

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

FORM APPROVED
 OMB NO. 0938-0050

WORKSHEET S
 PARTS I & II

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX		PROVIDER NO:		PERIOD		INTERMEDIARY USE ONLY		DATE RECEIVED:
COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY		14-1334		FROM 4/ 1/2010		--AUDITED --DESK REVIEW		/ /
				TO 3/31/2011		--INITIAL --REOPENED		INTERMEDIARY NO:
						--FINAL 1-MCR CODE		
						00 - # OF REOPENINGS		

ELECTRONICALLY FILED COST REPORT DATE: 3/ 1/2012 TIME 9: 05

PART I - CERTIFICATION

MISREPRESENTATION OR FALSIFICATION OF ANY INFORMATION CONTAINED IN THIS COST REPORT MAY BE PUNISHABLE BY CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINE AND/OR IMPRISONMENT UNDER FEDERAL LAW. FURTHERMORE, IF SERVICES IDENTIFIED BY THIS REPORT WERE PROVIDED OR PROCURED THROUGH THE PAYMENT DIRECTLY OR INDIRECTLY OF A KICKBACK OR WHERE OTHERWISE ILLEGAL, CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINES AND/OR IMPRISONMENT MAY RESULT.

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY THAT I HAVE READ THE ABOVE STATEMENT AND THAT I HAVE EXAMINED THE ACCOMPANYING ELECTRONICALLY FILED OR MANUALLY SUBMITTED COST REPORT AND THE BALANCE SHEET AND STATEMENT OF REVENUE AND EXPENSES PREPARED BY:
 SAINT JOSEPH MEMORIAL HOSPITAL 14-1334

FOR THE COST REPORTING PERIOD BEGINNING 4/ 1/2010 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	-580,157	601,288		0
9	RHC	0	0	0		0
100	TOTAL	0	-580,157	601,288		0

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

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

DESCRIPTION

UNCOMPENSATED CARE INFORMATION	
1	DO YOU HAVE A WRITTEN CHARITY CARE POLICY?
2	ARE PATIENTS WRITE-OFFS IDENTIFIED AS CHARITY? IF YES ANSWER LINES 2.01 THRU 2.04
2.01	IS IT AT THE TIME OF ADMISSION?
2.02	IS IT AT THE TIME OF FIRST BILLING?
2.03	IS IT AFTER SOME COLLECTION EFFORT HAS BEEN MADE?
2.04	
3	ARE CHARITY WRITE-OFFS MADE FOR PARTIAL BILLS?
4	ARE CHARITY DETERMINATIONS BASED UPON ADMINISTRATIVE JUDGMENT WITHOUT FINANCIAL DATA?
5	ARE CHARITY DETERMINATIONS BASED UPON INCOME DATA ONLY?
6	ARE CHARITY DETERMINATIONS BASED UPON NET WORTH (ASSETS) DATA?
7	ARE CHARITY DETERMINATIONS BASED UPON INCOME AND NET WORTH DATA?
8	DOES YOUR ACCOUNTING SYSTEM SEPARATELY IDENTIFY BAD DEBT AND CHARITY CARE? IF YES ANSWER 8.01
8.01	DO YOU SEPARATELY ACCOUNT FOR INPATIENT AND OUTPATIENT SERVICES?
9	IS DISCERNING CHARITY FROM BAD DEBT A HIGH PRIORITY IN YOUR INSTITUTION? IF NO ANSWER 9.01 THRU 9.04
9.01	IS IT BECAUSE THERE IS NOT ENOUGH STAFF TO DETERMINE ELIGIBILITY?
9.02	IS IT BECAUSE THERE IS NO FINANCIAL INCENTIVE TO SEPARATE CHARITY FROM BAD DEBT?
9.03	IS IT BECAUSE THERE IS NO CLEAR DIRECTIVE POLICY ON CHARITY DETERMINATION?
9.04	IS IT BECAUSE YOUR INSTITUTION DOES NOT DEEM THE DISTINCTION IMPORTANT?
10	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, WHAT IS THE MAXIMUM INCOME THAT CAN BE EARNED BY PATIENTS (SINGLE WITHOUT DEPENDENT) AND STILL DETERMINED TO BE A CHARITY WRITE OFF?
11	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, IS THE INCOME DIRECTLY TIED TO FEDERAL POVERTY LEVEL? IF YES ANSWER 11.01 THRU 11.04
11.01	IS THE PERCENTAGE LEVEL USED LESS THAN 100% OF THE FEDERAL POVERTY LEVEL?
11.02	IS THE PERCENTAGE LEVEL USED BETWEEN 100% AND 150% OF THE FEDERAL POVERTY LEVEL?
11.03	IS THE PERCENTAGE LEVEL USED BETWEEN 150% AND 200% OF THE FEDERAL POVERTY LEVEL?
11.04	IS THE PERCENTAGE LEVEL USED GREATER THAN 200% OF THE FEDERAL POVERTY LEVEL?
12	ARE PARTIAL WRITE-OFFS GIVEN TO HIGHER INCOME PATIENTS ON A GRADUAL SCALE?
13	IS THERE CHARITY CONSIDERATION GIVEN TO HIGH NET WORTH PATIENTS WHO HAVE CATASTROPHIC OR OTHER EXTRAORDINARY MEDICAL EXPENSES?
14	IS YOUR HOSPITAL STATE OR LOCAL GOVERNMENT OWNED? IF YES ANSWER LINES 14.01 AND 14.02
14.01	DO YOU RECEIVE DIRECT FINANCIAL SUPPORT FROM THAT GOVERNMENT ENTITY FOR THE PURPOSE OF PROVIDING COMPENSATED CARE?
14.02	WHAT PERCENTAGE OF THE AMOUNT ON LINE 14.01 IS FROM GOVERNMENT FUNDING?
15	DO YOU RECEIVE RESTRICTED GRANTS FOR RENDERING CARE TO CHARITY PATIENTS?
16	ARE OTHER NON-RESTRICTED GRANTS USED TO SUBSIDIZE CHARITY CARE?
UNCOMPENSATED CARE REVENUES	
17	REVENUE FROM UNCOMPENSATED CARE
17.01	GROSS MEDICAID REVENUES 1,366,725
18	REVENUES FROM STATE AND LOCAL INDIGENT CARE PROGRAMS
19	REVENUE RELATED TO SCHIP (SEE INSTRUCTIONS)
20	RESTRICTED GRANTS 15,538
21	NON-RESTRICTED GRANTS
22	TOTAL GROSS UNCOMPENSATED CARE REVENUES 1,382,263
UNCOMPENSATED CARE COST	
23	TOTAL CHARGES FOR PATIENTS COVERED BY STATE AND LOCAL INDIGENT CARE PROGRAMS 926
24	COST TO CHARGE RATIO (WKST C, PART I, COLUMN 3, LINE 103, DIVIDED BY COLUMN 8, LINE 103) .345739
25	TOTAL STATE AND LOCAL INDIGENT CARE PROGRAM COST (LINE 23 * LINE 24) 320
26	TOTAL SCHIP CHARGES FROM YOUR RECORDS
27	TOTAL SCHIP COST, (LINE 24 * LINE 26)

DESCRIPTION

28	TOTAL GROSS MEDICAID CHARGES FROM YOUR RECORDS	13,338,388
29	TOTAL GROSS MEDICAID COST (LINE 24 * LINE 28)	4,611,601
30	OTHER UNCOMPENSATED CARE CHARGES FROM YOUR RECORDS	4,403,709
31	UNCOMPENSATED CARE COST (LINE 24 * LINE 30)	1,522,534
32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL (SUM OF LINES 25, 27, AND 29)	4,611,921

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

PROVIDER NO:
14-1334

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					
2	0200 OLD CAP REL COSTS-MVBLE EQUIP					
3	0300 NEW CAP REL COSTS-BLDG & FIXT		1,005,018	1,005,018	156,351	1,161,369
4	0400 NEW CAP REL COSTS-MVBLE EQUIP		1,075,388	1,075,388	91,826	1,167,214
5	0500 EMPLOYEE BENEFITS	169,531	3,664,323	3,833,854	-63,496	3,770,358
6.01	0620 DATA PROCESSING					
6.02	0630 PURCHASING, RECEIVING AND STORES	24,319	36,918	61,237		61,237
6.03	0650 CASHIERING/ACCOUNTS RECEIVABLE	427,571	29,053	456,624		456,624
6.04	0660 OTHER ADMINISTRATIVE AND GENERAL	800,037	2,352,098	3,152,135	-29,635	3,122,500
7	0700 MAINTENANCE & REPAIRS	318,165	572,528	890,693		890,693
8	0800 OPERATION OF PLANT	130,308	2,289	132,597		132,597
9	0900 LAUNDRY & LINEN SERVICE		56,889	56,889		56,889
10	1000 HOUSEKEEPING	245,501	59,957	305,458		305,458
11	1100 DIETARY	345,948	114,891	460,839	-321,293	139,546
12	1200 CAFETERIA				320,746	320,746
14	1400 NURSING ADMINISTRATION	918,648	145,117	1,063,765		1,063,765
15	1500 CENTRAL SERVICES & SUPPLY		28,860	28,860	-268	28,592
16	1600 PHARMACY	328,310	1,565,707	1,894,017	-77	1,893,940
17	1700 MEDICAL RECORDS & LIBRARY	66,519	3,569	70,088		70,088
18	1800 SOCIAL SERVICE	23,833	188	24,021		24,021
20	2000 NONPHYSICIAN ANESTHETISTS INPAT ROUTINE SRVC CNTRS				576,223	576,223
25	2500 ADULTS & PEDIATRICS ANCILLARY SRVC COST CNTRS	2,176,063	362,616	2,538,679	-7,290	2,531,389
37	3700 OPERATING ROOM	1,075,292	1,184,878	2,260,170	-705,578	1,554,592
38	3800 RECOVERY ROOM	129,539	6,085	135,624	-161	135,463
40	4000 ANESTHESIOLOGY	259,492	312,214	571,706	-520,890	50,816
41	4100 RADIOLOGY-DIAGNOSTIC	818,642	675,770	1,494,412		1,494,412
44	4400 LABORATORY	697,429	1,063,955	1,761,384		1,761,384
48	4800 INTRAVENOUS THERAPY	157,521	36,830	194,351	-317	194,034
49	4900 RESPIRATORY THERAPY	432,117	71,654	503,771	-30,822	472,949
49.01	3950 SLEEP LAB	971,838	335,419	1,307,257	-50	1,307,207
49.02	3951 GERIATRIC PSYCH		427,155	427,155		427,155
50	5000 PHYSICAL THERAPY	277,254	115,922	393,176	-53	393,123
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS				478,074	478,074
55.30	5530 IMPL. DEV. CHARGED TO PATIENT				264,208	264,208
56	5600 DRUGS CHARGED TO PATIENTS				13,417	13,417
59.97	3997 CARDIAC REHABILITATION OUTPAT SERVICE COST CNTRS	253,281	16,315	269,596		269,596
61	6100 EMERGENCY	1,167,537	1,158,896	2,326,433	-2,373	2,324,060
62	6200 OBSERVATION BEDS (NON-DISTINCT PART) SPEC PURPOSE COST CENTERS					
88	8800 INTEREST EXPENSE		418,463	418,463	-218,542	199,921
95	SUBTOTALS	12,214,695	16,898,965	29,113,660	-0-	29,113,660
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN					
98	9800 PHYSICIANS' PRIVATE OFFICES		13,784	13,784		13,784
98.01	9801 UNUSED SPACE					
101	TOTAL	12,214,695	16,912,749	29,127,444	-0-	29,127,444

