

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: 15-0010 | PERIOD FROM 7/1/2007 TO 6/30/2008 | INTERMEDIARY USE ONLY --AUDITED --DESK REVIEW --INITIAL --REOPENED --FINAL 1-MCR CODE 00 - # OF REOPENINGS | DATE RECEIVED: / / | INTERMEDIARY NO:

ELECTRONICALLY FILED COST REPORT DATE: 11/26/2008 TIME 9:43

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: ST. JOSEPH HOSPITAL & HEALTH CENTR 15-0010 FOR THE COST REPORTING PERIOD BEGINNING 7/1/2007 AND ENDING 6/30/2008 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 5 columns: TITLE V, A, XVIII, B, XIX. Rows include HOSPITAL, SUBPROVIDER, 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.

- 36.01 DOES YOUR FACILITY QUALIFY AND RECEIVE PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE WITH 42 CFR 412.320? (SEE INSTRUCTIONS) N Y N
- 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? Y
- 38.02 DOES THE TITLE XIX PROGRAM REDUCE CAPITAL FOLLOWING THE MEDICARE METHODOLOGY? Y
- 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 THERE ARE HOME OFFICE COSTS, ENTER IN COL 2 THE HOME OFFICE PROVIDER NUMBER. IF THIS FACILITY IS PART OF A CHAIN ORGANIZATION ENTER THE NAME AND ADDRESS OF THE HOME OFFICE Y
- 40.01 NAME: F1/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? Y
- 42.01 ARE OCCUPATIONAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? Y
- 42.02 ARE SPEECH PATHOLOGY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? Y
- 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? Y
- 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 NHCMQ 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

- 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
- 53.01 MDH PERIOD: BEGINNING: / / ENDING: / /
- 54 LIST AMOUNTS OF MALPRACTICE PREMIUMS AND PAID LOSSES:
 PREMIUMS: 207,420
 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
- 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.

	DATE	Y OR N	LIMIT	Y OR N	FEES
	0	1	2	3	4
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.		N	0.00	N	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? ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES HAVE YOU MADE THE ELECTION FOR 100% FEDERAL PPS REIMBURSEMENT? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. THIS OPTION IS ONLY AVAILABLE FOR COST REPORTING PERIODS BEGINNING ON OR AFTER 1/1/2002 AND BEFORE 10/1/2002. Y Y
- 58.01 IF LINE 58 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER "Y" FOR YES OR "N" FOR NO. IS THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR SEC. 412.424(d)(1)(iii)(2)? ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO. IF COLUMN 2 IS Y, ENTER 1, 2 OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS). IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5. (SEE INSTR). 0
- 59 ARE YOU A LONG TERM CARE HOSPITAL (LTCH)? ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES, HAVE YOU MADE THE ELECTION FOR 100% FEDERAL PPS REIMBURSEMENT? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. (SEE INSTRUCTIONS) N
- 60 ARE YOU AN INPATIENT PSYCHIATRIC FACILITY (IPF), OR DO YOU CONTAIN AN IPF SUBPROVIDER? ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES, IS THE IPF OR IPF SUBPROVIDER A NEW

FACILITY? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. (SEE INSTRUCTIONS) N

60.01 IF LINE 60 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER "Y" FOR YES OR "N" FOR NO. IS THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR SEC. 412.424(d)(1)(iii)(2)? ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO. IF COLUMN 2 IS Y, ENTER 1, 2 OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS). IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5. (SEE INSTR). 0

MULTI CAMPUS

61.00 DOES THE HOSPITAL HAVE A MULTICAMPUS? ENTER "Y" FOR YES AND "N" FOR NO.

IF LINE 61 IS YES, ENTER THE NAME IN COL. 0, COUNTY IN COL. 1, STATE IN COL. 2, ZIP IN COL 3, CBSA IN COL. 4 AND FTE/CAMPUS IN COL. 5.

NAME	COUNTY	STATE	ZIP CODE	CBSA	FTE/CAMPUS
62.00					0.00
62.01					0.00
62.02					0.00
62.03					0.00
62.04					0.00
62.05					0.00
62.06					0.00
62.07					0.00
62.08					0.00
62.09					0.00

COMPONENT	NO. OF BEDS 1	BED DAYS AVAIL 2	CAH N/A 2.01	TITLE V 3	I/P DAYS / TITLE XVIII 4	O/P VISITS / NOT LTCH N/A 4.01	TRIPS TOTAL TITLE XIX 5
1 ADULTS & PEDIATRICS	108	39,528				9,903	2,607
2 HMO							
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS	108	39,528				9,903	2,607
6 INTENSIVE CARE UNIT	10	3,660				1,787	204
7 CORONARY CARE UNIT							
8 BURN INTENSIVE CARE UNIT							
9 SURGICAL INTENSIVE CARE UNIT							
11 NURSERY							755
12 TOTAL	118	43,188				11,690	3,566
13 RPCH VISITS							
14 SUBPROVIDER	18	6,588				3,909	75
15 SKILLED NURSING FACILITY							
16 NURSING FACILITY							
16 01 ICF/MR							
17 OTHER LONG TERM CARE							
18 HOME HEALTH AGENCY							
20 AMBULATORY SURGICAL CENTER (
21 HOSPICE							
23 CORF							
25 TOTAL	136						
26 OBSERVATION BED DAYS							115
26 01 OBSERVATION BED DAYS-SUB I							
27 AMBULANCE TRIPS						1,874	
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							

COMPONENT	TITLE XIX ADMITTED 5.01	I/P DAYS / OBSERVATION BEDS NOT ADMITTED 5.02	O/P VISITS TOTAL ALL PATS 6	TITLE V 3	TRIPS TOTAL ADMITTED 6.01	O/P VISITS / OBSERVATION BEDS NOT ADMITTED 6.02	INTERNS & RES. TOTAL 7	FTES LESS I&R REPL NON-PHYS ANES 8
1 ADULTS & PEDIATRICS			18,520					
2 HMO								
2 01 HMO - (IRF PPS SUBPROVIDER)								
3 ADULTS & PED-SB SNF								
4 ADULTS & PED-SB NF								
5 TOTAL ADULTS AND PEDS			18,520					
6 INTENSIVE CARE UNIT			2,331					
7 CORONARY CARE UNIT								
8 BURN INTENSIVE CARE UNIT								
9 SURGICAL INTENSIVE CARE UNIT								
11 NURSERY			1,584					
12 TOTAL			22,435					
13 RPCH VISITS								
14 SUBPROVIDER			4,610					
15 SKILLED NURSING FACILITY								
16 NURSING FACILITY								
16 01 ICF/MR								
17 OTHER LONG TERM CARE								
18 HOME HEALTH AGENCY								
20 AMBULATORY SURGICAL CENTER (
21 HOSPICE								
23 CORF								
25 TOTAL								
26 OBSERVATION BED DAYS	68	47	1,632		78	1,554		
26 01 OBSERVATION BED DAYS-SUB I								
27 AMBULANCE TRIPS								
28 EMPLOYEE DISCOUNT DAYS								
28 01 EMP DISCOUNT DAYS -IRF								

COMPONENT	I & R FTES NET 9	FULL TIME EMPLOYEES ON PAYROLL 10	EQUIV NONPAID WORKERS 11	TITLE V 12	DISCHARGES TITLE XVIII 13	TITLE XIX 14	TOTAL ALL PATIENTS 15
1 ADULTS & PEDIATRICS					2,071	882	5,028
2 HMO							
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS							
6 INTENSIVE CARE UNIT							
7 CORONARY CARE UNIT							
8 BURN INTENSIVE CARE UNIT							
9 SURGICAL INTENSIVE CARE UNIT							
11 NURSERY							
12 TOTAL		689.15			2,071	882	5,028
13 RPCH VISITS							

PROSPECTIVE PAYMENT FOR SNF
STATISTICAL DATA

PROVIDER NO: 15-0010
PERIOD: FROM 7/1/2007 TO 6/30/2008
PREPARED 11/26/2008
WORKSHEET S-7

GROUP(1)	M3PI REVENUE CODE	SERVICES PRIOR TO 10/1 RATE	10/1 DAYS	SERVICES ON/AFTER 10/1 RATE	10/1 DAYS	SRVCS 4/1/01 TO 9/30/01 RATE	4.03 DAYS
1	2	3	3.01	4	4.01	4.02	4.03
1	RUC						
2	RUB						
3	RUA						
3.01	RUX						
3.02	RUL						
4	RVC						
5	RVB						
6	RVA						
6.01	RVX						
6.02	RVL						
7	RHC						
8	RHB						
9	RHA						
9.01	RHX						
9.02	RHL						
10	RMC						
11	RMB						
12	RMA						
12.01	RMX						
12.02	RML						
13	RLB						
14	RLA						
14.01	RLX						
15	SE3						
16	SE2						
17	SE1						
18	SSC						
19	SSB						
20	SSA						
21	CC2						
22	CC1						
23	CB2						
24	CB1						
25	CA2						
26	CA1						
27	IB2						
28	IB1						
29	IA2						
30	IA1						
31	BB2						
32	BB1						
33	BA2						
34	BA1						
35	PE2						
36	PE1						
37	PD2						
38	PD1						
39	PC2						
40	PC1						
41	PB2						
42	PB1						
43	PA2						
44	PA1						
45	Default						
46	TOTAL						

(1) Enter in column 3.01 the days prior to October 1st and in column 4.01 the days on after October 1st. Enter in column 4.03 the days on 4/1/2001 through 9/30/2001. The sum of the days in column 3.01, 4.01, and 4.03 must agree with the days reported on Wkst. S-3, Part I, column 4, line 15. The sum of the days in column 4.06 must agree with the days reported on Wkst S-3, Part I column 4, line 3.

Worksheet S-2 reference data:
 Transition Period : 0
 Wage Index Factor (before 10/01) : 0.0000
 Wage Index Factor (after 10/01) : 0.0000
 SNF Facility Specific Rate : 0.00
 Urban/Rural Designation : NOT SPECIFIED
 SNF MSA Code : NOT SPECIFIED
 SNF CBSA Code : NOT SPECIFIED

PROSPECTIVE PAYMENT FOR SNF
STATISTICAL DATA

PROVIDER NO: 15-0010
PERIOD: FROM 7/1/2007 TO 6/30/2008
PREPARED 11/26/2008
WORKSHEET S-7

	GROUP(1) 1	M3PI REVENUE CODE 2	HIGH COST(2)	SWING BED SNF	TOTAL 5
			RUGs 4.05	DAYS 4.06	
1	RUC				
2	RUB				
3	RUA				
3 .01	RUX				
3 .02	RUL				
4	RVC				
5	RVB				
6	RVA				
6 .01	RVX				
6 .02	RVL				
7	RHC				
8	RHB				
9	RHA				
9 .01	RHX				
9 .02	RHL				
10	RMC				
11	RMB				
12	RMA				
12 .01	RMX				
12 .02	RML				
13	RLB				
14	RLA				
14 .01	RLX				
15	SE3				
16	SE2				
17	SE1				
18	SSC				
19	SSB				
20	SSA				
21	CC2				
22	CC1				
23	CB2				
24	CB1				
25	CA2				
26	CA1				
27	IB2				
28	IB1				
29	IA2				
30	IA1				
31	BB2				
32	BB1				
33	BA2				
34	BA1				
35	PE2				
36	PE1				
37	PD2				
38	PD1				
39	PC2				
40	PC1				
41	PB2				
42	PB1				
43	PA2				
44	PA1				
45	Default				
46	TOTAL				

(2) Enter in column 4.05 those days in either column 3.01 or 4.01 which cover the period of 4/1/2000 through 9/30/2000. These RUGs will be incremented by an additional 20% payment.

(3) Enter in column 4.06 the swing bed days for cost reporting periods beginning on or after 7/1/2002.

Worksheet S-2 reference data:
 Transition Period : 0
 Wage Index Factor (before 10/01) : 0.0000
 Wage Index Factor (after 10/01) : 0.0000
 SNF Facility Specific Rate : 0.00
 Urban/Rural Designation : NOT SPECIFIED
 SNF MSA Code : NOT SPECIFIED
 SNF CBSA Code : NOT SPECIFIED

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 OTHER METHODS OF WRITE-OFFS (SPEC.)
- 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) .342592
- 25 TOTAL STATE AND LOCAL INDIGENT CARE PROGRAM COST (LINE 23 * LINE 24)
- 26 TOTAL SCHIP CHARGES FROM YOUR RECORDS
- 27 TOTAL SCHIP COST, (LINE 24 * LINE 26)

DESCRIPTION

28	TOTAL GROSS MEDICAID CHARGES FROM YOUR RECORDS	8,454,674
29	TOTAL GROSS MEDICAID COST (LINE 24 * LINE 28)	2,896,504
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)	2,896,504

