

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 COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY | PROVIDER NO: 14-0018 | PERIOD FROM 7/ 1/2009 TO 6/30/2010 | INTERMEDIARY USE ONLY --AUDITED --DESK REVIEW --INITIAL --REOPENED --FINAL 1-MCR CODE 00 - # OF REOPENINGS | DATE RECEIVED: / / | INTERMEDIARY NO:

ELECTRONICALLY FILED COST REPORT DATE: 12/ 8/2010 TIME 17: 41

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: MOUNT SINAI HOSPITAL MEDICAL CENTER 14-0018 FOR THE COST REPORTING PERIOD BEGINNING 7/ 1/2009 AND ENDING 6/30/2010 AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS A TRUE, CORRECT, AND COMPLETE STATEMENT PREPARED FROM THE BOOKS AND RECORDS OF THE PROVIDER IN ACCORDANCE WITH APPLICABLE INSTRUCTIONS, EXCEPT AS NOTED. I FURTHER CERTIFY THAT I AM FAMILIAR WITH THE LAWS AND REGULATIONS REGARDING THE PROVISION OF HEALTH CARE SERVICES, AND THAT THE SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

OFFICER OR ADMINISTRATOR OF PROVIDER(S)

TITLE

DATE

PART II - SETTLEMENT SUMMARY

Table with 4 columns: TITLE V, A, B, XIX. Rows include HOSPITAL, SUBPROVIDER, HOSPITAL-BASED HHA, and TOTAL with corresponding numerical values.

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 AND HOSPITAL HEALTH CARE COMPLEX ADDRESS
1 STREET: 15TH STREET & CALIFORNIA AVE P. O. BOX:
1.01 CITY: CHICAGO STATE: IL ZIP CODE: 60608- COUNTY: COOK

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION:

COMPONENT	COMPONENT NAME	PROVIDER NO.	NPI NUMBER	DATE CERTIFIED	PAYMENT SYSTEM (P, T, O OR N)		
					V	XVIII	XIX
02.00 HOSPITAL	MOUNT SINAI HOSPITAL MEDICAL CENTER	14-0018	2.01	3	4	5	6
03.00 SUBPROVIDER	MOUNT SINAI HOSPITAL MEDICAL CENTER	14-S018		7/ 1/1984	N	P	N
09.00 HOSPITAL-BASED HHA	MOUNT SINAI HOSPITAL MEDICAL CENTER	14-7072		8/17/1966	N	P	N
16.00 RENAL DIALYSIS	MOUNT SINAI HOSPITAL MEDICAL CENTER	14-2302		1/ 1/2004			

17 COST REPORTING PERIOD (MM/DD/YYYY) FROM: 7/ 1/2009 TO: 6/30/2010

18 TYPE OF CONTROL 1 2

TYPE OF HOSPITAL/SUBPROVIDER

19 HOSPITAL 1

20 SUBPROVIDER 4

OTHER INFORMATION

21 INDICATE IF YOUR HOSPITAL IS EITHER (1)URBAN OR (2)RURAL AT THE END OF THE COST REPORT PERIOD IN COLUMN 1. IF YOUR HOSPITAL IS GEOGRAPHICALLY CLASSIFIED OR LOCATED IN A RURAL AREA, IS YOUR BED SIZE IN ACCORDANCE WITH CFR 42 412.105 LESS THAN OR EQUAL TO 100 BEDS, ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO.

21.01 DOES YOUR FACILITY QUALIFY AND IS CURRENTLY RECEIVING PAYMENT FOR DISPROPORTIONATE SHARE HOSPITAL ADJUSTMENT IN ACCORDANCE WITH 42 CFR 412.106? ENTER IN COLUMN 1 "Y" FOR YES OR "N" FOR NO. IS THIS FACILITY SUBJECT TO THE PROVISIONS OF 42 CFR 412.106(c)(2) (PICKLE AMENDMENT HOSPITALS)? ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO. Y

21.02 HAS YOUR FACILITY RECEIVED A NEW GEOGRAPHIC RECLASSIFICATION STATUS CHANGE AFTER THE FIRST DAY OF THE COST REPORTING PERIOD FROM RURAL TO URBAN AND VICE VERSA? ENTER "Y" FOR YES AND "N" FOR NO. IF YES, ENTER IN COLUMN 2 THE EFFECTIVE DATE (MM/DD/YYYY) (SEE INSTRUCTIONS).

21.03 ENTER IN COLUMN 1 YOUR GEOGRAPHIC LOCATION EITHER (1)URBAN OR (2)RURAL. IF YOU ANSWERED URBAN IN COLUMN 1 INDICATE IF YOU RECEIVED EITHER A WAGE OR STANDARD GEOGRAPHICAL RECLASSIFICATION TO A RURAL LOCATION, ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. IF COLUMN 2 IS YES, ENTER IN COLUMN 3 THE EFFECTIVE DATE (MM/DD/YYYY)(SEE INSTRUCTIONS) DOES YOUR FACILITY CONTAIN 100 OR FEWER BEDS IN ACCORDANCE WITH 42 CFR 412.105? ENTER IN COLUMN 4 "Y" OR "N". ENTER IN COLUMN 5 THE PROVIDERS ACTUAL MSA OR CBSA. 1 N N 16794

21.04 FOR STANDARD GEOGRAPHIC CLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE BEGINNING OF THE COST REPORTING PERIOD. ENTER (1)URBAN OR (2)RURAL 1

21.05 FOR STANDARD GEOGRAPHIC CLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE END OF THE COST REPORTING PERIOD. ENTER (1)URBAN OR (2)RURAL 1

21.06 DOES THIS HOSPITAL QUALIFY FOR THE 3-YEAR TRANSITION OF HOLD HARMLESS PAYMENTS FOR SMALL RURAL HOSPITAL; UNDER THE PROSPECTIVE PAYMENT SYSTEM FOR HOSPITAL OUTPATIENT SERVICES UNDER DRA \$5105 OR MIPPA \$147? (SEE INSTRUC) ENTER "Y" FOR YES, AND "N" FOR NO. N

21.07 DOES THIS HOSPITAL QUALIFY AS A SCH WITH 100 OR FEWER BEDS UNDER MIPPA \$147? ENTER "Y" FOR YES AND "N" FOR NO. (SEE INSTRUCTIONS). IS THIS A SCH OR EACH THAT QUALIFIES FOR THE OUTPATIENT HOLD HARMLESS PROVISION IN ACA SECTION 3121? ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO. (SEE INSTRUCTIONS) N N

21.08 WHICH METHOD IS USED TO DETERMINE MEDICAID DAYS ON S-3, PART I, COL. 5 ENTER IN COLUMN 1, "1" IF IT IS BASED ON DATE OF ADMISSION, "2" IF IT IS BASED ON CENSUS DAYS, OR "3" IF IT IS BASED ON DATE OF DISCHARGE. IS THIS METHOD DIFFERENT THAN THE METHOD USED IN THE PRECEEDING COST REPORTING PERIOD? ENTER IN COLUMN 2, "Y" FOR YES OR "N" FOR NO. 1 N

22 ARE YOU CLASSIFIED AS A REFERRAL CENTER? N

23 DOES THIS FACILITY OPERATE A TRANSPLANT CENTER? IF YES, ENTER CERTIFICATION DATE(S) BELOW. N

23.01 IF THIS IS A MEDICARE CERTIFIED KIDNEY TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3. / / / /

23.02 IF THIS IS A MEDICARE CERTIFIED HEART TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3. / / / /

23.03 IF THIS IS A MEDICARE CERTIFIED LIVER TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3. / / / /

23.04 IF THIS IS A MEDICARE CERTIFIED LUNG TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3. / / / /

23.05 IF MEDICARE PANCREAS TRANSPLANTS ARE PERFORMED SEE INSTRUCTIONS FOR ENTERING CERTIFICATION AND TERMINATION DATE. / / / /

23.06 IF THIS IS A MEDICARE CERTIFIED INTESTINAL TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3. / / / /

23.07 IF THIS IS A MEDICARE CERTIFIED ISLET TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3. / / / /

24 IF THIS IS AN ORGAN PROCUREMENT ORGANIZATION (OPO), ENTER THE OPO NUMBER IN COLUMN 2 AND TERMINATION DATE IN COLUMN 3 (MM/DD/YYYY) / /

24.01 IF THIS IS A MEDICARE TRANSPLANT CENTER; ENTER THE CCN (PROVIDER NUMBER) IN COLUMN 2, THE CERTIFICATION DATE OR RECERTIFICATION DATE (AFTER 12/26/2007) IN COLUMN 3 (mm/dd/yyyy). / /

V XVIII XIX
 PROSPECTIVE PAYMENT SYSTEM (PPS)-CAPITAL 1 2 3
 36 DO YOU ELECT FULLY PROSPECTIVE PAYMENT METHODOLOGY FOR CAPITAL COSTS? (SEE INSTRUCTIONS) N Y N
 36.01 DOES YOUR FACILITY QUALIFY AND RECEIVE PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE WITH 42 CFR 412.320? (SEE INSTRUCTIONS) N Y Y
 37 DO YOU ELECT HOLD HARMLESS PAYMENT METHODOLOGY FOR CAPITAL COSTS? (SEE INSTRUCTIONS) N N N
 37.01 IF YOU ARE A HOLD HARMLESS PROVIDER, ARE YOU FILING ON THE BASIS OF 100% OF THE FED RATE? N N N

TITLE XIX INPATIENT SERVICES
 38 DO YOU HAVE TITLE XIX INPATIENT HOSPITAL SERVICES? Y
 38.01 IS THIS HOSPITAL REIMBURSED FOR TITLE XIX THROUGH THE COST REPORT EITHER IN FULL OR IN PART? N
 38.02 DOES THE TITLE XIX PROGRAM REDUCE CAPITAL FOLLOWING THE MEDICARE METHODOLOGY? N
 38.03 ARE TITLE XIX NF PATIENTS OCCUPYING TITLE XVIII SNF BEDS (DUAL CERTIFICATION)? N
 38.04 DO YOU OPERATE AN ICF/MR FACILITY FOR PURPOSES OF TITLE XIX? N
 40 ARE THERE ANY RELATED ORGANIZATION OR HOME OFFICE COSTS AS DEFINED IN CMS PUB 15-1, CHAP 10? IF YES, AND THIS FACILITY IS PART OF A CHAIN ORGANIZATION, ENTER IN COLUMN 2 THE CHAIN HOME OFFICE CHAIN NUMBER. (SEE INSTRUCTIONS). Y
 40.01 NAME: FI/CONTRACTOR NAME FI/CONTRACTOR #
 40.02 STREET: P.O. BOX:
 40.03 CITY: STATE: ZIP CODE: -
 41 ARE PROVIDER BASED PHYSICIANS' COSTS INCLUDED IN WORKSHEET A? Y
 42 ARE PHYSICAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N
 42.01 ARE OCCUPATIONAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N
 42.02 ARE SPEECH PATHOLOGY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N
 43 ARE RESPIRATORY THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N
 44 IF YOU ARE CLAIMING COST FOR RENAL SERVICES ON WORKSHEET A, ARE THEY INPATIENT SERVICES ONLY? N
 45 HAVE YOU CHANGED YOUR COST ALLOCATION METHODOLOGY FROM THE PREVIOUSLY FILED COST REPORT? SEE CMS PUB. 15-11, SECTION 3617. IF YES, ENTER THE APPROVAL DATE IN COLUMN 2. N 00/00/0000
 45.01 WAS THERE A CHANGE IN THE STATISTICAL BASIS?
 45.02 WAS THERE A CHANGE IN THE ORDER OF ALLOCATION?
 45.03 WAS THE CHANGE TO THE SIMPLIFIED COST FINDING METHOD?
 46 IF YOU ARE PARTICIPATING IN THE NHCMD DEMONSTRATION PROJECT (MUST HAVE A HOSPITAL-BASED SNF) DURING THIS COST REPORTING PERIOD, ENTER THE PHASE (SEE INSTRUCTIONS).

IF THIS FACILITY CONTAINS A PROVIDER THAT QUALIFIES FOR AN EXEMPTION FROM THE APPLICATION OF THE LOWER OF COSTS OR CHARGES, ENTER "Y" FOR EACH COMPONENT AND TYPE OF SERVICE THAT QUALIFIES FOR THE EXEMPTION. ENTER "N" IF NOT EXEMPT. (SEE 42 CFR 413.13.)

	PART A	PART B	OUTPATIENT ASC	OUTPATIENT RADIOLOGY	OUTPATIENT DIAGNOSTIC
	1	2	3	4	5
47.00 HOSPITAL	N	N	N	N	N
48.00 SUBPROVIDER	N	N	N	N	N
50.00 HHA	N	N			

52 DOES THIS HOSPITAL CLAIM EXPENDITURES FOR EXTRAORDINARY CIRCUMSTANCES IN ACCORDANCE WITH 42 CFR 412.348(e)? (SEE INSTRUCTIONS) N
 52.01 IF YOU ARE A FULLY PROSPECTIVE OR HOLD HARMLESS PROVIDER ARE YOU ELIGIBLE FOR THE SPECIAL EXCEPTIONS PAYMENT PURSUANT TO 42 CFR 412.348(g)? IF YES, COMPLETE WORKSHEET L, PART IV N
 53 IF YOU ARE A MEDICARE DEPENDENT HOSPITAL (MDH), ENTER THE NUMBER OF PERIODS MDH STATUS IN EFFECT. ENTER BEGINNING AND ENDING DATES OF MDH STATUS ON LINE 53.01. SUBSCRIPT LINE
 53.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES. 0
 MDH PERIOD: BEGINNING: / / ENDING: / /
 54 LIST AMOUNTS OF MALPRACTICE PREMIUMS AND PAID LOSSES:
 PREMIUMS: 0
 PAID LOSSES: 0
 AND/OR SELF INSURANCE: 0
 54.01 ARE MALPRACTICE PREMIUMS AND PAID LOSSES REPORTED IN OTHER THAN THE ADMINISTRATIVE AND GENERAL COST CENTER? IF YES, SUBMIT SUPPORTING SCHEDULE LISTING COST CENTERS AND AMOUNTS CONTAINED THEREIN. N
 55 DOES YOUR FACILITY QUALIFY FOR ADDITIONAL PROSPECTIVE PAYMENT IN ACCORDANCE WITH 42 CFR 412.107. ENTER "Y" FOR YES AND "N" FOR NO. N

	DATE	Y OR N	LIMIT	Y OR N	FEES
	0	1	2	3	4
56 ARE YOU CLAIMING AMBULANCE COSTS? IF YES, ENTER IN COLUMN 2 THE PAYMENT LIMIT PROVIDED FROM YOUR FISCAL INTERMEDIARY AND THE APPLICABLE DATES FOR THOSE LIMITS IN COLUMN 0. IF THIS IS THE FIRST YEAR OF OPERATION NO ENTRY IS REQUIRED IN COLUMN 2. IF COLUMN 1 IS Y, ENTER Y OR N IN COLUMN 3 WHETHER THIS IS YOUR FIRST YEAR OF OPERATIONS FOR RENDERING AMBULANCE SERVICES. ENTER IN COLUMN 4, IF APPLICABLE, THE FEE SCHEDULES AMOUNTS FOR THE PERIOD BEGINNING ON OR AFTER 4/1/2002. N 0.00 N 0					
56.01 ENTER SUBSEQUENT AMBULANCE PAYMENT LIMIT AS REQUIRED. SUBSCRIPT IF MORE THAN 2 LIMITS APPLY. ENTER IN COLUMN 4 THE FEE SCHEDULES AMOUNTS FOR INITIAL OR SUBSEQUENT PERIOD AS APPLICABLE. 0.00 0					
56.02 THIRD AMBULANCE LIMIT AND FEE SCHEDULE IF NECESSARY. 0.00 0					
56.03 FOURTH AMBULANCE LIMIT AND FEE SCHEDULE IF NECESSARY. 0.00 0					

- 57 ARE YOU CLAIMING NURSING AND ALLIED HEALTH COSTS? N
58 ARE YOU AN INPATIENT REHABILITATION FACILITY(IRF), OR DO YOU CONTAIN AN IRF SUBPROVIDER? N
59 ARE YOU A LONG TERM CARE HOSPITAL (LTCH)? N
60 ARE YOU AN INPATIENT PSYCHIATRIC FACILITY (IPF), OR DO YOU CONTAIN AN IPF SUBPROVIDER? Y N
60.01 IF LINE 60 COLUMN 1 IS Y, AND THE FACILITY IS AN IPF SUBPROVIDER, WERE RESIDENTS TRAINING IN THIS FACILITY IN ITS MOST RECENT COST REPORTING PERIOD FILED BEFORE NOV. 15, 2004? O

MULTI CAMPUS

- 61.00 IS THIS FACILITY PART OF A MULTICAMPUS HOSPITAL THAT HAS ONE OR MORE CAMPUSES IN DIFFERENT CBSA?
NAME COUNTY STATE ZIP CODE CBSA FTE/CAMPUS
62.00 0.00

SETTLEMENT DATA

- 63.00 WAS THE COST REPORT FILED USING THE PS&R (EITHER IN ITS ENTIRETY OR FOR TOTAL CHARGES AND DAYS ONLY)? / /

COMPONENT	NO. OF BEDS 1	BED DAYS AVAILABLE 2	CAH N/A 2.01	TITLE V 3	I/P DAYS / TITLE XVII 4	O/P VISITS / NOT LTCH N/A 4.01	TRIPS TOTAL TITLE XIX 5
1 ADULTS & PEDIATRICS	200	73,000			11,583		23,618
2 HMO					2,558		8,696
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS	200	73,000			11,583		23,618
6 INTENSIVE CARE UNIT	17	6,205			862		1,785
6 01 PREMATURE INTENSIVE CARE UNIT	25	9,125					6,099
7 CORONARY CARE UNIT	21	7,665			1,543		1,242
8 BURN INTENSIVE CARE UNIT							
9 SURGICAL INTENSIVE CARE UNIT							
11 NURSERY							5,546
12 TOTAL	263	95,995			13,988		38,290
13 RPCH VISITS							
14 SUBPROVIDER	28	10,220			1,820		4,472
15 SKILLED NURSING FACILITY							
16 NURSING FACILITY							
18 HOME HEALTH AGENCY					3,084		
20 AMBULATORY SURGICAL CENTER (
25 TOTAL	291						
26 OBSERVATION BED DAYS							889
26 01 OBSERVATION BED DAYS-SUB I							
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							
29 LABOR & DELIVERY DAYS							

COMPONENT	TITLE XIX OBSERVATION BEDS ADMITTED 5.01	I/P DAYS / OBSERVATION BEDS NOT ADMITTED 5.02	O/P VISITS / TOTAL ALL PATS 6	TRIPS / TOTAL OBSERVATION BEDS ADMITTED 6.01	TOTAL OBSERVATION BEDS NOT ADMITTED 6.02	INTERNS & RES. FTES / TOTAL 7	LESS I&R REPL NON-PHYS ANES 8
1 ADULTS & PEDIATRICS			50,748	6.01	6.02		
2 HMO							
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS			50,748				
6 INTENSIVE CARE UNIT			4,695				
6 01 PREMATURE INTENSIVE CARE UNIT			7,177				
7 CORONARY CARE UNIT			5,518				
8 BURN INTENSIVE CARE UNIT							
9 SURGICAL INTENSIVE CARE UNIT							
11 NURSERY			6,928				
12 TOTAL			75,066			122.65	
13 RPCH VISITS							
14 SUBPROVIDER			7,885			4.25	
15 SKILLED NURSING FACILITY							
16 NURSING FACILITY							
18 HOME HEALTH AGENCY			11,696				
20 AMBULATORY SURGICAL CENTER (
25 TOTAL						126.90	
26 OBSERVATION BED DAYS	399	490	2,748	855	1,893		
26 01 OBSERVATION BED DAYS-SUB I							
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							
29 LABOR & DELIVERY DAYS							

COMPONENT	I & R FTES NET 9	FULL TIME EMPLOYEES ON PAYROLL 10	EQUIV NONPAID WORKERS 11	TITLE V 12	DISCHARGES TITLE XVII 13	TITLE XIX 14	TOTAL ALL PATIENTS 15
1 ADULTS & PEDIATRICS					2,567	10,445	20,329
2 HMO							
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS							
6 INTENSIVE CARE UNIT							
6 01 PREMATURE INTENSIVE CARE UNIT							
7 CORONARY CARE UNIT							
8 BURN INTENSIVE CARE UNIT							
9 SURGICAL INTENSIVE CARE UNIT							
11 NURSERY							
12 TOTAL	122.65	1,578.02			2,567	10,445	20,329
13 RPCH VISITS							
14 SUBPROVIDER	4.25	35.43			279	792	1,384
15 SKILLED NURSING FACILITY							
16 NURSING FACILITY							
18 HOME HEALTH AGENCY		22.55					

COMPONENT	I & R FTES NET 9	--- FULL TIME EMPLOYEES ON PAYROLL 10	EQUIV --- NONPAID WORKERS 11	----- TITLE V 12	DISCHARGES TITLE XVIII 13	----- TITLE XIX 14	TOTAL ALL PATIENTS 15
20 AMBULATORY SURGICAL CENTER (
25 TOTAL	126.90	1,636.00					
26 OBSERVATION BED DAYS							
26 01 OBSERVATION BED DAYS-SUB I							
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							
29 LABOR & DELIVERY DAYS							

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	98,545,843	6,155,939	104,701,782	3,541,755.00	29.56	
2 NON-PHYSICIAN ANESTHETIST PART A						
3 NON-PHYSICIAN ANESTHETIST PART B						
4 PHYSICIAN - PART A	3,095,109		3,095,109	26,150.00	118.36	
4.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)	2,132,455		2,132,455	20,079.00	106.20	
5 PHYSICIAN - PART B						
5.01 NON-PHYSICIAN - PART B						
6 INTERNS & RESIDENTS (APPRVD)	5,911,498		5,911,498	272,883.00	21.66	
6.01 CONTRACT SERVICES, I&R						
7 HOME OFFICE PERSONNEL						
8 SNF						
8.01 EXCLUDED AREA SALARIES	3,895,311	520,849	4,416,160	132,974.00	33.21	
OTHER WAGES & RELATED COSTS						
9 CONTRACT LABOR:	722,869		722,869	9,609.00	75.23	
9.01 PHARMACY SERVICES UNDER CONTRACT						
9.02 LABORATORY SERVICES UNDER CONTRACT						
9.03 MANAGEMENT & ADMINISTRATIVE UNDER CONTRACT						
10 CONTRACT LABOR: PHYS PART A						
10.01 TEACHING PHYSICIAN UNDER CONTRACT (SEE INSTRUCTIONS)						
11 HOME OFFICE SALARIES & WAGE RELATED COSTS						
12 HOME OFFICE: PHYS PART A						
12.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
WAGE RELATED COSTS						
13 WAGE-RELATED COSTS (CORE)	12,558,737		12,558,737			CMS 339
14 WAGE-RELATED COSTS (OTHER)						CMS 339
15 EXCLUDED AREAS	555,087		555,087			CMS 339
16 NON-PHYS ANESTHETIST PART A						CMS 339
17 NON-PHYS ANESTHETIST PART B						CMS 339
18 PHYSICIAN PART A	441,057		441,057			CMS 339
18.01 PART A TEACHING PHYSICIANS						CMS 339
19 PHYSICIAN PART B	303,878		303,878			CMS 339
19.01 WAGE-RELATD COSTS (RHC/FOHC)						CMS 339
20 INTERNS & RESIDENTS (APPRVD)	842,397		842,397			CMS 339
OVERHEAD COSTS - DIRECT SALARIES						
21 EMPLOYEE BENEFITS	89,810	742,192	832,002	28,047.00	29.66	
22 ADMINISTRATIVE & GENERAL	7,424,262	3,478,130	10,902,392	353,177.00	30.87	
22.01 A & G UNDER CONTRACT						
23 MAINTENANCE & REPAIRS						
24 OPERATION OF PLANT	909,403		909,403	39,675.00	22.92	
25 LAUNDRY & LINEN SERVICE						
26 HOUSEKEEPING	1,877,239		1,877,239	156,660.00	11.98	
26.01 HOUSEKEEPING UNDER CONTRACT						
27 DIETARY	1,903,262	-844,615	1,058,647	84,244.00	12.57	
27.01 DIETARY UNDER CONTRACT						
28 CAFETERIA		844,615	844,615	67,212.00	12.57	
29 MAINTENANCE OF PERSONNEL						
30 NURSING ADMINISTRATION	3,413,795		3,413,795	86,570.00	39.43	
31 CENTRAL SERVICE AND SUPPLY	362,776		362,776	27,787.00	13.06	
32 PHARMACY	1,594,442		1,594,442	44,814.00	35.58	
33 MEDICAL RECORDS & MEDICAL RECORDS LIBRARY	1,460,717		1,460,717	70,005.00	20.87	
34 SOCIAL SERVICE	666,685		666,685	23,116.00	28.84	
35 OTHER GENERAL SERVICE	44,808	164,946	209,754	12,180.00	17.22	
PART III - HOSPITAL WAGE INDEX SUMMARY						
1 NET SALARIES	90,501,890	6,155,939	96,657,829	3,248,793.00	29.75	
2 EXCLUDED AREA SALARIES	3,895,311	520,849	4,416,160	132,974.00	33.21	
3 SUBTOTAL SALARIES	86,606,579	5,635,090	92,241,669	3,115,819.00	29.60	
4 SUBTOTAL OTHER WAGES & RELATED COSTS	722,869		722,869	9,609.00	75.23	
5 SUBTOTAL WAGE-RELATED COSTS	12,999,794		12,999,794		14.09	
6 TOTAL	100,329,242	5,635,090	105,964,332	3,125,428.00	33.90	
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	19,747,199	4,385,268	24,132,467	993,487.00	24.29	

HHA 1

	TITLE V 1	TITLE XVIII 2	TITLE XIX 3	OTHER 4
1 HOME HEALTH AIDE HOURS	0	3,046	0	0
2 UNDUPLICATED CENSUS COUNT		116.00		

TOTAL
5

1 HOME HEALTH AIDE HOURS	3,046
2 UNDUPLICATED CENSUS COUNT	

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

ENTER THE NUMBER OF HOURS IN YOUR NORMAL WORK WEEK

HHA NO. OF FTE EMPLOYEES (2080 HRS)

STAFF 1	CONTRACT 2	TOTAL 3
------------	---------------	------------

3 ADMINISTRATOR AND ASSISTANT ADMINISTRATOR(S)			1.00
4 DIRECTOR(S) AND ASSISTANT DIRECTOR(S)	1.00		1.00
5 OTHER ADMINISTRATIVE PERSONEL	8.68		8.68
6 DIRECTING NURSING SERVICE	7.66		7.66
7 NURSING SUPERVISOR			
8 PHYSICAL THERAPY SERVICE	2.31		2.31
9 PHYSICAL THERAPY SUPERVISOR			
10 OCCUPATIONAL THERAPY SERVICE	.95		.95
11 OCCUPATIONAL THERAPY SUPERVISOR			
12 SPEECH PATHOLOGY SERVICE			
13 SPEECH PATHOLOGY SUPERVISOR			
14 MEDICAL SOCIAL SERVICE	.49		.49
15 MEDICAL SOCIAL SERVICE SUPERVISOR			
16 HOME HEALTH AIDE	1.46		1.46
17 HOME HEALTH AIDE SUPERVISOR			
18			
HOME HEALTH AGENCY MSA CODES	1	1.01	
19 HOW MANY MSAs IN COL. 1 OR CBSAs IN COL. 1.01 DID YOU PROVIDER SERVICES TO DURING THE C/R PERIOD?	1	0	
20 LIST THOSE MSA CODE(S) IN COL. 1 & CBSA CODE(S) IN COL. 1.01 SERVICED DURING THIS C/R PERIOD (LINE 20 CONTAINS THE FIRST CODE).	1600		

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

	FULL EPIISODES		LUPA EPIISODES 3	PEP ONLY EPIISODES 4
	WITHOUT OUTLIERS 1	WITH OUTLIERS 2		
21 SKILLED NURSING VISITS	1,196	46	84	52
22 SKILLED NURSING VISIT CHARGES	169,974	6,532	11,928	7,384
23 PHYSICAL THERAPY VISITS	872	0	12	46
24 PHYSICAL THERAPY VISIT CHARGES	123,824	0	1,704	6,532
25 OCCUPATIONAL THERAPY VISITS	203	0	1	2
26 OCCUPATIONAL THERAPY VISIT CHARGES	28,826	0	142	284
27 SPEECH PATHOLOGY VISITS	0	0	0	0
28 SPEECH PATHOLOGY VISIT CHARGES	0	0	0	0
29 MEDICAL SOCIAL SERVICE VISITS	29	0	1	0
30 MEDICAL SOCIAL SERVICE VISIT CHARGES	4,118	0	142	0
31 HOME HEALTH AIDE VISITS	279	0	0	0
32 HOME HEALTH AIDE VISIT CHARGES	39,618	0	0	0
33 TOTAL VISITS (SUM OF LINES 21, 23, 25, 27, 29 & 31)	2,579	46	98	100
34 OTHER CHARGES	0	0	0	0
35 TOTAL CHARGES (SUM OF LNS 22, 24, 26, 28, 30, 32 & 34)	366,360	6,532	13,916	14,200
36 TOTAL NUMBER OF EPIISODES (STANDARD/NON OUTLIER)	131	0	40	6
37 TOTAL NUMBER OF OUTLIER EPIISODES	0	0	0	0
38 TOTAL NON-ROUTINE MEDICAL SUPPLY CHARGES	4,848	0	3,085	255

HHA 1

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

	SCIC WITHIN A PEP 5	SCIC ONLY EPIISODES 6	TOTAL (COLS. 1-6) 7
21 SKILLED NURSING VISITS	0	0	1,378
22 SKILLED NURSING VISIT CHARGES	0	0	195,818
23 PHYSICAL THERAPY VISITS	0	0	930
24 PHYSICAL THERAPY VISIT CHARGES	0	0	132,060
25 OCCUPATIONAL THERAPY VISITS	0	0	206
26 OCCUPATIONAL THERAPY VISIT CHARGES	0	0	29,252
27 SPEECH PATHOLOGY VISITS	0	0	0
28 SPEECH PATHOLOGY VISIT CHARGES	0	0	0
29 MEDICAL SOCIAL SERVICE VISITS	0	0	30
30 MEDICAL SOCIAL SERVICE VISIT CHARGES	0	0	4,260
31 HOME HEALTH AIDE VISITS	0	0	279
32 HOME HEALTH AIDE VISIT CHARGES	0	0	39,618
33 TOTAL VISITS (SUM OF LINES 21, 23, 25, 27, 29 & 31)	0	0	2,823
34 OTHER CHARGES	0	0	0
35 TOTAL CHARGES (SUM OF LNS 22, 24, 26, 28, 30, 32 & 34)	0	0	401,008
36 TOTAL NUMBER OF EPIISODES (STANDARD/NON OUTLIER)	0	0	177
37 TOTAL NUMBER OF OUTLIER EPIISODES	0	0	0
38 TOTAL NON-ROUTINE MEDICAL SUPPLY CHARGES	0	0	8,188

HOSPITAL RENAL DIALYSIS DEPARTMENT
 STATISTICAL DATA

PROVIDER NO: 14-0018
 SATELLITE NO:
 PERIOD: FROM 7/1/2009 TO 6/30/2010
 PREPARED 12/8/2010
 WORKSHEET S-5

DESCRIPTION	----- OUTPATIENT -----		----- TRAINING -----		----- HOME -----	
	REGULAR 1	HIGH FLUX 2	HEMO- DIALYSIS 3	CAPD CCPD 4	HEMO- DIALYSIS 5	CAPD CCPD 6
1 NUMBER OF PATIENTS IN PROGRAM AT END OF COST REPORTING PERIOD	107					
2 NUMBER OF TIMES PER WEEK PATIENT RECEIVES DIALYSIS	3.00					
3 AVERAGE PATIENT DIALYSIS TIME INCLUDING SETUP	3.50					
4 CAPD EXCHANGES PER DAY						
5 NUMBER OF DAYS IN YEAR DIALYSIS FURNISHED	312					
6 NUMBER OF STATIONS	11					
7 TREATMENT CAPACITY PER DAY PER STATION	4					
8 UTILIZATION (SEE INSTRUCTIONS)						
9 AVERAGE TIMES DIALYZERS RE-USED						
10 PERCENTAGE OF PATIENTS RE-USING DIALYZERS						
TRANSPLANT INFORMATION						
11 NUMBER OF PATIENTS ON TRANSPLANT LIST						
12 NUMBER OF PATIENTS TRANSPLANTED DURING THE COST REPORTING PERIOD						
EPOIETIN						
13 NET COSTS OF EPOIETIN FURNISHED TO ALL MAINTENANCE DIALYSIS PATIENTS BY THE PROVIDER	380,198					
13 . 1 EPOIETIN AMOUNT FROM WORKSHEET A FOR HOME DIALYSIS PROGRAM						
14 NUMBER OF EPO UNITS FURNISHED RELATING TO THE RENAL DIALYSIS DEPARTMENT	38,019					
14 . 1 NUMBER OF EPO UNITS FURNISHED RELATING TO THE HOME DIALYSIS DEPARTMENT						
PHYSICIAN PAYMENT METHOD (ENTER "X" IF METHOD(S) IS APPLICABLE)						
15 MCP [] INITIAL METHOD [X]						
ARANESP						
16 NET COSTS OF ARANESP FURNISHED TO ALL MAINTENANCE DIALYSIS PATIENTS BY THE PROVIDER						
17 ARANESP AMOUNT FROM WORKSHEET A FOR HOME DIALYSIS PROGRAM						
18 NUMBER OF ARANESP UNITS FURNISHED RELATING TO RENAL DIALYSIS DEPARTMENT						
19 NUMBER OF ARANESP UNITS FURNISHED RELATING TO HOME DIALYSIS DEPARTMENT						

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
 - 18 REVENUES FROM STATE AND LOCAL INDIGENT CARE PROGRAMS
 - 19 REVENUE RELATED TO SCHIP (SEE INSTRUCTIONS)
 - 20 RESTRICTED GRANTS
 - 21 NON-RESTRICTED GRANTS
 - 22 TOTAL GROSS UNCOMPENSATED CARE REVENUES

- 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) .244073
- 25 TOTAL STATE AND LOCAL INDIGENT CARE PROGRAM COST (LINE 23 * LINE 24)
- 26 TOTAL SCHIP CHARGES FROM YOUR RECORDS
- 27 TOTAL SCHIP COST, (LINE 24 * LINE 26)
- 28 TOTAL GROSS MEDICAID CHARGES FROM YOUR RECORDS

DESCRIPTION

- 29 TOTAL GROSS MEDICAID COST (LINE 24 * LINE 28)
- 30 OTHER UNCOMPENSATED CARE CHARGES FROM YOUR RECORDS
- 31 UNCOMPENSATED CARE COST (LINE 24 * LINE 30)
- 32 TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL
(SUM OF LINES 25, 27, AND 29)

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

PROVIDER NO: 14-0018
 PERIOD: FROM 7/ 1/2009 TO 6/30/2010
 PREPARED 12/ 8/2010
 WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	SALARIES	OTHER	TOTAL	RECLASS-IF I CATIONS	RECLASSIFIED TRIAL BALANCE
		1	2	3	4	5
	GENERAL SERVICE COST CNTR					
1	0100 OLD CAP REL COSTS-BLDG & FIXT		5,132	5,132	205,708	210,840
2	0200 OLD CAP REL COSTS-MVBLE EQUIP				1,598,056	1,598,056
3	0300 NEW CAP REL COSTS-BLDG & FIXT		3,730,200	3,730,200	4,140,617	7,870,817
4	0400 NEW CAP REL COSTS-MVBLE EQUIP		4,895,381	4,895,381	-1,355	4,894,026
5	0500 EMPLOYEE BENEFITS	89,810	16,433,505	16,523,315	-606,489	15,916,826
6.01	0610 NONPATIENT TELEPHONE	241,609	572,410	814,019	-3,973	810,046
6.02	0620 DATA PROCESSING		3,340,459	3,340,459	-53,754	3,286,705
6.03	0630 PURCHASING RECEIVING AND STORES	334,188	65,654	399,842		399,842
6.04	0640 ADMINITTING	1,893,067	297,318	2,190,385	-382,998	1,807,387
6.05	0650 CASHIERING/ACCOUNTS RECEIVABLE	36,661	2,482,912	2,519,573		2,519,573
6.06	0660 OTHER ADMIN STRATIVE AND GENERAL	4,918,737	29,117,981	34,036,718	821,212	34,857,930
7	0700 MAINTENANCE & REPAIRS		2,746,047	2,746,047		2,746,047
8	0800 OPERATION OF PLANT	909,403	7,177,353	8,086,756	-115,207	7,971,549
9	0900 LAUNDRY & LINEN SERVICE		1,103,547	1,103,547		1,103,547
10	1000 HOUSEKEEPING	1,877,239	1,451,234	3,328,473		3,328,473
11	1100 DIETARY	1,903,262	2,943,824	4,847,086	-2,696,522	2,150,564
12	1200 CAFETERIA				2,690,465	2,690,465
13	1300 MAINTENANCE OF PERSONNEL					
14	1400 NURSING ADMINISTRATION	3,413,795	698,389	4,112,184		4,112,184
15	1500 CENTRAL SERVICES & SUPPLY	362,776	557,033	919,809	-499,994	419,815
16	1600 PHARMACY	1,594,442	8,043,173	9,637,615	-4,968,416	4,669,199
17	1700 MEDICAL RECORDS & LIBRARY	1,460,717	789,937	2,250,654		2,250,654
18	1800 SOCIAL SERVICE	666,685	276,982	943,667	-4,463	939,204
19	1951 OTHER GENERAL SERVICE COST CENTERS					
19.01	1950 OUTPATIENT ACCOUNTING	44,808	2,483,682	2,528,490	164,946	2,693,436
20	2000 NONPHYSICIAN ANESTHETISTS					
21	2100 NURSING SCHOOL					
22	2200 I&R SERVICES-SALARY & FRINGES APPRVD	5,911,498		5,911,498		5,911,498
23	2300 I&R SERVICES-OTHER PRGM COSTS APPRVD		772,269	772,269	2,214,249	2,986,518
24	2400 PARAMED ED PRGM-(SPECIFY)					
24.01	2401 PASTORAL EDUCATION		161,715	161,715		161,715
	INPAT ROUTINE SRVC CNTRS					
25	2500 ADULTS & PEDIATRICS	20,595,186	5,247,126	25,842,312	-703,611	25,138,701
26	2600 INTENSIVE CARE UNIT	1,687,125	430,349	2,117,474	-6,917	2,110,557
26.01	2120 PREMATURE INTENSIVE CARE UNIT	3,794,221	374,066	4,168,287	-384	4,167,903
27	2700 CORONARY CARE UNIT	3,335,828	662,274	3,998,102		3,998,102
28	2800 BURN INTENSIVE CARE UNIT					
29	2900 SURGICAL INTENSIVE CARE UNIT					
31	3100 SUBPROVIDER	2,439,857	121,018	2,560,875	-76,891	2,483,984
33	3300 NURSERY	1,215,776	58,753	1,274,529		1,274,529
34	3400 SKILLED NURSING FACILITY					
35	3500 NURSING FACILITY					
	ANCILLARY SRVC COST CNTRS					
37	3700 OPERATING ROOM	6,818,428	8,210,027	15,028,455	-6,377,731	8,650,724
38	3800 RECOVERY ROOM	1,265,028	57,148	1,322,176		1,322,176
39	3900 DELIVERY ROOM & LABOR ROOM	5,259,767	1,043,761	6,303,528		6,303,528
40	4000 ANESTHESIOLOGY	466,697	3,435,677	3,902,374	-101,391	3,800,983
41	4100 RADIOLOGY-DIAGNOSTIC	4,916,621	3,390,351	8,306,972	-368,616	7,938,356
41.01	3430 MAGNETIC RESONANCE IMAGING (MRI)	404,484	162,424	566,908		566,908
42	4200 RADIOLOGY-THERAPEUTIC	298,514	416,688	715,202		715,202
43	4300 RADIOISOTOPE	258,325	397,710	656,035	-64,940	591,095
44	4400 LABORATORY	5,369,272	7,698,441	13,067,713	-735,352	12,332,361
45	4500 PBP CLINICAL LAB SERVICES-PRGM ONLY					
46	4600 WHOLE BLOOD & PACKED RED BLOOD CELLS	752,954	1,702,479	2,455,433		2,455,433
47	4700 BLOOD STORING, PROCESSING & TRANS.					
48	4800 INTRAVENOUS THERAPY					
49	4900 RESPIRATORY THERAPY	1,772,509	588,841	2,361,350	-191,458	2,169,892
50	5000 PHYSICAL THERAPY	356,136	81,032	437,168		437,168
51	5100 OCCUPATIONAL THERAPY	277,773	10,707	288,480		288,480
52	5200 SPEECH PATHOLOGY	166,588	5,786	172,374		172,374
53	5300 ELECTROCARDIOLOGY	1,164,858	1,387,300	2,552,158	216,495	2,768,653
54	5400 ELECTROENCEPHALOGRAPHY	205,434	45,642	251,076	-1,439	249,637
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS				5,753,958	5,753,958
56	5600 DRUGS CHARGED TO PATIENTS				7,167,857	7,167,857
57	5700 RENAL DIALYSIS	1,370,783	811,157	2,181,940	50,947	2,232,887
58	5800 ASC (NON-DISTINCT PART)					
59	3560 PULMONARY FUNCTION TESTING		1,700	1,700	156,588	158,288
	OUTPAT SERVICE COST CNTRS					
60	6000 CLINIC					
60.02	4950 O/P CHEMO THERAPY	423,253	2,483,110	2,906,363	-2,199,657	706,706
60.03	4951 O/P SUBSTANCE ABUSE					
60.04	4952 UNDER THE RAINBOW O/P	840,025	185,684	1,025,709		1,025,709
60.06	4953 EAR NOSE THROAT	292,677	59,585	352,262		352,262
61	6100 EMERGENCY	5,683,573	2,549,535	8,233,108	176,757	8,409,865
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)					
	OTHER REIMBURS COST CNTRS					
65	6500 AMBULANCE SERVICES					
66	6600 DURABLE MEDICAL EQUIP-RENTED					
67	6700 DURABLE MEDICAL EQUIP-SOLD					
70	7000 I&R SERVICES-NOT APPRVD PRGM					
71	7100 HOME HEALTH AGENCY	1,435,399	182,444	1,617,843		1,617,843
	SPEC PURPOSE COST CENTERS					
88	8800 INTEREST EXPENSE		5,168,590	5,168,590	-5,168,590	
90	9000 OTHER CAPITAL RELATED COSTS					
92	9200 AMBULATORY SURGICAL CENTER (D.P.)					
95	SUBTOTALS	98,525,788	137,115,542	235,641,330	27,707	235,669,037

COST CENTER	COST CENTER DESCRIPTION	SALARIES 1	OTHER 2	TOTAL 3	RECLASS- IFICATIONS 4	RECLASSIFIED TRIAL BALANCE 5
	SPEC PURPOSE COST CENTERS					
	NONREIMBURS COST CENTERS					
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN					
97	9700 RESEARCH		6,846,134	6,846,134		6,846,134
98	9800 PHYSICIANS' PRIVATE OFFICES		1,482	1,482	13,016	14,498
99	9900 NONPAID WORKERS					
100	7951 KLING OFFICE BLDG				3,146	3,146
100.01	7952 DAY PSYCH PROGRAM				24	24
100.02	7953 OCCUPATIONAL HEALTH		120	120		120
100.03	7954 FAMILY PLANNING				793	793
100.04	7955 PLAZA MEDICAL CENTER					
100.05	7956 DEVELOPMENT		872,609	872,609	-39,846	832,763
100.06	7957 DENTISTRY	20,055	2,346	22,401	-4,840	17,561
100.08	7958 GERIATRIC ASSMNT					
100.09	7959 BETHANY LAB					
101	TOTAL	98,545,843	144,838,233	243,384,076	-0-	243,384,076

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS	NET EXPENSES FOR ALLOC
		6	7
	GENERAL SERVICE COST CNTR		
1	0100 OLD CAP REL COSTS-BLDG & FIXT	4,399	215,239
2	0200 OLD CAP REL COSTS-MVBLE EQUIP		1,598,056
3	0300 NEW CAP REL COSTS-BLDG & FIXT	-1,351,164	6,519,653
4	0400 NEW CAP REL COSTS-MVBLE EQUIP		4,894,026
5	0500 EMPLOYEE BENEFITS	-114,071	15,802,755
6.01	0610 NONPATIENT TELEPHONE	-120,323	689,723
6.02	0620 DATA PROCESSING		3,286,705
6.03	0630 PURCHASING RECEIVING AND STORES		399,842
6.04	0640 ADMITTING		1,807,387
6.05	0650 CASHIERING/ACCOUNTS RECEIVABLE		2,519,573
6.06	0660 OTHER ADMINISTRATIVE AND GENERAL	-207,451	34,650,479
7	0700 MAINTENANCE & REPAIRS		2,746,047
8	0800 OPERATION OF PLANT	-1,940,819	6,030,730
9	0900 LAUNDRY & LINEN SERVICE		1,103,547
10	1000 HOUSEKEEPING		3,328,473
11	1100 DIETARY		2,150,564
12	1200 CAFETERIA	-1,441,560	1,248,905
13	1300 MAINTENANCE OF PERSONNEL		
14	1400 NURSING ADMINISTRATION	-9,100	4,103,084
15	1500 CENTRAL SERVICES & SUPPLY		419,815
16	1600 PHARMACY	-1,243,123	3,426,076
17	1700 MEDICAL RECORDS & LIBRARY	-20,829	2,229,825
18	1800 SOCIAL SERVICE	-27,672	911,532
19	1951 OTHER GENERAL SERVICE COST CENTERS		
19.01	1950 OUTPATIENT ACCOUNTING		2,693,436
20	2000 NONPHYSICIAN ANESTHETISTS		
21	2100 NURSING SCHOOL		
22	2200 I&R SERVICES-SALARY & FRINGES APPRVD		5,911,498
23	2300 I&R SERVICES-OTHER PRGM COSTS APPRVD	-58,600	2,927,918
24	2400 PARAMED ED PRGM-(SPECIFY)		
24.01	2401 PASTORAL EDUCATION	-1,600	160,115
	INPAT ROUTINE SRVC CNTRS		
25	2500 ADULTS & PEDIATRICS	-260,662	24,878,039
26	2600 INTENSIVE CARE UNIT		2,110,557
26.01	2120 PREMATURE INTENSIVE CARE UNIT		4,167,903
27	2700 CORONARY CARE UNIT		3,998,102
28	2800 BURN INTENSIVE CARE UNIT		
29	2900 SURGICAL INTENSIVE CARE UNIT		
31	3100 SUBPROVIDER	-37,000	2,446,984
33	3300 NURSERY		1,274,529
34	3400 SKILLED NURSING FACILITY		
35	3500 NURSING FACILITY		
	ANCILLARY SRVC COST CNTRS		
37	3700 OPERATING ROOM	-391,942	8,258,782
38	3800 RECOVERY ROOM		1,322,176
39	3900 DELIVERY ROOM & LABOR ROOM		6,303,528
40	4000 ANESTHESIOLOGY	-1,568,954	2,232,029
41	4100 RADIOLOGY-DIAGNOSTIC	-232,047	7,706,309
41.01	3430 MAGNETIC RESONANCE IMAGING (MRI)	-3,757	563,151
42	4200 RADIOLOGY-THERAPEUTIC		715,202
43	4300 RADIOISOTOPE	-5,450	585,645
44	4400 LABORATORY	-632,291	11,700,070
45	4500 PBP CLINICAL LAB SERVICES-PRGM ONLY		
46	4600 WHOLE BLOOD & PACKED RED BLOOD CELLS		2,455,433
47	4700 BLOOD STORING, PROCESSING & TRANS.		
48	4800 INTRAVENOUS THERAPY		
49	4900 RESPIRATORY THERAPY	-1,267	2,168,625
50	5000 PHYSICAL THERAPY	-1,051	436,117
51	5100 OCCUPATIONAL THERAPY	-1,746	286,734
52	5200 SPEECH PATHOLOGY	-30,234	142,140
53	5300 ELECTROCARDIOLOGY	-1,029	2,767,624
54	5400 ELECTROENCEPHALOGRAPHY		249,637
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS	-997,961	4,755,997
56	5600 DRUGS CHARGED TO PATIENTS		7,167,857
57	5700 RENAL DIALYSIS	-50,702	2,182,185
58	5800 ASC (NON-DISTINCT PART)		
59	3560 PULMONARY FUNCTION TESTING		158,288
	OUTPAT SERVICE COST CNTRS		
60	6000 CLINIC		
60.02	4950 O/P CHEMO THERAPY		706,706
60.03	4951 O/P SUBSTANCE ABUSE		
60.04	4952 UNDER THE RAINBOW O/P	-10,135	1,015,574
60.06	4953 EAR NOSE THROAT		352,262
61	6100 EMERGENCY	-164,438	8,245,427
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)		
	OTHER REIMBURS COST CNTRS		
65	6500 AMBULANCE SERVICES		
66	6600 DURABLE MEDICAL EQUIP-RENTED		
67	6700 DURABLE MEDICAL EQUIP-SOLD		
70	7000 I&R SERVICES-NOT APPRVD PRGM		
71	7100 HOME HEALTH AGENCY		1,617,843
	SPEC PURPOSE COST CENTERS		
88	8800 INTEREST EXPENSE		-0-
90	9000 OTHER CAPITAL RELATED COSTS		-0-
92	9200 AMBULATORY SURGICAL CENTER (D.P.)		
95	SUBTOTALS	-10,922,579	224,746,458

COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS	NET EXPENSES FOR ALLOC
	SPEC PURPOSE COST CENTERS	6	7
	NONREIMBURS COST CENTERS		
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN		
97	9700 RESEARCH	-5,880,754	965,380
98	9800 PHYSICIANS' PRIVATE OFFICES		14,498
99	9900 NONPAID WORKERS		
100	7951 KLING OFFICE BLDG		3,146
100.01	7952 DAY PSYCH PROGRAM		24
100.02	7953 OCCUPATIONAL HEALTH		120
100.03	7954 FAMILY PLANNING		793
100.04	7955 PLAZA MEDICAL CENTER		
100.05	7956 DEVELOPMENT		832,763
100.06	7957 DENTISTRY		17,561
100.08	7958 GERIATRIC ASSMNT		
100.09	7959 BETHANY LAB		
101	TOTAL	-16,803,333	226,580,743

COST CENTERS USED IN COST REPORT

LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
	GENERAL SERVICE COST		
1	OLD CAP REL COSTS-BLDG & FIXT	0100	
2	OLD CAP REL COSTS-MVBLE EQUIP	0200	
3	NEW CAP REL COSTS-BLDG & FIXT	0300	
4	NEW CAP REL COSTS-MVBLE EQUIP	0400	
5	EMPLOYEE BENEFITS	0500	
6.01	NONPATIENT TELEPHONE	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	
8	OPERATION OF PLANT	0800	
9	LAUNDRY & LINEN SERVICE	0900	
10	HOUSEKEEPING	1000	
11	DIETARY	1100	
12	CAFETERIA	1200	
13	MAINTENANCE OF PERSONNEL	1300	
14	NURSING ADMINISTRATION	1400	
15	CENTRAL SERVICES & SUPPLY	1500	
16	PHARMACY	1600	
17	MEDICAL RECORDS & LIBRARY	1700	
18	SOCIAL SERVICE	1800	
19	OTHER GENERAL SERVICE COST CENTERS	1951	OTHER GENERAL SERVICE COST CENTERS
19.01	OUTPATIENT ACCOUNTING	1950	OTHER GENERAL SERVICE COST CENTERS
20	NONPHYSICIAN ANESTHETISTS	2000	
21	NURSING SCHOOL	2100	
22	I&R SERVICES-SALARY & FRINGES APPRVD	2200	
23	I&R SERVICES-OTHER PRGM COSTS APPRVD	2300	
24	PARAMEDICAL PRGM-(SPECIFY)	2400	
24.01	PASTORAL EDUCATION	2401	PARAMEDICAL PRGM
	INPAT ROUTINE SRVC		
25	ADULTS & PEDIATRICS	2500	
26	INTENSIVE CARE UNIT	2600	
26.01	PREMATURE INTENSIVE CARE UNIT	2120	PREMATURE INTENSIVE CARE UNIT
27	CORONARY CARE UNIT	2700	
28	BURN INTENSIVE CARE UNIT	2800	
29	SURGICAL INTENSIVE CARE UNIT	2900	
31	SUBPROVIDER	3100	
33	NURSERY	3300	
34	SKILLED NURSING FACILITY	3400	
35	NURSING FACILITY	3500	
	ANCILLARY SRVC COST		
37	OPERATING ROOM	3700	
38	RECOVERY ROOM	3800	
39	DELIVERY ROOM & LABOR ROOM	3900	
40	ANESTHESIOLOGY	4000	
41	RADIOLOGY-DIAGNOSTIC	4100	
41.01	MAGNETIC RESONANCE IMAGING (MRI)	3430	MAGNETIC RESONANCE IMAGING (MRI)
42	RADIOLOGY-THERAPEUTIC	4200	
43	RADIOISOTOPE	4300	
44	LABORATORY	4400	
45	PBP CLINICAL LAB SERVICES-PRGM ONLY	4500	
46	WHOLE BLOOD & PACKED RED BLOOD CELLS	4600	
47	BLOOD STORING, PROCESSING & TRANS.	4700	
48	INTRAVENOUS THERAPY	4800	
49	RESPIRATORY THERAPY	4900	
50	PHYSICAL THERAPY	5000	
51	OCCUPATIONAL THERAPY	5100	
52	SPEECH PATHOLOGY	5200	
53	ELECTROCARDIOLOGY	5300	
54	ELECTROENCEPHALOGRAPHY	5400	
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	5500	
56	DRUGS CHARGED TO PATIENTS	5600	
57	RENAL DIALYSIS	5700	
58	ASC (NON-DISTINCT PART)	5800	
59	PULMONARY FUNCTION TESTING	3560	PULMONARY FUNCTION TESTING
	OUTPAT SERVICE COST		
60	CLINIC	6000	
60.02	O/P CHEMO THERAPY	4950	OTHER OUTPATIENT SERVICE COST CENTER
60.03	O/P SUBSTANCE ABUSE	4951	OTHER OUTPATIENT SERVICE COST CENTER
60.04	UNDER THE RAINBOW O/P	4952	OTHER OUTPATIENT SERVICE COST CENTER
60.06	EAR NOSE THROAT	4953	OTHER OUTPATIENT SERVICE COST CENTER
61	EMERGENCY	6100	
62	OBSERVATION BEDS (NON-DISTINCT PART)	6200	
	OTHER REIMBURS COST		
65	AMBULANCE SERVICES	6500	
66	DURABLE MEDICAL EQUIP-RENTED	6600	
67	DURABLE MEDICAL EQUIP-SOLD	6700	
70	I&R SERVICES-NOT APPRVD PRGM	7000	
71	HOME HEALTH AGENCY	7100	
	SPEC PURPOSE COST CE		
88	INTEREST EXPENSE	8800	
90	OTHER CAPITAL RELATED COSTS	9000	
92	AMBULATORY SURGICAL CENTER (D.P.)	9200	
95	SUBTOTALS	0000	
	NONREIMBURS COST CEN		
96	GI FT, FLOWER, COFFEE SHOP & CANTEEN	9600	

LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
	NONREIMBURS COST CEN		
97	RESEARCH	9700	
98	PHYSICIANS' PRIVATE OFFICES	9800	
99	NONPAID WORKERS	9900	
100	KLING OFFICE BLDG	7951	OTHER NONREIMBURSABLE COST CENTERS
100.01	DAY PSYCH PROGRAM	7952	OTHER NONREIMBURSABLE COST CENTERS
100.02	OCCUPATIONAL HEALTH	7953	OTHER NONREIMBURSABLE COST CENTERS
100.03	FAMILY PLANNING	7954	OTHER NONREIMBURSABLE COST CENTERS
100.04	PLAZA MEDICAL CENTER	7955	OTHER NONREIMBURSABLE COST CENTERS
100.05	DEVELOPMENT	7956	OTHER NONREIMBURSABLE COST CENTERS
100.06	DENTISTRY	7957	OTHER NONREIMBURSABLE COST CENTERS
100.08	GERIATRIC ASSMNT	7958	OTHER NONREIMBURSABLE COST CENTERS
100.09	BETHANY LAB	7959	OTHER NONREIMBURSABLE COST CENTERS
101	TOTAL	0000	

RECLASSIFICATIONS

PROVIDER NO:
140018

PERIOD:
FROM 7/ 1/2009
TO 6/30/2010

PREPARED 12/ 8/2010
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	CODE (1)	INCREASE			
		COST CENTER 2	LINE NO 3	SALARY 4	OTHER 5
1 TEACHING RECLASS	B	I & R SERVICES-OTHER PRGM COSTS APPRVD	23	2,214,249	
2					
3					
4					
5					
6					
7					
8					
9 PULMONARY RECLASS	C	PULMONARY FUNCTION TESTING	59	156,588	
10 INTEREST EXPENSE RECLASS	D	NEW CAP REL COSTS-BLDG & FIXT	3		4,156,281
11		OTHER ADMINISTRATIVE AND GENERAL	6.06		1,012,309
12					
13 CENTRAL SUPPLY RECLASS	E	MEDICAL SUPPLIES CHARGED TO PATIENTS	55		5,753,958
14					
15 PHARMACY RECLASS	F	DRUGS CHARGED TO PATIENTS	56		7,167,857
16					
17 EQUIPMENT RENTAL RECLASS	G	OLD CAP REL COSTS-MVBLE EQUIP	2		1,563,954
18					
19					
20					
21					
22					
23					
24					
25					
26					
27					
28					
29					
30					
31 E/R REGISTRATION RECLASS	H	EMERGENCY	61	217,939	
32 INSURANCE RECLASS	I	OLD CAP REL COSTS-BLDG & FIXT	1		205,708
33 O/P REGISTRATION RECLASS	J	OUTPATIENT ACCOUNTING	19.01	164,946	
34 NURSING CONTINUITY RECLASS	K	ADULTS & PEDIATRICS	25	950,088	
35 POB & FAM PLANNING DIRECT EXP & DEPR	L	PHYSICIANS' PRIVATE OFFICES	98		13,016
1 POB & FAM PLANNING DIRECT EXP & DEPR	L	KLING OFFICE BLDG	100		1,855
2		FAMILY PLANNING	100.03		793
3 DIETARY / CAFETERIA RECLASS	M	CAFETERIA	12	844,615	
4		CAFETERIA	12		1,845,850
5 RECLASS SINAI HEALTH SYS EXPENSES	O	DATA PROCESSING	6.02	1,139,629	
6		OTHER ADMINISTRATIVE AND GENERAL	6.06	2,596,976	
7		PASTORAL EDUCATION	24.01	100,860	
8		EMPLOYEE BENEFITS	5	742,192	
9		NONPATIENT TELEPHONE	6.01	124,410	
10		DEVELOPMENT	100.05	501,784	
11		EMPLOYEE BENEFITS	5		421,370
12					
13					
14					
15					
16 CARDIOLOGY PHYSICIAN SALARY RECLASS	P	ELECTROCARDIOLOGY	53	216,495	
17 COMMONWEALTH EDISON METER RENTAL REC	R	OLD CAP REL COSTS-MVBLE EQUIP	2		34,126
18 RENAL DIALYSIS SALARIES	S	RENAL DIALYSIS	57	57,282	
19 CAPITAL LEASE RECLASS	T	OTHER ADMINISTRATIVE AND GENERAL	6.06		260,637
20					
21					
22					
23					
24					
25 EQUIPM DEPR FOR NON REIMB COST CTRS	U	DAY PSYCH PROGRAM	100.01		24
26		DENTISTRY	100.06		64
27		KLING OFFICE BLDG	100		1,291
36 TOTAL RECLASSIFICATIONS				10,028,053	22,439,093

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

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER 6	DECREASE		SALARY 8	OTHER 9	A-7 REF 10
			LINE NO 7				
1 TEACHING RECLASS	B	ADULTS & PEDIATRICS	25		1,352,050		
2		SUBPROVIDER	31		76,891		
3		OPERATING ROOM	37		550,564		
4		RADIOLOGY-DIAGNOSTIC	41		41,811		
5		ANESTHESIOLOGY	40		101,391		
6		LABORATORY	44		45,456		
7		EMERGENCY	61		41,182		
8		DENTISTRY	100.06		4,904		
9 PULMONARY RECLASS	C	RESPIRATORY THERAPY	49		156,588		
10 INTEREST EXPENSE RECLASS	D						11
11		INTEREST EXPENSE	88			5,168,590	
12		CENTRAL SERVICES & SUPPLY	15			13,218	
13 CENTRAL SUPPLY RECLASS	E	OPERATING ROOM	37			5,740,740	
14		O/P CHEMO THERAPY	60.02			2,199,657	
15 PHARMACY RECLASS	F	PHARMACY	16			4,968,200	
16		ADMINISTRATIVE	6.04			113	
17 EQUIPMENT RENTAL RECLASS	G	DIETARY	11			6,057	14
18		CENTRAL SERVICES & SUPPLY	15			486,776	
19		PHARMACY	16			216	
20		SOCIAL SERVICE	18			4,463	
21		ADULTS & PEDIATRICS	25			27,872	
22		INTENSIVE CARE UNIT	26			6,917	
23		PREMATURE INTENSIVE CARE UNIT	26.01			384	
24		OPERATING ROOM	37			47,517	
25		RADIOLOGY-DIAGNOSTIC	41			307,805	
26		LABORATORY	44			662,720	
27		RESPIRATORY THERAPY	49			5,340	
28		ELECTROENCEPHALOGRAPHY	54			1,439	
29		RENAL DIALYSIS	57			6,335	
30		ADMINISTRATIVE	6.04		217,939		
31 E/R REGISTRATION RECLASS	H	OTHER ADMINISTRATIVE AND GENERAL	6.06			205,708	12
32 INSURANCE RECLASS	I	ADMINISTRATIVE	6.04		164,946		
33 O/P REGISTRATION RECLASS	J	EMPLOYEE BENEFITS	5			950,088	
34 NURSING CONTINUITY RECLASS	K	NEW CAP REL COSTS-BLDG & FIXT	3			15,664	14
35 POB & FAM PLANNING DIRECT EXP & DEPR	L						
1 POB & FAM PLANNING DIRECT EXP & DEPR	L						
2		DIETARY	11		844,615		
3 DIETARY / CAFETERIA RECLASS	M	DIETARY	11			1,845,850	
4		DATA PROCESSING	6.02			1,139,629	
5 RECLASS SINAI HEALTH SYS EXPENSES	O	OTHER ADMINISTRATIVE AND GENERAL	6.06			2,596,976	
6		PASTORAL EDUCATION	24.01			100,860	
7		EMPLOYEE BENEFITS	5			742,192	
8		NONPATIENT TELEPHONE	6.01			124,410	
9		DEVELOPMENT	100.05			501,784	
10		EMPLOYEE BENEFITS	5			77,771	
11		NONPATIENT TELEPHONE	6.01			3,973	
12		DATA PROCESSING	6.02			53,754	
13		OTHER ADMINISTRATIVE AND GENERAL	6.06			246,026	
14		DEVELOPMENT	100.05			39,846	
15		ADULTS & PEDIATRICS	25		216,495		
16 CARDIOLOGY PHYSICIAN SALARY RECLASS	P	OPERATION OF PLANT	8			34,126	14
17 COMMONWEALTH EDISON METER RENTAL REC	R	ADULTS & PEDIATRICS	25		57,282		
18 RENAL DIALYSIS SALARIES	S	OPERATION OF PLANT	8			81,081	
19 CAPITAL LEASE RECLASS	T	OPERATING ROOM	37			38,910	
20		RADIOLOGY-DIAGNOSTIC	41			19,000	
21		RADIOISOTOPE	43			64,940	
22		LABORATORY	44			27,176	
23		RESPIRATORY THERAPY	49			29,530	
24		OLD CAP REL COSTS-MVBLE EQUIP	2			24	9
25 EQUIPM DEPR FOR NON REIMB COST CTRS	U	NEW CAP REL COSTS-MVBLE EQUIP	4			1,355	9
26							
27							
36 TOTAL RECLASSIFICATIONS					3,872,114	28,595,032	

(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:
140018

PERIOD:
FROM 7/ 1/2009
TO 6/30/2010

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

RECLASS CODE: B
EXPLANATION : TEACHING RECLASS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	I&R SERVICES-OTHER PRGM COSTS	23	2,214,249	ADULTS & PEDIATRICS	25	1,352,050	
2.00			0	SUBPROVIDER	31	76,891	
3.00			0	OPERATING ROOM	37	550,564	
4.00			0	RADIOLOGY-DIAGNOSTIC	41	41,811	
5.00			0	ANESTHESIOLOGY	40	101,391	
6.00			0	LABORATORY	44	45,456	
7.00			0	EMERGENCY	61	41,182	
8.00			0	DENTISTRY	100.06	4,904	
TOTAL RECLASSIFICATIONS FOR CODE B			2,214,249	2,214,249			

RECLASS CODE: C
EXPLANATION : PULMONARY RECLASS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	PULMONARY FUNCTION TESTING	59	156,588	RESPIRATORY THERAPY	49	156,588	
TOTAL RECLASSIFICATIONS FOR CODE C			156,588	156,588			

RECLASS CODE: D
EXPLANATION : INTEREST EXPENSE RECLASS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	4,156,281			0	
2.00	OTHER ADMINISTRATIVE AND GENER	6.06	1,012,309			0	
3.00			0	INTEREST EXPENSE	88	5,168,590	
TOTAL RECLASSIFICATIONS FOR CODE D			5,168,590	5,168,590			

RECLASS CODE: E
EXPLANATION : CENTRAL SUPPLY RECLASS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	MEDICAL SUPPLIES CHARGED TO PA	55	5,753,958	CENTRAL SERVICES & SUPPLY	15	13,218	
2.00			0	OPERATING ROOM	37	5,740,740	
TOTAL RECLASSIFICATIONS FOR CODE E			5,753,958	5,753,958			

RECLASS CODE: F
EXPLANATION : PHARMACY RECLASS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	DRUGS CHARGED TO PATIENTS	56	7,167,857	O/P CHEMO THERAPY	60.02	2,199,657	
2.00			0	PHARMACY	16	4,968,200	
TOTAL RECLASSIFICATIONS FOR CODE F			7,167,857	7,167,857			

RECLASS CODE: G
EXPLANATION : EQUIPMENT RENTAL RECLASS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	OLD CAP REL COSTS-MVBLE EQUIP	2	1,563,954	ADMITTING	6.04	113	
2.00			0	DIETARY	11	6,057	
3.00			0	CENTRAL SERVICES & SUPPLY	15	486,776	
4.00			0	PHARMACY	16	216	
5.00			0	SOCIAL SERVICE	18	4,463	
6.00			0	ADULTS & PEDIATRICS	25	27,872	
7.00			0	INTENSIVE CARE UNIT	26	6,917	
8.00			0	PREMATURE INTENSIVE CARE UNIT	26.01	384	
9.00			0	OPERATING ROOM	37	47,517	
10.00			0	RADIOLOGY-DIAGNOSTIC	41	307,805	
11.00			0	LABORATORY	44	662,720	
12.00			0	RESPIRATORY THERAPY	49	5,340	
13.00			0	ELECTROENCEPHALOGRAPHY	54	1,439	
14.00			0	RENAL DIALYSIS	57	6,335	
TOTAL RECLASSIFICATIONS FOR CODE G			1,563,954	1,563,954			

RECLASS CODE: H
EXPLANATION : E/R REGISTRATION RECLASS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	EMERGENCY	61	217,939	ADMITTING	6.04	217,939	
TOTAL RECLASSIFICATIONS FOR CODE H			217,939	217,939			

RECLASSIFICATIONS

PROVIDER NO:
140018

PERIOD:
FROM 7/ 1/2009
TO 6/30/2010

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

RECLASS CODE: I
EXPLANATION : INSURANCE RECLASS

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	OLD CAP REL COSTS-BLDG & FIXT	1	205,708
TOTAL RECLASSIFICATIONS FOR CODE I			205,708

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
OTHER ADMINISTRATIVE AND GENER	6.06	205,708	
			205,708

RECLASS CODE: J
EXPLANATION : O/P REGISTRATION RECLASS

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	OUTPATIENT ACCOUNTING	19.01	164,946
TOTAL RECLASSIFICATIONS FOR CODE J			164,946

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
ADMINISTRATIVE AND GENER	6.04	164,946	
			164,946

RECLASS CODE: K
EXPLANATION : NURSING CONTINUITY RECLASS

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	ADULTS & PEDIATRICS	25	950,088
TOTAL RECLASSIFICATIONS FOR CODE K			950,088

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
EMPLOYEE BENEFITS	5	950,088	
			950,088

RECLASS CODE: L
EXPLANATION : POB & FAM PLANNING DIRECT EXP & DEPR

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	PHYSICIANS' PRIVATE OFFICES	98	13,016
2.00	KLING OFFICE BLDG	100	1,855
3.00	FAMILY PLANNING	100.03	793
TOTAL RECLASSIFICATIONS FOR CODE L			15,664

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
NEW CAP REL COSTS-BLDG & FIXT	3	15,664	
			0
			0
			15,664

RECLASS CODE: M
EXPLANATION : DIETARY / CAFETERIA RECLASS

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	CAFETERIA	12	844,615
2.00	CAFETERIA	12	1,845,850
TOTAL RECLASSIFICATIONS FOR CODE M			2,690,465

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
DIETARY	11	844,615	
DIETARY	11	1,845,850	
			2,690,465

RECLASS CODE: O
EXPLANATION : RECLASS SINAI HEALTH SYS EXPENSES

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	DATA PROCESSING	6.02	1,139,629
2.00	OTHER ADMINISTRATIVE AND GENER	6.06	2,596,976
3.00	PASTORAL EDUCATION	24.01	100,860
4.00	EMPLOYEE BENEFITS	5	742,192
5.00	NONPATIENT TELEPHONE	6.01	124,410
6.00	DEVELOPMENT	100.05	501,784
7.00	EMPLOYEE BENEFITS	5	421,370
8.00			0
9.00			0
10.00			0
11.00			0
TOTAL RECLASSIFICATIONS FOR CODE O			5,627,221

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
DATA PROCESSING	6.02	1,139,629	
OTHER ADMINISTRATIVE AND GENER	6.06	2,596,976	
PASTORAL EDUCATION	24.01	100,860	
EMPLOYEE BENEFITS	5	742,192	
NONPATIENT TELEPHONE	6.01	124,410	
DEVELOPMENT	100.05	501,784	
EMPLOYEE BENEFITS	5	77,771	
NONPATIENT TELEPHONE	6.01	3,973	
DATA PROCESSING	6.02	53,754	
OTHER ADMINISTRATIVE AND GENER	6.06	246,026	
DEVELOPMENT	100.05	39,846	
			5,627,221

RECLASS CODE: P
EXPLANATION : CARDIOLOGY PHYSICIAN SALARY RECLASS

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	ELECTROCARDIOLOGY	53	216,495
TOTAL RECLASSIFICATIONS FOR CODE P			216,495

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
ADULTS & PEDIATRICS	25	216,495	
			216,495

RECLASS CODE: R
EXPLANATION : COMMONWEALTH EDISON METER RENTAL REC

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	OLD CAP REL COSTS-MVBLE EQUIP	2	34,126
TOTAL RECLASSIFICATIONS FOR CODE R			34,126

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
OPERATION OF PLANT	8	34,126	
			34,126

RECLASSIFICATIONS

PROVIDER NO:
140018

PERIOD:
FROM 7/1/2009
TO 6/30/2010

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

RECLASS CODE: S
EXPLANATION: RENAL DIALYSIS SALARIES

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	RENAL DIALYSIS	57	57,282	ADULTS & PEDIATRICS	25	57,282	
TOTAL RECLASSIFICATIONS FOR CODE S			57,282				57,282

RECLASS CODE: T
EXPLANATION: CAPITAL LEASE RECLASS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	OTHER ADMINISTRATIVE AND GENER	6.06	260,637	OPERATION OF PLANT	8	81,081	
2.00			0	OPERATING ROOM	37	38,910	
3.00			0	RADIOLOGY-DIAGNOSTIC	41	19,000	
4.00			0	RADIOISOTOPE	43	64,940	
5.00			0	LABORATORY	44	27,176	
6.00			0	RESPIRATORY THERAPY	49	29,530	
TOTAL RECLASSIFICATIONS FOR CODE T			260,637				260,637

RECLASS CODE: U
EXPLANATION: EQUIPM DEPR FOR NON REIMB COST CTRS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	DAY PSYCH PROGRAM	100.01	24	OLD CAP REL COSTS-MVBLE EQUIP	2	24	
2.00	DENTISTRY	100.06	64	NEW CAP REL COSTS-MVBLE EQUIP	4	1,355	
3.00	KLING OFFICE BLDG	100	1,291			0	
TOTAL RECLASSIFICATIONS FOR CODE U			1,379				1,379

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	1,717,125					1,717,125	
2	LAND IMPROVEMENTS	526,594					526,594	
3	BUILDINGS & FIXTURE	52,821,959					52,821,959	
4	BUILDING IMPROVEMENT	6,878,965					6,878,965	
5	FIXED EQUIPMENT							
6	MOVABLE EQUIPMENT							
7	SUBTOTAL	61,944,643					61,944,643	
8	RECONCILING ITEMS							
9	TOTAL	61,944,643					61,944,643	

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							
2	LAND IMPROVEMENTS	61,542	41,520		41,520		103,062	
3	BUILDINGS & FIXTURE	84,751,117	2,221,876		2,221,876		86,972,993	
4	BUILDING IMPROVEMENT		760,065		760,065		410,765	
5	FIXED EQUIPMENT					349,300		
6	MOVABLE EQUIPMENT	55,451,746	5,605,215		5,605,215	150,564	60,906,397	
7	SUBTOTAL	140,264,405	8,628,676		8,628,676	499,864	148,393,217	
8	RECONCILING ITEMS							
9	TOTAL	140,264,405	8,628,676		8,628,676	499,864	148,393,217	

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	-7,909			205,708		17,440	215,239
2	OLD CAP REL COSTS-MV	-24					1,598,080	1,598,056
3	NEW CAP REL COSTS-BL	3,708,247		2,827,070			-15,664	6,519,653
4	NEW CAP REL COSTS-MV	4,894,026						4,894,026
5	TOTAL	8,594,340		2,827,070	205,708		1,599,856	13,226,974

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	5,132						5,132
2	OLD CAP REL COSTS-MV							
3	NEW CAP REL COSTS-BL	3,730,200						3,730,200
4	NEW CAP REL COSTS-MV	4,895,381						4,895,381
5	TOTAL	8,630,713						8,630,713

* 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	-1,089,211			
13 SALE OF SCRAP, WASTE, ETC.					
14 RELATED ORGANIZATION TRANSACTIONS	A-8-1				
15 LAUNDRY AND LINEN SERVICE					
16 CAFETERIA--EMPLOYEES AND GUESTS					
17 RENTAL OF QTRS TO EMPLOYEE AND OTHRS					
18 SALE OF MED AND SURG SUPPLIES					
19 SALE OF DRUGS TO OTHER THAN PATIENTS					
20 SALE OF MEDICAL RECORDS & ABSTRACTS					
21 NURSG SCHOOL(TUITN, FEES, BOOKS, ETC.)					
22 VENDING MACHINES					
23 INCOME FROM IMPOSITION OF INTEREST					
24 INTRST EXP ON MEDICARE OVERPAYMENTS					
25 ADJUSTMENT FOR RESPIRATORY THERAPY	A-8-3/A-8-4		RESPIRATORY THERAPY	49	
26 ADJUSTMENT FOR PHYSICAL THERAPY	A-8-3/A-8-4		PHYSICAL THERAPY	50	
27 ADJUSTMENT FOR HHA PHYSICAL THERAPY	A-8-3				
28 UTILIZATION REVIEW-PHYSIAN COMP			**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			NONPHYSICIAN ANESTHETISTS	20	
34 PHYSICIANS' ASSISTANT					
35 ADJUSTMENT FOR OCCUPATIONAL THERAPY	A-8-4		OCCUPATIONAL THERAPY	51	
36 ADJUSTMENT FOR SPEECH PATHOLOGY	A-8-4		SPEECH PATHOLOGY	52	
37 NR ADMIN OTH OPER MISC A8-1	B	-9,100	NURSING ADMINISTRATION	14	
38 OTHER OPERATING SRH A8-1	B	-360,887	LABORATORY	44	
39 SPECIMEN PROC MISC A8-1	B	-249,036	LABORATORY	44	
40 OTHER OPER SRH A8-1	B	-50,702	RENAL DIALYSIS	57	
41 OTHER OPER SRH A8-1	B	-5,450	RADIOISOTOPE	43	
42 OTHER OPER SRH A8-1	B	-30,234	SPEECH PATHOLOGY	52	
43 OTHER OPER SRH A8-1	B	-1,051	PHYSICAL THERAPY	50	
44 OTHER OPER SRH A8-1	B	-1,746	OCCUPATIONAL THERAPY	51	
45 OTHER OPER SRH A8-1	B	-1,267	RESPIRATORY THERAPY	49	
46 OTHER OPER SRH A8-1	B	-10,426	RADIOLOGY-DIAGNOSTIC	41	
47 CLSER SUP OTHER OPER A8-1	B	-2,586	RADIOLOGY-DIAGNOSTIC	41	
48 OTHER OPER SRH A8-1	B	-4,640	RADIOLOGY-DIAGNOSTIC	41	
49 OTHER OPER SRH A8-1	B	-3,757	MAGNETIC RESONANCE IMAGIN	41.01	
49.01 OTHER OPER SRH-A8-	B	-1,029	ELECTROCARDIOLOGY	53	
49.02 OTHER OPER SRH A8-1	B	-1,243,123	PHARMACY	16	
49.03 SOCIAL SRV OTH OPR MISC A8-1	B	-11,097	SOCIAL SERVICE	18	
49.04 OTHER OPER SRH A8-1	B	-38,192	RADIOLOGY-DIAGNOSTIC	41	
49.05 UTR OUTPATIENT MISC A8-1	B	-1,604	UNDER THE RAINBOW O/P	60.04	
49.06 INTERNAL MED OTH OPR A8-1	B	-2,783	ADULTS & PEDIATRICS	25	
49.07 MEDICAL EDUCATION A8-1	B	-58,600	I&R SERVICES-OTHER PRGM C	23	
49.08 FAMILY MEDICINE A8-1	B	-30,000	ADULTS & PEDIATRICS	25	
49.09 MEDICAL RECORDS A8-1	B	-20,829	MEDICAL RECORDS & LIBRARY	17	
49.10 SECURITY A8-1	B	-436	OPERATION OF PLANT	8	
49.11 FAC PROJ MGMT OTH MISC A8-1	B	-29,542	OPERATION OF PLANT	8	
49.12 CAFETERIA MISC A8-1	B	-1,441,560	CAFETERIA	12	
49.13 ADMN OTH OPR A8-1	B	-935	OTHER ADMINISTRATIVE AND	6.06	
49.14 RENTAL OTHER A8-1	B	-760,812	OPERATION OF PLANT	8	
49.15 MSH GENERAL ICT RENT REVENUE A8-1	B	-448,807	OPERATION OF PLANT	8	
49.16 GENERAL OTH OPR REV A8-1	B	-20,606	OTHER ADMINISTRATIVE AND	6.06	
49.18 PREMIER PURCH A8-2	B	-997,961	MEDICAL SUPPLIES CHARGED	55	
49.19 OTHER A&G A8-2	B	-26,599	OTHER ADMINISTRATIVE AND	6.06	
49.20 OTHER A&G A8-2	B	-1,983	OTHER ADMINISTRATIVE AND	6.06	
49.21 AMORTIZATION LOSS OFFSET A8-3	A	17,440	OLD CAP REL COSTS-BLDG &	1	14
49.22 1985 BLDG ADDITION & LAPSING A8-4	A	1,430	OLD CAP REL COSTS-BLDG &	1	9
49.23 REAL ESTATE TAXES A8-5	A	-30,000	OTHER ADMINISTRATIVE AND	6.06	
49.24 ACCELERATED DEPRECIATION A8-6	A	1,941	OLD CAP REL COSTS-BLDG &	1	9
49.25 SATELITE DEPRECIATION EXPENSE A8-7	A	-10,014	OLD CAP REL COSTS-BLDG &	1	9
49.26 SATELITE DEPRECIATION EXPENSE A8-7	A	-6,547	NEW CAP REL COSTS-BLDG &	3	9
49.27 SELF INSURANCE A8-9	A	1,319,345	OTHER ADMINISTRATIVE AND	6.06	
49.29 INVESTMENT INCOME INTEREST EXP A8-11	B	-1,329,211	NEW CAP REL COSTS-BLDG &	3	11
49.30 INVESTMENT INCOME INTEREST EXP A8-11	B	-323,744	OTHER ADMINISTRATIVE AND	6.06	
49.31 TELEPHONE OFFSET A8-14	A	-120,323	NONPATIENT TELEPHONE	6.01	
49.32 UNEMPLOYMENT INSURANCE A8-16	A	100,198	EMPLOYEE BENEFITS	5	
49.33 PATIENT TRANSPORTATION A8-17	A	-16,575	SOCIAL SERVICE	18	
49.34 PATIENT TRASPORATION A8-17	A	-651,124	OPERATION OF PLANT	8	
49.35 PATIENT TRANSPORTATION A8-17	A	-8,531	UNDER THE RAINBOW O/P	60.04	
49.36 ACLS FEES OFFSET A8-18	B	-27,377	EMERGENCY	61	
49.37 DAY PSYCH OFFSET A8-20	A	-5,880,754	RESEARCH	97	
49.38 DAY PSYCH TRAILER OFFSET A8-22	A	-5,967	OLD CAP REL COSTS-BLDG &	1	9

DESCRIPTION (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
49.39 PARKING FAC REVENUE OFFSET A8-24	A	-431	OLD CAP REL COSTS-BLDG &	1	9
49.40 PARKING FAC REVENUE OFFSET A8-24	A	-15,406	NEW CAP REL COSTS-BLDG &	3	9
49.41 PARKING FAC REVENUE OFFSET A8-24	A	-50,098	OPERATION OF PLANT	8	
49.42 NURSE ANESTHETISTS OFFSET A8-27	A	-1,472,196	ANESTHESIOLOGY	40	
49.43 NURSE ANESTHETISTS OFFSET A8-27	A	-214,269	EMPLOYEE BENEFITS	5	
49.44 MARKETING OFFSET A8-28	A	-794,667	OTHER ADMINISTRATIVE AND	6.06	
49.45 GOVERNMENTAL LOBBYISTS OFFSET A8-31	A	-290,004	OTHER ADMINISTRATIVE AND	6.06	
49.46 LOBBYING EXPENSE OFFSET A8-32	A	-27,858	OTHER ADMINISTRATIVE AND	6.06	
49.47 DONATION A8-25	B	-10,400	OTHER ADMINISTRATIVE AND	6.06	
49.48 PASTORAL CARE A8-12	B	-1,600	PASTORAL EDUCATION	24.01	
49.49					
49.50					
50 TOTAL (SUM OF LINES 1 THRU 49)		-16,803,333			

(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	5	EMPLOYEE BENEFITS	SALARY AND OTHER	1,621,147	1,621,147	
2	6 1	NONPATIENT TELEPHONE	SALARY AND OTHER	535,156	535,156	
3	6 2	DATA PROCESSING	SALARY AND OTHER	3,339,586	3,339,586	
4	6 6	OTHER ADMINISTRATIVE AND	SALARY AND OTHER	4,862,340	4,862,340	
4.01	14	NURSING ADMINISTRATION	SALARY AND OTHER	54,132	54,132	
4.02	25	ADULTS & PEDIATRICS	SALARY AND OTHER	2,593,649	2,593,649	
4.03	37	OPERATING ROOM	SALARY AND OTHER	504,598	504,598	
4.04	40	ANESTHESIOLOGY	SALARY AND OTHER	2,886,658	2,886,658	
4.05	41	RADIOLOGY-DIAGNOSTIC	SALARY AND OTHER	851,091	851,091	
4.06	43	RADIOISOTOPE	SALARY AND OTHER	47,741	47,741	
4.07	44	LABORATORY	SALARY AND OTHER	245,336	245,336	
4.08	61	EMERGENCY	SALARY AND OTHER	815,242	815,242	
4.09	100 5	DEVELOPMENT	SALARY AND OTHER	868,137	868,137	
4.10	24 1	PASTORAL EDUCATION	SALARY AND OTHER	160,821	160,821	
5		TOTALS		19,385,634	19,385,634	

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

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

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

SYMBOL (1)	NAME	PERCENTAGE OF OWNERSHIP	RELATED ORGANIZATION(S) AND/OR HOME OFFICE NAME	PERCENTAGE OF OWNERSHIP	TYPE OF BUSINESS
1	2	3	4	5	6
1	E	SINAI HEALTH SYSTEM		0.00	0.00
2				0.00	0.00
3				0.00	0.00
4				0.00	0.00
5				0.00	0.00

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

WKSHT A LINE NO.	COST CENTER/ PHYSICIAN IDENTIFIER	TOTAL REMUN- ERATION	PROFES- SIONAL COMPONENT	PROVIDER COMPONENT	RCE AMOUNT	PHYSICIAN/ PROVIDER COMPONENT HOURS	UNADJUSTED RCE LIMIT	5 PERCENT OF UNADJUSTED RCE LIMIT
1	2	3	4	5	6	7	8	9
1 25	AGGREGATE	2,568,197		2,568,197	177,200	27,471	2,340,318	117,016
2 31	AGGREGATE	197,175		197,175	154,100	2,162	160,175	8,009
3 37	AGGREGATE	1,338,242		1,338,242	208,000	9,463	946,300	47,315
4 40	AGGREGATE	358,881		358,881	200,300	2,722	262,123	13,106
5 41	AGGREGATE	348,428		348,428	225,300	1,590	172,225	8,611
6 44	AGGREGATE	270,631		270,631	215,700	2,394	248,263	12,413
7 61	AGGREGATE	343,185		343,185	165,600	2,589	206,124	10,306
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	5,424,739		5,424,739		48,391	4,335,528	216,776

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	25	AGGREGATE				2,340,318	227,879	227,879
2	31	AGGREGATE				160,175	37,000	37,000
3	37	AGGREGATE				946,300	391,942	391,942
4	40	AGGREGATE				262,123	96,758	96,758
5	41	AGGREGATE				172,225	176,203	176,203
6	44	AGGREGATE				248,263	22,368	22,368
7	61	AGGREGATE				206,124	137,061	137,061
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					4,335,528	1,089,211	1,089,211

COST ALLOCATION STATISTICS

PROVIDER NO: 14-0018
 PERIOD: FROM 7/1/2009 TO 6/30/2010
 PREPARED 12/8/2010
 NOT A CMS WORKSHEET

LINE NO.	COST CENTER DESCRIPTION	STATISTICS CODE	STATISTICS DESCRIPTION	
	GENERAL SERVICE COST			
1	OLD CAP REL COSTS-BLDG & FIXT	1	SQ FT 1	ENTERED
2	OLD CAP REL COSTS-MVBLE EQUIP	1	SQ FT 1	ENTERED
3	NEW CAP REL COSTS-BLDG & FIXT	1	SQ FT 1	ENTERED
4	NEW CAP REL COSTS-MVBLE EQUIP	1	SQ FT 1	ENTERED
5	EMPLOYEE BENEFITS	S	GROSS SALARIES	NOT ENTERED
6.01	NONPATIENT TELEPHONE	4	PHONES	ENTERED
6.02	DATA PROCESSING	5	EDP TIME	ENTERED
6.03	PURCHASING RECEIVING AND STORES	6	SUP COST	ENTERED
6.04	ADMITTING	7	I/P CHARGE S	ENTERED
6.05	CASHIERING/ACCOUNTS RECEIVABLE	8	GRS REV	ENTERED
6.06	OTHER ADMINISTRATIVE AND GENERAL	-9	ACCUM. COST	NOT ENTERED
7	MAINTENANCE & REPAIRS	10	SQ FT 2	ENTERED
8	OPERATION OF PLANT	10	SQ FT 2	ENTERED
9	LAUNDRY & LINEN SERVICE	11	POUNDS	ENTERED
10	HOUSEKEEPING	12	SQ FT 1	ENTERED
11	DIETARY	13	MEALS	ENTERED
12	CAFETERIA	14	FTES	ENTERED
13	MAINTENANCE OF PERSONNEL	15	SQ FT 2	ENTERED
14	NURSING ADMINISTRATION	16	NUR HRS	ENTERED
15	CENTRAL SERVICES & SUPPLY	17	C/S REQ	ENTERED
16	PHARMACY	18	PHARM REQ	ENTERED
17	MEDICAL RECORDS & LIBRARY	19	GRS REV	ENTERED
18	SOCIAL SERVICE	20	TIME SPENT	ENTERED
19	OTHER GENERAL SERVICE COST CENTERS	21	ASSIGNED TIME	NOT ENTERED
19.01	OUTPATIENT ACCOUNTING	22	O/P REV	ENTERED
20	NONPHYSICIAN ANESTHETISTS	23	BLANK	NOT ENTERED
21	NURSING SCHOOL	23	BLANK	NOT ENTERED
22	I&R SERVICES-SALARY & FRINGES APPRVD	25	I/R TIME	ENTERED
23	I&R SERVICES-OTHER PRGM COSTS APPRVD	25	I/R TIME	ENTERED
24	PARAMED ED PRGM-(SPECIFY)	26	BLANK	NOT ENTERED
24.01	PASTORAL EDUCATION	24	TIME ALLOCATION	ENTERED

COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION	OLD CAP REL C OSTS-BLDG &	OLD CAP REL C OSTS-MVBLE E	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-MVBLE E	EMPLOYEE BENE FITS	NONPATIENT TELEPHONE
	0	1	2	3	4	5	6.01
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &	215,239	215,239					
003 OLD CAP REL COSTS-MVBLE E	1,598,056		1,598,056				
004 NEW CAP REL COSTS-BLDG &	6,519,653			6,519,653			
005 NEW CAP REL COSTS-MVBLE E	4,894,026				4,894,026		
006 EMPLOYEE BENEFITS	15,802,755	1,232	9,149	37,326	28,019	15,878,481	
006 01 NONPATIENT TELEPHONE	689,723	223	1,657	6,759	5,073	55,953	759,388
006 02 DATA PROCESSING	3,286,705	1,758	13,052	53,249	39,972	174,214	15,634
006 03 PURCHASING RECEIVING AND	399,842	3,110	23,088	94,193	70,707	51,087	11,167
006 04 ADMINISTRATION	1,807,387	560	4,158	16,965	12,735	230,860	5,025
006 05 CASHIERING/ACCOUNTS RECEI	2,519,573	883	6,555	26,744	20,076	5,604	18,985
006 06 OTHER ADMINISTRATIVE AND	34,650,479	15,565	115,561	471,461	353,905	1,148,920	72,589
007 MAINTENANCE & REPAIRS	2,746,047	8,098	60,123	245,288	184,127		11,726
008 OPERATION OF PLANT	6,030,730	3,474	25,790	105,218	78,983	139,020	13,401
009 LAUNDRY & LINEN SERVICE	1,103,547	6,064	45,021	183,676	137,878		558
010 HOUSEKEEPING	3,328,473	397	2,945	12,015	9,019	286,972	3,909
011 DIETARY	2,150,564	1,363	10,120	41,285	30,991	161,834	12,843
012 CAFETERIA	1,248,905	9,994	74,205	302,736	227,251	129,115	
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION	4,103,084	3,933	29,200	119,128	89,424	521,863	12,284
015 CENTRAL SERVICES & SUPPLY	419,815	11,666	86,617	353,374	265,263	55,457	558
016 PHARMACY	3,426,076	1,633	12,123	49,460	37,128	243,741	6,700
017 MEDICAL RECORDS & LIBRARY	2,229,825	2,024	15,031	61,322	46,032	223,298	11,167
018 SOCIAL SERVICE	911,532	1,193	8,856	36,131	27,122	101,915	7,259
019 OTHER GENERAL SERVICE COS							
019 01 OUTPATIENT ACCOUNTING	2,693,436	2,461	18,269	74,532	55,948	32,065	18,426
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI	5,911,498					903,685	
023 I&R SERVICES-OTHER PRGM C	2,927,918	2,077	15,420	62,909	47,223	338,490	
024 PARAMEDICAL PRGM-(SPECIFY)							
024 01 PASTORAL EDUCATION	160,115					15,418	
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	24,878,039	54,101	401,699	1,638,812	1,230,188	3,045,081	223,910
026 INTENSIVE CARE UNIT	2,110,557	3,122	23,180	94,569	70,989	257,909	9,492
026 01 PREMATURE INTENSIVE CARE	4,167,903	997	7,405	30,209	22,676	580,019	9,492
027 CORONARY CARE UNIT	3,998,102	3,603	26,748	109,127	81,917	509,945	11,726
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
031 SUBPROVIDER	2,446,984	6,140	45,586	185,980	139,607	361,224	15,634
033 NURSERY	1,274,529	787	5,844	23,843	17,898	185,854	3,909
034 SKILLED NURSING FACILITY							
035 NURSING FACILITY							
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	8,258,782	14,444	107,241	437,514	328,423	958,162	48,020
038 RECOVERY ROOM	1,322,176	707	5,250	21,419	16,078	193,384	3,350
039 DELIVERY ROOM & LABOR ROO	6,303,528	3,344	24,824	101,276	76,024	804,055	10,051
040 ANESTHESIOLOGY	2,232,029	983	7,300	29,782	22,356	55,844	7,259
041 RADIOLOGY-DIAGNOSTIC	7,706,309	9,132	67,804	276,623	207,649	745,207	23,452
041 01 MAGNETIC RESONANCE IMAGIN	563,151	563	4,208	17,169	12,888	61,833	5,025
042 RADIOLOGY-THERAPEUTIC	715,202	2,010	14,926	60,895	45,711	45,634	3,909
043 RADIOISOTOPE	585,645	1,338	9,931	40,517	30,415	39,490	5,584
044 LABORATORY	11,700,070	13,209	98,071	400,103	300,340	813,846	43,553
045 PBP CLINICAL LAB SERVICES							
046 WHOLE BLOOD & PACKED RED	2,455,433	451	3,351	13,671	10,262	115,103	1,117
047 BLOOD STORING, PROCESSING							
048 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY	2,168,625	1,290	9,576	39,067	29,326	247,024	3,350
050 PHYSICAL THERAPY	436,117	1,463	10,860	44,306	33,259	54,442	4,467
051 OCCUPATIONAL THERAPY	286,734	1,708	12,684	51,747	38,845	42,463	3,350
052 SPEECH PATHOLOGY	142,140	390	2,899	11,827	8,878	25,466	1,675
053 ELECTROCARDIOLOGY	2,767,624	3,261	24,209	98,767	74,140	211,166	12,284
054 ELECTROENCEPHALOGRAPHY	249,637	698	5,183	21,146	15,873	31,404	11,726
055 MEDICAL SUPPLIES CHARGED	4,755,997						
056 DRUGS CHARGED TO PATIENTS	7,167,857						
057 RENAL DIALYSIS	2,182,185	723	5,367	21,897	16,437	218,307	2,792
058 ASC (NON-DISTINCT PART)							
059 PULMONARY FUNCTION TESTIN	158,288	722	5,359	21,863	16,412	23,937	558
060 OUTPAT SERVICE COST CNTRS							
060 02 O/P CHEMO THERAPY	706,706					64,702	
060 03 O/P SUBSTANCE ABUSE							
060 04 UNDER THE RAINBOW O/P	1,015,574	3,945	29,288	119,487	89,693	128,414	20,101
060 06 EAR NOSE THROAT	352,262					44,741	
061 EMERGENCY	8,245,427	3,522	26,146	106,669	80,072	895,863	17,868
062 OBSERVATION BEDS (NON-DIS							
065 OTHER REIMBURS COST CNTRS							
066 AMBULANCE SERVICES							
067 DURABLE MEDICAL EQUIP-REN							
070 DURABLE MEDICAL EQUIP-SOL							
071 I&R SERVICES-NOT APPRVD P							
071 HOME HEALTH AGENCY	1,617,843	2,643	19,620	80,045	60,086	219,428	14,518
092 SPEC PURPOSE COST CENTERS							
092 AMBULATORY SURGICAL CENTE							
095 SUBTOTALS	224,746,458	213,008	1,581,499	6,452,101	4,843,318	15,799,458	740,403
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP							

COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION	OLD CAP REL C OSTS-BLDG &	OLD CAP REL C OSTS-MVBLE E	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-MVBLE E	EMPLOYEE BENE FITS	NONPATIENT TELEPHONE
	0	1	2	3	4	5	6.01
097 NONREIMBURS COST CENTERS							
097 RESEARCH	965,380						
098 PHYSICIANS' PRIVATE OFFICE	14,498	1,384	10,274	41,917	31,465		10,609
099 NONPAID WORKERS							
100 KLING OFFICE BLDG	3,146						
100 01 DAY PSYCH PROGRAM	24						
100 02 OCCUPATIONAL HEALTH	120						4,467
100 03 FAMILY PLANNING	793						
100 04 PLAZA MEDICAL CENTER							
100 05 DEVELOPMENT	832,763	529	3,924	16,009	12,017	76,707	2,792
100 06 DENTISTRY	17,561	318	2,359	9,626	7,226	2,316	1,117
100 08 GERIATRIC ASSMNT							
100 09 BETHANY LAB							
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	226,580,743	215,239	1,598,056	6,519,653	4,894,026	15,878,481	759,388

COST CENTER DESCRIPTION	DATA PROCESSING	PURCHASING RECEIVING AND	ADMINISTRATIVE	CASHIERING/AC COUNTS RECEI	SUBTOTAL	OTHER ADMINISTRATIVE AND	MAINTENANCE & REPAIRS
	6.02	6.03	6.04	6.05	6a.05	6.06	7
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
006 01 NONPATIENT TELEPHONE							
006 02 DATA PROCESSING	3,584,584						
006 03 PURCHASING RECEIVING AND	215,075	868,269					
006 04 ADMINISTRATIVE	179,229	2,864	2,259,783				
006 05 CASHIERING/ACCOUNTS RECEI	609,380	913		3,208,713			
006 06 OTHER ADMINISTRATIVE AND	286,767	18,817			37,134,064	37,134,064	
007 MAINTENANCE & REPAIRS		3,765			3,259,174	638,840	3,898,014
008 OPERATION OF PLANT		106,240			6,502,856	1,274,644	72,332
009 LAUNDRY & LINEN SERVICE		42,563			1,519,307	297,804	126,268
010 HOUSEKEEPING		35,827			3,679,557	721,241	8,260
011 DIETARY		8,210			2,417,210	473,805	28,381
012 CAFETERIA		10			1,992,216	390,500	208,115
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION		4,599			4,883,515	957,232	81,895
015 CENTRAL SERVICES & SUPPLY		23,501			1,216,251	238,401	242,926
016 PHARMACY	143,383	4,470			3,924,714	769,295	34,001
017 MEDICAL RECORDS & LIBRARY	179,229	810			2,768,738	542,709	42,156
018 SOCIAL SERVICE		1,140			1,095,148	214,663	24,838
019 OTHER GENERAL SERVICE COS							
019 01 OUTPATIENT ACCOUNTING	286,767				3,181,904	623,695	51,237
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI					6,815,183	1,335,864	
023 I&R SERVICES-OTHER PRGM C		1,268			3,395,305	665,524	43,247
024 PARAMEDICAL PRGM-(SPECIFY)							
024 01 PASTORAL EDUCATION			2		175,535	34,407	
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	465,996	18,762	339,787	277,454	32,573,829	6,384,945	1,126,598
026 INTENSIVE CARE UNIT		2,475	44,397	36,232	2,652,922	520,007	65,011
026 01 PREMATURE INTENSIVE CARE		2,492	96,027	78,251	4,995,471	979,177	20,767
027 CORONARY CARE UNIT		3,310	71,373	58,177	4,874,028	955,373	75,019
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
031 SUBPROVIDER		1,474	38,660	31,503	3,272,792	641,510	127,852
033 NURSERY		977	51,880	42,276	1,607,797	315,149	16,391
034 SKILLED NURSING FACILITY							
035 NURSING FACILITY							
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	215,075		149,176	236,766	10,753,603	2,107,846	300,769
038 RECOVERY ROOM		354	45,488	96,645	1,704,851	334,173	14,725
039 DELIVERY ROOM & LABOR ROO		15,765	86,931	149,187	7,574,985	1,484,796	69,622
040 ANESTHESIOLOGY		6,484	95,656	113,281	2,570,974	503,944	20,474
041 RADIOLOGY-DIAGNOSTIC		76,871	196,020	354,483	10,057,854	1,971,470	190,164
041 01 MAGNETIC RESONANCE IMAGIN		6,361	23,537	44,091	738,830	144,820	11,803
042 RADIOLOGY-THERAPEUTIC		6,917	1,820	27,500	924,524	181,219	41,862
043 RADIOISOTOPE		11,365	15,768	34,711	774,764	151,864	27,854
044 LABORATORY	465,996	110,797	179,954	509,730	14,635,669	2,868,781	275,051
045 PBP CLINICAL LAB SERVICES							
046 WHOLE BLOOD & PACKED RED							
047 BLOOD STORING, PROCESSING							
048 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY		18,232	102,828	85,915	2,705,233	530,261	26,856
050 PHYSICAL THERAPY		3,156	8,028	6,930	603,028	118,201	30,458
051 OCCUPATIONAL THERAPY		277	6,411	5,328	449,547	88,117	35,574
052 SPEECH PATHOLOGY		46	2,244	3,308	198,873	38,982	8,131
053 ELECTROCARDIOLOGY		53,077	92,592	117,940	3,455,060	677,237	67,897
054 ELECTROENCEPHALOGRAPHY		682	1,872	10,912	349,133	68,435	14,537
055 MEDICAL SUPPLIES CHARGED		237,900	89,761	96,527	5,180,185	1,015,384	
056 DRUGS CHARGED TO PATIENTS			278,276	314,322	7,760,455	1,521,150	
057 RENAL DIALYSIS		13,594	10,290	77,774	2,549,366	499,709	15,053
058 ASC (NON-DISTINCT PART)							
059 PULMONARY FUNCTION TESTIN		37	20,558	20,592	268,326	52,595	15,030
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC							
060 02 O/P CHEMO THERAPY		1,393	400	10,774	783,975	153,669	
060 03 O/P SUBSTANCE ABUSE							
060 04 UNDER THE RAINBOW O/P		734		15,515	1,422,751	278,878	82,141
060 06 EAR NOSE THROAT		1,247		8,271	406,535	79,686	
061 EMERGENCY			183,303	316,646	9,875,516	1,935,730	73,330
062 OBSERVATION BEDS (NON-DIS							
OTHER REIMBURS COST CNTRS							
065 AMBULANCE SERVICES							
066 DURABLE MEDICAL EQUIP-REN							
067 DURABLE MEDICAL EQUIP-SOL							
070 I&R SERVICES-NOT APPRVD P							
071 HOME HEALTH AGENCY	143,383	339			2,157,905	422,977	55,027
092 SPEC PURPOSE COST CENTERS							
095 AMBULATORY SURGICAL CENTE							
SUBTOTALS	3,584,584	862,110	2,259,783	3,208,713	224,505,243	36,727,238	3,781,050
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP							

COST CENTER DESCRIPTION	DATA PROCESSING	PURCHASING RECEIVING	RE ADMITTING	CASHIERING/AC COUNTS RECEI	SUBTOTAL	OTHER ADMINISTRATIVE	MAINTENANCE & REPAIRS
	6.02	6.03	6.04	6.05	6a.05	6.06	7
097 NONREIMBURS COST CENTERS							
097 RESEARCH		6,138			1,067,167	209,179	28,816
098 PHYSICIANS' PRIVATE OFFICE					14,498	2,842	
099 NONPAID WORKERS							
100 KLING OFFICE BLDG					3,146	617	43,423
100 01 DAY PSYCH PROGRAM					24	5	
100 02 OCCUPATIONAL HEALTH					4,587	899	6,453
100 03 FAMILY PLANNING					793	155	20,650
100 04 PLAZA MEDICAL CENTER							
100 05 DEVELOPMENT					944,741	185,182	11,005
100 06 DENTISTRY			21		40,544	7,947	6,617
100 08 GERIATRIC ASSMNT							
100 09 BETHANY LAB							
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	3,584,584	868,269	2,259,783	3,208,713	226,580,743	37,134,064	3,898,014

COST CENTER DESCRIPTION	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION
	8	9	10	11	12	13	14
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
006 01 NONPATIENT TELEPHONE							
006 02 DATA PROCESSING							
006 03 PURCHASING RECEIVING AND							
006 04 ADMINISTRATION							
006 05 CASHIERING/ACCOUNTS RECEI							
006 06 OTHER ADMINISTRATIVE AND							
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT	7,849,832						
009 LAUNDRY & LINEN SERVICE	259,086	2,202,465					
010 HOUSEKEEPING	16,948		4,426,006				
011 DIETARY	58,235		34,695	3,012,326			
012 CAFETERIA	427,027		254,409		3,272,267		
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION	168,038		100,111		91,148		6,281,939
015 CENTRAL SERVICES & SUPPLY	498,455		296,963		34,410		
016 PHARMACY	69,767		41,565		49,165		
017 MEDICAL RECORDS & LIBRARY	86,498		51,533		84,016		
018 SOCIAL SERVICE	50,965		30,363		30,219		
019 OTHER GENERAL SERVICE COS							
019 01 OUTPATIENT ACCOUNTING	105,132		62,634		12,916		
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI					309,178		
023 I&R SERVICES-OTHER PRGM C	88,737		52,867				
024 PARAMEDICAL PRGM-(SPECIFY)							
024 01 PASTORAL EDUCATION					3,701		
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	2,311,648	822,066	1,377,205	2,220,460	836,827		2,738,358
026 INTENSIVE CARE UNIT	133,395	116,940	79,472	205,428	53,748		201,139
026 01 PREMATURE INTENSIVE CARE	42,611	13,047	25,386		115,927		422,349
027 CORONARY CARE UNIT	153,930	129,943	91,706	241,432	107,496		398,592
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
031 SUBPROVIDER	262,336	96,621	156,291	345,006	86,222		310,642
033 NURSERY	33,632		20,037		46,126		176,224
034 SKILLED NURSING FACILITY							
035 NURSING FACILITY							
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	617,141	100,934	367,672		198,227		702,192
038 RECOVERY ROOM	30,213	47,014	18,000		37,915		125,173
039 DELIVERY ROOM & LABOR ROO	142,856	115,238	85,109		184,698		581,918
040 ANESTHESIOLOGY	42,009		25,028		7,255		
041 RADIOLOGY-DIAGNOSTIC	390,194	63,779	232,465		167,493		
041 01 MAGNETIC RESONANCE IMAGIN	24,219	5,724	14,429		10,710		
042 RADIOLOGY-THERAPEUTIC	85,897	7,355	51,174		9,877		
043 RADIOISOTOPE	57,152	36,001	34,049		8,750		
044 LABORATORY	564,370		336,233		213,104		
045 PBP CLINICAL LAB SERVICES							
046 WHOLE BLOOD & PACKED RED	19,283		11,488		27,866		
047 BLOOD STORING, PROCESSING							
048 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY	55,106		32,830		69,041		
050 PHYSICAL THERAPY	62,496		37,233		760		
051 OCCUPATIONAL THERAPY	72,993		43,487		368		
052 SPEECH PATHOLOGY	16,683		9,939		466		
053 ELECTROCARDIOLOGY	139,317	23,450	83,001		45,464		
054 ELECTROENCEPHALOGRAPHY	29,828	1,463	17,770		11,274		
055 MEDICAL SUPPLIES CHARGED							
056 DRUGS CHARGED TO PATIENTS							
057 RENAL DIALYSIS	30,887	47,460	18,402		46,322		
058 ASC (NON-DISTINCT PART)							
059 PULMONARY FUNCTION TESTIN	30,839		18,373				
060 OUTPAT SERVICE COST CNTRS							
060 02 O/P CHEMO THERAPY					17,083		
060 03 O/P SUBSTANCE ABUSE							
060 04 UNDER THE RAINBOW O/P	168,543		100,412		40,636		
060 06 EAR NOSE THROAT					19,534		
061 EMERGENCY	150,463	575,430	89,641		237,833		625,352
062 OBSERVATION BEDS (NON-DIS							
065 OTHER REIMBURS COST CNTRS							
065 AMBULANCE SERVICES							
066 DURABLE MEDICAL EQUIP-REN							
067 DURABLE MEDICAL EQUIP-SOL							
070 I&R SERVICES-NOT APPRVD P							
071 HOME HEALTH AGENCY	112,908		67,267		55,267		
092 SPEC PURPOSE COST CENTERS							
092 AMBULATORY SURGICAL CENTE							
095 SUBTOTALS	7,609,837	2,202,465	4,369,239	3,012,326	3,271,042		6,281,939
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP							

COST CENTER DESCRIPTION	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION
	8	9	10	11	12	13	14
097 NONREIMBURS COST CENTERS							
097 RESEARCH	59,126		35,225				
098 PHYSICIANS' PRIVATE OFFICE							
099 NONPAID WORKERS							
100 KLINING OFFICE BLDG	89,098						
100 01 DAY PSYCH PROGRAM							
100 02 OCCUPATIONAL HEALTH	13,241						
100 03 FAMILY PLANNING	42,370						
100 04 PLAZA MEDICAL CENTER							
100 05 DEVELOPMENT	22,582		13,453				
100 06 DENTISTRY	13,578		8,089		1,225		
100 08 GERIATRIC ASSMNT							
100 09 BETHANY LAB							
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	7,849,832	2,202,465	4,426,006	3,012,326	3,272,267		6,281,939

COST CENTER DESCRIPTION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE COSTS	OUTPATIENT ACCOUNTING	NONPHYSICIAN ANESTHETISTS
	15	16	17	18	19	19.01	20
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
006 01 NONPATIENT TELEPHONE							
006 02 DATA PROCESSING							
006 03 PURCHASING RECEIVING AND							
006 04 ADMINISTRATION							
006 05 CASHIERING/ACCOUNTS RECEI							
006 06 OTHER ADMINISTRATIVE AND							
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
011 DIETARY							
012 CAFETERIA							
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION							
015 CENTRAL SERVICES & SUPPLY	2,527,406						
016 PHARMACY	77,492	4,965,999					
017 MEDICAL RECORDS & LIBRARY			3,575,650				
018 SOCIAL SERVICE	10	85,389		1,531,595			
019 OTHER GENERAL SERVICE COS							
019 01 OUTPATIENT ACCOUNTING						4,037,518	
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C	2						
024 PARAMED ED PRGM-(SPECIFY)							
024 01 PASTORAL EDUCATION							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	362,668	108,200	309,228	961,759			
026 INTENSIVE CARE UNIT	91,542	11,963	40,381	59,915			
026 01 PREMATURE INTENSIVE CARE	65,758	19,062	87,212	56,434			
027 CORONARY CARE UNIT	101,987	28,882	64,839	102,057			
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
031 SUBPROVIDER	3,490	1,541	35,111	150,246			
033 NURSERY	12,410	58	47,117	2,932			
034 SKILLED NURSING FACILITY							
035 NURSING FACILITY							
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM		38,232	263,881			340,442	
038 RECOVERY ROOM	10,696	3,284	107,713			176,055	
039 DELIVERY ROOM & LABOR ROO	187,908	33,037	166,272	12,643		231,526	
040 ANESTHESIOLOGY	109,459	47,676	126,254			104,412	
041 RADIOLOGY-DIAGNOSTIC	220,427	3,200	395,078			575,500	
041 01 MAGNETIC RESONANCE IMAGIN	4,017	13	49,140			73,615	
042 RADIOLOGY-THERAPEUTIC	74	30	30,649			76,879	
043 RADIOISOTOPE	2,161	1,271	38,686			64,603	
044 LABORATORY	77,585	1,689	567,582			1,072,004	
045 PBP CLINICAL LAB SERVICES							
046 WHOLE BLOOD & PACKED RED	2,560		30,841			17,403	
047 BLOOD STORING, PROCESSING							
048 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY	43,494	1,009	95,754			6,273	
050 PHYSICAL THERAPY	42		7,724			1,148	
051 OCCUPATIONAL THERAPY	392		5,939			308	
052 SPEECH PATHOLOGY	363		3,686			4,370	
053 ELECTROCARDIOLOGY	44,171	16,213	131,447			125,557	
054 ELECTROENCEPHALOGRAPHY	3,674		12,161			27,738	
055 MEDICAL SUPPLIES CHARGED	1,065,734		107,582			69,100	
056 DRUGS CHARGED TO PATIENTS		4,465,274	350,318			258,753	
057 RENAL DIALYSIS	14,389		86,680	119,098		205,046	
058 ASC (NON-DISTINCT PART)							
059 PULMONARY FUNCTION TESTIN			22,950			11,346	
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC							
060 02 O/P CHEMO THERAPY	11,064		12,008			30,875	
060 03 O/P SUBSTANCE ABUSE							
060 04 UNDER THE RAINBOW O/P			17,291			45,846	
060 06 EAR NOSE THROAT	2,389	2,813	9,218			24,408	
061 EMERGENCY		88,604	352,908	66,511		494,311	
062 OBSERVATION BEDS (NON-DIS							
065 OTHER REIMBURS COST CNTRS							
066 AMBULANCE SERVICES							
066 DURABLE MEDICAL EQUIP-REN							
067 DURABLE MEDICAL EQUIP-SOL							
070 I&R SERVICES-NOT APPRVD P							
071 HOME HEALTH AGENCY	6,339	4,969					
092 SPEC PURPOSE COST CENTERS							
092 AMBULATORY SURGICAL CENTE							
095 SUBTOTALS	2,522,297	4,962,409	3,575,650	1,531,595		4,037,518	
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP							

COST CENTER DESCRIPTION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE COSTS	OUTPATIENT ACCOUNTING	NONPHYSICIAN ANESTHETISTS
	15	16	17	18	19	19.01	20
097 NONREIMBURS COST CENTERS							
098 RESEARCH	5,107	3,583					
099 PHYSICIANS' PRIVATE OFFICE							
100 NONPAID WORKERS							
100 KLINING OFFICE BLDG							
100 01 DAY PSYCH PROGRAM							
100 02 OCCUPATIONAL HEALTH							
100 03 FAMILY PLANNING							
100 04 PLAZA MEDICAL CENTER							
100 05 DEVELOPMENT							
100 06 DENTISTRY	2	7					
100 08 GERIATRIC ASSMNT							
100 09 BETHANY LAB							
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	2,527,406	4,965,999	3,575,650	1,531,595		4,037,518	

COST CENTER DESCRIPTION	NURSING SCHOOL	I&R SERVICES-SALARY & FRI	I&R SERVICES-OTHER PRGM C	PARAMED ED PRGM-(SPECIFY)	PASTORAL EDUCATION	EDUC SUBTOTAL	I&R COST POST STEP-DOWN ADJ 26
	21	22	23	24	24.01	25	
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
006 01 NONPATIENT TELEPHONE							
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							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
011 DIETARY							
012 CAFETERIA							
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION							
015 CENTRAL SERVICES & SUPPLY							
016 PHARMACY							
017 MEDICAL RECORDS & LIBRARY							
018 SOCIAL SERVICE							
019 OTHER GENERAL SERVICE COS							
019 01 OUTPATIENT ACCOUNTING							
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI		8,460,225					
023 I&R SERVICES-OTHER PRGM C			4,245,682				
024 PARAMED ED PRGM-(SPECIFY)							
024 01 PASTORAL EDUCATION					213,643		
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS		5,312,234	2,665,894		74,775	60,186,694	-7,978,128
026 INTENSIVE CARE UNIT		295,124	148,105		10,682	4,685,774	-443,229
026 01 PREMATURE INTENSIVE CARE		196,749	98,737		7,478	7,146,165	-295,486
027 CORONARY CARE UNIT		98,375	49,368		7,478	7,480,505	-147,743
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
031 SUBPROVIDER		885,372	444,316		6,409	6,825,757	-1,329,688
033 NURSERY					4,273	2,282,146	
034 SKILLED NURSING FACILITY							
035 NURSING FACILITY							
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM		983,747	493,684			17,268,370	-1,477,431
038 RECOVERY ROOM						2,609,812	
039 DELIVERY ROOM & LABOR ROO					8,546	10,879,154	
040 ANESTHESIOLOGY		98,375	49,368			3,705,228	-147,743
041 RADIOLOGY-DIAGNOSTIC						14,267,624	
041 01 MAGNETIC RESONANCE IMAGIN						1,077,320	
042 RADIOLOGY-THERAPEUTIC						1,409,540	
043 RADIOISOTOPE						1,197,155	
044 LABORATORY						20,612,068	
045 PBP CLINICAL LAB SERVICES							
046 WHOLE BLOOD & PACKED RED						3,307,153	
047 BLOOD STORING, PROCESSING							
048 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY						3,565,857	
050 PHYSICAL THERAPY						861,090	
051 OCCUPATIONAL THERAPY						696,725	
052 SPEECH PATHOLOGY						281,493	
053 ELECTROCARDIOLOGY		98,375	49,368			4,956,557	-147,743
054 ELECTROENCEPHALOGRAPHY		98,375	49,368			683,756	-147,743
055 MEDICAL SUPPLIES CHARGED						7,437,985	
056 DRUGS CHARGED TO PATIENTS						14,355,950	
057 RENAL DIALYSIS					4,273	3,636,685	-380,198
058 ASC (NON-DISTINCT PART)							
059 PULMONARY FUNCTION TESTIN						419,459	
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC							
060 02 O/P CHEMO THERAPY					4,273	1,012,947	
060 03 O/P SUBSTANCE ABUSE							
060 04 UNDER THE RAINBOW O/P						2,156,498	
060 06 EAR NOSE THROAT						544,583	
061 EMERGENCY		393,499	197,474		85,456	15,242,058	-590,973
062 OBSERVATION BEDS (NON-DIS							
065 OTHER REIMBURS COST CNTRS							
066 AMBULANCE SERVICES							
066 DURABLE MEDICAL EQUIP-REN							
067 DURABLE MEDICAL EQUIP-SOL							
070 I&R SERVICES-NOT APPRVD P							
071 HOME HEALTH AGENCY						2,882,659	
092 SPEC PURPOSE COST CENTERS							
092 AMBULATORY SURGICAL CENTE							
095 SUBTOTALS		8,460,225	4,245,682		213,643	223,674,767	-13,086,105
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP							

COST CENTER DESCRIPTION	NURSING SCHOOL	I&R SERVICES- SALARY & FRI	I&R SERVICES- OTHER PRGM C	PARAMED ED PR GM-(SPECIFY)	PASTORAL EDUC SUBTOTAL	I&R COST POST STEP-DOWN ADJ
	21	22	23	24	24.01	25
NONREIMBURS COST CENTERS						
097 RESEARCH						1,408,203
098 PHYSICIANS' PRIVATE OFFICE						17,340
099 NONPAID WORKERS						
100 KLING OFFICE BLDG						136,284
100 01 DAY PSYCH PROGRAM						29
100 02 OCCUPATIONAL HEALTH						25,180
100 03 FAMILY PLANNING						63,968
100 04 PLAZA MEDICAL CENTER						
100 05 DEVELOPMENT						1,176,963
100 06 DENTISTRY						78,009
100 08 GERIATRIC ASSMNT						
100 09 BETHANY LAB						
101 CROSS FOOT ADJUSTMENT						
102 NEGATIVE COST CENTER						
103 TOTAL		8,460,225	4,245,682		213,643	226,580,743
						-13,086,105

TOTAL

COST CENTER DESCRIPTION	TOTAL
	27
001 GENERAL SERVICE COST CNTR	
002 OLD CAP REL COSTS-BLDG &	
003 OLD CAP REL COSTS-MVBLE E	
004 NEW CAP REL COSTS-BLDG &	
005 NEW CAP REL COSTS-MVBLE E	
006 EMPLOYEE BENEFITS	
006 01 NONPATIENT TELEPHONE	
006 02 DATA PROCESSING	
006 03 PURCHASING RECEIVING AND	
006 04 ADMINISTRATION	
006 05 CASHIERING/ACCOUNTS RECEI	
006 06 OTHER ADMINISTRATIVE AND	
007 MAINTENANCE & REPAIRS	
008 OPERATION OF PLANT	
009 LAUNDRY & LINEN SERVICE	
010 HOUSEKEEPING	
011 DIETARY	
012 CAFETERIA	
013 MAINTENANCE OF PERSONNEL	
014 NURSING ADMINISTRATION	
015 CENTRAL SERVICES & SUPPLY	
016 PHARMACY	
017 MEDICAL RECORDS & LIBRARY	
018 SOCIAL SERVICE	
019 OTHER GENERAL SERVICE COS	
019 01 OUTPATIENT ACCOUNTING	
020 NONPHYSICIAN ANESTHETISTS	
021 NURSING SCHOOL	
022 I&R SERVICES-SALARY & FRI	
023 I&R SERVICES-OTHER PRGM C	
024 PARAMEDICAL PRGM-(SPECIFY)	
024 01 PASTORAL EDUCATION	
025 INPAT ROUTINE SRVC CNTRS	
025 ADULTS & PEDIATRICS	52,208,566
026 INTENSIVE CARE UNIT	4,242,545
026 01 PREMATURE INTENSIVE CARE	6,850,679
027 CORONARY CARE UNIT	7,332,762
028 BURN INTENSIVE CARE UNIT	
029 SURGICAL INTENSIVE CARE U	
031 SUBPROVIDER	5,496,069
033 NURSERY	2,282,146
034 SKILLED NURSING FACILITY	
035 NURSING FACILITY	
037 ANCILLARY SRVC COST CNTRS	
037 OPERATING ROOM	15,790,939
038 RECOVERY ROOM	2,609,812
039 DELIVERY ROOM & LABOR ROO	10,879,154
040 ANESTHESIOLOGY	3,557,485
041 RADIOLOGY-DIAGNOSTIC	14,267,624
041 01 MAGNETIC RESONANCE IMAGIN	1,077,320
042 RADIOLOGY-THERAPEUTIC	1,409,540
043 RADIOISOTOPE	1,197,155
044 LABORATORY	20,612,068
045 PBP CLINICAL LAB SERVICES	
046 WHOLE BLOOD & PACKED RED	3,307,153
047 BLOOD STORING, PROCESSING	
048 INTRAVENOUS THERAPY	
049 RESPIRATORY THERAPY	3,565,857
050 PHYSICAL THERAPY	861,090
051 OCCUPATIONAL THERAPY	696,725
052 SPEECH PATHOLOGY	281,493
053 ELECTROCARDIOLOGY	4,808,814
054 ELECTROENCEPHALOGRAPHY	536,013
055 MEDICAL SUPPLIES CHARGED	7,437,985
056 DRUGS CHARGED TO PATIENTS	14,355,950
057 RENAL DIALYSIS	3,256,487
058 ASC (NON-DISTINCT PART)	
059 PULMONARY FUNCTION TESTIN	419,459
060 OUTPAT SERVICE COST CNTRS	
060 CLINIC	
060 02 O/P CHEMO THERAPY	1,012,947
060 03 O/P SUBSTANCE ABUSE	
060 04 UNDER THE RAINBOW O/P	2,156,498
060 06 EAR NOSE THROAT	544,583
061 EMERGENCY	14,651,085
062 OBSERVATION BEDS (NON-DIS	
062 OTHER REIMBURS COST CNTRS	
065 AMBULANCE SERVICES	
066 DURABLE MEDICAL EQUIP-REN	
067 DURABLE MEDICAL EQUIP-SOL	
070 I&R SERVICES-NOT APPRVD P	
071 HOME HEALTH AGENCY	2,882,659
092 SPEC PURPOSE COST CENTERS	
092 AMBULATORY SURGICAL CENTE	
095 SUBTOTALS	210,588,662
095 NONREIMBURS COST CENTERS	
096 GIFT, FLOWER, COFFEE SHOP	

COST CENTER DESCRIPTION		TOTAL
NONREIMBURS COST CENTERS		27
097	RESEARCH	1,408,203
098	PHYSICIANS' PRIVATE OFFICE	17,340
099	NONPAID WORKERS	
100	KLING OFFICE BLDG	136,284
100 01	DAY PSYCH PROGRAM	29
100 02	OCCUPATIONAL HEALTH	25,180
100 03	FAMILY PLANNING	63,968
100 04	PLAZA MEDICAL CENTER	
100 05	DEVELOPMENT	1,176,963
100 06	DENTISTRY	78,009
100 08	GERIATRIC ASSMNT	
100 09	BETHANY LAB	
101	CROSS FOOT ADJUSTMENT	
102	NEGATIVE COST CENTER	
103	TOTAL	213,494,638

ALLOCATION OF OLD 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 BENE
	OLD CAPITAL REL COSTS	OSTS-BLDG &	OSTS-MVBLE E	OSTS-BLDG &	OSTS-MVBLE E		FITS
	0	1	2	3	4	4a	5
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS		1,232	9,149			10,381	10,381
006 01 NONPATIENT TELEPHONE		223	1,657			1,880	37
006 02 DATA PROCESSING		1,758	13,052			14,810	114
006 03 PURCHASING RECEIVING AND		3,110	23,088			26,198	33
006 04 ADMINITTING		560	4,158			4,718	151
006 05 CASHIERING/ACCOUNTS RECEI		883	6,555			7,438	4
006 06 OTHER ADMINISTRATIVE AND		15,565	115,561			131,126	752
007 MAINTENANCE & REPAIRS		8,098	60,123			68,221	
008 OPERATION OF PLANT		3,474	25,790			29,264	91
009 LAUNDRY & LINEN SERVICE		6,064	45,021			51,085	
010 HOUSEKEEPING		397	2,945			3,342	188
011 DIETARY		1,363	10,120			11,483	106
012 CAFETERIA		9,994	74,205			84,199	84
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION		3,933	29,200			33,133	341
015 CENTRAL SERVICES & SUPPLY		11,666	86,617			98,283	36
016 PHARMACY		1,633	12,123			13,756	159
017 MEDICAL RECORDS & LIBRARY		2,024	15,031			17,055	146
018 SOCIAL SERVICE		1,193	8,856			10,049	67
019 OTHER GENERAL SERVICE COS							
019 01 OUTPATIENT ACCOUNTING		2,461	18,269			20,730	21
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI							591
023 I&R SERVICES-OTHER PRGM C		2,077	15,420			17,497	221
024 PARAMED ED PRGM-(SPECIFY)							
024 01 PASTORAL EDUCATION							10
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS		54,101	401,699			455,800	1,984
026 INTENSIVE CARE UNIT		3,122	23,180			26,302	169
026 01 PREMATURE INTENSIVE CARE		997	7,405			8,402	379
027 CORONARY CARE UNIT		3,603	26,748			30,351	334
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
031 SUBPROVIDER		6,140	45,586			51,726	236
033 NURSERY		787	5,844			6,631	122
034 SKILLED NURSING FACILITY							
035 NURSING FACILITY							
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM		14,444	107,241			121,685	627
038 RECOVERY ROOM		707	5,250			5,957	127
039 DELIVERY ROOM & LABOR ROO		3,344	24,824			28,168	526
040 ANESTHESIOLOGY		983	7,300			8,283	37
041 RADIOLOGY-DIAGNOSTIC		9,132	67,804			76,936	487
041 01 MAGNETIC RESONANCE IMAGIN		567	4,208			4,775	40
042 RADIOLOGY-THERAPEUTIC		2,010	14,926			16,936	30
043 RADIOISOTOPE		1,338	9,931			11,269	26
044 LABORATORY		13,209	98,071			111,280	532
045 PBP CLINICAL LAB SERVICES							
046 WHOLE BLOOD & PACKED RED		451	3,351			3,802	75
047 BLOOD STORING, PROCESSING							
048 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY		1,290	9,576			10,866	162
050 PHYSICAL THERAPY		1,463	10,860			12,323	36
051 OCCUPATIONAL THERAPY		1,708	12,684			14,392	28
052 SPEECH PATHOLOGY		390	2,899			3,289	17
053 ELECTROCARDIOLOGY		3,261	24,209			27,470	138
054 ELECTROENCEPHALOGRAPHY		698	5,183			5,881	21
055 MEDICAL SUPPLIES CHARGED							
056 DRUGS CHARGED TO PATIENTS							
057 RENAL DIALYSIS		723	5,367			6,090	143
058 ASC (NON-DISTINCT PART)							
059 PULMONARY FUNCTION TESTIN		722	5,359			6,081	16
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC							
060 02 O/P CHEMO THERAPY							42
060 03 O/P SUBSTANCE ABUSE							
060 04 UNDER THE RAINBOW O/P		3,945	29,288			33,233	84
060 06 EAR NOSE THROAT							29
061 EMERGENCY		3,522	26,146			29,668	586
062 OBSERVATION BEDS (NON-DIS							
OTHER REIMBURS COST CNTRS							
065 AMBULANCE SERVICES							
066 DURABLE MEDICAL EQUIP-REN							
067 DURABLE MEDICAL EQUIP-SOL							
070 I&R SERVICES-NOT APPRVD P							
071 HOME HEALTH AGENCY		2,643	19,620			22,263	144
092 SPEC PURPOSE COST CENTERS							
092 AMBULATORY SURGICAL CENTE							
095 SUBTOTALS		213,008	1,581,499			1,794,507	10,329
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP							

COST CENTER DESCRIPTION	DIR ASSGND OLD CAPITAL REL COSTS	OLD CAP REL C OSTS-BLDG &	OLD CAP REL C OSTS-MVBLE E	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-MVBLE E	SUBTOTAL	EMPLOYEE BENEFITS
	0	1	2	3	4	4a	5
097 NONREIMBURS COST CENTERS							
097 RESEARCH		1,384	10,274			11,658	
098 PHYSICIANS' PRIVATE OFFICE							
099 NONPAID WORKERS							
100 KLING OFFICE BLDG							
100 01 DAY PSYCH PROGRAM							
100 02 OCCUPATIONAL HEALTH							
100 03 FAMILY PLANNING							
100 04 PLAZA MEDICAL CENTER							
100 05 DEVELOPMENT		529	3,924			4,453	50
100 06 DENTISTRY		318	2,359			2,677	2
100 08 GERIATRIC ASSMNT							
100 09 BETHANY LAB							
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL		215,239	1,598,056			1,813,295	10,381

ALLOCATION OF OLD CAPITAL RELATED COSTS

PROVIDER NO: 14-0018
 PERIOD: FROM 7/1/2009 TO 6/30/2010
 PREPARED 12/8/2010
 WORKSHEET B PART II

COST CENTER DESCRIPTION	NONPATIENT TELEPHONE	DATA PROCESSING	PURCHASING RECEIVING AND	ADMINISTRATIVE	CASHIERING/ACCOUNTS RECEIVABLE	OTHER ADMINISTRATIVE	MAINTENANCE & REPAIRS
	6.01	6.02	6.03	6.04	6.05	6.06	7
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
006 01 NONPATIENT TELEPHONE	1,917						
006 02 DATA PROCESSING	39	14,963					
006 03 PURCHASING RECEIVING AND	28	898	27,157				
006 04 ADMINISTRATION	13	748	90	5,720			
006 05 CASHIERING/ACCOUNTS RECEI	48	2,543	29		10,062		
006 06 OTHER ADMINISTRATIVE AND	183	1,197	589			133,847	
007 MAINTENANCE & REPAIRS	30		118			2,304	70,673
008 OPERATION OF PLANT	34		3,323			4,598	1,311
009 LAUNDRY & LINEN SERVICE	1		1,331			1,074	2,289
010 HOUSEKEEPING	10		1,121			2,601	150
011 DIETARY	32		257			1,709	515
012 CAFETERIA						1,408	3,773
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION	31		144			3,453	1,485
015 CENTRAL SERVICES & SUPPLY	1		735			860	4,404
016 PHARMACY	17	599	140			2,775	616
017 MEDICAL RECORDS & LIBRARY	28	748	25			1,957	764
018 SOCIAL SERVICE	18		36			774	450
019 OTHER GENERAL SERVICE COS							
019 01 OUTPATIENT ACCOUNTING	47	1,197				2,250	929
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI						4,818	
023 I&R SERVICES-OTHER PRGM C			40			2,400	784
024 PARAMEDICAL PRGM-(SPECIFY)							
024 01 PASTORAL EDUCATION						124	
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	568	1,945	587	753	881	22,937	20,428
026 INTENSIVE CARE UNIT	24		77	115	115	1,876	1,179
026 01 PREMATURE INTENSIVE CARE	24		78	248	248	3,532	377
027 CORONARY CARE UNIT	30		104	185	185	3,446	1,360
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
031 SUBPROVIDER	39		46	100	100	2,314	2,318
033 NURSERY	10		31	134	134	1,137	297
034 SKILLED NURSING FACILITY							
035 NURSING FACILITY							
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	121	898		386	751	7,603	5,453
038 RECOVERY ROOM	8		11	118	307	1,205	267
039 DELIVERY ROOM & LABOR ROO	25		493	225	473	5,356	1,262
040 ANESTHESIOLOGY	18		203	247	360	1,818	371
041 RADIOLOGY-DIAGNOSTIC	59	1,646	2,404	507	1,125	7,111	3,448
041 01 MAGNETIC RESONANCE IMAGIN	13		199	61	140	522	214
042 RADIOLOGY-THERAPEUTIC	10		216	5	87	654	759
043 RADIOISOTOPE	14		355	41	110	548	505
044 LABORATORY	110	1,945	3,465	465	1,497	10,347	4,987
045 PBP CLINICAL LAB SERVICES							
046 WHOLE BLOOD & PACKED RED	3		375	69	88	1,885	170
047 BLOOD STORING, PROCESSING							
048 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY	8		570	266	273	1,913	487
050 PHYSICAL THERAPY	11		99	21	22	426	552
051 OCCUPATIONAL THERAPY	8		9	17	17	318	645
052 SPEECH PATHOLOGY	4		1	6	10	141	147
053 ELECTROCARDIOLOGY	31		1,660	239	374	2,443	1,231
054 ELECTROENCEPHALOGRAPHY	30		21	5	35	247	264
055 MEDICAL SUPPLIES CHARGED			7,439	232	306	3,662	
056 DRUGS CHARGED TO PATIENTS				720	998	5,487	
057 RENAL DIALYSIS	7		425	27	247	1,802	273
058 ASC (NON-DISTINCT PART)							
059 PULMONARY FUNCTION TESTIN	1		1	53	65	190	272
060 OUTPAT SERVICE COST CNTRS							
060 02 O/P CHEMO THERAPY			44	1	34	554	
060 03 O/P SUBSTANCE ABUSE							
060 04 UNDER THE RAINBOW O/P	51		23		49	1,006	1,489
060 06 EAR NOSE THROAT			39		26	287	
061 EMERGENCY	45			474	1,005	6,982	1,330
062 OBSERVATION BEDS (NON-DIS							
062 OTHER REIMBURS COST CNTRS							
065 AMBULANCE SERVICES							
066 DURABLE MEDICAL EQUIP-REN							
067 DURABLE MEDICAL EQUIP-SOL							
070 I&R SERVICES-NOT APPRVD P							
071 HOME HEALTH AGENCY	37	599	11			1,526	998
092 SPEC PURPOSE COST CENTERS							
092 AMBULATORY SURGICAL CENTE							
095 SUBTOTALS	1,869	14,963	26,964	5,720	10,062	132,380	68,553
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP							

COST CENTER DESCRIPTION	NONPATIENT TELEPHONE	TELEPHONE	DATA PROCESSING	PURCHASING RECEIVING AND	ADMINISTRATIVE	CASHIERING/AC COUNTS RECEI	OTHER ADMINISTRATIVE	MAINTENANCE & REPAIRS
	6.01	6.02	6.03	6.04	6.05	6.06	7	
097 NONREIMBURS COST CENTERS								
098 RESEARCH	27		192			754		522
099 PHYSICIANS' PRIVATE OFFICE						10		
100 NONPAID WORKERS								
100 KLING OFFICE BLDG						2		787
100 01 DAY PSYCH PROGRAM								
100 02 OCCUPATIONAL HEALTH	11					3		117
100 03 FAMILY PLANNING						1		374
100 04 PLAZA MEDICAL CENTER								
100 05 DEVELOPMENT	7					668		200
100 06 DENTISTRY	3		1			29		120
100 08 GERIATRIC ASSMNT								
100 09 BETHANY LAB								
101 CROSS FOOT ADJUSTMENTS								
102 NEGATIVE COST CENTER								
103 TOTAL	1,917	14,963	27,157	5,720	10,062	133,847		70,673

ALLOCATION OF OLD CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	MAINTENANCE PERSONNEL	NURSING ADMINISTRATION
	8	9	10	11	12	13	14
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
006 01 NONPATIENT TELEPHONE							
006 02 DATA PROCESSING							
006 03 PURCHASING RECEIVING AND							
006 04 ADMINISTRATION							
006 05 CASHIERING/ACCOUNTS RECEI							
006 06 OTHER ADMINISTRATIVE AND							
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT	38,621						
009 LAUNDRY & LINEN SERVICE	1,275	57,055					
010 HOUSEKEEPING	83		7,495				
011 DIETARY	287			59			
012 CAFETERIA	2,101			14,448			
013 MAINTENANCE OF PERSONNEL				431	91,996		
014 NURSING ADMINISTRATION	827		170				42,147
015 CENTRAL SERVICES & SUPPLY	2,452		503		2,563		
016 PHARMACY	343		70		967		
017 MEDICAL RECORDS & LIBRARY	426		87		1,382		
018 SOCIAL SERVICE	251		51		2,362		
019 OTHER GENERAL SERVICE COS					850		
019 01 OUTPATIENT ACCOUNTING	517		106		363		
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI					8,692		
023 I&R SERVICES-OTHER PRGM C	437		90				
024 PARAMEDICAL PRGM-(SPECIFY)							
024 01 PASTORAL EDUCATION					104		
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	11,373	21,296	2,330	10,650	23,529		18,373
026 INTENSIVE CARE UNIT	656	3,029	135	985	1,511		1,349
026 01 PREMATURE INTENSIVE CARE	210	338	43		3,259		2,834
027 CORONARY CARE UNIT	757	3,366	155	1,158	3,022		2,674
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
031 SUBPROVIDER	1,291	2,503	265	1,655	2,424		2,084
033 NURSERY	165		34		1,297		1,182
034 SKILLED NURSING FACILITY							
035 NURSING FACILITY							
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	3,036	2,615	623		5,573		4,711
038 RECOVERY ROOM	149	1,218	30		1,066		840
039 DELIVERY ROOM & LABOR ROO	703	2,985	144		5,193		3,904
040 ANESTHESIOLOGY	207		42		204		
041 RADIOLOGY-DIAGNOSTIC	1,920	1,652	394		4,709		
041 01 MAGNETIC RESONANCE IMAGIN	119	148	24		301		
042 RADIOLOGY-THERAPEUTIC	423	191	87		278		
043 RADIOISOTOPE	281	933	58		246		
044 LABORATORY	2,777		569		5,991		
045 PBP CLINICAL LAB SERVICES							
046 WHOLE BLOOD & PACKED RED	95		19		783		
047 BLOOD STORING, PROCESSING							
048 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY	271		56		1,941		
050 PHYSICAL THERAPY	307		63		21		
051 OCCUPATIONAL THERAPY	359		74		10		
052 SPEECH PATHOLOGY	82		17		13		
053 ELECTROCARDIOLOGY	685	607	141		1,278		
054 ELECTROENCEPHALOGRAPHY	147	38	30		317		
055 MEDICAL SUPPLIES CHARGED							
056 DRUGS CHARGED TO PATIENTS							
057 RENAL DIALYSIS	152	1,229	31		1,302		
058 ASC (NON-DISTINCT PART)							
059 PULMONARY FUNCTION TESTIN	152		31				
060 OUTPAT SERVICE COST CNTRS							
060 02 O/P CHEMO THERAPY					480		
060 03 O/P SUBSTANCE ABUSE							
060 04 UNDER THE RAINBOW O/P	829		170		1,142		
060 06 EAR NOSE THROAT					549		
061 EMERGENCY	740	14,907	152		6,686		4,196
062 OBSERVATION BEDS (NON-DIS							
OTHER REIMBURS COST CNTRS							
065 AMBULANCE SERVICES							
066 DURABLE MEDICAL EQUIP-REN							
067 DURABLE MEDICAL EQUIP-SOL							
070 I&R SERVICES-NOT APPRVD P							
071 HOME HEALTH AGENCY	556		114		1,554		
092 SPEC PURPOSE COST CENTERS							
092 AMBULATORY SURGICAL CENTE							
095 SUBTOTALS	37,441	57,055	7,398	14,448	91,962		42,147
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP							