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

I PROVIDER NO: I PERIOD: I PREPARED 3/ 1/2012
I 14-1334 I FROM 4/ 1/2010 I WORKSHEET A
I I TO 3/31/2011 I

COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS 6	NET EXPENSES FOR ALLOC 7
	GENERAL SERVICE COST CNTR		
1	0100 OLD CAP REL COSTS-BLDG & FIXT		
2	0200 OLD CAP REL COSTS-MVBLE EQUIP		
3	0300 NEW CAP REL COSTS-BLDG & FIXT	-6,202	1,155,167
4	0400 NEW CAP REL COSTS-MVBLE EQUIP	591,774	1,758,988
5	0500 EMPLOYEE BENEFITS	116,337	3,886,695
6.01	0620 DATA PROCESSING	1,090,825	1,090,825
6.02	0630 PURCHASING, RECEIVING AND STORES	-4,103	57,134
6.03	0650 CASHIERING/ACCOUNTS RECEIVABLE	603,921	1,060,545
6.04	0660 OTHER ADMINISTRATIVE AND GENERAL	100,403	3,222,903
7	0700 MAINTENANCE & REPAIRS		890,693
8	0800 OPERATION OF PLANT		132,597
9	0900 LAUNDRY & LINEN SERVICE		56,889
10	1000 HOUSEKEEPING		305,458
11	1100 DIETARY		139,546
12	1200 CAFETERIA	-73,950	246,796
14	1400 NURSING ADMINISTRATION		1,063,765
15	1500 CENTRAL SERVICES & SUPPLY		28,592
16	1600 PHARMACY		1,893,940
17	1700 MEDICAL RECORDS & LIBRARY	-21,917	48,171
18	1800 SOCIAL SERVICE		24,021
20	2000 NONPHYSICIAN ANESTHETISTS	-576,223	
	INPAT ROUTINE SRVC CNTRS		
25	2500 ADULTS & PEDIATRICS		2,531,389
	ANCILLARY SRVC COST CNTRS		
37	3700 OPERATING ROOM		1,554,592
38	3800 RECOVERY ROOM		135,463
40	4000 ANESTHESIOLOGY		50,816
41	4100 RADIOLOGY-DIAGNOSTIC	-897	1,493,515
44	4400 LABORATORY		1,761,384
48	4800 INTRAVENOUS THERAPY		194,034
49	4900 RESPIRATORY THERAPY		472,949
49.01	3950 SLEEP LAB	-2,392	1,304,815
49.02	3951 GERIATRIC PSYCH		427,155
50	5000 PHYSICAL THERAPY		393,123
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS		478,074
55.30	5530 IMPL. DEV. CHARGED TO PATIENT		264,208
56	5600 DRUGS CHARGED TO PATIENTS		13,417
59.97	3997 CARDIAC REHABILITATION	-23,637	245,959
	OUTPAT SERVICE COST CNTRS		
61	6100 EMERGENCY	-944,190	1,379,870
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)		
	SPEC PURPOSE COST CENTERS		
88	8800 INTEREST EXPENSE	-199,921	-0-
95	SUBTOTALS	649,828	29,763,488
	NONREIMBURS COST CENTERS		
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN		
98	9800 PHYSICIANS' PRIVATE OFFICES	-5,663	8,121
98.01	9801 UNUSED SPACE		
101	TOTAL	644,165	29,771,609

COST CENTERS USED IN COST REPORT

PROVIDER NO: 14-1334
 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	
2	OLD CAP REL COSTS-MVBLE EQUIP	0200	
3	NEW CAP REL COSTS-BLDG & FIXT	0300	
4	NEW CAP REL COSTS-MVBLE EQUIP	0400	
5	EMPLOYEE BENEFITS	0500	
6.01	DATA PROCESSING	0620	DATA PROCESSING
6.02	PURCHASING, RECEIVING AND STORES	0630	PURCHASING, RECEIVING AND STORES
6.03	CASHIERING/ACCOUNTS RECEIVABLE	0650	CASHIERING/ACCOUNTS RECEIVABLE
6.04	OTHER ADMINISTRATIVE AND GENERAL	0660	OTHER ADMINISTRATIVE AND GENERAL
7	MAINTENANCE & REPAIRS	0700	
8	OPERATION OF PLANT	0800	
9	LAUNDRY & LINEN SERVICE	0900	
10	HOUSEKEEPING	1000	
11	DIETARY	1100	
12	CAFETERIA	1200	
14	NURSING ADMINISTRATION	1400	
15	CENTRAL SERVICES & SUPPLY	1500	
16	PHARMACY	1600	
17	MEDICAL RECORDS & LIBRARY	1700	
18	SOCIAL SERVICE	1800	
20	NONPHYSICIAN ANESTHETISTS	2000	
25	INPAT ROUTINE SRVC ADULTS & PEDIATRICS	2500	
	ANCILLARY SRVC COST		
37	OPERATING ROOM	3700	
38	RECOVERY ROOM	3800	
40	ANESTHESIOLOGY	4000	
41	RADIOLOGY-DIAGNOSTIC	4100	
44	LABORATORY	4400	
48	INTRAVENOUS THERAPY	4800	
49	RESPIRATORY THERAPY	4900	
49.01	SLEEP LAB	3950	OTHER ANCILLARY SERVICE COST CENTERS
49.02	GERIATRIC PSYCH	3951	OTHER ANCILLARY SERVICE COST CENTERS
50	PHYSICAL THERAPY	5000	
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	5500	
55.30	IMPL. DEV. CHARGED TO PATIENT	5530	IMPL. DEV. CHARGED TO PATIENT
56	DRUGS CHARGED TO PATIENTS	5600	
59.97	CARDIAC REHABILITATION	3997	CARDIAC REHABILITATION
	OUTPAT SERVICE COST		
61	EMERGENCY	6100	
62	OBSERVATION BEDS (NON-DISTINCT PART)	6200	
	SPEC PURPOSE COST CE		
88	INTEREST EXPENSE	8800	
95	SUBTOTALS	0000	
	NONREIMBURS COST CEN		
96	GIFT, FLOWER, COFFEE SHOP & CANTEEN	9600	
98	PHYSICIANS' PRIVATE OFFICES	9800	
98.01	UNUSED SPACE	9801	PHYSICIANS' PRIVATE OFFICES
101	TOTAL	0000	

RECLASSIFICATIONS

PROVIDER NO:
141334

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

PREPARED 3/ 1/2012
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	----- INCREASE -----				
	CODE (1)	COST CENTER 2	LINE NO 3	SALARY 4	OTHER 5
1 DIETARY RECLASS	A	CAFETERIA	12	241,067	80,060
2 MEDICAL SUPPLY RECLASS	B	MEDICAL SUPPLIES CHARGED TO PATIENTS	55		742,282
3					
4					
5					
6					
7					
8					
9					
10 CRNA RECLASS	C	NONPHYSICIAN ANESTHETISTS	20	259,492	316,731
11					
12 INSURANCE RECLASS	E	NEW CAP REL COSTS-BLDG & FIXT	3		18,670
13		NEW CAP REL COSTS-MVBLE EQUIP	4		10,965
14 IV SOLUTIONS	F	DRUGS CHARGED TO PATIENTS	56		13,417
15					
16					
17					
18					
19					
20					
21					
22					
23					
24 INTEREST RECLASS	G	NEW CAP REL COSTS-BLDG & FIXT	3		137,681
25		NEW CAP REL COSTS-MVBLE EQUIP	4		80,861
26 IMPLANTABLE DEVICE RECLASS	H	IMPL. DEV. CHARGED TO PATIENT	55.30		264,208
36 TOTAL RECLASSIFICATIONS				500,559	1,664,875

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

RECLASSIFICATIONS

PROVIDER NO:
141334

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

PREPARED 3/ 1/2012
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	CODE (1)	----- DECREASE -----				A-7 REF 10
		COST CENTER 6	LINE NO 7	SALARY 8	OTHER 9	
1 DIETARY RECLASS	A	DIETARY	11	241,067	80,060	
2 MEDICAL SUPPLY RECLASS	B	OPERATING ROOM	37		702,440	
3		ANESTHESIOLOGY	40		7,912	
4		RESPIRATORY THERAPY	49		30,822	
5		EMERGENCY	61		628	
6		INTRAVENOUS THERAPY	48		12	
7		ADULTS & PEDIATRICS	25		147	
8		CENTRAL SERVICES & SUPPLY	15		268	
9		PHYSICAL THERAPY	50		53	
10 CRNA RECLASS	C	ANESTHESIOLOGY	40	259,492	253,235	
11		EMPLOYEE BENEFITS	5		63,496	
12 INSURANCE RECLASS	E	OTHER ADMINISTRATIVE AND GENERAL	6.04		29,635	9
13						9
14 IV SOLUTIONS	F	DIETARY	11		166	
15		CAFETERIA	12		381	
16		ADULTS & PEDIATRICS	25		7,143	
17		OPERATING ROOM	37		3,138	
18		RECOVERY ROOM	38		161	
19		ANESTHESIOLOGY	40		251	
20		EMERGENCY	61		1,745	
21		INTRAVENOUS THERAPY	48		305	
22		PHARMACY	16		77	
23		SLEEP LAB	49.01		50	
24 INTEREST RECLASS	G	INTEREST EXPENSE	88		218,542	9
25						9
26 IMPLANTABLE DEVICE RECLASS	H	MEDICAL SUPPLIES CHARGED TO PATIENTS	55		264,208	
36 TOTAL RECLASSIFICATIONS				500,559	1,664,875	