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

PROVIDER NO: 15-0010
PERIOD: FROM 7/ 1/2007 TO 6/30/2008
PREPARED 11/26/2008
WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	SALARIES 1	OTHER 2	TOTAL 3	RECLASS- IFICATIONS 4	RECLASSIFIED TRIAL BALANCE 5
	GENERAL SERVICE COST CNTR					
1	0100 OLD CAP REL COSTS-BLDG & FIXT		6,176,869	6,176,869	2,529,770	8,706,639
2	0200 OLD CAP REL COSTS-MVBLE EQUIP					
3	0300 NEW CAP REL COSTS-BLDG & FIXT					
4	0400 NEW CAP REL COSTS-MVBLE EQUIP					
5	0500 EMPLOYEE BENEFITS	1,666,337	9,344,725	11,011,062	178,432	11,189,494
6.01	0610 NONPATIENT TELEPHONES		257,778	257,778	-209,164	48,614
6.02	0620 DATA PROCESSING		2,704,312	2,704,312	-1,761	2,702,551
6.03	0630 PURCHASING, RECEIVING AND STORES	220,823	105,554	326,377	-16,827	309,550
6.04	0640 ADMINITTING	724,081	29,735	753,816	-4,147	749,669
6.05	0650 CASHIERING/ACCOUNTS RECEIVABLE	557,440	685,233	1,242,673	-11,342	1,231,331
6.06	0660 OTHER ADMINISTRATIVE AND GENERAL	3,313,454	4,797,909	8,111,363	-211,287	7,900,076
7	0700 MAINTENANCE & REPAIRS					
8	0800 OPERATION OF PLANT	814,015	2,261,156	3,075,171	248,093	3,323,264
9	0900 LAUNDRY & LINEN SERVICE		20	20	446,111	446,131
10	1000 HOUSEKEEPING	901,264	535,202	1,436,466	-450,453	986,013
11	1100 DIETARY	936,152	995,940	1,932,092	-1,493,747	438,345
12	1200 CAFETERIA				1,498,034	1,498,034
13	1300 MAINTENANCE OF PERSONNEL					
14	1400 NURSING ADMINISTRATION	340,705	3,285	343,990	-1,053	342,937
15	1500 CENTRAL SERVICES & SUPPLY					
16	1600 PHARMACY	791,266	3,123,736	3,915,002	-228,689	3,686,313
17	1700 MEDICAL RECORDS & LIBRARY	549,967	104,567	654,534	-6,137	648,397
18	1800 SOCIAL SERVICE	299,613	6,248	305,861	-2,292	303,569
20	2000 NONPHYSICIAN ANESTHETISTS					
21	2100 NURSING SCHOOL					
22	2200 I&R SERVICES-SALARY & FRINGES APPRVD					
23	2300 I&R SERVICES-OTHER PRGM COSTS APPRVD					
24	2400 PARAMED ED PRGM	58,432	17,521	75,953		75,953
	INPAT ROUTINE SRVC CNTRS					
25	2500 ADULTS & PEDIATRICS	5,901,368	1,252,488	7,153,856	-316,859	6,836,997
26	2600 INTENSIVE CARE UNIT	1,130,684	611,256	1,741,940	-173,913	1,568,027
27	2700 CORONARY CARE UNIT					
28	2800 BURN INTENSIVE CARE UNIT					
29	2900 SURGICAL INTENSIVE CARE UNIT					
31	3100 SUBPROVIDER	896,318	567,087	1,463,405	-36,359	1,427,046
33	3300 NURSERY				340,314	340,314
34	3400 SKILLED NURSING FACILITY					
35	3500 NURSING FACILITY					
35.01	3510 ICF/MR					
36	3600 OTHER LONG TERM CARE					
	ANCILLARY SRVC COST CNTRS					
37	3700 OPERATING ROOM	2,834,501	1,242,123	4,076,624	-507,700	3,568,924
38	3800 RECOVERY ROOM					
39	3900 DELIVERY ROOM & LABOR ROOM	1,314,923	291,231	1,606,154	-436,019	1,170,135
40	4000 ANESTHESIOLOGY		514,346	514,346	-103,473	410,873
41	4100 RADIOLOGY-DIAGNOSTIC	2,362,724	2,827,133	5,189,857	-823,302	4,366,555
42	4200 RADIOLOGY-THERAPEUTIC					
43	4300 RADIOISOTOPE					
44	4400 LABORATORY	1,787,968	2,493,096	4,281,064	-100,360	4,180,704
45	4500 PBP CLINICAL LAB SERVICES-PRGM ONLY					
46	4600 WHOLE BLOOD & PACKED RED BLOOD CELLS					
47	4700 BLOOD STORING, PROCESSING & TRANS.					
48	4800 INTRAVENOUS THERAPY					
49	4900 RESPIRATORY THERAPY	1,256,261	300,985	1,557,246	-61,751	1,495,495
50	5000 PHYSICAL THERAPY	1,724,826	1,369,540	3,094,366	-414,285	2,680,081
51	5100 OCCUPATIONAL THERAPY					
52	5200 SPEECH PATHOLOGY					
53	5300 ELECTROCARDIOLOGY	688,370	279,504	967,874	-80,428	887,446
54	5400 ELECTROENCEPHALOGRAPHY					
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS	295,891	8,000,108	8,295,999	1,491,364	9,787,363
56	5600 DRUGS CHARGED TO PATIENTS				504,174	504,174
57	5700 RENAL DIALYSIS		171,669	171,669	-4,256	167,413
58	5800 ASC (NON-DISTINCT PART)					
59	3020 PSYCH SERVICES	48,223	397,258	445,481	-96,134	349,347
59.01	3021 CARDIAC CATHETER LAB	151,393	376,557	527,950	-167,665	360,285
59.02	3330 ENDOSCOPY	280,862	255,654	536,516	-58,100	478,416
	OUTPAT SERVICE COST CNTRS					
60	6000 CLINIC	201,549	279,696	481,245	-108,148	373,097
61	6100 EMERGENCY	1,224,843	648,809	1,873,652	-126,983	1,746,669
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)					
62.01	6201 OBSERVATION BEDS (DISTINCT PART)					
	OTHER REIMBURS COST CNTRS					
64	6400 HOME PROGRAM DIALYSIS					
65	6500 AMBULANCE SERVICES	769,415	109,027	878,442	-24,825	853,617
66	6600 DURABLE MEDICAL EQUIP-RENTED					
67	6700 DURABLE MEDICAL EQUIP-SOLD					
69	6900 CORF					
70	7000 I&R SERVICES-NOT APPRVD PRGM					
71	7100 HOME HEALTH AGENCY					
	SPEC PURPOSE COST CENTERS					
82	8200 LUNG ACQUISITION					
83	8300 KIDNEY ACQUISITION					
84	8400 LIVER ACQUISITION					
85	8500 HEART ACQUISITION					
85.01	8510 PANCREAS ACQUISITION					

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

PROVIDER NO: 15-0010
PERIOD: FROM 7/1/2007 TO 6/30/2008
PREPARED 11/26/2008
WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	SALARIES 1	OTHER 2	TOTAL 3	RECLASS- IFICATIONS 4	RECLASSIFIED TRIAL BALANCE 5
	SPEC PURPOSE COST CENTERS					
86	8600 OTHER ORGAN ACQUISITION					
88	8800 INTEREST EXPENSE		741,659	741,659	-741,659	
89	8900 UTILIZATION REVIEW-SNF					
90	9000 OTHER CAPITAL RELATED COSTS					
92	9200 AMBULATORY SURGICAL CENTER (D.P.)					
93	9300 HOSPICE					
95	SUBTOTALS	34,043,668	53,879,016	87,922,684	217,174	88,139,858
	NONREIMBURS COST CENTERS					
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN					
97	9700 RESEARCH					
98	9800 PHYSICIANS' PRIVATE OFFICES		2,145	2,145		2,145
99	9900 NONPAID WORKERS					
100	7950 FOUNDATION					
100.01	7951 CLINIC OF HOPE	216,325	148,022	364,347	-98,596	265,751
100.04	7954 COMMUNITY RELATIONS	109,655	699,661	809,316	-118,578	690,738
101	TOTAL	34,369,648	54,728,844	89,098,492	-0-	89,098,492

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

PROVIDER NO: 15-0010
PERIOD: FROM 7/ 1/2007 TO 6/30/2008
PREPARED 11/26/2008
WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS	NET EXPENSES FOR ALLOC
		6	7
	GENERAL SERVICE COST CNTR		
1 0100	OLD CAP REL COSTS-BLDG & FIXT	-50,331	8,656,308
2 0200	OLD CAP REL COSTS-MVBLE EQUIP		
3 0300	NEW CAP REL COSTS-BLDG & FIXT		
4 0400	NEW CAP REL COSTS-MVBLE EQUIP		
5 0500	EMPLOYEE BENEFITS	-593,473	10,596,021
6.01 0610	NONPATIENT TELEPHONES	-23,400	25,214
6.02 0620	DATA PROCESSING	-10,200	2,692,351
6.03 0630	PURCHASING, RECEIVING AND STORES		309,550
6.04 0640	ADMITTING		749,669
6.05 0650	CASHIERING/ACCOUNTS RECEIVABLE		1,231,331
6.06 0660	OTHER ADMINISTRATIVE AND GENERAL	2,730,855	10,630,931
7 0700	MAINTENANCE & REPAIRS		
8 0800	OPERATION OF PLANT	-3,541	3,319,723
9 0900	LAUNDRY & LINEN SERVICE	-163,579	282,552
10 1000	HOUSEKEEPING		986,013
11 1100	DIETARY	-11,379	426,966
12 1200	CAFETERIA	-558,813	939,221
13 1300	MAINTENANCE OF PERSONNEL		
14 1400	NURSING ADMINISTRATION		342,937
15 1500	CENTRAL SERVICES & SUPPLY		
16 1600	PHARMACY	-39,194	3,647,119
17 1700	MEDICAL RECORDS & LIBRARY	-2,676	645,721
18 1800	SOCIAL SERVICE		303,569
20 2000	NONPHYSICIAN ANESTHETISTS		
21 2100	NURSING SCHOOL		
22 2200	I&R SERVICES-SALARY & FRINGES APPRVD		
23 2300	I&R SERVICES-OTHER PRGM COSTS APPRVD		
24 2400	PARAMED ED PRGM		75,953
	INPAT ROUTINE SRVC CNTRS		
25 2500	ADULTS & PEDIATRICS	-83,124	6,753,873
26 2600	INTENSIVE CARE UNIT		1,568,027
27 2700	CORONARY CARE UNIT		
28 2800	BURN INTENSIVE CARE UNIT		
29 2900	SURGICAL INTENSIVE CARE UNIT		
31 3100	SUBPROVIDER		1,427,046
33 3300	NURSERY		340,314
34 3400	SKILLED NURSING FACILITY		
35 3500	NURSING FACILITY		
35.01 3510	ICF/MR		
36 3600	OTHER LONG TERM CARE		
	ANCILLARY SRVC COST CNTRS		
37 3700	OPERATING ROOM		3,568,924
38 3800	RECOVERY ROOM		
39 3900	DELIVERY ROOM & LABOR ROOM		1,170,135
40 4000	ANESTHESIOLOGY	-319,660	91,213
41 4100	RADIOLOGY-DIAGNOSTIC	-696,166	3,670,389
42 4200	RADIOLOGY-THERAPEUTIC		
43 4300	RADIOISOTOPE		
44 4400	LABORATORY	-351	4,180,353
45 4500	PBP CLINICAL LAB SERVICES-PRGM ONLY		
46 4600	WHOLE BLOOD & PACKED RED BLOOD CELLS		
47 4700	BLOOD STORING, PROCESSING & TRANS.		
48 4800	INTRAVENOUS THERAPY		
49 4900	RESPIRATORY THERAPY		1,495,495
50 5000	PHYSICAL THERAPY	-24,038	2,656,043
51 5100	OCCUPATIONAL THERAPY		
52 5200	SPEECH PATHOLOGY		
53 5300	ELECTROCARDIOLOGY	-993	886,453
54 5400	ELECTROENCEPHALOGRAPHY		
55 5500	MEDICAL SUPPLIES CHARGED TO PATIENTS		9,787,363
56 5600	DRUGS CHARGED TO PATIENTS		504,174
57 5700	RENAL DIALYSIS		167,413
58 5800	ASC (NON-DISTINCT PART)		
59 3020	PSYCH SERVICES		349,347
59.01 3021	CARDIAC CATHETER LAB		360,285
59.02 3330	ENDOSCOPY		478,416
	OUTPAT SERVICE COST CNTRS		
60 6000	CLINIC		373,097
61 6100	EMERGENCY	-292,048	1,454,621
62 6200	OBSERVATION BEDS (NON-DISTINCT PART)		
62.01 6201	OBSERVATION BEDS (DISTINCT PART)		
	OTHER REIMBURS COST CNTRS		
64 6400	HOME PROGRAM DIALYSIS		
65 6500	AMBULANCE SERVICES		853,617
66 6600	DURABLE MEDICAL EQUIP-RENTED		
67 6700	DURABLE MEDICAL EQUIP-SOLD		
69 6900	CORF		
70 7000	I&R SERVICES-NOT APPRVD PRGM		
71 7100	HOME HEALTH AGENCY		
	SPEC PURPOSE COST CENTERS		
82 8200	LUNG ACQUISITION		
83 8300	KIDNEY ACQUISITION		
84 8400	LIVER ACQUISITION		
85 8500	HEART ACQUISITION		
85.01 8510	PANCREAS ACQUISITION		

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

PROVIDER NO: 15-0010
PERIOD: FROM 7/1/2007 TO 6/30/2008
PREPARED 11/26/2008
WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS 6	NET EXPENSES FOR ALLOC 7
	SPEC PURPOSE COST CENTERS		
86	8600 OTHER ORGAN ACQUISITION		
88	8800 INTEREST EXPENSE		-0-
89	8900 UTILIZATION REVIEW-SNF		-0-
90	9000 OTHER CAPITAL RELATED COSTS		-0-
92	9200 AMBULATORY SURGICAL CENTER (D.P.)		
93	9300 HOSPICE		
95	SUBTOTALS	-142,111	87,997,747
	NONREIMBURS COST CENTERS		
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN		
97	9700 RESEARCH		
98	9800 PHYSICIANS' PRIVATE OFFICES		2,145
99	9900 NONPAID WORKERS		
100	7950 FOUNDATION		
100.01	7951 CLINIC OF HOPE		265,751
100.04	7954 COMMUNITY RELATIONS		690,738
101	TOTAL	-142,111	88,956,381

COST CENTERS USED IN COST REPORT

I PROVIDER NO: I PERIOD: I PREPARED 11/26/2008
 I 15-0010 I FROM 7/ 1/2007 I NOT A CMS WORKSHEET
 I I TO 6/30/2008 I

LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
	GENERAL SERVICE COST		
1	OLD CAP REL COSTS-BLDG & FIXT	0100	
2	OLD CAP REL COSTS-MVBLE EQUIP	0200	
3	NEW CAP REL COSTS-BLDG & FIXT	0300	
4	NEW CAP REL COSTS-MVBLE EQUIP	0400	
5	EMPLOYEE BENEFITS	0500	
6.01	NONPATIENT TELEPHONES	0610	NONPATIENT TELEPHONES
6.02	DATA PROCESSING	0620	DATA PROCESSING
6.03	PURCHASING, RECEIVING AND STORES	0630	PURCHASING, RECEIVING AND STORES
6.04	ADMINISTRATION	0640	ADMINISTRATION
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	
20	NONPHYSICIAN ANESTHETISTS	2000	
21	NURSING SCHOOL	2100	
22	I&R SERVICES-SALARY & FRINGES APPRVD	2200	
23	I&R SERVICES-OTHER PRGM COSTS APPRVD	2300	
24	PARAMED PRGM	2400	
	INPAT ROUTINE SRVC C		
25	ADULTS & PEDIATRICS	2500	
26	INTENSIVE CARE UNIT	2600	
27	CORONARY CARE UNIT	2700	
28	BURN INTENSIVE CARE UNIT	2800	
29	SURGICAL INTENSIVE CARE UNIT	2900	
31	SUBPROVIDER	3100	
33	NURSERY	3300	
34	SKILLED NURSING FACILITY	3400	
35	NURSING FACILITY	3500	
35.01	ICF/MR	3510	
36	OTHER LONG TERM CARE	3600	
	ANCILLARY SRVC COST		
37	OPERATING ROOM	3700	
38	RECOVERY ROOM	3800	
39	DELIVERY ROOM & LABOR ROOM	3900	
40	ANESTHESIOLOGY	4000	
41	RADIOLOGY-DIAGNOSTIC	4100	
42	RADIOLOGY-THERAPEUTIC	4200	
43	RADIOISOTOPE	4300	
44	LABORATORY	4400	
45	PBP CLINICAL LAB SERVICES-PRGM ONLY	4500	
46	WHOLE BLOOD & PACKED RED BLOOD CELLS	4600	
47	BLOOD STORING, PROCESSING & TRANS.	4700	
48	INTRAVENOUS THERAPY	4800	
49	RESPIRATORY THERAPY	4900	
50	PHYSICAL THERAPY	5000	
51	OCCUPATIONAL THERAPY	5100	
52	SPEECH PATHOLOGY	5200	
53	ELECTROCARDIOLOGY	5300	
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	PSYCH SERVICES	3020	ACUPUNCTURE
59.01	CARDIAC CATHETER LAB	3021	ACUPUNCTURE
59.02	ENDOSCOPY	3330	ENDOSCOPY
	OUTPAT SERVICE COST		
60	CLINIC	6000	
61	EMERGENCY	6100	
62	OBSERVATION BEDS (NON-DISTINCT PART)	6200	
62.01	OBSERVATION BEDS (DISTINCT PART)	6201	OBSERVATION BEDS (NON-DISTINCT PART)
	OTHER REIMBURS COST		
64	HOME PROGRAM DIALYSIS	6400	
65	AMBULANCE SERVICES	6500	
66	DURABLE MEDICAL EQUIP-RENTED	6600	
67	DURABLE MEDICAL EQUIP-SOLD	6700	
69	CORF	6900	
70	I&R SERVICES-NOT APPRVD PRGM	7000	
71	HOME HEALTH AGENCY	7100	
	SPEC PURPOSE COST CE		
82	LUNG ACQUISITION	8200	
83	KIDNEY ACQUISITION	8300	
84	LIVER ACQUISITION	8400	
85	HEART ACQUISITION	8500	
85.01	PANCREAS ACQUISITION	8510	
86	OTHER ORGAN ACQUISITION	8600	

