CAP REL COSTS-1988 ADDITION	4	SQUARE FEET	ENTERED
2	OLD CAP REL COSTS-MVBLE EQUIP	6	DOLLAR VALUE	ENTERED
3	NEW CAP REL COSTS-BLDG & FIXT	1	SQUARE FEET	ENTERED
3.01	NEW CAP REL COSTS-NEW BLDG	2	SQUARE FEET	ENTERED
3.02	NEW CAP REL COSTS-NEW ADD	3	SQUARE FEET	ENTERED
3.03	NEW CAP REL COSTS-1988 ADDITION	4	SQUARE FEET	ENTERED
4	NEW CAP REL COSTS-MVBLE EQUIP	6	DOLLAR VALUE	ENTERED
5	EMPLOYEE BENEFITS	7	GROSS SALARIES	ENTERED
6.01	NONPATIENT TELEPHONES	8	NUMBER OF PHONES	ENTERED
6.02	DATA PROCESSING	9	NUMBER OF PCS	ENTERED
6.03	PURCHASING, RECEIVING AND STORES	10	PURCH SUPPLIES	ENTERED
6.04	ADMITTING	11	INPATIENT REVENUE	ENTERED
6.05	CASHIERING/ACCOUNTS RECEIVABLE	12	GROSS REVENUE	ENTERED
6.06	OTHER ADMINISTRATIVE AND GENERAL	#	ACCUM. COST	NOT ENTERED
7	MAINTENANCE & REPAIRS	13	SQUARE FEET	ENTERED
9	LAUNDRY & LINEN SERVICE	14	PATIENT DAYS	ENTERED
10	HOUSEKEEPING	15	SQUARE FEET	ENTERED
11	DIETARY	16	MEALS SERVED	ENTERED
12	CAFETERIA	17	NUMBER OF FTES	ENTERED
14	NURSING ADMINISTRATION	18	DIRECT NRSING HRS	ENTERED
15	CENTRAL SERVICES & SUPPLY	19	COSTED REQS	ENTERED
17	MEDICAL RECORDS & LIBRARY	12	GROSS REVENUE	ENTERED
18	SOCIAL SERVICE	14	PATIENT DAYS	ENTERED
20	NONPHYSICIAN ANESTHETISTS	20	ASSIGNED TIME	ENTERED
22	I&R SERVICES-SALARY & FRINGES APPRVD	21	ASSIGNED TIME	ENTERED
23	I&R SERVICES-OTHER PRGM COSTS APPRVD	21	ASSIGNED TIME	ENTERED

COST ALLOCATION - GENERAL SERVICE COSTS

COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION	OLD CAP REL C OSTS-BLDG &	OLD CAP REL C OSTS-NEW BLD	OLD CAP REL C OSTS-NEW ADD	OLD CAP REL C OSTS-1988 AD	OLD CAP REL C OSTS-MVBLE E	NEW CAP REL C OSTS-BLDG &
	0	1	1.01	1.02	1.03	2	3
001 GENERAL SERVICE COST CNTR							
001 01 OLD CAP REL COSTS-BLDG &	121,321	121,321					
001 02 OLD CAP REL COSTS-NEW BLD	4,052,456		4,052,456				
001 03 OLD CAP REL COSTS-1988 AD	752,963			752,963			
002 03 OLD CAP REL COSTS-MVBLE E	5,674				5,674		
002 01 OLD CAP REL COSTS-MVBLE E	542,977					542,977	
003 02 NEW CAP REL COSTS-BLDG &	265,291						265,291
003 01 NEW CAP REL COSTS-NEW BLD	1,311,037						
003 02 NEW CAP REL COSTS-NEW ADD	672,324						
003 03 NEW CAP REL COSTS-1988 AD	726,342						
004 04 NEW CAP REL COSTS-MVBLE E	9,593,048						
005 01 EMPLOYEE BENEFITS	20,512,905	5,909	1,295			219	12,921
006 02 NONPATIENT TELEPHONES			4,552				
006 03 DATA PROCESSING	3,690,332	1,649	17,265				3,605
006 04 PURCHASING, RECEIVING AND	65,088			934			
006 05 ADMINISTRATION				65,185			
006 06 CASHIERING/ACCOUNTS RECEI	4,430,085	9,401	27,054			478	20,557
006 07 OTHER ADMINISTRATIVE AND	15,655,535	57,074	744,236	124,726		5,191	124,803
007 01 MAINTENANCE & REPAIRS	2,297,478	16,875	476,486	70,973		2,377	36,900
009 02 LAUNDRY & LINEN SERVICE	718,432			20,023			
010 03 HOUSEKEEPING	1,567,201	2,400	26,018			1,206	5,249
011 04 DIETARY	577,671			91,686		2,507	
012 05 CAFETERIA	982,952		32,994	64,718			
014 06 NURSING ADMINISTRATION	1,906,149	25,440	11,214	13,829		10,167	55,630
015 07 CENTRAL SERVICES & SUPPLY	1,182,213		4,349	61,794		7,790	
017 08 MEDICAL RECORDS & LIBRARY	519,223		34,493			818	
018 09 SOCIAL SERVICE	106,683					146	
020 10 NONPHYSICIAN ANESTHETISTS							
022 11 I&R SERVICES-SALARY & FRI	1,011,848						
023 12 I&R SERVICES-OTHER PRGM C	567,510						
025 13 INPAT ROUTINE SRVC CNTRS							
026 14 ADULTS & PEDIATRICS	14,023,269		1,166,985	121,964		36,990	
030 15 INTENSIVE CARE UNIT	3,303,065		26,425	117,131		12,492	
033 16 NEONATAL INTENSIVE CARE U	1,401,906		38,546			8,555	
037 17 NURSERY	393,494		21,318			703	
037 18 ANCILLARY SRVC COST CNTRS							
037 01 OPERATING ROOM	8,969,056		379,150			74,718	
037 02 SAME DAY SURGERY							
038 03 RECOVERY ROOM	585,585		70,708				
039 04 DELIVERY ROOM & LABOR ROO	3,229,080		173,281			10,002	
040 05 ANESTHESIOLOGY	458,406		8,050			8,395	
041 06 RADIOLOGY-DIAGNOSTIC	3,643,912		188,307			105,749	
041 01 MAMMOGRAPHY	954,297					28,721	
041 02 ONCOLOGY	1,853,551	1,131			5,674	69,660	2,472
041 03 CARDIAC CATHETERIZATION L	7,707,049		191,435			57,624	
043 04 RADIOISOTOPE	1,216,367		33,254			16,747	
044 05 LABORATORY	6,557,973	1,442	91,230			23,841	3,154
049 06 RESPIRATORY THERAPY	1,462,146		30,274			8,968	
050 07 PHYSICAL THERAPY	2,513,512		7,754			2,091	
053 08 ELECTROCARDIOLOGY	981,510		29,238			15,114	
054 09 ELECTROENCEPHALOGRAPHY	127,177		16,395			2,636	
055 10 MEDICAL SUPPLIES CHARGED	8,841,495						
055 30 IMPL. DEV. CHARGED TO PAT	12,426,956						
056 11 DRUGS CHARGED TO PATIENTS	7,316,465		36,862			1,034	
060 12 OUTPAT SERVICE COST CNTRS							
061 13 CLINIC							
061 01 EMERGENCY	4,165,602		129,239			27,019	
062 02 OBSERVATION BEDS (NON-DIS							
063 50 RURAL HEALTH CLINIC	1,474,869					1,019	
070 14 OTHER REIMBURS COST CNTRS							
095 15 I&R SERVICES-NOT APPRVD P							
095 16 SPEC PURPOSE COST CENTERS							
095 17 SUBTOTALS	167,441,480	121,321	4,018,407	752,963	5,674	542,977	265,291
096 18 NONREIMBURS COST CENTERS							
096 19 GIFT, FLOWER, COFFEE SHOP							
098 01 PHYSICIANS' PRIVATE OFFIC	35,541						
098 02 FAMILY PRACTICE							
098 03 REFERENCE LAB							
098 04 COMMUNITY HEALTH EDUCATIO	108,764						
101 05 UNUSED SPACE			34,049				
102 06 CROSS FOOT ADJUSTMENT							
102 07 NEGATIVE COST CENTER							
103 08 TOTAL	167,585,785	121,321	4,052,456	752,963	5,674	542,977	265,291

COST ALLOCATION - GENERAL SERVICE COSTS

14-0164

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

WORKSHEET B PART I

COST CENTER DESCRIPTION	NEW CAP REL C	EMPLOYEE BENE	NONPATIENT TELE	DATA PROCESSI			
	OSTS-NEW BLD	OSTS-NEW ADD	OSTS-1988 AD	OSTS-MVBLE E	FITS	LEPHONES	NG
	3.01	3.02	3.03	4	5	6.01	6.02
001 GENERAL SERVICE COST CNTR							
001 01 OLD CAP REL COSTS-BLDG &							
001 02 OLD CAP REL COSTS-NEW BLD							
001 03 OLD CAP REL COSTS-1988 AD							
002 OLD CAP REL COSTS-MVBLE E							
003 NEW CAP REL COSTS-BLDG &							
003 01 NEW CAP REL COSTS-NEW BLD	1,311,037						
003 02 NEW CAP REL COSTS-NEW ADD		672,324					
003 03 NEW CAP REL COSTS-1988 AD			726,342				
004 NEW CAP REL COSTS-MVBLE E				9,593,048			
005 EMPLOYEE BENEFITS		419		3,864	20,537,532		
006 01 NONPATIENT TELEPHONES		1,473				6,025	
006 02 DATA PROCESSING		5,586					3,720,291
006 03 PURCHASING, RECEIVING AND			834			86	
006 04 ADMINISTRATION			58,204			134	32,230
006 05 CASHIERING/ACCOUNTS RECEI		8,753		8,442		67	
006 06 OTHER ADMINISTRATIVE AND		240,773	111,369	91,705	276,523	14	87,482
007 MAINTENANCE & REPAIRS		154,151	63,372	41,989	912,655	354	207,194
009 LAUNDRY & LINEN SERVICE			17,878		266,925	354	133,525
010 HOUSEKEEPING		8,417		21,308	12,216	10	
011 DIETARY			81,867	44,295	325,128	86	13,813
012 CAFETERIA		10,674	57,787		116,499	53	41,439
014 NURSING ADMINISTRATION		3,628	12,348		372,171	5	
015 CENTRAL SERVICES & SUPPLY		1,407	55,176	179,629	623,984	201	179,569
017 MEDICAL RECORDS & LIBRARY		11,159		137,622	315,150	38	41,439
018 SOCIAL SERVICE				14,458	210,564	158	96,691
020 NONPHYSICIAN ANESTHETISTS				2,580	40,736	33	9,209
022 I&R SERVICES-SALARY & FRI					391,581		
023 I&R SERVICES-OTHER PRGM C						48	
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	377,540			653,527	4,366,838	1,044	819,568
026 INTENSIVE CARE UNIT	8,549	108,902		220,699	1,052,787	139	124,317
030 NEONATAL INTENSIVE CARE U	12,470	104,587		151,147	451,283	43	92,086
033 NURSERY	6,897			12,425	78,429	5	
037 ANCILLARY SRVC COST CNTRS							
037 01 OPERATING ROOM	122,661			1,320,083	2,206,515	613	299,281
037 01 SAME DAY SURGERY							
038 RECOVERY ROOM	22,875				194,988	19	
039 DELIVERY ROOM & LABOR ROO	56,059			176,710	1,114,494	167	165,756
040 ANESTHESIOLOGY	2,604			148,320		14	9,209
041 RADIOLOGY-DIAGNOSTIC	60,921			1,868,309	937,126	378	193,381
041 01 MAMMOGRAPHY				507,433	226,837		82,878
041 02 ONCOLOGY			726,342	1,230,720	338,860	105	73,669
041 03 CARDIAC CATHETERIZATION L	61,932			1,018,068	897,457	258	115,108
043 RADIOISOTOPE	10,758			295,883	130,798	33	18,417
044 LABORATORY	29,514			421,210	938,274	187	165,756
049 RESPIRATORY THERAPY	9,794			158,434	474,355	5	55,252
050 PHYSICAL THERAPY	2,508			36,949	688,044	163	147,338
053 ELECTROCARDIOLOGY	9,459			267,026	268,432	196	46,043
054 ELECTROENCEPHALOGRAPHY	5,304			46,580	23,933		9,209
055 MEDICAL SUPPLIES CHARGED							
055 30 IMPL. DEV. CHARGED TO PAT							
056 DRUGS CHARGED TO PATIENTS	11,925			18,272	813,531	77	59,856
056 OUTPAT SERVICE COST CNTRS							
060 CLINIC							
061 EMERGENCY	41,811			477,364	1,281,328	268	197,986
062 OBSERVATION BEDS (NON-DIS							
063 50 RURAL HEALTH CLINIC				17,997	158,334		170,360
070 OTHER REIMBURS COST CNTRS							
095 I&R SERVICES-NOT APPRVD P							
095 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	1,300,021	672,324	726,342	9,593,048	20,506,775	5,355	3,688,061
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP							
098 PHYSICIANS' PRIVATE OFFIC						670	32,230
098 01 FAMILY PRACTICE							
098 02 REFERENCE LAB							
098 03 COMMUNITY HEALTH EDUCATIO					30,757		
098 04 UNUSED SPACE	11,016						
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	1,311,037	672,324	726,342	9,593,048	20,537,532	6,025	3,720,291