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

RECLASSIFICATIONS

PROVIDER NO:
141334

PERIOD:
FROM 4/1/2010
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	321,127	DIETARY	11	321,127	
TOTAL RECLASSIFICATIONS FOR CODE A			321,127				321,127

RECLASS CODE: B
EXPLANATION: MEDICAL SUPPLY RECLASS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	MEDICAL SUPPLIES CHARGED TO PA	55	742,282	OPERATING ROOM	37	702,440	
2.00			0	ANESTHESIOLOGY	40	7,912	
3.00			0	RESPIRATORY THERAPY	49	30,822	
4.00			0	EMERGENCY	61	628	
5.00			0	INTRAVENOUS THERAPY	48	12	
6.00			0	ADULTS & PEDIATRICS	25	147	
7.00			0	CENTRAL SERVICES & SUPPLY	15	268	
8.00			0	PHYSICAL THERAPY	50	53	
TOTAL RECLASSIFICATIONS FOR CODE B			742,282				742,282

RECLASS CODE: C
EXPLANATION: CRNA RECLASS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NONPHYSICIAN ANESTHETISTS	20	576,223	ANESTHESIOLOGY	40	512,727	
2.00			0	EMPLOYEE BENEFITS	5	63,496	
TOTAL RECLASSIFICATIONS FOR CODE C			576,223				576,223

RECLASS CODE: E
EXPLANATION: INSURANCE RECLASS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	18,670	OTHER ADMINISTRATIVE AND GENER	6.04	29,635	
2.00	NEW CAP REL COSTS-MVBLE EQUIP	4	10,965			0	
TOTAL RECLASSIFICATIONS FOR CODE E			29,635				29,635

RECLASS CODE: F
EXPLANATION: IV SOLUTIONS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	DRUGS CHARGED TO PATIENTS	56	13,417	DIETARY	11	166	
2.00			0	CAFETERIA	12	381	
3.00			0	ADULTS & PEDIATRICS	25	7,143	
4.00			0	OPERATING ROOM	37	3,138	
5.00			0	RECOVERY ROOM	38	161	
6.00			0	ANESTHESIOLOGY	40	251	
7.00			0	EMERGENCY	61	1,745	
8.00			0	INTRAVENOUS THERAPY	48	305	
9.00			0	PHARMACY	16	77	
10.00			0	SLEEP LAB	49.01	50	
TOTAL RECLASSIFICATIONS FOR CODE F			13,417				13,417

RECLASS CODE: G
EXPLANATION: INTEREST RECLASS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	137,681	INTEREST EXPENSE	88	218,542	
2.00	NEW CAP REL COSTS-MVBLE EQUIP	4	80,861			0	
TOTAL RECLASSIFICATIONS FOR CODE G			218,542				218,542

RECLASS CODE: H
EXPLANATION: IMPLANTABLE DEVICE RECLASS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	IMPL. DEV. CHARGED TO PATIENT	55.30	264,208	MEDICAL SUPPLIES CHARGED TO PA	55	264,208	
TOTAL RECLASSIFICATIONS FOR CODE H			264,208				264,208

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

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

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING BALANCES 1	PURCHASES 2	ACQUISITIONS DONATION 3	TOTAL 4	DI SPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7
1 LAND	171,136					171,136	
2 LAND IMPROVEMENTS	758,286	93,249		93,249	158	851,377	
3 BUILDINGS & FIXTURE	14,035,069	3,339,266		3,339,266	78,188	17,296,147	
4 BUILDING IMPROVEMENT							
5 FIXED EQUIPMENT							
6 MOVABLE EQUIPMENT	9,102,920	1,975,879		1,975,879	552,612	10,526,187	
7 SUBTOTAL	24,067,411	5,408,394		5,408,394	630,958	28,844,847	
8 RECONCILING ITEMS							
9 TOTAL	24,067,411	5,408,394		5,408,394	630,958	28,844,847	

PART III - RECONCILIATION OF CAPITAL COST CENTERS
 DESCRIPTION

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

DESCRIPTION

SUMMARY OF OLD AND NEW CAPITAL

		DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL RELATED COST	TOTAL (1)
		9	10	11	12	13	14	15
*								
1	OLD CAP REL COSTS-BL							
2	OLD CAP REL COSTS-MV							
3	NEW CAP REL COSTS-BL	1,155,167						1,155,167
4	NEW CAP REL COSTS-MV	1,758,988						1,758,988
5	TOTAL	2,914,155						2,914,155

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

SUMMARY OF OLD AND NEW CAPITAL

		DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL RELATED COST	TOTAL (1)
		9	10	11	12	13	14	15
*								
1	OLD CAP REL COSTS-BL							
2	OLD CAP REL COSTS-MV							
3	NEW CAP REL COSTS-BL	1,005,018						1,005,018
4	NEW CAP REL COSTS-MV	1,075,388						1,075,388
5	TOTAL	2,080,406						2,080,406

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

ADJUSTMENTS TO EXPENSES

PROVIDER NO: 14-1334

PERIOD: FROM 4/1/2010 TO 3/31/2011
 PREPARED 3/1/2012
 WORKSHEET A-8

DESCRPTION (1)	(2) BASIS/CODE 1	AMOUNT 2	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED		LINE NO 4	WKST. A-7 REF. 5
			COST CENTER 3			
1 INVST INCOME-OLD BLDGS AND FIXTURES			OLD CAP REL COSTS-BLDG &		1	
2 INVESTMENT INCOME-OLD MOVABLE EQUIP			OLD CAP REL COSTS-MVBLE E		2	
3 INVST INCOME-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &		3	
4 INVESTMENT INCOME-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E		4	
5 INVESTMENT INCOME-OTHER						
6 TRADE, QUANTITY AND TIME DISCOUNTS						
7 REFUNDS AND REBATES OF EXPENSES						
8 RENTAL OF PRVIDER SPACE BY SUPPLIERS						
9 TELEPHONE SERVICES						
10 TELEVISION AND RADIO SERVICE						
11 PARKING LOT						
12 PROVIDER BASED PHYSICIAN ADJUSTMENT	A-8-2	-967,827				
13 SALE OF SCRAP, WASTE, ETC.						
14 RELATED ORGANIZATION TRANSACTIONS	A-8-1	4,604,295				
15 LAUNDRY AND LINEN SERVICE						
16 CAFETERIA--EMPLOYEES AND GUESTS	B	-65,098	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	-21,917	MEDICAL RECORDS & LIBRARY		17	
21 NURSG SCHOOL(TUITN, FEES, BOOKS, ETC.)						
22 VENDING MACHINES	B	-8,852	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	-576,223	NONPHYSICIAN ANESTHETISTS		20	
34 PHYSICIANS' ASSISTANT						
35 ADJUSTMENT FOR OCCUPATIONAL THERAPY	A-8-4		**COST CENTER DELETED**		51	
36 ADJUSTMENT FOR SPEECH PATHOLOGY	A-8-4		**COST CENTER DELETED**		52	
37 PURCHASE DISCOUNT	B	-4,103	PURCHASING, RECEIVING AND		6.02	
38 EMPLOYEE OUTPATIENT INSURANCE PYMTS	B	-807,631	EMPLOYEE BENEFITS		5	
39 LOBBYING EXPENSES	A	-7,817	OTHER ADMINISTRATIVE AND		6.04	
40 UNRESTRICTED INTEREST REVENUE	B	-87,489	OTHER ADMINISTRATIVE AND		6.04	
41 PERSONAL USE OF PROVIDER VEHICLES	A	-6,665	OTHER ADMINISTRATIVE AND		6.04	
42 LEASEHOLD REVENUE	B	-42,618	NEW CAP REL COSTS-BLDG &		3	
43 DONATIONS	A	-1,160	OTHER ADMINISTRATIVE AND		6.04	
44 XRAY FILM REVENUE	B	-897	RADIOLOGY-DIAGNOSTIC		41	
45 LOAN FORGIVENESS	A	-866,469	OTHER ADMINISTRATIVE AND		6.04	
46 NONALLOWABLE INTEREST EXPENSE	A	-199,921	INTEREST EXPENSE		88	
47 REAL ESTATE TAXES	A	-5,663	PHYSICIANS' PRIVATE OFFIC		98	
48 MEDICAID PROVIDER TAX	A	-287,388	OTHER ADMINISTRATIVE AND		6.04	
49 REAL ESTATE TAXES	A	-1,082	SLEEP LAB		49.01	
49.05 CABLE TV	A	-1,310	SLEEP LAB		49.01	
50 TOTAL (SUM OF LINES 1 THRU 49)		644,165				

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

(2) Basis for adjustment (see instructions).