COST CENTERS USED IN COST REPORT

LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
	SPEC PURPOSE COST CE		
88	INTEREST EXPENSE	8800	
89	UTILIZATION REVIEW-SNF	8900	
90	OTHER CAPITAL RELATED COSTS	9000	
92	AMBULATORY SURGICAL CENTER (D.P.)	9200	
93	HOSPICE	9300	
95	SUBTOTALS		OLD CAP REL COSTS-BLDG & FIXT
	NONREIMBURS COST CEN		
96	GIFT, FLOWER, COFFEE SHOP & CANTEEN	9600	
97	RESEARCH	9700	
98	PHYSICIANS' PRIVATE OFFICES	9800	
99	NONPAID WORKERS	9900	
100	FOUNDATION	7950	OTHER NONREIMBURSABLE COST CENTERS
100.01	CLINIC OF HOPE	7951	OTHER NONREIMBURSABLE COST CENTERS
100.04	COMMUNITY RELATIONS	7954	OTHER NONREIMBURSABLE COST CENTERS
101	TOTAL		OLD CAP REL COSTS-BLDG & FIXT

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION	INCREASE				
	CODE (1)	COST CENTER 2	LINE NO 3	SALARY 4	OTHER 5
1 BENEFITS	A	EMPLOYEE BENEFITS	5		178,432
2					
3					
4 UTILITIES	B	OPERATION OF PLANT	8		277,629
5					
6					
7					
8					
9					
10					
11					
12					
13					
14 DEPRECIATION	C	OLD CAP REL COSTS-BLDG & FIXT	1		85,080
15 DRUGS CHARGED	D	DRUGS CHARGED TO PATIENTS	56		504,174
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					
27					
28					
29					
30					
31					
32					
33					
34 BULIDING RENT	E	OLD CAP REL COSTS-BLDG & FIXT	1		534,838
35					
1 BULIDING RENT	E				
2					
3					
4					
5					
6 EQUIPMENT LEASE	F	OLD CAP REL COSTS-BLDG & FIXT	1		1,007,982
7		OTHER ADMINISTRATIVE AND GENERAL	6.06		7,981
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					
27					
28					
29					
30 TAXES	G	OLD CAP REL COSTS-BLDG & FIXT	1		49,981
31					
32					
33 LAUNDRY	H	LAUNDRY & LINEN SERVICE	9		446,111
34 INSURANCE	I	OLD CAP REL COSTS-BLDG & FIXT	1		110,230
35 NURSERY	J	NURSERY	33	260,626	79,688

RECLASSIFICATIONS

PROVIDER NO: 150010	PERIOD: FROM 7/1/2007 TO 6/30/2008	PREPARED 11/26/2008 WORKSHEET A-6 CONTD
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EXPLANATION OF RECLASSIFICATION	----- INCREASE -----				
	CODE (1)	COST CENTER	LINE NO	SALARY	OTHER
	1	2	3	4	5
1 INTEREST	K	OLD CAP REL COSTS-BLDG & FIXT	1		657,529
2 INTEREST - SERIES 2005	L	OLD CAP REL COSTS-BLDG & FIXT	1		84,130
3 MED SUPPLIES	M	MEDICAL SUPPLIES CHARGED TO PATIENTS	55		1,638,512
4		OTHER ADMINISTRATIVE AND GENERAL	6.06		81,832
5		DIETARY	11		8,497
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					
27					
28					
29 MARKETING	N	COMMUNITY RELATIONS	100.04		82,212
30		OPERATION OF PLANT	8		65
31					
32					
33					
34					
35					
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18 CHARITABLE EXPENSE	O	OTHER ADMINISTRATIVE AND GENERAL	6.06		11,260
19					
20					
21					
22 CAFETERIA	P	CAFETERIA	12	725,839	772,195
23 COMMUNITY RELATIONS	Q	OTHER ADMINISTRATIVE AND GENERAL	6.06		196,998
36 TOTAL RECLASSIFICATIONS				986,465	6,815,356

(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	LINE NO	SALARY	OTHER	A-7 REF
		1	6	7	8	9	10
1	BENEFITS	A	OTHER ADMINISTRATIVE AND GENERAL	6.06		177,988	
2			DIETARY	11		57	
3			CLINIC OF HOPE	100.01		387	
4	UTILITIES	B	NONPATIENT TELEPHONES	6.01		209,164	
5			CASHIERING/ACCOUNTS RECEIVABLE	6.05		6,205	
6			OTHER ADMINISTRATIVE AND GENERAL	6.06		28,158	
7			DIETARY	11		272	
8			MEDICAL RECORDS & LIBRARY	17		2,846	
9			LABORATORY	44		259	
10			PHYSICAL THERAPY	50		15,705	
11			PSYCH SERVICES	59		1,106	
12			CLINIC OF HOPE	100.01		10,122	
13			COMMUNITY RELATIONS	100.04		3,792	
14	DEPRECIATION	C	OTHER ADMINISTRATIVE AND GENERAL	6.06		85,080	9
15	DRUGS CHARGED	D	OTHER ADMINISTRATIVE AND GENERAL	6.06		10,393	
16			PHARMACY	16		2,086	
17			ADULTS & PEDIATRICS	25		1,633	
18			INTENSIVE CARE UNIT	26		276	
19			SUBPROVIDER	31		109	
20			OPERATING ROOM	37		2,730	
21			DELIVERY ROOM & LABOR ROOM	39		152	
22			ANESTHESIOLOGY	40		91,776	
23			RADIOLOGY-DIAGNOSTIC	41		258,766	
24			LABORATORY	44		2,874	
25			RESPIRATORY THERAPY	49		1,069	
26			PHYSICAL THERAPY	50		934	
27			ELECTROCARDIOLOGY	53		53,577	
28			MEDICAL SUPPLIES CHARGED TO PATIENTS	55		1,898	
29			RENAL DIALYSIS	57		210	
30			CLINIC	60		45	
31			EMERGENCY	61		1,364	
32			AMBULANCE SERVICES	65		3,736	
33			CLINIC OF HOPE	100.01		70,546	
34	BUILDING RENT	E	OTHER ADMINISTRATIVE AND GENERAL	6.06		13,949	9
35			ADULTS & PEDIATRICS	25		71,100	
1	BUILDING RENT	E	RADIOLOGY-DIAGNOSTIC	41		5,163	
2			PHYSICAL THERAPY	50		332,760	
3			MEDICAL SUPPLIES CHARGED TO PATIENTS	55		1,866	
4			PSYCH SERVICES	59		95,000	
5			CLINIC OF HOPE	100.01		15,000	
6	EQUIPMENT LEASE	F	DATA PROCESSING	6.02		1,761	9
7			PURCHASING, RECEIVING AND STORES	6.03		16,311	
8			ADMINISTRATIVE	6.04		2,161	
9			CASHIERING/ACCOUNTS RECEIVABLE	6.05		3,987	
10			OPERATION OF PLANT	8		29,025	
11			DIETARY	11		1,839	
12			PHARMACY	16		221,104	
13			MEDICAL RECORDS & LIBRARY	17		2,498	
14			SOCIAL SERVICE	18		2,161	
15			ADULTS & PEDIATRICS	25		11,776	
16			INTENSIVE CARE UNIT	26		1,882	
17			SUBPROVIDER	31		2,161	
18			OPERATING ROOM	37		6,793	
19			DELIVERY ROOM & LABOR ROOM	39		1,882	
20			RADIOLOGY-DIAGNOSTIC	41		421,442	
21			LABORATORY	44		11,885	
22			RESPIRATORY THERAPY	49		48,341	
23			PHYSICAL THERAPY	50		9,294	
24			ELECTROCARDIOLOGY	53		2,646	
25			MEDICAL SUPPLIES CHARGED TO PATIENTS	55		143,098	
26			ENDOSCOPY	59.02		1,486	
27			CLINIC	60		65,582	
28			EMERGENCY	61		4,687	
29			CLINIC OF HOPE	100.01		2,161	
30	TAXES	G	PHARMACY	16		1,610	9
31			LABORATORY	44		4,556	
32			OTHER ADMINISTRATIVE AND GENERAL	6.06		43,815	
33	LAUNDRY	H	HOUSEKEEPING	10		446,111	
34	INSURANCE	I	OTHER ADMINISTRATIVE AND GENERAL	6.06		110,230	9
35	NURSERY	J	DELIVERY ROOM & LABOR ROOM	39	260,626	79,688	

RECLASSIFICATIONS

PROVIDER NO:
150010

PERIOD:
FROM 7/ 1/2007
TO 6/30/2008

PREPARED 11/26/2008
WORKSHEET A-6
CONTD

EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER 6	DECREASE		SALARY 8	OTHER 9	A-7 REF 10
			LINE NO 7				
1 INTEREST	K			88		657,529	9
2 INTEREST - SERIES 2005	L			88		84,130	9
3 MED SUPPLIES	M			6.03		7	
4				6.04		1,224	
5				6.05		17	
6				8		576	
7				10		3,106	
8				14		877	
9				16		3,357	
10				17		10	
11				25		228,684	
12				26		171,539	
13				31		32,231	
14				37		484,868	
15				39		92,814	
16				40		11,697	
17				41		137,106	
18				44		79,193	
19				49		11,924	
20				50		34,375	
21				53		23,711	
22				57		4,046	
23				59.01		167,665	
24				59.02		56,614	
25				60		42,508	
26				61		120,568	
27				65		19,764	
28				100.01		360	
29 MARKETING	N			6.03		113	
30				6.04		762	
31				6.05		1,133	
32				6.06		39,745	
33				10		1,236	
34				11		2,042	
35				14		176	
1 MARKETING	N			16		532	
2				17		783	
3				18		131	
4				25		3,666	
5				26		216	
6				31		1,858	
7				37		2,751	
8				39		857	
9				41		825	
10				44		1,593	
11				49		417	
12				50		21,217	
13				53		494	
14				59		28	
15				60		13	
16				61		364	
17				65		1,325	
18 CHARITABLE EXPENSE	O			6.03		396	
19				37		10,558	
20				55		286	
21				100.01		20	
22 CAFETERIA	P			11	725,839	772,195	
23 COMMUNITY RELATIONS	Q			100.04		196,998	
36 TOTAL RECLASSIFICATIONS					986,465	6,815,356	

(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:
150010

PERIOD:
FROM 7/ 1/2007
TO 6/30/2008

PREPARED 11/26/2008
WORKSHEET A-6
NOT A CMS WORKSHEET

RECLASS CODE: A
EXPLANATION : BENEFITS

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	EMPLOYEE BENEFITS	5	178,432
2.00			0
3.00			0
TOTAL RECLASSIFICATIONS FOR CODE A			178,432

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
OTHER ADMINISTRATIVE AND GENER	6.06	177,988	
DIETARY	11	57	
CLINIC OF HOPE	100.01	387	
		178,432	

RECLASS CODE: B
EXPLANATION : UTILITIES

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	OPERATION OF PLANT	8	277,629
2.00			0
3.00			0
4.00			0
5.00			0
6.00			0
7.00			0
8.00			0
9.00			0
10.00			0
TOTAL RECLASSIFICATIONS FOR CODE B			277,629

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
NONPATIENT TELEPHONES	6.01	209,164	
CASHIERING/ACCOUNTS RECEIVABLE	6.05	6,205	
OTHER ADMINISTRATIVE AND GENER	6.06	28,158	
DIETARY	11	272	
MEDICAL RECORDS & LIBRARY	17	2,846	
LABORATORY	44	259	
PHYSICAL THERAPY	50	15,705	
PSYCH SERVICES	59	1,106	
CLINIC OF HOPE	100.01	10,122	
COMMUNITY RELATIONS	100.04	3,792	
		277,629	

RECLASS CODE: C
EXPLANATION : DEPRECIATION

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	OLD CAP REL COSTS-BLDG & FIXT	1	85,080
TOTAL RECLASSIFICATIONS FOR CODE C			85,080

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
OTHER ADMINISTRATIVE AND GENER	6.06	85,080	
		85,080	

RECLASS CODE: D
EXPLANATION : DRUGS CHARGED

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	DRUGS CHARGED TO PATIENTS	56	504,174
2.00			0
3.00			0
4.00			0
5.00			0
6.00			0
7.00			0
8.00			0
9.00			0
10.00			0
11.00			0
12.00			0
13.00			0
14.00			0
15.00			0
16.00			0
17.00			0
18.00			0
19.00			0
TOTAL RECLASSIFICATIONS FOR CODE D			504,174

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
OTHER ADMINISTRATIVE AND GENER	6.06	10,393	
PHARMACY	16	2,086	
ADULTS & PEDIATRICS	25	1,633	
INTENSIVE CARE UNIT	26	276	
SUBPROVIDER	31	109	
OPERATING ROOM	37	2,730	
DELIVERY ROOM & LABOR ROOM	39	152	
ANESTHESIOLOGY	40	91,776	
RADIOLOGY-DIAGNOSTIC	41	258,766	
LABORATORY	44	2,874	
RESPIRATORY THERAPY	49	1,069	
PHYSICAL THERAPY	50	934	
ELECTROCARDIOLOGY	53	53,577	
MEDICAL SUPPLIES CHARGED TO PA	55	1,898	
RENAL DIALYSIS	57	210	
CLINIC	60	45	
EMERGENCY	61	1,364	
AMBULANCE SERVICES	65	3,736	
CLINIC OF HOPE	100.01	70,546	
		504,174	

RECLASS CODE: E
EXPLANATION : BUILDING RENT

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	OLD CAP REL COSTS-BLDG & FIXT	1	534,838
2.00			0
3.00			0
4.00			0
5.00			0
6.00			0
7.00			0
TOTAL RECLASSIFICATIONS FOR CODE E			534,838

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
OTHER ADMINISTRATIVE AND GENER	6.06	13,949	
ADULTS & PEDIATRICS	25	71,100	
RADIOLOGY-DIAGNOSTIC	41	5,163	
PHYSICAL THERAPY	50	332,760	
MEDICAL SUPPLIES CHARGED TO PA	55	1,866	
PSYCH SERVICES	59	95,000	
CLINIC OF HOPE	100.01	15,000	
		534,838	

RECLASS CODE: F
EXPLANATION : EQUIPMENT LEASE

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	OLD CAP REL COSTS-BLDG & FIXT	1	1,007,982