COST CENTER DESCRIPTION	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	MAINTENANCE PERSONNEL	NURSING ADMINISTRATION
	8	9	10	11	12	13	14
097 NONREIMBURS COST CENTERS							
098 RESEARCH	291		60				
099 PHYSICIANS' PRIVATE OFFICE							
100 NONPAID WORKERS							
100 01 KLING OFFICE BLDG	438						
100 02 DAY PSYCH PROGRAM							
100 03 OCCUPATIONAL HEALTH	65						
100 04 FAMILY PLANNING	208						
100 05 PLAZA MEDICAL CENTER							
100 06 DEVELOPMENT	111		23				
100 07 DENTISTRY	67		14		34		
100 08 GERIATRIC ASSMNT							
100 09 BETHANY LAB							
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	38,621	57,055	7,495	14,448	91,996		42,147

ALLOCATION OF OLD CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE COS	OUTPATIENT AC COUNTING	NONPHYSICIAN ANESTHETISTS
	15	16	17	18	19	19.01	20
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
006 01 NONPATIENT TELEPHONE							
006 02 DATA PROCESSING							
006 03 PURCHASING RECEIVING AND							
006 04 ADMINISTRATION							
006 05 CASHIERING/ACCOUNTS RECEI							
006 06 OTHER ADMINISTRATIVE AND							
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
011 DIETARY							
012 CAFETERIA							
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION							
015 CENTRAL SERVICES & SUPPLY	108,241						
016 PHARMACY	3,319	23,176					
017 MEDICAL RECORDS & LIBRARY			23,598				
018 SOCIAL SERVICE		399		12,945			
019 OTHER GENERAL SERVICE COS							
019 01 OUTPATIENT ACCOUNTING						26,160	
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C							
024 PARAMED ED PRGM-(SPECIFY)							
024 01 PASTORAL EDUCATION							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	15,532	505	2,055	8,128			
026 INTENSIVE CARE UNIT	3,920	56	268	506			
026 01 PREMATURE INTENSIVE CARE	2,816	89	579	477			
027 CORONARY CARE UNIT	4,368	135	431	863			
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
031 SUBPROVIDER	149	7	233	1,270			
033 NURSERY	531		313	25			
034 SKILLED NURSING FACILITY							
035 NURSING FACILITY							
037 ANCILLARY SRVC CNTRS							
037 OPERATING ROOM		178	1,753			2,194	
038 RECOVERY ROOM	458	15	716			1,135	
039 DELIVERY ROOM & LABOR ROO	8,048	154	1,105	107		1,492	
040 ANESTHESIOLOGY	4,688	223	839			673	
041 RADIOLOGY-DIAGNOSTIC	9,440	15	2,625			3,709	
041 01 MAGNETIC RESONANCE IMAGIN			172			474	
042 RADIOLOGY-THERAPEUTIC	3		204			495	
043 RADIOISOTOPE	93	6	257			416	
044 LABORATORY	3,323	8	3,612			7,053	
045 PBP CLINICAL LAB SERVICES							
046 WHOLE BLOOD & PACKED RED	110		205			112	
047 BLOOD STORING, PROCESSING							
048 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY	1,863	5	636			40	
050 PHYSICAL THERAPY	2		51			7	
051 OCCUPATIONAL THERAPY	17		39			2	
052 SPEECH PATHOLOGY	16		24			28	
053 ELECTROCARDIOLOGY	1,892	76	873			809	
054 ELECTROENCEPHALOGRAPHY	157		81			179	
055 MEDICAL SUPPLIES CHARGED	45,641		715			445	
056 DRUGS CHARGED TO PATIENTS		20,838	2,328			1,667	
057 RENAL DIALYSIS	616		576	1,007		1,321	
058 ASC (NON-DISTINCT PART)							
059 PULMONARY FUNCTION TESTIN			152			73	
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC							
060 02 O/P CHEMO THERAPY	474		80			199	
060 03 O/P SUBSTANCE ABUSE							
060 04 UNDER THE RAINBOW O/P			115			295	
060 06 EAR NOSE THROAT	102	13	61			157	
061 EMERGENCY		414	2,345	562		3,185	
062 OBSERVATION BEDS (NON-DIS							
065 OTHER REIMBURS COST CNTRS							
066 AMBULANCE SERVICES							
067 DURABLE MEDICAL EQUIP-REN							
070 DURABLE MEDICAL EQUIP-SOL							
071 I&R SERVICES-NOT APPRVD P							
HOME HEALTH AGENCY	272	23					
092 SPEC PURPOSE COST CENTERS							
092 AMBULATORY SURGICAL CENTE							
095 SUBTOTALS	108,022	23,159	23,598	12,945		26,160	
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP							

COST CENTER DESCRIPTION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE COSTS	OUTPATIENT ACCOUNTING	NONPHYSICIAN ANESTHETISTS
	15	16	17	18	19	19.01	20
097 NONREIMBURS COST CENTERS							
RESEARCH	219		17				
098 PHYSICIANS' PRIVATE OFFICE							
099 NONPAID WORKERS							
100 KLING OFFICE BLDG							
100 01 DAY PSYCH PROGRAM							
100 02 OCCUPATIONAL HEALTH							
100 03 FAMILY PLANNING							
100 04 PLAZA MEDICAL CENTER							
100 05 DEVELOPMENT							
100 06 DENTISTRY							
100 08 GERIATRIC ASSMNT							
100 09 BETHANY LAB							
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	108,241	23,176	23,598	12,945		26,160	

	21	22	23	24	24.01	25	POST STEPDOWN ADJUSTMENT 26
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
006 01 NONPATIENT TELEPHONE							
006 02 DATA PROCESSING							
006 03 PURCHASING RECEIVING AND							
006 04 ADMINISTRATION							
006 05 CASHIERING/ACCOUNTS RECEI							
006 06 OTHER ADMINISTRATIVE AND							
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
011 DIETARY							
012 CAFETERIA							
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION							
015 CENTRAL SERVICES & SUPPLY							
016 PHARMACY							
017 MEDICAL RECORDS & LIBRARY							
018 SOCIAL SERVICE							
019 OTHER GENERAL SERVICE COS							
019 01 OUTPATIENT ACCOUNTING							
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI		14,101					
023 I&R SERVICES-OTHER PRGM C			21,469				
024 PARAMED ED PRGM-(SPECIFY)							
024 01 PASTORAL EDUCATION					238		
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS						619,654	
026 INTENSIVE CARE UNIT						42,272	
026 01 PREMATURE INTENSIVE CARE						23,933	
027 CORONARY CARE UNIT						52,924	
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
031 SUBPROVIDER						68,760	
033 NURSERY						12,043	
034 SKILLED NURSING FACILITY							
035 NURSING FACILITY							
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM						158,207	
038 RECOVERY ROOM						13,627	
039 DELIVERY ROOM & LABOR ROO						60,363	
040 ANESTHESIOLOGY						18,213	
041 RADIOLOGY-DIAGNOSTIC						118,187	
041 01 MAGNETIC RESONANCE IMAGIN						7,529	
042 RADIOLOGY-THERAPEUTIC						20,378	
043 RADIOISOTOPE						15,158	
044 LABORATORY						157,961	
045 PBP CLINICAL LAB SERVICES							
046 WHOLE BLOOD & PACKED RED						7,791	
047 BLOOD STORING, PROCESSING							
048 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY						19,357	
050 PHYSICAL THERAPY						13,941	
051 OCCUPATIONAL THERAPY						15,935	
052 SPEECH PATHOLOGY						3,795	
053 ELECTROCARDIOLOGY						39,947	
054 ELECTROENCEPHALOGRAPHY						7,453	
055 MEDICAL SUPPLIES CHARGED						58,440	
056 DRUGS CHARGED TO PATIENTS						32,038	
057 RENAL DIALYSIS						15,248	
058 ASC (NON-DISTINCT PART)							
059 PULMONARY FUNCTION TESTIN						7,087	
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC							
060 02 O/P CHEMO THERAPY						1,908	
060 03 O/P SUBSTANCE ABUSE							
060 04 UNDER THE RAINBOW O/P						38,486	
060 06 EAR NOSE THROAT						1,263	
061 EMERGENCY						73,277	
062 OBSERVATION BEDS (NON-DIS							
OTHER REIMBURS COST CNTRS							
065 AMBULANCE SERVICES							
066 DURABLE MEDICAL EQUIP-REN							
067 DURABLE MEDICAL EQUIP-SOL							
070 I&R SERVICES-NOT APPRVD P							
071 HOME HEALTH AGENCY						28,097	
092 SPEC PURPOSE COST CENTERS							
092 AMBULATORY SURGICAL CENTE							
095 SUBTOTALS						1,753,272	
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP							

COST CENTER DESCRIPTION	NURSING SCHOOL	I&R SERVICES- SALARY & FRI	I&R SERVICES- OTHER PRGM C	PARAMED ED PR GM-(SPECIFY)	PASTORAL EDUCATION	SUBTOTAL	POST STEPDOWN ADJUSTMENT
	21	22	23	24	24.01	25	26
NONREIMBURS COST CENTERS							
097 RESEARCH						13,740	
098 PHYSICIANS' PRIVATE OFFICE						10	
099 NONPAID WORKERS							
100 KLING OFFICE BLDG						1,227	
100 01 DAY PSYCH PROGRAM							
100 02 OCCUPATIONAL HEALTH						196	
100 03 FAMILY PLANNING						583	
100 04 PLAZA MEDICAL CENTER							
100 05 DEVELOPMENT						5,512	
100 06 DENTISTRY						2,947	
100 08 GERIATRIC ASSMNT							
100 09 BETHANY LAB							
101 CROSS FOOT ADJUSTMENTS		14,101	21,469		238	35,808	
102 NEGATIVE COST CENTER							
103 TOTAL		14,101	21,469		238	1,813,295	

COST CENTER DESCRIPTION		TOTAL
		27
001	GENERAL SERVICE COST CNTR	
002	OLD CAP REL COSTS-BLDG &	
003	OLD CAP REL COSTS-MVBLE E	
004	NEW CAP REL COSTS-BLDG &	
005	NEW CAP REL COSTS-MVBLE E	
006	EMPLOYEE BENEFITS	
006	01 NONPATIENT TELEPHONE	
006	02 DATA PROCESSING	
006	03 PURCHASING RECEIVING AND	
006	04 ADMINISTRATION	
006	05 CASHIERING/ACCOUNTS RECEI	
006	06 OTHER ADMINISTRATIVE AND	
007	MAINTENANCE & REPAIRS	
008	OPERATION OF PLANT	
009	LAUNDRY & LINEN SERVICE	
010	HOUSEKEEPING	
011	DIETARY	
012	CAFETERIA	
013	MAINTENANCE OF PERSONNEL	
014	NURSING ADMINISTRATION	
015	CENTRAL SERVICES & SUPPLY	
016	PHARMACY	
017	MEDICAL RECORDS & LIBRARY	
018	SOCIAL SERVICE	
019	OTHER GENERAL SERVICE COS	
019	01 OUTPATIENT ACCOUNTING	
020	NONPHYSICIAN ANESTHETISTS	
021	NURSING SCHOOL	
022	I&R SERVICES-SALARY & FRI	
023	I&R SERVICES-OTHER PRGM C	
024	PARAMEDICAL PRGM-(SPECIFY)	
024	01 PASTORAL EDUCATION	
025	INPAT ROUTINE SRVC CNTRS	619,654
026	ADULTS & PEDIATRICS	42,272
026	01 INTENSIVE CARE UNIT	23,933
027	PREMATURE INTENSIVE CARE	52,924
027	CORONARY CARE UNIT	
028	BURN INTENSIVE CARE UNIT	
029	SURGICAL INTENSIVE CARE U	
031	SUBPROVIDER	68,760
033	NURSERY	12,043
034	SKILLED NURSING FACILITY	
035	NURSING FACILITY	
037	ANCILLARY SRVC COST CNTRS	
037	OPERATING ROOM	158,207
038	RECOVERY ROOM	13,627
039	DELIVERY ROOM & LABOR ROO	60,363
040	ANESTHESIOLOGY	18,213
041	RADIOLOGY-DIAGNOSTIC	118,187
041	01 MAGNETIC RESONANCE IMAGIN	7,529
042	RADIOLOGY-THERAPEUTIC	20,378
043	RADIOISOTOPE	15,158
044	LABORATORY	157,961
045	PBP CLINICAL LAB SERVICES	
046	WHOLE BLOOD & PACKED RED	7,791
047	BLOOD STORING, PROCESSING	
048	INTRAVENOUS THERAPY	
049	RESPIRATORY THERAPY	19,357
050	PHYSICAL THERAPY	13,941
051	OCCUPATIONAL THERAPY	15,935
052	SPEECH PATHOLOGY	3,795
053	ELECTROCARDIOLOGY	39,947
054	ELECTROENCEPHALOGRAPHY	7,453
055	MEDICAL SUPPLIES CHARGED	58,440
056	DRUGS CHARGED TO PATIENTS	32,038
057	RENAL DIALYSIS	15,248
058	ASC (NON-DISTINCT PART)	
059	PULMONARY FUNCTION TESTIN	7,087
060	OUTPAT SERVICE COST CNTRS	
060	CLINIC	
060	02 O/P CHEMO THERAPY	1,908
060	03 O/P SUBSTANCE ABUSE	
060	04 UNDER THE RAINBOW O/P	38,486
060	06 EAR NOSE THROAT	1,263
061	EMERGENCY	73,277
062	OBSERVATION BEDS (NON-DIS	
062	OTHER REIMBURS COST CNTRS	
065	AMBULANCE SERVICES	
066	DURABLE MEDICAL EQUIP-REN	
067	DURABLE MEDICAL EQUIP-SOL	
070	I&R SERVICES-NOT APPRVD P	
071	HOME HEALTH AGENCY	28,097
092	SPEC PURPOSE COST CENTERS	
092	AMBULATORY SURGICAL CENTE	
095	SUBTOTALS	1,753,272
095	NONREIMBURS COST CENTERS	
096	GIFT, FLOWER, COFFEE SHOP	

COST CENTER DESCRIPTION		TOTAL
NONREIMBURS COST CENTERS		27
097	RESEARCH	13,740
098	PHYSICIANS' PRIVATE OFFICE	10
099	NONPAID WORKERS	
100	KLING OFFICE BLDG	1,227
100 01	DAY PSYCH PROGRAM	
100 02	OCCUPATIONAL HEALTH	196
100 03	FAMILY PLANNING	583
100 04	PLAZA MEDICAL CENTER	
100 05	DEVELOPMENT	5,512
100 06	DENTISTRY	2,947
100 08	GERIATRIC ASSMNT	
100 09	BETHANY LAB	
101	CROSS FOOT ADJUSTMENTS	35,808
102	NEGATIVE COST CENTER	
103	TOTAL	1,813,295

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO: 14-0018
 PERIOD: FROM 7/1/2009 TO 6/30/2010
 PREPARED 12/8/2010
 WORKSHEET B PART III

COST CENTER DESCRIPTION	DIR ASSGND NEW CAPITAL REL COSTS	OLD CAP REL C OSTS-BLDG &	OLD CAP REL C OSTS-MVBLE E	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-MVBLE E	SUBTOTAL	EMPLOYEE BENEFITS
	0	1	2	3	4	4a	5
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS				37,326	28,019	65,345	65,345
006 01 NONPATIENT TELEPHONE				6,759	5,073	11,832	230
006 02 DATA PROCESSING				53,249	39,972	93,221	717
006 03 PURCHASING RECEIVING AND				94,193	70,707	164,900	210
006 04 ADMINITTING				16,965	12,735	29,700	950
006 05 CASHIERING/ACCOUNTS RECEI				26,744	20,076	46,820	23
006 06 OTHER ADMINISTRATIVE AND				471,461	353,905	825,366	4,727
007 MAINTENANCE & REPAIRS				245,288	184,127	429,415	
008 OPERATION OF PLANT				105,218	78,983	184,201	572
009 LAUNDRY & LINEN SERVICE				183,676	137,878	321,554	
010 HOUSEKEEPING				12,015	9,019	21,034	1,181
011 DIETARY				41,285	30,991	72,276	666
012 CAFETERIA				302,736	227,251	529,987	531
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION				119,128	89,424	208,552	2,147
015 CENTRAL SERVICES & SUPPLY				353,374	265,263	618,637	228
016 PHARMACY				49,460	37,128	86,588	1,003
017 MEDICAL RECORDS & LIBRARY				61,322	46,032	107,354	919
018 SOCIAL SERVICE				36,131	27,122	63,253	419
019 OTHER GENERAL SERVICE COS							
019 01 OUTPATIENT ACCOUNTING				74,532	55,948	130,480	132
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI							3,718
023 I&R SERVICES-OTHER PRGM C				62,909	47,223	110,132	1,393
024 PARAMED ED PRGM-(SPECIFY)							
024 01 PASTORAL EDUCATION							63
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS				1,638,812	1,230,188	2,869,000	12,543
026 INTENSIVE CARE UNIT				94,569	70,989	165,558	1,061
026 01 PREMATURE INTENSIVE CARE				30,209	22,676	52,885	2,387
027 CORONARY CARE UNIT				109,127	81,917	191,044	2,098
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
031 SUBPROVIDER				185,980	139,607	325,587	1,486
033 NURSERY				23,843	17,898	41,741	765
034 SKILLED NURSING FACILITY							
035 NURSING FACILITY							
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM				437,514	328,423	765,937	3,942
038 RECOVERY ROOM				21,419	16,078	37,497	796
039 DELIVERY ROOM & LABOR ROO				101,276	76,024	177,300	3,308
040 ANESTHESIOLOGY				29,782	22,356	52,138	230
041 RADIOLOGY-DIAGNOSTIC				276,623	207,649	484,272	3,066
041 01 MAGNETIC RESONANCE IMAGIN				17,169	12,888	30,057	254
042 RADIOLOGY-THERAPEUTIC				60,895	45,711	106,606	188
043 RADIOISOTOPE				40,517	30,415	70,932	162
044 LABORATORY				400,103	300,340	700,443	3,349
045 PBP CLINICAL LAB SERVICES							
046 WHOLE BLOOD & PACKED RED				13,671	10,262	23,933	474
047 BLOOD STORING, PROCESSING							
048 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY				39,067	29,326	68,393	1,016
050 PHYSICAL THERAPY				44,306	33,259	77,565	224
051 OCCUPATIONAL THERAPY				51,747	38,845	90,592	175
052 SPEECH PATHOLOGY				11,827	8,878	20,705	105
053 ELECTROCARDIOLOGY				98,767	74,140	172,907	869
054 ELECTROENCEPHALOGRAPHY				21,146	15,873	37,019	129
055 MEDICAL SUPPLIES CHARGED							
056 DRUGS CHARGED TO PATIENTS							
057 RENAL DIALYSIS				21,897	16,437	38,334	898
058 ASC (NON-DISTINCT PART)							
059 PULMONARY FUNCTION TESTIN				21,863	16,412	38,275	98
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC							
060 02 O/P CHEMO THERAPY							266
060 03 O/P SUBSTANCE ABUSE							
060 04 UNDER THE RAINBOW O/P				119,487	89,693	209,180	528
060 06 EAR NOSE THROAT							184
061 EMERGENCY				106,669	80,072	186,741	3,686
062 OBSERVATION BEDS (NON-DIS							
OTHER REIMBURS COST CNTRS							
065 AMBULANCE SERVICES							
066 DURABLE MEDICAL EQUIP-REN							
067 DURABLE MEDICAL EQUIP-SOL							
070 I&R SERVICES-NOT APPRVD P							
071 HOME HEALTH AGENCY				80,045	60,086	140,131	903
092 SPEC PURPOSE COST CENTERS							
092 AMBULATORY SURGICAL CENTE							
095 SUBTOTALS				6,452,101	4,843,318	11,295,419	65,019
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP							

COST CENTER DESCRIPTION	DIR ASSGND NEW CAPITAL REL COSTS 0	OLD CAP REL C OSTS-BLDG & 1	OLD CAP REL C OSTS-MVBLE E 2	NEW CAP REL C OSTS-BLDG & 3	NEW CAP REL C OSTS-MVBLE E 4	SUBTOTAL 4a	EMPLOYEE BENEFITS 5
097 NONREIMBURS COST CENTERS							
097 RESEARCH				41,917	31,465	73,382	
098 PHYSICIANS' PRIVATE OFFIC							
099 NONPAID WORKERS							
100 KLING OFFICE BLDG							
100 01 DAY PSYCH PROGRAM							
100 02 OCCUPATIONAL HEALTH							
100 03 FAMILY PLANNING							
100 04 PLAZA MEDICAL CENTER							
100 05 DEVELOPMENT				16,009	12,017	28,026	316
100 06 DENTISTRY				9,626	7,226	16,852	10
100 08 GERIATRIC ASSMNT							
100 09 BETHANY LAB							
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL				6,519,653	4,894,026	11,413,679	65,345

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO: 14-0018
 PERIOD: FROM 7/1/2009 TO 6/30/2010
 PREPARED 12/8/2010
 WORKSHEET B PART III

COST CENTER DESCRIPTION	NONPATIENT TELEPHONE	DATA PROCESSING	PURCHASING RECEIVING AND	ADMINISTRATIVE	CASHIERING/AC COUNTS RECEI	OTHER TRATIVE AND	ADMINIS MAINTENANCE & REPAIRS
	6.01	6.02	6.03	6.04	6.05	6.06	7
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
006 01 NONPATIENT TELEPHONE	12,062						
006 02 DATA PROCESSING	248	94,186					
006 03 PURCHASING RECEIVING AND	177	5,651	170,938				
006 04 ADMINISTRATION	80	4,709	564	36,003			
006 05 CASHIERING/ACCOUNTS RECEI	302	16,014	180		63,339		
006 06 OTHER ADMINISTRATIVE AND	1,153	7,535	3,705			842,486	
007 MAINTENANCE & REPAIRS	186		741			14,494	444,836
008 OPERATION OF PLANT	213		20,917			28,918	8,254
009 LAUNDRY & LINEN SERVICE	9		8,380			6,756	14,410
010 HOUSEKEEPING	62		7,054			16,363	943
011 DIETARY	204		1,616			10,749	3,239
012 CAFETERIA			2			8,859	23,750
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION	195		905			21,717	9,346
015 CENTRAL SERVICES & SUPPLY	9		4,627			5,409	27,722
016 PHARMACY	106	3,767	880			17,453	3,880
017 MEDICAL RECORDS & LIBRARY	177	4,709	159			12,313	4,811
018 SOCIAL SERVICE	115		224			4,870	2,835
019 OTHER GENERAL SERVICE COS							
019 01 OUTPATIENT ACCOUNTING	293	7,535				14,150	5,847
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI						30,307	
023 I&R SERVICES-OTHER PRGM C			250			15,099	4,935
024 PARAMEDICAL PRGM-(SPECIFY)							
024 01 PASTORAL EDUCATION						781	
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	3,556	12,244	3,694	5,385	5,504	144,874	128,568
026 INTENSIVE CARE UNIT	151		487	708	719	11,798	7,419
026 01 PREMATURE INTENSIVE CARE	151		491	1,531	1,552	22,215	2,370
027 CORONARY CARE UNIT	186		652	1,138	1,154	21,675	8,561
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
031 SUBPROVIDER	248		290	617	625	14,554	14,590
033 NURSERY	62		192	827	839	7,150	1,870
034 SKILLED NURSING FACILITY							
035 NURSING FACILITY							
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	763	5,651		2,379	4,696	47,821	34,323
038 RECOVERY ROOM	53		70	725	1,917	7,581	1,680
039 DELIVERY ROOM & LABOR ROO	160		3,104	1,386	2,959	33,686	7,945
040 ANESTHESIOLOGY	115		1,277	1,526	2,247	11,433	2,336
041 RADIOLOGY-DIAGNOSTIC	373	10,360	15,135	3,126	7,032	44,727	21,701
041 01 MAGNETIC RESONANCE IMAGIN	80		1,252	375	875	3,286	1,347
042 RADIOLOGY-THERAPEUTIC	62		1,362	29	545	4,111	4,777
043 RADIOISOTOPE	89		2,238	251	689	3,445	3,179
044 LABORATORY	692	12,244	21,814	2,870	9,801	65,085	31,388
045 PBP CLINICAL LAB SERVICES							
046 WHOLE BLOOD & PACKED RED	18		2,361	426	549	11,855	1,072
047 BLOOD STORING, PROCESSING							
048 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY	53		3,590	1,640	1,704	12,030	3,065
050 PHYSICAL THERAPY	71		621	128	137	2,682	3,476
051 OCCUPATIONAL THERAPY	53		54	102	106	1,999	4,060
052 SPEECH PATHOLOGY	27		9	36	66	884	928
053 ELECTROCARDIOLOGY	195		10,450	1,477	2,339	15,365	7,748
054 ELECTROENCEPHALOGRAPHY	186		134	30	216	1,553	1,659
055 MEDICAL SUPPLIES CHARGED			46,830	1,432	1,915	23,036	
056 DRUGS CHARGED TO PATIENTS				4,438	6,235	34,511	
057 RENAL DIALYSIS	44		2,676	164	1,543	11,337	1,718
058 ASC (NON-DISTINCT PART)							
059 PULMONARY FUNCTION TESTIN	9		7	328	408	1,193	1,715
060 OUTPAT SERVICE COST CNTRS							
060 02 O/P CHEMO THERAPY			274	6	214	3,486	
060 03 O/P SUBSTANCE ABUSE							
060 04 UNDER THE RAINBOW O/P	319		144		308	6,327	9,374
060 06 EAR NOSE THROAT			246		164	1,808	
061 EMERGENCY	284			2,923	6,281	43,916	8,368
062 OBSERVATION BEDS (NON-DIS							
062 OTHER REIMBURS COST CNTRS							
065 AMBULANCE SERVICES							
066 DURABLE MEDICAL EQUIP-REN							
067 DURABLE MEDICAL EQUIP-SOL							
070 I&R SERVICES-NOT APPRVD P							
071 HOME HEALTH AGENCY	231	3,767	67			9,596	6,280
092 SPEC PURPOSE COST CENTERS							
092 AMBULATORY SURGICAL CENTE							
095 SUBTOTALS	11,760	94,186	169,725	36,003	63,339	833,257	431,489
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP							

COST CENTER DESCRIPTION	NONPATIENT TELEPHONE	TELEPHONE	DATA PROCESSING	PURCHASING RECEIVING AND	ADMINISTRATIVE	CASHIERING/AC COUNTS RECEI	OTHER ADMINISTRATIVE	MAINTENANCE & REPAIRS
	6.01	6.02	6.03	6.04	6.05	6.06	7	
097 NONREIMBURS COST CENTERS								
098 RESEARCH	169		1,209			4,746		3,288
099 PHYSICIANS' PRIVATE OFFICE						64		
100 NONPAID WORKERS								
100 KLING OFFICE BLDG							14	4,955
100 01 DAY PSYCH PROGRAM								
100 02 OCCUPATIONAL HEALTH	71						20	736
100 03 FAMILY PLANNING							4	2,357
100 04 PLAZA MEDICAL CENTER								
100 05 DEVELOPMENT	44						4,201	1,256
100 06 DENTISTRY	18		4				180	755
100 08 GERIATRIC ASSMNT								
100 09 BETHANY LAB								
101 CROSS FOOT ADJUSTMENTS								
102 NEGATIVE COST CENTER								
103 TOTAL	12,062	94,186	170,938	36,003	63,339	842,486		444,836

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	MAINTENANCE PERSONNEL	NURSING ADMINISTRATION
	8	9	10	11	12	13	14
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
006 01 NONPATIENT TELEPHONE							
006 02 DATA PROCESSING							
006 03 PURCHASING RECEIVING AND							
006 04 ADMINISTRATION							
006 05 CASHIERING/ACCOUNTS RECEI							
006 06 OTHER ADMINISTRATIVE AND							
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT	243,075						
009 LAUNDRY & LINEN SERVICE	8,023	359,132					
010 HOUSEKEEPING	525		47,162				
011 DIETARY	1,803		370	90,923			
012 CAFETERIA	13,223		2,711		579,063		
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION	5,203		1,067		16,130		265,262
015 CENTRAL SERVICES & SUPPLY	15,435		3,164		6,089		
016 PHARMACY	2,160		443		8,700		
017 MEDICAL RECORDS & LIBRARY	2,678		549		14,868		
018 SOCIAL SERVICE	1,578		324		5,348		
019 OTHER GENERAL SERVICE COS							
019 01 OUTPATIENT ACCOUNTING	3,255		667		2,286		
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI					54,712		
023 I&R SERVICES-OTHER PRGM C	2,748		563				
024 PARAMEDICAL PRGM-(SPECIFY)							
024 01 PASTORAL EDUCATION					655		
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	71,584	134,046	14,675	67,021	148,088		115,631
026 INTENSIVE CARE UNIT	4,131	19,068	847	6,201	9,511		8,493
026 01 PREMATURE INTENSIVE CARE	1,319	2,127	271		20,514		17,834
027 CORONARY CARE UNIT	4,767	21,188	977	7,287	19,023		16,831
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
031 SUBPROVIDER	8,123	15,755	1,665	10,414	15,258		13,117
033 NURSERY	1,041		214		8,162		7,441
034 SKILLED NURSING FACILITY							
035 NURSING FACILITY							
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	19,110	16,458	3,918		35,078		29,651
038 RECOVERY ROOM	936	7,666	192		6,709		5,286
039 DELIVERY ROOM & LABOR ROO	4,424	18,791	907		32,684		24,572
040 ANESTHESIOLOGY	1,301		267		1,284		
041 RADIOLOGY-DIAGNOSTIC	12,083	10,400	2,477		29,640		
041 01 MAGNETIC RESONANCE IMAGIN	750	933	154		1,895		
042 RADIOLOGY-THERAPEUTIC	2,660	1,199	545		1,748		
043 RADIOISOTOPE	1,770	5,870	363		1,548		
044 LABORATORY	17,476		3,583		37,711		
045 PBP CLINICAL LAB SERVICES							
046 WHOLE BLOOD & PACKED RED	597		122		4,931		
047 BLOOD STORING, PROCESSING							
048 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY	1,706		350		12,218		
050 PHYSICAL THERAPY	1,935		397		134		
051 OCCUPATIONAL THERAPY	2,260		463		65		
052 SPEECH PATHOLOGY	517		106		82		
053 ELECTROCARDIOLOGY	4,314	3,824	884		8,045		
054 ELECTROENCEPHALOGRAPHY	924	239	189		1,995		
055 MEDICAL SUPPLIES CHARGED							
056 DRUGS CHARGED TO PATIENTS							
057 RENAL DIALYSIS	956	7,739	196		8,197		
058 ASC (NON-DISTINCT PART)							
059 PULMONARY FUNCTION TESTIN	955		196				
060 OUTPAT SERVICE COST CNTRS							
060 02 O/P CHEMO THERAPY					3,023		
060 03 O/P SUBSTANCE ABUSE							
060 04 UNDER THE RAINBOW O/P	5,219		1,070		7,191		
060 06 EAR NOSE THROAT					3,457		
061 EMERGENCY	4,659	93,829	955		42,087		26,406
062 OBSERVATION BEDS (NON-DIS							
065 OTHER REIMBURS COST CNTRS							
066 AMBULANCE SERVICES							
067 DURABLE MEDICAL EQUIP-REN							
070 DURABLE MEDICAL EQUIP-SOL							
071 I&R SERVICES-NOT APPRVD P							
HOME HEALTH AGENCY	3,496		717		9,780		
092 SPEC PURPOSE COST CENTERS							
092 AMBULATORY SURGICAL CENTE							
095 SUBTOTALS	235,644	359,132	46,558	90,923	578,846		265,262
096 NONREIMBURS COST CENTERS							
GI FT, FLOWER, COFFEE SHOP							

COST CENTER DESCRIPTION	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	MAINTENANCE PERSONNEL	ADMINISTRATION
	8	9	10	11	12	13	14
097 NONREIMBURS COST CENTERS							
097 RESEARCH	1,831		375				
098 PHYSICIANS' PRIVATE OFFICE							
099 NONPAID WORKERS							
100 KLING OFFICE BLDG	2,759						
100 01 DAY PSYCH PROGRAM							
100 02 OCCUPATIONAL HEALTH	410						
100 03 FAMILY PLANNING	1,312						
100 04 PLAZA MEDICAL CENTER							
100 05 DEVELOPMENT	699		143				
100 06 DENTISTRY	420		86		217		
100 08 GERIATRIC ASSMNT							
100 09 BETHANY LAB							
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	243,075	359,132	47,162	90,923	579,063		265,262

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE COS	OUTPATIENT ACCOUNTING	NONPHYSICIAN ANESTHETISTS
	15	16	17	18	19	19.01	20
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
006 01 NONPATIENT TELEPHONE							
006 02 DATA PROCESSING							
006 03 PURCHASING RECEIVING AND							
006 04 ADMINISTRATION							
006 05 CASHIERING/ACCOUNTS RECEI							
006 06 OTHER ADMINISTRATIVE AND							
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
011 DIETARY							
012 CAFETERIA							
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION							
015 CENTRAL SERVICES & SUPPLY	681,320						
016 PHARMACY	20,890	145,870					
017 MEDICAL RECORDS & LIBRARY			148,537				
018 SOCIAL SERVICE	3	2,508		81,477			
019 OTHER GENERAL SERVICE COS							
019 01 OUTPATIENT ACCOUNTING						164,645	
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C							
024 PARAMEDICAL PRGM-(SPECIFY)							
024 01 PASTORAL EDUCATION							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	97,765	3,178	12,842	51,163			
026 INTENSIVE CARE UNIT	24,677	351	1,677	3,187			
026 01 PREMATURE INTENSIVE CARE	17,727	560	3,622	3,002			
027 CORONARY CARE UNIT	27,493	848	2,693	5,429			
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
031 SUBPROVIDER	941	45	1,458	7,993			
033 NURSERY	3,345	2	1,957	156			
034 SKILLED NURSING FACILITY							
035 NURSING FACILITY							
037 ANCILLARY SRVC CNTRS							
037 OPERATING ROOM		1,123	10,958			13,894	
038 RECOVERY ROOM		96	4,473			7,185	
039 DELIVERY ROOM & LABOR ROO	50,655	970	6,905	673		9,449	
040 ANESTHESIOLOGY	29,507	1,400	5,243			4,261	
041 RADIOLOGY-DIAGNOSTIC	59,421	94	16,407			23,488	
041 01 MAGNETIC RESONANCE IMAGIN	1,083		2,041			3,004	
042 RADIOLOGY-THERAPEUTIC	20	1	1,273			3,138	
043 RADIOISOTOPE	582	37	1,607			2,637	
044 LABORATORY	20,915	50	23,614			43,617	
045 PBP CLINICAL LAB SERVICES							
046 WHOLE BLOOD & PACKED RED	690		1,281			710	
047 BLOOD STORING, PROCESSING							
048 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY	11,725	30	3,976			256	
050 PHYSICAL THERAPY	11		321			47	
051 OCCUPATIONAL THERAPY	106		247			13	
052 SPEECH PATHOLOGY	98		153			178	
053 ELECTROCARDIOLOGY	11,907	476	5,459			5,124	
054 ELECTROENCEPHALOGRAPHY	990		505			1,132	
055 MEDICAL SUPPLIES CHARGED	287,294		4,468			2,820	
056 DRUGS CHARGED TO PATIENTS		131,164	14,548			10,560	
057 RENAL DIALYSIS	3,879		3,600	6,336		8,368	
058 ASC (NON-DISTINCT PART)							
059 PULMONARY FUNCTION TESTIN			953			463	
060 OUTPAT SERVICE COST CNTRS							
060 02 O/P CHEMO THERAPY	2,983		499			1,260	
060 03 O/P SUBSTANCE ABUSE							
060 04 UNDER THE RAINBOW O/P			718			1,871	
060 06 EAR NOSE THROAT	644	83	383			996	
061 EMERGENCY		2,603	14,656	3,538		20,174	
062 OBSERVATION BEDS (NON-DIS							
065 OTHER REIMBURS COST CNTRS							
066 AMBULANCE SERVICES							
067 DURABLE MEDICAL EQUIP-REN							
070 DURABLE MEDICAL EQUIP-SOL							
071 I&R SERVICES-NOT APPRVD P							
071 HOME HEALTH AGENCY	1,709	146					
092 SPEC PURPOSE COST CENTERS							
092 AMBULATORY SURGICAL CENTE							
095 SUBTOTALS	679,943	145,765	148,537	81,477		164,645	
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP							

COST CENTER DESCRIPTION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE COSTS	OUTPATIENT ACCOUNTING	NONPHYSICIAN ANESTHETISTS
	15	16	17	18	19	19.01	20
097 NONREIMBURS COST CENTERS							
RESEARCH	1,377	105					
098 PHYSICIANS' PRIVATE OFFICE							
099 NONPAID WORKERS							
100 KLING OFFICE BLDG							
100 01 DAY PSYCH PROGRAM							
100 02 OCCUPATIONAL HEALTH							
100 03 FAMILY PLANNING							
100 04 PLAZA MEDICAL CENTER							
100 05 DEVELOPMENT							
100 06 DENTISTRY							
100 08 GERIATRIC ASSMNT							
100 09 BETHANY LAB							
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	681,320	145,870	148,537	81,477		164,645	

	21	22	23	24	24.01	25	26
	NURSING SCHOOL	I&R SERVICES-SALARY & FRI	I&R SERVICES-OTHER PRGM C	PARAMED PR GM-(SPECIFY)	PASTORAL EDUCATION	SUBTOTAL	POST STEPDOWN ADJUSTMENT
001	GENERAL SERVICE COST CNTR						
002	OLD CAP REL COSTS-BLDG &						
003	OLD CAP REL COSTS-MVBLE E						
004	NEW CAP REL COSTS-BLDG &						
005	NEW CAP REL COSTS-MVBLE E						
006	EMPLOYEE BENEFITS						
006	01 NONPATIENT TELEPHONE						
006	02 DATA PROCESSING						
006	03 PURCHASING RECEIVING AND						
006	04 ADMINISTRATION						
006	05 CASHIERING/ACCOUNTS RECEI						
006	06 OTHER ADMINISTRATIVE AND						
007	MAINTENANCE & REPAIRS						
008	OPERATION OF PLANT						
009	LAUNDRY & LINEN SERVICE						
010	HOUSEKEEPING						
011	DIETARY						
012	CAFETERIA						
013	MAINTENANCE OF PERSONNEL						
014	NURSING ADMINISTRATION						
015	CENTRAL SERVICES & SUPPLY						
016	PHARMACY						
017	MEDICAL RECORDS & LIBRARY						
018	SOCIAL SERVICE						
019	OTHER GENERAL SERVICE COS						
019	01 OUTPATIENT ACCOUNTING						
020	NONPHYSICIAN ANESTHETISTS						
021	NURSING SCHOOL						
022	I&R SERVICES-SALARY & FRI	88,737					
023	I&R SERVICES-OTHER PRGM C		135,120				
024	PARAMED PRGM-(SPECIFY)						
024	01 PASTORAL EDUCATION				1,499		
025	INPAT ROUTINE SRVC CNTRS						
025	ADULTS & PEDIATRICS					3,901,361	
026	INTENSIVE CARE UNIT					266,044	
026	01 PREMATURE INTENSIVE CARE					150,558	
027	CORONARY CARE UNIT					333,044	
028	BURN INTENSIVE CARE UNIT						
029	SURGICAL INTENSIVE CARE U						
031	SUBPROVIDER					432,766	
033	NURSERY					75,764	
034	SKILLED NURSING FACILITY						
035	NURSING FACILITY						
037	ANCILLARY SRVC COST CNTRS						
037	OPERATING ROOM					995,702	
038	RECOVERY ROOM					85,745	
039	DELIVERY ROOM & LABOR ROO					379,878	
040	ANESTHESIOLOGY					114,565	
041	RADIOLOGY-DIAGNOSTIC					743,802	
041	01 MAGNETIC RESONANCE IMAGIN					47,386	
042	RADIOLOGY-THERAPEUTIC					128,264	
043	RADIOISOTOPE					95,399	
044	LABORATORY					994,652	
045	PBP CLINICAL LAB SERVICES						
046	WHOLE BLOOD & PACKED RED					49,019	
047	BLOOD STORING, PROCESSING						
048	INTRAVENOUS THERAPY						
049	RESPIRATORY THERAPY					121,752	
050	PHYSICAL THERAPY					87,749	
051	OCCUPATIONAL THERAPY					100,295	
052	SPEECH PATHOLOGY					23,894	
053	ELECTROCARDIOLOGY					251,383	
054	ELECTROENCEPHALOGRAPHY					46,900	
055	MEDICAL SUPPLIES CHARGED					367,795	
056	DRUGS CHARGED TO PATIENTS					201,456	
057	RENAL DIALYSIS					95,985	
058	ASC (NON-DISTINCT PART)						
059	PULMONARY FUNCTION TESTIN					44,600	
060	OUTPAT SERVICE COST CNTRS						
060	CLINIC						
060	02 O/P CHEMO THERAPY					12,011	
060	03 O/P SUBSTANCE ABUSE						
060	04 UNDER THE RAINBOW O/P					242,249	
060	06 EAR NOSE THROAT					7,965	
061	EMERGENCY					461,106	
062	OBSERVATION BEDS (NON-DIS						
062	OTHER REIMBURS COST CNTRS						
065	AMBULANCE SERVICES						
066	DURABLE MEDICAL EQUIP-REN						
067	DURABLE MEDICAL EQUIP-SOL						
070	I&R SERVICES-NOT APPRVD P						
071	HOME HEALTH AGENCY					176,823	
092	SPEC PURPOSE COST CENTERS						
092	AMBULATORY SURGICAL CENTE						
095	SUBTOTALS					11,035,912	
095	NONREIMBURS COST CENTERS						
096	GIFT, FLOWER, COFFEE SHOP						

COST CENTER DESCRIPTION	NURSING SCHOOL	I&R SERVICES- SALARY & FRI	I&R SERVICES- OTHER PRGM C	PARAMED ED PR GM-(SPECIFY)	PASTORAL EDUCATION	SUBTOTAL	POST STEPDOWN ADJUSTMENT
	21	22	23	24	24.01	25	26
097 NONREIMBURS COST CENTERS							
097 RESEARCH						86,482	
098 PHYSICIANS' PRIVATE OFFICE						64	
099 NONPAID WORKERS							
100 KLING OFFICE BLDG						7,728	
100 01 DAY PSYCH PROGRAM							
100 02 OCCUPATIONAL HEALTH						1,237	
100 03 FAMILY PLANNING						3,673	
100 04 PLAZA MEDICAL CENTER							
100 05 DEVELOPMENT						34,685	
100 06 DENTISTRY						18,542	
100 08 GERIATRIC ASSMNT							
100 09 BETHANY LAB							
101 CROSS FOOT ADJUSTMENTS		88,737	135,120		1,499	225,356	
102 NEGATIVE COST CENTER							
103 TOTAL		88,737	135,120		1,499	11,413,679	

COST CENTER DESCRIPTION		TOTAL
		27
001	GENERAL SERVICE COST CNTR	
002	OLD CAP REL COSTS-BLDG &	
003	OLD CAP REL COSTS-MVBLE E	
004	NEW CAP REL COSTS-BLDG &	
005	NEW CAP REL COSTS-MVBLE E	
006	EMPLOYEE BENEFITS	
006 01	NONPATIENT TELEPHONE	
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	
008	OPERATION OF PLANT	
009	LAUNDRY & LINEN SERVICE	
010	HOUSEKEEPING	
011	DIETARY	
012	CAFETERIA	
013	MAINTENANCE OF PERSONNEL	
014	NURSING ADMINISTRATION	
015	CENTRAL SERVICES & SUPPLY	
016	PHARMACY	
017	MEDICAL RECORDS & LIBRARY	
018	SOCIAL SERVICE	
019	OTHER GENERAL SERVICE COS	
019 01	OUTPATIENT ACCOUNTING	
020	NONPHYSICIAN ANESTHETISTS	
021	NURSING SCHOOL	
022	I&R SERVICES-SALARY & FRI	
023	I&R SERVICES-OTHER PRGM C	
024	PARAMEDICAL PRGM-(SPECIFY)	
024 01	PASTORAL EDUCATION	
025	INPAT ROUTINE SRVC CNTRS	3,901,361
026	ADULTS & PEDIATRICS	266,044
026 01	INTENSIVE CARE UNIT	150,558
027	PREMATURE INTENSIVE CARE	333,044
028	CORONARY CARE UNIT	
029	BURN INTENSIVE CARE UNIT	
031	SURGICAL INTENSIVE CARE U	432,766
033	SUBPROVIDER	75,764
034	NURSERY	
035	SKILLED NURSING FACILITY	
037	NURSING FACILITY	
037	ANCILLARY SRVC COST CNTRS	
038	OPERATING ROOM	995,702
039	RECOVERY ROOM	85,745
040	DELIVERY ROOM & LABOR ROO	379,878
041	ANESTHESIOLOGY	114,565
041 01	RADIOLOGY-DIAGNOSTIC	743,802
042	MAGNETIC RESONANCE IMAGIN	47,386
043	RADIOLOGY-THERAPEUTIC	128,264
044	RADIOISOTOPE	95,399
045	LABORATORY	994,652
046	PBP CLINICAL LAB SERVICES	
047	WHOLE BLOOD & PACKED RED	49,019
048	BLOOD STORING, PROCESSING	
049	INTRAVENOUS THERAPY	
050	RESPIRATORY THERAPY	121,752
051	PHYSICAL THERAPY	87,749
052	OCCUPATIONAL THERAPY	100,295
053	SPEECH PATHOLOGY	23,894
054	ELECTROCARDIOLOGY	251,383
055	ELECTROENCEPHALOGRAPHY	46,900
056	MEDICAL SUPPLIES CHARGED	367,795
057	DRUGS CHARGED TO PATIENTS	201,456
058	RENAL DIALYSIS	95,985
059	ASC (NON-DISTINCT PART)	
060	PULMONARY FUNCTION TESTIN	44,600
060 02	OUTPAT SERVICE COST CNTRS	
060 03	CLINIC	
060 04	O/P CHEMO THERAPY	12,011
060 06	O/P SUBSTANCE ABUSE	
061	UNDER THE RAINBOW O/P	242,249
062	EAR NOSE THROAT	7,965
065	EMERGENCY	461,106
066	OBSERVATION BEDS (NON-DIS	
067	OTHER REIMBURS COST CNTRS	
070	AMBULANCE SERVICES	
071	DURABLE MEDICAL EQUIP-REN	
072	DURABLE MEDICAL EQUIP-SOL	
073	I&R SERVICES-NOT APPRVD P	
074	HOME HEALTH AGENCY	176,823
075	SPEC PURPOSE COST CENTERS	
092	AMBULATORY SURGICAL CENTE	
095	SUBTOTALS	11,035,912
096	NONREIMBURS COST CENTERS	
097	GIFT, FLOWER, COFFEE SHOP	

COST CENTER DESCRIPTION		TOTAL
NONREIMBURS COST CENTERS		27
097	RESEARCH	86,482
098	PHYSICIANS' PRIVATE OFFICE	64
099	NONPAID WORKERS	
100	KLING OFFICE BLDG	7,728
100 01	DAY PSYCH PROGRAM	
100 02	OCCUPATIONAL HEALTH	1,237
100 03	FAMILY PLANNING	3,673
100 04	PLAZA MEDICAL CENTER	
100 05	DEVELOPMENT	34,685
100 06	DENTISTRY	18,542
100 08	GERIATRIC ASSMNT	
100 09	BETHANY LAB	
101	CROSS FOOT ADJUSTMENTS	225,356
102	NEGATIVE COST CENTER	
103	TOTAL	11,413,679