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

B. Amount Received - if cost cannot be determined.

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

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

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

LINE NO.	COST CENTER	EXPENSE ITEMS	AMOUNT OF ALLOWABLE COST	AMOUNT	NET* ADJUSTMENTS	WKSHT A-7 COL. REF.
1	2	3	4	5	6	
1	3	NEW CAP REL COSTS-BLDG & HOME OFFICE	36,416		36,416	9
2	4	NEW CAP REL COSTS-MVBLE E HOME OFFICE	591,774		591,774	9
3	5	EMPLOYEE BENEFITS HOME OFFICE	923,968		923,968	
4	6 1	DATA PROCESSING HOME OFFICE	1,090,825		1,090,825	
4.01	6 3	CASHIERING/ACCOUNTS RECEI HOME OFFICE	603,921		603,921	
4.02	6 4	OTHER ADMINISTRATIVE AND HOME OFFICE	1,357,391		1,357,391	
5		TOTALS	4,604,295		4,604,295	

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

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

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

SYMBOL (1)	NAME	PERCENTAGE OF OWNERSHIP	RELATED ORGANIZATION(S) AND/OR HOME OFFICE		TYPE OF BUSINESS
			NAME	PERCENTAGE OF OWNERSHIP	
1	2	3	4	5	6
1	B SO. ILL. HOSPITAL SVCS.	100.00		100.00	
2	B SO. ILL. HEALTHCARE ENT.	100.00		100.00	
3	B HEALTH SVCS. OF SO. ILL.	100.00		100.00	
4	B SO. ILL. MEDICAL SERVICES	100.00		100.00	
5		0.00		0.00	

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

PROVIDER BASED PHYSICIAN ADJUSTMENTS

PROVIDER NO: 14-1334
 PERIOD: FROM 4/1/2010 TO 3/31/2011
 PREPARED 3/1/2012
 WORKSHEET A-8-2
 GROUP 1

LINE NO.	WKSHT A 1	COST CENTER/ PHYSICIAN IDENTIFIER 2	TOTAL REMUN- ERATION 3	PROFES- SIONAL COMPONENT 4	PROVIDER COMPONENT 5	RCE AMOUNT 6	PHYSICIAN/ PROVIDER COMPONENT HOURS 7	UNADJUSTED RCE LIMIT 8	5 PERCENT OF UNADJUSTED RCE LIMIT 9
1	61	SIMS	944,190	944,190					
2	44	SO ILL PATHOLOGY	40,000		40,000				
3	59 97	DR. BLAISE	26,954	23,637	3,317				
4	49 1	DR. BROWN	13,970		13,970				
5	48	DR. RIPPERDA	1,430		1,430				
6	49	DR. BROWN	407		407				
7									
8									
9									
10									
11									
12									
13									
14									
15									
16									
17									
18									
19									
20									
21									
22									
23									
24									
25									
26									
27									
28									
29									
30									
101		TOTAL	1,026,951	967,827	59,124				

COST ALLOCATION STATISTICS

I PROVIDER NO: I PERIOD: I PREPARED 3/ 1/2012
 I 14-1334 I FROM 4/ 1/2010 I NOT A CMS WORKSHEET
 I I TO 3/31/2011 I

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

COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION	OLD CAP REL C OSTS-BLDG & 1	OLD CAP REL C OSTS-MVBLE E 2	NEW CAP REL C OSTS-BLDG & 3	NEW CAP REL C OSTS-MVBLE E 4	EMPLOYEE BENEFITS 5	DATA PROCESSING 6.01
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &	1,155,167			1,155,167			
005 NEW CAP REL COSTS-MVBLE E	1,758,988				1,758,988		
006 EMPLOYEE BENEFITS	3,886,695			4,738	7,215	3,898,648	
006 01 DATA PROCESSING	1,090,825			3,974	6,051		1,100,850
006 02 PURCHASING, RECEIVING AND	57,134			3,960	6,030	8,045	9,290
006 03 CASHIERING/ACCOUNTS RECEI	1,060,545			13,533	20,607	141,439	55,739
006 04 OTHER ADMINISTRATIVE AND	3,222,903			277,680	422,827	264,649	97,544
007 MAINTENANCE & REPAIRS	890,693			28,053	42,716	105,248	9,290
008 OPERATION OF PLANT	132,597			68,722	104,643	43,105	4,645
009 LAUNDRY & LINEN SERVICE	56,889			12,199	18,576		
010 HOUSEKEEPING	305,458			1,973	3,004	81,211	9,290
011 DIETARY	139,546			43,031	65,524	34,698	13,935
012 CAFETERIA	246,796			29,540	44,980	79,741	
014 NURSING ADMINISTRATION	1,063,765			39,821	60,637	303,885	106,834
015 CENTRAL SERVICES & SUPPLY	28,592			8,559	13,033		
016 PHARMACY	1,893,940			8,976	13,668	108,604	18,580
017 MEDICAL RECORDS & LIBRARY	48,171			60,566	92,224	22,004	32,515
018 SOCIAL SERVICE	24,021			6,558	9,986	7,884	4,645
020 NONPHYSICIAN ANESTHETISTS							
025 INPAT ROUTINE SRVC CNTRS							
ADULTS & PEDIATRICS	2,531,389			154,339	235,014	719,826	162,569
037 ANCILLARY SRVC COST CNTRS							
OPERATING ROOM	1,554,592			87,326	132,973	355,702	88,254
038 RECOVERY ROOM	135,463			11,004	16,756	42,851	
040 ANESTHESIOLOGY	50,816			1,987	3,025		23,225
041 RADIOLOGY-DIAGNOSTIC	1,493,515			56,175	85,539	270,803	74,319
044 LABORATORY	1,761,384			36,723	55,918	230,707	69,674
048 INTRAVENOUS THERAPY	194,034			5,030	7,659	52,107	32,515
049 RESPIRATORY THERAPY	472,949			10,421	15,868	142,943	32,515
049 01 SLEEP LAB	1,304,815			59,496	90,595	321,480	74,319
049 02 GERIATRIC PSYCH	427,155			17,090	26,023		18,580
050 PHYSICAL THERAPY	393,123			3,640	5,543	91,715	46,449
055 MEDICAL SUPPLIES CHARGED	478,074						
055 30 IMPL. DEV. CHARGED TO PAT	264,208						
056 DRUGS CHARGED TO PATIENTS	13,417						
059 97 CARDIAC REHABILITATION	245,959			24,635	37,512	83,784	23,225
061 OUTPAT SERVICE COST CNTRS							
EMERGENCY	1,379,870			57,078	86,914	386,217	92,899
062 OBSERVATION BEDS (NON-DIS							
SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	29,763,488			1,136,827	1,731,060	3,898,648	1,100,850
NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP				5,988	9,119		
098 PHYSICIANS' PRIVATE OFFIC	8,121			12,352	18,809		
098 01 UNUSED SPACE							
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	29,771,609			1,155,167	1,758,988	3,898,648	1,100,850

COST CENTER DESCRIPTION	PURCHASING, RECEIVING AND	CASHIERING/AC COUNTS RECEI	SUBTOTAL	OTHER ADMINISTRATIVE AND	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE
	6.02	6.03		6a.03	6.04	7	8
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
006 01 DATA PROCESSING							
006 02 PURCHASING, RECEIVING AND	84,459						
006 03 CASHIERING/ACCOUNTS RECEI	1,261	1,293,124					
006 04 OTHER ADMINISTRATIVE AND			4,285,603	4,285,603			
007 MAINTENANCE & REPAIRS			1,076,000	180,935	1,256,935		
008 OPERATION OF PLANT			353,712	59,478	104,927	518,117	
009 LAUNDRY & LINEN SERVICE			87,664	14,741	18,626	8,377	129,408
010 HOUSEKEEPING	1		400,937	67,420	3,012	1,355	621
011 DIETARY	44		296,778	49,905	65,701	29,549	637
012 CAFETERIA	101		401,158	67,457	45,102	20,285	
014 NURSING ADMINISTRATION	44		1,574,986	264,842	60,801	27,345	
015 CENTRAL SERVICES & SUPPLY	282		50,466	8,486	13,068	5,877	
016 PHARMACY	4		2,043,772	343,670	13,705	6,164	
017 MEDICAL RECORDS & LIBRARY			255,480	42,960	92,474	41,590	
018 SOCIAL SERVICE			53,094	8,928	10,013	4,503	
020 NONPHYSICIAN ANESTHETISTS							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	20,587	54,698	3,878,422	652,180	235,649	105,984	46,638
025 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	27,114	160,287	2,406,248	404,623	133,333	59,967	20,272
038 RECOVERY ROOM	499	57,481	264,054	44,402	16,802	7,557	6,973
040 ANESTHESIOLOGY	4,840	16,050	99,943	16,806	3,034	1,364	
041 RADIOLOGY-DIAGNOSTIC	4,932	251,186	2,236,469	376,073	85,770	38,575	10,555
044 LABORATORY	7,659	287,680	2,449,745	411,937	56,070	25,217	
048 INTRAVENOUS THERAPY	2,559	5,430	299,334	50,335	7,680	3,454	
049 RESPIRATORY THERAPY	1,060	33,196	708,952	119,214	15,911	7,156	359
049 01 SLEEP LAB	1,312	126,973	1,978,990	332,777	90,840	40,856	11,464
049 02 GERIATRIC PSYCH		8,703	497,551	83,666	26,094	11,736	
050 PHYSICAL THERAPY	646	28,003	569,119	95,700	5,558	2,500	327
055 MEDICAL SUPPLIES CHARGED		60,311	538,385	90,532			
055 30 IMPL. DEV. CHARGED TO PAT		12,109	276,317	46,464			
056 DRUGS CHARGED TO PATIENTS		80,844	94,261	15,850			
059 97 CARDIAC REHABILITATION	429	9,772	425,316	71,519	37,613	16,917	93
061 OUTPAT SERVICE COST CNTRS							
061 EMERGENCY	11,085	100,401	2,114,464	355,558	87,149	39,195	31,469
062 OBSERVATION BEDS (NON-DIS							
062 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	84,459	1,293,124	29,717,220	4,276,458	1,228,932	505,523	129,408
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP			15,107	2,540	9,143	4,112	
098 PHYSICIANS' PRIVATE OFFIC			39,282	6,605	18,860	8,482	
098 01 UNUSED SPACE							
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	84,459	1,293,124	29,771,609	4,285,603	1,256,935	518,117	129,408

COST CENTER DESCRIPTION	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY
	10	11	12	14	15	16	17
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
006 01 DATA PROCESSING							
006 02 PURCHASING, RECEIVING AND							
006 03 CASHIERING/ACCOUNTS RECEI							
006 04 OTHER ADMINISTRATIVE AND							
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING	473,345						
011 DIETARY	1,668	444,238					
012 CAFETERIA	8,338		542,340				
014 NURSING ADMINISTRATION	556		41,718	1,970,248			
015 CENTRAL SERVICES & SUPPLY					77,897		
016 PHARMACY	7,227		13,906	96,792		2,525,236	
017 MEDICAL RECORDS & LIBRARY			10,430				442,934
018 SOCIAL SERVICE	556		3,477				
020 NONPHYSICIAN ANESTHETISTS							
025 INPAT ROUTINE SRVC CNTRS							
ADULTS & PEDIATRICS	237,644	444,238	132,107	921,142	16	12,348	144,188
037 ANCILLARY SRVC COST CNTRS							
OPERATING ROOM	71,433		59,101	418,084	73,701	5,425	60,164
038 RECOVERY ROOM	4,169		6,953	46,349		278	
040 ANESTHESIOLOGY	2,502		3,477	15,434	839	434	
041 RADIOLOGY-DIAGNOSTIC	17,233		38,242				29,045
044 LABORATORY	17,233		34,765				29,045
048 INTRAVENOUS THERAPY			10,430			1	527
049 RESPIRATORY THERAPY	6,115		24,336		3,267		7,261
049 01 SLEEP LAB	43,082		62,578				59,127
049 02 GERIATRIC PSYCH	6,115						7,261
050 PHYSICAL THERAPY			17,383		6	2,749	1,037
055 MEDICAL SUPPLIES CHARGED							
055 30 IMPL. DEV. CHARGED TO PAT							
056 DRUGS CHARGED TO PATIENTS							2,500,458
059 97 CARDIAC REHABILITATION	8,060		17,383				
061 OUTPAT SERVICE COST CNTRS							
EMERGENCY	41,414		66,054	472,447	67	3,017	105,806
062 OBSERVATION BEDS (NON-DIS							
SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	473,345	444,238	542,340	1,970,248	77,897	2,525,236	442,934
096 NONREIMBURS COST CENTERS							
098 GIFT, FLOWER, COFFEE SHOP							
098 01 PHYSICIANS' PRIVATE OFFIC							
UNUSED SPACE							
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	473,345	444,238	542,340	1,970,248	77,897	2,525,236	442,934