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
DATA PROCESSING	6.02	1,761	

RECLASSIFICATIONS

PROVIDER NO:
150010

PERIOD:
FROM 7/ 1/2007
TO 6/30/2008

PREPARED 11/26/2008
WORKSHEET A-6
NOT A CMS WORKSHEET

RECLASS CODE: F
EXPLANATION : EQUIPMENT LEASE

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
2.00	OTHER ADMINISTRATIVE AND GENER	6.06	7,981	PURCHASING, RECEIVING AND STOR	6.03	16,311	
3.00			0	ADMITTING	6.04	2,161	
4.00			0	CASHIERING/ACCOUNTS RECEIVABLE	6.05	3,987	
5.00			0	OPERATION OF PLANT	8	29,025	
6.00			0	DIETARY	11	1,839	
7.00			0	PHARMACY	16	221,104	
8.00			0	MEDICAL RECORDS & LIBRARY	17	2,498	
9.00			0	SOCIAL SERVICE	18	2,161	
10.00			0	ADULTS & PEDIATRICS	25	11,776	
11.00			0	INTENSIVE CARE UNIT	26	1,882	
12.00			0	SUBPROVIDER	31	2,161	
13.00			0	OPERATING ROOM	37	6,793	
14.00			0	DELIVERY ROOM & LABOR ROOM	39	1,882	
15.00			0	RADIOLOGY-DIAGNOSTIC	41	421,442	
16.00			0	LABORATORY	44	11,885	
17.00			0	RESPIRATORY THERAPY	49	48,341	
18.00			0	PHYSICAL THERAPY	50	9,294	
19.00			0	ELECTROCARDIOLOGY	53	2,646	
20.00			0	MEDICAL SUPPLIES CHARGED TO PA	55	143,098	
21.00			0	ENDOSCOPY	59.02	1,486	
22.00			0	CLINIC	60	65,582	
23.00			0	EMERGENCY	61	4,687	
24.00			0	CLINIC OF HOPE	100.01	2,161	
TOTAL RECLASSIFICATIONS FOR CODE F			1,015,963	TOTAL RECLASSIFICATIONS FOR CODE F			1,015,963

RECLASS CODE: G
EXPLANATION : TAXES

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	OLD CAP REL COSTS-BLDG & FIXT	1	49,981	PHARMACY	16	1,610	
2.00			0	LABORATORY	44	4,556	
3.00			0	OTHER ADMINISTRATIVE AND GENER	6.06	43,815	
TOTAL RECLASSIFICATIONS FOR CODE G			49,981	TOTAL RECLASSIFICATIONS FOR CODE G			49,981

RECLASS CODE: H
EXPLANATION : LAUNDRY

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	LAUNDRY & LINEN SERVICE	9	446,111	HOUSEKEEPING	10	446,111	
TOTAL RECLASSIFICATIONS FOR CODE H			446,111	TOTAL RECLASSIFICATIONS FOR CODE H			446,111

RECLASS CODE: I
EXPLANATION : INSURANCE

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	OLD CAP REL COSTS-BLDG & FIXT	1	110,230	OTHER ADMINISTRATIVE AND GENER	6.06	110,230	
TOTAL RECLASSIFICATIONS FOR CODE I			110,230	TOTAL RECLASSIFICATIONS FOR CODE I			110,230

RECLASS CODE: J
EXPLANATION : NURSERY

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NURSERY	33	340,314	DELIVERY ROOM & LABOR ROOM	39	340,314	
TOTAL RECLASSIFICATIONS FOR CODE J			340,314	TOTAL RECLASSIFICATIONS FOR CODE J			340,314

RECLASS CODE: K
EXPLANATION : INTEREST

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	OLD CAP REL COSTS-BLDG & FIXT	1	657,529	INTEREST EXPENSE	88	657,529	
TOTAL RECLASSIFICATIONS FOR CODE K			657,529	TOTAL RECLASSIFICATIONS FOR CODE K			657,529

RECLASS CODE: L
EXPLANATION : INTEREST - SERIES 2005

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	OLD CAP REL COSTS-BLDG & FIXT	1	84,130	INTEREST EXPENSE	88	84,130	
TOTAL RECLASSIFICATIONS FOR CODE L			84,130	TOTAL RECLASSIFICATIONS FOR CODE L			84,130

RECLASSIFICATIONS

PROVIDER NO:
150010

PERIOD:
FROM 7/ 1/2007
TO 6/30/2008

PREPARED 11/26/2008
WORKSHEET A-6
NOT A CMS WORKSHEET

RECLASS CODE: M
EXPLANATION : MED SUPPLIES

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	MEDICAL SUPPLIES CHARGED TO PA	55	1,638,512	PURCHASING, RECEIVING AND STOR	6.03	7	
2.00	OTHER ADMINISTRATIVE AND GENER	6.06	81,832	ADMINITTING	6.04	1,224	
3.00	DIETARY	11	8,497	CASHIERING/ACCOUNTS RECEIVABLE	6.05	17	
4.00			0	OPERATION OF PLANT	8	576	
5.00			0	HOUSEKEEPING	10	3,106	
6.00			0	NURSING ADMINISTRATION	14	877	
7.00			0	PHARMACY	16	3,357	
8.00			0	MEDICAL RECORDS & LIBRARY	17	10	
9.00			0	ADULTS & PEDIATRICS	25	228,684	
10.00			0	INTENSIVE CARE UNIT	26	171,539	
11.00			0	SUBPROVIDER	31	32,231	
12.00			0	OPERATING ROOM	37	484,868	
13.00			0	DELIVERY ROOM & LABOR ROOM	39	92,814	
14.00			0	ANESTHESIOLOGY	40	11,697	
15.00			0	RADIOLOGY-DIAGNOSTIC	41	137,106	
16.00			0	LABORATORY	44	79,193	
17.00			0	RESPIRATORY THERAPY	49	11,924	
18.00			0	PHYSICAL THERAPY	50	34,375	
19.00			0	ELECTROCARDIOLOGY	53	23,711	
20.00			0	RENAL DIALYSIS	57	4,046	
21.00			0	CARDIAC CATHETER LAB	59.01	167,665	
22.00			0	ENDOSCOPY	59.02	56,614	
23.00			0	CLINIC	60	42,508	
24.00			0	EMERGENCY	61	120,568	
25.00			0	AMBULANCE SERVICES	65	19,764	
26.00			0	CLINIC OF HOPE	100.01	360	
TOTAL RECLASSIFICATIONS FOR CODE M			1,728,841	1,728,841			

RECLASS CODE: N
EXPLANATION : MARKETING

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	COMMUNITY RELATIONS	100.04	82,212	PURCHASING, RECEIVING AND STOR	6.03	113	
2.00	OPERATION OF PLANT	8	65	ADMINITTING	6.04	762	
3.00			0	CASHIERING/ACCOUNTS RECEIVABLE	6.05	1,133	
4.00			0	OTHER ADMINISTRATIVE AND GENER	6.06	39,745	
5.00			0	HOUSEKEEPING	10	1,236	
6.00			0	DIETARY	11	2,042	
7.00			0	NURSING ADMINISTRATION	14	176	
8.00			0	PHARMACY	16	532	
9.00			0	MEDICAL RECORDS & LIBRARY	17	783	
10.00			0	SOCIAL SERVICE	18	131	
11.00			0	ADULTS & PEDIATRICS	25	3,666	
12.00			0	INTENSIVE CARE UNIT	26	216	
13.00			0	SUBPROVIDER	31	1,858	
14.00			0	OPERATING ROOM	37	2,751	
15.00			0	DELIVERY ROOM & LABOR ROOM	39	857	
16.00			0	RADIOLOGY-DIAGNOSTIC	41	825	
17.00			0	LABORATORY	44	1,593	
18.00			0	RESPIRATORY THERAPY	49	417	
19.00			0	PHYSICAL THERAPY	50	21,217	
20.00			0	ELECTROCARDIOLOGY	53	494	
21.00			0	PSYCH SERVICES	59	28	
22.00			0	CLINIC	60	13	
23.00			0	EMERGENCY	61	364	
24.00			0	AMBULANCE SERVICES	65	1,325	
TOTAL RECLASSIFICATIONS FOR CODE N			82,277	82,277			

RECLASS CODE: O
EXPLANATION : CHARITABLE EXPENSE

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	OTHER ADMINISTRATIVE AND GENER	6.06	11,260	PURCHASING, RECEIVING AND STOR	6.03	396	
2.00			0	OPERATING ROOM	37	10,558	
3.00			0	MEDICAL SUPPLIES CHARGED TO PA	55	286	
4.00			0	CLINIC OF HOPE	100.01	20	
TOTAL RECLASSIFICATIONS FOR CODE O			11,260	11,260			

RECLASS CODE: P
EXPLANATION : CAFETERIA

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	CAFETERIA	12	1,498,034	DIETARY	11	1,498,034	
TOTAL RECLASSIFICATIONS FOR CODE P			1,498,034	1,498,034			

RECLASSIFICATIONS

PROVIDER NO:
150010

PERIOD:
FROM 7/ 1/2007
TO 6/30/2008

PREPARED 11/26/2008
WORKSHEET A-6
NOT A CMS WORKSHEET

RECLASS CODE: Q
EXPLANATION : COMMUNITY RELATIONS

----- INCREASE -----			----- DECREASE -----		
LINE	COST CENTER	AMOUNT	LINE	COST CENTER	AMOUNT
1.00	OTHER ADMINISTRATIVE AND GENER	196,998	6.06	COMMUNITY RELATIONS	196,998
TOTAL RECLASSIFICATIONS FOR CODE Q		196,998	100.04		196,998

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	525,279					525,279	
2	LAND IMPROVEMENTS	826,606					826,606	
3	BUILDINGS & FIXTURE	22,123,526					22,123,526	
4	BUILDING IMPROVEMEN							
5	FIXED EQUIPMENT	12,612,905					12,612,905	
6	MOVABLE EQUIPMENT	4,678,793					4,678,793	
7	SUBTOTAL	40,767,109					40,767,109	
8	RECONCILING ITEMS							
9	TOTAL	40,767,109					40,767,109	

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	897,392					897,392	
2	LAND IMPROVEMENTS	1,467,814	29,626		29,626		1,497,440	
3	BUILDINGS & FIXTURE	33,770,889	155,392		155,392		33,926,281	
4	BUILDING IMPROVEMEN	5,637,697	1,057,362		1,057,362		6,695,059	
5	FIXED EQUIPMENT	9,769,493	569,349		569,349	6,217	10,332,625	
6	MOVABLE EQUIPMENT	40,072,636	2,996,171	166,380	3,162,551	38,506	43,196,681	
7	SUBTOTAL	91,615,921	4,807,900	166,380	4,974,280	44,723	96,545,478	
8	RECONCILING ITEMS							
9	TOTAL	91,615,921	4,807,900	166,380	4,974,280	44,723	96,545,478	

PART III - RECONCILIATION OF CAPITAL COST CENTERS
 DESCRIPTION

		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL			TOTAL	
		GROSS ASSETS	CAPITALIZED LEASES	GROSS ASSETS FOR RATIO	RATIO	INSURANCE	TAXES	OTHER CAPITAL RELATED COSTS	
*		1	2	3	4	5	6	7	8
1	OLD CAP REL COSTS-BL	132,383,030		132,383,030	1.000000				
2	OLD CAP REL COSTS-MV								
3	NEW CAP REL COSTS-BL								
4	NEW CAP REL COSTS-MV								
5	TOTAL	132,383,030		132,383,030	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	6,371,829	1,542,820	741,659				8,656,308
2	OLD CAP REL COSTS-MV							
3	NEW CAP REL COSTS-BL							
4	NEW CAP REL COSTS-MV							
5	TOTAL	6,371,829	1,542,820	741,659				8,656,308

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	3,892,390	1,542,820	741,659				6,176,869
2	OLD CAP REL COSTS-MV							
3	NEW CAP REL COSTS-BL							
4	NEW CAP REL COSTS-MV							
5	TOTAL	3,892,390	1,542,820	741,659				6,176,869

* 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

DESCRIPTION (1)	(2) BASIS/CODE 1	AMOUNT 2	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED		LINE NO 4	WKST. A-7 REF. 5
			COST CENTER 3			
1 INVST INCOME-OLD BLDGS AND FIXTURES			OLD CAP REL COSTS-BLDG &		1	
2 INVESTMENT INCOME-OLD MOVABLE EQUIP			OLD CAP REL COSTS-MVBLE E		2	
3 INVST INCOME-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &		3	
4 INVESTMENT INCOME-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E		4	
5 INVESTMENT INCOME-OTHER	A	-714,659	OLD CAP REL COSTS-BLDG &		1	9
6 TRADE, QUANTITY AND TIME DISCOUNTS						
7 REFUNDS AND REBATES OF EXPENSES						
8 RENTAL OF PRVIDER SPACE BY SUPPLIERS						
9 TELEPHONE SERVICES	B	-23,400	NONPATIENT TELEPHONES		6.01	
10 TELEVISION AND RADIO SERVICE	A	-2,708	OPERATION OF PLANT		8	
11 PARKING LOT						
12 PROVIDER BASED PHYSICIAN ADJUSTMENT	A-8-2	-757,308				
13 SALE OF SCRAP, WASTE, ETC.						
14 RELATED ORGANIZATION TRANSACTIONS	A-8-1	3,407,694				
15 LAUNDRY AND LINEN SERVICE						
16 CAFETERIA--EMPLOYEES AND GUESTS	B	-558,813	CAFETERIA		12	
17 RENTAL OF QTRS TO EMPLOYEE AND OTHRS						
18 SALE OF MED AND SURG SUPPLIES						
19 SALE OF DRUGS TO OTHER THAN PATIENTS						
20 SALE OF MEDICAL RECORDS & ABSTRACTS						
21 NURSG SCHOOL(TUITN, FEES, BOOKS, ETC.)						
22 VENDING MACHINES						
23 INCOME FROM IMPOSITION OF INTEREST						
24 INTRST EXP ON MEDICARE OVERPAYMENTS						
25 ADJUSTMENT FOR RESPIRATORY THERAPY	A-8-3/A-8-4		RESPIRATORY THERAPY		49	
26 ADJUSTMENT FOR PHYSICAL THERAPY	A-8-3/A-8-4		PHYSICAL THERAPY		50	
27 ADJUSTMENT FOR HHA PHYSICAL THERAPY	A-8-3					
28 UTILIZATION REVIEW-PHYSIAN COMP			UTILIZATION REVIEW-SNF		89	
29 DEPRECIATION-OLD BLDGS AND FIXTURES			OLD CAP REL COSTS-BLDG &		1	
30 DEPRECIATION-OLD MOVABLE EQUIP			OLD CAP REL COSTS-MVBLE E		2	
31 DEPRECIATION-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &		3	
32 DEPRECIATION-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E		4	
33 NON-PHYSICIAN ANESTHETIST			NONPHYSICIAN ANESTHETISTS		20	
34 PHYSICIANS' ASSISTANT						
35 ADJUSTMENT FOR OCCUPATIONAL THERAPY	A-8-4		OCCUPATIONAL THERAPY		51	
36 ADJUSTMENT FOR SPEECH PATHOLOGY	A-8-4		SPEECH PATHOLOGY		52	
37 SOUTHWAY REHAB OTH OP REV	B	-1,019	PHYSICAL THERAPY		50	
38 FOREST PARK REHAB OTH OP REV	B	-11,019	PHYSICAL THERAPY		50	
39 CARDIOVASCULAR SRVCS OTH OP REV	B	-993	ELECTROCARDIOLOGY		53	
40 LAB OTH OP REV	B	-351	LABORATORY		44	
41 OTHER OPERATING REVENUE	B	-86,458	RADIOLOGY-DIAGNOSTIC		41	
42 RENTAL INCOME	B	-594,902	OLD CAP REL COSTS-BLDG &		1	9
43 EDUCATION CENTER OTH OP REV	B	-5,000	OTHER ADMINISTRATIVE AND		6.06	
44 QUARTER CLOSE ADJ.	B	-19	OTHER ADMINISTRATIVE AND		6.06	
45 A&P OTHER INCOME	B	-11,024	ADULTS & PEDIATRICS		25	
46 PATIENT TELEVISION	A	-6,396	OTHER ADMINISTRATIVE AND		6.06	
47 HIM ADMINISTRATION OTHER OP REV	B	-2,676	MEDICAL RECORDS & LIBRARY		17	
48 PHYSICIAN RECRUITMENT	A	-426,241	OTHER ADMINISTRATIVE AND		6.06	
49 SURGERY MGMT CO OTH OP REV	B	-8,341	OTHER ADMINISTRATIVE AND		6.06	
49.01 1990 NON-ALLOWABLE DEPRECIATION	A	-8,156	OLD CAP REL COSTS-BLDG &		1	9
49.02 1994 AHA LIVES	A	28,142	OLD CAP REL COSTS-BLDG &		1	9
49.05 PLANT OPS REVENUE	B	-833	OPERATION OF PLANT		8	
49.06						
49.07 OTHER OPERATING REVENUE	B	-1,807	OTHER ADMINISTRATIVE AND		6.06	
49.08 EQUIPMENT RENTAL REVENUE	B	-112,850	OLD CAP REL COSTS-BLDG &		1	9
49.09						
49.10						
49.11						
49.12 LOBBY EXPENSE	A	-2,521	OTHER ADMINISTRATIVE AND		6.06	
49.13 RADIOLOGY OTHER REVENUE	B	-20,093	RADIOLOGY-DIAGNOSTIC		41	
49.14						
49.15 IS OTHER REVENUE	B	-10,200	DATA PROCESSING		6.02	
49.17						
49.18 PHARMACY NON-PATIENT SALES	B	-39,194	PHARMACY		16	
49.19 COLLECTION FEES	B	-98,159	OTHER ADMINISTRATIVE AND		6.06	
49.20 SYCAMORE PRIMARY CARE	A	-61,428	OTHER ADMINISTRATIVE AND		6.06	
49.21						
49.22						
49.23 CAFETERIA/VENDING REVENUE	B	-11,379	DIETARY		11	
49.24						
49.25						
50 TOTAL (SUM OF LINES 1 THRU 49)		-142,111				