COST CENTER DESCRIPTION	PURCHASING, RECEIVING AND	ADMINISTRATIVE	CASHIERING/ACCOUNTS RECEIVABLE	SUBTOTAL	OTHER ADMINISTRATIVE	MAINTENANCE & REPAIRS	LAUNDRY & LINEN SERVICE
	6.03	6.04	6.05		6a.05	6.06	7
001 GENERAL SERVICE COST CNTR							
001 01 OLD CAP REL COSTS-BLDG &							
001 02 OLD CAP REL COSTS-NEW BLD							
001 03 OLD CAP REL COSTS-1988 AD							
002 OLD CAP REL COSTS-MVBLE E							
003 NEW CAP REL COSTS-BLDG &							
003 01 NEW CAP REL COSTS-NEW BLD							
003 02 NEW CAP REL COSTS-NEW ADD							
003 03 NEW CAP REL COSTS-1988 AD							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS							
006 01 NONPATIENT TELEPHONES							
006 02 DATA PROCESSING							
006 03 PURCHASING, RECEIVING AND	220,841						
006 04 ADMINISTRATION		8,987					
006 05 CASHIERING/ACCOUNTS RECEI	948		4,860,817				
006 06 OTHER ADMINISTRATIVE AND				18,275,615	18,275,615		
007 MAINTENANCE & REPAIRS				3,561,405	435,916	3,997,321	
009 LAUNDRY & LINEN SERVICE	14			768,573	94,073	21,306	883,952
010 HOUSEKEEPING	61			1,970,887	241,237	39,696	
011 DIETARY	9			956,026	117,018	97,565	
012 CAFETERIA	28			1,521,329	186,211	107,397	
014 NURSING ADMINISTRATION	16			3,021,804	369,869	126,521	
015 CENTRAL SERVICES & SUPPLY	1,263			1,808,241	221,329	70,834	
017 MEDICAL RECORDS & LIBRARY				887,564	108,638	40,279	
018 SOCIAL SERVICE				159,387	19,509		
020 NONPHYSICIAN ANESTHETISTS							
022 I&R SERVICES-SALARY & FRI				1,403,429	171,780		
023 I&R SERVICES-OTHER PRGM C				567,558	69,469		
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	25,386	834	281,323	21,984,170	2,690,910	1,492,514	754,055
026 INTENSIVE CARE UNIT	8,877	153	41,658	5,020,879	614,556	155,498	84,094
030 NEONATAL INTENSIVE CARE U	29	166	45,224	2,201,455	269,458	45,012	45,803
033 NURSERY	4,432	55	15,090	532,848	65,221	24,894	
037 ANCILLARY SRVC COST CNTRS							
037 01 OPERATING ROOM	109,685	1,338	648,467	14,131,567	1,729,704	442,747	
038 RECOVERY ROOM	835	157	73,274	948,441	116,089	82,568	
039 DELIVERY ROOM & LABOR ROO	5,280	116	55,837	4,986,782	610,382	202,347	
040 ANESTHESIOLOGY	13,478	224	92,364	741,064	90,706	9,400	
041 RADIOLOGY-DIAGNOSTIC	5,862	583	601,345	7,605,873	930,959	219,893	
041 01 MAMMOGRAPHY	361		65,059	1,865,586	228,348		
041 02 ONCOLOGY	33	4	104,920	4,407,141	539,434	152,689	
041 03 CARDIAC CATHETERIZATION L	25,436	426	270,078	10,344,871	1,266,212	223,545	
043 RADIOISOTOPE	272	60	73,874	1,796,463	219,887	38,831	
044 LABORATORY	5,352	1,091	601,805	8,840,829	1,082,117	112,129	
049 RESPIRATORY THERAPY	1,649	248	76,458	2,277,583	278,776	35,352	
050 PHYSICAL THERAPY	663	76	103,067	3,502,165	428,665	9,054	
053 ELECTROCARDIOLOGY	530	286	198,964	1,816,798	222,376	34,142	
054 ELECTROENCEPHALOGRAPHY	9	18	7,382	238,643	29,210	19,146	
055 MEDICAL SUPPLIES CHARGED		1,095	480,669	9,323,259	1,141,167		
055 30 IMPL. DEV. CHARGED TO PAT		975	488,732	12,916,663	1,581,000		
056 DRUGS CHARGED TO PATIENTS	326	915	315,840	8,575,103	1,049,593	43,045	
060 OUTPAT SERVICE COST CNTRS							
061 CLINIC							
061 EMERGENCY	9,817	167	202,378	6,532,979	799,637	150,917	
062 OBSERVATION BEDS (NON-DIS							
063 50 RURAL HEALTH CLINIC	190		17,009	1,839,778	225,189		
070 OTHER REIMBURS COST CNTRS							
I&R SERVICES-NOT APPRVD P							
SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	220,841	8,987	4,860,817	167,332,758	18,244,645	3,997,321	883,952
NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP							
098 PHYSICIANS' PRIVATE OFFIC				68,441	8,377		
098 01 FAMILY PRACTICE							
098 02 REFERENCE LAB							
098 03 COMMUNITY HEALTH EDUCATIO				139,521	17,077		
098 04 UNUSED SPACE				45,065	5,516		
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	220,841	8,987	4,860,817	167,585,785	18,275,615	3,997,321	883,952

COST CENTER DESCRIPTION	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE
	10	11	12	14	15	17	18
001 GENERAL SERVICE COST CNTR							
001 01 OLD CAP REL COSTS-BLDG &							
001 02 OLD CAP REL COSTS-NEW BLD							
001 03 OLD CAP REL COSTS-1988 AD							
002 OLD CAP REL COSTS-MVBLE E							
003 NEW CAP REL COSTS-BLDG &							
003 01 NEW CAP REL COSTS-NEW BLD							
003 02 NEW CAP REL COSTS-NEW ADD							
003 03 NEW CAP REL COSTS-1988 AD							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS							
006 01 NONPATIENT TELEPHONES							
006 02 DATA PROCESSING							
006 03 PURCHASING, RECEIVING AND							
006 04 ADMINITTING							
006 05 CASHIERING/ACCOUNTS RECEI							
006 06 OTHER ADMINISTRATIVE AND							
007 MAINTENANCE & REPAIRS							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING	2,251,820						
011 DIETARY	55,813	1,226,422					
012 CAFETERIA	61,438		1,876,375				
014 NURSING ADMINISTRATION	72,378		55,778	3,646,350			
015 CENTRAL SERVICES & SUPPLY	40,522		62,471		2,203,397		
017 MEDICAL RECORDS & LIBRARY	23,042		40,160			1,099,683	
018 SOCIAL SERVICE			4,462				183,358
020 NONPHYSICIAN ANESTHETISTS							
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C			42,391				
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	853,809	1,046,346	490,848	1,508,861	981	63,653	156,413
026 INTENSIVE CARE UNIT	88,955	116,579	100,401	305,454	3,903	9,426	17,444
030 NEONATAL INTENSIVE CARE U	25,749	63,497	37,929	112,402	15	10,233	9,501
033 NURSERY	14,241		6,693	21,121	111	3,414	
037 ANCILLARY SRVC COST CNTRS							
037 01 OPERATING ROOM	253,279		211,957	645,998	1,313,457	146,580	
037 01 SAME DAY SURGERY							
038 RECOVERY ROOM	47,234		15,618	48,758		16,579	
039 DELIVERY ROOM & LABOR ROO	115,755		116,018	352,514	948	12,634	
040 ANESTHESIOLOGY	5,377				16,772	20,899	
041 RADIOLOGY-DIAGNOSTIC	125,793		104,863		51,593	136,063	
041 01 MAMMOGRAPHY					11,610	14,721	
041 02 ONCOLOGY	87,348		31,236		512	23,740	
041 03 CARDIAC CATHETERIZATION L	127,882		82,552	253,211	787,790	61,109	
043 RADIOISOTOPE	22,214		8,924			16,715	
044 LABORATORY	64,145		127,174		45	136,167	
049 RESPIRATORY THERAPY	20,224		51,316		10,028	17,300	
050 PHYSICAL THERAPY	5,180		69,165		2,024	23,320	
053 ELECTROCARDIOLOGY	19,531		31,236			45,018	
054 ELECTROENCEPHALOGRAPHY	10,952		4,462		1,052	1,670	
055 MEDICAL SUPPLIES CHARGED					1,175	108,758	
055 30 IMPL. DEV. CHARGED TO PAT						110,582	
056 DRUGS CHARGED TO PATIENTS	24,625		51,316			71,463	
060 OUTPAT SERVICE COST CNTRS							
061 CLINIC							
061 EMERGENCY	86,334		129,405	398,031	1,381	45,791	
062 OBSERVATION BEDS (NON-DIS							
063 50 RURAL HEALTH CLINIC						3,848	
070 OTHER REIMBURS COST CNTRS							
I&R SERVICES-NOT APPRVD P							
SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	2,251,820	1,226,422	1,876,375	3,646,350	2,203,397	1,099,683	183,358
NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP							
098 PHYSICIANS' PRIVATE OFFIC							
098 01 FAMILY PRACTICE							
098 02 REFERENCE LAB							
098 03 COMMUNITY HEALTH EDUCATIO							
098 04 UNUSED SPACE							
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	2,251,820	1,226,422	1,876,375	3,646,350	2,203,397	1,099,683	183,358



ALLOCATION OF OLD CAPITAL RELATED COSTS

14-0164

FROM 4/1/2010

WORKSHEET B

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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-NEW BLD	OLD CAP REL C OSTS-NEW ADD	OLD CAP REL C OSTS-1988 AD	OLD CAP REL C OSTS-MVBLE E	NEW CAP REL C OSTS-BLDG &
	0	1	1.01	1.02	1.03	2	3
001 GENERAL SERVICE COST CNTR							
001 01 OLD CAP REL COSTS-BLDG &							
001 02 OLD CAP REL COSTS-NEW BLD							
001 03 OLD CAP REL COSTS-NEW ADD							
002 03 OLD CAP REL COSTS-1988 AD							
002 OLD CAP REL COSTS-MVBLE E							
003 NEW CAP REL COSTS-BLDG &							
003 01 NEW CAP REL COSTS-NEW BLD							
003 02 NEW CAP REL COSTS-NEW ADD							
003 03 NEW CAP REL COSTS-1988 AD							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS		5,909	1,295			219	
006 01 NONPATIENT TELEPHONES			4,552				
006 02 DATA PROCESSING		1,649	17,265	934			
006 03 PURCHASING, RECEIVING AND				65,185			
006 04 ADMINISTRATION						478	
006 05 CASHIERING/ACCOUNTS RECEI		9,401	27,054				
006 06 OTHER ADMINISTRATIVE AND		57,074	744,236	124,726		5,191	
007 MAINTENANCE & REPAIRS		16,875	476,486	70,973		2,377	
009 LAUNDRY & LINEN SERVICE				20,023			
010 HOUSEKEEPING		2,400	26,018			1,206	
011 DIETARY				91,686		2,507	
012 CAFETERIA			32,994	64,718			
014 NURSING ADMINISTRATION		25,440	11,214	13,829		10,167	
015 CENTRAL SERVICES & SUPPLY			4,349	61,794		7,790	
017 MEDICAL RECORDS & LIBRARY			34,493			818	
018 SOCIAL SERVICE						146	
020 NONPHYSICIAN ANESTHETISTS							
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS			1,166,985	121,964		36,990	
026 INTENSIVE CARE UNIT			26,425	117,131		12,492	
030 NEONATAL INTENSIVE CARE U			38,546			8,555	
033 NURSERY			21,318			703	
037 ANCILLARY SRVC COST CNTRS							
037 01 OPERATING ROOM			379,150			74,718	
037 01 SAME DAY SURGERY							
038 RECOVERY ROOM			70,708				
039 DELIVERY ROOM & LABOR ROO			173,281			10,002	
040 ANESTHESIOLOGY			8,050			8,395	
041 RADIOLOGY-DIAGNOSTIC			188,307			105,749	
041 01 MAMMOGRAPHY						28,721	
041 02 ONCOLOGY		1,131			5,674	69,660	
041 03 CARDIAC CATHETERIZATION L			191,435			57,624	
043 RADIOISOTOPE			33,254			16,747	
044 LABORATORY		1,442	91,230			23,841	
049 RESPIRATORY THERAPY			30,274			8,968	
050 PHYSICAL THERAPY			7,754			2,091	
053 ELECTROCARDIOLOGY			29,238			15,114	
054 ELECTROENCEPHALOGRAPHY			16,395			2,636	
055 MEDICAL SUPPLIES CHARGED							
055 30 IMPL. DEV. CHARGED TO PAT							
056 DRUGS CHARGED TO PATIENTS			36,862			1,034	
060 OUTPAT SERVICE COST CNTRS							
061 CLINIC							
061 EMERGENCY			129,239			27,019	
062 OBSERVATION BEDS (NON-DIS							
063 50 RURAL HEALTH CLINIC						1,019	
070 OTHER REIMBURS COST CNTRS							
095 I&R SERVICES-NOT APPRVD P							
095 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS		121,321	4,018,407	752,963	5,674	542,977	
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP							
098 PHYSICIANS' PRIVATE OFFIC							
098 01 FAMILY PRACTICE							
098 02 REFERENCE LAB							
098 03 COMMUNITY HEALTH EDUCATIO							
098 04 UNUSED SPACE			34,049				
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL		121,321	4,052,456	752,963	5,674	542,977	

ALLOCATION OF OLD CAPITAL RELATED COSTS

PROVIDER NO: 14-0164  
 PERIOD: FROM 4/ 1/2010 TO 3/31/2011  
 PREPARED 3/ 1/2012  
 WORKSHEET B  
 PART II

COST CENTER DESCRIPTION	NEW CAP REL C	SUBTOTAL	EMPLOYEE	BENE	NONPATIENT	TE			
	OSTS-NEW BLD	OSTS-NEW ADD	OSTS-1988 AD	OSTS-MVBLE E		FITS	LEPHONES		
	3.01	3.02	3.03	4	4a	5		6.01	
001 GENERAL SERVICE COST CNTR									
001 01 OLD CAP REL COSTS-BLDG &									
001 02 OLD CAP REL COSTS-NEW BLD									
001 03 OLD CAP REL COSTS-NEW ADD									
002 03 OLD CAP REL COSTS-1988 AD									
002 01 OLD CAP REL COSTS-MVBLE E									
003 02 NEW CAP REL COSTS-BLDG &									
003 01 NEW CAP REL COSTS-NEW BLD									
003 02 NEW CAP REL COSTS-NEW ADD									
003 03 NEW CAP REL COSTS-1988 AD									
004 04 NEW CAP REL COSTS-MVBLE E									
005 EMPLOYEE BENEFITS					7,423	7,423			
006 01 NONPATIENT TELEPHONES					4,552			4,552	
006 02 DATA PROCESSING					19,848				65
006 03 PURCHASING, RECEIVING AND					65,185				101
006 04 ADMINITTING					478				51
006 05 CASHIERING/ACCOUNTS RECEI					36,455	100			11
006 06 OTHER ADMINISTRATIVE AND					931,227	330			268
007 MAINTENANCE & REPAIRS					566,711	97			268
009 LAUNDRY & LINEN SERVICE					20,023	4			7
010 HOUSEKEEPING					29,624	118			65
011 DIETARY					94,193	42			40
012 CAFETERIA					97,712	135			4
014 NURSING ADMINISTRATION					60,650	226			152
015 CENTRAL SERVICES & SUPPLY					73,933	114			29
017 MEDICAL RECORDS & LIBRARY					35,311	76			119
018 SOCIAL SERVICE					146	15			25
020 NONPHYSICIAN ANESTHETISTS							142		
022 I&R SERVICES-SALARY & FRI									
023 I&R SERVICES-OTHER PRGM C									36
025 INPAT ROUTINE SRVC CNTRS									
025 ADULTS & PEDIATRICS					1,325,939	1,572			786
026 INTENSIVE CARE UNIT					156,048	381			105
030 NEONATAL INTENSIVE CARE U					47,101	163			33
033 NURSERY					22,021	28			4
037 ANCILLARY SRVC COST CNTRS									
037 01 OPERATING ROOM					453,868	798			463
037 01 SAME DAY SURGERY									
038 RECOVERY ROOM					70,708	71			14
039 DELIVERY ROOM & LABOR ROO					183,283	403			127
040 ANESTHESIOLOGY					16,445				11
041 RADIOLOGY-DIAGNOSTIC					294,056	339			286
041 01 MAMMOGRAPHY					28,721	82			
041 02 ONCOLOGY					76,465	123			80
041 03 CARDIAC CATHETERIZATION L					249,059	325			195
043 RADIOISOTOPE					50,001	47			25
044 LABORATORY					116,513	339			141
049 RESPIRATORY THERAPY					39,242	172			4
050 PHYSICAL THERAPY					9,845	249			123
053 ELECTROCARDIOLOGY					44,352	97			148
054 ELECTROENCEPHALOGRAPHY					19,031	9			
055 MEDICAL SUPPLIES CHARGED									
055 30 IMPL. DEV. CHARGED TO PAT									
056 DRUGS CHARGED TO PATIENTS					37,896	294			58
060 OUTPAT SERVICE COST CNTRS									
061 CLINIC									
061 EMERGENCY					156,258	464			202
062 OBSERVATION BEDS (NON-DIS									
063 50 RURAL HEALTH CLINIC					1,019	57			
070 OTHER REIMBURS COST CNTRS									
095 I&R SERVICES-NOT APPRVD P									
095 SPEC PURPOSE COST CENTERS									
095 SUBTOTALS					5,441,342	7,412			4,046
096 NONREIMBURS COST CENTERS									
096 GIFT, FLOWER, COFFEE SHOP									
098 PHYSICIANS' PRIVATE OFFIC									506
098 01 FAMILY PRACTICE									
098 02 REFERENCE LAB									
098 03 COMMUNITY HEALTH EDUCATIO						11			
098 04 UNUSED SPACE					34,049				
101 CROSS FOOT ADJUSTMENTS									
102 NEGATIVE COST CENTER									
103 TOTAL					5,475,391	7,423			4,552