COST CENTER DESCRIPTION	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	SUBTOTAL	I&R COST POST STEP-DOWN ADJ 26	TOTAL
	18	20	25	26	27
001 GENERAL SERVICE COST CNTR					
002 OLD CAP REL COSTS-BLDG &					
003 OLD CAP REL COSTS-MVBLE E					
004 NEW CAP REL COSTS-BLDG &					
005 NEW CAP REL COSTS-MVBLE E					
006 EMPLOYEE BENEFITS					
006 01 DATA PROCESSING					
006 02 PURCHASING, RECEIVING AND					
006 03 CASHIERING/ACCOUNTS RECEI					
006 04 OTHER ADMINISTRATIVE AND					
007 MAINTENANCE & REPAIRS					
008 OPERATION OF PLANT					
009 LAUNDRY & LINEN SERVICE					
010 HOUSEKEEPING					
011 DIETARY					
012 CAFETERIA					
014 NURSING ADMINISTRATION					
015 CENTRAL SERVICES & SUPPLY					
016 PHARMACY					
017 MEDICAL RECORDS & LIBRARY					
018 SOCIAL SERVICE	80,571				
020 NONPHYSICIAN ANESTHETISTS					
025 INPAT ROUTINE SRVC CNTRS					
025 ADULTS & PEDIATRICS	80,571		6,891,127		6,891,127
037 ANCILLARY SRVC COST CNTRS					
037 OPERATING ROOM			3,712,351		3,712,351
038 RECOVERY ROOM			397,537		397,537
040 ANESTHESIOLOGY			143,833		143,833
041 RADIOLOGY-DIAGNOSTIC			2,831,962		2,831,962
044 LABORATORY			3,024,012		3,024,012
048 INTRAVENOUS THERAPY			371,761		371,761
049 RESPIRATORY THERAPY			892,571		892,571
049 01 SLEEP LAB			2,619,714		2,619,714
049 02 GERIATRIC PSYCH			632,423		632,423
050 PHYSICAL THERAPY			694,379		694,379
055 MEDICAL SUPPLIES CHARGED			628,917		628,917
055 30 IMPL. DEV. CHARGED TO PAT			322,781		322,781
056 DRUGS CHARGED TO PATIENTS			2,610,569		2,610,569
059 97 CARDIAC REHABILITATION			576,901		576,901
061 OUTPAT SERVICE COST CNTRS					
061 EMERGENCY			3,316,640		3,316,640
062 OBSERVATION BEDS (NON-DIS					
062 SPEC PURPOSE COST CENTERS					
095 SUBTOTALS	80,571		29,667,478		29,667,478
096 NONREIMBURS COST CENTERS					
096 GIFT, FLOWER, COFFEE SHOP			30,902		30,902
098 PHYSICIANS' PRIVATE OFFIC			73,229		73,229
098 01 UNUSED SPACE					
101 CROSS FOOT ADJUSTMENT					
102 NEGATIVE COST CENTER					
103 TOTAL	80,571		29,771,609		29,771,609

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	DIR ASSGND	OLD CAP REL C	OLD CAP REL C	NEW CAP REL C	NEW CAP REL C	SUBTOTAL	EMPLOYEE BENEFITS
	NEW CAPITAL REL COSTS	OSTS-BLDG &	OSTS-MVBLE E	OSTS-BLDG &	OSTS-MVBLE E		
	0	1	2	3	4	4a	5
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS				4,738	7,215	11,953	11,953
006 01 DATA PROCESSING				3,974	6,051	10,025	
006 02 PURCHASING, RECEIVING AND				3,960	6,030	9,990	25
006 03 CASHIERING/ACCOUNTS RECEI				13,533	20,607	34,140	434
006 04 OTHER ADMINISTRATIVE AND				277,680	422,827	700,507	811
007 MAINTENANCE & REPAIRS				28,053	42,716	70,769	323
008 OPERATION OF PLANT				68,722	104,643	173,365	132
009 LAUNDRY & LINEN SERVICE				12,199	18,576	30,775	
010 HOUSEKEEPING				1,973	3,004	4,977	249
011 DIETARY				43,031	65,524	108,555	106
012 CAFETERIA				29,540	44,980	74,520	244
014 NURSING ADMINISTRATION				39,821	60,637	100,458	932
015 CENTRAL SERVICES & SUPPLY				8,559	13,033	21,592	
016 PHARMACY				8,976	13,668	22,644	333
017 MEDICAL RECORDS & LIBRARY				60,566	92,224	152,790	67
018 SOCIAL SERVICE				6,558	9,986	16,544	24
020 NONPHYSICIAN ANESTHETISTS							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS				154,339	235,014	389,353	2,210
025 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM				87,326	132,973	220,299	1,090
038 RECOVERY ROOM				11,004	16,756	27,760	131
040 ANESTHESIOLOGY				1,987	3,025	5,012	
041 RADIOLOGY-DIAGNOSTIC				56,175	85,539	141,714	830
044 LABORATORY				36,723	55,918	92,641	707
048 INTRAVENOUS THERAPY				5,030	7,659	12,689	160
049 RESPIRATORY THERAPY				10,421	15,868	26,289	438
049 01 SLEEP LAB				59,496	90,595	150,091	985
049 02 GERIATRIC PSYCH				17,090	26,023	43,113	
050 PHYSICAL THERAPY				3,640	5,543	9,183	281
055 MEDICAL SUPPLIES CHARGED							
055 30 IMPL. DEV. CHARGED TO PAT							
056 DRUGS CHARGED TO PATIENTS							
059 97 CARDIAC REHABILITATION				24,635	37,512	62,147	257
059 OUTPAT SERVICE COST CNTRS							
061 EMERGENCY				57,078	86,914	143,992	1,184
062 OBSERVATION BEDS (NON-DIS							
062 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS				1,136,827	1,731,060	2,867,887	11,953
095 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP				5,988	9,119	15,107	
098 PHYSICIANS' PRIVATE OFFIC				12,352	18,809	31,161	
098 01 UNUSED SPACE							
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL				1,155,167	1,758,988	2,914,155	11,953

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO: 14-1334
 PERIOD: FROM 4/1/2010 TO 3/31/2011
 PREPARED 3/1/2012
 WORKSHEET B
 PART III

COST CENTER DESCRIPTION	DATA PROCESSING	PURCHASING, RECEIVING AND	CASHIERING/ACCOUNTS RECEIVABLE	OTHER ADMINISTRATIVE	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE
	6.01	6.02	6.03	6.04	7	8	9
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
006 01 DATA PROCESSING	10,025						
006 02 PURCHASING, RECEIVING AND	85	10,100					
006 03 CASHIERING/ACCOUNTS RECEI	508	151	35,233				
006 04 OTHER ADMINISTRATIVE AND	888			702,206			
007 MAINTENANCE & REPAIRS	85			29,647	100,824		
008 OPERATION OF PLANT	42			9,746	8,417	191,702	
009 LAUNDRY & LINEN SERVICE				2,415	1,494	3,100	37,784
010 HOUSEKEEPING	85			11,047	242	501	181
011 DIETARY	127	5		8,177	5,270	10,933	186
012 CAFETERIA		12		11,053	3,618	7,505	
014 NURSING ADMINISTRATION	973	5		43,396	4,877	10,118	
015 CENTRAL SERVICES & SUPPLY		34		1,390	1,048	2,175	
016 PHARMACY	169			56,312	1,099	2,281	
017 MEDICAL RECORDS & LIBRARY	296			7,039	7,418	15,388	
018 SOCIAL SERVICE	42			1,463	803	1,666	
020 NONPHYSICIAN ANESTHETISTS							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	1,481	2,462	1,491	106,854	18,902	39,214	13,618
025 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	804	3,242	4,371	66,299	10,695	22,187	5,919
038 RECOVERY ROOM		60	1,567	7,275	1,348	2,796	2,036
040 ANESTHESIOLOGY	211	579	438	2,754	243	505	
041 RADIOLOGY-DIAGNOSTIC	677	590	6,849	61,621	6,880	14,273	3,082
044 LABORATORY	634	916	7,818	67,498	4,498	9,330	
048 INTRAVENOUS THERAPY	296	306	148	8,248	616	1,278	
049 RESPIRATORY THERAPY	296	127	905	19,534	1,276	2,648	105
049 01 SLEEP LAB	677	157	3,462	54,527	7,287	15,116	3,347
049 02 GERIATRIC PSYCH	169		237	13,709	2,093	4,342	
050 PHYSICAL THERAPY	423	77	764	15,681	446	925	95
055 MEDICAL SUPPLIES CHARGED			1,645	14,834			
055 30 IMPL. DEV. CHARGED TO PAT			330	7,613			
056 DRUGS CHARGED TO PATIENTS			2,204	2,597			
059 97 CARDIAC REHABILITATION	211	51	266	11,719	3,017	6,259	27
059 OUTPAT SERVICE COST CNTRS							
061 EMERGENCY	846	1,326	2,738	58,260	6,991	14,502	9,188
062 OBSERVATION BEDS (NON-DIS							
062 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	10,025	10,100	35,233	700,708	98,578	187,042	37,784
095 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP				416	733	1,522	
098 PHYSICIANS' PRIVATE OFFIC				1,082	1,513	3,138	
098 01 UNUSED SPACE							
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	10,025	10,100	35,233	702,206	100,824	191,702	37,784