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

(2) Basis for adjustment (see instructions).

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

B. Amount Received - if cost cannot be determined.

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

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

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

LINE NO.	COST CENTER	EXPENSE ITEMS	AMOUNT OF ALLOWABLE COST	AMOUNT	NET* ADJUSTMENTS	WKSHT A-7 COL. REF.
1	2	3	4	5	6	
1	1	OLD CAP REL COSTS-BLDG & NCI LINEN	88,639		88,639	9
2	9	LAUNDRY & LINEN SERVICE NCI LINEN	282,532	446,111	-163,579	
3	1	OLD CAP REL COSTS-BLDG & IMAGING CENTER	368,127		368,127	9
4	41	RADIOLOGY-DIAGNOSTIC IMAGING CENTER	359,759	887,874	-528,115	
4.01	1	OLD CAP REL COSTS-BLDG & SVHEALTH-HOME OFFICE-OLD	951,727	85,080	866,647	9
4.03	6	6 OTHER ADMINISTRATIVE AND SVHEALTH-HOME OFFICE-OTHE	6,004,131	3,150,319	2,853,812	
4.04	1	OLD CAP REL COSTS-BLDG & ASCENSION HEALTH-NEW BLDG	48,130		48,130	9
4.07	6	6 OTHER ADMINISTRATIVE AND ASCENSION HEALTH-SALARIES	276,391		276,391	
4.08	5	EMPLOYEE BENEFITS ASCENSION HEALTH-BENEFITS	98,703		98,703	
4.09	6	6 OTHER ADMINISTRATIVE AND ASCENSION HEALTH-OTHER	211,900		211,900	
4.10	1	OLD CAP REL COSTS-BLDG & ASCENSION HEALTH-INTEREST	674,528	693,977	-19,449	9
4.11	6	6 OTHER ADMINISTRATIVE AND ASCENSION HEALTH-INTEREST	46,345	47,681	-1,336	9
4.12	5	EMPLOYEE BENEFITS ASCENSION HEALTH-SERVICE	1,010,930	1,390,113	-379,183	
4.13	6	6 OTHER ADMINISTRATIVE AND STV CHARGEBACKS	25,568,542	25,568,542		
4.44						
4.45	5	EMPLOYEE BENEFITS STV SELF INSURANCE	5,157,240	5,470,233	-312,993	
5		TOTALS	41,147,624	37,739,930	3,407,694	

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

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

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

SYMBOL (1)	NAME	PERCENTAGE OF OWNERSHIP	RELATED ORGANIZATION(S) AND/OR HOME OFFICE NAME	PERCENTAGE OF OWNERSHIP	TYPE OF BUSINESS
1	2	3	4	5	6
1	A	NCI LINEN		25.00	LAUNDRY FACILITY
2	A	IMAGING CENTER		50.00	MRI FACILITY
3	G	ASCENSION HEALTH	ASCENSION HEALTH	0.00	HOME OFFICE
4	C	ST. VINCENT HEALTH	ST. VINCENT HEALTH	0.00	HOSPITAL MGMT.
5				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.
HOME OFFICE

PROVIDER BASED PHYSICIAN ADJUSTMENTS

PROVIDER NO: 15-0010
 PERIOD: FROM 7/1/2007 TO 6/30/2008
 PREPARED 11/26/2008
 WORKSHEET A-8-2
 GROUP 1

WKSHT A LINE NO.	COST CENTER/ PHYSICIAN IDENTIFIER	TOTAL REMUN- ERATION	PROFES- SIONAL COMPONENT	PROVIDER COMPONENT	RCE AMOUNT	PHYSICIAN/ PROVIDER COMPONENT HOURS	UNADJUSTED RCE LIMIT	5 PERCENT OF UNADJUSTED RCE LIMIT
1	2	3	4	5	6	7	8	9
2	61 EMERGENCY MEDICAL GROUP	292,048	292,048					
3	40 VARIOUS	319,660	319,660					
4	25 PSYCH	72,100	72,100					
5	50 DR. MITCHELL	12,000	12,000					
6								
7								
8	41 DR. MILLER	24,000	24,000					
9	41 VARIOUS	37,500	37,500					
10	0							
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
101	TOTAL	757,308	757,308					

COST ALLOCATION STATISTICS

LINE NO.	COST CENTER DESCRIPTION	STATISTICS CODE	STATISTICS DESCRIPTION		
	GENERAL SERVICE COST				
1	OLD CAP REL COSTS-BLDG & FIXT	1	SQUARE	FEET	ENTERED
2	OLD CAP REL COSTS-MVBLE EQUIP				NOT ENTERED
3	NEW CAP REL COSTS-BLDG & FIXT				NOT ENTERED
4	NEW CAP REL COSTS-MVBLE EQUIP				NOT ENTERED
5	EMPLOYEE BENEFITS	2	GROSS	SALARIES	ENTERED
6.01	NONPATIENT TELEPHONES	4	# OF	PHONES	ENTERED
6.02	DATA PROCESSING	5	# OF	TERMINALS	ENTERED
6.03	PURCHASING, RECEIVING AND STORES	6	COSTED	REQUIREMENTS	ENTERED
6.04	ADMINISTRATIVE	7	GROSS	REVENUE	ENTERED
6.05	CASHIERING/ACCOUNTS RECEIVABLE	7	GROSS	REVENUE	ENTERED
6.06	OTHER ADMINISTRATIVE AND GENERAL	-26	ACCUM.	COST	NOT ENTERED
7	MAINTENANCE & REPAIRS	9	SQUARE	FEET	NOT ENTERED
8	OPERATION OF PLANT	1	SQUARE	FEET	ENTERED
9	LAUNDRY & LINEN SERVICE	10	POUNDS OF	LAUNDRY	ENTERED
10	HOUSEKEEPING	11	HOURS OF	SERVICE	ENTERED
11	DIETARY	12	MEALS	SERVED	ENTERED
12	CAFETERIA	13	MANHOURS		ENTERED
13	MAINTENANCE OF PERSONNEL	14	NUMBER	HOUSED	NOT ENTERED
14	NURSING ADMINISTRATION	15	DIRECT	NURSING HRS	ENTERED
15	CENTRAL SERVICES & SUPPLY	16	COSTED	REQUI S.	NOT ENTERED
16	PHARMACY	17	COSTED	REQUI S.	ENTERED
17	MEDICAL RECORDS & LIBRARY	7	GROSS	REVENUE	ENTERED
18	SOCIAL SERVICE	19	DAYS		ENTERED
20	NONPHYSICIAN ANESTHETISTS	20	ASSIGNED	TIME	NOT ENTERED
21	NURSING SCHOOL	21	ASSIGNED	TIME	NOT ENTERED
22	I&R SERVICES-SALARY & FRINGES APPRVD	23	ASSIGNED	TIME	NOT ENTERED
23	I&R SERVICES-OTHER PRGM COSTS APPRVD	24	ASSIGNED	TIME	NOT ENTERED
24	PARAMED ED PRGM	25	ASSIGNED	TIME	ENTERED

COST ALLOCATION - GENERAL SERVICE COSTS

PROVIDER NO: 15-0010
 PERIOD: FROM 7/1/2007 TO 6/30/2008
 PREPARED 11/26/2008
 WORKSHEET B
 PART I

COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION	OLD CAP REL C OSTS-BLDG &	OLD CAP REL C OSTS-MVBLE E	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-MVBLE E	EMPLOYEE BENE FITS	NONPATIENT TELEPHONES
	0	1	2	3	4	5	6.01
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &	8,656,308	8,656,308					
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS	10,596,021	345,179				10,941,200	
006 01 NONPATIENT TELEPHONES	25,214	8,616					33,830
006 02 DATA PROCESSING	2,692,351	89,553					1,675
006 03 PURCHASING, RECEIVING AND	309,550	110,069				73,878	837
006 04 ADMINISTRATION	749,669	44,265				242,248	670
006 05 CASHIERING/ACCOUNTS RECEI	1,231,331	50,727				186,497	782
006 06 OTHER ADMINISTRATIVE AND	10,630,931	1,041,217				1,108,546	4,465
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT	3,319,723	1,238,279				272,336	670
009 LAUNDRY & LINEN SERVICE	282,552	13,947					56
010 HOUSEKEEPING	986,013	54,254				301,526	279
011 DIETARY	426,966	140,145				70,362	1,228
012 CAFETERIA	939,221	169,897				242,836	279
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION	342,937	70,705				113,986	893
015 CENTRAL SERVICES & SUPPLY							
016 PHARMACY	3,647,119	86,133				264,725	837
017 MEDICAL RECORDS & LIBRARY	645,721	65,885				183,996	893
018 SOCIAL SERVICE	303,569	76,332				100,238	614
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C							
024 PARAMED PRGM	75,953	24,125				19,549	
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	6,753,873	792,780				1,974,369	2,233
026 INTENSIVE CARE UNIT	1,568,027	151,749				378,281	1,675
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
031 SUBPROVIDER	1,427,046	365,318				299,871	1,117
033 NURSERY	340,314	43,322				87,195	558
034 SKILLED NURSING FACILITY							
035 NURSING FACILITY							
035 01 ICF/MR							
036 OTHER LONG TERM CARE							
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	3,568,924	850,776				948,308	1,117
038 RECOVERY ROOM							
039 DELIVERY ROOM & LABOR ROO	1,170,135	87,883				352,725	1,675
040 ANESTHESIOLOGY	91,213	7,458					1,172
041 RADIOLOGY-DIAGNOSTIC	3,670,389	641,381				790,471	2,010
042 RADIOLOGY-THERAPEUTIC							
043 RADIOISOTOPE							
044 LABORATORY	4,180,353	212,708				598,181	335
045 PBP CLINICAL LAB SERVICES							
046 WHOLE BLOOD & PACKED RED							
047 BLOOD STORING, PROCESSING							
048 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY	1,495,495	33,306				420,293	837
050 PHYSICAL THERAPY	2,656,043	305,626				577,056	2,400
051 OCCUPATIONAL THERAPY							
052 SPEECH PATHOLOGY							
053 ELECTROCARDIOLOGY	886,453	181,232				230,300	837
054 ELECTROENCEPHALOGRAPHY							
055 MEDICAL SUPPLIES CHARGED	9,787,363	116,020				98,993	112
056 DRUGS CHARGED TO PATIENTS	504,174						
057 RENAL DIALYSIS	167,413						
058 ASC (NON-DISTINCT PART)							
059 PSYCH SERVICES	349,347	123,613				16,133	1,061
059 01 CARDIAC CATHETER LAB	360,285	10,770				50,650	391
059 02 ENDOSCOPY	478,416					93,965	
060 OUTPAT SERVICE COST CNTRS							
061 CLINIC	373,097	54,362				67,430	56
061 EMERGENCY	1,454,621	520,730				409,782	1,675
062 OBSERVATION BEDS (NON-DIS							
062 01 OBSERVATION BEDS (DISTINC							
064 OTHER REIMBURS COST CNTRS							
064 HOME PROGRAM DIALYSIS							
065 AMBULANCE SERVICES	853,617	106,838				257,415	112
066 DURABLE MEDICAL EQUIP-REN							
067 DURABLE MEDICAL EQUIP-SOL							
069 CORF							
070 I&R SERVICES-NOT APPRVD P							
071 HOME HEALTH AGENCY							
082 LUNG ACQUISITION							
083 SPEC PURPOSE COST CENTERS							
083 KIDNEY ACQUISITION							
084 LIVER ACQUISITION							
085 HEART ACQUISITION							

COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION	0	1	2	3	4	5	6.01
SPEC PURPOSE COST CENTERS								
085 01 PANCREAS ACQUISITION								
086 OTHER ORGAN ACQUISITION								
092 AMBULATORY SURGICAL CENTE								
093 HOSPI CE								
095 SUBTOTALS	87,997,747		8,235,200				10,832,141	33,551
NONREIMBURS COST CENTERS								
096 GIFT, FLOWER, COFFEE SHOP			27,706					56
097 RESEARCH								
098 PHYSICIANS' PRIVATE OFFIC	2,145		388,555					
099 NONPAID WORKERS								
100 FOUNDATION			4,847					56
100 01 CLINIC OF HOPE	265,751						72,373	167
100 04 COMMUNITY RELATIONS	690,738						36,686	
101 CROSS FOOT ADJUSTMENT								
102 NEGATIVE COST CENTER								
103 TOTAL	88,956,381		8,656,308				10,941,200	33,830