COST CENTER DESCRIPTION	OLD CAP REL COSTS-BLDG & (SQ FT 1)	OLD CAP REL COSTS-MVBLE (SQ FT 1)	NEW CAP REL COSTS-BLDG & (SQ FT 1)	NEW CAP REL COSTS-MVBLE (SQ FT 1)	EMPLOYEE BENEFITS (GROSS SALARIES)	NONPATIENT TELEPHONE (PHONES)
	1	2	3	4	5	6.01
001 GENERAL SERVICE COST						
002 OLD CAP REL COSTS-BLD	382,002					
003 OLD CAP REL COSTS-MVB		382,002				
004 NEW CAP REL COSTS-BLD			382,002			
005 NEW CAP REL COSTS-MVB				382,002		
006 EMPLOYEE BENEFITS	2,187	2,187	2,187	2,187	103,869,780	
006 01 NONPATIENT TELEPHONE	396	396	396	396	366,019	1,360
006 02 DATA PROCESSING	3,120	3,120	3,120	3,120	1,139,629	28
006 03 PURCHASING RECEIVING	5,519	5,519	5,519	5,519	334,188	20
006 04 ADMINITTING	994	994	994	994	1,510,182	9
006 05 CASHIERING/ACCOUNTS R	1,567	1,567	1,567	1,567	36,661	34
006 06 OTHER ADMINISTRATIVE	27,624	27,624	27,624	27,624	7,515,713	130
007 MAINTENANCE & REPAIRS	14,372	14,372	14,372	14,372		21
008 OPERATION OF PLANT	6,165	6,165	6,165	6,165	909,403	24
009 LAUNDRY & LINEN SERVI	10,762	10,762	10,762	10,762		1
010 HOUSEKEEPING	704	704	704	704	1,877,239	7
011 DIETARY	2,419	2,419	2,419	2,419	1,058,647	23
012 CAFETERIA	17,738	17,738	17,738	17,738	844,615	
013 MAINTENANCE OF PERSON						
014 NURSING ADMINISTRATIO	6,980	6,980	6,980	6,980	3,413,795	22
015 CENTRAL SERVICES & SU	20,705	20,705	20,705	20,705	362,776	1
016 PHARMACY	2,898	2,898	2,898	2,898	1,594,442	12
017 MEDICAL RECORDS & LIB	3,593	3,593	3,593	3,593	1,460,717	20
018 SOCIAL SERVICE	2,117	2,117	2,117	2,117	666,685	13
019 OTHER GENERAL SERVICE						
019 01 OUTPATIENT ACCOUNTING	4,367	4,367	4,367	4,367	209,754	33
020 NONPHYSICIAN ANESTHET						
021 NURSING SCHOOL						
022 I&R SERVICES-SALARY &					5,911,498	
023 I&R SERVICES-OTHER PR	3,686	3,686	3,686	3,686	2,214,249	
024 PARAMEDICAL PRGM-(SPEC						
024 01 PASTORAL EDUCATION					100,860	
025 INPAT ROUTINE SRVC CN						
025 ADULTS & PEDIATRICS	96,022	96,022	96,022	96,022	19,919,447	401
026 INTENSIVE CARE UNIT	5,541	5,541	5,541	5,541	1,687,125	17
026 01 PREMATURE INTENSIVE C	1,770	1,770	1,770	1,770	3,794,221	17
027 CORONARY CARE UNIT	6,394	6,394	6,394	6,394	3,335,828	21
028 BURN INTENSIVE CARE U						
029 SURGICAL INTENSIVE CA						
031 SUBPROVIDER	10,897	10,897	10,897	10,897	2,362,966	28
033 NURSERY	1,397	1,397	1,397	1,397	1,215,776	7
034 SKILLED NURSING FACIL						
035 NURSING FACILITY						
037 ANCILLARY SRVC COST C						
037 OPERATING ROOM	25,635	25,635	25,635	25,635	6,267,864	86
038 RECOVERY ROOM	1,255	1,255	1,255	1,255	1,265,028	6
039 DELIVERY ROOM & LABOR	5,934	5,934	5,934	5,934	5,259,767	18
040 ANESTHESIOLOGY	1,745	1,745	1,745	1,745	365,306	13
041 RADIOLOGY-DIAGNOSTIC	16,208	16,208	16,208	16,208	4,874,810	42
041 01 MAGNETIC RESONANCE IM	1,006	1,006	1,006	1,006	404,484	9
042 RADIOLOGY-THERAPEUTIC	3,568	3,568	3,568	3,568	298,514	7
043 RADIOISOTOPE	2,374	2,374	2,374	2,374	258,325	10
044 LABORATORY	23,443	23,443	23,443	23,443	5,323,816	78
045 PBP CLINICAL LAB SERV						
046 WHOLE BLOOD & PACKED	801	801	801	801	752,954	2
047 BLOOD STORING, PROCES						
048 INTRAVENOUS THERAPY						
049 RESPIRATORY THERAPY	2,289	2,289	2,289	2,289	1,615,921	6
050 PHYSICAL THERAPY	2,596	2,596	2,596	2,596	356,136	8
051 OCCUPATIONAL THERAPY	3,032	3,032	3,032	3,032	277,773	6
052 SPEECH PATHOLOGY	693	693	693	693	166,588	3
053 ELECTROCARDIOLOGY	5,787	5,787	5,787	5,787	1,381,353	22
054 ELECTROENCEPHALOGRAPH	1,239	1,239	1,239	1,239	205,434	21
055 MEDICAL SUPPLIES CHAR						
056 DRUGS CHARGED TO PATI						
057 RENAL DIALYSIS	1,283	1,283	1,283	1,283	1,428,065	5
058 ASC (NON-DI STINCT PAR						
059 PULMONARY FUNCTION TE	1,281	1,281	1,281	1,281	156,588	1
060 OUTPAT SERVICE COST C						
060 CLINIC						
060 02 O/P CHEMO THERAPY					423,253	
060 03 O/P SUBSTANCE ABUSE						
060 04 UNDER THE RAINBOW O/P	7,001	7,001	7,001	7,001	840,025	36
060 06 EAR NOSE THROAT					292,677	
061 EMERGENCY	6,250	6,250	6,250	6,250	5,860,330	32
062 OBSERVATION BEDS (NON						
062 OTHER REIMBURS COST C						
065 AMBULANCE SERVICES						
066 DURABLE MEDICAL EQUIP						
067 DURABLE MEDICAL EQUIP						
070 I&R SERVICES-NOT APPR						
071 HOME HEALTH AGENCY	4,690	4,690	4,690	4,690	1,435,399	26

COST CENTER DESCRIPTION	OLD CAP REL C	OLD CAP REL C	NEW CAP REL C	NEW CAP REL C	EMPLOYEE BENE	NONPATIENT TELEPHONE
	OSTS-BLDG & (SQ FT 1)	OSTS-MVBLE E (SQ FT 1)	OSTS-BLDG & (SQ FT 1)	OSTS-MVBLE E (SQ FT 1)	(GROSS SALARIES)	(PHONES)
	1	2	3	4	5	6.01
092 OTHER REIMBURS COST C						
095 SPEC PURPOSE COST CEN						
096 AMBULATORY SURGICAL C						
097 SUBTOTALS	378,044	378,044	378,044	378,044	103,352,845	1,326
098 NONREIMBURS COST CENT						
099 GIFT, FLOWER, COFFEE						
100 RESEARCH	2,456	2,456	2,456	2,456		19
100 01 PHYSICIANS' PRIVATE O						
100 02 NONPAID WORKERS						
100 03 KLING OFFICE BLDG						
100 04 DAY PSYCH PROGRAM						
100 05 OCCUPATIONAL HEALTH						8
100 06 FAMILY PLANNING						
100 07 PLAZA MEDICAL CENTER						
100 08 DEVELOPMENT	938	938	938	938	501,784	5
100 09 DENTISTRY	564	564	564	564	15,151	2
101 08 GERIATRIC ASSMNT						
101 09 BETHANY LAB						
102 CROSS FOOT ADJUSTMENT						
103 NEGATIVE COST CENTER						
104 COST TO BE ALLOCATED (WRKSHT B, PART I)	215,239	1,598,056	6,519,653	4,894,026	15,878,481	759,388
105 UNIT COST MULTIPLIER (WRKSHT B, PT I)	.563450		17.067065		.152869	
106 COST TO BE ALLOCATED (WRKSHT B, PART II)		4.183371		12.811519	10,381	558.373529
107 UNIT COST MULTIPLIER (WRKSHT B, PT II)					.000100	1.409559
108 COST TO BE ALLOCATED (WRKSHT B, PART III)					65,345	12,062
UNIT COST MULTIPLIER (WRKSHT B, PT III)					.000629	8.869118

COST CENTER DESCRIPTION	DATA PROCESSING (EDP TIME)	PURCHASING RECEIVING AND (SUP COST)	ADMINISTRATIVE (I/P CHARGE)S	CASHIERING/ACCOUNTS RECEI (GRS REV)	RECONCILIATION	OTHER ADMINISTRATIVE AND (ACCUM. COST)	MAINTENANCE & REPAIRS (SQ FT 2)
	6.02	6.03	6.04	6.05	6a.06	6.06	7
001 GENERAL SERVICE COST							
002 OLD CAP REL COSTS-BLD							
003 OLD CAP REL COSTS-MVB							
004 NEW CAP REL COSTS-BLD							
005 NEW CAP REL COSTS-MVB							
006 EMPLOYEE BENEFITS							
006 01 NONPATIENT TELEPHONE							
006 02 DATA PROCESSING	100						
006 03 PURCHASING RECEIVING	6	18,872,360					
006 04 ADMINISTRATION	5	62,259	487,056,225				
006 05 CASHIERING/ACCOUNTS R	17	19,854		848,560,238			
006 06 OTHER ADMINISTRATIVE	8	409,005			-37,134,064	189,446,679	
007 MAINTENANCE & REPAIRS		81,837				3,259,174	332,234
008 OPERATION OF PLANT		2,309,205				6,502,856	6,165
009 LAUNDRY & LINEN SERVI		925,146				1,519,307	10,762
010 HOUSEKEEPING		778,722				3,679,557	704
011 DIETARY		178,447				2,417,210	2,419
012 CAFETERIA		228				1,992,216	17,738
013 MAINTENANCE OF PERSON							
014 NURSING ADMINISTRATION		99,957				4,883,515	6,980
015 CENTRAL SERVICES & SU		510,818				1,216,251	20,705
016 PHARMACY	4	97,157				3,924,714	2,898
017 MEDICAL RECORDS & LIB	5	17,603				2,768,738	3,593
018 SOCIAL SERVICE		24,778				1,095,148	2,117
019 OTHER GENERAL SERVICE							
019 01 OUTPATIENT ACCOUNTING	8					3,181,904	4,367
020 NONPHYSICIAN ANESTHET							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY &						6,815,183	
023 I&R SERVICES-OTHER PR		27,562				3,395,305	3,686
024 PARAMEDICAL PRGM-(SPEC							
024 01 PASTORAL EDUCATION		54				175,535	
025 INPATIENT ROUTINE SRVC CN							
025 ADULTS & PEDIATRICS	13	407,804	73,263,894	73,381,165		32,573,829	96,022
026 INTENSIVE CARE UNIT		53,794	9,568,347	9,582,662		2,652,922	5,541
026 01 PREMATURE INTENSIVE C		54,166	20,695,367	20,695,798		4,995,471	1,770
027 CORONARY CARE UNIT		71,944	15,382,058	15,386,561		4,874,028	6,394
028 BURN INTENSIVE CARE U							
029 SURGICAL INTENSIVE CA							
031 SUBPROVIDER		32,047	8,331,909	8,331,909		3,272,792	10,897
033 NURSERY		21,236	11,181,140	11,181,140		1,607,797	1,397
034 SKILLED NURSING FACIL							
035 NURSING FACILITY							
037 ANCILLARY SRVC COST C							
037 OPERATING ROOM	6		32,149,902	62,619,997		10,753,603	25,635
038 RECOVERY ROOM		7,703	9,803,524	25,560,721		1,704,851	1,255
039 DELIVERY ROOM & LABOR		342,672	18,735,170	39,457,058		7,574,985	5,934
040 ANESTHESIOLOGY		140,940	20,615,559	29,960,581		2,570,974	1,745
041 RADIOLOGY-DIAGNOSTIC	11	1,670,852	42,245,592	93,753,676		10,057,854	16,208
041 01 MAGNETIC RESONANCE IM		138,251	5,072,613	11,661,237		738,830	1,006
042 RADIOLOGY-THERAPEUTIC		150,353	392,326	7,273,093		924,524	3,568
043 RADIOISOTOPE		247,020	3,398,337	9,180,385		774,764	2,374
044 LABORATORY	13	2,408,267	38,783,293	134,732,708		14,635,669	23,443
045 PBP CLINICAL LAB SERV							
046 WHOLE BLOOD & PACKED		260,684	5,761,156	7,318,790		2,665,785	801
047 BLOOD STORING, PROCES							
048 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY		396,298	22,161,307	22,722,729		2,705,233	2,289
050 PHYSICAL THERAPY		68,591	1,730,247	1,832,966		603,028	2,596
051 OCCUPATIONAL THERAPY		6,013	1,381,661	1,409,265		449,547	3,032
052 SPEECH PATHOLOGY		996	483,661	874,790		198,873	693
053 ELECTROCARDIOLOGY		1,153,663	19,955,274	31,192,854		3,455,060	5,787
054 ELECTROENCEPHALOGRAPH		14,817	403,354	2,885,943		349,133	1,239
055 MEDICAL SUPPLIES CHAR		5,170,766	19,345,025	25,529,599		5,180,185	
056 DRUGS CHARGED TO PATI			59,973,241	83,132,042		7,760,455	
057 RENAL DIALYSIS		295,472	2,217,613	20,569,567		2,549,366	1,283
058 ASC (NON-DIAGNOSTIC PAR							
059 PULMONARY FUNCTION TE		810	4,430,601	5,446,089		268,326	1,281
060 OUTPAT SERVICE COST C							
060 CLINIC							
060 02 O/P CHEMO THERAPY		30,287	86,144	2,849,539		783,975	
060 03 O/P SUBSTANCE ABUSE							
060 04 UNDER THE RAINBOW O/P		15,946		4,103,301		1,422,751	7,001
060 06 EAR NOSE THROAT		27,105	2,939	2,187,510		406,535	
061 EMERGENCY			39,504,971	83,746,563		9,875,516	6,250
062 OBSERVATION BEDS (NON							
062 OTHER REIMBURS COST C							
065 AMBULANCE SERVICES							
066 DURABLE MEDICAL EQUIP							
067 DURABLE MEDICAL EQUIP							
070 I&R SERVICES-NOT APPR							
071 HOME HEALTH AGENCY	4	7,362				2,157,905	4,690

COST CENTER DESCRIPTION	DATA PROCESSING (EDP TIME)	PURCHASING RECEIVING AND (SUP COST)	RE ADMITTING (I/P CHARGE) S	CASHIERING/AC COUNTS RECEI (GRS REV)	RECONCILIATION ()	OTHER ADMINISTRATIVE AND (ACCUM. COST)	MAINTENANCE & REPAIRS (SQ FT 2)
OTHER REIMBURS COST C SPEC PURPOSE COST CEN 092 AMBULATORY SURGICAL C 095 SUBTOTALS	6.02	6.03	6.04	6.05	6a.06	6.06	7
NONREIMBURS COST CENT 096 GIFT, FLOWER, COFFEE 097 RESEARCH	100	18,738,491	487,056,225	848,560,238	-37,134,064	187,371,179	322,265
098 PHYSICIANS' PRIVATE O 099 NONPAID WORKERS		133,421				1,067,167 14,498	2,456
100 KLING OFFICE BLDG 100 01 DAY PSYCH PROGRAM						3,146 24	3,701
100 02 OCCUPATIONAL HEALTH 100 03 FAMILY PLANNING						4,587 793	550 1,760
100 04 PLAZA MEDICAL CENTER 100 05 DEVELOPMENT						944,741	938
100 06 DENTISTRY 100 08 GERIATRIC ASSMNT 100 09 BETHANY LAB		448				40,544	564
101 CROSS FOOT ADJUSTMENT 102 NEGATIVE COST CENTER 103 COST TO BE ALLOCATED (WRKSHT B, PART I)	3,584,584	868,269	2,259,783	3,208,713		37,134,064	3,898,014
104 UNIT COST MULTIPLIER (WRKSHT B, PT I)		.046007		.003781		.196013	
105 COST TO BE ALLOCATED (WRKSHT B, PART II)	35,845.840000 14,963		.004640	10,062		133,847	11,732737 70,673
106 UNIT COST MULTIPLIER (WRKSHT B, PT II)		.001439		.000012		.000707	
107 COST TO BE ALLOCATED (WRKSHT B, PART III)	149.630000 94,186	170,938	36,003	63,339		842,486	.212721 444,836
108 UNIT COST MULTIPLIER (WRKSHT B, PT III)	941.860000	.009058	.000074	.000075		.004447	1.338924

COST CENTER DESCRIPTION	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	MAINTENANCE PERSONNEL	NURSING ADMINISTRATION
	(SQ FT 2)	(POUNDS)	(SQ FT 1)	(MEALS)	(FTES)	(SQ FT 2)	(NUR HRS)
	8	9	10	11	12	13	14
GENERAL SERVICE COST							
001 OLD CAP REL COSTS-BLD							
002 OLD CAP REL COSTS-MVB							
003 NEW CAP REL COSTS-BLD							
004 NEW CAP REL COSTS-MVB							
005 EMPLOYEE BENEFITS							
006 01 NONPATIENT TELEPHONE							
006 02 DATA PROCESSING							
006 03 PURCHASING RECEIVING							
006 04 ADMINISTRATION							
006 05 CASHIERING/ACCOUNTS R							
006 06 OTHER ADMINISTRATIVE							
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT	326,069						
009 LAUNDRY & LINEN SERVICE	10,762	1,562,474					
010 HOUSEKEEPING	704		308,592				
011 DIETARY	2,419		2,419	192,768			
012 CAFETERIA	17,738		17,738		133,514		
013 MAINTENANCE OF PERSONNEL						294,466	
014 NURSING ADMINISTRATION	6,980		6,980		3,719	6,980	1,351,465
015 CENTRAL SERVICES & SUPPLIES	20,705		20,705		1,404	20,705	
016 PHARMACY	2,898		2,898		2,006	2,898	
017 MEDICAL RECORDS & LIBRARY	3,593		3,593		3,428	3,593	
018 SOCIAL SERVICE	2,117		2,117		1,233	2,117	
019 OTHER GENERAL SERVICE							
019 01 OUTPATIENT ACCOUNTING	4,367		4,367		527	4,367	
020 NONPHYSICIAN ANESTHETIC							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & BENEFITS					12,615		
023 I&R SERVICES-OTHER PERSONNEL	3,686		3,686			3,686	
024 PARAMEDICAL PROGRAM (SPECIAL)							
024 01 PASTORAL EDUCATION					151		
025 INPATIENT ROUTINE SERVICES							
025 ADULTS & PEDIATRICS	96,022	583,189	96,022	142,094	34,144	96,022	589,117
026 INTENSIVE CARE UNIT	5,541	82,960	5,541	13,146	2,193	5,541	43,272
026 01 PREMATURE INTENSIVE CARE	1,770	9,256	1,770		4,730	1,770	90,862
027 CORONARY CARE UNIT	6,394	92,184	6,394	15,450	4,386	6,394	85,751
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE							
031 SUBPROVIDER	10,897	68,545	10,897	22,078	3,518	10,897	66,830
033 NURSERY	1,397		1,397		1,882	1,397	37,912
034 SKILLED NURSING FACILITY							
035 NURSING FACILITY							
037 ANCILLARY SERVICE COST CENTER							
037 OPERATING ROOM	25,635	71,605	25,635		8,088	25,635	151,066
038 RECOVERY ROOM	1,255	33,353	1,255		1,547	1,255	26,929
039 DELIVERY ROOM & LABOR	5,934	81,752	5,934		7,536	5,934	125,191
040 ANESTHESIOLOGY	1,745		1,745		296	1,745	
041 RADIOLOGY-DIAGNOSTIC	16,208	45,246	16,208		6,834	16,208	
041 01 MAGNETIC RESONANCE IMAGING	1,006	4,061	1,006		437	1,006	
042 RADIOLOGY-THERAPEUTIC	3,568	5,218	3,568		403	3,568	
043 RADIOISOTOPE	2,374	25,540	2,374		357	2,374	
044 LABORATORY	23,443		23,443		8,695	23,443	
045 PBP CLINICAL LAB SERVICE							
046 WHOLE BLOOD & PACKED BLOOD STORAGE, PROCESSING	801		801		1,137	801	
047 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY	2,289		2,289		2,817	2,289	
050 PHYSICAL THERAPY	2,596		2,596		31	2,596	
051 OCCUPATIONAL THERAPY	3,032		3,032		15	3,032	
052 SPEECH PATHOLOGY	693		693		19	693	
053 ELECTROCARDIOLOGY	5,787	16,636	5,787		1,855	5,787	
054 ELECTROENCEPHALOGRAPHY	1,239	1,038	1,239		460	1,239	
055 MEDICAL SUPPLIES CHARGED TO PATIENT							
056 DRUGS CHARGED TO PATIENT							
057 RENAL DIALYSIS	1,283	33,669	1,283		1,890	1,283	
058 ASC (NON-DIAGNOSTIC) PULMONARY FUNCTION TEST							
059 OUTPAT SERVICE COST CENTER							
060 CLINIC							
060 02 O/P CHEMO THERAPY					697		
060 03 O/P SUBSTANCE ABUSE							
060 04 UNDER THE RAINBOW O/P	7,001		7,001		1,658	7,001	
060 06 EAR NOSE THROAT					797		
061 EMERGENCY	6,250	408,222	6,250		9,704	6,250	134,535
062 OBSERVATION BEDS (NON-REIMBURSABLE) COST CENTER							
065 AMBULANCE SERVICES							
066 DURABLE MEDICAL EQUIPMENT							
067 DURABLE MEDICAL EQUIPMENT							
070 I&R SERVICES-NOT APPROPRIATE							
071 HOME HEALTH AGENCY	4,690		4,690		2,255	4,690	

	COST CENTER DESCRIPTION	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	MAINTENANCE PERSONNEL	NURSING ADMINISTRATION
		(SQ FT 2)	(POUNDS)	(SQ FT 1)	(MEALS)	(FTES)	(SQ FT 2)	(NUR HRS)
		8	9	10	11	12	13	14
092	OTHER REIMBURS COST C							
095	SPEC PURPOSE COST CEN AMBULATORY SURGICAL C SUBTOTALS	316,100	1,562,474	304,634	192,768	133,464	284,477	1,351,465
096	NONREIMBURS COST CENT							
097	GIFT, FLOWER, COFFEE RESEARCH	2,456		2,456			2,456	
098	PHYSICIANS' PRIVATE O							
099	NONPAID WORKERS							
100	KLING OFFICE BLDG	3,701					3,701	
100	01 DAY PSYCH PROGRAM							
100	02 OCCUPATIONAL HEALTH	550					550	
100	03 FAMILY PLANNING	1,760					1,780	
100	04 PLAZA MEDICAL CENTER							
100	05 DEVELOPMENT	938		938			938	
100	06 DENTISTRY	564		564		50	564	
100	08 GERIATRIC ASSMNT							
100	09 BETHANY LAB							
101	CROSS FOOT ADJUSTMENT							
102	NEGATIVE COST CENTER							
103	COST TO BE ALLOCATED (WRKSHT B, PART I)	7,849,832	2,202,465	4,426,006	3,012,326	3,272,267		6,281,939
104	UNIT COST MULTIPLIER (WRKSHT B, PT I)	24.074144	1.409601	14.342582	15.626691	24.508793		4.648244
105	COST TO BE ALLOCATED (WRKSHT B, PART II)	38,621	57,055	7,495	14,448	91,996		42,147
106	UNIT COST MULTIPLIER (WRKSHT B, PT II)	.118444	.036516	.024288	.074950	.689036		.031186
107	COST TO BE ALLOCATED (WRKSHT B, PART III)	243,075	359,132	47,162	90,923	579,063		265,262
108	UNIT COST MULTIPLIER (WRKSHT B, PT III)	.745471	.229848	.152830	.471671	4.337096		.196277

COST CENTER DESCRIPTION	CENTRAL SERVICES & SUPPLY (C/S REQ)	PHARMACY (PHARM REQ)	MEDICAL RECORDS & LIBRARY (GRS REV)	SOCIAL SERVICE (TIME SPENT)	OTHER GENERAL SERVICE COSTS (ASSIGNED TIME)	OUTPATIENT ACCOUNTING (O/P REV)	NONPHYSICIAN ANESTHETISTS (BLANK)
	15	16	17	18	19	19.01	20
001 GENERAL SERVICE COST							
002 OLD CAP REL COSTS-BLD							
003 OLD CAP REL COSTS-MVB							
004 NEW CAP REL COSTS-BLD							
005 NEW CAP REL COSTS-MVB							
006 EMPLOYEE BENEFITS							
006 01 NONPATIENT TELEPHONE							
006 02 DATA PROCESSING							
006 03 PURCHASING RECEIVING							
006 04 ADMINISTRATION							
006 05 CASHIERING/ACCOUNTS R							
006 06 OTHER ADMINISTRATIVE							
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
011 DIETARY							
012 CAFETERIA							
013 MAINTENANCE OF PERSON							
014 NURSING ADMINISTRATION							
015 CENTRAL SERVICES & SUPPLY	7,150,266						
016 PHARMACY	219,233	8,409,943					
017 MEDICAL RECORDS & LIBRARY			848,560,238				
018 SOCIAL SERVICE	27	144,606		8,359			
019 OTHER GENERAL SERVICE							
020 01 OUTPATIENT ACCOUNTING						361,367,493	
021 NONPHYSICIAN ANESTHETIST							
022 NURSING SCHOOL							
022 I&R SERVICES-SALARY & BENEFITS							
023 I&R SERVICES-OTHER PR	5						
024 PARAMEDICAL PRGM-(SPEC)							
024 01 PASTORAL EDUCATION							
025 INPATIENT ROUTINE SERVICE							
025 ADULTS & PEDIATRICS	1,026,021	183,237	73,381,165	5,249			
026 INTENSIVE CARE UNIT	258,981	20,259	9,582,662	327			
026 01 PREMATURE INTENSIVE CARE	186,035	32,282	20,695,798	308			
027 CORONARY CARE UNIT	288,532	48,911	15,386,561	557			
028 BURN INTENSIVE CARE							
029 SURGICAL INTENSIVE CARE							
031 SUBPROVIDER	9,874	2,609	8,331,909	820			
033 NURSERY	35,109	98	11,181,140	16			
034 SKILLED NURSING FACILITY							
035 NURSING FACILITY							
037 ANCILLARY SERVICE COST CENTER							
037 OPERATING ROOM		64,746	62,619,997			30,470,096	
038 RECOVERY ROOM	30,261	5,561	25,560,721			15,757,197	
039 DELIVERY ROOM & LABOR	531,610	55,948	39,457,058	69		20,721,888	
040 ANESTHESIOLOGY	309,669	80,739	29,960,581			9,345,022	
041 RADIOLOGY-DIAGNOSTIC	623,608	5,419	93,753,676			51,508,084	
041 01 MAGNETIC RESONANCE IMAGING	11,365	22	11,661,237			6,588,624	
042 RADIOLOGY-THERAPEUTIC	208	50	7,273,093			6,880,767	
043 RADIOISOTOPE	6,113	2,152	9,180,385			5,782,048	
044 LABORATORY	219,494	2,860	134,732,708			95,949,415	
045 PBP CLINICAL LAB SERVICE							
046 WHOLE BLOOD & PACKED BLOOD STORAGE, PROCESSING	7,242		7,318,790			1,557,634	
047 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY	123,050	1,708	22,722,729			561,422	
050 PHYSICAL THERAPY	118		1,832,966			102,719	
051 OCCUPATIONAL THERAPY	1,110		1,409,265			27,604	
052 SPEECH PATHOLOGY	1,028		874,790			391,129	
053 ELECTROCARDIOLOGY	124,965	27,457	31,192,854			11,237,579	
054 ELECTROENCEPHALOGRAPHY	10,393		2,885,943			2,482,589	
055 MEDICAL SUPPLIES CHARACTERIZED	3,015,058		25,529,599			6,184,574	
056 DRUGS CHARGED TO PATIENT		7,561,970	83,132,042			23,158,801	
057 RENAL DIALYSIS	40,708		20,569,567	650		18,351,954	
058 ASC (NON-DIAGNOSTIC) PULMONARY FUNCTION TEST			5,446,089			1,015,488	
059 OUTPATIENT SERVICE COST CENTER							
060 CLINIC							
060 02 O/P CHEMO THERAPY	31,302		2,849,539			2,763,395	
060 03 O/P SUBSTANCE ABUSE							
060 04 UNDER THE RAINBOW O/P			4,103,301			4,103,301	
060 06 EAR NOSE THROAT	6,758	4,763	2,187,510			2,184,571	
061 EMERGENCY		150,051	83,746,563	363		44,241,592	
062 OBSERVATION BEDS (NON-PAYING)							
065 OTHER REIMBURSABLE COST CENTER							
065 AMBULANCE SERVICES							
066 DURABLE MEDICAL EQUIPMENT							
067 DURABLE MEDICAL EQUIPMENT							
070 I&R SERVICES-NOT APPROPRIATE							
071 HOME HEALTH AGENCY	17,935	8,415					

COST CENTER DESCRIPTION	CENTRAL SERVICES & SUPPLY (C/S REQ)	PHARMACY (PHARM REQ)	MEDICAL RECORDS & LIBRARY (GRS REV)	SOCIAL SERVICE (TIME SPENT)	OTHER GENERAL SERVICE COSTS (ASSIGNED TIME)	OUTPATIENT ACCOUNTING (O/P REV)	NONPHYSICIAN ANESTHETISTS (BLANK)
	15	16	17	18	19	19.01	20
092 OTHER REIMBURS COST C							
095 SPEC PURPOSE COST CEN AMBULATORY SURGICAL C SUBTOTALS	7,135,812	8,403,863	848,560,238	8,359		361,367,493	
096 NONREIMBURS COST CENT							
097 GIFT, FLOWER, COFFEE RESEARCH	14,449	6,068					
098 PHYSICIANS' PRIVATE O							
099 NONPAID WORKERS							
100 KLING OFFICE BLDG							
100 01 DAY PSYCH PROGRAM							
100 02 OCCUPATIONAL HEALTH							
100 03 FAMILY PLANNING							
100 04 PLAZA MEDICAL CENTER							
100 05 DEVELOPMENT							
100 06 DENTISTRY	5	12					
100 08 GERIATRIC ASSMNT							
100 09 BETHANY LAB							
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 COST TO BE ALLOCATED (WRKSHT B, PART I)	2,527,406	4,965,999	3,575,650	1,531,595		4,037,518	
104 UNIT COST MULTIPLIER (WRKSHT B, PT I)	.353470	.590491	.004214	183.227061		.011173	
105 COST TO BE ALLOCATED (WRKSHT B, PART II)	108,241	23,176	23,598	12,945		26,160	
106 UNIT COST MULTIPLIER (WRKSHT B, PT II)	.015138	.002756	.000028	1.548630		.000072	
107 COST TO BE ALLOCATED (WRKSHT B, PART III)	681,320	145,870	148,537	81,477		164,645	
108 UNIT COST MULTIPLIER (WRKSHT B, PT III)	.095286	.017345	.000175	9.747219		.000456	

COST ALLOCATION - STATISTICAL BASIS

PROVIDER NO: 14-0018
 PERIOD: FROM 7/1/2009 TO 6/30/2010
 PREPARED 12/8/2010
 WORKSHEET B-1

COST CENTER DESCRIPTION	NURSING SCHOOL (BLANK)	I&R SERVICES-SALARY & FRI (I/R TIME)	I&R SERVICES-OTHER PRGM C (I/R TIME)	PARAMED ED PR GM-(SPECIFY) (BLANK)	PASTORAL EDUCATION (TIME ALLOCATION)
	21	22	23	24	24.01
001 GENERAL SERVICE COST					
002 OLD CAP REL COSTS-BLD					
003 OLD CAP REL COSTS-MVB					
004 NEW CAP REL COSTS-BLD					
005 NEW CAP REL COSTS-MVB					
006 EMPLOYEE BENEFITS					
006 01 NONPATIENT TELEPHONE					
006 02 DATA PROCESSING					
006 03 PURCHASING RECEIVING					
006 04 ADMINISTRATION					
006 05 CASHIERING/ACCOUNTS R					
006 06 OTHER ADMINISTRATIVE					
007 MAINTENANCE & REPAIRS					
008 OPERATION OF PLANT					
009 LAUNDRY & LINEN SERVICE					
010 HOUSEKEEPING					
011 DIETARY					
012 CAFETERIA					
013 MAINTENANCE OF PERSON					
014 NURSING ADMINISTRATION					
015 CENTRAL SERVICES & SU					
016 PHARMACY					
017 MEDICAL RECORDS & LIB					
018 SOCIAL SERVICE					
019 OTHER GENERAL SERVICE					
019 01 OUTPATIENT ACCOUNTING					
020 NONPHYSICIAN ANESTHET					
021 NURSING SCHOOL					
022 I&R SERVICES-SALARY &		8,600			
023 I&R SERVICES-OTHER PR			8,600		
024 PARAMED ED PRGM-(SPEC					
024 01 PASTORAL EDUCATION					10,000
025 INPAT ROUTINE SRVC CN					
025 ADULTS & PEDIATRICS		5,400	5,400		3,500
026 INTENSIVE CARE UNIT		300	300		500
026 01 PREMATURE INTENSIVE C		200	200		350
027 CORONARY CARE UNIT		100	100		350
028 BURN INTENSIVE CARE U					
029 SURGICAL INTENSIVE CA					
031 SUBPROVIDER		900	900		300
033 NURSERY					200
034 SKILLED NURSING FACIL					
035 NURSING FACILITY					
037 ANCILLARY SRVC COST C					
037 OPERATING ROOM		1,000	1,000		
038 RECOVERY ROOM					
039 DELIVERY ROOM & LABOR					400
040 ANESTHESIOLOGY		100	100		
041 RADIOLOGY-DIAGNOSTIC					
041 01 MAGNETIC RESONANCE IM					
042 RADIOLOGY-THERAPEUTIC					
043 RADIOISOTOPE					
044 LABORATORY					
045 PBP CLINICAL LAB SERV					
046 WHOLE BLOOD & PACKED					
047 BLOOD STORAGE, PROCES					
048 INTRAVENOUS THERAPY					
049 RESPIRATORY THERAPY					
050 PHYSICAL THERAPY					
051 OCCUPATIONAL THERAPY					
052 SPEECH PATHOLOGY					
053 ELECTROCARDIOLOGY		100	100		
054 ELECTROENCEPHALOGRAPH		100	100		
055 MEDICAL SUPPLIES CHAR					
056 DRUGS CHARGED TO PATI					200
057 RENAL DIALYSIS					
058 ASC (NON-DISTINCT PAR					
059 PULMONARY FUNCTION TE					
060 OUTPAT SERVICE COST C					
060 CLINIC					
060 02 O/P CHEMO THERAPY					200
060 03 O/P SUBSTANCE ABUSE					
060 04 UNDER THE RAINBOW O/P					
060 06 EAR NOSE THROAT					
061 EMERGENCY		400	400		4,000
062 OBSERVATION BEDS (NON					
062 OTHER REIMBURS COST C					
065 AMBULANCE SERVICES					
066 DURABLE MEDICAL EQUIP					
067 DURABLE MEDICAL EQUIP					
070 I&R SERVICES-NOT APPR					
071 HOME HEALTH AGENCY					

COST CENTER DESCRIPTION	NURSING SCHOOL (BLANK)	I&R SERVICES-SALARY & FRI (I/R TIME)	I&R SERVICES-OTHER PRGM C (I/R TIME)	PARAMED ED PR GM-(SPECIFY) (BLANK)	PASTORAL EDUCATION (TIME ALLOCATION)
	21	22	23	24	24.01
092 OTHER REIMBURS COST C					
095 SPEC PURPOSE COST CEN					
096 AMBULATORY SURGICAL C					
097 SUBTOTALS		8,600	8,600		10,000
098 NONREIMBURS COST CENT					
099 GIFT, FLOWER, COFFEE					
100 RESEARCH					
100 01 PHYSICIANS' PRIVATE O					
100 02 NONPAID WORKERS					
100 03 KLING OFFICE BLDG					
100 04 DAY PSYCH PROGRAM					
100 05 OCCUPATIONAL HEALTH					
100 06 FAMILY PLANNING					
100 07 PLAZA MEDICAL CENTER					
100 08 DEVELOPMENT					
100 09 DENTISTRY					
101 GERIATRIC ASSMNT					
102 BETHANY LAB					
103 CROSS FOOT ADJUSTMENT					
104 NEGATIVE COST CENTER					
105 COST TO BE ALLOCATED		8,460,225	4,245,682		213,643
106 (PER WRKSHT B, PART					
107 UNIT COST MULTIPLIER		983.747093			
108 (WRKSHT B, PT I)			493.683953		21.364300
109 COST TO BE ALLOCATED		14,101	21,469		238
110 (PER WRKSHT B, PART					
111 UNIT COST MULTIPLIER		1.639651			
112 (WRKSHT B, PT II)			2.496395		.023800
113 COST TO BE ALLOCATED		88,737	135,120		1,499
114 (PER WRKSHT B, PART					
115 UNIT COST MULTIPLIER		10.318256			
116 (WRKSHT B, PT III)			15.711628		.149900

	DESCRIPTION	WORKSHEET		AMOUNT
		PART	LINE NO.	
	1	2	3	4
1	ADJ FOR EPO COSTS IN RENAL DIA	1	57	-380,198
2	ADJ FOR EPO COSTS IN HOME PROG	1	64	
3	ADJ FOR ARANESP IN RENAL DIALY	1	57	
4	ADJ FOR ARANESP IN HOME PROGRA	1	64	

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	52,208,566		52,208,566	227,879	52,436,445
26	INTENSIVE CARE UNIT	4,242,545		4,242,545		4,242,545
26	01 PREMATURE INTENSIVE CARE	6,850,679		6,850,679		6,850,679
27	CORONARY CARE UNIT	7,332,762		7,332,762		7,332,762
28	BURN INTENSIVE CARE UNIT					
29	SURGICAL INTENSIVE CARE U					
31	SUBPROVIDER	5,496,069		5,496,069	37,000	5,533,069
33	NURSERY	2,282,146		2,282,146		2,282,146
34	SKILLED NURSING FACILITY					
35	NURSING FACILITY					
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	15,790,939		15,790,939	391,942	16,182,881
38	RECOVERY ROOM	2,609,812		2,609,812		2,609,812
39	DELIVERY ROOM & LABOR ROO	10,879,154		10,879,154		10,879,154
40	ANESTHESIOLOGY	3,557,485		3,557,485	96,758	3,654,243
41	RADIOLOGY-DIAGNOSTIC	14,267,624		14,267,624	176,203	14,443,827
41	01 MAGNETIC RESONANCE IMAGIN	1,077,320		1,077,320		1,077,320
42	RADIOLOGY-THERAPEUTIC	1,409,540		1,409,540		1,409,540
43	RADIOISOTOPE	1,197,155		1,197,155		1,197,155
44	LABORATORY	20,612,068		20,612,068	22,368	20,634,436
45	PBP CLINICAL LAB SERVICES					
46	WHOLE BLOOD & PACKED RED	3,307,153		3,307,153		3,307,153
47	BLOOD STORING, PROCESSING					
48	INTRAVENOUS THERAPY					
49	RESPIRATORY THERAPY	3,565,857		3,565,857		3,565,857
50	PHYSICAL THERAPY	861,090		861,090		861,090
51	OCCUPATIONAL THERAPY	696,725		696,725		696,725
52	SPEECH PATHOLOGY	281,493		281,493		281,493
53	ELECTROCARDIOLOGY	4,808,814		4,808,814		4,808,814
54	ELECTROENCEPHALOGRAPHY	536,013		536,013		536,013
55	MEDICAL SUPPLIES CHARGED	7,437,985		7,437,985		7,437,985
56	DRUGS CHARGED TO PATIENTS	14,355,950		14,355,950		14,355,950
57	RENAL DIALYSIS	3,256,487		3,256,487		3,256,487
58	ASC (NON-DISTINCT PART)					
59	PULMONARY FUNCTION TESTIN	419,459		419,459		419,459
60	OUTPAT SERVICE COST CNTRS					
60	CLINIC					
60	02 O/P CHEMO THERAPY	1,012,947		1,012,947		1,012,947
60	03 O/P SUBSTANCE ABUSE					
60	04 UNDER THE RAINBOW O/P	2,156,498		2,156,498		2,156,498
60	06 EAR NOSE THROAT	544,583		544,583		544,583
61	EMERGENCY	14,651,085		14,651,085	137,061	14,788,146
62	OBSERVATION BEDS (NON-DIS	2,693,562		2,693,562		2,693,562
	OTHER REIMBURS COST CNTRS					
65	AMBULANCE SERVICES					
66	DURABLE MEDICAL EQUIP-REN					
67	DURABLE MEDICAL EQUIP-SOL					
101	SUBTOTAL	210,399,565		210,399,565	1,089,211	211,488,776
102	LESS OBSERVATION BEDS	2,693,562		2,693,562		2,693,562
103	TOTAL	207,706,003		207,706,003	1,089,211	208,795,214

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	73,263,894		73,263,894			
26	INTENSIVE CARE UNIT	9,568,347		9,568,347			
26	01 PREMATURE INTENSIVE CARE	20,695,367		20,695,367			
27	CORONARY CARE UNIT	15,382,058		15,382,058			
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U						
31	SUBPROVIDER	8,331,909		8,331,909			
33	NURSERY	11,181,140		11,181,140			
34	SKILLED NURSING FACILITY						
35	NURSING FACILITY						
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	32,149,902	30,470,096	62,619,998	.252171	.252171	.258430
38	RECOVERY ROOM	9,803,524	15,757,197	25,560,721	.102102	.102102	.102102
39	DELIVERY ROOM & LABOR ROO	18,735,170	20,721,888	39,457,058	.275721	.275721	.275721
40	ANESTHESIOLOGY	20,615,559	9,345,022	29,960,581	.118739	.118739	.121968
41	RADIOLOGY-DIAGNOSTIC	42,245,592	51,508,084	93,753,676	.152182	.152182	.154061
41	01 MAGNETIC RESONANCE IMAGIN	5,072,613	6,588,624	11,661,237	.092385	.092385	.092385
42	RADIOLOGY-THERAPEUTIC	392,326	6,880,767	7,273,093	.193802	.193802	.193802
43	RADIOISOTOPE	3,398,337	5,782,048	9,180,385	.130404	.130404	.130404
44	LABORATORY	38,783,293	95,949,415	134,732,708	.152985	.152985	.153151
45	PBP CLINICAL LAB SERVICES						
46	WHOLE BLOOD & PACKED RED	5,761,156	1,557,634	7,318,790	.451872	.451872	.451872
47	BLOOD STORING, PROCESSING						
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY	22,161,307	561,422	22,722,729	.156929	.156929	.156929
50	PHYSICAL THERAPY	1,730,247	102,719	1,832,966	.469780	.469780	.469780
51	OCCUPATIONAL THERAPY	1,381,661	27,604	1,409,265	.494389	.494389	.494389
52	SPEECH PATHOLOGY	483,661	391,129	874,790	.321784	.321784	.321784
53	ELECTROCARDIOLOGY	19,955,274	11,237,579	31,192,853	.154164	.154164	.154164
54	ELECTROENCEPHALOGRAPHY	403,354	2,482,589	2,885,943	.185732	.185732	.185732
55	MEDICAL SUPPLIES CHARGED	19,345,025	6,184,574	25,529,599	.291348	.291348	.291348
56	DRUGS CHARGED TO PATIENTS	59,973,241	23,158,801	83,132,042	.172689	.172689	.172689
57	RENAL DIALYSIS	2,217,613	18,351,954	20,569,567	.158316	.158316	.158316
58	ASC (NON-DISTINCT PART)						
59	PULMONARY FUNCTION TESTIN	4,430,601	1,015,488	5,446,089	.077020	.077020	.077020
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60	02 O/P CHEMO THERAPY	86,144	2,763,395	2,849,539	.355478	.355478	.355478
60	03 O/P SUBSTANCE ABUSE						
60	04 UNDER THE RAINBOW O/P		4,103,301	4,103,301	.525552	.525552	.525552
60	06 EAR NOSE THROAT	2,939	2,184,571	2,187,510	.248951	.248951	.248951
61	EMERGENCY	39,504,971	44,241,592	83,746,563	.174946	.174946	.176582
62	OBSERVATION BEDS (NON-DIS		2,575,731	2,575,731	1.045747	1.045747	1.045747
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES						
66	DURABLE MEDICAL EQUIP-REN						
67	DURABLE MEDICAL EQUIP-SOL						
101	SUBTOTAL	487,056,225	363,943,224	850,999,449			
102	LESS OBSERVATION BEDS						
103	TOTAL	487,056,225	363,943,224	850,999,449			

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	15,790,939	1,153,909	14,637,030			15,790,939
38	RECOVERY ROOM	2,609,812	99,372	2,510,440			2,609,812
39	DELIVERY ROOM & LABOR ROO	10,879,154	440,241	10,438,913			10,879,154
40	ANESTHESIOLOGY	3,557,485	132,778	3,424,707			3,557,485
41	RADIOLOGY-DIAGNOSTIC	14,267,624	861,989	13,405,635			14,267,624
41 01	MAGNETIC RESONANCE IMAGIN	1,077,320	54,915	1,022,405			1,077,320
42	RADIOLOGY-THERAPEUTIC	1,409,540	148,642	1,260,898			1,409,540
43	RADIOISOTOPE	1,197,155	110,557	1,086,598			1,197,155
44	LABORATORY	20,612,068	1,152,613	19,459,455			20,612,068
45	PBP CLINICAL LAB SERVICES						
46	WHOLE BLOOD & PACKED RED	3,307,153	56,810	3,250,343			3,307,153
47	BLOOD STORING, PROCESSING						
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY	3,565,857	141,109	3,424,748			3,565,857
50	PHYSICAL THERAPY	861,090	101,690	759,400			861,090
51	OCCUPATIONAL THERAPY	696,725	116,230	580,495			696,725
52	SPEECH PATHOLOGY	281,493	27,689	253,804			281,493
53	ELECTROCARDIOLOGY	4,808,814	291,330	4,517,484			4,808,814
54	ELECTROENCEPHALOGRAPHY	536,013	54,353	481,660			536,013
55	MEDICAL SUPPLIES CHARGED	7,437,985	426,235	7,011,750			7,437,985
56	DRUGS CHARGED TO PATIENTS	14,355,950	233,494	14,122,456			14,355,950
57	RENAL DIALYSIS	3,256,487	111,233	3,145,254			3,256,487
58	ASC (NON-DISTINCT PART)						
59	PULMONARY FUNCTION TESTIN OUTPAT SERVICE COST CNTRS CLINIC	419,459	51,687	367,772			419,459
60	O/P CHEMO THERAPY	1,012,947	13,919	999,028			1,012,947
60	O/P SUBSTANCE ABUSE						
60	04 UNDER THE RAINBOW O/P	2,156,498	280,735	1,875,763			2,156,498
60	06 EAR NOSE THROAT	544,583	9,228	535,355			544,583
61	EMERGENCY	14,651,085	534,383	14,116,702			14,651,085
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	2,693,562	232,236	2,461,326			2,693,562
65	AMBULANCE SERVICES						
66	DURABLE MEDICAL EQUIP-REN						
67	DURABLE MEDICAL EQUIP-SOL						
101	SUBTOTAL	131,986,798	6,837,377	125,149,421			131,986,798
102	LESS OBSERVATION BEDS	2,693,562	232,236	2,461,326			2,693,562
103	TOTAL	129,293,236	6,605,141	122,688,095			129,293,236