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY
	10	11	12	14	15	16	17
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
006 01 DATA PROCESSING							
006 02 PURCHASING, RECEIVING AND							
006 03 CASHIERING/ACCOUNTS RECEI							
006 04 OTHER ADMINISTRATIVE AND							
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING	17,282						
011 DIETARY	61	133,420					
012 CAFETERIA	304		97,256				
014 NURSING ADMINISTRATION	20		7,481	168,260			
015 CENTRAL SERVICES & SUPPLY					26,239		
016 PHARMACY	264		2,494	8,266		93,862	
017 MEDICAL RECORDS & LIBRARY			1,870				184,868
018 SOCIAL SERVICE	20		623				
020 NONPHYSICIAN ANESTHETISTS							
025 INPAT ROUTINE SRVC CNTRS							
ADULTS & PEDIATRICS	8,679	133,420	23,693	78,666	5	459	60,179
037 ANCILLARY SRVC COST CNTRS							
OPERATING ROOM	2,608		10,598	35,705	24,828	202	25,111
038 RECOVERY ROOM	152		1,247	3,958		10	
040 ANESTHESIOLOGY	91		623	1,318	282	16	
041 RADIOLOGY-DIAGNOSTIC	629		6,858				12,122
044 LABORATORY	629		6,234				12,122
048 INTRAVENOUS THERAPY			1,870			20	
049 RESPIRATORY THERAPY	223		4,364		1,100		3,031
049 01 SLEEP LAB	1,573		11,222				24,678
049 02 GERIATRIC PSYCH	223						3,031
050 PHYSICAL THERAPY			3,117		2	102	433
055 MEDICAL SUPPLIES CHARGED							
055 30 IMPL. DEV. CHARGED TO PAT							
056 DRUGS CHARGED TO PATIENTS						92,941	
059 97 CARDIAC REHABILITATION	294		3,117				
OUTPAT SERVICE COST CNTRS							
061 EMERGENCY	1,512		11,845	40,347	22	112	44,161
062 OBSERVATION BEDS (NON-DIS							
SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	17,282	133,420	97,256	168,260	26,239	93,862	184,868
NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP							
098 PHYSICIANS' PRIVATE OFFIC							
098 01 UNUSED SPACE							
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	17,282	133,420	97,256	168,260	26,239	93,862	184,868

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO: 14-1334
 PERIOD: FROM 4/1/2010 TO 3/31/2011
 PREPARED 3/1/2012
 WORKSHEET B
 PART III

COST CENTER DESCRIPTION	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	SUBTOTAL	POST STEPDOWN ADJUSTMENT	TOTAL
	18	20	25	26	27
001 GENERAL SERVICE COST CNTR					
002 OLD CAP REL COSTS-BLDG &					
003 OLD CAP REL COSTS-MVBLE E					
004 NEW CAP REL COSTS-BLDG &					
005 NEW CAP REL COSTS-MVBLE E					
006 EMPLOYEE BENEFITS					
006 01 DATA PROCESSING					
006 02 PURCHASING, RECEIVING AND					
006 03 CASHIERING/ACCOUNTS RECEI					
006 04 OTHER ADMINISTRATIVE AND					
007 MAINTENANCE & REPAIRS					
008 OPERATION OF PLANT					
009 LAUNDRY & LINEN SERVICE					
010 HOUSEKEEPING					
011 DIETARY					
012 CAFETERIA					
014 NURSING ADMINISTRATION					
015 CENTRAL SERVICES & SUPPLY					
016 PHARMACY					
017 MEDICAL RECORDS & LIBRARY					
018 SOCIAL SERVICE	21,185				
020 NONPHYSICIAN ANESTHETISTS					
025 INPAT ROUTINE SRVC CNTRS					
025 ADULTS & PEDIATRICS	21,185		901,871		901,871
037 ANCILLARY SRVC COST CNTRS					
037 OPERATING ROOM			433,958		433,958
038 RECOVERY ROOM			48,340		48,340
040 ANESTHESIOLOGY			12,072		12,072
041 RADIOLOGY-DIAGNOSTIC			256,125		256,125
044 LABORATORY			203,027		203,027
048 INTRAVENOUS THERAPY			25,631		25,631
049 RESPIRATORY THERAPY			60,336		60,336
049 01 SLEEP LAB			273,122		273,122
049 02 GERIATRIC PSYCH			66,917		66,917
050 PHYSICAL THERAPY			31,529		31,529
055 MEDICAL SUPPLIES CHARGED			16,479		16,479
055 30 IMPL. DEV. CHARGED TO PAT			7,943		7,943
056 DRUGS CHARGED TO PATIENTS			97,742		97,742
059 97 CARDIAC REHABILITATION			87,365		87,365
061 OUTPAT SERVICE COST CNTRS					
061 EMERGENCY			337,026		337,026
062 OBSERVATION BEDS (NON-DIS					
062 SPEC PURPOSE COST CENTERS					
095 SUBTOTALS	21,185		2,859,483		2,859,483
096 NONREIMBURS COST CENTERS					
096 GIFT, FLOWER, COFFEE SHOP			17,778		17,778
098 PHYSICIANS' PRIVATE OFFIC			36,894		36,894
098 01 UNUSED SPACE					
101 CROSS FOOT ADJUSTMENTS					
102 NEGATIVE COST CENTER					
103 TOTAL	21,185		2,914,155		2,914,155

COST CENTER DESCRIPTION	OLD CAP REL C	OLD CAP REL C	NEW CAP REL C	NEW CAP REL C	EMPLOYEE BENE	DATA PROCESSI
	OSTS-BLDG &	OSTS-MVBLE E	OSTS-BLDG &	OSTS-MVBLE E	FITS	NG
	(SQUARE FEET	(SQUARE) FEET	(SQUARE) FEET	(SQUARE) FEET	(GROSS SALARIES)	(NUMBER) OF PCS
	1	2	3	4	5	6.01
GENERAL SERVICE COST						
001 OLD CAP REL COSTS-BLD	83,139					
002 OLD CAP REL COSTS-MVB		83,139				
003 NEW CAP REL COSTS-BLD			83,139			
004 NEW CAP REL COSTS-MVB				83,139		
005 EMPLOYEE BENEFITS	341	341	341	341	11,785,672	
006 01 DATA PROCESSING	286	286	286	286		237
006 02 PURCHASING, RECEIVING	285	285	285	285	24,319	2
006 03 CASHIERING/ACCOUNTS R	974	974	974	974	427,571	12
006 04 OTHER ADMINISTRATIVE	19,985	19,985	19,985	19,985	800,037	21
007 MAINTENANCE & REPAIRS	2,019	2,019	2,019	2,019	318,165	2
008 OPERATION OF PLANT	4,946	4,946	4,946	4,946	130,308	1
009 LAUNDRY & LINEN SERVI	878	878	878	878		
010 HOUSEKEEPING	142	142	142	142	245,501	2
011 DIETARY	3,097	3,097	3,097	3,097	104,891	3
012 CAFETERIA	2,126	2,126	2,126	2,126	241,057	
014 NURSING ADMINISTRATIO	2,866	2,866	2,866	2,866	918,648	23
015 CENTRAL SERVICES & SU	616	616	616	616		
016 PHARMACY	646	646	646	646	328,310	4
017 MEDICAL RECORDS & LIB	4,359	4,359	4,359	4,359	66,519	7
018 SOCIAL SERVICE	472	472	472	472	23,833	1
020 NONPHYSICIAN ANESTHET						
025 INPAT ROUTINE SRVC CN	11,108	11,108	11,108	11,108	2,176,063	35
ADULTS & PEDIATRICS						
ANCILLARY SRVC COST C						
037 OPERATING ROOM	6,285	6,285	6,285	6,285	1,075,292	19
038 RECOVERY ROOM	792	792	792	792	129,539	
040 ANESTHESIOLOGY	143	143	143	143		5
041 RADIOLOGY-DIAGNOSTIC	4,043	4,043	4,043	4,043	818,642	16
044 LABORATORY	2,643	2,643	2,643	2,643	697,429	15
048 INTRAVENOUS THERAPY	362	362	362	362	157,521	7
049 RESPIRATORY THERAPY	750	750	750	750	432,117	7
049 01 SLEEP LAB	4,282	4,282	4,282	4,282	971,838	16
049 02 GERIATRIC PSYCH	1,230	1,230	1,230	1,230		4
050 PHYSICAL THERAPY	262	262	262	262	277,254	10
055 MEDICAL SUPPLIES CHAR						
055 30 IMPL. DEV. CHARGED TO						
056 DRUGS CHARGED TO PATI						
059 97 CARDIAC REHABILITATIO	1,773	1,773	1,773	1,773	253,281	5
OUTPAT SERVICE COST C						
061 EMERGENCY	4,108	4,108	4,108	4,108	1,167,537	20
062 OBSERVATION BEDS (NON						
SPEC PURPOSE COST CEN						
095 SUBTOTALS	81,819	81,819	81,819	81,819	11,785,672	237
NONREIMBURS COST CENT						
096 GIFT, FLOWER, COFFEE	431	431	431	431		
098 PHYSICIANS' PRIVATE O	889	889	889	889		
098 01 UNUSED SPACE						
101 CROSS FOOT ADJUSTMENT						
102 NEGATIVE COST CENTER						
103 COST TO BE ALLOCATED			1,155,167	1,758,988	3,898,648	1,100,850
(WRKSHT B, PART I)						
104 UNIT COST MULTIPLIER			13.894406		.330796	
(WRKSHT B, PT I)				21.157195		4,644.936709
105 COST TO BE ALLOCATED						
(WRKSHT B, PART II)						
106 UNIT COST MULTIPLIER						
(WRKSHT B, PT II)						
107 COST TO BE ALLOCATED					11,953	10,025
(WRKSHT B, PART III)						
108 UNIT COST MULTIPLIER					.001014	42.299578
(WRKSHT B, PT III)						