ALLOCATION OF OLD CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	DATA PROCESSING	PURCHASING, RECEIVING AND	ADMINISTRATIVE	CASHIERING/ACCOUNTS RECEIVABLE	OTHER ADMINISTRATIVE	MAINTENANCE & REPAIRS	LAUNDRY & LINEN SERVICE
	6.02	6.03	6.04	6.05	6.06	7	9
001 GENERAL SERVICE COST CNTR							
001 01 OLD CAP REL COSTS-BLDG &							
001 02 OLD CAP REL COSTS-NEW BLD							
001 03 OLD CAP REL COSTS-1988 AD							
002 OLD CAP REL COSTS-MVBLE E							
003 NEW CAP REL COSTS-BLDG &							
003 01 NEW CAP REL COSTS-NEW BLD							
003 02 NEW CAP REL COSTS-NEW ADD							
003 03 NEW CAP REL COSTS-1988 AD							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS							
006 01 NONPATIENT TELEPHONES							
006 02 DATA PROCESSING	19,913						
006 03 PURCHASING, RECEIVING AND	173	65,459					
006 04 ADMINISTRATION			529				
006 05 CASHIERING/ACCOUNTS RECEI	468	281		37,315			
006 06 OTHER ADMINISTRATIVE AND	1,109				932,934		
007 MAINTENANCE & REPAIRS	715				22,252	590,043	
009 LAUNDRY & LINEN SERVICE		4			4,802	3,145	27,985
010 HOUSEKEEPING	74	18			12,314	5,859	
011 DIETARY	222	3			5,973	14,401	
012 CAFETERIA		8			9,505	15,853	
014 NURSING ADMINISTRATION	961	5			18,880	18,676	
015 CENTRAL SERVICES & SUPPLY	222	374			11,298	10,456	
017 MEDICAL RECORDS & LIBRARY	518				5,545	5,946	
018 SOCIAL SERVICE	49				996		
020 NONPHYSICIAN ANESTHETISTS							
022 I&R SERVICES-SALARY & FRI					8,769		
023 I&R SERVICES-OTHER PRGM C					3,546		
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	4,386	7,525	49	2,162	137,403	220,310	23,873
026 INTENSIVE CARE UNIT	665	2,631	9	320	31,370	22,953	2,662
030 NEONATAL INTENSIVE CARE U	493	8	10	348	13,755	6,644	1,450
033 NURSERY		1,314	3	116	3,329	3,675	
037 ANCILLARY SRVC COST CNTRS							
037 01 OPERATING ROOM	1,602	32,510	80	4,936	88,294	65,354	
037 01 SAME DAY SURGERY							
038 RECOVERY ROOM		248	9	563	5,926	12,188	
039 DELIVERY ROOM & LABOR ROO	887	1,565	7	429	31,157	29,868	
040 ANESTHESIOLOGY	49	3,995	13	710	4,630	1,388	
041 RADIOLOGY-DIAGNOSTIC	1,035	1,738	34	4,622	47,521	32,458	
041 01 MAMMOGRAPHY	444	107		500	11,656		
041 02 ONCOLOGY	394	10		806	27,536	22,538	
041 03 CARDIAC CATHETERIZATION L	616	7,540	25	2,076	64,635	32,997	
043 RADIOISOTOPE	99	81	4	568	11,224	5,732	
044 LABORATORY	887	1,586	64	4,626	55,237	16,551	
049 RESPIRATORY THERAPY	296	489	15	588	14,230	5,218	
050 PHYSICAL THERAPY	789	197	4	792	21,882	1,336	
053 ELECTROCARDIOLOGY	246	157	17	1,529	11,351	5,040	
054 ELECTROENCEPHALOGRAPHY	49	3	1	57	1,491	2,826	
055 MEDICAL SUPPLIES CHARGED			64	3,695	58,252		
055 30 IMPL. DEV. CHARGED TO PAT			57	3,757	80,703		
056 DRUGS CHARGED TO PATIENTS	320	96	54	2,428	53,577	6,354	
060 OUTPAT SERVICE COST CNTRS							
061 CLINIC							
061 EMERGENCY	1,060	2,910	10	1,556	40,818	22,277	
062 OBSERVATION BEDS (NON-DIS							
063 50 RURAL HEALTH CLINIC	912	56		131	11,495		
070 OTHER REIMBURS COST CNTRS							
095 I&R SERVICES-NOT APPRVD P							
095 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	19,740	65,459	529	37,315	931,352	590,043	27,985
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP							
098 PHYSICIANS' PRIVATE OFFIC	173				428		
098 01 FAMILY PRACTICE							
098 02 REFERENCE LAB							
098 03 COMMUNITY HEALTH EDUCATIO					872		
098 04 UNUSED SPACE					282		
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	19,913	65,459	529	37,315	932,934	590,043	27,985

ALLOCATION OF OLD CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	HOUSEKEEPING 10	DIETARY 11	CAFETERIA 12	NURSING ADMINISTRATION 14	CENTRAL SERVICES & SUPPLY 15	MEDICAL RECORDS & LIBRARY 17	SOCIAL SERVICE 18
001 GENERAL SERVICE COST CNTR							
001 01 OLD CAP REL COSTS-BLDG &							
001 02 OLD CAP REL COSTS-NEW BLD							
001 03 OLD CAP REL COSTS-1988 AD							
002 OLD CAP REL COSTS-MVBLE E							
003 NEW CAP REL COSTS-BLDG &							
003 01 NEW CAP REL COSTS-NEW BLD							
003 02 NEW CAP REL COSTS-NEW ADD							
003 03 NEW CAP REL COSTS-1988 AD							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS							
006 01 NONPATIENT TELEPHONES							
006 02 DATA PROCESSING							
006 03 PURCHASING, RECEIVING AND							
006 04 ADMITTING							
006 05 CASHIERING/ACCOUNTS RECEI							
006 06 OTHER ADMINISTRATIVE AND							
007 MAINTENANCE & REPAIRS							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING	48,072						
011 DIETARY	1,191	116,065					
012 CAFETERIA	1,312		124,529				
014 NURSING ADMINISTRATION	1,545		3,702	104,797			
015 CENTRAL SERVICES & SUPPLY	865		4,146		101,437		
017 MEDICAL RECORDS & LIBRARY	492		2,665			50,672	
018 SOCIAL SERVICE			296				1,527
020 NONPHYSICIAN ANESTHETISTS							
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C			2,813				
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	18,227	99,023	32,577	43,366	45	2,924	1,303
026 INTENSIVE CARE UNIT	1,899	11,033	6,663	8,779	180	433	145
030 NEONATAL INTENSIVE CARE U	550	6,009	2,517	3,230	1	470	79
033 NURSERY	304		444	607	5	157	
037 ANCILLARY SRVC COST CNTRS							
037 01 OPERATING ROOM	5,407		14,067	18,566	60,470	6,891	
037 01 SAME DAY SURGERY							
038 RECOVERY ROOM	1,008		1,037	1,401		762	
039 DELIVERY ROOM & LABOR ROO	2,471		7,700	10,131	44	580	
040 ANESTHESIOLOGY	115				772	960	
041 RADIOLOGY-DIAGNOSTIC	2,685		6,959		2,375	6,250	
041 01 MAMMOGRAPHY					534	676	
041 02 ONCOLOGY	1,865		2,073		24	1,090	
041 03 CARDIAC CATHETERIZATION L	2,730		5,479	7,277	36,264	2,807	
043 RADIOISOTOPE	474		592			768	
044 LABORATORY	1,369		8,440		2	6,255	
049 RESPIRATORY THERAPY	432		3,406		462	795	
050 PHYSICAL THERAPY	111		4,590		93	1,071	
053 ELECTROCARDIOLOGY	417		2,073			2,068	
054 ELECTROENCEPHALOGRAPHY	234		296		48	77	
055 MEDICAL SUPPLIES CHARGED					54	4,996	
055 30 IMPL. DEV. CHARGED TO PAT						5,079	
056 DRUGS CHARGED TO PATIENTS	526		3,406			3,283	
060 OUTPAT SERVICE COST CNTRS							
061 CLINIC							
061 EMERGENCY	1,843		8,588	11,440	64	2,103	
062 OBSERVATION BEDS (NON-DIS							
063 50 RURAL HEALTH CLINIC						177	
070 OTHER REIMBURS COST CNTRS							
095 I&R SERVICES-NOT APPRVD P							
095 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	48,072	116,065	124,529	104,797	101,437	50,672	1,527
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP							
098 PHYSICIANS' PRIVATE OFFIC							
098 01 FAMILY PRACTICE							
098 02 REFERENCE LAB							
098 03 COMMUNITY HEALTH EDUCATIO							
098 04 UNUSED SPACE							
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	48,072	116,065	124,529	104,797	101,437	50,672	1,527

ALLOCATION OF OLD CAPITAL RELATED COSTS

	NONPHYSICIAN ANESTHETISTS	I&R SERVICES- SALARY & FRI	SUBTOTAL	POST STEPDOWN ADJUSTMENT	TOTAL
	20	22	25	26	27
001	GENERAL SERVICE COST CNTR				
001	OLD CAP REL COSTS-BLDG &				
001	01	OLD CAP REL COSTS-NEW BLD			
001	02	OLD CAP REL COSTS-NEW ADD			
001	03	OLD CAP REL COSTS-1988 AD			
002	OLD CAP REL COSTS-MVBLE E				
003	NEW CAP REL COSTS-BLDG &				
003	01	NEW CAP REL COSTS-NEW BLD			
003	02	NEW CAP REL COSTS-NEW ADD			
003	03	NEW CAP REL COSTS-1988 AD			
004	NEW CAP REL COSTS-MVBLE E				
005	EMPLOYEE BENEFITS				
006	01	NONPATIENT TELEPHONES			
006	02	DATA PROCESSING			
006	03	PURCHASING, RECEIVING AND			
006	04	ADMINISTRATIVE			
006	05	CASHIERING/ACCOUNTS RECEI			
006	06	OTHER ADMINISTRATIVE AND			
007	MAINTENANCE & REPAIRS				
009	LAUNDRY & LINEN SERVICE				
010	HOUSEKEEPING				
011	DIETARY				
012	CAFETERIA				
014	NURSING ADMINISTRATION				
015	CENTRAL SERVICES & SUPPLY				
017	MEDICAL RECORDS & LIBRARY				
018	SOCIAL SERVICE				
020	NONPHYSICIAN ANESTHETISTS				
022		I&R SERVICES-SALARY & FRI	8,911		
023		I&R SERVICES-OTHER PRGM C	6,395		
		INPAT ROUTINE SRVC CNTRS			
025		ADULTS & PEDIATRICS	1,921,470		1,921,470
026		INTENSIVE CARE UNIT	246,276		246,276
030		NEONATAL INTENSIVE CARE U	82,861		82,861
033		NURSERY	32,007		32,007
037		ANCILLARY SRVC COST CNTRS			
		OPERATING ROOM	753,306		753,306
037	01	SAME DAY SURGERY			
038		RECOVERY ROOM	93,935		93,935
039		DELIVERY ROOM & LABOR ROO	268,652		268,652
040		ANESTHESIOLOGY	29,088		29,088
041		RADIOLOGY-DIAGNOSTIC	400,358		400,358
041	01	MAMMOGRAPHY	42,720		42,720
041	02	ONCOLOGY	133,004		133,004
041	03	CARDIAC CATHETERIZATION L	412,025		412,025
043		RADIOISOTOPE	69,615		69,615
044		LABORATORY	212,010		212,010
049		RESPIRATORY THERAPY	65,349		65,349
050		PHYSICAL THERAPY	41,082		41,082
053		ELECTROCARDIOLOGY	67,495		67,495
054		ELECTROENCEPHALOGRAPHY	24,122		24,122
055		MEDICAL SUPPLIES CHARGED	67,061		67,061
055	30	IMPL. DEV. CHARGED TO PAT	89,596		89,596
056		DRUGS CHARGED TO PATIENTS	108,292		108,292
		OUTPAT SERVICE COST CNTRS			
060		CLINIC			
061		EMERGENCY	249,593		249,593
062		OBSERVATION BEDS (NON-DIS			
063	50	RURAL HEALTH CLINIC	13,847		13,847
		OTHER REIMBURS COST CNTRS			
070		I&R SERVICES-NOT APPRVD P			
		SPEC PURPOSE COST CENTERS			
095		SUBTOTALS	5,423,764		5,423,764
		NONREIMBURS COST CENTERS			
096		GIFT, FLOWER, COFFEE SHOP			
098		PHYSICIANS' PRIVATE OFFIC	1,107		1,107
098	01	FAMILY PRACTICE			
098	02	REFERENCE LAB			
098	03	COMMUNITY HEALTH EDUCATIO	883		883
098	04	UNUSED SPACE	34,331		34,331
101		CROSS FOOT ADJUSTMENTS	8,911	6,395	15,306
102		NEGATIVE COST CENTER			
103		TOTAL	8,911	6,395	5,475,391



ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	NEW CAP REL C	SUBTOTAL	EMPLOYEE BENE	NONPATIENT TE			
	OSTS-NEW BLD	OSTS-NEW ADD	OSTS-1988 AD	OSTS-MVBLE E		FITS	LEPHONES
	3.01	3.02	3.03	4	4a	5	6.01
001 GENERAL SERVICE COST CNTR							
001 01 OLD CAP REL COSTS-BLDG &							
001 02 OLD CAP REL COSTS-NEW BLD							
001 03 OLD CAP REL COSTS-NEW ADD							
001 03 OLD CAP REL COSTS-1988 AD							
002 OLD CAP REL COSTS-MVBLE E							
003 NEW CAP REL COSTS-BLDG &							
003 01 NEW CAP REL COSTS-NEW BLD							
003 02 NEW CAP REL COSTS-NEW ADD							
003 03 NEW CAP REL COSTS-1988 AD							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS		419		3,864	17,204	17,204	
006 01 NONPATIENT TELEPHONES	1,473				1,473		1,473
006 02 DATA PROCESSING	5,586	834			10,025		21
006 03 PURCHASING, RECEIVING AND		58,204			58,204		33
006 04 ADMINITTING				8,442	8,442		16
006 05 CASHIERING/ACCOUNTS RECEI	8,753				29,310	232	4
006 06 OTHER ADMINISTRATION AND	240,773	111,369		91,705	568,650	764	87
007 MAINTENANCE & REPAIRS	154,151	63,372		41,989	296,412	223	87
009 LAUNDRY & LINEN SERVICE		17,878			17,878	10	2
010 HOUSEKEEPING	8,417			21,308	34,974	272	21
011 DIETARY		81,867		44,295	126,162	98	13
012 CAFETERIA	10,674	57,787			68,461	312	1
014 NURSING ADMINISTRATION	3,628	12,348		179,629	251,235	522	49
015 CENTRAL SERVICES & SUPPLY	1,407	55,176		137,622	194,205	264	9
017 MEDICAL RECORDS & LIBRARY	11,159			14,458	25,617	176	39
018 SOCIAL SERVICE				2,580	2,580	34	8
020 NONPHYSICIAN ANESTHETISTS							
022 I&R SERVICES-SALARY & FRI						328	
023 I&R SERVICES-OTHER PRGM C							12
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	377,540	108,902		653,527	1,139,969	3,664	252
026 INTENSIVE CARE UNIT	8,549	104,587		220,699	333,835	881	34
030 NEONATAL INTENSIVE CARE U	12,470			151,147	163,617	378	11
033 NURSERY	6,897			12,425	19,322	66	1
037 ANCILLARY SRVC COST CNTRS							
037 01 OPERATING ROOM	122,661			1,320,083	1,442,744	1,847	150
037 01 SAME DAY SURGERY							
038 RECOVERY ROOM	22,875				22,875	163	5
039 DELIVERY ROOM & LABOR ROO	56,059			176,710	232,769	933	41
040 ANESTHESIOLOGY	2,604			148,320	150,924		4
041 RADIOLOGY-DIAGNOSTIC	60,921			1,868,309	1,929,230	785	92
041 01 MAMMOGRAPHY				507,433	507,433	190	
041 02 ONCOLOGY			726,342	1,230,720	1,959,534	284	26
041 03 CARDIAC CATHETERIZATION L	61,932			1,018,068	1,080,000	751	63
043 RADIOISOTOPE	10,758			295,883	306,641	110	8
044 LABORATORY	29,514			421,210	453,878	786	46
049 RESPIRATORY THERAPY	9,794			158,434	168,228	397	1
050 PHYSICAL THERAPY	2,508			36,949	39,457	576	40
053 ELECTROCARDIOLOGY	9,459			267,026	276,485	225	48
054 ELECTROENCEPHALOGRAPHY	5,304			46,580	51,884	20	
055 MEDICAL SUPPLIES CHARGED							
055 30 IMPL. DEV. CHARGED TO PAT							
056 DRUGS CHARGED TO PATIENTS	11,925			18,272	30,197	681	19
060 OUTPAT SERVICE COST CNTRS							
061 CLINIC							
061 EMERGENCY	41,811			477,364	519,175	1,073	66
062 OBSERVATION BEDS (NON-DIS							
063 50 RURAL HEALTH CLINIC				17,997	17,997	133	
070 OTHER REIMBURS COST CNTRS							
095 I&R SERVICES-NOT APPRVD P							
095 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	1,300,021	672,324	726,342	9,593,048	12,557,026	17,178	1,309
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP							
098 PHYSICIANS' PRIVATE OFFIC							164
098 01 FAMILY PRACTICE							
098 02 REFERENCE LAB							
098 03 COMMUNITY HEALTH EDUCATIO						26	
098 04 UNUSED SPACE	11,016				11,016		
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	1,311,037	672,324	726,342	9,593,048	12,568,042	17,204	1,473