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRG RATIO	I/P PT B COST TO CHRG RATIO
		7	8	9
37	ANCILLARY SRVC COST CNTRS			
	OPERATING ROOM	62,619,998	.252171	.252171
38	RECOVERY ROOM	25,560,721	.102102	.102102
39	DELIVERY ROOM & LABOR ROO	39,457,058	.275721	.275721
40	ANESTHESIOLOGY	29,960,581	.118739	.118739
41	RADIOLOGY-DIAGNOSTIC	93,753,676	.152182	.152182
41 01	MAGNETIC RESONANCE IMAGIN	11,661,237	.092385	.092385
42	RADIOLOGY-THERAPEUTIC	7,273,093	.193802	.193802
43	RADIOISOTOPE	9,180,385	.130404	.130404
44	LABORATORY	134,732,708	.152985	.152985
45	PBP CLINICAL LAB SERVICES			
46	WHOLE BLOOD & PACKED RED	7,318,790	.451872	.451872
47	BLOOD STORING, PROCESSING			
48	INTRAVENOUS THERAPY			
49	RESPIRATORY THERAPY	22,722,729	.156929	.156929
50	PHYSICAL THERAPY	1,832,966	.469780	.469780
51	OCCUPATIONAL THERAPY	1,409,265	.494389	.494389
52	SPEECH PATHOLOGY	874,790	.321784	.321784
53	ELECTROCARDIOLOGY	31,192,853	.154164	.154164
54	ELECTROENCEPHALOGRAPHY	2,885,943	.185732	.185732
55	MEDICAL SUPPLIES CHARGED	25,529,599	.291348	.291348
56	DRUGS CHARGED TO PATIENTS	83,132,042	.172689	.172689
57	RENAL DIALYSIS	20,569,567	.158316	.158316
58	ASC (NON-DISTINCT PART)			
59	PULMONARY FUNCTION TESTIN	5,446,089	.077020	.077020
	OUTPAT SERVICE COST CNTRS			
	CLINIC			
60 02	O/P CHEMO THERAPY	2,849,539	.355478	.355478
60 03	O/P SUBSTANCE ABUSE			
60 04	UNDER THE RAINBOW O/P	4,103,301	.525552	.525552
60 06	EAR NOSE THROAT	2,187,510	.248951	.248951
61	EMERGENCY	83,746,563	.174946	.174946
62	OBSERVATION BEDS (NON-DIS	2,575,731	1.045747	1.045747
	OTHER REIMBURS COST CNTRS			
65	AMBULANCE SERVICES			
66	DURABLE MEDICAL EQUIP-REN			
67	DURABLE MEDICAL EQUIP-SOL			
101	SUBTOTAL	712,576,734		
102	LESS OBSERVATION BEDS	2,575,731		
103	TOTAL	710,001,003		

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL			NEW CAPITAL		
		CAPITAL REL COST (B, I I) 1	SWING BED ADJUSTMENT 2	REDUCED CAP RELATED COST 3	CAPITAL REL COST (B, I I I) 4	SWING BED ADJUSTMENT 5	REDUCED CAP RELATED COST 6
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS	619,654		619,654	3,901,361		3,901,361
26	INTENSIVE CARE UNIT	42,272		42,272	266,044		266,044
26 01	PREMATURE INTENSIVE CARE	23,933		23,933	150,558		150,558
27	CORONARY CARE UNIT	52,924		52,924	333,044		333,044
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U						
31	SUBPROVIDER	68,760		68,760	432,766		432,766
33	NURSERY	12,043		12,043	75,764		75,764
101	TOTAL	819,586		819,586	5,159,537		5,159,537

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	53,496	11,583	11.58	134,131	72.93	844,748
26	INTENSIVE CARE UNIT	4,695	862	9.00	7,758	56.67	48,850
26 01	PREMATURE INTENSIVE CARE	7,177		3.33		20.98	
27	CORONARY CARE UNIT	5,518	1,543	9.59	14,797	60.36	93,135
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U						
31	SUBPROVIDER	7,885	1,820	8.72	15,870	54.88	99,882
33	NURSERY	6,928		1.74		10.94	
101	TOTAL	85,699	15,808		172,556		1,086,615

TITLE XVIII, PART A HOSPITAL PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2	TOTAL CHARGES 3	INPAT PROGRAM CHARGES 4	OLD CAPITAL CST/CHRG RATIO 5	COSTS 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM	158,207	995,702	62,619,998	7,689,099	.002526	19,423
38	RECOVERY ROOM	13,627	85,745	25,560,721	1,661,596	.000533	886
39	DELIVERY ROOM & LABOR ROO	60,363	379,878	39,457,058	22,915	.001530	35
40	ANESTHESIOLOGY	18,213	114,565	29,960,581	1,943,502	.000608	1,182
41	RADIOLOGY-DIAGNOSTIC	118,187	743,802	93,753,676	8,851,112	.001261	11,161
41 01	MAGNETIC RESONANCE IMAGIN	7,529	47,386	11,661,237	1,304,555	.000646	843
42	RADIOLOGY-THERAPEUTIC	20,378	128,264	7,273,093	58,430	.002802	164
43	RADIOISOTOPE	15,158	95,399	9,180,385	929,148	.001651	1,534
44	LABORATORY	157,961	994,652	134,732,708	11,388,148	.001172	13,347
45	PBP CLINICAL LAB SERVICES						
46	WHOLE BLOOD & PACKED RED	7,791	49,019	7,318,790	792,330	.001065	844
47	BLOOD STORING, PROCESSING						
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY	19,357	121,752	22,722,729	3,160,215	.000852	2,693
50	PHYSICAL THERAPY	13,941	87,749	1,832,966	422,029	.007606	3,210
51	OCCUPATIONAL THERAPY	15,935	100,295	1,409,265	341,955	.011307	3,866
52	SPEECH PATHOLOGY	3,795	23,894	874,790	172,827	.004338	750
53	ELECTROCARDIOLOGY	39,947	251,383	31,192,853	4,683,750	.001281	6,000
54	ELECTROENCEPHALOGRAPHY	7,453	46,900	2,885,943	86,247	.002583	223
55	MEDICAL SUPPLIES CHARGED	58,440	367,795	25,529,599	8,520,204	.002289	19,503
56	DRUGS CHARGED TO PATIENTS	32,038	201,456	83,132,042	16,895,881	.000385	6,505
57	RENAL DIALYSIS	15,248	95,985	20,569,567	876,570	.000741	650
58	ASC (NON-DISTINCT PART)						
59	PULMONARY FUNCTION TESTIN	7,087	44,600	5,446,089	429,729	.001301	559
	OUTPAT SERVICE COST CNTRS						
	CLINIC						
60 02	O/P CHEMO THERAPY	1,908	12,011	2,849,539		.000670	
60 03	O/P SUBSTANCE ABUSE						
60 04	UNDER THE RAINBOW O/P	38,486	242,249	4,103,301		.009379	
60 06	EAR NOSE THROAT	1,263	7,965	2,187,510		.000577	
61	EMERGENCY	73,277	461,106	83,746,563	4,338,806	.000875	3,796
62	OBSERVATION BEDS (NON-DIS	31,830	200,406	2,575,731		.012358	
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES						
66	DURABLE MEDICAL EQUIP-REN						
67	DURABLE MEDICAL EQUIP-SOL						
101	TOTAL	937,419	5,899,958	712,576,734	74,569,048		97,174

TITLE XVIII, PART A HOSPITAL PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NEW CAPITAL COSTS	
		CST/CHRG 7	RATIO 8
37	ANCILLARY SRVC COST CNTRS		
	OPERATING ROOM	.015901	122,264
38	RECOVERY ROOM	.003355	5,575
39	DELIVERY ROOM & LABOR ROO	.009628	221
40	ANESTHESIOLOGY	.003824	7,432
41	RADIOLOGY-DIAGNOSTIC	.007934	70,225
41	01 MAGNETIC RESONANCE IMAGIN	.004064	5,302
42	RADIOLOGY-THERAPEUTIC	.017635	1,030
43	RADIOISOTOPE	.010392	9,656
44	LABORATORY	.007382	84,067
45	PBP CLINICAL LAB SERVICES		
46	WHOLE BLOOD & PACKED RED	.006698	5,307
47	BLOOD STORING, PROCESSING		
48	INTRAVENOUS THERAPY		
49	RESPIRATORY THERAPY	.005358	16,932
50	PHYSICAL THERAPY	.047873	20,204
51	OCCUPATIONAL THERAPY	.071168	24,336
52	SPEECH PATHOLOGY	.027314	4,721
53	ELECTROCARDIOLOGY	.008059	37,746
54	ELECTROENCEPHALOGRAPHY	.016251	1,402
55	MEDICAL SUPPLIES CHARGED	.014407	122,751
56	DRUGS CHARGED TO PATIENTS	.002423	40,939
57	RENAL DIALYSIS	.004666	4,090
58	ASC (NON-DISTINCT PART)		
59	PULMONARY FUNCTION TESTIN	.008189	3,519
	OUTPAT SERVICE COST CNTRS		
	CLINIC		
60	02 O/P CHEMO THERAPY	.004215	
60	03 O/P SUBSTANCE ABUSE		
60	04 UNDER THE RAINBOW O/P	.059038	
60	06 EAR NOSE THROAT	.003641	
61	EMERGENCY	.005506	23,889
62	OBSERVATION BEDS (NON-DIS	.077805	
	OTHER REIMBURS COST CNTRS		
65	AMBULANCE SERVICES		
66	DURABLE MEDICAL EQUIP-REN		
67	DURABLE MEDICAL EQUIP-SOL		
101	TOTAL		611,608

TITLE XVIII, PART A SUBPROVIDER 1 PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2	TOTAL CHARGES 3	INPAT PROGRAM CHARGES 4	OLD CAPITAL CST/CHRG RATIO 5	COSTS 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM	158,207	995,702	62,619,998	5,649	.002526	14
38	RECOVERY ROOM	13,627	85,745	25,560,721	2,536	.000533	1
39	DELIVERY ROOM & LABOR ROO	60,363	379,878	39,457,058	2,951	.001530	5
40	ANESTHESIOLOGY	18,213	114,565	29,960,581		.000608	
41	RADIOLOGY-DIAGNOSTIC	118,187	743,802	93,753,676	79,276	.001261	100
41 01	MAGNETIC RESONANCE IMAGIN	7,529	47,386	11,661,237	6,483	.000646	4
42	RADIOLOGY-THERAPEUTIC	20,378	128,264	7,273,093		.002802	
43	RADIOISOTOPE	15,158	95,399	9,180,385		.001651	
44	LABORATORY	157,961	994,652	134,732,708	364,922	.001172	428
45	PBP CLINICAL LAB SERVICES						
46	WHOLE BLOOD & PACKED RED	7,791	49,019	7,318,790		.001065	
47	BLOOD STORING, PROCESSING						
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY	19,357	121,752	22,722,729	4,635	.000852	4
50	PHYSICAL THERAPY	13,941	87,749	1,832,966	1,861	.007606	14
51	OCCUPATIONAL THERAPY	15,935	100,295	1,409,265	17,140	.011307	194
52	SPEECH PATHOLOGY	3,795	23,894	874,790	852	.004338	4
53	ELECTROCARDIOLOGY	39,947	251,383	31,192,853	10,099	.001281	13
54	ELECTROENCEPHALOGRAPHY	7,453	46,900	2,885,943		.002583	
55	MEDICAL SUPPLIES CHARGED	58,440	367,795	25,529,599	27,266	.002289	62
56	DRUGS CHARGED TO PATIENTS	32,038	201,456	83,132,042	472,292	.000385	182
57	RENAL DIALYSIS	15,248	95,985	20,569,567	1,606	.000741	1
58	ASC (NON-DISTINCT PART)						
59	PULMONARY FUNCTION TESTIN	7,087	44,600	5,446,089	2,675	.001301	3
	OUTPAT SERVICE COST CNTRS						
	CLINIC						
60 02	O/P CHEMO THERAPY	1,908	12,011	2,849,539		.000670	
60 03	O/P SUBSTANCE ABUSE						
60 04	UNDER THE RAINBOW O/P	38,486	242,249	4,103,301		.009379	
60 06	EAR NOSE THROAT	1,263	7,965	2,187,510		.000577	
61	EMERGENCY	73,277	461,106	83,746,563	441,751	.000875	387
62	OBSERVATION BEDS (NON-DIS	31,830	200,406	2,575,731		.012358	
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES						
66	DURABLE MEDICAL EQUIP-REN						
67	DURABLE MEDICAL EQUIP-SOL						
101	TOTAL	937,419	5,899,958	712,576,734	1,441,994		1,416

TITLE XVIII, PART A SUBPROVIDER 1 PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NEW CAPITAL CST/CHRG RATIO	COSTS
		7	8
37	ANCILLARY SRVC COST CNTRS		
	OPERATING ROOM	.015901	90
38	RECOVERY ROOM	.003355	9
39	DELIVERY ROOM & LABOR ROO	.009628	28
40	ANESTHESIOLOGY	.003824	
41	RADIOLOGY-DIAGNOSTIC	.007934	629
41 01	MAGNETIC RESONANCE IMAGIN	.004064	26
42	RADIOLOGY-THERAPEUTIC	.017635	
43	RADIOISOTOPE	.010392	
44	LABORATORY	.007382	2,694
45	PBP CLINICAL LAB SERVICES		
46	WHOLE BLOOD & PACKED RED	.006698	
47	BLOOD STORING, PROCESSING		
48	INTRAVENOUS THERAPY		
49	RESPIRATORY THERAPY	.005358	25
50	PHYSICAL THERAPY	.047873	89
51	OCCUPATIONAL THERAPY	.071168	1,220
52	SPEECH PATHOLOGY	.027314	23
53	ELECTROCARDIOLOGY	.008059	81
54	ELECTROENCEPHALOGRAPHY	.016251	
55	MEDICAL SUPPLIES CHARGED	.014407	393
56	DRUGS CHARGED TO PATIENTS	.002423	1,144
57	RENAL DIALYSIS	.004666	7
58	ASC (NON-DISTINCT PART)		
59	PULMONARY FUNCTION TESTIN	.008189	22
	OUTPAT SERVICE COST CNTRS		
	CLINIC		
60 02	O/P CHEMO THERAPY	.004215	
60 03	O/P SUBSTANCE ABUSE		
60 04	UNDER THE RAINBOW O/P	.059038	
60 06	EAR NOSE THROAT	.003641	
61	EMERGENCY	.005506	2,432
62	OBSERVATION BEDS (NON-DIS	.077805	
	OTHER REIMBURS COST CNTRS		
65	AMBULANCE SERVICES		
66	DURABLE MEDICAL EQUIP-REN		
67	DURABLE MEDICAL EQUIP-SOL		
101	TOTAL		8,912

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

PROVIDER NO: 14-0018
PERIOD: FROM 7/1/2009 TO 6/30/2010
PREPARED 12/8/2010
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		74,775		74,775	53,496	1.40
26	INTENSIVE CARE UNIT		10,682		10,682	4,695	2.28
26	01 PREMATURE INTENSIVE CARE		7,478		7,478	7,177	1.04
27	CORONARY CARE UNIT		7,478		7,478	5,518	1.36
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U						
31	SUBPROVIDER		6,409		6,409	7,885	.81
33	NURSERY		4,273		4,273	6,928	.62
34	SKILLED NURSING FACILITY						
35	NURSING FACILITY						
101	TOTAL		111,095		111,095	85,699	

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

PROVIDER NO: 14-0018
 PERIOD: FROM 7/1/2009 TO 6/30/2010
 PREPARED 12/8/2010
 WORKSHEET D
 PART III

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT PROG DAYS 7	INPAT PROGRAM PASS THRU COST 8
25	ADULTS & PEDIATRICS	11,583	16,216
26	INTENSIVE CARE UNIT	862	1,965
26 01	PREMATURE INTENSIVE CARE		
27	CORONARY CARE UNIT	1,543	2,098
28	BURN INTENSIVE CARE UNIT		
29	SURGICAL INTENSIVE CARE U		
31	SUBPROVIDER	1,820	1,474
33	NURSERY		
34	SKILLED NURSING FACILITY		
35	NURSING FACILITY		
101	TOTAL	15,808	21,753

TITLE XVIII, PART A HOSPITAL PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST	1.01	MED ED NRS SCHOOL COST	2	MED ED ALLIED HEALTH COST	2.01	MED ED ALL OTHER COSTS	2.02	BLOOD CLOT FOR HEMOPHILIACS	2.03
37	ANCILLARY SRVC COST CNTRS										
	OPERATING ROOM										
38	RECOVERY ROOM										
39	DELIVERY ROOM & LABOR ROO					8,546					
40	ANESTHESIOLOGY										
41	RADIOLOGY-DIAGNOSTIC										
41 01	MAGNETIC RESONANCE IMAGIN										
42	RADIOLOGY-THERAPEUTIC										
43	RADIOISOTOPE										
44	LABORATORY										
45	PBP CLINICAL LAB SERVICES										
46	WHOLE BLOOD & PACKED RED										
47	BLOOD STORING, PROCESSING										
48	INTRAVENOUS THERAPY										
49	RESPIRATORY THERAPY										
50	PHYSICAL THERAPY										
51	OCCUPATIONAL THERAPY										
52	SPEECH PATHOLOGY										
53	ELECTROCARDIOLOGY										
54	ELECTROENCEPHALOGRAPHY										
55	MEDICAL SUPPLIES CHARGED										
56	DRUGS CHARGED TO PATIENTS										
57	RENAL DIALYSIS					4,273					
58	ASC (NON-DISTINCT PART)										
59	PULMONARY FUNCTION TESTIN										
	OUTPAT SERVICE COST CNTRS										
60	CLINIC										
60 02	O/P CHEMO THERAPY					4,273					
60 03	O/P SUBSTANCE ABUSE										
60 04	UNDER THE RAINBOW O/P										
60 06	EAR NOSE THROAT										
61	EMERGENCY					85,456					
62	OBSERVATION BEDS (NON-DIS					3,841					
	OTHER REIMBURS COST CNTRS										
65	AMBULANCE SERVICES										
66	DURABLE MEDICAL EQUIP-REN										
67	DURABLE MEDICAL EQUIP-SOL										
101	TOTAL					106,389					

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			62,619,998			7,689,099	
38	OPERATING ROOM			25,560,721			1,661,596	
39	RECOVERY ROOM			39,457,058	.000217	.000217	22,915	5
40	DELIVERY ROOM & LABOR ROO	8,546	8,546	29,960,581			1,943,502	
41	ANESTHESIOLOGY			93,753,676			8,851,112	
41	01 RADIOLOGY-DIAGNOSTIC			11,661,237			1,304,555	
42	MAGNETIC RESONANCE IMAGIN			7,273,093			58,430	
43	RADIOLOGY-THERAPEUTIC			9,180,385			929,148	
44	RADIOISOTOPE			134,732,708			11,388,148	
44	LABORATORY							
45	PBP CLINICAL LAB SERVICES							
46	WHOLE BLOOD & PACKED RED			7,318,790			792,330	
47	BLOOD STORING, PROCESSING							
48	INTRAVENOUS THERAPY							
49	RESPIRATORY THERAPY			22,722,729			3,160,215	
50	PHYSICAL THERAPY			1,832,966			422,029	
51	OCCUPATIONAL THERAPY			1,409,265			341,955	
52	SPEECH PATHOLOGY			874,790			172,827	
53	ELECTROCARDIOLOGY			31,192,853			4,683,750	
54	ELECTROENCEPHALOGRAPHY			2,885,943			86,247	
55	MEDICAL SUPPLIES CHARGED			25,529,599			8,520,204	
56	DRUGS CHARGED TO PATIENTS			83,132,042			16,895,881	
57	RENAL DIALYSIS	4,273	4,273	20,569,567	.000208	.000208	876,570	182
58	ASC (NON-DISTINCT PART)							
59	PULMONARY FUNCTION TESTIN			5,446,089			429,729	
60	OUTPAT SERVICE COST CNTRS							
60	CLINIC							
60	02 O/P CHEMO THERAPY	4,273	4,273	2,849,539	.001500	.001500		
60	03 O/P SUBSTANCE ABUSE							
60	04 UNDER THE RAINBOW O/P			4,103,301				
60	06 EAR NOSE THROAT			2,187,510				
61	EMERGENCY	85,456	85,456	83,746,563	.001020	.001020	4,338,806	4,426
62	OBSERVATION BEDS (NON-DIS	3,841	3,841	2,575,731	.001491	.001491		
65	OTHER REIMBURS COST CNTRS							
66	AMBULANCE SERVICES							
67	DURABLE MEDICAL EQUIP-REN							
67	DURABLE MEDICAL EQUIP-SOL							
101	TOTAL	106,389	106,389	712,576,734			74,569,048	4,613

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	4,178,695					
38	RECOVERY ROOM	1,727,059					
39	DELIVERY ROOM & LABOR ROO	138,263			30		
40	ANESTHESIOLOGY	649,382					
41	RADIOLOGY-DIAGNOSTIC	6,032,512					
41 01	MAGNETIC RESONANCE IMAGIN	628,943					
42	RADIOLOGY-THERAPEUTIC	1,755,053					
43	RADIOISOTOPE	1,409,771					
44	LABORATORY	498,745					
45	PBP CLINICAL LAB SERVICES						
46	WHOLE BLOOD & PACKED RED	87,918					
47	BLOOD STORING, PROCESSING						
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY	87,066					
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY	36,907					
53	ELECTROCARDIOLOGY	2,170,106					
54	ELECTROENCEPHALOGRAPHY	363,268					
55	MEDICAL SUPPLIES CHARGED	1,443,294					
56	DRUGS CHARGED TO PATIENTS	4,062,038					
57	RENAL DIALYSIS						
58	ASC (NON-DISTINCT PART)						
59	PULMONARY FUNCTION TESTIN	82,176					
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60 02	O/P CHEMO THERAPY	492,107			738		
60 03	O/P SUBSTANCE ABUSE						
60 04	UNDER THE RAINBOW O/P						
60 06	EAR NOSE THROAT	427,750					
61	EMERGENCY	2,242,150			2,287		
62	OBSERVATION BEDS (NON-DIS	469,840			701		
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES						
66	DURABLE MEDICAL EQUIP-REN						
67	DURABLE MEDICAL EQUIP-SOL						
101	TOTAL	28,983,043			3,756		

TITLE XVIII, PART A SUBPROVIDER 1 PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST	1.01	MED ED NRS SCHOOL COST	2	MED ED ALLIED HEALTH COST	2.01	MED ED ALL OTHER COSTS	2.02	BLOOD CLOT FOR HEMOPHILIACS	2.03
37	ANCILLARY SRVC COST CNTRS										
	OPERATING ROOM										
38	RECOVERY ROOM										
39	DELIVERY ROOM & LABOR ROO					8,546					
40	ANESTHESIOLOGY										
41	RADIOLOGY-DIAGNOSTIC										
41 01	MAGNETIC RESONANCE IMAGIN										
42	RADIOLOGY-THERAPEUTIC										
43	RADIOISOTOPE										
44	LABORATORY										
45	PBP CLINICAL LAB SERVICES										
46	WHOLE BLOOD & PACKED RED										
47	BLOOD STORING, PROCESSING										
48	INTRAVENOUS THERAPY										
49	RESPIRATORY THERAPY										
50	PHYSICAL THERAPY										
51	OCCUPATIONAL THERAPY										
52	SPEECH PATHOLOGY										
53	ELECTROCARDIOLOGY										
54	ELECTROENCEPHALOGRAPHY										
55	MEDICAL SUPPLIES CHARGED										
56	DRUGS CHARGED TO PATIENTS										
57	RENAL DIALYSIS					4,273					
58	ASC (NON-DISTINCT PART)										
59	PULMONARY FUNCTION TESTIN										
	OUTPAT SERVICE COST CNTRS										
60	CLINIC										
60 02	O/P CHEMO THERAPY					4,273					
60 03	O/P SUBSTANCE ABUSE										
60 04	UNDER THE RAINBOW O/P										
60 06	EAR NOSE THROAT										
61	EMERGENCY					85,456					
62	OBSERVATION BEDS (NON-DIS					3,841					
	OTHER REIMBURS COST CNTRS										
65	AMBULANCE SERVICES										
66	DURABLE MEDICAL EQUIP-REN										
67	DURABLE MEDICAL EQUIP-SOL										
101	TOTAL					106,389					

TITLE XVIII, PART A

SUBPROVIDER 1

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF CST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
37	ANCILLARY SRVC COST CNTRS			62,619,998			5,649	
38	OPERATING ROOM			25,560,721			2,536	
39	RECOVERY ROOM			39,457,058	.000217	.000217	2,951	1
40	DELIVERY ROOM & LABOR ROO	8,546	8,546	29,960,581				
41	ANESTHESIOLOGY			93,753,676			79,276	
41	01 RADIOLOGY-DIAGNOSTIC			11,661,237			6,483	
42	MAGNETIC RESONANCE IMAGIN			7,273,093				
43	RADIOLOGY-THERAPEUTIC			9,180,385				
44	RADIOISOTOPE			134,732,708			364,922	
44	LABORATORY							
45	PBP CLINICAL LAB SERVICES			7,318,790				
46	WHOLE BLOOD & PACKED RED							
47	BLOOD STORING, PROCESSING							
48	INTRAVENOUS THERAPY			22,722,729			4,635	
49	RESPIRATORY THERAPY			1,832,966			1,861	
50	PHYSICAL THERAPY			1,409,265			17,140	
51	OCCUPATIONAL THERAPY			874,790			852	
52	SPEECH PATHOLOGY			31,192,853			10,099	
53	ELECTROCARDIOLOGY			2,885,943				
54	ELECTROENCEPHALOGRAPHY			25,529,599			27,266	
55	MEDICAL SUPPLIES CHARGED			83,132,042			472,292	
56	DRUGS CHARGED TO PATIENTS			20,569,567	.000208	.000208	1,606	
57	RENAL DIALYSIS	4,273	4,273					
58	ASC (NON-DISTINCT PART)			5,446,089			2,675	
59	PULMONARY FUNCTION TESTIN							
60	OUTPAT SERVICE COST CNTRS							
60	CLINIC							
60	02 O/P CHEMO THERAPY	4,273	4,273	2,849,539	.001500	.001500		
60	03 O/P SUBSTANCE ABUSE							
60	04 UNDER THE RAINBOW O/P			4,103,301				
60	06 EAR NOSE THROAT			2,187,510				
61	EMERGENCY	85,456	85,456	83,746,563	.001020	.001020	441,751	451
62	OBSERVATION BEDS (NON-DIS	3,841	3,841	2,575,731	.001491	.001491		
65	OTHER REIMBURS COST CNTRS							
66	AMBULANCE SERVICES							
67	DURABLE MEDICAL EQUIP-REN							
67	DURABLE MEDICAL EQUIP-SOL							
101	TOTAL	106,389	106,389	712,576,734			1,441,994	452

TITLE XVIII, PART A

SUBPROVIDER 1

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES 8	OUTPAT PROG D, V COL 5.03 8.01	OUTPAT PROG D, V COL 5.04 8.02	OUTPAT PROG PASS THRU COST 9	COL 8.01 * COL 5 9.01	COL 8.02 * COL 5 9.02
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM						
38	RECOVERY ROOM						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
41 01	MAGNETIC RESONANCE IMAGIN						
42	RADIOLOGY-THERAPEUTIC						
43	RADIOISOTOPE						
44	LABORATORY						
45	PBP CLINICAL LAB SERVICES						
46	WHOLE BLOOD & PACKED RED						
47	BLOOD STORING, PROCESSING						
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
57	RENAL DIALYSIS						
58	ASC (NON-DISTINCT PART)						
59	PULMONARY FUNCTION TESTIN						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60 02	O/P CHEMO THERAPY						
60 03	O/P SUBSTANCE ABUSE						
60 04	UNDER THE RAINBOW O/P						
60 06	EAR NOSE THROAT						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES						
66	DURABLE MEDICAL EQUIP-REN						
67	DURABLE MEDICAL EQUIP-SOL						
101	TOTAL						

TITLE XVIII, PART B HOSPITAL

Cost Center Description	Cost/Charge Ratio (C, Pt I, col. 9)	Cost/Charge Ratio (C, Pt II, col. 9)	Outpatient Ambulatory Surgical Ctr	Outpatient Radiology	Other Outpatient Diagnostic
	1	1.02	2	3	4
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM	. 252171	. 252171			
38 RECOVERY ROOM	. 102102	. 102102			
39 DELIVERY ROOM & LABOR ROOM	. 275721	. 275721			
40 ANESTHESIOLOGY	. 118739	. 118739			
41 RADIOLOGY-DIAGNOSTIC	. 152182	. 152182			
41 01 MAGNETIC RESONANCE IMAGING (MRI)	. 092385	. 092385			
42 RADIOLOGY-THERAPEUTIC	. 193802	. 193802			
43 RADIOISOTOPE	. 130404	. 130404			
44 LABORATORY	. 152985	. 152985			
45 PBP CLINICAL LAB SERVICES-PRGM ONLY					
46 WHOLE BLOOD & PACKED RED BLOOD CELLS	. 451872	. 451872			
47 BLOOD STORING, PROCESSING & TRANS.					
48 INTRAVENOUS THERAPY					
49 RESPIRATORY THERAPY	. 156929	. 156929			
50 PHYSICAL THERAPY	. 469780	. 469780			
51 OCCUPATIONAL THERAPY	. 494389	. 494389			
52 SPEECH PATHOLOGY	. 321784	. 321784			
53 ELECTROCARDIOLOGY	. 154164	. 154164			
54 ELECTROENCEPHALOGRAPHY	. 185732	. 185732			
55 MEDICAL SUPPLIES CHARGED TO PATIENTS	. 291348	. 291348			
56 DRUGS CHARGED TO PATIENTS	. 172689	. 172689			
57 RENAL DIALYSIS	. 158316	. 158316			
58 ASC (NON-DISTINCT PART)					
59 PULMONARY FUNCTION TESTING	. 077020	. 077020			
60 OUTPAT SERVICE COST CNTRS					
60 CLINIC					
60 02 O/P CHEMO THERAPY	. 355478	. 355478			
60 03 O/P SUBSTANCE ABUSE					
60 04 UNDER THE RAINBOW O/P	. 525552	. 525552			
60 06 EAR NOSE THROAT	. 248951	. 248951			
61 EMERGENCY	. 174946	. 174946			
62 OBSERVATION BEDS (NON-DISTINCT PART)	1. 045747	1. 045747			
65 OTHER REIMBURS COST CNTRS					
65 AMBULANCE SERVICES					
66 DURABLE MEDICAL EQUIP-RENTED					
67 DURABLE MEDICAL EQUIP-SOLD					
101 SUBTOTAL					
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES					
104 NET CHARGES					

(A) WORKSHEET A LINE NUMBERS
 (1) REPORT NON HOSPITAL AND NON SUBPROVIDER COMPONENTS COST FOR THE PERIOD HERE (SEE INSTRUCTIONS)

TITLE XVIII, PART B

HOSPITAL

	All Other (1)	PPS Servi ces FYB to 12/31	Non-PPS Servi ces	PPS Servi ces 1/1 to FYE	Outpatient Ambulatory Surgical Ctr
Cost Center Description	5	5.01	5.02	5.03	6
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM		4,178,695			
38 RECOVERY ROOM		1,727,059			
39 DELIVERY ROOM & LABOR ROOM		138,263			
40 ANESTHESIOLOGY		649,382			
41 RADIOLOGY-DIAGNOSTIC		6,032,512			
41 01 MAGNETIC RESONANCE IMAGING (MRI)		628,943			
42 RADIOLOGY-THERAPEUTIC		1,755,053			
43 RADIOISOTOPE		1,409,771			
44 LABORATORY		498,745			
45 PBP CLINICAL LAB SERVICES-PRGM ONLY					
46 WHOLE BLOOD & PACKED RED BLOOD CELLS		87,918			
47 BLOOD STORING, PROCESSING & TRANS.					
48 INTRAVENOUS THERAPY					
49 RESPIRATORY THERAPY		87,066			
50 PHYSICAL THERAPY					
51 OCCUPATIONAL THERAPY					
52 SPEECH PATHOLOGY		36,907			
53 ELECTROCARDIOLOGY		2,170,106			
54 ELECTROENCEPHALOGRAPHY		363,268			
55 MEDICAL SUPPLIES CHARGED TO PATIENTS		1,443,294			
56 DRUGS CHARGED TO PATIENTS		4,062,038			
57 RENAL DIALYSIS					
58 ASC (NON-DISTINCT PART)					
59 PULMONARY FUNCTION TESTING		82,176			
60 OUTPAT SERVICE COST CNTRS					
60 CLINIC					
60 02 O/P CHEMO THERAPY		492,107			
60 03 O/P SUBSTANCE ABUSE					
60 04 UNDER THE RAINBOW O/P					
60 06 EAR NOSE THROAT		427,750			
61 EMERGENCY		2,242,150			
62 OBSERVATION BEDS (NON-DISTINCT PART)		469,840			
62 OTHER REIMBURS COST CNTRS					
65 AMBULANCE SERVICES					
66 DURABLE MEDICAL EQUIP-RENTED					
67 DURABLE MEDICAL EQUIP-SOLD					
101 SUBTOTAL		28,983,043			
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-					
PROGRAM ONLY CHARGES					
104 NET CHARGES		28,983,043			

(A) WORKSHEET A LINE NUMBERS

(1) REPORT NON HOSPITAL AND NON SUBPROVIDER COMPONENTS COST FOR THE PERIOD HERE (SEE INSTRUCTIONS)

TITLE XVIII, PART B HOSPITAL

		Outpatient Radiology	Other Outpatient Diagnostic	All Other	PPS Services FYB to 12/31	Non-PPS Services
	Cost Center Description	7	8	9	9.01	9.02
(A)	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM				1,053,746	
38	RECOVERY ROOM				176,336	
39	DELIVERY ROOM & LABOR ROOM				38,122	
40	ANESTHESIOLOGY				77,107	
41	RADIOLOGY-DIAGNOSTIC				918,040	
41 01	MAGNETIC RESONANCE IMAGING (MRI)				58,105	
42	RADIOLOGY-THERAPEUTIC				340,133	
43	RADIOISOTOPE				183,840	
44	LABORATORY				76,301	
45	PBP CLINICAL LAB SERVICES-PRGM ONLY					
46	WHOLE BLOOD & PACKED RED BLOOD CELLS				39,728	
47	BLOOD STORING, PROCESSING & TRANS.					
48	INTRAVENOUS THERAPY					
49	RESPIRATORY THERAPY				13,663	
50	PHYSICAL THERAPY					
51	OCCUPATIONAL THERAPY					
52	SPEECH PATHOLOGY				11,876	
53	ELECTROCARDIOLOGY				334,552	
54	ELECTROENCEPHALOGRAPHY				67,470	
55	MEDICAL SUPPLIES CHARGED TO PATIENTS				420,501	
56	DRUGS CHARGED TO PATIENTS				701,469	
57	RENAL DIALYSIS					
58	ASC (NON-DISTINCT PART)					
59	PULMONARY FUNCTION TESTING OUTPAT SERVICE COST CNTRS				6,329	
60	CLINIC					
60 02	O/P CHEMO THERAPY				174,933	
60 03	O/P SUBSTANCE ABUSE					
60 04	UNDER THE RAINBOW O/P					
60 06	EAR NOSE THROAT				106,489	
61	EMERGENCY				392,255	
62	OBSERVATION BEDS (NON-DISTINCT PART) OTHER REIMBURS COST CNTRS				491,334	
65	AMBULANCE SERVICES					
66	DURABLE MEDICAL EQUIP-RENTED					
67	DURABLE MEDICAL EQUIP-SOLD					
101	SUBTOTAL				5,682,329	
102	CRNA CHARGES					
103	LESS PBP CLINIC LAB SVCS- PROGRAM ONLY CHARGES					
104	NET CHARGES				5,682,329	

(A) WORKSHEET A LINE NUMBERS
 (1) REPORT NON HOSPITAL AND NON SUBPROVIDER COMPONENTS COST FOR THE PERIOD HERE (SEE INSTRUCTIONS)

TITLE XVIII, PART B HOSPITAL

Cost Center Description	PPS Services 1/1 to FYE	Hospital I/P Part B Charges	Hospital I/P Part B Costs
	9.03	10	11
(A) ANCILLARY SRVC COST CNTRS			
37 OPERATING ROOM			
38 RECOVERY ROOM			
39 DELIVERY ROOM & LABOR ROOM			
40 ANESTHESIOLOGY			
41 RADIOLOGY-DIAGNOSTIC			
41 01 MAGNETIC RESONANCE IMAGING (MRI)			
42 RADIOLOGY-THERAPEUTIC			
43 RADIOISOTOPE			
44 LABORATORY			
45 PBP CLINICAL LAB SERVICES-PRGM ONLY			
46 WHOLE BLOOD & PACKED RED BLOOD CELLS			
47 BLOOD STORING, PROCESSING & TRANS.			
48 INTRAVENOUS THERAPY			
49 RESPIRATORY THERAPY			
50 PHYSICAL THERAPY			
51 OCCUPATIONAL THERAPY			
52 SPEECH PATHOLOGY			
53 ELECTROCARDIOLOGY			
54 ELECTROENCEPHALOGRAPHY			
55 MEDICAL SUPPLIES CHARGED TO PATIENTS			
56 DRUGS CHARGED TO PATIENTS			
57 RENAL DIALYSIS			
58 ASC (NON-DISTINCT PART)			
59 PULMONARY FUNCTION TESTING			
60 OUTPAT SERVICE COST CNTRS			
60 CLINIC			
60 02 O/P CHEMO THERAPY			
60 03 O/P SUBSTANCE ABUSE			
60 04 UNDER THE RAINBOW O/P			
60 06 EAR NOSE THROAT			
61 EMERGENCY			
62 OBSERVATION BEDS (NON-DISTINCT PART)			
65 OTHER REIMBURS COST CNTRS			
66 AMBULANCE SERVICES			
67 DURABLE MEDICAL EQUIP-RENTED			
101 DURABLE MEDICAL EQUIP-SOLD			
102 SUBTOTAL			
103 CRNA CHARGES			
104 LESS PBP CLINIC LAB SVCS-			
PROGRAM ONLY CHARGES			
NET CHARGES			

(A) WORKSHEET A LINE NUMBERS
 (1) REPORT NON HOSPITAL AND NON SUBPROVIDER COMPONENTS COST FOR THE PERIOD HERE (SEE INSTRUCTIONS)

TITLE XVIII PART A HOSPITAL PPS

PART II - HOSPITAL AND SUBPROVIDERS ONLY

1

PROGRAM INPATIENT OPERATING COST BEFORE
PASS THROUGH COST ADJUSTMENTS

38	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM				980.19
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST				11,353,541
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM				
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST				11,353,541

	TOTAL I/P COST 1	TOTAL I/P DAYS 2	AVERAGE PER DIEM 3	PROGRAM DAYS 4	PROGRAM COST 5
42	NURSERY (TITLE V & XIX ONLY) INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS				
43	4,242,545	4,695	903.63	862	778,929
43.01	6,850,679	7,177	954.53		
44	7,332,762	5,518	1,328.88	1,543	2,050,462
45	BURN INTENSIVE CARE UNIT				
46	SURGICAL INTENSIVE CARE UNIT				
47	OTHER SPECIAL CARE				
48	PROGRAM INPATIENT ANCILLARY SERVICE COST				
49	TOTAL PROGRAM INPATIENT COSTS				

PASS THROUGH COST ADJUSTMENTS

50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES				1,163,698
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES				713,395
52	TOTAL PROGRAM EXCLUDABLE COST				1,877,093
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST, AND MEDICAL EDUCATION COSTS				26,419,759

TARGET AMOUNT AND LIMIT COMPUTATION

54	PROGRAM DISCHARGES
55	TARGET AMOUNT PER DISCHARGE
56	TARGET AMOUNT
57	DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT
58	BONUS PAYMENT
58.01	LESSER OF LINES 53/54 OR 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED AND COMPOUNDED BY THE MARKET BASKET
58.02	LESSER OF LINES 53/54 OR 55 FROM PRIOR YEAR COST REPORT, UPDATED BY THE MARKET BASKET
58.03	IF LINES 53/54 IS LESS THAN THE LOWER OF LINES 55, 58.01 OR 58.02 ENTER THE LESSER OF 50% OF THE AMOUNT BY WHICH OPERATING COSTS (LINE 53) ARE LESS THAN EXPECTED COSTS (LINES 54 x 58.02), OR 1 PERCENT OF THE TARGET AMOUNT (LINE 56) OTHERWISE ENTER ZERO.
58.04	RELIEF PAYMENT
59	ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT
59.01	ALLOWABLE INPATIENT COST PER DISCHARGE (LINE 59 / LINE 54) (LTCH ONLY)
59.02	PROGRAM DISCHARGES PRIOR TO JULY 1
59.03	PROGRAM DISCHARGES AFTER JULY 1
59.04	PROGRAM DISCHARGES (SEE INSTRUCTIONS)
59.05	REDUCED INPATIENT COST PER DISCHARGE FOR DISCHARGES PRIOR TO JULY 1 (SEE INSTRUCTIONS) (LTCH ONLY)
59.06	REDUCED INPATIENT COST PER DISCHARGE FOR DISCHARGES AFTER JULY 1 (SEE INSTRUCTIONS) (LTCH ONLY)
59.07	REDUCED INPATIENT COST PER DISCHARGE (SEE INSTRUCTIONS) (LTCH ONLY)
59.08	REDUCED INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTRUCTIONS)

PROGRAM INPATIENT ROUTINE SWING BED COST

60	MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS)
61	MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS)
62	TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS
63	TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD
64	TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD
65	TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS

TITLE XVIII PART A HOSPITAL PPS

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

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

PART IV - COMPUTATION OF OBSERVATION BED COST

83	TOTAL OBSERVATION BED DAYS	2,748
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	980.19
85	OBSERVATION BED COST	2,693,562

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

	COST	ROUTINE COST	COLUMN 1 DIVIDED BY COLUMN 2	TOTAL OBSERVATION BED COST	OBSERVATION BED PASS THROUGH COST
	1	2	3	4	5
86	OLD CAPITAL-RELATED COST	619,654	.011817	2,693,562	31,830
87	NEW CAPITAL-RELATED COST	3,901,361	.074402	2,693,562	200,406
88	NON PHYSICIAN ANESTHETIST			2,693,562	
89	MEDICAL EDUCATION	74,775	.001426	2,693,562	3,841
89.01	MEDICAL EDUCATION - ALLIED HEA				
89.02	MEDICAL EDUCATION - ALL OTHER				

TITLE XVIII PART A SUBPROVIDER I PPS

PART II - HOSPITAL AND SUBPROVIDERS ONLY

1

PROGRAM INPATIENT OPERATING COST BEFORE
PASS THROUGH COST ADJUSTMENTS

38	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	701.72
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	1,277,130
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM	
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	1,277,130

	TOTAL I/P COST 1	TOTAL I/P DAYS 2	AVERAGE PER DIEM 3	PROGRAM DAYS 4	PROGRAM COST 5
42	NURSERY (TITLE V & XIX ONLY)				
	INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS				
43	INTENSIVE CARE UNIT				
43.01	PREMATURE INTENSIVE CARE UNIT				
44	CORONARY CARE UNIT				
45	BURN INTENSIVE CARE UNIT				
46	SURGICAL INTENSIVE CARE UNIT				
47	OTHER SPECIAL CARE				
					1
48	PROGRAM INPATIENT ANCILLARY SERVICE COST				251,108
49	TOTAL PROGRAM INPATIENT COSTS				1,528,238

PASS THROUGH COST ADJUSTMENTS

50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	117,226
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES	10,780
52	TOTAL PROGRAM EXCLUDABLE COST	128,006
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST, AND MEDICAL EDUCATION COSTS	1,400,232

TARGET AMOUNT AND LIMIT COMPUTATION

54	PROGRAM DISCHARGES
55	TARGET AMOUNT PER DISCHARGE
56	TARGET AMOUNT
57	DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT
58	BONUS PAYMENT
58.01	LESSER OF LINES 53/54 OR 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED AND COMPOUNDED BY THE MARKET BASKET
58.02	LESSER OF LINES 53/54 OR 55 FROM PRIOR YEAR COST REPORT, UPDATED BY THE MARKET BASKET
58.03	IF LINES 53/54 IS LESS THAN THE LOWER OF LINES 55, 58.01 OR 58.02 ENTER THE LESSER OF 50% OF THE AMOUNT BY WHICH OPERATING COSTS (LINE 53) ARE LESS THAN EXPECTED COSTS (LINES 54 x 58.02), OR 1 PERCENT OF THE TARGET AMOUNT (LINE 56) OTHERWISE ENTER ZERO.
58.04	RELIEF PAYMENT
59	ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT
59.01	ALLOWABLE INPATIENT COST PER DISCHARGE (LINE 59 / LINE 54) (LTCH ONLY)
59.02	PROGRAM DISCHARGES PRIOR TO JULY 1
59.03	PROGRAM DISCHARGES AFTER JULY 1
59.04	PROGRAM DISCHARGES (SEE INSTRUCTIONS)
59.05	REDUCED INPATIENT COST PER DISCHARGE FOR DISCHARGES PRIOR TO JULY 1 (SEE INSTRUCTIONS) (LTCH ONLY)
59.06	REDUCED INPATIENT COST PER DISCHARGE FOR DISCHARGES AFTER JULY 1 (SEE INSTRUCTIONS) (LTCH ONLY)
59.07	REDUCED INPATIENT COST PER DISCHARGE (SEE INSTRUCTIONS) (LTCH ONLY)
59.08	REDUCED INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTRUCTIONS)

PROGRAM INPATIENT ROUTINE SWING BED COST

60	MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS)
61	MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS)
62	TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS
63	TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD
64	TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD
65	TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS

TITLE XVIII PART A SUBPROVIDER I PPS

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

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

PART IV - COMPUTATION OF OBSERVATION BED COST

83	TOTAL OBSERVATION BED DAYS	
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	701.72
85	OBSERVATION BED COST	

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

	COST	ROUTINE COST	COLUMN 1 DIVIDED BY COLUMN 2	TOTAL OBSERVATION BED COST	OBSERVATION BED PASS THROUGH COST
	1	2	3	4	5
86	OLD CAPITAL-RELATED COST	68,760	5,533,069	.012427	
87	NEW CAPITAL-RELATED COST	432,766	5,533,069	.078214	
88	NON PHYSICIAN ANESTHETIST		5,533,069		
89	MEDICAL EDUCATION	6,409	5,533,069	.001158	
89.01	MEDICAL EDUCATION - ALLIED HEA				
89.02	MEDICAL EDUCATION - ALL OTHER				