COST CENTER DESCRIPTION	PURCHASING, RECEIVING AND CASHIERING/AC COUNTS RECEI		RECONCILIATION	OTHER ADMINISTRATIVE AND MAINTENANCE & OPERATION OF PLANT			LAUNDRY & LINEN SERVICE
	(PURCH SUPPLIES)	(GROSS REVENUE)		(ACCUM. COST)	(SQUARE FEET)	(SQUARE FEET)	
	6.02	6.03	6a.04	6.04	7	8	9
GENERAL SERVICE COST							
001 OLD CAP REL COSTS-BLD							
002 OLD CAP REL COSTS-MVB							
003 NEW CAP REL COSTS-BLD							
004 NEW CAP REL COSTS-MVB							
005 EMPLOYEE BENEFITS							
006 01 DATA PROCESSING							
006 02 PURCHASING, RECEIVING	612,448						
006 03 CASHIERING/ACCOUNTS R	9,141	87,932,533					
006 04 OTHER ADMINISTRATIVE			-4,285,603	25,486,006			
007 MAINTENANCE & REPAIRS				1,076,000	59,249		
008 OPERATION OF PLANT				353,712	4,946	54,303	
009 LAUNDRY & LINEN SERVI				87,664	878	878	23,773
010 HOUSEKEEPING	4			400,937	142	142	114
011 DIETARY	320			296,778	3,097	3,097	117
012 CAFETERIA	735			401,158	2,126	2,126	
014 NURSING ADMINISTRATIO	319			1,574,986	2,866	2,866	
015 CENTRAL SERVICES & SU	2,046			50,466	616	616	
016 PHARMACY	29			2,043,772	646	646	
017 MEDICAL RECORDS & LIB				255,480	4,359	4,359	
018 SOCIAL SERVICE				53,094	472	472	
020 NONPHYSICIAN ANESTHET							
025 INPAT ROUTINE SRVC CN							
ADULTS & PEDIATRICS	149,286	3,719,440		3,878,422	11,108	11,108	8,568
ANCILLARY SRVC COST C							
037 OPERATING ROOM	196,612	10,899,427		2,406,248	6,285	6,285	3,724
038 RECOVERY ROOM	3,620	3,908,667		264,054	792	792	1,281
040 ANESTHESIOLOGY	35,095	1,091,404		99,943	143	143	
041 RADIOLOGY-DIAGNOSTIC	35,762	17,080,531		2,236,469	4,043	4,043	1,939
044 LABORATORY	55,538	19,562,898		2,449,745	2,643	2,643	
048 INTRAVENOUS THERAPY	18,560	369,249		299,334	362	362	
049 RESPIRATORY THERAPY	7,689	2,257,308		708,952	750	750	66
049 01 SLEEP LAB	9,514	8,634,113		1,978,990	4,282	4,282	2,106
049 02 GERIATRIC PSYCH		591,783		497,551	1,230	1,230	
050 PHYSICAL THERAPY	4,681	1,904,211		569,119	262	262	60
055 MEDICAL SUPPLIES CHAR		4,101,119		538,385			
055 30 IMPL. DEV. CHARGED TO		823,374		276,317			
056 DRUGS CHARGED TO PATI		5,497,333		94,261			
059 97 CARDIAC REHABILITATIO	3,114	664,462		425,316	1,773	1,773	17
OUTPAT SERVICE COST C							
061 EMERGENCY	80,383	6,827,214		2,114,464	4,108	4,108	5,781
062 OBSERVATION BEDS (NON							
SPEC PURPOSE COST CEN							
095 SUBTOTALS	612,448	87,932,533	-4,285,603	25,431,617	57,929	52,983	23,773
NONREIMBURS COST CENT							
096 GIFT, FLOWER, COFFEE				15,107	431	431	
098 PHYSICIANS' PRIVATE O				39,282	889	889	
098 01 UNUSED SPACE							
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 COST TO BE ALLOCATED	84,459	1,293,124		4,285,603	1,256,935	518,117	129,408
(WRKSHT B, PART I)							
104 UNIT COST MULTIPLIER		.014706		.168155		9.541222	
(WRKSHT B, PT I)	.137904				21.214451		5.443486
105 COST TO BE ALLOCATED							
(WRKSHT B, PART II)							
106 UNIT COST MULTIPLIER							
(WRKSHT B, PT II)							
107 COST TO BE ALLOCATED	10,100	35,233		702,206	100,824	191,702	37,784
(WRKSHT B, PART III)							
108 UNIT COST MULTIPLIER		.000401		.027553		3.530229	
(WRKSHT B, PT III)	.016491				1.701700		1.589366

COST ALLOCATION - STATISTICAL BASIS

COST CENTER DESCRIPTION	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY
	(HOURS OF SERVICE)	(MEALS SERVED)	(# OF FTES)	(DIRECT NURSING HR)	(COSTED EQUIS.)	R(COSTED) EQUIS.	R(TIME SPENT)
	10	11	12	14	15	16	17
GENERAL SERVICE COST							
001 OLD CAP REL COSTS-BLD							
002 OLD CAP REL COSTS-MVB							
003 NEW CAP REL COSTS-BLD							
004 NEW CAP REL COSTS-MVB							
005 EMPLOYEE BENEFITS							
006 01 DATA PROCESSING							
006 02 PURCHASING, RECEIVING							
006 03 CASHIERING/ACCOUNTS R							
006 04 OTHER ADMINISTRATIVE							
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING	1,703						
011 DIETARY	6	17,006					
012 CAFETERIA	30		156				
014 NURSING ADMINISTRATION	2		12	168,889			
015 CENTRAL SERVICES & SUPPLY					734,956		
016 PHARMACY	26		4	8,297		1,460,730	
017 MEDICAL RECORDS & LIBRARY			3				427
018 SOCIAL SERVICE	2		1				
020 NONPHYSICIAN ANESTHETIC							
025 INPAT ROUTINE SRVC CN	855	17,006	38	78,960	147	7,143	139
ADULTS & PEDIATRICS							
ANCILLARY SRVC COST C							
037 OPERATING ROOM	257		17	35,838	695,382	3,138	58
038 RECOVERY ROOM	15		2	3,973		161	
040 ANESTHESIOLOGY	9		1	1,323	7,912	251	
041 RADIOLOGY-DIAGNOSTIC	62		11				28
044 LABORATORY	62		10				28
048 INTRAVENOUS THERAPY			3			305	
049 RESPIRATORY THERAPY	22		7		30,822		7
049 01 SLEEP LAB	155		18				57
049 02 GERIATRIC PSYCH	22						7
050 PHYSICAL THERAPY			5		53	1,590	1
055 MEDICAL SUPPLIES CHAR							
055 30 IMPL. DEV. CHARGED TO							
056 DRUGS CHARGED TO PATI						1,446,397	
059 97 CARDIAC REHABILITATIO	29		5				
OUTPAT SERVICE COST C							
061 EMERGENCY	149		19	40,498	628	1,745	102
062 OBSERVATION BEDS (NON							
SPEC PURPOSE COST CEN							
095 SUBTOTALS	1,703	17,006	156	168,889	734,956	1,460,730	427
NONREIMBURS COST CENT							
096 GIFT, FLOWER, COFFEE							
098 PHYSICIANS' PRIVATE O							
098 01 UNUSED SPACE							
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 COST TO BE ALLOCATED	473,345	444,238	542,340	1,970,248	77,897	2,525,236	442,934
(WRKSHT B, PART I)							
104 UNIT COST MULTIPLIER		26.122427		11.665934		1.728749	
(WRKSHT B, PT I)	277.947739		3,476.538462		.105989		1,037.316159
105 COST TO BE ALLOCATED							
(WRKSHT B, PART II)							
106 UNIT COST MULTIPLIER							
(WRKSHT B, PT II)							
107 COST TO BE ALLOCATED	17,282	133,420	97,256	168,260	26,239	93,862	184,868
(WRKSHT B, PART III)							
108 UNIT COST MULTIPLIER		7.845466		.996276		.064257	
(WRKSHT B, PT III)	10.147974		623.435897		.035701		432.946136

COST CENTER DESCRIPTION	SOCIAL SERVICE (PATIENT DAYS	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME
GENERAL SERVICE COST	18	20
001 OLD CAP REL COSTS-BLD		
002 OLD CAP REL COSTS-MVB		
003 NEW CAP REL COSTS-BLD		
004 NEW CAP REL COSTS-MVB		
005 EMPLOYEE BENEFITS		
006 01 DATA PROCESSING		
006 02 PURCHASING, RECEIVING		
006 03 CASHIERING/ACCOUNTS R		
006 04 OTHER ADMINISTRATIVE		
007 MAINTENANCE & REPAIRS		
008 OPERATION OF PLANT		
009 LAUNDRY & LINEN SERVI		
010 HOUSEKEEPING		
011 DIETARY		
012 CAFETERIA		
014 NURSING ADMINISTRATIO		
015 CENTRAL SERVICES & SU		
016 PHARMACY		
017 MEDICAL RECORDS & LIB		
018 SOCIAL SERVICE	3,006	
020 NONPHYSICIAN ANESTHET		100
INPAT ROUTINE SRVC CN		
ADULTS & PEDIATRICS	3,006	
ANCILLARY SRVC COST C		
037 OPERATING ROOM		
038 RECOVERY ROOM		
040 ANESTHESIOLOGY		100
041 RADIOLOGY-DIAGNOSTIC		
044 LABORATORY		
048 INTRAVENOUS THERAPY		
049 RESPIRATORY THERAPY		
049 01 SLEEP LAB		
049 02 GERIATRIC PSYCH		
050 PHYSICAL THERAPY		
055 MEDICAL SUPPLIES CHAR		
055 30 IMPL. DEV. CHARGED TO		
056 DRUGS CHARGED TO PATI		
059 97 CARDIAC REHABILITATIO		
OUTPAT SERVICE COST C		
EMERGENCY		
062 OBSERVATION BEDS (NON		
SPEC PURPOSE COST CEN		
095 SUBTOTALS	3,006	100
NONREIMBURS COST CENT		
GIFT, FLOWER, COFFEE		
098 PHYSICIANS' PRIVATE O		
098 01 UNUSED SPACE		
101 CROSS FOOT ADJUSTMENT		
102 NEGATIVE COST CENTER		
103 COST TO BE ALLOCATED	80,571	
(PER WRKSHT B, PART		
UNIT COST MULTIPLIER		
(WRKSHT B, PT I)	26.803393	
105 COST TO BE ALLOCATED		
(PER WRKSHT B, PART		
UNIT COST MULTIPLIER		
(WRKSHT B, PT II)		
107 COST TO BE ALLOCATED	21,185	
(PER WRKSHT B, PART		
UNIT COST MULTIPLIER		
(WRKSHT B, PT III)	7.047572	