COST CENTER DESCRIPTION	DATA PROCESSING	PURCHASING, RECEIVING AND	ADMINISTRATIVE	CASHIERING/ACCOUNTS RECEIVABLE	SUBTOTAL	OTHER ADMINISTRATIVE	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 TELEPHONES							
006 02 DATA PROCESSING	2,783,579						
006 03 PURCHASING, RECEIVING AND	38,027	532,361					
006 04 ADMINISTRATIVE	76,054	2,156	1,115,062				
006 05 CASHIERING/ACCOUNTS RECEI	22,816	1,327		1,493,480			
006 06 OTHER ADMINISTRATIVE AND	212,951	10,004			13,008,114	13,008,114	
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT	45,632	5,965			4,882,605	836,273	
009 LAUNDRY & LINEN SERVICE		2			296,557	50,793	
010 HOUSEKEEPING	22,816	5,216			1,370,104	234,666	
011 DIETARY	38,027				676,728	115,907	
012 CAFETERIA					1,352,233	231,605	
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION	30,422	137			559,080	95,757	
015 CENTRAL SERVICES & SUPPLY							
016 PHARMACY	76,054	2,260			4,077,128	698,314	
017 MEDICAL RECORDS & LIBRARY	91,265	1,213			988,973	169,387	
018 SOCIAL SERVICE	38,027	266			519,046	88,900	
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C							
024 PARAMED PRGM		1			119,628	20,489	
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	159,714	34,697	63,734	85,367	9,866,767	1,689,940	
026 INTENSIVE CARE UNIT	266,189	18,967	19,009	25,461	2,429,358	416,091	
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
031 SUBPROVIDER	83,659	5,941	17,629	23,612	2,224,193	380,951	
033 NURSERY	7,605		7,791	10,435	497,220	85,162	
034 SKILLED NURSING FACILITY							
035 NURSING FACILITY							
035 01 ICF/MR							
036 OTHER LONG TERM CARE							
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	479,142	56,684	152,029	203,632	6,260,612	1,072,293	
038 RECOVERY ROOM							
039 DELIVERY ROOM & LABOR ROO	38,027	17,255	23,487	31,460	1,722,647	295,048	
040 ANESTHESIOLOGY	7,605	6,607	23,709	31,757	169,521	29,035	
041 RADIOLOGY-DIAGNOSTIC	129,292	16,469	206,782	276,903	5,733,697	982,045	
042 RADIOLOGY-THERAPEUTIC							
043 RADIOISOTOPE							
044 LABORATORY	228,162	10,153	150,919	202,145	5,582,956	956,226	
045 PBP CLINICAL LAB SERVICES							
046 WHOLE BLOOD & PACKED RED							
047 BLOOD STORING, PROCESSING							
048 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY	30,422	8,985	47,860	64,106	2,101,304	359,903	
050 PHYSICAL THERAPY	182,530	6,180	63,159	84,598	3,877,592	664,138	
051 OCCUPATIONAL THERAPY							
052 SPEECH PATHOLOGY							
053 ELECTROCARDIOLOGY		3,643	41,029	54,955	1,398,449	239,521	
054 ELECTROENCEPHALOGRAPHY							
055 MEDICAL SUPPLIES CHARGED		257,227	57,731	77,327	10,394,773	1,780,375	
056 DRUGS CHARGED TO PATIENTS			41,442	55,508	601,124	102,958	
057 RENAL DIALYSIS	7,605	1,093	960	1,286	178,357	30,548	
058 ASC (NON-DISTINCT PART)							
059 PSYCH SERVICES	91,265	162	20,508	27,469	629,558	107,828	
059 01 CARDIAC CATHETER LAB	30,422	19,168	34,101	45,676	551,463	94,452	
059 02 ENDOSCOPY		12,171	38,008	50,909	673,469	115,349	
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC	30,422	5,094	10,558	14,142	555,161	95,086	
061 EMERGENCY	266,189	19,559	78,730	105,453	2,856,739	489,291	
062 OBSERVATION BEDS (NON-DIS							
062 01 OBSERVATION BEDS (DISTINC							
064 OTHER REIMBURS COST CNTRS							
064 HOME PROGRAM DIALYSIS							
065 AMBULANCE SERVICES	7,605	2,373	15,887	21,279	1,265,126	216,686	
066 DURABLE MEDICAL EQUIP-REN							
067 DURABLE MEDICAL EQUIP-SOL							
069 CORF							
070 I&R SERVICES-NOT APPRVD P							
071 HOME HEALTH AGENCY							
082 LUNG ACQUISITION							
SPEC PURPOSE COST CENTERS							
083 KIDNEY ACQUISITION							
084 LIVER ACQUISITION							
085 HEART ACQUISITION							

COST CENTER DESCRIPTION	DATA PROCESSING	PURCHASING, RECEIVING AND	ADMINISTRATIVE	CASHIERING/ACCOUNTS RECEIVABLE	SUBTOTAL	OTHER ADMINISTRATIVE	MAINTENANCE & REPAIRS
	6.02	6.03	6.04	6.05	6a.05	6.06	7
SPEC PURPOSE COST CENTERS							
085 01 PANCREAS ACQUISITION							
086 OTHER ORGAN ACQUISITION							
092 AMBULATORY SURGICAL CENTER							
093 HOSPICE							
095 SUBTOTALS	2,737,946	530,975	1,115,062	1,493,480	87,420,282	12,745,017	
NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP					27,762	4,755	
097 RESEARCH							
098 PHYSICIANS' PRIVATE OFFICE					390,700	66,918	
099 NONPAID WORKERS							
100 FOUNDATION	15,211				20,114	3,445	
100 01 CLINIC OF HOPE	30,422	475			369,188	63,233	
100 04 COMMUNITY RELATIONS		911			728,335	124,746	
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	2,783,579	532,361	1,115,062	1,493,480	88,956,381	13,008,114	

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 TELEPHONES							
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	5,718,878						
009 LAUNDRY & LINEN SERVICE	13,924	361,274					
010 HOUSEKEEPING	54,164		1,658,934				
011 DIETARY	139,912	7,716		940,263			
012 CAFETERIA	169,614				1,753,452		
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION	70,588		1,621		18,517		745,563
015 CENTRAL SERVICES & SUPPLY							
016 PHARMACY	85,990				41,639		
017 MEDICAL RECORDS & LIBRARY	65,776		2,431		61,594		
018 SOCIAL SERVICE	76,205		810		19,143		
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C							
024 PARAMED ED PRGM	24,085				3,381		
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	791,462	165,997	524,343	728,393	413,845		191,744
026 INTENSIVE CARE UNIT	151,497	27,933	121,563	30,559	70,065		32,462
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
031 SUBPROVIDER	364,711	32,219	121,563	181,311	73,159		33,896
033 NURSERY	43,250	5,521	24,313		16,668		7,722
034 SKILLED NURSING FACILITY							
035 NURSING FACILITY							
035 01 ICF/MR							
036 OTHER LONG TERM CARE							
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	849,360	28,729	243,127		195,953		90,789
038 RECOVERY ROOM							
039 DELIVERY ROOM & LABOR ROO	87,737	10,415	210,710		67,422		31,238
040 ANESTHESIOLOGY	7,446						
041 RADIOLOGY-DIAGNOSTIC	640,314	23,622	49,436		154,392		71,533
042 RADIOLOGY-THERAPEUTIC							
043 RADIOISOTOPE							
044 LABORATORY	212,354	160	50,246		137,404		63,662
045 PBP CLINICAL LAB SERVICES							
046 WHOLE BLOOD & PACKED RED							
047 BLOOD STORING, PROCESSING							
048 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY	33,251	21	2,431		74,936		34,719
050 PHYSICAL THERAPY	305,118	600	13,777		112,121		51,948
051 OCCUPATIONAL THERAPY							
052 SPEECH PATHOLOGY							
053 ELECTROCARDIOLOGY	180,931	3,576	29,986		44,468		20,603
054 ELECTROENCEPHALOGRAPHY							
055 MEDICAL SUPPLIES CHARGED	115,827		45,384		29,578		13,704
056 DRUGS CHARGED TO PATIENTS			19,450				
057 RENAL DIALYSIS			8,104				
058 ASC (NON-DISTINCT PART)							
059 PSYCH SERVICES	123,407				6,048		2,802
059 01 CARDIAC CATHETER LAB	10,752	193	9,725		8,999		4,169
059 02 ENDOSCOPY					15,476		7,170
060 OUTPAT SERVICE COST CNTRS							
061 CLINIC	54,271		25,934		13,533		6,270
061 EMERGENCY	519,864	54,572	149,928		75,346		34,909
062 OBSERVATION BEDS (NON-DIS							
062 01 OBSERVATION BEDS (DISTINC							
064 OTHER REIMBURS COST CNTRS							
064 HOME PROGRAM DIALYSIS							
065 AMBULANCE SERVICES	106,661				76,505		35,446
066 DURABLE MEDICAL EQUIP-REN							
067 DURABLE MEDICAL EQUIP-SOL							
069 CORF							
070 I&R SERVICES-NOT APPRVD P							
071 HOME HEALTH AGENCY							
082 LUNG ACQUISITION							
083 SPEC PURPOSE COST CENTERS							
083 KIDNEY ACQUISITION							
084 LIVER ACQUISITION							
085 HEART ACQUISITION							

COST CENTER DESCRIPTION	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION
	8	9	10	11	12	13	14
SPEC PURPOSE COST CENTERS							
085 01 PANCREAS ACQUISITION							
086 OTHER ORGAN ACQUISITION							
092 AMBULATORY SURGICAL CENTER							
093 HOSPICE							
095 SUBTOTALS	5,298,471	361,274	1,654,882	940,263	1,730,192		734,786
NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP	27,660						
097 RESEARCH							
098 PHYSICIANS' PRIVATE OFFICE	387,909						
099 NONPAID WORKERS							
100 FOUNDATION	4,838		4,052				
100 01 CLINIC OF HOPE					16,073		7,447
100 04 COMMUNITY RELATIONS					7,187		3,330
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	5,718,878	361,274	1,658,934	940,263	1,753,452		745,563

COST CENTER DESCRIPTION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	I&R SERVICES-SALARY & FRI
	15	16	17	18	20	21	22
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
006 01 NONPATIENT TELEPHONES							
006 02 DATA PROCESSING							
006 03 PURCHASING, RECEIVING AND							
006 04 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		4,903,071					
017 MEDICAL RECORDS & LIBRARY			1,288,161				
018 SOCIAL SERVICE				704,104			
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C							
024 PARAMEDICAL PRGM							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS			73,637	482,159			
026 INTENSIVE CARE UNIT			21,962	60,687			
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
031 SUBPROVIDER			20,368	120,019			
033 NURSERY			9,001	41,239			
034 SKILLED NURSING FACILITY							
035 NURSING FACILITY							
035 01 ICF/MR							
036 OTHER LONG TERM CARE							
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM			175,650				
038 RECOVERY ROOM							
039 DELIVERY ROOM & LABOR ROO			27,137				
040 ANESTHESIOLOGY			27,393				
041 RADIOLOGY-DIAGNOSTIC			238,756				
042 RADIOLOGY-THERAPEUTIC							
043 RADIOISOTOPE							
044 LABORATORY			174,368				
045 PBP CLINICAL LAB SERVICES							
046 WHOLE BLOOD & PACKED RED							
047 BLOOD STORING, PROCESSING							
048 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY			55,297				
050 PHYSICAL THERAPY			72,973				
051 OCCUPATIONAL THERAPY							
052 SPEECH PATHOLOGY							
053 ELECTROCARDIOLOGY			47,404				
054 ELECTROENCEPHALOGRAPHY							
055 MEDICAL SUPPLIES CHARGED			66,701				
056 DRUGS CHARGED TO PATIENTS		4,903,071	47,881				
057 RENAL DIALYSIS			1,110				
058 ASC (NON-DISTINCT PART)							
059 PSYCH SERVICES			23,695				
059 01 CARDIAC CATHETER LAB			39,399				
059 02 ENDOSCOPY			43,913				
060 OUTPAT SERVICE COST CNTRS							
061 CLINIC			12,198				
061 EMERGENCY			90,963				
062 OBSERVATION BEDS (NON-DIS							
062 01 OBSERVATION BEDS (DISTINC							
064 OTHER REIMBURS COST CNTRS							
064 HOME PROGRAM DIALYSIS							
065 AMBULANCE SERVICES			18,355				
066 DURABLE MEDICAL EQUIP-REN							
067 DURABLE MEDICAL EQUIP-SOL							
069 CORF							
070 I&R SERVICES-NOT APPRVD P							
071 HOME HEALTH AGENCY							
082 LUNG ACQUISITION							
082 SPEC PURPOSE COST CENTERS							
083 KIDNEY ACQUISITION							
084 LIVER ACQUISITION							
085 HEART ACQUISITION							

COST CENTER DESCRIPTION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	I&R SERVICES-SALARY & FRI
	15	16	17	18	20	21	22
085 01 SPEC PURPOSE COST CENTERS							
086 01 PANCREAS ACQUISITION							
092 01 OTHER ORGAN ACQUISITION							
093 01 AMBULATORY SURGICAL CENTER							
095 01 HOSPICE							
095 01 SUBTOTALS		4,903,071	1,288,161	704,104			
096 01 NONREIMBURS COST CENTERS							
097 01 GIFT, FLOWER, COFFEE SHOP							
098 01 RESEARCH							
099 01 PHYSICIANS' PRIVATE OFFICE							
100 01 NONPAID WORKERS							
100 01 FOUNDATION							
100 01 CLINIC OF HOPE							
101 04 COMMUNITY RELATIONS							
102 01 CROSS FOOT ADJUSTMENT							
102 01 NEGATIVE COST CENTER							
103 01 TOTAL		4,903,071	1,288,161	704,104			

COST CENTER DESCRIPTION	I&R SERVICES- PARAMEDED PR SUBTOTAL			I&R COST POST STEP-DOWN ADJ 26	TOTAL
	23	24	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 TELEPHONES					
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					
020 NONPHYSICIAN ANESTHETISTS					
021 NURSING SCHOOL					
022 I&R SERVICES-SALARY & FRI					
023 I&R SERVICES-OTHER PRGM C					
024 PARAMED ED PRGM		167,583			
025 INPAT ROUTINE SRVC CNTRS					
025 ADULTS & PEDIATRICS			14,928,287		14,928,287
026 INTENSIVE CARE UNIT			3,362,177		3,362,177
027 CORONARY CARE UNIT					
028 BURN INTENSIVE CARE UNIT					
029 SURGICAL INTENSIVE CARE U					
031 SUBPROVIDER			3,552,390		3,552,390
033 NURSERY			730,096		730,096
034 SKILLED NURSING FACILITY					
035 NURSING FACILITY					
035 01 ICF/MR					
036 OTHER LONG TERM CARE					
037 ANCILLARY SRVC COST CNTRS					
037 OPERATING ROOM			8,916,513		8,916,513
038 RECOVERY ROOM					
039 DELIVERY ROOM & LABOR ROO			2,452,354		2,452,354
040 ANESTHESIOLOGY			233,395		233,395
041 RADIOLOGY-DIAGNOSTIC		167,583	8,061,378		8,061,378
042 RADIOLOGY-THERAPEUTIC					
043 RADIOISOTOPE					
044 LABORATORY			7,177,376		7,177,376
045 PBP CLINICAL LAB SERVICES					
046 WHOLE BLOOD & PACKED RED					
047 BLOOD STORING, PROCESSING					
048 INTRAVENOUS THERAPY					
049 RESPIRATORY THERAPY			2,661,862		2,661,862
050 PHYSICAL THERAPY			5,098,267		5,098,267
051 OCCUPATIONAL THERAPY					
052 SPEECH PATHOLOGY					
053 ELECTROCARDIOLOGY			1,964,938		1,964,938
054 ELECTROENCEPHALOGRAPHY					
055 MEDICAL SUPPLIES CHARGED			12,446,342		12,446,342
056 DRUGS CHARGED TO PATIENTS			5,674,484		5,674,484
057 RENAL DIALYSIS			218,119		218,119
058 ASC (NON-DISTINCT PART)					
059 PSYCH SERVICES			893,338		893,338
059 01 CARDIAC CATHETER LAB			719,152		719,152
059 02 ENDOSCOPY			855,377		855,377
060 OUTPAT SERVICE COST CNTRS					
061 CLINIC			762,453		762,453
061 EMERGENCY			4,271,612		4,271,612
062 OBSERVATION BEDS (NON-DIS					
062 01 OBSERVATION BEDS (DISTINC					
064 OTHER REIMBURS COST CNTRS					
064 HOME PROGRAM DIALYSIS					
065 AMBULANCE SERVICES			1,718,779		1,718,779
066 DURABLE MEDICAL EQUIP-REN					
067 DURABLE MEDICAL EQUIP-SOL					
069 CORF					
070 I&R SERVICES-NOT APPRVD P					
071 HOME HEALTH AGENCY					
082 LUNG ACQUISITION					
082 SPEC PURPOSE COST CENTERS					
083 KIDNEY ACQUISITION					
084 LIVER ACQUISITION					
085 HEART ACQUISITION					