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS		15,850,090	
26	INTENSIVE CARE UNIT		2,471,143	
26	01 PREMATURE INTENSIVE CARE UNIT			
27	CORONARY CARE UNIT		4,192,058	
28	BURN INTENSIVE CARE UNIT			
29	SURGICAL INTENSIVE CARE UNIT			
31	SUBPROVIDER ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.258430	7,689,099	1,987,094
38	RECOVERY ROOM	.102102	1,661,596	169,652
39	DELIVERY ROOM & LABOR ROOM	.275721	22,915	6,318
40	ANESTHESIOLOGY	.121968	1,943,502	237,045
41	RADIOLOGY-DIAGNOSTIC	.154061	8,851,112	1,363,611
41	01 MAGNETIC RESONANCE IMAGING (MRI)	.092385	1,304,555	120,521
42	RADIOLOGY-THERAPEUTIC	.193802	58,430	11,324
43	RADIOISOTOPE	.130404	929,148	121,165
44	LABORATORY	.153151	11,388,148	1,744,106
45	PBP CLINICAL LAB SERVICES-PRGM ONLY			
46	WHOLE BLOOD & PACKED RED BLOOD CELLS	.451872	792,330	358,032
47	BLOOD STORING, PROCESSING & TRANS.			
48	INTRAVENOUS THERAPY			
49	RESPIRATORY THERAPY	.156929	3,160,215	495,929
50	PHYSICAL THERAPY	.469780	422,029	198,261
51	OCCUPATIONAL THERAPY	.494389	341,955	169,059
52	SPEECH PATHOLOGY	.321784	172,827	55,613
53	ELECTROCARDIOLOGY	.154164	4,683,750	722,066
54	ELECTROENCEPHALOGRAPHY	.185732	86,247	16,019
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.291348	8,520,204	2,482,344
56	DRUGS CHARGED TO PATIENTS	.172689	16,895,881	2,917,733
57	RENAL DIALYSIS	.158316	876,570	138,775
58	ASC (NON-DISTINCT PART)			
59	PULMONARY FUNCTION TESTING	.077020	429,729	33,098
60	OUTPAT SERVICE COST CNTRS CLINIC			
60	02 O/P CHEMO THERAPY	.355478		
60	03 O/P SUBSTANCE ABUSE			
60	04 UNDER THE RAINBOW O/P	.525552		
60	06 EAR NOSE THROAT	.248951		
61	EMERGENCY	.176582	4,338,806	766,155
62	OBSERVATION BEDS (NON-DISTINCT PART) OTHER REIMBURS COST CNTRS	1.045747		
65	AMBULANCE SERVICES			
66	DURABLE MEDICAL EQUIP-RENTED			
67	DURABLE MEDICAL EQUIP-SOLD			
101	TOTAL		74,569,048	14,113,920
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		74,569,048	

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			
26	INTENSIVE CARE UNIT			
26	01 PREMATURE INTENSIVE CARE UNIT			
27	CORONARY CARE UNIT			
28	BURN INTENSIVE CARE UNIT			
29	SURGICAL INTENSIVE CARE UNIT			
31	SUBPROVIDER		1,977,182	
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.258430	5,649	1,460
38	RECOVERY ROOM	.102102	2,536	259
39	DELIVERY ROOM & LABOR ROOM	.275721	2,951	814
40	ANESTHESIOLOGY	.121968		
41	RADIOLOGY-DIAGNOSTIC	.154061	79,276	12,213
41	01 MAGNETIC RESONANCE IMAGING (MRI)	.092385	6,483	599
42	RADIOLOGY-THERAPEUTIC	.193802		
43	RADIOISOTOPE	.130404		
44	LABORATORY	.153151	364,922	55,888
45	PBP CLINICAL LAB SERVICES-PRGM ONLY			
46	WHOLE BLOOD & PACKED RED BLOOD CELLS	.451872		
47	BLOOD STORING, PROCESSING & TRANS.			
48	INTRAVENOUS THERAPY			
49	RESPIRATORY THERAPY	.156929	4,635	727
50	PHYSICAL THERAPY	.469780	1,861	874
51	OCCUPATIONAL THERAPY	.494389	17,140	8,474
52	SPEECH PATHOLOGY	.321784	852	274
53	ELECTROCARDIOLOGY	.154164	10,099	1,557
54	ELECTROENCEPHALOGRAPHY	.185732		
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.291348	27,266	7,944
56	DRUGS CHARGED TO PATIENTS	.172689	472,292	81,560
57	RENAL DIALYSIS	.158316	1,606	254
58	ASC (NON-DISTINCT PART)			
59	PULMONARY FUNCTION TESTING	.077020	2,675	206
	OUTPAT SERVICE COST CNTRS			
60	CLINIC			
60	02 O/P CHEMO THERAPY	.355478		
60	03 O/P SUBSTANCE ABUSE			
60	04 UNDER THE RAINBOW O/P	.525552		
60	06 EAR NOSE THROAT	.248951		
61	EMERGENCY	.176582	441,751	78,005
62	OBSERVATION BEDS (NON-DISTINCT PART)	1.045747		
	OTHER REIMBURS COST CNTRS			
65	AMBULANCE SERVICES			
66	DURABLE MEDICAL EQUIP-RENTED			
67	DURABLE MEDICAL EQUIP-SOLD			
101	TOTAL		1,441,994	251,108
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		1,441,994	

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS
 HOSPITAL

DESCRIPTION	1	1.01
DRG AMOUNT		
1 OTHER THAN OUTLIER PAYMENTS OCCURRING PRIOR TO OCTOBER 1	4,592,971	
1.01 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER OCTOBER 1 AND BEFORE JANUARY 1	5,067,063	
1.02 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER JAN 1	10,029,220	
MANAGED CARE PATIENTS		
1.03 PAYMENTS PRIOR TO MARCH 1ST OR OCTOBER 1ST	949,964	
1.04 PAYMENTS ON OR AFTER OCTOBER 1 AND PRIOR TO JANUARY 1	825,966	
1.05 PAYMENTS ON OR AFTER JANUARY 1ST BUT BEFORE 4/1 / 10/1	1,295,730	
1.06 ADDITIONAL AMOUNT RECEIVED OR TO BE RECEIVED (SEE INSTR)		
1.07 PAYMENTS FOR DISCHARGES ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001.		
1.08 SIMULATED PAYMENTS FROM PS&R ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001.		
2 OUTLIER PAYMENTS FOR DISCHARGES OCCURRING PRIOR TO 10/1/97		
2.01 OUTLIER PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER OCTOBER 1, 1997 (SEE INSTRUCTIONS)	442,392	
3 BED DAYS AVAILABLE DIVIDED BY # DAYS IN COST RPTG PERIOD	257.81	
INDIRECT MEDICAL EDUCATION ADJUSTMENT		
3.01 NUMBER OF INTERNS & RESIDENTS FROM WKST S-3, PART I		
3.02 INDIRECT MEDICAL EDUCATION PERCENTAGE (SEE INSTRUCTIONS)		
3.03 INDIRECT MEDICAL EDUCATION ADJUSTMENT		
3.04 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE 12/31/1996.	82.83	
3.05 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS WHICH MEET THE CRITERIA FOR AN ADD-ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii)	33.00	
3.06 ADJUSTED FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR AFFILIATED PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii)		
	FOR CR PERIODS ENDING ON OR AFTER 7/1/2005	
	E-3 PT 6 LN 15 PLUS LN 3.06	
3.07 SUM OF LINES 3.04 THROUGH 3.06 (SEE INSTRUCTIONS)	112.36	112.36
3.08 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS IN THE CURRENT YEAR FROM YOUR RECORDS		118.07
3.09 FOR COST REPORTING PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING PRIOR TO OCTOBER 1.		
3.10 FOR COST REPORTING PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING ON OR AFTER OCTOBER 1		
3.11 FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.09		
3.12 FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.10		
3.13 FTE COUNT FOR RESIDENTS IN DENTAL AND PODIATRIC PROGRAMS.		4.58
3.14 CURRENT YEAR ALLOWABLE FTE (SEE INSTRUCTIONS)		116.94
3.15 TOTAL ALLOWABLE FTE COUNT FOR THE PRIOR YEAR, IF NONE BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE		116.36
3.16 TOTAL ALLOWABLE FTE COUNT FOR THE PENULTIMATE YEAR IF THAT YEAR ENDED ON OR AFTER SEPTEMBER 30, 1997, OTHERWISE ENTER ZERO. IF THERE WAS NO FTE COUNT IN THIS PERIOD BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE		117.36
3.17 SUM OF LINES 3.14 THRU 3.16 DIVIDED BY THE NUMBER OF THOSE LINES IN EXCESS OF ZERO (SEE INSTRUCTIONS).		116.89
3.18 CURRENT YEAR RESIDENT TO BED RATIO (LN 3.17 DIVIDED BY LN 3)		.453396
3.19 PRIOR YEAR RESIDENT TO BED RATIO (SEE INSTRUCTIONS)		.451876
3.20 FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 1997, ENTER THE LESSER OF LINES 3.18 OR 3.19. (SEE INST)		.451876
3.21 I ME PAYMENTS FOR DISCHARGES OCCURRING PRIOR TO OCT 1		1,219,762
3.22 I ME PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER OCT 1, BUT BEFORE JANUARY 1 (SEE INSTRUCTIONS)		1,296,802
3.23 I ME PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER JANUARY 1		2,492,135
	SUM OF LINES 3.21 - 3.23	
	5,008,699	
3.24 SUM OF LINES 3.21 THROUGH 3.23 (SEE INSTRUCTIONS).		5,008,699
DISPROPORTIONATE SHARE ADJUSTMENT		
4 PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS (SEE INSTRUCTIONS)		13.56
4.01 PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS REPORTED ON WORKSHEET S-3, PART I		62.41
4.02 SUM OF LINES 4 AND 4.01		75.97
4.03 ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTRUC)		51.89
4.04 DISPROPORTIONATE SHARE ADJUSTMENT (SEE INSTRUCTIONS)		10,216,754
ADDITIONAL PAYMENT FOR HIGH PERCENTAGE OF ESRD BENEFICIARY DISCHARGES		
5 TOTAL MEDICARE DISCHARGES ON WKST S-3, PART I EXCLUDING DISCHARGES FOR DRGs 302, 316, 317 OR MS-DRGS 652, 682 - 685. (SEE INSTRUCTIONS)		
5.01 TOTAL ESRD MEDICARE DISCHARGES EXCLUDING DRGs 302, 316, 317 OR MS-DRGS 652 AND 682 - 685. (SEE INSTRUCTIONS)		

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS HOSPITAL

DESCRIPTION	1	1.01
5.02 DIVIDE LINE 5.01 BY LINE 5 (IF LESS THAN 10%, YOU DO NOT QUALIFY FOR ADJUSTMENT)		
5.03 TOTAL MEDICARE ESRD INPATIENT DAYS EXCLUDING DRGS 302, 316, 317, OR MS-DRGS 652, 682-685. (SEE INSTRUCTIONS)		
5.04 RATIO OF AVERAGE LENGTH OF STAY TO ONE WEEK		
5.05 AVERAGE WEEKLY COST FOR DIALYSIS TREATMENTS (SEE INSTRUC)		405.45
5.06 TOTAL ADDITIONAL PAYMENT		
6 SUBTOTAL (SEE INSTRUCTIONS)	35,357,099	
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)	35,357,099	
9 PAYMENT FOR INPATIENT PROGRAM CAPITAL		2,234,871
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)		2,220,092
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		20,279
15 ANCILLARY SERVICE OTHER PASS THROUGH COSTS		4,613
16 TOTAL		39,836,954
17 PRIMARY PAYER PAYMENTS		13,177
18 TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES		39,823,777
19 DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES		1,706,212
20 COINSURANCE BILLED TO PROGRAM BENEFICIARIES		306,083
21 REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)		1,206,173
21.01 ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)		844,321
21.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES		1,185,893
22 SUBTOTAL	38,655,803	
23 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION		
24 OTHER ADJUSTMENTS (SPECIFY)		
24.97 HCERA PAYMENTS		
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	38,655,803	
27 SEQUESTRATION ADJUSTMENT		
28 INTERIM PAYMENTS	38,779,165	
28.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
29 BALANCE DUE PROVIDER (PROGRAM)		-123,362
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 AMOUNT (SEE INSTRUCTIONS)		
53 CAPITAL OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)		
54 THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY		
55 TIME VALUE OF MONEY (SEE INSTRUCTIONS)		
56 CAPITAL TIME VALUE OF MONEY (SEE INSTRUCTIONS)		

PART B - MEDICAL AND OTHER HEALTH SERVICES HOSPITAL

1 MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)
 1.01 MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER APRIL 1,
 2001 (SEE INSTRUCTIONS). 5, 678, 573
 1.02 PPS PAYMENTS RECEIVED INCLUDING OUTLIERS. 5, 062, 699
 1.03 ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO.
 1.04 LINE 1.01 TIMES LINE 1.03.
 1.05 LINE 1.02 DIVIDED BY LINE 1.04.
 1.06 TRANSITIONAL CORRIDOR PAYMENT (SEE INSTRUCTIONS)
 1.07 ENTER THE AMOUNT FROM WORKSHEET D, PART IV, (COLS 9,
 9.01, 9.02) LINE 101. 3, 756
 2 INTERNS AND RESIDENTS
 3 ORGAN ACQUISITIONS
 4 COST OF TEACHING PHYSICIANS
 5 TOTAL COST (SEE INSTRUCTIONS)

COMPUTATION OF LESSER OF COST OR CHARGES

REASONABLE CHARGES
 6 ANCILLARY SERVICE CHARGES
 7 INTERNS AND RESIDENTS SERVICE CHARGES
 8 ORGAN ACQUISITION CHARGES
 9 CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS.
 10 TOTAL REASONABLE CHARGES
 CUSTOMARY CHARGES
 11 AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR
 PAYMENT FOR SERVICES ON A CHARGE BASIS
 12 AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE
 FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT
 BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e).
 13 RATIO OF LINE 11 TO LINE 12
 14 TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)
 15 EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST
 16 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES
 17 LESSER OF COST OR CHARGES (FOR CAH SEE INSTRUC)
 17.01 TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 1.02, 1.06 AND 1.07) 5, 066, 455

COMPUTATION OF REIMBURSEMENT SETTLEMENT

18 DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)
 18.01 DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON
 LINE 17.01 (SEE INSTRUCTIONS) 1, 277, 939
 19 SUBTOTAL (SEE INSTRUCTIONS) 3, 788, 516
 20 SUM OF AMOUNTS FROM WORKSHEET E PARTS C, D & E (SEE INSTR.)
 21 DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS 423, 164
 22 ESRD DIRECT MEDICAL EDUCATION COSTS
 23 SUBTOTAL 4, 211, 680
 24 PRIMARY PAYER PAYMENTS
 25 SUBTOTAL 4, 211, 680
 REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)
 26 COMPOSITE RATE ESRD 34, 396
 27 BAD DEBTS (SEE INSTRUCTIONS) 381, 228
 27.01 ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS) 266, 860
 27.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES 368, 408
 28 SUBTOTAL 4, 512, 936
 29 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER
 TERMINATION OR A DECREASE IN PROGRAM UTILIZATION.
 30 OTHER ADJUSTMENTS (SPECIFY)
 30.99 OTHER ADJUSTMENTS (MSP-LCC RECONCILIATION AMOUNT)
 31 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING
 FROM DISPOSITION OF DEPRECIABLE ASSETS.
 32 SUBTOTAL 4, 512, 936
 33 SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)
 34 INTERIM PAYMENTS 4, 578, 340
 34.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)
 35 BALANCE DUE PROVIDER/PROGRAM -65, 404
 36 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS)
 IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2

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

TITLE XVII HOSPITAL

DESCRIPTION	INPATIENT-PART A		PART B	
	MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT
	1	2	3	4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		37,043,470		4,707,106
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.		NONE		NONE
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
ADJUSTMENTS TO PROVIDER .01			1/19/2010	38,606
ADJUSTMENTS TO PROVIDER .02	2/22/2010	1,027,672		
ADJUSTMENTS TO PROVIDER .03	6/11/2010	1,472,682		
ADJUSTMENTS TO PROVIDER .04				
ADJUSTMENTS TO PROVIDER .05				
ADJUSTMENTS TO PROGRAM .50	1/19/2010	764,659	6/11/2010	167,372
ADJUSTMENTS TO PROGRAM .51				
ADJUSTMENTS TO PROGRAM .52				
ADJUSTMENTS TO PROGRAM .53				
ADJUSTMENTS TO PROGRAM .54				
SUBTOTAL .99		1,735,695		-128,766
4 TOTAL INTERIM PAYMENTS		38,779,165		4,578,340
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
TENTATIVE TO PROVIDER .01				
TENTATIVE TO PROVIDER .02				
TENTATIVE TO PROVIDER .03				
TENTATIVE TO PROGRAM .50				
TENTATIVE TO PROGRAM .51				
TENTATIVE TO PROGRAM .52				
SUBTOTAL .99		NONE		NONE
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)				
SETTLEMENT TO PROVIDER .01				
SETTLEMENT TO PROGRAM .02		123,362		65,404
7 TOTAL MEDICARE PROGRAM LIABILITY		38,655,803		4,512,936

NAME OF INTERMEDIARY:
 INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: _____

DATE: ___/___/___

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

TITLE XVII SUBPROVIDER 1

DESCRIPTION	INPATIENT-PART A		PART B	
	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		1,454,208		
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.		NONE		NONE
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
ADJUSTMENTS TO PROVIDER .01				
ADJUSTMENTS TO PROVIDER .02				
ADJUSTMENTS TO PROVIDER .03				
ADJUSTMENTS TO PROVIDER .04				
ADJUSTMENTS TO PROVIDER .05				
ADJUSTMENTS TO PROGRAM .50	2/15/2010	3,039		
ADJUSTMENTS TO PROGRAM .51				
ADJUSTMENTS TO PROGRAM .52				
ADJUSTMENTS TO PROGRAM .53				
ADJUSTMENTS TO PROGRAM .54				
SUBTOTAL .99		-3,039		NONE
4 TOTAL INTERIM PAYMENTS		1,451,169		
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
TENTATIVE TO PROVIDER .01				
TENTATIVE TO PROVIDER .02				
TENTATIVE TO PROVIDER .03				
TENTATIVE TO PROGRAM .50				
TENTATIVE TO PROGRAM .51				
TENTATIVE TO PROGRAM .52				
SUBTOTAL .99		NONE		NONE
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)		89,531		
7 TOTAL MEDICARE PROGRAM LIABILITY		1,361,638		

NAME OF INTERMEDIARY:
 INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: _____

DATE: ___/___/___

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

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

1	INPATIENT HOSPITAL SERVICES (SEE INSTRUCTIONS)	
1.01	HOSPITAL SPECIFIC AMOUNT (SEE INSTRUCTIONS)	
1.02	ENTER FROM THE PS&R, THE IRF PPS PAYMENT	
1.03	MEDICARE SSI RATIO (IRF PPS ONLY) (SEE INSTR.)	
1.04	INPATIENT REHABILITATION FACILITY LIP PAYMENTS (SEE INSTRUCTIONS)	
1.05	OUTLIER PAYMENTS	
1.06	TOTAL PPS PAYMENTS (SUM OF LINES 1.01, (1.02, 1.04 FOR COLUMNS 1 & 1.01), 1.05 AND 1.42)	
1.07	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT (SEE INSTRUCTIONS)	
	INPATIENT PSYCHIATRIC FACILITY (IPF)	
1.08	NET FEDERAL IPF PPS PAYMENTS (EXCLUDING OUTLIER, ECT, STOP-LOSS, AND MEDICAL EDUCATION PAYMENTS)	1,386,178
1.09	NET IPF PPS OUTLIER PAYMENTS	
1.10	NET IPF PPS ECT PAYMENTS	
1.11	UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR LATEST COST REPORT FILED PRIOR TO NOVEMBER 15, 2004 (SEE INSTRUCTIONS)	9.50
1.12	NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTRUCTIONS)	
1.13	CURRENT YEARS UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	4.25
1.14	CURRENT YEARS UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.15	INTERN AND RESIDENT COUNT FOR IPF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)	4.25
1.16	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)	21.602740
1.17	MEDICAL EDUCATION ADJUSTMENT FACTOR $\{((1 + (\text{LINE } 1.15/1.16))) \text{ RAISED TO THE POWER OF } .5150 - 1\}$.	.096904
1.18	MEDICAL EDUCATION ADJUSTMENT (LINE 1.08 MULTIPLIED BY LINE 1.17).	134,326
1.19	ADJUSTED NET IPF PPS PAYMENTS (SUM OF LINES 1.08, 1.09, 1.10 AND 1.18)	1,520,504
1.20	STOP LOSS PAYMENT FLOOR (LINE 1 x 70%)	
1.21	ADJUSTED NET PAYMENT FLOOR (LINE 1.20 x THE APPROPRIATE FEDERAL BLEND PERCENTAGE)	
1.22	STOP LOSS ADJUSTMENT (IF LINE 1.21 IS GREATER THAN LINE 1.19 ENTER THE AMOUNT ON LINE 1.21 LESS LINE 1.19 OTHERWISE ENTER -0-)	
1.23	TOTAL IPF PPS PAYMENTS (SUM OF LINES 1.01, 1.19 AND 1.22)	1,520,504
	INPATIENT REHABILITATION FACILITY (IRF)	
1.35	UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR COST REPORT PERIODS ENDING ON/OR PRIOR TO NOVEMBER 15, 2004. (SEE INST.)	
1.36	NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTRUCTIONS)	
1.37	CURRENT YEAR'S UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.38	CURRENT YEAR'S UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.39	INTERN AND RESIDENT COUNT FOR IRF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)	
1.40	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)	
1.41	MEDICAL EDUCATION ADJUSTMENT FACTOR $\{((1 + (\text{LINE } 1.39/1.40))) \text{ RAISED TO THE POWER OF } .9012 - 1\}$.	
1.42	MEDICAL EDUCATION ADJUSTMENT (LINE 1.02 MULTIPLIED BY LINE 1.41).	
2	ORGAN ACQUISITION	
3	COST OF TEACHING PHYSICIANS	
4	SUBTOTAL (SEE INSTRUCTIONS)	1,520,504
5	PRIMARY PAYER PAYMENTS	
6	SUBTOTAL	1,520,504
7	DEDUCTIBLES	161,314
8	SUBTOTAL	1,359,190
9	COINSURANCE	47,890
10	SUBTOTAL	1,311,300
11	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROF SERV)	69,160
11.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	48,412
11.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	
12	SUBTOTAL	1,359,712
13	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	
13.01	OTHER PASS THROUGH COSTS (SEE INSTRUCTIONS)	1,926
14	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION	
15	OTHER ADJUSTMENTS (SPECIFY)	
15.99	OUTLIER RECONCILIATION ADJUSTMENT	
16	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS	

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

RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS		
17	TOTAL AMOUNT PAYABLE TO THE PROVIDER (SEE INSTRUCTIONS)	1,361,638
18	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
19	INTERIM PAYMENTS	1,451,169
19.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
20	BALANCE DUE PROVIDER/PROGRAM	-89,531
21	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.	

- FI ONLY -----
- 50 ENTER THE ORIGINAL OUTLIER AMOUNT FROM E-3, I LN 1.05 (IRF)
OR 1.09 (IPF).
 - 51 ENTER THE OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)
 - 52 ENTER THE INTEREST RATE USED TO CALCULATE THE TIME VALUE
OF MONEY. (SEE INSTRUCTIONS).
 - 53 ENTER THE TIME VALUE OF MONEY.

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		91.66
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)		33.00
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)	122.28	122.28
3.05	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR THE CURRENT YEAR FROM YOUR RECORDS		122.32
3.06	ENTER THE LESSER OF LINE 3.04 OR LINE 3.05.		122.28
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.		85.86
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.		29.07
3.09	ENTER THE SUM OF LINES 3.07 AND 3.08.		114.93
3.10	SEE INSTRUCTIONS		114.89
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.		4.58
3.12	SEE INSTRUCTIONS		33.64
3.13	TOTAL WEIGHTED RESIDENT FTE COUNT FOR NONPRIMARY CARE RESIDENTS FOR THE PRIOR COST REPORTING YEAR (SEE INSTRUCTIONS)		34.72
3.14	TOTAL WEIGHTED RESIDENT FTE COUNT FOR NONPRIMARY CARE RESIDENTS FOR THE PENULTIMATE COST REPORTING YEAR (SEE INSTRUCTIONS)		35.39
3.15	ROLLING AVERAGE FTE COUNT (SEE INSTRUCTIONS)	RES INIT YEARS	34.58
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)		34.58
3.17	ENTER THE NONPRIMARY CARE PER RESIDENT AMOUNT.		89,971.62
3.18	SEE INSTRUCTIONS		3,111,219
3.19	ENTER THE WEIGHTED FTE RESIDENT COUNT FOR PRIMARY CARE AND OB/GYN RESIDENTS FOR THE PRIOR YEAR (SEE INSTRUCTIONS)		85.25
3.20	ENTER THE WEIGHTED FTE RESIDENT COUNT FOR PRIMARY CARE AND OB/GYN RESIDENTS FOR THE PENULTIMATE YEAR (SEE INSTRUCTIONS)		83.09
3.21	SEE INSTRUCTIONS	RES INIT YEARS	84.72
3.22	SEE INSTRUCTIONS		84.72
3.23	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001		95,015.82
3.24	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001		8,049,740
3.25	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001		11,160,959

COMPUTATION OF PROGRAM PATIENT LOAD

4	PROGRAM PART A INPATIENT DAYS		15,808
5	TOTAL INPATIENT DAYS		76,023
6	RATIO OF PROGRAM INPATIENT DAYS TO TOTAL INPATIENT DAYS.	LN 6 * LN 3.25 + E-3, 6 L 11	.207937
6.01	TOTAL GME PAYMENT FOR NON-MANAGED CARE DAYS	2,320,776	2,320,776
6.02	PROGRAM MANAGED CARE DAYS OCCURRING ON OR AFTER JANUARY 1 OF THIS COST REPORTING PERIOD (SEE INSTRUCTIONS)		2,558
6.03	ENTER THE TOTAL INPATIENT DAYS FROM LINE 5 ABOVE.		76,023
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.		322,480
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		4,273
8	RENAL DIALYSIS AND HOME DIALYSIS TOTAL CHARGES		20,569,567
9	RATIO OF DIRECT MEDICAL EDUCATION COSTS TO TOTAL CHARGES		.000208

TITLE XVIII

- 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)	29,825,090
13	ORGAN ACQUISITION COSTS	
14	COST OF TEACHING PHYSICIANS	
15	PRIMARY PAYER PAYMENTS	13,177
16	TOTAL PART A REASONABLE COST	29,811,913
PART B REASONABLE COST		
17	REASONABLE COST	5,682,329
18	PRIMARY PAYER PAYMENTS	
19	TOTAL PART B REASONABLE COST	5,682,329
20	TOTAL REASONABLE COST	35,494,242
21	RATIO OF PART A REASONABLE COST TO TOTAL REASONABLE COST	.839908
22	RATIO OF PART B REASONABLE COST TO TOTAL REASONABLE COST	.160092

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

23	TOTAL PROGRAM GME PAYMENT	
23.01	FOR COST REPORTING PERIODS BEGINNING ON OR AFTER 10/1/97 (SUM OF LINES 6.01, 6.05, & 6.08)	2,643,256
24	PART A MEDICARE GME PAYMENT--TITLE XVIII ONLY	2,220,092
25	PART B MEDICARE GME PAYMENT--TITLE XVIII ONLY	423,164

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)	122.28	
3 UNADJUSTED DIRECT GME FTE CAP (WKST E-3, PART IV, SUM OF LINES 3.01 AND 3.02)	124.66	
4 PRORATED REDUCED DIRECT GME FTE CAP (SEE INSTRUCTIONS)	122.28	

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)	112.36
14 UNADJUSTED IIME FTE CAP (WKST E, PART A, SUM OF LINES 3.04 AND 3.05)	115.83
15 PRORATED REDUCED ALLOWABLE IIME FTE CAP	112.36

CALCULATION OF ADDITIONAL IIME PAYMENTS ATTRIBUTABLE TO SECTION 422 OF MMA

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

	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
ASSETS	1	2	3	4
CURRENT ASSETS				
1 CASH ON HAND AND IN BANKS	6,295,000			
2 TEMPORARY INVESTMENTS	2,125,000			
3 NOTES RECEIVABLE				
4 ACCOUNTS RECEIVABLE	52,279,000			
5 OTHER RECEIVABLES	4,042,000			
6 LESS: ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE	-18,787,000			
7 INVENTORY	2,503,000			
8 PREPAID EXPENSES	2,952,000			
9 OTHER CURRENT ASSETS				
10 DUE FROM OTHER FUNDS	-10,892,000	2,216,000	75,000	
11 TOTAL CURRENT ASSETS	40,517,000	2,216,000	75,000	
FIXED ASSETS				
12 LAND	1,725,650			
12.01 LAND IMPROVEMENTS	621,131			
13.01 LESS ACCUMULATED DEPRECIATION				
14 BUILDINGS	140,887,802			
14.01 LESS ACCUMULATED DEPRECIATION	-83,708,271			
15 LEASEHOLD IMPROVEMENTS				
15.01 LESS ACCUMULATED DEPRECIATION				
16 FIXED EQUIPMENT				
16.01 LESS ACCUMULATED DEPRECIATION				
17 AUTOMOBILES AND TRUCKS	69,188			
17.01 LESS ACCUMULATED DEPRECIATION	-181,004			
18 MAJOR MOVABLE EQUIPMENT	67,716,579			
18.01 LESS ACCUMULATED DEPRECIATION	-49,371,075			
19 MINOR EQUIPMENT DEPRECIABLE				
19.01 LESS ACCUMULATED DEPRECIATION				
20 MINOR EQUIPMENT-NONDEPRECIABLE				
21 TOTAL FIXED ASSETS	77,760,000			
OTHER ASSETS				
22 INVESTMENTS	19,982,000			
23 DEPOSITS ON LEASES	19,313,000			
24 DUE FROM OWNERS/OFFICERS				
25 OTHER ASSETS	1,760,000			
26 TOTAL OTHER ASSETS	41,055,000			
27 TOTAL ASSETS	159,332,000	2,216,000	75,000	

	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
LIABILITIES AND FUND BALANCE	1	2	3	4
CURRENT LIABILITIES				
28 ACCOUNTS PAYABLE	30,243,000			
29 SALARIES, WAGES & FEES PAYABLE	13,068,000			
30 PAYROLL TAXES PAYABLE				
31 NOTES AND LOANS PAYABLE (SHORT TERM)	5,023,000			
32 DEFERRED INCOME				
33 ACCELERATED PAYMENTS				
34 DUE TO OTHER FUNDS	5,935,000			
35 OTHER CURRENT LIABILITIES	11,245,000			
36 TOTAL CURRENT LIABILITIES	65,514,000			
LONG TERM LIABILITIES				
37 MORTGAGE PAYABLE				
38 NOTES PAYABLE				
39 UNSECURED LOANS				
40.01 LOANS PRIOR TO 7/1/66				
40.02 ON OR AFTER 7/1/66				
41 OTHER LONG TERM LIABILITIES	109,164,000			
42 TOTAL LONG-TERM LIABILITIES	109,164,000			
43 TOTAL LIABILITIES	174,678,000			
CAPITAL ACCOUNTS				
44 GENERAL FUND BALANCE	-15,346,000			
45 SPECIFIC PURPOSE FUND		2,216,000		
46 DONOR CREATED- ENDOWMENT FUND BALANCE- RESTRICTED			75,000	
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	-15,346,000	2,216,000	75,000	
52 TOTAL LIABILITIES AND FUND BALANCES	159,332,000	2,216,000	75,000	

		GENERAL FUND		SPECIFIC PURPOSE FUND	
		1	2	3	4
1	FUND BALANCE AT BEGINNING OF PERIOD		-13,431,001		2,112,000
2	NET INCOME (LOSS)		-1,914,999		
3	TOTAL		-15,346,000		2,112,000
4	ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
5	ADDITIONS (CREDIT ADJUSTM)				
6	DONOR GRANTS AND CONTRIBU			916,000	
7					
8					
9					
10	TOTAL ADDITIONS				916,000
11	SUBTOTAL		-15,346,000		3,028,000
12	DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
13	DEDUCTIONS (DEBIT ADJUSTM)				
14	RELEASED FOR CAPITAL PURP			156,000	
15	RELEASED RESTR USED IN OP			656,000	
16					
17					
18	TOTAL DEDUCTIONS				812,000
19	FUND BALANCE AT END OF PERIOD PER BALANCE SHEET		-15,346,000		2,216,000

		ENDOWMENT FUND		PLANT FUND	
		5	6	7	8
1	FUND BALANCE AT BEGINNING OF PERIOD		75,000		
2	NET INCOME (LOSS)				
3	TOTAL		75,000		
4	ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
5	ADDITIONS (CREDIT ADJUSTM)				
6	DONOR GRANTS AND CONTRIBU				
7					
8					
9					
10	TOTAL ADDITIONS				
11	SUBTOTAL		75,000		
12	DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
13	DEDUCTIONS (DEBIT ADJUSTM)				
14	RELEASED FOR CAPITAL PURP				
15	RELEASED RESTR USED IN OP				
16					
17					
18	TOTAL DEDUCTIONS				
19	FUND BALANCE AT END OF PERIOD PER BALANCE SHEET		75,000		

PART I - PATIENT REVENUES

REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3
GENERAL INPATIENT ROUTINE CARE SERVICES			
1 00 HOSPITAL	77,125,305		77,125,305
2 00 SUBPROVIDER	8,322,471		8,322,471
4 00 SWING BED - SNF			
5 00 SWING BED - NF			
6 00 SKILLED NURSING FACILITY			
7 00 NURSING FACILITY			
9 00 TOTAL GENERAL INPATIENT ROUTINE CARE	85,447,776		85,447,776
INTENSIVE CARE TYPE INPATIENT HOSPITAL SVCS			
10 00 INTENSIVE CARE UNIT	12,487,350		12,487,350
10 01 PREMATURE INTENSIVE CARE UNIT	14,202,142		14,202,142
11 00 CORONARY CARE UNIT	13,455,732		13,455,732
12 00 BURN INTENSIVE CARE UNIT			
13 00 SURGICAL INTENSIVE CARE UNIT			
15 00 TOTAL INTENSIVE CARE TYPE INPAT HOSP	40,145,224		40,145,224
16 00 TOTAL INPATIENT ROUTINE CARE SERVICE	125,593,000		125,593,000
17 00 ANCILLARY SERVICES	361,796,000		361,796,000
18 00 OUTPATIENT SERVICES		364,872,943	364,872,943
19 00 HOME HEALTH AGENCY		1,601,057	1,601,057
20 00 AMBULANCE SERVICES			
22 00 AMBULATORY SURGICAL CENTER (D.P.)			
24 00			
25 00 TOTAL PATIENT REVENUES	487,389,000	366,474,000	853,863,000

PART II - OPERATING EXPENSES

26 00 OPERATING EXPENSES	243,384,076
ADD (SPECIFY)	
27 00	
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	243,384,076

DESCRIPTION

1	TOTAL PATIENT REVENUES	853,863,000
2	LESS: ALLOWANCES AND DISCOUNTS ON PATIENT'S ACCTS	561,070,923
3	NET PATIENT REVENUES	292,792,077
4	LESS: TOTAL OPERATING EXPENSES	243,384,076
5	NET INCOME FROM SERVICE TO PATIENTS	49,408,001
	OTHER INCOME	
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.	33,000
7	INCOME FROM INVESTMENTS	1,386,000
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE	
9	REVENUE FROM TELEVISION AND RADIO SERVICE	
10	PURCHASE DISCOUNTS	40,655
11	REBATES AND REFUNDS OF EXPENSES	
12	PARKING LOT RECEIPTS	605,848
13	REVENUE FROM LAUNDRY AND LINEN SERVICE	
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS	1,441,600
15	REVENUE FROM RENTAL OF LIVING QUARTERS	
16	REVENUE FROM SALE OF MEDICAL & SURGICAL SUPPLIES TO OTHER THAN PATIENTS	
17	REVENUE FROM SALE OF DRUGS TO OTHER THAN PATIENTS	184,663
18	REVENUE FROM SALE OF MEDICAL RECORDS & ABSTRACTS	20,829
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC)	
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOP & CANTEEN	
21	RENTAL OF VENDING MACHINES	
22	RENTAL OF HOSPITAL SPACE	1,209,619
23	GOVERNMENTAL APPROPRIATIONS	
24	TRAUMA FUNDING	1,249,676
24.01	OTHER OPERATING SRH	1,752,554
24.02	OTHER OPERATING PREMIER PURCH	997,961
24.03	OTHER INCOME	6,759,595
24.04		
25	TOTAL OTHER INCOME	15,682,000
26	TOTAL	65,090,001
	OTHER EXPENSES	
27	OTHER EXPENSES (SPECIFY)	
28	PROVISION FOR BAD DEBTS	67,005,000
29		
30	TOTAL OTHER EXPENSES	67,005,000
31	NET INCOME (OR LOSS) FOR THE PERIOD	-1,914,999

HHA 1

	SALARIES	EMPLOYEE BENEFITS	TRANSPORTATION	CONTRACTED/PURCHASED SVCS	OTHER COSTS	TOTAL
	1	2	3	4	5	6
GENERAL SERVICE COST CENTERS						
1						
2						
3						
4						
5						
	433,622				152,480	586,102
HHA REIMBURSABLE SERVICES						
6	612,241				29,964	642,205
7	222,532					222,532
8	92,362					92,362
9						
10	32,462					32,462
11	42,180					42,180
12						
13						
13.20						
14						
HHA NONREIMBURSABLE SERVICES						
15						
16						
17						
18						
19						
20						
21						
22						
23						
23.50						
24	1,435,399				182,444	1,617,843

	RECLASSIFICATIONS	RECLASSIFIED TRIAL BALANCE	ADJUSTMENTS	NET EXPENSES FOR ALLOCATION
	7	8	9	10
GENERAL SERVICE COST CENTERS				
1				
2				
3				
4				
5		586,102		586,102
HHA REIMBURSABLE SERVICES				
6		642,205		642,205
7		222,532		222,532
8		92,362		92,362
9				
10		32,462		32,462
11		42,180		42,180
12				
13				
13.20				
14				
HHA NONREIMBURSABLE SERVICES				
15				
16				
17				
18				
19				
20				
21				
22				
23				
23.50				
24		1,617,843		1,617,843

HHA 1

	NET EXPENSES FOR COST ALLOCATION	CAP-REL COST-BLDG & FIX	CAP-REL COST-MOV EQUIP	PLANT OPER & MAINT	TRANSPORTATION	SUBTOTAL	ADMINISTRATIVE & GENERAL
	0	1	2	3	4	4A	5
GENERAL SERVICE COST CENTERS							
1							
2							
3							
4							
5		586,102				586,102	586,102
HHA REIMBURSABLE SERVICES							
6		642,205				642,205	364,818
7		222,532				222,532	126,414
8		92,362				92,362	52,468
9							
10		32,462				32,462	18,441
11		42,180				42,180	23,961
12							
13							
13.20							
14							
HHA NONREIMBURSABLE SERVICES							
15							
16							
17							
18							
19							
20							
21							
22							
23							
23.50							
24		1,617,843				1,617,843	
TOTAL (SUM OF LINES 1-23)							

TOTAL

6

GENERAL SERVICE COST CENTERS							
1							
2							
3							
4							
5							
HHA REIMBURSABLE SERVICES							
6		1,007,023					
7		348,946					
8		144,830					
9							
10		50,903					
11		66,141					
12							
13							
13.20							
14							
HHA NONREIMBURSABLE SERVICES							
15							
16							
17							
18							
19							
20							
21							
22							
23							
23.50							
24		1,617,843					
TOTAL (SUM OF LINES 1-23)							

HHA 1

	CAP-REL COST-BLDG & FIX (SQUARE FEET)	CAP-REL COST-MOV EQUIP (DOLLAR VALUE)	PLANT OPER & MAINT (SQUARE FEET)	TRANSPORTATIO N (MI LEAGE)	RECONCILIATIO N (ADMINISTRATIV E & GENERAL (ACCUM. COST)	
	1	2	3	4	5A	5	
GENERAL SERVICE COST CENTERS							
1	CAP-REL COST-BLDG & FIX						
2	CAP-REL COST-MOV EQUIP						
3	PLANT OPER & MAINT						
4	TRANSPORTATION						
5	ADMINISTRATIVE & GENERAL						
	HHA REIMBURSABLE SERVICES					-586,102	1,031,741
6	SKILLED NURSING CARE					642,205	
7	PHYSICAL THERAPY					222,532	
8	OCCUPATIONAL THERAPY					92,362	
9	SPEECH PATHOLOGY						
10	MEDICAL SOCIAL SERVICES					32,462	
11	HOME HEALTH AIDE					42,180	
12	SUPPLIES						
13	DRUGS						
13.20	COST ADMINISTERING DRUGS						
14	DME						
	HHA NONREIMBURSABLE SERVICES						
15	HOME DIALYSIS AIDE SVCS						
16	RESPIRATORY THERAPY						
17	PRIVATE DUTY NURSING						
18	CLINIC						
19	HEALTH PROM ACTIVITIES						
20	DAY CARE PROGRAM						
21	HOME DEL MEALS PROGRAM						
22	HOMEMAKER SERVICE						
23	ALL OTHERS						
23.50	TELEMEDICINE						
24	TOTAL (SUM OF LINES 1-23)						
						-586,102	1,031,741
25	COST TO BE ALLOCATED					586,102	
26	UNIT COST MULTIPLIER					.568071	

HHA 1

HHA COST CENTER	HHA TRIAL BALANCE (1) 0	OLD CAP REL COSTS-BLDG & 1	OLD CAP REL COSTS-MVBLE 2	NEW CAP REL COSTS-BLDG & 3	NEW CAP REL COSTS-MVBLE 4	EMPLOYEE BEN EFITS 5
1 ADMIN & GENERAL		2,001	14,851	60,588	45,481	66,287
2 SKILLED NURSING CARE	1,007,023	232	1,724	7,032	5,278	93,594
3 PHYSICAL THERAPY	348,946	48	356	1,451	1,089	34,018
4 OCCUPATIONAL THERAPY	144,830					14,119
5 SPEECH PATHOLOGY						
6 MEDICAL SOCIAL SERVICES	50,903	216	1,606	6,554	4,920	4,962
7 HOME HEALTH AIDE	66,141	146	1,083	4,420	3,318	6,448
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19) (2)	1,617,843	2,643	19,620	80,045	60,086	219,428
21 UNIT COST MULTIPLIER						

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

HHA COST CENTER	NONPATIENT TELEPHONE 6.01	DATA PROCESSING 6.02	PURCHASING RECEIVING AND 6.03	ADMINISTRATIVE 6.04	CASHIERING/A CCOUNTS RECE 6.05	SUBTOTAL 6A.05
1 ADMIN & GENERAL	4,467	143,383				337,058
2 SKILLED NURSING CARE	7,260		339			1,122,482
3 PHYSICAL THERAPY	558					386,466
4 OCCUPATIONAL THERAPY						158,949
5 SPEECH PATHOLOGY						
6 MEDICAL SOCIAL SERVICES	558					69,719
7 HOME HEALTH AIDE	1,675					83,231
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19) (2)	14,518	143,383	339			2,157,905
21 UNIT COST MULTIPLIER						

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

HHA 1

HHA COST CENTER	OTHER ADMINISTRATIVE AND 6.06	MAINTENANCE & REPAIRS 7	OPERATION OF PLANT 8	LAUNDRY & LINEN SERVICE 9	HOUSEKEEPING 10	DIETARY 11
1 ADMIN & GENERAL	66,068	41,652	85,464		50,916	
2 SKILLED NURSING CARE	220,021	4,834	9,919		5,909	
3 PHYSICAL THERAPY	75,752	997	2,046		1,219	
4 OCCUPATIONAL THERAPY	31,156					
5 SPEECH PATHOLOGY						
6 MEDICAL SOCIAL SERVICES	13,666	4,505	9,244		5,508	
7 HOME HEALTH AIDE	16,314	3,039	6,235		3,715	
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19) (2)	422,977	55,027	112,908		67,267	
21 UNIT COST MULTIPLIER						

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

HHA COST CENTER	CAFETERIA 12	MAINTENANCE OF PERSONNEL 13	NURSING ADMINISTRATION 14	CENTRAL SERVICES & SUPPL 15	PHARMACY 16	MEDICAL RECORDS & LIBRAR 17
1 ADMIN & GENERAL	23,725					
2 SKILLED NURSING CARE	18,774			6,339	4,969	
3 PHYSICAL THERAPY	5,661					
4 OCCUPATIONAL THERAPY	2,328					
5 SPEECH PATHOLOGY						
6 MEDICAL SOCIAL SERVICES	1,201					
7 HOME HEALTH AIDE	3,578					
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19) (2)	55,267			6,339	4,969	
21 UNIT COST MULTIPLIER						

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

HHA 1

HHA COST CENTER	SOCIAL SERVICE 18	OTHER GENERAL SERVICE CO 19	OUTPATIENT ACCOUNTING 19.01	NONPHYSICIAN ANESTHETIST 20	NURSING SCHOOL 21	I&R SERVICES -SALARY & FR 22
1	ADMIN & GENERAL					
2	SKILLED NURSING CARE					
3	PHYSICAL THERAPY					
4	OCCUPATIONAL THERAPY					
5	SPEECH PATHOLOGY					
6	MEDICAL SOCIAL SERVICES					
7	HOME HEALTH AIDE					
8	SUPPLIES					
9	DRUGS					
9.20	COST ADMINISTERING DRUGS					
10	DME					
11	HOME DIALYSIS AIDE SVCS					
12	RESPIRATORY THERAPY					
13	PRIVATE DUTY NURSING					
14	CLINIC					
15	HEALTH PROM ACTIVITIES					
16	DAY CARE PROGRAM					
17	HOME DEL MEALS PROGRAM					
18	HOMEMAKER SERVICE					
19	ALL OTHER					
19.50	TELEMEDICINE					
20	TOTAL (SUM OF 1-19) (2)					
21	UNIT COST MULTIPLIER					