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	3,712,351	433,958	3,278,393			3,712,351
38	RECOVERY ROOM	397,537	48,340	349,197			397,537
40	ANESTHESIOLOGY	143,833	12,072	131,761			143,833
41	RADIOLOGY-DIAGNOSTIC	2,831,962	256,125	2,575,837			2,831,962
44	LABORATORY	3,024,012	203,027	2,820,985			3,024,012
48	INTRAVENOUS THERAPY	371,761	25,631	346,130			371,761
49	RESPIRATORY THERAPY	892,571	60,336	832,235			892,571
49 01	SLEEP LAB	2,619,714	273,122	2,346,592			2,619,714
49 02	GERIATRIC PSYCH	632,423	66,917	565,506			632,423
50	PHYSICAL THERAPY	694,379	31,529	662,850			694,379
55	MEDICAL SUPPLIES CHARGED	628,917	16,479	612,438			628,917
55 30	IMPL. DEV. CHARGED TO PAT	322,781	7,943	314,838			322,781
56	DRUGS CHARGED TO PATIENTS	2,610,569	97,742	2,512,827			2,610,569
59 97	CARDIAC REHABILITATION	576,901	87,365	489,536			576,901
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY	3,316,640	337,026	2,979,614			3,316,640
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	1,447,045		1,447,045			1,447,045
101	SUBTOTAL	24,223,396	1,957,612	22,265,784			24,223,396
102	LESS OBSERVATION BEDS	1,447,045		1,447,045			1,447,045
103	TOTAL	22,776,351	1,957,612	20,818,739			22,776,351

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	3,712,351	433,958	3,278,393			3,712,351
38	RECOVERY ROOM	397,537	48,340	349,197			397,537
40	ANESTHESIOLOGY	143,833	12,072	131,761			143,833
41	RADIOLOGY-DIAGNOSTIC	2,831,962	256,125	2,575,837			2,831,962
44	LABORATORY	3,024,012	203,027	2,820,985			3,024,012
48	INTRAVENOUS THERAPY	371,761	25,631	346,130			371,761
49	RESPIRATORY THERAPY	892,571	60,336	832,235			892,571
49 01	SLEEP LAB	2,619,714	273,122	2,346,592			2,619,714
49 02	GERIATRIC PSYCH	632,423	66,917	565,506			632,423
50	PHYSICAL THERAPY	694,379	31,529	662,850			694,379
55	MEDICAL SUPPLIES CHARGED	628,917	16,479	612,438			628,917
55 30	IMPL. DEV. CHARGED TO PAT	322,781	7,943	314,838			322,781
56	DRUGS CHARGED TO PATIENTS	2,610,569	97,742	2,512,827			2,610,569
59 97	CARDIAC REHABILITATION	576,901	87,365	489,536			576,901
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY	3,316,640	337,026	2,979,614			3,316,640
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	1,447,045		1,447,045			1,447,045
101	SUBTOTAL	24,223,396	1,957,612	22,265,784			24,223,396
102	LESS OBSERVATION BEDS	1,447,045		1,447,045			1,447,045
103	TOTAL	22,776,351	1,957,612	20,818,739			22,776,351

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRG RATIO	I/P PT B COST TO CHRG RATIO
		7	8	9
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	10,690,683	.347251	.347251
38	RECOVERY ROOM	3,835,163	.103656	.103656
40	ANESTHESIOLOGY	734,775	.195751	.195751
41	RADIOLOGY-DIAGNOSTIC	16,873,352	.167836	.167836
44	LABORATORY	19,258,995	.157018	.157018
48	INTRAVENOUS THERAPY	369,249	1.006803	1.006803
49	RESPIRATORY THERAPY	2,071,935	.430791	.430791
49 01	SLEEP LAB	8,095,380	.323606	.323606
49 02	GERIATRIC PSYCH	591,783	1.068674	1.068674
50	PHYSICAL THERAPY	1,838,035	.377783	.377783
55	MEDICAL SUPPLIES CHARGED	4,041,785	.155604	.155604
55 30	IMPL. DEV. CHARGED TO PAT	823,374	.392022	.392022
56	DRUGS CHARGED TO PATIENTS	5,452,977	.478742	.478742
59 97	CARDIAC REHABILITATION	657,192	.877827	.877827
	OUTPAT SERVICE COST CNTRS			
61	EMERGENCY	6,762,731	.490429	.490429
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	703,324	2.057437	2.057437
101	SUBTOTAL	82,800,733		
102	LESS OBSERVATION BEDS	703,324		
103	TOTAL	82,097,409		

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

PROVIDER NO: 14-1334 PERIOD: FROM 4/1/2010 TO 3/31/2011
 COMPONENT NO: 14-1334

PREPARED 3/1/2012
 WORKSHEET D-4

TITLE XVIII, PART A HOSPITAL OTHER

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS ANCILLARY SRVC COST CNTRS		1,294,325	
37	OPERATING ROOM	.347251	292,047	101,414
38	RECOVERY ROOM	.103656	86,358	8,952
40	ANESTHESIOLOGY	.195751	42,270	8,274
41	RADIOLOGY-DIAGNOSTIC	.167836	974,861	163,617
44	LABORATORY	.157018	1,348,791	211,784
48	INTRAVENOUS THERAPY	1.006803		
49	RESPIRATORY THERAPY	.430791	573,318	246,980
49 01	SLEEP LAB	.323606		
49 02	GERIATRIC PSYCH	1.068674		
50	PHYSICAL THERAPY	.377783	73,088	27,611
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.155604	388,856	60,508
55 30	IMPL. DEV. CHARGED TO PATIENT	.392022	38,469	15,081
56	DRUGS CHARGED TO PATIENTS	.478742	1,586,158	759,360
59 97	CARDIAC REHABILITATION OUTPAT SERVICE COST CNTRS	.877827		
61	EMERGENCY	.490429	36,873	18,084
62	OBSERVATION BEDS (NON-DISTINCT PART) OTHER REIMBURS COST CNTRS	2.057437	1,750	3,601
101	TOTAL		5,442,839	1,625,266
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		5,442,839	

PART II - MEDICARE PART A SERVICES - COST REIMBURSEMENT HOSPITAL

1	INPATIENT SERVICES		5,200,318
1.01	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT		
2	ORGAN ACQUISITION		
3	COST OF TEACHING PHYSICIANS		
4	SUBTOTAL		5,200,318
5	PRIMARY PAYER PAYMENTS		17,463
6	TOTAL COST FOR CAH (SEE INSTRUCTIONS)		5,234,684

COMPUTATION OF LESSER OF COST OR CHARGES

REASONABLE CHARGES			
7	ROUTINE SERVICE CHARGES		
8	ANCILLARY SERVICE CHARGES		
9	ORGAN ACQUISITION CHARGES, NET OF REVENUE		
10	TEACHING PHYSICIANS		
11	TOTAL REASONABLE CHARGES		
CUSTOMARY CHARGES			
12	AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS		
13	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e)		
14	RATIO OF LINE 12 TO LINE 13 (NOT TO EXCEED 1.000000)		
15	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)		
16	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST		
17	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES		

COMPUTATION OF REIMBURSEMENT SETTLEMENT

18	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS		
19	COST OF COVERED SERVICES		5,234,684
20	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)		389,428
21	EXCESS REASONABLE COST		
22	SUBTOTAL		4,845,256
23	COINSURANCE		8,250
24	SUBTOTAL		4,837,006
25	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES (SEE INSTRUCTIONS))		90,790
25.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)		90,790
25.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES		
26	SUBTOTAL		4,927,796
27	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION		
28	OTHER ADJUSTMENTS (SPECIFY)		
29	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS		
30	SUBTOTAL		4,927,796
31	SEQUESTRATION ADJUSTMENT		
32	INTERIM PAYMENTS		5,507,953
32.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
33	BALANCE DUE PROVIDER/PROGRAM		-580,157
34	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-111, SECTION 115.2.		50,714

	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
LIABILITIES AND FUND BALANCE	1	2	3	4
CURRENT LIABILITIES				
28 ACCOUNTS PAYABLE	831,029			
29 SALARIES, WAGES & FEES PAYABLE	1,750,427			
30 PAYROLL TAXES PAYABLE				
31 NOTES AND LOANS PAYABLE (SHORT TERM)	164,305			
32 DEFERRED INCOME				
33 ACCELERATED PAYMENTS				
34 DUE TO OTHER FUNDS	860,208			
35 OTHER CURRENT LIABILITIES	866,117			
36 TOTAL CURRENT LIABILITIES	4,472,086			
LONG TERM LIABILITIES				
37 MORTGAGE PAYABLE	8,547,385			
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	1,022			
42 TOTAL LONG-TERM LIABILITIES	8,548,407			
43 TOTAL LIABILITIES	13,020,493			
CAPITAL ACCOUNTS				
44 GENERAL FUND BALANCE	30,510,641			
45 SPECIFIC PURPOSE FUND				
46 DONOR CREATED- ENDOWMENT FUND BALANCE- RESTRICTED			126	
47 DONOR CREATED- ENDOWMENT FUND BALANCE- UNRESTRICTED				
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	30,510,641		126	
52 TOTAL LIABILITIES AND FUND BALANCES	43,531,134		126	

		GENERAL FUND		SPECIFIC PURPOSE FUND	
		1	2	3	4
1	FUND BALANCE AT BEGINNING OF PERIOD		26,285,571		
2	NET INCOME (LOSS)		5,141,146		
3	TOTAL		31,426,717		
4	ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
5	ADDITIONS (CREDIT ADJUSTM				
6	TRANSFERS				
7	ROUNDING	4			
8					
9					
10	TOTAL ADDITIONS		4		
11	SUBTOTAL		31,426,721		
12	DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
13	DEDUCTIONS (DEBIT ADJUSTM				
14	TRANSFERS	916,080			
15					
16					
17					
18	TOTAL DEDUCTIONS		916,080		
19	FUND BALANCE AT END OF PERIOD PER BALANCE SHEET		30,510,641		

		ENDOWMENT FUND		PLANT FUND	
		5	6	7	8
1	FUND BALANCE AT BEGINNING OF PERIOD		490		
2	NET INCOME (LOSS)				
3	TOTAL		490		
4	ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
5	ADDITIONS (CREDIT ADJUSTM				
6	TRANSFERS	126			
7	ROUNDING				
8					
9					
10	TOTAL ADDITIONS		126		
11	SUBTOTAL		616		
12	DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
13	DEDUCTIONS (DEBIT ADJUSTM				
14	TRANSFERS	490			
15					
16					
17					
18	TOTAL DEDUCTIONS		490		
19	FUND BALANCE AT END OF PERIOD PER BALANCE SHEET		126		