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	DATA PROCESSING	PURCHASING, RECEIVING AND	ADMINISTRATIVE	CASHIERING/ACCOUNTS RECEIVABLE	OTHER ADMINISTRATIVE	MAINTENANCE & REPAIRS	LAUNDRY & LINEN SERVICE
	6.02	6.03	6.04	6.05	6.06	7	9
001 GENERAL SERVICE COST CNTR							
001 01 OLD CAP REL COSTS-BLDG &							
001 02 OLD CAP REL COSTS-NEW BLD							
001 03 OLD CAP REL COSTS-1988 AD							
002 OLD CAP REL COSTS-MVBLE E							
003 NEW CAP REL COSTS-BLDG &							
003 01 NEW CAP REL COSTS-NEW BLD							
003 02 NEW CAP REL COSTS-NEW ADD							
003 03 NEW CAP REL COSTS-1988 AD							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS							
006 01 NONPATIENT TELEPHONES							
006 02 DATA PROCESSING	10,046						
006 03 PURCHASING, RECEIVING AND	87	58,324					
006 04 ADMINISTRATION			8,458				
006 05 CASHIERING/ACCOUNTS RECEI	236	250		30,032			
006 06 OTHER ADMINISTRATIVE AND	559				570,060		
007 MAINTENANCE & REPAIRS	361				13,597	310,680	
009 LAUNDRY & LINEN SERVICE		4			2,934	1,656	22,484
010 HOUSEKEEPING	37	16			7,525	3,085	
011 DIETARY	112	2			3,650	7,583	
012 CAFETERIA		7			5,808	8,347	
014 NURSING ADMINISTRATION	485	4			11,537	9,833	
015 CENTRAL SERVICES & SUPPLY	112	333			6,904	5,505	
017 MEDICAL RECORDS & LIBRARY	261				3,389	3,131	
018 SOCIAL SERVICE	25				609		
020 NONPHYSICIAN ANESTHETISTS							
022 I&R SERVICES-SALARY & FRI					5,358		
023 I&R SERVICES-OTHER PRGM C					2,167		
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	2,211	6,705	785	1,736	83,931	116,000	19,180
026 INTENSIVE CARE UNIT	336	2,345	144	257	19,170	12,086	2,139
030 NEONATAL INTENSIVE CARE U	249	8	157	279	8,405	3,498	1,165
033 NURSERY		1,171	52	93	2,034	1,935	
037 ANCILLARY SRVC COST CNTRS							
037 01 OPERATING ROOM	808	28,966	1,257	4,037	53,954	34,411	
037 01 SAME DAY SURGERY							
038 RECOVERY ROOM		221	148	452	3,621	6,417	
039 DELIVERY ROOM & LABOR ROO	448	1,395	109	345	19,040	15,727	
040 ANESTHESIOLOGY	25	3,560	211	570	2,829	731	
041 RADIOLOGY-DIAGNOSTIC	522	1,548	549	3,711	29,039	17,091	
041 01 MAMMOGRAPHY	224	95		401	7,123		
041 02 ONCOLOGY	199	9	3	647	16,826	11,867	
041 03 CARDIAC CATHETERIZATION L	311	6,718	401	1,667	39,497	17,374	
043 RADIOISOTOPE	50	72	57	456	6,859	3,018	
044 LABORATORY	448	1,414	1,027	3,714	33,754	8,715	
049 RESPIRATORY THERAPY	149	435	234	472	8,696	2,748	
050 PHYSICAL THERAPY	398	175	72	636	13,371	704	
053 ELECTROCARDIOLOGY	124	140	269	1,228	6,937	2,654	
054 ELECTROENCEPHALOGRAPHY	25	2	17	46	911	1,488	
055 MEDICAL SUPPLIES CHARGED			1,030	2,966	35,596		
055 30 IMPL. DEV. CHARGED TO PAT			918	3,016	49,316		
056 DRUGS CHARGED TO PATIENTS	162	86	861	1,949	32,740	3,346	
056 OUTPAT SERVICE COST CNTRS							
060 CLINIC							
061 EMERGENCY	535	2,593	157	1,249	24,943	11,730	
062 OBSERVATION BEDS (NON-DIS							
063 50 RURAL HEALTH CLINIC	460	50		105	7,024		
070 OTHER REIMBURS COST CNTRS							
095 I&R SERVICES-NOT APPRVD P							
095 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	9,959	58,324	8,458	30,032	569,094	310,680	22,484
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP							
098 PHYSICIANS' PRIVATE OFFIC	87				261		
098 01 FAMILY PRACTICE							
098 02 REFERENCE LAB							
098 03 COMMUNITY HEALTH EDUCATIO					533		
098 04 UNUSED SPACE					172		
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	10,046	58,324	8,458	30,032	570,060	310,680	22,484

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	HOUSEKEEPING 10	DIETARY 11	CAFETERIA 12	NURSING ADMINISTRATION 14	CENTRAL SERVICES & SUPPLY 15	MEDICAL RECORDS & LIBRARY 17	SOCIAL SERVICE 18
001 GENERAL SERVICE COST CNTR							
001 01 OLD CAP REL COSTS-BLDG &							
001 02 OLD CAP REL COSTS-NEW BLD							
001 03 OLD CAP REL COSTS-1988 AD							
002 OLD CAP REL COSTS-MVBLE E							
003 NEW CAP REL COSTS-BLDG &							
003 01 NEW CAP REL COSTS-NEW BLD							
003 02 NEW CAP REL COSTS-NEW ADD							
003 03 NEW CAP REL COSTS-1988 AD							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS							
006 01 NONPATIENT TELEPHONES							
006 02 DATA PROCESSING							
006 03 PURCHASING, RECEIVING AND							
006 04 ADMITTING							
006 05 CASHIERING/ACCOUNTS RECEI							
006 06 OTHER ADMINISTRATIVE AND							
007 MAINTENANCE & REPAIRS							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING	45,930						
011 DIETARY	1,138	138,758					
012 CAFETERIA	1,253		84,189				
014 NURSING ADMINISTRATION	1,476		2,503	277,644			
015 CENTRAL SERVICES & SUPPLY	827		2,803		210,962		
017 MEDICAL RECORDS & LIBRARY	470		1,802			34,885	
018 SOCIAL SERVICE			200				3,456
020 NONPHYSICIAN ANESTHETISTS							
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C			1,902				
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	17,417	118,384	22,025	114,890	94	2,010	2,948
026 INTENSIVE CARE UNIT	1,814	13,190	4,505	23,258	374	298	329
030 NEONATAL INTENSIVE CARE U	525	7,184	1,702	8,559	1	323	179
033 NURSERY	290		300	1,608	11	108	
037 ANCILLARY SRVC COST CNTRS							
037 01 OPERATING ROOM	5,166		9,510	49,188	125,757	4,785	
037 01 SAME DAY SURGERY							
038 RECOVERY ROOM	963		701	3,713		524	
039 DELIVERY ROOM & LABOR ROO	2,361		5,206	26,841	91	399	
040 ANESTHESIOLOGY	110				1,606	660	
041 RADIOLOGY-DIAGNOSTIC	2,566		4,705		4,940	4,297	
041 01 MAMMOGRAPHY					1,112	465	
041 02 ONCOLOGY	1,782		1,401		49	750	
041 03 CARDIAC CATHETERIZATION L	2,608		3,704	19,280	75,424	1,930	
043 RADIOISOTOPE	453		400			528	
044 LABORATORY	1,308		5,706		4	4,300	
049 RESPIRATORY THERAPY	413		2,302		960	546	
050 PHYSICAL THERAPY	106		3,103		194	736	
053 ELECTROCARDIOLOGY	398		1,401			1,422	
054 ELECTROENCEPHALOGRAPHY	223		200		101	53	
055 MEDICAL SUPPLIES CHARGED					112	3,434	
055 30 IMPL. DEV. CHARGED TO PAT						3,492	
056 DRUGS CHARGED TO PATIENTS	502		2,302			2,257	
060 OUTPAT SERVICE COST CNTRS							
061 CLINIC							
061 EMERGENCY	1,761		5,806	30,307	132	1,446	
062 OBSERVATION BEDS (NON-DIS							
063 50 RURAL HEALTH CLINIC						122	
070 OTHER REIMBURS COST CNTRS							
095 I&R SERVICES-NOT APPRVD P							
095 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	45,930	138,758	84,189	277,644	210,962	34,885	3,456
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP							
098 PHYSICIANS' PRIVATE OFFIC							
098 01 FAMILY PRACTICE							
098 02 REFERENCE LAB							
098 03 COMMUNITY HEALTH EDUCATIO							
098 04 UNUSED SPACE							
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	45,930	138,758	84,189	277,644	210,962	34,885	3,456

ALLOCATION OF NEW CAPITAL RELATED COSTS

14-0164

FROM 4/1/2010

WORKSHEET B

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TO 3/31/2011

PART III

	NONPHYSICIAN ANESTHETISTS	I&R SERVICES- SALARY & FRI	I&R SERVICES- OTHER PRGM C	SUBTOTAL	POST STEPDOWN ADJUSTMENT	TOTAL	
	20	22	23	25	26	27	
001	GENERAL SERVICE COST CNTR						
001	OLD CAP REL COSTS-BLDG &						
001	01	OLD CAP REL COSTS-NEW BLD					
001	02	OLD CAP REL COSTS-NEW ADD					
001	03	OLD CAP REL COSTS-1988 AD					
002	OLD CAP REL COSTS-MVBLE E						
003	NEW CAP REL COSTS-BLDG &						
003	01	NEW CAP REL COSTS-NEW BLD					
003	02	NEW CAP REL COSTS-NEW ADD					
003	03	NEW CAP REL COSTS-1988 AD					
004	NEW CAP REL COSTS-MVBLE E						
005	EMPLOYEE BENEFITS						
006	01	NONPATIENT TELEPHONES					
006	02	DATA PROCESSING					
006	03	PURCHASING, RECEIVING AND					
006	04	ADMINISTRATIVE					
006	05	CASHIERING/ACCOUNTS RECEI					
006	06	OTHER ADMINISTRATIVE AND					
007	MAINTENANCE & REPAIRS						
009	LAUNDRY & LINEN SERVICE						
010	HOUSEKEEPING						
011	DIETARY						
012	CAFETERIA						
014	NURSING ADMINISTRATION						
015	CENTRAL SERVICES & SUPPLY						
017	MEDICAL RECORDS & LIBRARY						
018	SOCIAL SERVICE						
020	NONPHYSICIAN ANESTHETISTS						
022		5,686					
023			4,081				
025	INPAT ROUTINE SRVC CNTRS						
025	ADULTS & PEDIATRICS				1,652,201	1,652,201	
026	INTENSIVE CARE UNIT				414,995	414,995	
030	NEONATAL INTENSIVE CARE U				196,240	196,240	
033	NURSERY				26,991	26,991	
037	ANCILLARY SRVC COST CNTRS						
037	OPERATING ROOM						
037	01	SAME DAY SURGERY				1,762,580	1,762,580
038	RECOVERY ROOM					39,803	39,803
039	DELIVERY ROOM & LABOR ROO					305,705	305,705
040	ANESTHESIOLOGY					161,230	161,230
041	RADIOLOGY-DIAGNOSTIC					1,999,075	1,999,075
041	01	MAMMOGRAPHY				517,043	517,043
041	02	ONCOLOGY				1,993,377	1,993,377
041	03	CARDIAC CATHETERIZATION L				1,249,728	1,249,728
043	RADIOISOTOPE					318,652	318,652
044	LABORATORY					515,100	515,100
049	RESPIRATORY THERAPY					185,581	185,581
050	PHYSICAL THERAPY					59,568	59,568
053	ELECTROCARDIOLOGY					291,331	291,331
054	ELECTROENCEPHALOGRAPHY					54,970	54,970
055	MEDICAL SUPPLIES CHARGED					43,138	43,138
055	30	IMPL. DEV. CHARGED TO PAT				56,742	56,742
056	DRUGS CHARGED TO PATIENTS					75,102	75,102
060	OUTPAT SERVICE COST CNTRS						
061	CLINIC						
061	EMERGENCY					600,973	600,973
062	OBSERVATION BEDS (NON-DIS						
063	50	RURAL HEALTH CLINIC				25,891	25,891
070	OTHER REIMBURS COST CNTRS						
070	I&R SERVICES-NOT APPRVD P						
070	SPEC PURPOSE COST CENTERS						
095	SUBTOTALS					12,546,016	12,546,016
096	NONREIMBURS COST CENTERS						
096	GIFT, FLOWER, COFFEE SHOP						
098	PHYSICIANS' PRIVATE OFFIC					512	512
098	01	FAMILY PRACTICE					
098	02	REFERENCE LAB					
098	03	COMMUNITY HEALTH EDUCATIO				559	559
098	04	UNUSED SPACE				11,188	11,188
101	CROSS FOOT ADJUSTMENTS					5,686	5,686
102	NEGATIVE COST CENTER					4,081	4,081
103	TOTAL				9,767	9,767	
103		5,686	4,081	12,568,042		12,568,042	