COST CENTER DESCRIPTION	I&R SERVICES- OTHER PRGM C	PARAMED ED PR GM	SUBTOTAL	I&R COST POST STEP-DOWN ADJ	TOTAL
	23	24	25	26	27
SPEC PURPOSE COST CENTERS					
085 01 PANCREAS ACQUISITION					
086 OTHER ORGAN ACQUISITION					
092 AMBULATORY SURGICAL CENTE					
093 HOSPI CE					
095 SUBTOTALS		167,583	86,698,689		86,698,689
NONREIMBURS COST CENTERS					
096 GIFT, FLOWER, COFFEE SHOP			60,177		60,177
097 RESEARCH					
098 PHYSICIANS' PRIVATE OFFIC			845,527		845,527
099 NONPAID WORKERS					
100 FOUNDATION			32,449		32,449
100 01 CLINIC OF HOPE			455,941		455,941
100 04 COMMUNITY RELATIONS			863,598		863,598
101 CROSS FOOT ADJUSTMENT					
102 NEGATIVE COST CENTER					
103 TOTAL		167,583	88,956,381		88,956,381

ALLOCATION OF OLD CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	DIR ASSGND OLD CAPITAL REL COSTS	OLD CAP REL C OSTS-BLDG &	OLD CAP REL C OSTS-MVBLE E	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-MVBLE E	SUBTOTAL	EMPLOYEE BENEFITS
	0	1	2	3	4	4a	5
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS		345,179				345,179	345,179
006 01 NONPATIENT TELEPHONES		8,616				8,616	
006 02 DATA PROCESSING		89,553				89,553	
006 03 PURCHASING, RECEIVING AND		110,069				110,069	2,331
006 04 ADMINISTRATION		44,265				44,265	7,643
006 05 CASHIERING/ACCOUNTS RECEI		50,727				50,727	5,884
006 06 OTHER ADMINISTRATIVE AND		1,041,217				1,041,217	34,974
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT		1,238,279				1,238,279	8,592
009 LAUNDRY & LINEN SERVICE		13,947				13,947	
010 HOUSEKEEPING		54,254				54,254	9,513
011 DIETARY		140,145				140,145	2,220
012 CAFETERIA		169,897				169,897	7,661
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION		70,705				70,705	3,596
015 CENTRAL SERVICES & SUPPLY							
016 PHARMACY		86,133				86,133	8,352
017 MEDICAL RECORDS & LIBRARY		65,885				65,885	5,805
018 SOCIAL SERVICE		76,332				76,332	3,162
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C							
024 PARAMEDICAL PRGM		24,125				24,125	617
025 INPATIENT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS		792,780				792,780	62,284
026 INTENSIVE CARE UNIT		151,749				151,749	11,934
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
031 SUBPROVIDER		365,318				365,318	9,461
033 NURSERY		43,322				43,322	2,751
034 SKILLED NURSING FACILITY							
035 NURSING FACILITY							
035 01 ICF/MR							
036 OTHER LONG TERM CARE							
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM		850,776				850,776	29,918
038 RECOVERY ROOM							
039 DELIVERY ROOM & LABOR ROO		87,883				87,883	11,128
040 ANESTHESIOLOGY		7,458				7,458	
041 RADIOLOGY-DIAGNOSTIC		641,381				641,381	24,939
042 RADIOLOGY-THERAPEUTIC							
043 RADIOISOTOPE							
044 LABORATORY		212,708				212,708	18,872
045 PBP CLINICAL LAB SERVICES							
046 WHOLE BLOOD & PACKED RED							
047 BLOOD STORING, PROCESSING							
048 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY		33,306				33,306	13,260
050 PHYSICAL THERAPY		305,626				305,626	18,206
051 OCCUPATIONAL THERAPY							
052 SPEECH PATHOLOGY							
053 ELECTROCARDIOLOGY		181,232				181,232	7,266
054 ELECTROENCEPHALOGRAPHY							
055 MEDICAL SUPPLIES CHARGED		116,020				116,020	3,123
056 DRUGS CHARGED TO PATIENTS							
057 RENAL DIALYSIS							
058 ASC (NON-DISTINCT PART)							
059 PSYCH SERVICES		123,613				123,613	509
059 01 CARDIAC CATHETER LAB		10,770				10,770	1,598
059 02 ENDOSCOPY							2,964
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC		54,362				54,362	2,127
061 EMERGENCY		520,730				520,730	12,928
062 OBSERVATION BEDS (NON-DIS							
062 01 OBSERVATION BEDS (DISTINC							
062 OTHER REIMBURS COST CNTRS							
064 HOME PROGRAM DIALYSIS							
065 AMBULANCE SERVICES		106,838				106,838	8,121
066 DURABLE MEDICAL EQUIP-REN							
067 DURABLE MEDICAL EQUIP-SOL							
069 CORF							
070 I&R SERVICES-NOT APPRVD P							
071 HOME HEALTH AGENCY							
082 LUNG ACQUISITION							
SPEC PURPOSE COST CENTERS							
083 KIDNEY ACQUISITION							
084 LIVER ACQUISITION							
085 HEART ACQUISITION							

COST CENTER DESCRIPTION	DIR ASSGND OLD 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
SPEC PURPOSE COST CENTERS							
085 01 PANCREAS ACQUISITION							
086 OTHER ORGAN ACQUISITION							
092 AMBULATORY SURGICAL CENTE							
093 HOSPI CE							
095 SUBTOTALS		8,235,200				8,235,200	341,739
NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP		27,706				27,706	
097 RESEARCH							
098 PHYSICIANS' PRIVATE OFFIC		388,555				388,555	
099 NONPAID WORKERS							
100 FOUNDATION		4,847				4,847	
100 01 CLINIC OF HOPE							2,283
100 04 COMMUNITY RELATIONS							1,157
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL		8,656,308				8,656,308	345,179

COST CENTER DESCRIPTION	NONPATIENT TELEPHONES	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
085 01 SPEC PURPOSE COST CENTERS							
086 01 PANCREAS ACQUISITION							
092 01 OTHER ORGAN ACQUISITION							
093 01 AMBULATORY SURGICAL CENTER							
095 01 HOSPICE							
095 01 SUBTOTALS	8,545	88,505	113,545	54,998	57,832	1,064,380	
096 01 NONREIMBURS COST CENTERS							
097 01 GIFT, FLOWER, COFFEE SHOP	14					397	
098 01 RESEARCH							
099 01 PHYSICIANS' PRIVATE OFFICE						5,589	
100 01 NONPAID WORKERS							
100 01 FOUNDATION	14	492					288
100 01 CLINIC OF HOPE	43	983	102				5,281
100 04 COMMUNITY RELATIONS			195				10,418
101 01 CROSS FOOT ADJUSTMENTS							
102 01 NEGATIVE COST CENTER							
103 01 TOTAL	8,616	89,980	113,842	54,998	57,832	1,086,353	

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 TELEPHONES							
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	1,319,634						
009 LAUNDRY & LINEN SERVICE	3,213	21,416					
010 HOUSEKEEPING	12,498		97,787				
011 DIETARY	32,285	457		186,329			
012 CAFETERIA	39,139				236,110		
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION	16,288		96		2,493		102,414
015 CENTRAL SERVICES & SUPPLY							
016 PHARMACY	19,842				5,607		
017 MEDICAL RECORDS & LIBRARY	15,178		143		8,294		
018 SOCIAL SERVICE	17,584		48		2,578		
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C							
024 PARAMED PRGM	5,558				455		
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	182,630	9,842	30,906	144,343	55,725		26,340
026 INTENSIVE CARE UNIT	34,958	1,656	7,166	6,056	9,435		4,459
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
031 SUBPROVIDER	84,157	1,910	7,166	35,930	9,851		4,656
033 NURSERY	9,980	327	1,433		2,244		1,061
034 SKILLED NURSING FACILITY							
035 NURSING FACILITY							
035 01 ICF/MR							
036 OTHER LONG TERM CARE							
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	195,991	1,703	14,331		26,386		12,471
038 RECOVERY ROOM							
039 DELIVERY ROOM & LABOR ROO	20,245	617	12,420		9,079		4,291
040 ANESTHESIOLOGY	1,718						
041 RADIOLOGY-DIAGNOSTIC	147,753	1,400	2,914		20,790		9,826
042 RADIOLOGY-THERAPEUTIC							
043 RADIOISOTOPE							
044 LABORATORY	49,001	9	2,962		18,502		8,745
045 PBP CLINICAL LAB SERVICES							
046 WHOLE BLOOD & PACKED RED							
047 BLOOD STORING, PROCESSING							
048 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY	7,673	1	143		10,090		4,769
050 PHYSICAL THERAPY	70,406	36	812		15,098		7,136
051 OCCUPATIONAL THERAPY							
052 SPEECH PATHOLOGY							
053 ELECTROCARDIOLOGY	41,750	212	1,768		5,988		2,830
054 ELECTROENCEPHALOGRAPHY							
055 MEDICAL SUPPLIES CHARGED	26,727		2,675		3,983		1,882
056 DRUGS CHARGED TO PATIENTS			1,147				
057 RENAL DIALYSIS			478				
058 ASC (NON-DISTINCT PART)							
059 PSYCH SERVICES	28,476				814		385
059 01 CARDIAC CATHETER LAB	2,481	11	573		1,212		573
059 02 ENDOSCOPY					2,084		985
060 OUTPAT SERVICE COST CNTRS							
061 CLINIC	12,523		1,529		1,822		861
061 EMERGENCY	119,959	3,235	8,838		10,146		4,795
062 OBSERVATION BEDS (NON-DIS							
062 01 OBSERVATION BEDS (DISTINC							
064 OTHER REIMBURS COST CNTRS							
064 HOME PROGRAM DIALYSIS							
065 AMBULANCE SERVICES	24,612				10,302		4,869
066 DURABLE MEDICAL EQUIP-REN							
067 DURABLE MEDICAL EQUIP-SOL							
069 CORF							
070 I&R SERVICES-NOT APPRVD P							
071 HOME HEALTH AGENCY							
082 LUNG ACQUISITION							
083 SPEC PURPOSE COST CENTERS							
083 KIDNEY ACQUISITION							
084 LIVER ACQUISITION							
085 HEART ACQUISITION							

COST CENTER DESCRIPTION	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	MAINTENANCE PERSONNEL	NURSING ADMINISTRATION
	8	9	10	11	12	13	14
SPEC PURPOSE COST CENTERS							
085 01 PANCREAS ACQUISITION							
086 OTHER ORGAN ACQUISITION							
092 AMBULATORY SURGICAL CENTER							
093 HOSPICE							
095 SUBTOTALS	1,222,625	21,416	97,548	186,329	232,978		100,934
NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP	6,383						
097 RESEARCH							
098 PHYSICIANS' PRIVATE OFFICE	89,510						
099 NONPAID WORKERS							
100 FOUNDATION	1,116		239				
100 01 CLINIC OF HOPE					2,164		1,023
100 04 COMMUNITY RELATIONS					968		457
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	1,319,634	21,416	97,787	186,329	236,110		102,414

ALLOCATION OF OLD CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	I&R SERVICES-SALARY & FRI
	15	16	17	18	20	21	22
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
006 01 NONPATIENT TELEPHONES							
006 02 DATA PROCESSING							
006 03 PURCHASING, RECEIVING AND							
006 04 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		181,407					
017 MEDICAL RECORDS & LIBRARY			112,887				
018 SOCIAL SERVICE				108,570			
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C							
024 PARAMEDICAL PRGM							
025 INPATIENT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS			6,448		74,347		
026 INTENSIVE CARE UNIT			1,923		9,358		
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
031 SUBPROVIDER			1,784		18,506		
033 NURSERY			788		6,359		
034 SKILLED NURSING FACILITY							
035 NURSING FACILITY							
035 01 ICF/MR							
036 OTHER LONG TERM CARE							
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM			15,381				
038 RECOVERY ROOM							
039 DELIVERY ROOM & LABOR ROO			2,376				
040 ANESTHESIOLOGY			2,399				
041 RADIOLOGY-DIAGNOSTIC			20,995				
042 RADIOLOGY-THERAPEUTIC							
043 RADIOISOTOPE							
044 LABORATORY			15,269				
045 PBP CLINICAL LAB SERVICES							
046 WHOLE BLOOD & PACKED RED							
047 BLOOD STORING, PROCESSING							
048 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY			4,842				
050 PHYSICAL THERAPY			6,390				
051 OCCUPATIONAL THERAPY							
052 SPEECH PATHOLOGY							
053 ELECTROCARDIOLOGY			4,151				
054 ELECTROENCEPHALOGRAPHY							
055 MEDICAL SUPPLIES CHARGED			5,841				
056 DRUGS CHARGED TO PATIENTS		181,407	4,193				
057 RENAL DIALYSIS			97				
058 ASC (NON-DISTINCT PART)							
059 PSYCH SERVICES			2,075				
059 01 CARDIAC CATHETER LAB			3,450				
059 02 ENDOSCOPY			3,845				
060 OUTPAT SERVICE COST CNTRS							
061 CLINIC			1,068				
061 EMERGENCY			7,965				
062 OBSERVATION BEDS (NON-DIS							
062 01 OBSERVATION BEDS (DISTINC							
064 OTHER REIMBURS COST CNTRS							
064 HOME PROGRAM DIALYSIS							
065 AMBULANCE SERVICES			1,607				
066 DURABLE MEDICAL EQUIP-REN							
067 DURABLE MEDICAL EQUIP-SOL							
069 CORF							
070 I&R SERVICES-NOT APPRVD P							
071 HOME HEALTH AGENCY							
082 LUNG ACQUISITION							
082 SPEC PURPOSE COST CENTERS							
083 KIDNEY ACQUISITION							
084 LIVER ACQUISITION							
085 HEART ACQUISITION							