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

HHA COST CENTER	I&R SERVICES -OTHER PRGM 23	PARAMED P RGM-(SPECIFY 24	PASTORAL EDUCATION 24.01	SUBTOTAL 25	POST STEP DOWN ADJUST 26	SUBTOTAL 27
1	ADMIN & GENERAL			604,883		604,883
2	SKILLED NURSING CARE			1,393,247		1,393,247
3	PHYSICAL THERAPY			472,141		472,141
4	OCCUPATIONAL THERAPY			192,433		192,433
5	SPEECH PATHOLOGY					
6	MEDICAL SOCIAL SERVICES			103,843		103,843
7	HOME HEALTH AIDE			116,112		116,112
8	SUPPLIES					
9	DRUGS					
9.20	COST ADMINISTERING DRUGS					
10	DME					
11	HOME DIALYSIS AIDE SVCS					
12	RESPIRATORY THERAPY					
13	PRIVATE DUTY NURSING					
14	CLINIC					
15	HEALTH PROM ACTIVITIES					
16	DAY CARE PROGRAM					
17	HOME DEL MEALS PROGRAM					
18	HOMEMAKER SERVICE					
19	ALL OTHER					
19.50	TELEMEDICINE					
20	TOTAL (SUM OF 1-19) (2)			2,882,659		2,882,659
21	UNIT COST MULTIPLIER					

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

HHA 1

HHA COST CENTER	ALLOCATED HHA A & G 28	TOTAL HHA COSTS 29
1 ADMIN & GENERAL		
2 SKILLED NURSING CARE	369,989	1,763,236
3 PHYSICAL THERAPY	125,381	597,522
4 OCCUPATIONAL THERAPY	51,102	243,535
5 SPEECH PATHOLOGY		
6 MEDICAL SOCIAL SERVICES	27,576	131,419
7 HOME HEALTH AIDE	30,835	146,947
8 SUPPLIES		
9 DRUGS		
9.20 COST ADMINISTERING DRUGS		
10 DME		
11 HOME DIALYSIS AIDE SVCS		
12 RESPIRATORY THERAPY		
13 PRIVATE DUTY NURSING		
14 CLINIC		
15 HEALTH PROM ACTIVITIES		
16 DAY CARE PROGRAM		
17 HOME DEL MEALS PROGRAM		
18 HOMEMAKER SERVICE		
19 ALL OTHER		
19.50 TELEMEDICINE		
20 TOTAL (SUM OF 1-19) (2)	604,883	2,882,659
21 UNIT COST MULTIPLIER	0.265559	

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

HHA 1

HHA COST CENTER	OLD CAP REL COSTS-BLDG & (SQ FT 1)	OLD CAP REL COSTS-MVBLE (SQ FT 1)	NEW CAP REL COSTS-BLDG & (SQ FT 1)	NEW CAP REL COSTS-MVBLE (SQ FT 1)	EMPLOYEE BENEFITS (GROSS SALARIES)	NONPATIENT TELEPHONE (PHONES)
	1	2	3	4	5	6.01
1 ADMIN & GENERAL	3,550	3,550	3,550	3,550	433,622	8
2 SKILLED NURSING CARE	412	412	412	412	612,241	13
3 PHYSICAL THERAPY	85	85	85	85	222,532	1
4 OCCUPATIONAL THERAPY					92,362	
5 SPEECH PATHOLOGY						
6 MEDICAL SOCIAL SERVICES	384	384	384	384	32,462	1
7 HOME HEALTH AIDE	259	259	259	259	42,180	3
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19)	4,690	4,690	4,690	4,690	1,435,399	26
21 COST TO BE ALLOCATED	2,643	19,620	80,045	60,086	219,428	14,518
22 UNIT COST MULTIPLIER	0.563539	4.183369	17.067164	12.811514	0.152869	558.384615

HHA COST CENTER	DATA PROCESSING (EDP TIME)	PURCHASING RECEIVING AND (SUP COST)	ADMINISTRATIVE (I/P CHARGE) S	CASHIERING/ACCOUNTS RECEivable (GRS REV)	RECONCILIATION	OTHER ADMINISTRATIVE AND STRATEGIC (ACCUM. COST)
	6.02	6.03	6.04	6.05	6A.06	6.06
1 ADMIN & GENERAL	4					337,058
2 SKILLED NURSING CARE		7,362				1,122,482
3 PHYSICAL THERAPY						386,466
4 OCCUPATIONAL THERAPY						158,949
5 SPEECH PATHOLOGY						
6 MEDICAL SOCIAL SERVICES						69,719
7 HOME HEALTH AIDE						83,231
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19)	4	7,362				2,157,905
21 COST TO BE ALLOCATED	143,383	339				422,977
22 UNIT COST MULTIPLIER	5845.750000	0.046047				0.196013

HHA 1

HHA COST CENTER	MAINTENANCE & REPAIRS (SQ FT 2)	OPERATION OF PLANT (SQ FT 2)	LAUNDRY & LINEN SERVICE (POUNDS)	HOUSEKEEPING (SQ FT 1)	DIETARY (MEALS)	CAFETERIA (FTES)
	7	8	9	10	11	12
1 ADMIN & GENERAL	3,550	3,550		3,550		968
2 SKILLED NURSING CARE	412	412		412		766
3 PHYSICAL THERAPY	85	85		85		231
4 OCCUPATIONAL THERAPY						95
5 SPEECH PATHOLOGY						
6 MEDICAL SOCIAL SERVICES	384	384		384		49
7 HOME HEALTH AIDE	259	259		259		146
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19)	4,690	4,690		4,690		2,255
21 COST TO BE ALLOCATED	55,027	112,908		67,267		55,267
22 UNIT COST MULTIPLIER	11.732836	24.074200		14.342644		24.508647

HHA COST CENTER	MAINTENANCE OF PERSONNEL (SQ FT 2)	NURSING ADMINISTRATION (NUR HRS)	CENTRAL SERVICES & SUPPLIES (C/S REQ)	PHARMACY (PHARM REQ)	MEDICAL RECORDS & LIBRARY (GRS REV)	SOCIAL SERVICE (TIME SPENT)
	13	14	15	16	17	18
1 ADMIN & GENERAL	3,550					
2 SKILLED NURSING CARE	412		17,935	8,415		
3 PHYSICAL THERAPY	85					
4 OCCUPATIONAL THERAPY						
5 SPEECH PATHOLOGY						
6 MEDICAL SOCIAL SERVICES	384					
7 HOME HEALTH AIDE	259					
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19)	4,690		17,935	8,415		
21 COST TO BE ALLOCATED			6,339	4,969		
22 UNIT COST MULTIPLIER			0.353443	0.590493		

HHA 1

HHA COST CENTER	OTHER GENERAL SERVICE COST (ASSIGNED TIME)	GENERAL ACCOUNTING (O/P REV)	OUTPATIENT ANESTHETIST (BLANK)	NONPHYSICIAN (BLANK)	NURSING SCHOOL (BLANK)	SCHO (I/R TIME)	I&R SERVICES -SALARY & FR (I/R TIME)	I&R SERVICES -OTHER PRGM (I/R TIME)
	19	19.01	20	21	22	23		
1	ADMIN & GENERAL							
2	SKILLED NURSING CARE							
3	PHYSICAL THERAPY							
4	OCCUPATIONAL THERAPY							
5	SPEECH PATHOLOGY							
6	MEDICAL SOCIAL SERVICES							
7	HOME HEALTH AIDE							
8	SUPPLIES							
9	DRUGS							
9.20	COST ADMINISTERING DRUGS							
10	DME							
11	HOME DIALYSIS AIDE SVCS							
12	RESPIRATORY THERAPY							
13	PRIVATE DUTY NURSING							
14	CLINIC							
15	HEALTH PROM ACTIVITIES							
16	DAY CARE PROGRAM							
17	HOME DEL MEALS PROGRAM							
18	HOMEMAKER SERVICE							
19	ALL OTHER							
19.50	TELEMEDICINE							
20	TOTAL (SUM OF 1-19)							
21	COST TO BE ALLOCATED							
22	UNIT COST MULTIPLIER							

PARAMED P PASTORAL EDU
 RGM-(SPECIFY CATI ON
 (BLANK (TIME ALLOCATI
) ON)

HHA COST CENTER	PARAMED P (BLANK)	PASTORAL EDU CATI ON (TIME ALLOCATI ON)
	24	24.01
1	ADMIN & GENERAL	
2	SKILLED NURSING CARE	
3	PHYSICAL THERAPY	
4	OCCUPATIONAL THERAPY	
5	SPEECH PATHOLOGY	
6	MEDICAL SOCIAL SERVICES	
7	HOME HEALTH AIDE	
8	SUPPLIES	
9	DRUGS	
9.20	COST ADMINISTERING DRUGS	
10	DME	
11	HOME DIALYSIS AIDE SVCS	
12	RESPIRATORY THERAPY	
13	PRIVATE DUTY NURSING	
14	CLINIC	
15	HEALTH PROM ACTIVITIES	
16	DAY CARE PROGRAM	
17	HOME DEL MEALS PROGRAM	
18	HOMEMAKER SERVICE	
19	ALL OTHER	
19.50	TELEMEDICINE	
20	TOTAL (SUM OF 1-19)	
21	COST TO BE ALLOCATED	
22	UNIT COST MULTIPLIER	

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

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

COST PER VISIT COMPUTATION	FROM WKST H-5 PART I COL. 29, LINE:	FACILITY COSTS (FROM PART I)	SHARED ANCILLARY COSTS (FROM PART II)	TOTAL HHA COSTS	TOTAL VISITS	AVERAGE COST PER VISIT	PROGRAM VISITS
							PART A
PATIENT SERVICES							
1 SKILLED NURSING	2	1,763,236	2	1,763,236	6,730	262.00	718
2 PHYSICAL THERAPY	3	597,522		597,522	3,468	172.30	517
3 OCCUPATIONAL THERAPY	4	243,535		243,535	966	252.11	158
4 SPEECH PATHOLOGY	5						
5 MEDICAL SOCIAL SERVICES	6	131,419		131,419	91	1,444.16	20
6 HOME HEALTH AIDE SERVICE	7	146,947		146,947	441	333.21	96
7 TOTAL		2,882,659		2,882,659	11,696		1,509

	-----PROGRAM VISITS-----		-----COST OF SERVICES-----		TOTAL PROGRAM COST	
	NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR	NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR		
	7	8	9	10	11	12
1 SKILLED NURSING	660		188,116	172,920		361,036
2 PHYSICAL THERAPY	413		89,079	71,160		160,239
3 OCCUPATIONAL THERAPY	48		39,833	12,101		51,934
4 SPEECH PATHOLOGY						
5 MEDICAL SOCIAL SERVICES	10		28,883	14,442		43,325
6 HOME HEALTH AIDE SERVICES	183		31,988	60,977		92,965
7 TOTAL	1,314		377,899	331,600		709,499

LIMITATION COST COMPUTATION	PATIENT SERVICES	1	2	3	4	PROGRAM COST	PROGRAM VISITS
						LIMITS	PART A
						5	6
8 SKILLED NURSING		1600					
9 PHYSICAL THERAPY		1600					
10 OCCUPATIONAL THERAPY		1600					
11 SPEECH PATHOLOGY		1600					
12 MEDICAL SOCIAL SERVICES		1600					
13 HOME HEALTH AIDE SERVICE		1600					
14 TOTAL							

	-----PROGRAM VISITS-----		-----COST OF SERVICES-----		TOTAL PROGRAM COST	
	NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR	NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR		
	7	8	9	10	11	12
8 SKILLED NURSING						
9 PHYSICAL THERAPY						
10 OCCUPATIONAL THERAPY						
11 SPEECH PATHOLOGY						
12 MEDICAL SOCIAL SERVICES						
13 HOME HEALTH AIDE SERVICE						
14 TOTAL						

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

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

SUPPLIES AND EQUIPMENT COST COMPUTATION	FROM WKST H-5 PART I COL. 29, LINE:	FACILITY COSTS (FROM WKST H-5 PART I)	SHARED ANCILLARY COSTS (FROM PART I)	TOTAL HHA COSTS	TOTAL CHARGES	RATIO	PROGRAM COVERED CHARGES PART A
OTHER PATIENT SERVICES		1	2	3	4	5	6
15 COST OF MEDICAL SUPPLIES	8.00				8,188		1,653
16 COST OF DRUGS	9.00						
16.20 COST OF DRUGS	9.20						

	PROGRAM COVERED CHARGES	-----COST OF SERVICES-----	
	-----PART B-----	-----PART B-----	
	NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR	
	7	8	
		PART A	NOT SUBJECT TO DEDUCT & COINSUR
		9	10
			SUBJECT TO DEDUCT & COINSUR
			11
15 COST OF MEDICAL SUPPLIES	6,535		
16 COST OF DRUGS			
16.20 COST OF DRUGS			

PER BENEFICIARY COST LIMITATION:	MSA NUMBER	AMOUNT
	1	2
162 PROGRAM UNDUP CENSUS FROM WRKST S-4	1600	
17 PER BENE COST LIMITATION (FRM FI)	1600	
18 PER BENE COST LIMITATION (LN 17*18)		

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

	FROM WKST C PT I, COL 9	COST TO CHARGE RATIO	TOTAL HHA CHARGES	HHA SHARED ANCILLARY COSTS	TRANSFER TO PART I AS INDICATED
		1	2	3	4
1 PHYSICAL THERAPY	50	.469780			COL 2, LN 2
2 OCCUPATIONAL THERAPY	51	.494389			COL 2, LN 3
3 SPEECH PATHOLOGY	52	.321784			COL 2, LN 4
4 MEDICAL SUPPLIES CHARGED TO PATIENT	55	.291348			COL 2, LN 15
5 DRUGS CHARGED TO PATIENTS	56	.172689			COL 2, LN 16

PART III - OUTPATIENT THERAPY REDUCTION COMPUTATION

	FROM PART I, COL 5	COST PER VISIT	PART B SERVICES SUBJECT TO DEDUCTIBLES AND COINSURANCE		PROGRAM COSTS		PROG VISITS ON OR AFTER
	1	2	----- PROGRAM VISITS -----	----- PROGRAM VISITS -----	----- PROGRAM COSTS -----	----- PROGRAM COSTS -----	1/1/1999
			PRIOR 1/1/1998	1/1/1998 TO 12/31/1998	PRIOR 1/1/1998	1/1/1998 TO 12/31/1998	5
			2.01	3	3.01	4	
1 PHYSICAL THERAPY	2	172.30					
2 OCCUPATIONAL THERAPY	3	252.11					
3 SPEECH PATHOLOGY	4						
4 TOTAL (SUM OF LINES 1-3)							

TITLE XVII I HHA 1

PART I - COMPUTATION OF THE LESSER OF REASONABLE COST OR CUSTOMARY CHARGES

PART B NOT SUBJECT TO DED & COINS 2
 PART B SUBJECT TO DED & COINS 3

PART A 1

- 1 REASONABLE COST OF SERVICES
- 2 TOTAL CHARGES
- 3 CUSTOMARY CHARGES
- 4 AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS
- 5 AMOUNT 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(B)
- 6 RATIO OF LINE 3 TO 4 (NOT TO EXCEED 1.000000)
- 7 TOTAL CUSTOMARY CHARGES
- 8 EXCESS OF TOTAL CUSTOMARY CHARGES OVER TOTAL REASONABLE COST
- 9 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES
- 10 PRIMARY PAYOR AMOUNTS

PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT

PART A SERVICES 1
 PART B SERVICES 2

10	TOTAL REASONABLE COST		
10.01	TOTAL PPS REIMBURSEMENT-FULL EPIISODES WITHOUT OUTLIERS	255,085	195,172
10.02	TOTAL PPS REIMBURSEMENT-FULL EPIISODES WITH OUTLIERS		
10.03	TOTAL PPS REIMBURSEMENT-LUPA EPIISODES	3,479	8,937
10.04	TOTAL PPS REIMBURSEMENT-PEP EPIISODES	6,301	5,714
10.05	TOTAL PPS REIMBURSEMENT-SCIC WITHIN A PEP EPIISODE		
10.06	TOTAL PPS REIMBURSEMENT-SCIC EPIISODES		
10.07	TOTAL PPS OUTLIER REIMBURSEMENT-FULL EPIISODES WITH OUTLIERS		
10.08	TOTAL PPS OUTLIER REIMBURSEMENT-PEP EPIISODES		
10.09	TOTAL PPS OUTLIER REIMBURSEMENT-SCIC WITHIN A PEP EPIISODE		
10.10	TOTAL PPS OUTLIER REIMBURSEMENT-SCIC EPIISODES		
10.11	TOTAL OTHER PAYMENTS		
10.12	DME PAYMENTS		
10.13	OXYGEN PAYMENTS		
10.14	PROSTHETIC AND ORTHOTIC PAYMENTS		
11	PART B DEDUCTIBLES BILLED TO MEDICARE PATIENTS (EXCLUDE COINSURANCE)		
12	SUBTOTAL	264,865	209,823
13	EXCESS REASONABLE COST		
14	SUBTOTAL	264,865	209,823
15	COINSURANCE BILLED TO PROGRAM PATIENTS		
16	NET COST	264,865	209,823
17	REIMBURSABLE BAD DEBTS		
17.01	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)		
18	TOTAL COSTS - CURRENT COST REPORTING PERIOD	264,865	209,823
19	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS		
20	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM AGENCIES' TERMINATION OR DECREASE IN MEDICARE UTILIZATION		
21	OTHER ADJUSTMENTS (SPECIFY)		
22	SUBTOTAL	264,865	209,823
23	SEQUESTRATION ADJUSTMENT		
24	SUBTOTAL	264,865	209,823
25	INTERIM PAYMENTS	264,865	209,823
25.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
26	BALANCE DUE PROVIDER/PROGRAM		
27	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11 SECTION 115.2		

TITLE XVII HHA 1

DESCRIPTION	PART A		PART B	
	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		264,865		209,823
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.		NONE		NONE
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
ADJUSTMENTS TO PROVIDER .01				
ADJUSTMENTS TO PROVIDER .02				
ADJUSTMENTS TO PROVIDER .03				
ADJUSTMENTS TO PROVIDER .04				
ADJUSTMENTS TO PROVIDER .05				
ADJUSTMENTS TO PROGRAM .50				
ADJUSTMENTS TO PROGRAM .51				
ADJUSTMENTS TO PROGRAM .52				
ADJUSTMENTS TO PROGRAM .53				
ADJUSTMENTS TO PROGRAM .54				
SUBTOTAL .99				
4 TOTAL INTERIM PAYMENTS		264,865		209,823
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
TENTATIVE TO PROVIDER .01				
TENTATIVE TO PROVIDER .02				
TENTATIVE TO PROVIDER .03				
TENTATIVE TO PROGRAM .50				
TENTATIVE TO PROGRAM .51				
TENTATIVE TO PROGRAM .52				
SUBTOTAL .99				
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)				
SETTLEMENT TO PROVIDER .01				
SETTLEMENT TO PROGRAM .02				
7 TOTAL MEDICARE PROGRAM LIABILITY		264,865		209,823

NAME OF INTERMEDIARY:
 INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: _____

DATE: ___/___/___

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

ANALYSIS OF RENAL DIALYSIS DEPARTMENT COSTS

PROVIDER NO: 14-0018 PERIOD: FROM 7/1/2009 TO 6/30/2010 PREPARED 12/8/2010
 SATELLITE NO: WORKSHEET 1-1

CHECK ONE: XX RENAL DIALYSIS DEPARTMENT HOME PROGRAM DIALYSIS

	TOTAL COSTS 1	BASIS 2	STATISTICS 3	FTEs PER 2080 HOURS 4
1 REGISTERED NURSES	1,101,462	HOURS OF SERVICE	26,345.00	12.67
2 LICENSED PRACTICAL NURSES		HOURS OF SERVICE		
3 NURSES AIDES		HOURS OF SERVICE		
4 TECHNICIANS	239,028	HOURS OF SERVICE	11,027.00	5.30
5 SOCIAL WORKERS		HOURS OF SERVICE		
6 DIETICIANS		HOURS OF SERVICE		
7 PHYSICIANS	57,282	ACCUMULATED COST		
8 NON-PATIENT CARE SALARY	30,293	ACCUMULATED COST		
9 SUBTOTAL (SUM OF LINES 1-8)	1,428,065			
10 EMPLOYEE BENEFITS		SALARY		
11 OLD & NEW CAPITAL RELATED COSTS-BLDGS. &		SQUARE FEET		
12 OLD & NEW CAPITAL RELATED COSTS-MOV. EQU		PERCENTAGE OF TIME		
13 MACHINE COSTS & REPAIRS	33,488	PERCENTAGE OF TIME		
14 SUPPLIES	245,440	REQUIREMENTS		
15 DRUGS	394,037	REQUIREMENTS		
16 OTHER	81,155	ACCUMULATED COST		
17 SUBTOTAL (SUM OF LINES 9-16)*	2,182,185			
18 OLD CAPITAL RELATED COSTS-BLDGS. & FIXTU	723	SQUARE FEET		
19 OLD CAPITAL RELATED COSTS-MOV. EQUIP.	5,367	PERCENTAGE OF TIME		
20 NEW CAPITAL RELATED COSTS-BLDGS. & FIXTU	21,897	SQUARE FEET		
21 NEW CAPITAL RELATED COSTS-MOV. EQUIP.	16,437	PERCENTAGE OF TIME		
22 EMPLOYEE BENEFITS	218,307	SALARY		
23 ADMINISTRATIVE AND GENERAL	604,159	ACCUMULATED COST		
24 MAINT./REPAIRS-OPERATION-HOUSEKEEPING	64,342	SQUARE FEET		
25 MEDICAL EDUCATION PROGRAM COSTS	4,273			
26 CENTRAL SERVICES & SUPPLIES	14,389	REQUIREMENTS		
27 PHARMACY	-380,198	REQUIREMENTS		
28 OTHER ALLOCATED COST	504,606	ACCUMULATED COST		
29 SUBTOTAL (SUM OF LINES 17-28)*	3,256,487			
30 LABORATORY (SEE INSTRUCTIONS)		CHARGES		
31 RESPIRATORY THERAPY (SEE INSTRUCTIONS)		CHARGES		
32 OTHER (SEE INSTRUCTIONS)		CHARGES		
33 TOTAL COSTS (SUM OF LINES 29-32)	3,256,487			

* LINE 17, COLUMN 1 SHOULD AGREE WITH WORKSHEET A, COLUMN 7 FOR LINE 57 OR LINE 64 AS APPROPRIATE, AND LINE 29, COLUMN 1 SHOULD AGREE WITH WORKSHEET B, PART I FOR LINE 57 OR LINE 64 AS APPROPRIATE.

CHECK ONE: XX RENAL DIALYSIS DEPARTMENT HOME PROGRAM DIALYSIS

OUTPATIENT SERVICES COMPOSITE PAYMENT RATE		CAPITAL AND RELATED COSTS BUI LDING EQUI PMENT		DI RECT PATIENT CARE SALARY RNs OTHER		EMPLOYEE BENEFI TS
		1	2	3	4	5
1	TOTAL RENAL DEPARTMENT COSTS MAI NTENANCE	86,962	55,292	1,101,462	239,028	218,307
2	HEMODIALYSIS	73,149	47,258	941,420	204,297	186,587
3	INTERMI TTENT PERI TONEAL TRAI NING					
4	HEMODIALYSIS					
5	INTERMI TTENT PERI TONEAL					
6	CAPD					
7	CCDP HOME					
8	HEMODIALYSIS					
9	INTERMI TTENT PERI TONEAL					
10	CAPD					
11	CCDP					
OTHER BI LLABLE SERVI CES						
12	INPATIENT DIALYSIS	13,813	8,034	160,042	34,731	31,720
13	METHO D II HOME PATI ENT					
14	EPO (INCLUDED IN RENAL DEPARTMENT)					
14.01	ARANESP (INCLUDED IN RENAL DEPARTMENT)					
15	OTHER					
16	TOTAL (SUM OF LINES 2-15)	86,962	55,292	1,101,462	239,028	218,307
17	MEDI CAL EDUCATI ON PROGRAM COSTS					
18	TOTAL RENAL COSTS (LINE 16 + LINE 17)					

OUTPATIENT SERVICES COMPOSITE PAYMENT RATE		DRUGS	MEDI CAL SUPPLI ES	ROUTI NE ANCI LLARY SERVI CES	SUBTOTAL (SUM OF COLS. 1-8)	OVERHEAD
		6	7	8	9	10
1	TOTAL RENAL DEPARTMENT COSTS MAI NTENANCE	13,839	259,829		1,974,719	1,277,495
2	HEMODIALYSIS	11,828	222,076		1,686,615	1,091,113
3	INTERMI TTENT PERI TONEAL TRAI NING					
4	HEMODIALYSIS					
5	INTERMI TTENT PERI TONEAL					
6	CAPD					
7	CCDP HOME					
8	HEMODIALYSIS					
9	INTERMI TTENT PERI TONEAL					
10	CAPD					
11	CCDP					
OTHER BI LLABLE SERVI CES						
12	INPATIENT DIALYSIS	2,011	37,753		288,104	186,382
13	METHO D II HOME PATI ENT					
14	EPO (INCLUDED IN RENAL DEPARTMENT)					
14.01	ARANESP (INCLUDED IN RENAL DEPARTMENT)					
15	OTHER					
16	TOTAL (SUM OF LINES 2-15)	13,839	259,829		1,974,719	1,277,495
17	MEDI CAL EDUCATI ON PROGRAM COSTS					
18	TOTAL RENAL COSTS (LINE 16 + LINE 17)					

OUTPATIENT SERVICES COMPOSITE PAYMENT RATE		TOTAL (COL. 9 + COL. 10)
		11
1	TOTAL RENAL DEPARTMENT COSTS MAI NTENANCE	3,252,214
2	HEMODIALYSIS	2,777,728
3	INTERMI TTENT PERI TONEAL TRAI NING	
4	HEMODIALYSIS	
5	INTERMI TTENT PERI TONEAL	
6	CAPD	
7	CCDP HOME	
8	HEMODIALYSIS	
9	INTERMI TTENT PERI TONEAL	
10	CAPD	
11	CCDP	
OTHER BI LLABLE SERVI CES		
12	INPATIENT DIALYSIS	474,486
13	METHO D II HOME PATI ENT	
14	EPO (INCLUDED IN RENAL DEPARTMENT)	
14.01	ARANESP (INCLUDED IN RENAL DEPARTMENT)	
15	OTHER	
16	TOTAL (SUM OF LINES 2-15)	3,252,214
17	MEDI CAL EDUCATI ON PROGRAM COSTS	4,273
18	TOTAL RENAL COSTS (LINE 16 + LINE 17)	3,256,487

CHECK ONE: XX RENAL DIALYSIS DEPARTMENT HOME PROGRAM DIALYSIS

		CAPITAL AND RELATED COSTS		DIRECT PATIENT CARE SALARY		EMPLOYEE BENEFITS (SALARY)
		1 BUI LDING (SQUARE FEET)	2 EQUI PMENT (% OF TIME)	3 RNs (HOURS)	4 OTHER (HOURS)	
1	TOTAL RENAL DEPARTMENT COSTS MAINTENANCE	86,962	55,292	1,101,462	239,028	218,307
2	HEMODIALYSIS	8,547	8,547.00	8,547.00	8,547.00	8,547
3	INTERMITTENT PERITONEAL TRAINING					
4	HEMODIALYSIS					
5	INTERMITTENT PERITONEAL					
6	CAPD					
7	CCDP					
8	HOME					
9	HEMODIALYSIS					
10	INTERMITTENT PERITONEAL					
11	CAPD					
11	CCDP					
	OTHER BILLABLE SERVICES					
12	INPATIENT DIALYSIS TREATMENTS	1614	1,614	1,453.00	1,453.00	1,453
13	METHOD II HOME PATIENT					
14	EPO					
14.01	ARANESP					
15	OTHER					
16	TOTAL STATISTICAL BASIS	10,161	10,000.00	10,000.00	10,000.00	10,000
17	UNIT COST MULTIPLIER (LINE 1 DIVIDED BY LINE 16)	8.558410	5.529200	110.146200	23.902800	21.830700

		6 DRUGS (REQUI ST.)	7 MEDICAL SUPPLIES (REQUI ST.)	8 ROUTINE ANCILLARY SERVICES (CHARGES)	9 SUBTOTAL (SUM OF COLS. 1-8)	10 OVERHEAD (ACCUMULATED COST)
2	HEMODIALYSIS	8,547	8,547	8,547		
3	INTERMITTENT PERITONEAL TRAINING					
4	HEMODIALYSIS					
5	INTERMITTENT PERITONEAL					
6	CAPD					
7	CCDP					
8	HOME					
9	HEMODIALYSIS					
10	INTERMITTENT PERITONEAL					
11	CAPD					
11	CCDP					
	OTHER BILLABLE SERVICES					
12	INPATIENT DIALYSIS TREATMENTS	1614	1,453	1,453	1,453	
13	METHOD II HOME PATIENT					
14	EPO					
14.01	ARANESP					
15	OTHER					
16	TOTAL STATISTICAL BASIS	10,000	10,000	10,000		1,974,719
17	UNIT COST MULTIPLIER (LINE 1 DIVIDED BY LINE 16)	1.383900	25.982900			.646925

CALCULATION OF REIMBURSABLE
BAD DEBTS - TITLE XVIII - PART B

PROVIDER NO:	PERIOD:	PREPARED 12/ 8/2010
14-0018	FROM 7/ 1/2009	
SATELLITE NO:	TO 6/30/2010	WORKSHEET 1-5

	DESCRIPTION	
1	TOTAL EXPENSES RELATED TO CARE OF PROGRAM BENEFICIARIES (SEE INSTRUCTIONS)	1,566,494
2	TOTAL PAYMENT (FROM WORKSHEET 1-4, COLUMN 7, LINE 11)	854,388
3	DEDUCTIBLES BILLED TO MEDICARE (PART B) PATIENTS	292
4	COINSURANCE BILLED TO MEDICARE (PART B) PATIENTS	168,839
5	BAD DEBTS FOR DEDUCTIBLES AND COINSURANCE, NET OF BAD DEBT RECOVERIES	34,396
5.01	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	29,535
6	NET DEDUCTIBLES AND COINSURANCE BILLED TO MEDICARE (PART B) PATIENTS (SUM OF LINES 3 & 4 LESS LINE 5)	134,735
7	PROGRAM PAYMENT (LINE 2 LESS LINE 3, TIMES 80%)	683,277
8	UNRECOVERED FROM MEDICARE (PART B) PATIENTS (LESSER OF LINE 1 OR LINE 2 MINUS THE SUM OF LINES 6 AND 7. IF NEGATIVE, ENTER ZERO AND DO NOT COMPLETE LINE 9.)	36,376
9	REIMBURSABLE BAD DEBTS (LESSER OF LINE 8 OR LINE 5)(TRANSFER TO WORKSHEET E, PART B, LINE 26)	34,396

PART I - FULLY PROSPECTIVE METHOD

1	CAPITAL HOSPITAL SPECIFIC RATE PAYMENTS	
	CAPITAL FEDERAL AMOUNT	
2	CAPITAL DRG OTHER THAN OUTLIER	1,608,521
3	CAPITAL DRG OUTLIER PAYMENTS PRIOR TO 10/01/1997	
3.01	CAPITAL DRG OUTLIER PAYMENTS AFTER 10/01/1997	47,926
	INDIRECT MEDICAL EDUCATION ADJUSTMENT	
4	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS	186.68
	IN THE COST REPORTING PERIOD	
4.01	NUMBER OF INTERNS AND RESIDENTS	116.89
	(SEE INSTRUCTIONS)	
4.02	INDIRECT MEDICAL EDUCATION PERCENTAGE	19.33
4.03	INDIRECT MEDICAL EDUCATION ADJUSTMENT	310,927
	(SEE INSTRUCTIONS)	
5	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO	13.56
	MEDICARE PART A PATIENT DAYS	
5.01	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL	62.41
	DAYS REPORTED ON S-3, PART I	
5.02	SUM OF 5 AND 5.01	75.97
5.03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE	16.63
5.04	DISPROPORTIONATE SHARE ADJUSTMENT	267,497
6	TOTAL PROSPECTIVE CAPITAL PAYMENTS	2,234,871
PART II	- HOLD HARMLESS METHOD	
1	NEW CAPITAL	
2	OLD CAPITAL	
3	TOTAL CAPITAL	
4	RATIO OF NEW CAPITAL TO OLD CAPITAL	.000000
5	TOTAL CAPITAL PAYMENTS UNDER 100% FEDERAL RATE	
6	REDUCTION FACTOR FOR HOLD HARMLESS PAYMENT	
7	REDUCED OLD CAPITAL AMOUNT	
8	HOLD HARMLESS PAYMENT FOR NEW CAPITAL	
9	SUBTOTAL	
10	PAYMENT UNDER HOLD HARMLESS	
PART III	- PAYMENT UNDER REASONABLE COST	
1	PROGRAM INPATIENT ROUTINE CAPITAL COST	
2	PROGRAM INPATIENT ANCILLARY CAPITAL COST	
3	TOTAL INPATIENT PROGRAM CAPITAL COST	
4	CAPITAL COST PAYMENT FACTOR	
5	TOTAL INPATIENT PROGRAM CAPITAL COST	
PART IV	- COMPUTATION OF EXCEPTION PAYMENTS	
1	PROGRAM INPATIENT CAPITAL COSTS	
2	PROGRAM INPATIENT CAPITAL COSTS FOR EXTRAORDINARY	
	CIRCUMSTANCES	
3	NET PROGRAM INPATIENT CAPITAL COSTS	
4	APPLICABLE EXCEPTION PERCENTAGE	.00
5	CAPITAL COST FOR COMPARISON TO PAYMENTS	
6	PERCENTAGE ADJUSTMENT FOR EXTRAORDINARY	.00
	CIRCUMSTANCES	
7	ADJUSTMENT TO CAPITAL MINIMUM PAYMENT LEVEL	
	FOR EXTRAORDINARY CIRCUMSTANCES	
8	CAPITAL MINIMUM PAYMENT LEVEL	
9	CURRENT YEAR CAPITAL PAYMENTS	
10	CURRENT YEAR COMPARISON OF CAPITAL MINIMUM PAYMENT	
	LEVEL TO CAPITAL PAYMENTS	
11	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT	
	LEVEL OVER CAPITAL PAYMENT	
12	NET COMPARISON OF CAPITAL MINIMUM PAYMENT LEVEL	
	TO CAPITAL PAYMENTS	
13	CURRENT YEAR EXCEPTION PAYMENT	
14	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT	
	LEVEL OVER CAPITAL PAYMENT FOR FOLLOWING PERIOD	
15	CUR YEAR ALLOWABLE OPERATING AND CAPITAL PAYMENT	
16	CURRENT YEAR OPERATING AND CAPITAL COSTS	
17	CURRENT YEAR EXCEPTION OFFSET AMOUNT	
	(SEE INSTRUCTIONS)	

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	60,186,694		60,186,694	227,879	60,414,573
26	INTENSIVE CARE UNIT	4,685,774		4,685,774		4,685,774
26	01 PREMATURE INTENSIVE CARE	7,146,165		7,146,165		7,146,165
27	CORONARY CARE UNIT	7,480,505		7,480,505		7,480,505
28	BURN INTENSIVE CARE UNIT					
29	SURGICAL INTENSIVE CARE U					
31	SUBPROVIDER	6,825,757		6,825,757	37,000	6,862,757
33	NURSERY	2,282,146		2,282,146		2,282,146
34	SKILLED NURSING FACILITY					
35	NURSING FACILITY					
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	17,268,370		17,268,370	391,942	17,660,312
38	RECOVERY ROOM	2,609,812		2,609,812		2,609,812
39	DELIVERY ROOM & LABOR ROO	10,879,154		10,879,154		10,879,154
40	ANESTHESIOLOGY	3,705,228		3,705,228	96,758	3,801,986
41	RADIOLOGY-DIAGNOSTIC	14,267,624		14,267,624	176,203	14,443,827
41	01 MAGNETIC RESONANCE IMAGIN	1,077,320		1,077,320		1,077,320
42	RADIOLOGY-THERAPEUTIC	1,409,540		1,409,540		1,409,540
43	RADIOISOTOPE	1,197,155		1,197,155		1,197,155
44	LABORATORY	20,612,068		20,612,068	22,368	20,634,436
45	PBP CLINICAL LAB SERVICES					
46	WHOLE BLOOD & PACKED RED	3,307,153		3,307,153		3,307,153
47	BLOOD STORING, PROCESSING					
48	INTRAVENOUS THERAPY					
49	RESPIRATORY THERAPY	3,565,857		3,565,857		3,565,857
50	PHYSICAL THERAPY	861,090		861,090		861,090
51	OCCUPATIONAL THERAPY	696,725		696,725		696,725
52	SPEECH PATHOLOGY	281,493		281,493		281,493
53	ELECTROCARDIOLOGY	4,956,557		4,956,557		4,956,557
54	ELECTROENCEPHALOGRAPHY	683,756		683,756		683,756
55	MEDICAL SUPPLIES CHARGED	7,437,985		7,437,985		7,437,985
56	DRUGS CHARGED TO PATIENTS	14,355,950		14,355,950		14,355,950
57	RENAL DIALYSIS	3,256,487		3,256,487		3,256,487
58	ASC (NON-DISTINCT PART)					
59	PULMONARY FUNCTION TESTIN	419,459		419,459		419,459
60	OUTPAT SERVICE COST CNTRS					
60	CLINIC					
60	02 O/P CHEMO THERAPY	1,012,947		1,012,947		1,012,947
60	03 O/P SUBSTANCE ABUSE					
60	04 UNDER THE RAINBOW O/P	2,156,498		2,156,498		2,156,498
60	06 EAR NOSE THROAT	544,583		544,583		544,583
61	EMERGENCY	15,242,058		15,242,058	137,061	15,379,119
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	2,693,562		2,693,562		2,693,562
65	AMBULANCE SERVICES					
66	DURABLE MEDICAL EQUIP-REN					
67	DURABLE MEDICAL EQUIP-SOL					
101	SUBTOTAL	223,105,472		223,105,472	1,089,211	224,194,683
102	LESS OBSERVATION BEDS	2,693,562		2,693,562		2,693,562
103	TOTAL	220,411,910		220,411,910	1,089,211	221,501,121

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	73,263,894		73,263,894			
26	INTENSIVE CARE UNIT	9,568,347		9,568,347			
26	01 PREMATURE INTENSIVE CARE	20,695,367		20,695,367			
27	CORONARY CARE UNIT	15,382,058		15,382,058			
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U						
31	SUBPROVIDER	8,331,909		8,331,909			
33	NURSERY	11,181,140		11,181,140			
34	SKILLED NURSING FACILITY						
35	NURSING FACILITY						
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	32,149,902	30,470,096	62,619,998	.275764	.275764	.282024
38	RECOVERY ROOM	9,803,524	15,757,197	25,560,721	.102102	.102102	.102102
39	DELIVERY ROOM & LABOR ROO	18,735,170	20,721,888	39,457,058	.275721	.275721	.275721
40	ANESTHESIOLOGY	20,615,559	9,345,022	29,960,581	.123670	.123670	.126900
41	RADIOLOGY-DIAGNOSTIC	42,245,592	51,508,084	93,753,676	.152182	.152182	.154061
41	01 MAGNETIC RESONANCE IMAGIN	5,072,613	6,588,624	11,661,237	.092385	.092385	.092385
42	RADIOLOGY-THERAPEUTIC	392,326	6,880,767	7,273,093	.193802	.193802	.193802
43	RADIOISOTOPE	3,398,337	5,782,048	9,180,385	.130404	.130404	.130404
44	LABORATORY	38,783,293	95,949,415	134,732,708	.152985	.152985	.153151
45	PBP CLINICAL LAB SERVICES						
46	WHOLE BLOOD & PACKED RED	5,761,156	1,557,634	7,318,790	.451872	.451872	.451872
47	BLOOD STORING, PROCESSING						
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY	22,161,307	561,422	22,722,729	.156929	.156929	.156929
50	PHYSICAL THERAPY	1,730,247	102,719	1,832,966	.469780	.469780	.469780
51	OCCUPATIONAL THERAPY	1,381,661	27,604	1,409,265	.494389	.494389	.494389
52	SPEECH PATHOLOGY	483,661	391,129	874,790	.321784	.321784	.321784
53	ELECTROCARDIOLOGY	19,955,274	11,237,579	31,192,853	.158900	.158900	.158900
54	ELECTROENCEPHALOGRAPHY	403,354	2,482,589	2,885,943	.236926	.236926	.236926
55	MEDICAL SUPPLIES CHARGED	19,345,025	6,184,574	25,529,599	.291348	.291348	.291348
56	DRUGS CHARGED TO PATIENTS	59,973,241	23,158,801	83,132,042	.172689	.172689	.172689
57	RENAL DIALYSIS	2,217,613	18,351,954	20,569,567	.158316	.158316	.158316
58	ASC (NON-DISTINCT PART)						
59	PULMONARY FUNCTION TESTIN	4,430,601	1,015,488	5,446,089	.077020	.077020	.077020
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60	02 O/P CHEMO THERAPY	86,144	2,763,395	2,849,539	.355478	.355478	.355478
60	03 O/P SUBSTANCE ABUSE						
60	04 UNDER THE RAINBOW O/P		4,103,301	4,103,301	.525552	.525552	.525552
60	06 EAR NOSE THROAT	2,939	2,184,571	2,187,510	.248951	.248951	.248951
61	EMERGENCY	39,504,971	44,241,592	83,746,563	.182002	.182002	.183639
62	OBSERVATION BEDS (NON-DIS		2,575,731	2,575,731	1.045747	1.045747	1.045747
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES						
66	DURABLE MEDICAL EQUIP-REN						
67	DURABLE MEDICAL EQUIP-SOL						
101	SUBTOTAL	487,056,225	363,943,224	850,999,449			
102	LESS OBSERVATION BEDS						
103	TOTAL	487,056,225	363,943,224	850,999,449			

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	17,268,370	1,153,909	16,114,461	115,391	934,639	16,218,340
38	RECOVERY ROOM	2,609,812	99,372	2,510,440	9,937	145,606	2,454,269
39	DELIVERY ROOM & LABOR ROO	10,879,154	440,241	10,438,913	44,024	605,457	10,229,673
40	ANESTHESIOLOGY	3,705,228	132,778	3,572,450	13,278	207,202	3,484,748
41	RADIOLOGY-DIAGNOSTIC	14,267,624	861,989	13,405,635	86,199	777,527	13,403,898
41 01	MAGNETIC RESONANCE IMAGIN	1,077,320	54,915	1,022,405	5,492	59,299	1,012,529
42	RADIOLOGY-THERAPEUTIC	1,409,540	148,642	1,260,898	14,864	73,132	1,321,544
43	RADIOISOTOPE	1,197,155	110,557	1,086,598	11,056	63,023	1,123,076
44	LABORATORY	20,612,068	1,152,613	19,459,455	115,261	1,128,648	19,368,159
45	PBP CLINICAL LAB SERVICES						
46	WHOLE BLOOD & PACKED RED	3,307,153	56,810	3,250,343	5,681	188,520	3,112,952
47	BLOOD STORING, PROCESSING						
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY	3,565,857	141,109	3,424,748	14,111	198,635	3,353,111
50	PHYSICAL THERAPY	861,090	101,690	759,400	10,169	44,045	806,876
51	OCCUPATIONAL THERAPY	696,725	116,230	580,495	11,623	33,669	651,433
52	SPEECH PATHOLOGY	281,493	27,689	253,804	2,769	14,721	264,003
53	ELECTROCARDIOLOGY	4,956,557	291,330	4,665,227	29,133	270,583	4,656,841
54	ELECTROENCEPHALOGRAPHY	683,756	54,353	629,403	5,435	36,505	641,816
55	MEDICAL SUPPLIES CHARGED	7,437,985	426,235	7,011,750	42,624	406,682	6,988,679
56	DRUGS CHARGED TO PATIENTS	14,355,950	233,494	14,122,456	23,349	819,102	13,513,499
57	RENAL DIALYSIS	3,256,487	111,233	3,145,254	11,123	182,425	3,062,939
58	ASC (NON-DISTINCT PART)						
59	PULMONARY FUNCTION TESTIN	419,459	51,687	367,772	5,169	21,331	392,959
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60 02	O/P CHEMO THERAPY	1,012,947	13,919	999,028	1,392	57,944	953,611
60 03	O/P SUBSTANCE ABUSE						
60 04	UNDER THE RAINBOW O/P	2,156,498	280,735	1,875,763	28,074	108,794	2,019,630
60 06	EAR NOSE THROAT	544,583	9,228	535,355	923	31,051	512,609
61	EMERGENCY	15,242,058	534,383	14,707,675	53,438	853,045	14,335,575
62	OBSERVATION BEDS (NON-DIS	2,693,562	232,236	2,461,326	23,224	142,757	2,527,581
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES						
66	DURABLE MEDICAL EQUIP-REN						
67	DURABLE MEDICAL EQUIP-SOL						
101	SUBTOTAL	134,498,431	6,837,377	127,661,054	683,739	7,404,342	126,410,350
102	LESS OBSERVATION BEDS	2,693,562	232,236	2,461,326	23,224	142,757	2,527,581
103	TOTAL	131,804,869	6,605,141	125,199,728	660,515	7,261,585	123,882,769

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	62,619,998	.258996	.273922
38	RECOVERY ROOM	25,560,721	.096017	.101714
39	DELIVERY ROOM & LABOR ROO	39,457,058	.259261	.274606
40	ANESTHESIOLOGY	29,960,581	.116311	.123227
41	RADIOLOGY-DIAGNOSTIC	93,753,676	.142969	.151263
41 01	MAGNETIC RESONANCE IMAGIN	11,661,237	.086829	.091914
42	RADIOLOGY-THERAPEUTIC	7,273,093	.181703	.191758
43	RADIOISOTOPE	9,180,385	.122334	.129199
44	LABORATORY	134,732,708	.143752	.152129
45	PBP CLINICAL LAB SERVICES			
46	WHOLE BLOOD & PACKED RED	7,318,790	.425337	.451095
47	BLOOD STORING, PROCESSING			
48	INTRAVENOUS THERAPY			
49	RESPIRATORY THERAPY	22,722,729	.147566	.156308
50	PHYSICAL THERAPY	1,832,966	.440202	.464232
51	OCCUPATIONAL THERAPY	1,409,265	.462250	.486141
52	SPEECH PATHOLOGY	874,790	.301790	.318618
53	ELECTROCARDIOLOGY	31,192,853	.149292	.157966
54	ELECTROENCEPHALOGRAPHY	2,885,943	.222394	.235043
55	MEDICAL SUPPLIES CHARGED	25,529,599	.273748	.289678
56	DRUGS CHARGED TO PATIENTS	83,132,042	.162555	.172408
57	RENAL DIALYSIS	20,569,567	.148906	.157775
58	ASC (NON-DISTINCT PART)			
59	PULMONARY FUNCTION TESTIN	5,446,089	.072154	.076071
	OUTPAT SERVICE COST CNTRS			
	CLINIC			
60	O/P CHEMO THERAPY	2,849,539	.334654	.354989
60 03	O/P SUBSTANCE ABUSE			
60 04	UNDER THE RAINBOW O/P	4,103,301	.492196	.518710
60 06	EAR NOSE THROAT	2,187,510	.234334	.248529
61	EMERGENCY	83,746,563	.171178	.181364
62	OBSERVATION BEDS (NON-DIS	2,575,731	.981306	1.036730
	OTHER REIMBURS COST CNTRS			
65	AMBULANCE SERVICES			
66	DURABLE MEDICAL EQUIP-REN			
67	DURABLE MEDICAL EQUIP-SOL			
101	SUBTOTAL	712,576,734		
102	LESS OBSERVATION BEDS	2,575,731		
103	TOTAL	710,001,003		