COST CENTER DESCRIPTION	OLD CAP REL COSTS-BLDG & (SQUARE FEET)	OLD CAP REL COSTS-NEW BLD (SQUARE FEET)	OLD CAP REL COSTS-NEW ADD (SQUARE FEET)	OLD CAP REL COSTS-1988 AD (SQUARE FEET)	OLD CAP REL COSTS-MVBLE E (DOLLAR VALUE)	NEW CAP REL COSTS-BLDG & (SQUARE FEET)
	1	1.01	1.02	1.03	2	3
GENERAL SERVICE COST						
001 OLD CAP REL COSTS-BLD	21,784					
001 01 OLD CAP REL COSTS-NEW		218,992				
001 02 OLD CAP REL COSTS-NEW			37,079			
001 03 OLD CAP REL COSTS-198				6,863		
002 OLD CAP REL COSTS-MVB					4,542,995	
003 NEW CAP REL COSTS-BLD						21,784
003 01 NEW CAP REL COSTS-NEW						
003 02 NEW CAP REL COSTS-NEW						
003 03 NEW CAP REL COSTS-198						
004 NEW CAP REL COSTS-MVB						
005 EMPLOYEE BENEFITS	1,061	70			1,830	1,061
006 01 NONPATIENT TELEPHONES		246				
006 02 DATA PROCESSING	296	933	46			296
006 03 PURCHASING, RECEIVING			3,210			
006 04 ADMINISTRATION					3,998	
006 05 CASHIERING/ACCOUNTS R	1,688	1,462				1,688
006 06 OTHER ADMINISTRATIVE	10,248	40,218	6,142		43,429	10,248
007 MAINTENANCE & REPAIRS	3,030	25,749	3,495		19,885	3,030
009 LAUNDRY & LINEN SERVICE			986			
010 HOUSEKEEPING	431	1,406			10,091	431
011 DIETARY			4,515		20,977	
012 CAFETERIA		1,783	3,187			
014 NURSING ADMINISTRATION	4,568	606	681		85,067	4,568
015 CENTRAL SERVICES & SUP		235	3,043		65,174	
017 MEDICAL RECORDS & LIB		1,864			6,847	
018 SOCIAL SERVICE					1,222	
020 NONPHYSICIAN ANESTHET						
022 I&R SERVICES-SALARY &						
023 I&R SERVICES-OTHER PR						
025 INPAT ROUTINE SRVC CN		63,063	6,006		309,492	
026 ADULTS & PEDIATRICS		1,428	5,768		104,517	
030 INTENSIVE CARE UNIT		2,083			71,579	
033 NEONATAL INTENSIVE CA		1,152			5,884	
037 NURSERY						
ANCILLARY SRVC COST C						
OPERATING ROOM		20,489			625,154	
037 01 SAME DAY SURGERY						
038 RECOVERY ROOM		3,821				
039 DELIVERY ROOM & LABOR		9,364			83,685	
040 ANESTHESIOLOGY		435			70,240	
041 RADIOLOGY-DIAGNOSTIC		10,176			884,776	
041 01 MAMMOGRAPHY					240,306	
041 02 ONCOLOGY	203			6,863	582,834	203
041 03 CARDIAC CATHETERIZATI		10,345			482,128	
043 RADIOISOTOPE		1,797			140,122	
044 LABORATORY	259	4,930			199,473	259
049 RESPIRATORY THERAPY		1,636			75,030	
050 PHYSICAL THERAPY		419			17,498	
053 ELECTROCARDIOLOGY		1,580			126,456	
054 ELECTROENCEPHALOGRAPH		886			22,059	
055 MEDICAL SUPPLIES CHAR						
055 30 IMPL. DEV. CHARGED TO						
056 DRUGS CHARGED TO PATI		1,992			8,653	
060 OUTPAT SERVICE COST C						
CLINIC						
061 EMERGENCY		6,984			226,066	
062 OBSERVATION BEDS (NON						
063 50 RURAL HEALTH CLINIC					8,523	
070 OTHER REIMBURS COST C						
I&R SERVICES-NOT APPR						
SPEC PURPOSE COST CEN						
095 SUBTOTALS	21,784	217,152	37,079	6,863	4,542,995	21,784
NONREIMBURS COST CENT						
096 GIFT, FLOWER, COFFEE						
098 PHYSICIANS' PRIVATE O						
098 01 FAMILY PRACTICE						
098 02 REFERENCE LAB						
098 03 COMMUNITY HEALTH EDUC						
098 04 UNUSED SPACE		1,840				
101 CROSS FOOT ADJUSTMENT						
102 NEGATIVE COST CENTER						
103 COST TO BE ALLOCATED	121,321	4,052,456	752,963	5,674	542,977	265,291
(WRKSHT B, PART I)						
104 UNIT COST MULTIPLIER	5.569271		20.306993		.119520	
(WRKSHT B, PT I)						
105 COST TO BE ALLOCATED		18.505041		.826752		12.178250
(WRKSHT B, PART II)						
106 UNIT COST MULTIPLIER						
(WRKSHT B, PT II)						



COST CENTER DESCRIPTION	NEW CAP REL C OSTS-NEW BLD (SQUARE FEET)	NEW CAP REL C OSTS-NEW ADD (SQUARE FEET)	NEW CAP REL C OSTS-1988 AD (SQUARE FEET)	NEW CAP REL C OSTS-MVBLE E (DOLLAR VALUE)	EMPLOYEE BENE FITS (GROSS SALARIES)	NONPATIENT TELEPHONES (NUMBER OF PHONES)	DATA PROCESSING (NUMBER OF PCS)
	3.01	3.02	3.03	4	5	6.01	6.02
GENERAL SERVICE COST							
001 OLD CAP REL COSTS-BLD							
001 01 OLD CAP REL COSTS-NEW							
001 02 OLD CAP REL COSTS-NEW							
001 03 OLD CAP REL COSTS-198							
002 OLD CAP REL COSTS-MVB							
003 NEW CAP REL COSTS-BLD							
003 01 NEW CAP REL COSTS-NEW	218,992						
003 02 NEW CAP REL COSTS-NEW		37,079					
003 03 NEW CAP REL COSTS-198			6,863				
004 NEW CAP REL COSTS-MVB				4,542,995			
005 EMPLOYEE BENEFITS	70			1,830	53,069,171		
006 01 NONPATIENT TELEPHONES	246					1,259	
006 02 DATA PROCESSING	933		46			18	808
006 03 PURCHASING, RECEIVING		3,210				28	7
006 04 ADMITTING				3,998		14	
006 05 CASHIERING/ACCOUNTS R	1,462				714,536	3	19
006 06 OTHER ADMINISTRATIVE	40,218	6,142		43,429	2,358,306	74	45
007 MAINTENANCE & REPAIRS	25,749	3,495		19,885	689,735	74	29
009 LAUNDRY & LINEN SERVI		986			31,567	2	
010 HOUSEKEEPING	1,406			10,091	840,134	18	3
011 DIETARY		4,515		20,977	301,034	11	9
012 CAFETERIA	1,783	3,187			961,691	1	
014 NURSING ADMINISTRATIO	606	681		85,067	1,612,379	42	39
015 CENTRAL SERVICES & SU	235	3,043		65,174	814,349	8	9
017 MEDICAL RECORDS & LIB	1,864			6,847	544,099	33	21
018 SOCIAL SERVICE				1,222	105,261	7	2
020 NONPHYSICIAN ANESTHET							
022 I&R SERVICES-SALARY &					1,011,848		
023 I&R SERVICES-OTHER PR						10	
025 INPAT ROUTINE SRVC CN							
025 ADULTS & PEDIATRICS	63,063	6,006		309,492	11,284,003	218	178
026 INTENSIVE CARE UNIT	1,428	5,768		104,517	2,720,409	29	27
030 NEONATAL INTENSIVE CA	2,083			71,579	1,166,117	9	20
033 NURSERY	1,152			5,884	202,662	1	
ANCILLARY SRVC COST C							
037 OPERATING ROOM	20,489			625,154	5,701,648	128	65
037 01 SAME DAY SURGERY							
038 RECOVERY ROOM	3,821				503,851	4	
039 DELIVERY ROOM & LABOR	9,364			83,685	2,879,858	35	36
040 ANESTHESIOLOGY	435			70,240		3	2
041 RADIOLOGY-DIAGNOSTIC	10,176			884,776	2,421,539	79	42
041 01 MAMMOGRAPHY				240,306	586,148		18
041 02 ONCOLOGY			6,863	582,834	875,615	22	16
041 03 CARDIAC CATHETERIZATI	10,345			482,128	2,319,035	54	25
043 RADIOISOTOPE	1,797			140,122	337,984	7	4
044 LABORATORY	4,930			199,473	2,424,505	39	36
049 RESPIRATORY THERAPY	1,636			75,030	1,225,736	1	12
050 PHYSICAL THERAPY	419			17,498	1,777,910	34	32
053 ELECTROCARDIOLOGY	1,580			126,456	693,630	41	10
054 ELECTROENCEPHALOGRAPH	886			22,059	61,842		2
055 MEDICAL SUPPLIES CHAR							
055 30 IMPL. DEV. CHARGED TO							
056 DRUGS CHARGED TO PATI	1,992			8,653	2,102,168	16	13
060 OUTPAT SERVICE COST C							
060 CLINIC							
061 EMERGENCY	6,984			226,066	3,310,958	56	43
062 OBSERVATION BEDS (NON							
063 50 RURAL HEALTH CLINIC				8,523	409,137		37
070 OTHER REIMBURS COST C							
I&R SERVICES-NOT APPR							
SPEC PURPOSE COST CEN							
095 SUBTOTALS	217,152	37,079	6,863	4,542,995	52,989,694	1,119	801
NONREIMBURS COST CENT							
096 GIFT, FLOWER, COFFEE							
098 PHYSICIANS' PRIVATE O						140	7
098 01 FAMILY PRACTICE							
098 02 REFERENCE LAB							
098 03 COMMUNITY HEALTH EDUC					79,477		
098 04 UNUSED SPACE	1,840						
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 COST TO BE ALLOCATED	1,311,037	672,324	726,342	9,593,048	20,537,532	6,025	3,720,291
(WRKSHT B, PART I)							
104 UNIT COST MULTIPLIER	5.986689	18.132204	105.834475	2.111613		4.785544	4,604.320545
(WRKSHT B, PT I)							19,913
105 COST TO BE ALLOCATED					386996	4,552	
(WRKSHT B, PART II)					7,423		
106 UNIT COST MULTIPLIER						3.615568	
(WRKSHT B, PT II)					.000140		24.644802



COST CENTER DESCRIPTION	PURCHASING, RECEIVING AND		CASHIERING/ACCOUNTS RECEIVABLE		OTHER ADMINISTRATIVE AND MAINTENANCE & REPAIRS			LAUNDRY & LINEN SERVICE
	(PURCH SUPPLIES)	(INPATIENT REVENUE)	(GROSS REVENUE)	RECONCILIATION	(ACCUM. COST)	(SQUARE FEET)	(PATIENT DAYS)	
	6.03	6.04	6.05	6a.06	6.06	7	9	
GENERAL SERVICE COST								
001 01 OLD CAP REL COSTS-BLD								
001 02 OLD CAP REL COSTS-NEW								
001 03 OLD CAP REL COSTS-198								
002 01 OLD CAP REL COSTS-MVB								
003 02 NEW CAP REL COSTS-BLD								
003 01 NEW CAP REL COSTS-NEW								
003 02 NEW CAP REL COSTS-NEW								
003 03 NEW CAP REL COSTS-198								
004 01 NEW CAP REL COSTS-MVB								
005 EMPLOYEE BENEFITS								
006 01 NONPATIENT TELEPHONES								
006 02 DATA PROCESSING								
006 03 PURCHASING, RECEIVING	8,910,176							
006 04 ADMINISTRATION		263,446,500						
006 05 CASHIERING/ACCOUNTS R	38,247		526,227,586					
006 06 OTHER ADMINISTRATIVE	1			-18,275,615	149,310,170			
007 MAINTENANCE & REPAIRS					3,561,405	184,984		
009 LAUNDRY & LINEN SERVICE	547				768,573	986	36,359	
010 HOUSEKEEPING	2,451				1,970,887	1,837		
011 DIETARY	355				956,026	4,515		
012 CAFETERIA	1,132				1,521,329	4,970		
014 NURSING ADMINISTRATION	630				3,021,804	5,855		
015 CENTRAL SERVICES & SUPPLIES	50,939				1,808,241	3,278		
017 MEDICAL RECORDS & LIBRARY					887,564	1,864		
018 SOCIAL SERVICE					159,387			
020 NONPHYSICIAN ANESTHESIOLOGIST								
022 I&R SERVICES-SALARY & BENEFITS					1,403,429			
023 I&R SERVICES-OTHER PERSONNEL					567,558			
025 ADULTS & PEDIATRICS	1,024,259	24,515,763	30,456,111		21,984,170	69,069	31,016	
026 INTENSIVE CARE UNIT	358,170	4,505,157	4,509,935		5,020,879	7,196	3,459	
030 NEONATAL INTENSIVE CARE	1,152	4,895,979	4,895,979		2,201,455	2,083	1,884	
033 NURSERY	178,824	1,621,457	1,633,611		532,848	1,152		
037 ANCILLARY SERVICE COST CENTER								
037 01 OPERATING ROOM	4,425,397	38,462,414	70,197,503		14,131,567	20,489		
038 SAME DAY SURGERY								
038 RECOVERY ROOM	33,701	4,622,557	7,932,705		948,441	3,821		
039 DELIVERY ROOM & LABOR	213,037	3,413,769	6,044,902		4,986,782	9,364		
040 ANESTHESIOLOGY	543,796	6,593,377	9,999,315		741,064	435		
041 RADIOLOGY-DIAGNOSTIC	236,501	17,161,414	65,101,753		7,605,873	10,176		
041 01 MAMMOGRAPHY	14,565		7,043,342		1,865,586			
041 02 ONCOLOGY	1,331	106,268	11,358,686		4,407,141	7,066		
041 03 CARDIAC CATHETERIZATION	1,026,283	12,526,727	29,238,757		10,344,871	10,345		
043 RADIOISOTOPE	10,959	1,769,658	7,997,600		1,796,463	1,797		
044 LABORATORY	215,935	32,085,558	65,151,549		8,840,829	5,189		
049 RESPIRATORY THERAPY	66,523	7,301,658	8,277,322		2,277,583	1,636		
050 PHYSICAL THERAPY	26,769	2,249,197	11,158,019		3,502,165	419		
053 ELECTROCARDIOLOGY	21,389	8,398,266	21,539,907		1,816,798	1,580		
054 ELECTROENCEPHALOGRAPHY	381	526,281	799,210		238,643	886		
055 MEDICAL SUPPLIES CHARACTERIZED		32,196,481	52,037,341		9,323,259			
055 30 IMPL. DEV. CHARGED TO PATIENT		28,690,370	52,910,249		12,916,663			
056 DRUGS CHARGED TO PATIENT	13,134	26,901,270	34,192,915		8,575,103	1,992		
060 OUTPAT SERVICE COST CENTER								
061 EMERGENCY	396,102	4,902,879	21,909,516		6,532,979	6,984		
062 OBSERVATION BEDS (NON-PATIENT)								
063 50 RURAL HEALTH CLINIC	7,666		1,841,359		1,839,778			
070 OTHER REIMBURS COST CENTER								
070 I&R SERVICES-NOT APPROPRIATE SPEC PURPOSE COST CENTER								
095 SUBTOTALS	8,910,176	263,446,500	526,227,586	-18,275,615	149,057,143	184,984	36,359	
096 NONREIMBURS COST CENTER								
098 GIFT, FLOWER, COFFEE					68,441			
098 01 PHYSICIANS' PRIVATE OFFICE								
098 02 FAMILY PRACTICE								
098 03 REFERENCE LAB								
098 04 COMMUNITY HEALTH EDUCATION					139,521			
101 UNUSED SPACE					45,065			
102 CROSS FOOT ADJUSTMENT								
103 NEGATIVE COST CENTER								
103 COST TO BE ALLOCATED (WRKSHT B, PART I)	220,841	8,987	4,860,817		18,275,615	3,997,321	883,952	
104 UNIT COST MULTIPLIER (WRKSHT B, PT I)		.000034					21.609009	
105 COST TO BE ALLOCATED (WRKSHT B, PART II)	.024785		.009237		.122400			24.311780
105 COST TO BE ALLOCATED (WRKSHT B, PART I)	65,459	529	37,315		932,934	590,043	27,985	
106 UNIT COST MULTIPLIER (WRKSHT B, PT I)		.000002					3.189697	
106 COST TO BE ALLOCATED (WRKSHT B, PT I)	.007347		.000071		.006248			.769686





	COST CENTER DESCRIPTION	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE
		(SQUARE FEET)	(MEALS SERVED)	(NUMBER OF FTES)	(DIRECT SING HRS)	NR(COSTED REQS)	(GROSS REVENUE)	(PATIENT DAYS)
107	COST TO BE ALLOCATED (WRKSHT B, PART III)	10 45,930	11 138,758	12 84,189	14 277,644	15 210,962	17 34,885	18 3,456
108	UNIT COST MULTIPLIER (WRKSHT B, PT III)	.252140	1.271062	100.105826	.250039	.009923	.000066	.095052



	COST CENTER DESCRIPTION	NONPHYSICIAN	I&R SERVICES-	I&R SERVICES-
		ANESTHETISTS	SALARY & FRI	OTHER PRGM C
		(ASSIGNED TIME )	(ASSIGNED TIME )	(ASSIGNED TIME )
107	COST TO BE ALLOCATED	20	22	23
	(PER WRKSHT B, PART		5,686	4,081
108	UNIT COST MULTIPLIER		.108181	.077645
	(WRKSHT B, PT III)			

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DI ALLOWANCE 4	TOTAL COSTS 5
	INPAT ROUTINE SRVC CNTRS					
25	ADULTS & PEDIATRICS	31,042,560		31,042,560		31,042,560
26	INTENSIVE CARE UNIT	6,517,189		6,517,189	21,269	6,538,458
30	NEONATAL INTENSIVE CARE U	2,821,054		2,821,054	357,938	3,178,992
33	NURSERY	668,543		668,543		668,543
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	18,875,289		18,875,289	5,087	18,880,376
37	01 SAME DAY SURGERY					
38	RECOVERY ROOM	1,275,287		1,275,287		1,275,287
39	DELIVERY ROOM & LABOR ROO	6,397,380		6,397,380		6,397,380
40	ANESTHESIOLOGY	884,218		884,218		884,218
41	RADIOLOGY-DIAGNOSTIC	9,175,037		9,175,037		9,175,037
41	01 MAMMOGRAPHY	2,120,265		2,120,265	10,343	2,130,608
41	02 ONCOLOGY	5,242,100		5,242,100	13,875	5,255,975
41	03 CARDIAC CATHETERIZATION L	13,147,172		13,147,172	11,446	13,158,618
43	RADIOISOTOPE	2,103,034		2,103,034		2,103,034
44	LABORATORY	10,362,606		10,362,606	79,000	10,441,606
49	RESPIRATORY THERAPY	2,690,579		2,690,579	5,781	2,696,360
50	PHYSICAL THERAPY	4,039,573		4,039,573		4,039,573
53	ELECTROCARDIOLOGY	2,169,101		2,169,101		2,169,101
54	ELECTROENCEPHALOGRAPHY	305,135		305,135		305,135
55	MEDICAL SUPPLIES CHARGED	10,574,359		10,574,359		10,574,359
55	30 IMPL. DEV. CHARGED TO PAT	14,608,245		14,608,245		14,608,245
56	DRUGS CHARGED TO PATIENTS	9,815,145		9,815,145		9,815,145
	OUTPAT SERVICE COST CNTRS					
60	CLINIC					
61	EMERGENCY	8,144,475		8,144,475		8,144,475
62	OBSERVATION BEDS (NON-DIS	3,245,249		3,245,249		3,245,249
63	50 RURAL HEALTH CLINIC	2,068,815		2,068,815		2,068,815
	OTHER REIMBURS COST CNTRS					
101	SUBTOTAL	168,292,410		168,292,410	504,739	168,797,149
102	LESS OBSERVATION BEDS	3,245,249		3,245,249		3,245,249
103	TOTAL	165,047,161		165,047,161	504,739	165,551,900

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	26,893,849		26,893,849			
26	INTENSIVE CARE UNIT	4,509,935		4,509,935			
30	NEONATAL INTENSIVE CARE U	4,892,508		4,892,508			
33	NURSERY	1,633,611		1,633,611			
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	38,279,835	31,169,996	69,449,831	.271783	.271783	.271856
37	01 SAME DAY SURGERY						
38	RECOVERY ROOM	4,622,557	3,097,390	7,719,947	.165194	.165194	.165194
39	DELIVERY ROOM & LABOR ROO	3,413,769	2,581,030	5,994,799	1.067155	1.067155	1.067155
40	ANESTHESIOLOGY	6,593,377	3,332,161	9,925,538	.089085	.089085	.089085
41	RADIOLOGY-DIAGNOSTIC	17,161,414	47,035,982	64,197,396	.142919	.142919	.142919
41	01 MAMMOGRAPHY		6,932,746	6,932,746	.305833	.305833	.307325
41	02 ONCOLOGY	106,268	11,217,939	11,324,207	.462911	.462911	.464136
41	03 CARDIAC CATHETERIZATION L	12,526,727	16,567,590	29,094,317	.451881	.451881	.452275
43	RADIOISOTOPE	1,769,658	6,128,092	7,897,750	.266283	.266283	.266283
44	LABORATORY	32,085,558	32,655,159	64,740,717	.160063	.160063	.161283
49	RESPIRATORY THERAPY	7,301,658	960,646	8,262,304	.325645	.325645	.326345
50	PHYSICAL THERAPY	2,249,197	8,573,163	10,822,360	.373262	.373262	.373262
53	ELECTROCARDIOLOGY	7,889,809	12,324,394	20,214,203	.107306	.107306	.107306
54	ELECTROENCEPHALOGRAPHY	526,281	270,548	796,829	.382937	.382937	.382937
55	MEDICAL SUPPLIES CHARGED	32,196,481	19,552,573	51,749,054	.204339	.204339	.204339
55	30 IMPL. DEV. CHARGED TO PAT	28,690,370	24,219,879	52,910,249	.276095	.276095	.276095
56	DRUGS CHARGED TO PATIENTS	26,901,270	7,168,754	34,070,024	.288087	.288087	.288087
	OUTPAT SERVICE COST CNTRS						
	CLINIC						
60	EMERGENCY	4,902,879	16,788,504	21,691,383	.375471	.375471	.375471
62	OBSERVATION BEDS (NON-DIS	517,563	2,986,070	3,503,633	.926253	.926253	.926253
63	50 RURAL HEALTH CLINIC		1,841,359	1,841,359	1.123526	1.123526	1.123526
	OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	265,664,574	255,403,975	521,068,549			
102	LESS OBSERVATION BEDS						
103	TOTAL	265,664,574	255,403,975	521,068,549			





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						
37	01 OPERATING ROOM	18,875,289	2,515,886	16,359,403			18,875,289
38	RECOVERY ROOM	1,275,287	133,738	1,141,549			1,275,287
39	DELIVERY ROOM & LABOR ROO	6,397,380	574,357	5,823,023			6,397,380
40	ANESTHESIOLOGY	884,218	190,318	693,900			884,218
41	RADIOLOGY-DIAGNOSTIC	9,175,037	2,399,433	6,775,604			9,175,037
41	01 MAMMOGRAPHY	2,120,265	559,763	1,560,502			2,120,265
41	02 ONCOLOGY	5,242,100	2,126,381	3,115,719			5,242,100
41	03 CARDIAC CATHETERIZATION L	13,147,172	1,661,753	11,485,419			13,147,172
43	RADIOISOTOPE	2,103,034	388,267	1,714,767			2,103,034
44	LABORATORY	10,362,606	727,110	9,635,496			10,362,606
49	RESPIRATORY THERAPY	2,690,579	250,930	2,439,649			2,690,579
50	PHYSICAL THERAPY	4,039,573	100,650	3,938,923			4,039,573
53	ELECTROCARDIOLOGY	2,169,101	358,826	1,810,275			2,169,101
54	ELECTROENCEPHALOGRAPHY	305,135	79,092	226,043			305,135
55	MEDICAL SUPPLIES CHARGED	10,574,359	110,199	10,464,160			10,574,359
55	30 IMPL. DEV. CHARGED TO PAT	14,608,245	146,338	14,461,907			14,608,245
56	DRUGS CHARGED TO PATIENTS	9,815,145	183,394	9,631,751			9,815,145
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
61	EMERGENCY	8,144,475	850,566	7,293,909			8,144,475
62	OBSERVATION BEDS (NON-DIS	3,245,249	373,599	2,871,650			3,245,249
63	50 RURAL HEALTH CLINIC	2,068,815	39,738	2,029,077			2,068,815
	OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	127,243,064	13,770,338	113,472,726			127,243,064
102	LESS OBSERVATION BEDS	3,245,249	373,599	2,871,650			3,245,249
103	TOTAL	123,997,815	13,396,739	110,601,076			123,997,815

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRGRATIO	I/P PT B COST TO CHRGRATIO
		7	8	9
37	ANCILLARY SRVC COST CNTRS			
	OPERATING ROOM	69,449,831	.271783	.271783
37	01 SAME DAY SURGERY			
38	RECOVERY ROOM	7,719,947	.165194	.165194
39	DELIVERY ROOM & LABOR ROOM	5,994,799	1.067155	1.067155
40	ANESTHESIOLOGY	9,925,538	.089085	.089085
41	RADIOLOGY-DIAGNOSTIC	64,197,396	.142919	.142919
41	01 MAMMOGRAPHY	6,932,746	.305833	.305833
41	02 ONCOLOGY	11,324,207	.462911	.462911
41	03 CARDIAC CATHETERIZATION	29,094,317	.451881	.451881
43	RADIOISOTOPE	7,897,750	.266283	.266283
44	LABORATORY	64,740,717	.160063	.160063
49	RESPIRATORY THERAPY	8,262,304	.325645	.325645
50	PHYSICAL THERAPY	10,822,360	.373262	.373262
53	ELECTROCARDIOLOGY	20,214,203	.107306	.107306
54	ELECTROENCEPHALOGRAPHY	796,829	.382937	.382937
55	MEDICAL SUPPLIES CHARGED	51,749,054	.204339	.204339
55	30 IMPL. DEV. CHARGED TO PAT	52,910,249	.276095	.276095
56	DRUGS CHARGED TO PATIENTS	34,070,024	.288087	.288087
	OUTPAT SERVICE COST CNTRS			
60	CLINIC			
61	EMERGENCY	21,691,383	.375471	.375471
62	OBSERVATION BEDS (NON-DIS)	3,503,633	.926253	.926253
63	50 RURAL HEALTH CLINIC	1,841,359	1.123526	1.123526
	OTHER REIMBURS COST CNTRS			
101	SUBTOTAL	483,138,646		
102	LESS OBSERVATION BEDS	3,503,633		
103	TOTAL	479,635,013		

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	18,982,572	2,515,886	16,466,686	251,589	955,068	17,775,915
37	01 SAME DAY SURGERY						
38	RECOVERY ROOM	1,275,287	133,738	1,141,549	13,374	66,210	1,195,703
39	DELIVERY ROOM & LABOR ROO	6,397,380	574,357	5,823,023	57,436	337,735	6,002,209
40	ANESTHESIOLOGY	894,856	190,318	704,538	19,032	40,863	834,961
41	RADIOLOGY-DIAGNOSTIC	9,182,630	2,399,433	6,783,197	239,943	393,425	8,549,262
41	01 MAMMOGRAPHY	2,120,265	559,763	1,560,502	55,976	90,509	1,973,780
41	02 ONCOLOGY	5,242,100	2,126,381	3,115,719	212,638	180,712	4,848,750
41	03 CARDIAC CATHETERIZATION L	13,147,172	1,661,753	11,485,419	166,175	666,154	12,314,843
43	RADIOISOTOPE	2,103,034	388,267	1,714,767	38,827	99,456	1,964,751
44	LABORATORY	10,362,606	727,110	9,635,496	72,711	558,859	9,731,036
49	RESPIRATORY THERAPY	2,690,579	250,930	2,439,649	25,093	141,500	2,523,986
50	PHYSICAL THERAPY	4,096,153	100,650	3,995,503	10,065	231,739	3,854,349
53	ELECTROCARDIOLOGY	2,179,739	358,826	1,820,913	35,883	105,613	2,038,243
54	ELECTROENCEPHALOGRAPHY	305,135	79,092	226,043	7,909	13,110	284,116
55	MEDICAL SUPPLIES CHARGED	10,574,359	110,199	10,464,160	11,020	606,921	9,956,418
55	30 IMPL. DEV. CHARGED TO PAT	14,608,245	146,338	14,461,907	14,634	838,791	13,754,820
56	DRUGS CHARGED TO PATIENTS	9,815,145	183,394	9,631,751	18,339	558,642	9,238,164
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
61	EMERGENCY	8,226,621	850,566	7,376,055	85,057	427,811	7,713,753
62	OBSERVATION BEDS (NON-DIS	3,245,249	373,599	2,871,650	37,360	166,556	3,041,333
63	50 RURAL HEALTH CLINIC	2,534,368	39,738	2,494,630	3,974	144,689	2,385,705
	OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	127,983,495	13,770,338	114,213,157	1,377,035	6,624,363	119,982,097
102	LESS OBSERVATION BEDS	3,245,249	373,599	2,871,650	37,360	166,556	3,041,333
103	TOTAL	124,738,246	13,396,739	111,341,507	1,339,675	6,457,807	116,940,764

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRGRATIO	I/P PT B COST TO CHRGRATIO
		7	8	9
37	ANCILLARY SRVC COST CNTRS			
	OPERATING ROOM	69,449,831	.255953	.269705
37	01 SAME DAY SURGERY			
38	RECOVERY ROOM	7,719,947	.154885	.163461
39	DELIVERY ROOM & LABOR ROO	5,994,799	1.001236	1.057574
40	ANESTHESIOLOGY	9,925,538	.084122	.088239
41	RADIOLOGY-DIAGNOSTIC	64,197,396	.133171	.139300
41	01 MAMMOGRAPHY	6,932,746	.284704	.297759
41	02 ONCOLOGY	11,324,207	.428176	.444134
41	03 CARDIAC CATHETERIZATION L	29,094,317	.423273	.446170
43	RADIOISOTOPE	7,897,750	.248774	.261366
44	LABORATORY	64,740,717	.150308	.158940
49	RESPIRATORY THERAPY	8,262,304	.305482	.322608
50	PHYSICAL THERAPY	10,822,360	.356147	.377560
53	ELECTROCARDIOLOGY	20,214,203	.100832	.106057
54	ELECTROENCEPHALOGRAPHY	796,829	.356558	.373011
55	MEDICAL SUPPLIES CHARGED	51,749,054	.192398	.204126
55	30 IMPL. DEV. CHARGED TO PAT	52,910,249	.259965	.275818
56	DRUGS CHARGED TO PATIENTS	34,070,024	.271152	.287549
	OUTPAT SERVICE COST CNTRS			
60	CLINIC			
61	EMERGENCY	21,691,383	.355614	.375336
62	OBSERVATION BEDS (NON-DIS	3,503,633	.868051	.915589
63	50 RURAL HEALTH CLINIC	1,841,359	1.295622	1.374199
	OTHER REIMBURS COST CNTRS			
101	SUBTOTAL	483,138,646		
102	LESS OBSERVATION BEDS	3,503,633		
103	TOTAL	479,635,013		



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	34,637	14,415	55.47	799,600	47.70	687,596
26	INTENSIVE CARE UNIT	3,459	1,583	71.20	112,710	119.98	189,928
30	NEONATAL INTENSIVE CARE U	1,884		43.98		104.16	
33	NURSERY	3,267		9.80		8.26	
101	TOTAL	43,247	15,998		912,310		877,524



APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO:	PERIOD:	PREPARED 3/ 1/2012
14-0164	FROM 4/ 1/2010	WORKSHEET D
COMPONENT NO:	TO 3/31/2011	PART II
14-0164		

TITLE XVIII, PART A      HOSPITAL      PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NEW CAPITAL CST/CHRG RATIO	COSTS
		7	8
37	ANCILLARY SRVC COST CNTRS		
	OPERATING ROOM	.025379	463,403
37 01	SAME DAY SURGERY		
38	RECOVERY ROOM	.005156	9,325
39	DELIVERY ROOM & LABOR ROO	.050995	1,398
40	ANESTHESIOLOGY	.016244	43,856
41	RADIOLOGY-DIAGNOSTIC	.031140	284,646
41 01	MAMMOGRAPHY	.074580	
41 02	ONCOLOGY	.176028	9,030
41 03	CARDIAC CATHETERIZATION L	.042954	252,849
43	RADIOISOTOPE	.040347	54,991
44	LABORATORY	.007956	131,981
49	RESPIRATORY THERAPY	.022461	89,011
50	PHYSICAL THERAPY	.005504	7,937
53	ELECTROCARDIOLOGY	.014412	67,567
54	ELECTROENCEPHALOGRAPHY	.068986	13,915
55	MEDICAL SUPPLIES CHARGED	.000834	9,725
55 30	IMPL. DEV. CHARGED TO PAT	.001072	17,213
56	DRUGS CHARGED TO PATIENTS	.002204	31,082
	OUTPAT SERVICE COST CNTRS		
60	CLINIC		
61	EMERGENCY	.027706	68,214
62	OBSERVATION BEDS (NON-DIS	.049299	20,439
63 50	RURAL HEALTH CLINIC		
	OTHER REIMBURS COST CNTRS		
101	TOTAL		1,576,582

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

PROVIDER NO: 14-0164  
 PERIOD: FROM 4/1/2010 TO 3/31/2011  
 PREPARED 3/1/2012  
 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					34,637	
26	INTENSIVE CARE UNIT					3,459	
30	NEONATAL INTENSIVE CARE U					1,884	
33	NURSERY					3,267	
101	TOTAL					43,247	

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

PROVIDER NO: 14-0164  
PERIOD: FROM 4/1/2010 TO 3/31/2011  
PREPARED 3/1/2012  
WORKSHEET D  
PART III

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT PROG DAYS	INPAT PROGRAM PASS THRU COST
		7	8
25	ADULTS & PEDIATRICS	14,415	
26	INTENSIVE CARE UNIT	1,583	
30	NEONATAL INTENSIVE CARE U		
33	NURSERY		
101	TOTAL	15,998	

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						
37 01	SAME DAY SURGERY						
38	RECOVERY ROOM						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
41 01	MAMMOGRAPHY						
41 02	ONCOLOGY						
41 03	CARDIAC CATHETERIZATION L						
43	RADIOISOTOPE						
44	LABORATORY						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
53	ELECTROCARDIOLOGY						
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED						
55 30	IMPL. DEV. CHARGED TO PAT						
56	DRUGS CHARGED TO PATIENTS						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
63 50	RURAL HEALTH CLINIC						
	OTHER REIMBURS COST CNTRS						
101	TOTAL						

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF CST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
37	ANCILLARY SRVC COST CNTRS							
	OPERATING ROOM			69,449,831			18,259,309	
37	01 SAME DAY SURGERY							
38	RECOVERY ROOM			7,719,947			1,808,521	
39	DELIVERY ROOM & LABOR ROO			5,994,799			27,405	
40	ANESTHESIOLOGY			9,925,538			2,699,823	
41	RADIOLOGY-DIAGNOSTIC			64,197,396			9,140,834	
41	01 MAMMOGRAPHY			6,932,746				
41	02 ONCOLOGY			11,324,207			51,301	
41	03 CARDIAC CATHETERIZATION L			29,094,317			5,886,498	
43	RADIOISOTOPE			7,897,750			1,362,946	
44	LABORATORY			64,740,717			16,588,926	
49	RESPIRATORY THERAPY			8,262,304			3,962,922	
50	PHYSICAL THERAPY			10,822,360			1,441,989	
53	ELECTROCARDIOLOGY			20,214,203			4,688,270	
54	ELECTROENCEPHALOGRAPHY			796,829			201,709	
55	MEDICAL SUPPLIES CHARGED			51,749,054			11,660,536	
55	30 IMPL. DEV. CHARGED TO PAT			52,910,249			16,057,220	
56	DRUGS CHARGED TO PATIENTS			34,070,024			14,102,606	
	OUTPAT SERVICE COST CNTRS							
60	CLINIC							
61	EMERGENCY			21,691,383			2,462,059	
62	OBSERVATION BEDS (NON-DIS			3,503,633			414,584	
63	50 RURAL HEALTH CLINIC							
	OTHER REIMBURS COST CNTRS							
101	TOTAL			481,297,287			110,817,458	

TITLE XVIII, PART A HOSPITAL PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES 8	OUTPAT PROG D, V COL 5.03 8.01	OUTPAT PROG D, V COL 5.04 8.02	OUTPAT PROG PASS THRU COST 9	COL 8.01 * COL 5 9.01	COL 8.02 * COL 5 9.02
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM	10,032,140					
37 01	SAME DAY SURGERY						
38	RECOVERY ROOM	607,202					
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY	803,172					
41	RADIOLOGY-DIAGNOSTIC	13,662,382					
41 01	MAMMOGRAPHY						
41 02	ONCOLOGY	5,261,540					
41 03	CARDIAC CATHETERIZATION L	4,634,866					
43	RADIOISOTOPE	3,203,962					
44	LABORATORY	1,169,040					
49	RESPIRATORY THERAPY	290,625					
50	PHYSICAL THERAPY	1,620					
53	ELECTROCARDIOLOGY	7,168,890					
54	ELECTROENCEPHALOGRAPHY	58,076					
55	MEDICAL SUPPLIES CHARGED	5,738,150					
55 30	IMPL. DEV. CHARGED TO PAT	13,323,849					
56	DRUGS CHARGED TO PATIENTS	3,515,541					
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
61	EMERGENCY	3,300,685					
62	OBSERVATION BEDS (NON-DIS	1,336,728					
63 50	RURAL HEALTH CLINIC						
	OTHER REIMBURS COST CNTRS						
101	TOTAL	74,108,468					





















PART A - INPATIENT HOSPITAL SERVICES UNDER PPS  
HOSPITAL

DESCRIPTION	1	1.01
5.01 TOTAL ESRD MEDICARE DISCHARGES EXCLUDING DRGs 302, 316, 317 OR MS-DRGS 652 AND 682 - 685. (SEE INSTRUCTIONS)	403	
5.02 DIVIDE LINE 5.01 BY LINE 5 (IF LESS THAN 10%, YOU DO NOT QUALIFY FOR ADJUSTMENT)	10.37	
5.03 TOTAL MEDICARE ESRD INPATIENT DAYS EXCLUDING DRGs 302, 316, 317, OR MS-DRGS 652, 682-685. (SEE INSTRUCTIONS)	1,969	
5.04 RATIO OF AVERAGE LENGTH OF STAY TO ONE WEEK	.697979	
5.05 AVERAGE WEEKLY COST FOR DIALYSIS TREATMENTS (SEE INSTRUC)	335.00	
5.06 TOTAL ADDITIONAL PAYMENT	94,229	
6 SUBTOTAL (SEE INSTRUCTIONS)	40,828,603	
7 HOSPITAL SPECIFIC PAYMENTS (TO BE COMPLETED BY SCH AND MDH, SMALL RURAL HOSPITALS ONLY, SEE INSTRUCTIONS)		
7.01 HOSPITAL SPECIFIC PAYMENTS (TO BE COMPLETED BY SCH AND MDH, SMALL RURAL HOSPITALS ONLY, SEE INSTRUCTIONS FY BEG. 10/1/2000)		
8 TOTAL PAYMENT FOR INPATIENT OPERATING COSTS SCH AND MDH ONLY (SEE INSTRUCTIONS)	40,828,603	
9 PAYMENT FOR INPATIENT PROGRAM CAPITAL	2,873,618	
10 EXCEPTION PAYMENT FOR INPATIENT PROGRAM CAPITAL (WORKSHEET L, PART IV, SEE INSTRUCTIONS)		
11 DIRECT GRADUATE MEDICAL EDUCATION PAYMENT (FROM WORKSHEET E-3, PART IV, SEE INSTRUCTIONS)	324,026	
11.01 NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT		
11.02 SPECIAL ADD-ON PAYMENTS FOR NEW TECHNOLOGIES		
12 NET ORGAN ACQUISITION COST		
13 COST OF TEACHING PHYSICIANS		
14 ROUTINE SERVICE OTHER PASS THROUGH COSTS		
15 ANCILLARY SERVICE OTHER PASS THROUGH COSTS		
16 TOTAL	44,026,247	
17 PRIMARY PAYER PAYMENTS	37,260	
18 TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES	43,988,987	
19 DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	2,952,172	
20 COINSURANCE BILLED TO PROGRAM BENEFICIARIES	51,756	
21 REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	579,222	
21.01 ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	405,455	
21.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	452,533	
22 SUBTOTAL	41,390,514	
23 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION		
24 DEVICE CREDIT	-13,985	
24.94 LOW VOLUME ADJUSTMENT PAYMENT-1		
24.95 LOW VOLUME ADJUSTMENT PAYMENT-2		
24.96 LOW VOLUME ADJUSTMENT PAYMENT-3		
24.97		
24.98 CREDIT FOR MANUFACTURER REPLACED MEDICAL DEVICES		
24.99 OUTLIER RECONCILIATION ADJUSTMENT		
25 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS		
26 AMOUNT DUE PROVIDER	41,376,529	
27 SEQUESTRATION ADJUSTMENT		
28 INTERIM PAYMENTS	41,804,815	
28.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
29 BALANCE DUE PROVIDER (PROGRAM)	-428,286	
30 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.		
----- FI ONLY -----		
50 OPERATING OUTLIER AMOUNT FROM WKS E, A, L2.01		
51 CAPITAL OUTLIER AMOUNT FROM WKS L, I, L3.01		
52 OPERATING OUTLIER RECONCILIATION ADJUSTMENT AMOUNT(SEE INST)		
53 CAPITAL OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (SEE INST)		
54 THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY (SEE INSTRUCTIONS)		
55 TIME VALUE OF MONEY (SEE INSTRUCTIONS)		
56 CAPITAL TIME VALUE OF MONEY (SEE INSTRUCTIONS)		





TITLE XVIII

COMPUTATION OF TOTAL DIRECT GME AMOUNT

1	NUMBER OF FTE RESIDENTS FOR OB/GYN & PRIMARY CARE		
1.01	NUMBER OF FTE RESIDENTS FOR ALL OTHER (SEE INSTR)		
2	UPDATED PER RESIDENT AMOUNT FOR OB/GYN & PRIMARY		
2.01	UPDATED PER RESIDENT AMOUNT ALL OTHER (SEE INSTR)		
3	AGGREGATE APPROVED AMOUNT		
3.01	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR COST REPTG PERIODS ENDING ON OR BEFORE 12/31/96		15.80
3.02	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS WHICH MEET THE CRITERIA FOR AN ADD ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH 42 CFR 413.86(g)(6)		
3.03	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGS FOR AFFILIATED PROGS IN ACCORD W/ 42 CFR 413.86(g)(4).	E-3, PT 6 LN 4 + LINE 3.03	
3.04	FTE ADJUSTMENT CAP (SUM OF LINES 3.01 THRU 3.03)		15.80
3.05	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR THE CURRENT YEAR FROM YOUR RECORDS		14.46
3.06	ENTER THE LESSER OF LINE 3.04 OR LINE 3.05.		14.46
3.07	WEIGHTED FTE COUNT FOR PRIMARY CARE PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR IN COLUMN 1. IF CURRENT YEAR IS ZERO AND TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COL. ZERO.		14.46
3.08	WEIGHTED FTE COUNT FOR ALL OTHER PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR IN COLUMN 1. IF CURRENT YEAR IS ZERO AND TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COL. ZERO.		
3.09	ENTER THE SUM OF LINES 3.07 AND 3.08.		14.46
3.10	SEE INSTRUCTIONS		14.46
3.11	WEIGHTED DENTAL & PODIATRIC RESIDENT FTE COUNT FOR CUR YEAR IN COLUMN 1. IF CURRENT YEAR IS ZERO & TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COL. ZERO.		
3.12	SEE INSTRUCTIONS		
3.13	TOTAL WEIGHTED RESIDENT FTE COUNT FOR NONPRIMARY CARE RESIDENTS FOR THE PRIOR COST REPORTING YEAR (SEE INSTRUCTIONS)		
3.14	TOTAL WEIGHTED RESIDENT FTE COUNT FOR NONPRIMARY CARE RESIDENTS FOR THE PENULTIMATE COST REPORTING YEAR (SEE INSTRUCTIONS)		
3.15	ROLLING AVERAGE FTE COUNT (SEE INSTRUCTIONS)	RES INIT YEARS	
3.16	ENTER THE SUM OF LINE 3.15 PLUS THE WEIGHTED NUMBER OF NONPRIMARY CARE FTE RESIDENTS IN THE INITIAL YEAR OF NEW ALLOPATHIC AND OSTEOPATHIC PROGRAMS. (SEE INSTRUCTIONS)		
3.17	ENTER THE NONPRIMARY CARE PER RESIDENT AMOUNT.		
3.18	SEE INSTRUCTIONS		
3.19	ENTER THE WEIGHTED FTE RESIDENT COUNT FOR PRIMARY CARE AND OB/GYN RESIDENTS FOR THE PRIOR YEAR (SEE INSTRUCTIONS)		14.54
3.20	ENTER THE WEIGHTED FTE RESIDENT COUNT FOR PRIMARY CARE AND OB/GYN RESIDENTS FOR THE PENULTIMATE YEAR (SEE INSTRUCTIONS)		13.67
3.21	SEE INSTRUCTIONS	RES INIT YEARS	14.22
3.22	SEE INSTRUCTIONS		14.22
3.23	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001		74,979.39
3.24	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001		1,066,207
3.25	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001		1,066,207

COMPUTATION OF PROGRAM PATIENT LOAD

4	PROGRAM PART A INPATIENT DAYS		15,998
5	TOTAL INPATIENT DAYS		36,359
6	RATIO OF PROGRAM INPATIENT DAYS TO TOTAL INPATIENT DAYS.	LN 6 * LN 3.25 + E-3, 6 L 11	.440001
6.01	TOTAL GME PAYMENT FOR NON-MANAGED CARE DAYS	469,132	469,132
6.02	PROGRAM MANAGED CARE DAYS OCCURRING ON OR AFTER JANUARY 1 OF THIS COST REPORTING PERIOD (SEE INSTRUCTIONS)		211
6.03	ENTER THE TOTAL INPATIENT DAYS FROM LINE 5 ABOVE.		36,359
6.04	ENTER THE APPROPRIATE PERCENTAGE FOR INCLUSION OF THE MANAGED CARE DAYS (SEE INSTRUCTIONS)		100.00
6.05	GRADUATE MEDICAL EDUCATION PAYMENT FOR MANAGED CARE DAYS ON OR AFTER JAN 1 THROUGH THE END OF THE COST REPORTING PERIOD.		5,313
6.06	PROGRAM MANAGED CARE DAYS OCCURRING BEFORE JAN 1 OF THIS COST REPORTING YEAR (SEE INSTRUCTIONS)		
6.07	ENTER THE APPROPRIATE PERCENTAGE USING THE CRITERIA IDENTIFIED ON LINE 6.04 ABOVE. (SEE INSTRUCTIONS)	PRIOR TO 422 E-3, 6 LN 12	100.00
6.08	GRADUATE MEDICAL EDUCATION PAYMENT FOR MANAGED CARE DAYS PRIOR TO JANUARY 1 OF THIS COST REPORTING PERIOD		

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

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

TITLE XVIII

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

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

- 12 REASONABLE COST (SEE INSTRUCTIONS) 43,073,919
- 13 ORGAN ACQUISITION COSTS
- 14 COST OF TEACHING PHYSICIANS
- 15 PRIMARY PAYER PAYMENTS 37,260
- 16 TOTAL PART A REASONABLE COST 43,036,659

PART B REASONABLE COST

- 17 REASONABLE COST 19,979,352
- 18 PRIMARY PAYER PAYMENTS 859
- 19 TOTAL PART B REASONABLE COST 19,978,493
- 20 TOTAL REASONABLE COST 63,015,152
- 21 RATIO OF PART A REASONABLE COST TO TOTAL REASONABLE COST .682957
- 22 RATIO OF PART B REASONABLE COST TO TOTAL REASONABLE COST .317043

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

- 23 TOTAL PROGRAM GME PAYMENT
- 23.01 FOR COST REPORTING PERIODS BEGINNING ON OR AFTER 10/1/97 474,445  
(SUM OF LINES 6.01, 6.05, & 6.08)
- 24 PART A MEDICARE GME PAYMENT--TITLE XVIII ONLY 324,026
- 25 PART B MEDICARE GME PAYMENT--TITLE XVIII ONLY 150,419

TITLE XVII I

CALCULATION OF REDUCED DIRECT GME CAP UNDER SECTION 422 OF MMA

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

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

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

CALCULATION OF REDUCED IIME CAP UNDER SECTION 422 OF MMA

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

CALCULATION OF ADDITIONAL IIME PAYMENTS ATTRIBUTABLE TO SECTION 422 OF MMA

16 NUMBER OF ADDITIONAL ALLOPATHIC AND OSTEOPATHIC IIME FTE RESIDENT CAP SLOTS UNDER 42 SEC. 412.105(f)(1)(iv)(C).	7.00	
17 IIME FTE RESIDENT COUNT OVER CAP (SEE INSTRUCTIONS)	11.39	
18 IF THE AMOUNT ON LINE 17 IS GREATER THAN -0-, THEN ENTER THE LOWER OF LINE 16 OR LINE 17 (SEE INSTRUCTIONS FOR COST REPORTING PERIODS STRADDLING 7/1/2005)	7.00	
19 RESIDENT TO BED COUNT (DIVIDE LINE 18 BY LINE 3 OF WKST E, PART A)	.048924	
20 IIME ADJUSTMENT FACTOR (SEE INSTRUCTIONS)	.012892	
21 DRG OTHER THAN OUTLIER PAYMENTS FOR DISCHARGES ON OR AFTER JULY 1, 2005.	33,247,952	
22 SIMULATED MEDICARE MANAGED CARE PAYMENTS FOR DISCHARGES ON OR AFTER JULY 1, 2005	481,382	
23 ADDITIONAL IIME PAYMENTS ATTRIBUTABLE TO SECTION 422 OF MMA	434,839	



	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
LIABILITIES AND FUND BALANCE	1	2	3	4
CURRENT LIABILITIES				
28 ACCOUNTS PAYABLE	6,634,255			
29 SALARIES, WAGES & FEES PAYABLE	6,625,990			
30 PAYROLL TAXES PAYABLE				
31 NOTES AND LOANS PAYABLE (SHORT TERM)	1,886,680			
32 DEFERRED INCOME				
33 ACCELERATED PAYMENTS				
34 DUE TO OTHER FUNDS	5,283,430			
35 OTHER CURRENT LIABILITIES	4,265,721			
36 TOTAL CURRENT LIABILITIES	24,696,076			
LONG TERM LIABILITIES				
37 MORTGAGE PAYABLE	82,245,905			
38 NOTES PAYABLE				
39 UNSECURED LOANS				
40.01 LOANS PRIOR TO 7/1/66				
40.02 ON OR AFTER 7/1/66				
41 OTHER LONG TERM LIABILITIES	2,427,570			
42 TOTAL LONG-TERM LIABILITIES	84,673,475			
43 TOTAL LIABILITIES	109,369,551			
CAPITAL ACCOUNTS				
44 GENERAL FUND BALANCE	209,978,172			
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	209,978,172			
52 TOTAL LIABILITIES AND FUND BALANCES	319,347,723			

		GENERAL FUND		SPECIFIC PURPOSE FUND	
		1	2	3	4
1	FUND BALANCE AT BEGINNING OF PERIOD		182,817,278		
2	NET INCOME (LOSS)		27,160,885		
3	TOTAL		209,978,163		
4	ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
5	ADDITIONS (CREDIT ADJUSTM				
6	ROUNDING	9			
7					
8					
9					
10	TOTAL ADDITIONS		9		
11	SUBTOTAL		209,978,172		
12	DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
13	DEDUCTIONS (DEBIT ADJUSTM				
14	TRANSFERS				
15					
16					
17					
18	TOTAL DEDUCTIONS				
19	FUND BALANCE AT END OF PERIOD PER BALANCE SHEET		209,978,172		

		ENDOWMENT FUND		PLANT FUND	
		5	6	7	8
1	FUND BALANCE AT BEGINNING OF PERIOD		26,255		
2	NET INCOME (LOSS)				
3	TOTAL		26,255		
4	ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
5	ADDITIONS (CREDIT ADJUSTM				
6	ROUNDING				
7					
8					
9					
10	TOTAL ADDITIONS				
11	SUBTOTAL		26,255		
12	DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
13	DEDUCTIONS (DEBIT ADJUSTM				
14	TRANSFERS	26,255			
15					
16					
17					
18	TOTAL DEDUCTIONS		26,255		
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	32,089,722		32,089,722
4 00 SWING BED - SNF			
5 00 SWING BED - NF			
9 00 TOTAL GENERAL INPATIENT ROUTINE CARE	32,089,722		32,089,722
INTENSIVE CARE TYPE INPATIENT HOSPITAL SVCS			
10 00 INTENSIVE CARE UNIT	4,509,935		4,509,935
14 00 NEONATAL INTENSIVE CARE UNIT	4,895,979		4,895,979
15 00 TOTAL INTENSIVE CARE TYPE INPAT HOSP	9,405,914		9,405,914
16 00 TOTAL INPATIENT ROUTINE CARE SERVICE	41,495,636		41,495,636
17 00 ANCILLARY SERVICES	227,908,144	254,982,447	482,890,591
18 00 OUTPATIENT SERVICES			
18 50 RURAL HEALTH CLINIC		1,841,359	1,841,359
24 00			
25 00 TOTAL PATIENT REVENUES	269,403,780	256,823,806	526,227,586

PART II - OPERATING EXPENSES

26 00 OPERATING EXPENSES	161,820,702
ADD (SPECIFY)	
27 00 ADD (SPECIFY)	
28 00	
29 00	
30 00	
31 00	
32 00	
33 00 TOTAL ADDITIONS	
DEDUCT (SPECIFY)	
34 00 DEDUCT (SPECIFY)	
35 00	
36 00	
37 00	
38 00	
39 00 TOTAL DEDUCTIONS	
40 00 TOTAL OPERATING EXPENSES	161,820,702

DESCRIPTION

1	TOTAL PATIENT REVENUES	526,227,586
2	LESS: ALLOWANCES AND DISCOUNTS ON PATIENT'S ACCTS	323,214,037
3	NET PATIENT REVENUES	203,013,549
4	LESS: TOTAL OPERATING EXPENSES	161,820,702
5	NET INCOME FROM SERVICE TO PATIENTS	41,192,847
	OTHER INCOME	
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.	1,517
7	INCOME FROM INVESTMENTS	25,667,670
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE	
9	REVENUE FROM TELEVISION AND RADIO SERVICE	
10	PURCHASE DISCOUNTS	39,136
11	REBATES AND REFUNDS OF EXPENSES	
12	PARKING LOT RECEIPTS	
13	REVENUE FROM LAUNDRY AND LINEN SERVICE	
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS	899,447
15	REVENUE FROM RENTAL OF LIVING QUARTERS	
16	REVENUE FROM SALE OF MEDICAL & SURGICAL SUPPLIES TO OTHER THAN PATIENTS	995
17	REVENUE FROM SALE OF DRUGS TO OTHER THAN PATIENTS	
18	REVENUE FROM SALE OF MEDICAL RECORDS & ABSTRACTS	79,871
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC)	
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOP & CANTEEN	
21	RENTAL OF VENDING MACHINES	13,776
22	RENTAL OF HOSPITAL SPACE	479,703
23	GOVERNMENTAL APPROPRIATIONS	336,511
24	TRANSFER, MISCELLANEOUS	2,377
25	TOTAL OTHER INCOME	27,521,003
26	TOTAL	68,713,850
	OTHER EXPENSES	
27	LOSS ON DISPOSAL OF EQUIPMENT	72,120
28	CORP ALLOCATION	41,480,806
29	ROUNDING	39
30	TOTAL OTHER EXPENSES	41,552,965
31	NET INCOME (OR LOSS) FOR THE PERIOD	27,160,885







ALLOCATION OF OVERHEAD  
TO RHC/FQHC SERVICES

PROVIDER NO:	PERIOD:	PREPARED
14-0164	FROM 4/ 1/2010	3/ 1/2012
COMPONENT NO:	TO 3/31/2011	WORKSHEET M-2
14-3454		

RHC 1

VISITS AND PRODUCTIVITY

	NUMBER OF FTE PERSONNEL 1	TOTAL VISITS 2	PRODUCTIVITY STANDARD(1) 3	MINIMUM VISITS 4
POSITIONS				
1	PHYSICIANS		4,200	
2	PHYSICIAN ASSISTANTS		2,100	
3	NURSE PRACTITIONERS		2,100	
4	SUBTOTAL (SUM OF LINES 1-3)			
5	VISITING NURSE			
6	CLINICAL PSYCHOLOGIST			
7	CLINICAL SOCIAL WORKER			
8	TOTAL FTEs AND VISITS (SUM OF LINES 4-7)			
9	PHYSICIAN SERVICES UNDER AGREEMENTS	14,724		
DETERMINATION OF ALLOWABLE COST APPLICABLE TO RHC/FQHC SERVICES				
10	TOTAL COSTS OF HEALTH CARE SERVICES (FROM WORKSHEET M-1, COLUMN 7, LINE 22)	959,401		
11	TOTAL NONREIMBURSABLE COSTS (FROM WORKSHEET M-1, COLUMN 7, LINE 28)			
12	COST OF ALL SERVICES (EXCLUDING OVERHEAD) (SUM OF LINES 10 AND 11)	959,401		
13	RATIO OF RHC/FQHC SERVICES (LINE 10 DIVIDED BY LINE 12)	1.000000		
14	TOTAL FACILITY OVERHEAD (FROM WORKSHEET M-1, COLUMN 7, LINE 31)	515,468		
15	PARENT PROVIDER OVERHEAD ALLOCATED TO FACILITY (SEE INSTRUCTIONS)	593,946		
16	TOTAL OVERHEAD (SUM OF LINES 14 AND 15)	1,109,414		
17	ALLOWABLE GME OVERHEAD (SEE INSTRUCTIONS)	205,246		
18	SUBTRACT LINE 17 FROM LINE 16	904,168		
19	OVERHEAD APPLICABLE TO RHC/FQHC SERVICES (LINE 13 X LINE 18)	904,168		
20	TOTAL ALLOWABLE COST OF RHC/FQHC SERVICES (SUM OF LINES 10 AND 19)	1,863,569		





COMPUTATION OF PNEUMOCOCCAL AND INFLUENZA VACCINE COST

PROVIDER NO: 14-0164  
 COMPONENT NO: 14-3454  
 PERIOD: FROM 4/1/2010 TO 3/31/2011  
 PREPARED 3/1/2012  
 WORKSHEET M-4

TITLE XVII I

RHC 1

	PNEUMOCOCCAL 1	INFLUENZA 2	H1N1 ONLY 2. 1	INFLUENZA AND H1N1 2. 2
1 HEALTH CARE STAFF COST (FROM WORKSHEET M-1, COLUMN 7, LINE 10)	136,789	136,789	136,789	136,789
2 RATIO OF PNEUMOCOCCAL AND INFLUENZA VACCINE STAFF TIME TO TOTAL HEALTH CARE STAFF TIME	.002552	.005634		
3 PNEUMOCOCCAL AND INFLUENZA VACCINE HEALTH CARE STAFF COST (LINE 1 X LINE 2)	349	771		
4 MEDICAL SUPPLIES COST - PNEUMOCOCCAL AND INFLUENZA VACCINE (FROM YOUR RECORDS)	19,129	3,754		
5 DIRECT COST OF PNEUMOCOCCAL AND INFLUENZA VACCINE (LINE 3 PLUS LINE 4)	19,478	4,525		
6 TOTAL DIRECT COST OF THE FACILITY (FROM WORKSHEET M-1, COLUMN 7, LINE 22)	959,401	959,401	959,401	959,401
7 TOTAL OVERHEAD (FROM WORKSHEET M-2, LINE 16)	1,109,414	1,109,414	1,109,414	1,109,414
8 RATIO OF PNEUMOCOCCAL AND INFLUENZA VACCINE DIRECT COST TO TOTAL DIRECT COST (LINE 5 DIVIDED BY LINE 6)	.020302	.004716		
9 OVERHEAD COST - PNEUMOCOCCAL AND INFLUENZA VACCINE (LINE 7 X LINE 8)	22,523	5,232		
10 TOTAL PNEUMOCOCCAL AND INFLUENZA VACCINE COST AND ITS (THEIR) ADMINISTRATION (SUM OF LINES 5 AND 9)	42,001	9,757		
11 TOTAL NUMBER OF PNEUMOCOCCAL AND INFLUENZA VACCINE INJECTIONS (FROM YOUR RECORDS)	149	329		
12 COST PER PNEUMOCOCCAL AND INFLUENZA VACCINE INJECTION (LINE 10 DIVIDED BY LINE 11)	281.89	29.66		
13 NUMBER OF PNEUMOCOCCAL AND INFLUENZA VACCINE INJECTIONS ADMINISTERED TO PROGRAM BENEFICIARIES	1	6		
14 PROGRAM COST OF PNEUMOCOCCAL AND INFLUENZA VACCINE AND ITS (THEIR) ADMINISTRATION (LINE 12 X LINE 13)	282	178		
15 TOTAL COST OF PNEUMOCOCCAL AND INFLUENZA VACCINE AND ITS (THEIR) ADMINISTRATION (SUM OF COLUMNS 1 AND 2, LINE 10) (TRANSFER THIS AMOUNT TO WORKSHEET M-3, LINE 2)		51,758		
16 TOTAL PROGRAM COST OF PNEUMOCOCCAL AND INFLUENZA VACCINE AND ITS (THEIR) ADMINISTRATION (SUM OF COLUMNS 1 AND 2, LINE 14) (TRANSFER THIS AMOUNT TO WORKSHEET M-3, LINE 20)		460		