COST CENTER DESCRIPTION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	I&R SERVICES-SALARY & FRI
	15	16	17	18	20	21	22
085 01 SPEC PURPOSE COST CENTERS							
086 01 PANCREAS ACQUISITION							
092 01 OTHER ORGAN ACQUISITION							
093 01 AMBULATORY SURGICAL CENTER							
095 01 HOSPICE							
095 01 SUBTOTALS		181,407	112,887	108,570			
096 01 NONREIMBURS COST CENTERS							
097 01 GIFT, FLOWER, COFFEE SHOP							
098 01 RESEARCH							
099 01 PHYSICIANS' PRIVATE OFFICE							
100 01 NONPAID WORKERS							
100 01 FOUNDATION							
100 01 CLINIC OF HOPE							
101 04 COMMUNITY RELATIONS							
102 01 CROSS FOOT ADJUSTMENTS							
103 01 NEGATIVE COST CENTER							
103 01 TOTAL		181,407	112,887	108,570			

	I&R SERVICES- OTHER PRGM C	PARAMED ED PR GM	SUBTOTAL	POST STEPDOWN ADJUSTMENT	TOTAL
	23	24	25	26	27
001	GENERAL SERVICE COST CNTR				
002	OLD CAP REL COSTS-BLDG &				
003	OLD CAP REL COSTS-MVBLE E				
004	NEW CAP REL COSTS-BLDG &				
005	NEW CAP REL COSTS-MVBLE E				
006	EMPLOYEE BENEFITS				
006	01 NONPATIENT TELEPHONES				
006	02 DATA PROCESSING				
006	03 PURCHASING, RECEIVING AND				
006	04 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				
020	NONPHYSICIAN ANESTHETISTS				
021	NURSING SCHOOL				
022	I&R SERVICES-SALARY & FRI				
023	I&R SERVICES-OTHER PRGM C				
024	PARAMED ED PRGM	32,466			
025	INPAT ROUTINE SRVC CNTRS		1,546,379		1,546,379
026	ADULTS & PEDIATRICS		288,455		288,455
027	INTENSIVE CARE UNIT				
028	CORONARY CARE UNIT				
029	BURN INTENSIVE CARE UNIT				
031	SURGICAL INTENSIVE CARE U		576,596		576,596
033	SUBPROVIDER		76,554		76,554
034	NURSERY				
034	SKILLED NURSING FACILITY				
035	NURSING FACILITY				
035	01 ICF/MR				
036	OTHER LONG TERM CARE				
037	ANCILLARY SRVC COST CNTRS				
038	OPERATING ROOM		1,279,788		1,279,788
038	RECOVERY ROOM				
039	DELIVERY ROOM & LABOR ROO		180,402		180,402
040	ANESTHESIOLOGY		18,357		18,357
041	RADIOLOGY-DIAGNOSTIC		981,162		981,162
042	RADIOLOGY-THERAPEUTIC				
043	RADIOISOTOPE				
044	LABORATORY		430,827		430,827
045	PBP CLINICAL LAB SERVICES				
046	WHOLE BLOOD & PACKED RED				
047	BLOOD STORING, PROCESSING				
048	INTRAVENOUS THERAPY				
049	RESPIRATORY THERAPY		112,100		112,100
050	PHYSICAL THERAPY		493,398		493,398
051	OCCUPATIONAL THERAPY				
052	SPEECH PATHOLOGY				
053	ELECTROCARDIOLOGY		270,343		270,343
054	ELECTROENCEPHALOGRAPHY				
055	MEDICAL SUPPLIES CHARGED		369,803		369,803
056	DRUGS CHARGED TO PATIENTS		199,538		199,538
057	RENAL DIALYSIS		3,703		3,703
058	ASC (NON-DISTINCT PART)				
059	PSYCH SERVICES		170,207		170,207
059	01 CARDIAC CATHETER LAB		37,188		37,188
059	02 ENDOSCOPY		25,959		25,959
060	OUTPAT SERVICE COST CNTRS				
061	CLINIC		85,387		85,387
061	EMERGENCY		750,639		750,639
062	OBSERVATION BEDS (NON-DIS				
062	01 OBSERVATION BEDS (DISTINC				
064	OTHER REIMBURS COST CNTRS				
064	HOME PROGRAM DIALYSIS				
065	AMBULANCE SERVICES		176,833		176,833
066	DURABLE MEDICAL EQUIP-REN				
067	DURABLE MEDICAL EQUIP-SOL				
069	CORF				
070	I&R SERVICES-NOT APPRVD P				
071	HOME HEALTH AGENCY				
082	LUNG ACQUISITION				
083	SPEC PURPOSE COST CENTERS				
083	KIDNEY ACQUISITION				
084	LIVER ACQUISITION				
085	HEART ACQUISITION				

COST ALLOCATION - STATISTICAL BASIS

PROVIDER NO: 15-0010
 PERIOD: FROM 7/1/2007 TO 6/30/2008
 PREPARED 11/26/2008
 WORKSHEET B-1

COST CENTER DESCRIPTION	OLD CAP REL C	OLD CAP REL C	NEW CAP REL C	NEW CAP REL C	EMPLOYEE BENE	NONPATIENT TELEPHONES	P
	OSTS-BLDG & (SQUARE FEET)	OSTS-MVBLE E	OSTS-BLDG &	OSTS-MVBLE E	FITS (GROSS ALARIES	S(# OF)HONES	
	1	2	3	4	5	6.01	
GENERAL SERVICE COST							
001 OLD CAP REL COSTS-BLD	321,497						
002 OLD CAP REL COSTS-MVB							
003 NEW CAP REL COSTS-BLD							
004 NEW CAP REL COSTS-MVB							
005 EMPLOYEE BENEFITS	12,820				32,703,311		
006 01 NONPATIENT TELEPHONES	320					606	
006 02 DATA PROCESSING	3,326					30	
006 03 PURCHASING, RECEIVING	4,088				220,823	15	
006 04 ADMITTING	1,644				724,081	12	
006 05 CASHIERING/ACCOUNTS R	1,884				557,440	14	
006 06 OTHER ADMINISTRATIVE	38,671				3,313,454	80	
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT	45,990				814,015	12	
009 LAUNDRY & LINEN SERVI	518					1	
010 HOUSEKEEPING	2,015				901,264	5	
011 DIETARY	5,205				210,313	22	
012 CAFETERIA	6,310				725,839	5	
013 MAINTENANCE OF PERSON							
014 NURSING ADMINISTRATIO	2,626				340,705	16	
015 CENTRAL SERVICES & SU							
016 PHARMACY	3,199				791,266	15	
017 MEDICAL RECORDS & LIB	2,447				549,967	16	
018 SOCIAL SERVICE	2,835				299,613	11	
020 NONPHYSICIAN ANESTHET							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY &							
023 I&R SERVICES-OTHER PR							
024 PARAMED ED PRGM	896				58,432		
025 INPAT ROUTINE SRVC CN							
026 ADULTS & PEDIATRICS	29,444				5,901,368	40	
027 INTENSIVE CARE UNIT	5,636				1,130,684	30	
028 CORONARY CARE UNIT							
029 BURN INTENSIVE CARE U							
031 SURGICAL INTENSIVE CA							
033 SUBPROVIDER	13,568				896,318	20	
034 NURSERY	1,609				260,626	10	
035 SKILLED NURSING FACIL							
035 NURSING FACILITY							
035 01 ICF/MR							
036 OTHER LONG TERM CARE							
037 ANCILLARY SRVC COST C							
038 OPERATING ROOM	31,598				2,834,501	20	
039 RECOVERY ROOM							
039 DELIVERY ROOM & LABOR	3,264				1,054,297	30	
040 ANESTHESIOLOGY	277					21	
041 RADIOLOGY-DIAGNOSTIC	23,821				2,362,724	36	
042 RADIOLOGY-THERAPEUTIC							
043 RADIOISOTOPE							
044 LABORATORY	7,900				1,787,968	6	
045 PBP CLINICAL LAB SERV							
046 WHOLE BLOOD & PACKED							
047 BLOOD STORING, PROCES							
048 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY	1,237				1,256,261	15	
050 PHYSICAL THERAPY	11,351				1,724,826	43	
051 OCCUPATIONAL THERAPY							
052 SPEECH PATHOLOGY							
053 ELECTROCARDIOLOGY	6,731				688,370	15	
054 ELECTROENCEPHALOGRAPH							
055 MEDICAL SUPPLIES CHAR	4,309				295,891	2	
056 DRUGS CHARGED TO PATI							
057 RENAL DIALYSIS							
058 ASC (NON-DI STINCT PAR							
059 PSYCH SERVICES	4,591				48,223	19	
059 01 CARDIAC CATHETER LAB	400				151,393	7	
059 02 ENDOSCOPY					280,862		
060 OUTPAT SERVICE COST C							
061 CLINIC	2,019				201,549	1	
061 EMERGENCY	19,340				1,224,843	30	
062 OBSERVATION BEDS (NON							
062 01 OBSERVATION BEDS (DIS							
064 OTHER REIMBURS COST C							
065 HOME PROGRAM DIALYSIS							
066 AMBULANCE SERVICES	3,968				769,415	2	
066 DURABLE MEDICAL EQUIP							
067 DURABLE MEDICAL EQUIP							
069 CORF							
070 I&R SERVICES-NOT APPR							
071 HOME HEALTH AGENCY							
082 LUNG ACQUISITION							

	COST CENTER DESCRIPTION	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	MAINTENANCE PERSONNEL	NURSING ADMINISTRATION
		(SQUARE FEET)	(POUNDS OF)AUNDRY	L(HOURS OF)ERVICE	S(MEALS)ERVED	S(MANHOURS)	(NUMBER)OUSED	H(DIRECT)URSING HRS)
		8	9	10	11	12	13	14
	OTHER REIMBURS COST C							
	SPEC PURPOSE COST CEN							
083	KIDNEY ACQUISITION							
084	LIVER ACQUISITION							
085	HEART ACQUISITION							
085	01 PANCREAS ACQUISITION							
086	OTHER ORGAN ACQUISITI							
092	AMBULATORY SURGICAL C							
093	HOSPICE							
095	SUBTOTALS	197,114	692,512	2,042	71,721	1,069,602		980,413
	NONREIMBURS COST CENT							
096	GIFT, FLOWER, COFFEE	1,029						
097	RESEARCH							
098	PHYSICIANS' PRIVATE O	14,431						
099	NONPAID WORKERS							
100	FOUNDATION	180		5				
100	01 CLINIC OF HOPE					9,936		9,936
100	04 COMMUNITY RELATIONS					4,443		4,443
101	CROSS FOOT ADJUSTMENT							
102	NEGATIVE COST CENTER							
103	COST TO BE ALLOCATED (WRKSHT B, PART I)	5,718,878	361,274	1,658,934	940,263	1,753,452		745,563
104	UNIT COST MULTIPLIER (WRKSHT B, PT I)	26.880237	.521686	810.422081	13.110010	1.617604		.749466
105	COST TO BE ALLOCATED (WRKSHT B, PART II)	1,319,634	21,416	97,787	186,329	236,110		102,414
106	UNIT COST MULTIPLIER (WRKSHT B, PT II)	6.202628	.030925	47.770884	2.597970	.217817		.102950
107	COST TO BE ALLOCATED (WRKSHT B, PART III)							
108	UNIT COST MULTIPLIER (WRKSHT B, PT III)							

COST CENTER DESCRIPTION	CENTRAL SERVICES & SUPPLY (COSTED EQUIS.	PHARMACY (COSTED)EQUIS.	MEDICAL RECORDS & LIBRARY (GROSS)EVENUE	SOCIAL SERVICE (DAYS)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)	I&R SERVICES-SALARY & FRI (ASSIGNED TIME)
	15	16	17	18	20	21	22
083 OTHER REIMBURS COST C							
084 SPEC PURPOSE COST CEN							
085 KIDNEY ACQUISITION							
085 01 LIVER ACQUISITION							
086 HEART ACQUISITION							
092 01 PANCREAS ACQUISITION							
093 OTHER ORGAN ACQUISITI							
095 AMBULATORY SURGICAL C							
095 HOSPICE							
095 SUBTOTALS		100	251,814,125	27,045			
096 NONREIMBURS COST CENT							
097 GIFT, FLOWER, COFFEE							
097 RESEARCH							
098 PHYSICIANS' PRIVATE O							
099 NONPAID WORKERS							
100 FOUNDATION							
100 01 CLINIC OF HOPE							
100 04 COMMUNITY RELATIONS							
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 COST TO BE ALLOCATED		4,903,071	1,288,161	704,104			
(WRKSHT B, PART I)							
104 UNIT COST MULTIPLIER		49,030.710000		26.034535			
(WRKSHT B, PT I)			.005116				
105 COST TO BE ALLOCATED		181,407	112,887	108,570			
(WRKSHT B, PART II)							
106 UNIT COST MULTIPLIER		1,814.070000		4.014420			
(WRKSHT B, PT II)			.000448				
107 COST TO BE ALLOCATED							
(WRKSHT B, PART III)							
108 UNIT COST MULTIPLIER							
(WRKSHT B, PT III)							

COST CENTER DESCRIPTION	I&R SERVICES- OTHER PRGM C GM	(ASSIGNED TIME)	(ASSIGNED TIME)
		23	24
001 GENERAL SERVICE COST			
002 OLD CAP REL COSTS-BLD			
003 OLD CAP REL COSTS-MVB			
004 NEW CAP REL COSTS-BLD			
005 NEW CAP REL COSTS-MVB			
006 EMPLOYEE BENEFITS			
006 01 NONPATIENT TELEPHONES			
006 02 DATA PROCESSING			
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 SERVI			
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			
020 NONPHYSICIAN ANESTHET			
021 NURSING SCHOOL			
022 I&R SERVICES-SALARY &			
023 I&R SERVICES-OTHER PR			
024 PARAMED ED PRGM			100
025 INPAT ROUTINE SRVC CN			
026 ADULTS & PEDIATRICS			
027 INTENSIVE CARE UNIT			
028 CORONARY CARE UNIT			
029 BURN INTENSIVE CARE U			
031 SURGICAL INTENSIVE CA			
033 SUBPROVIDER			
034 NURSERY			
035 SKILLED NURSING FACIL			
035 01 NURSING FACILITY			
036 ICF/MR			
037 OTHER LONG TERM CARE			
038 ANCILLARY SRVC COST C			
039 OPERATING ROOM			
040 RECOVERY ROOM			
041 DELIVERY ROOM & LABOR			
042 ANESTHESIOLOGY			
043 RADIOLOGY-DIAGNOSTIC			100
044 RADIOLOGY-THERAPEUTIC			
045 RADIOISOTOPE			
046 LABORATORY			
047 PBP CLINICAL LAB SERV			
048 WHOLE BLOOD & PACKED			
049 BLOOD STORING, PROCES			
050 INTRAVENOUS THERAPY			
051 RESPIRATORY THERAPY			
052 PHYSICAL THERAPY			
053 OCCUPATIONAL THERAPY			
054 SPEECH PATHOLOGY			
055 ELECTROCARDIOLOGY			
056 ELECTROENCEPHALOGRAPH			
057 MEDICAL SUPPLIES CHAR			
058 DRUGS CHARGED TO PATI			
059 RENAL DIALYSIS			
059 01 ASC (NON-DISTINCT PAR			
059 02 PSYCH SERVICES			
060 CARDIAC CATHETER LAB			
061 ENDOSCOPY			
062 OUTPAT SERVICE COST C			
062 01 CLINIC			
064 EMERGENCY			
065 OBSERVATION BEDS (NON			
066 01 OBSERVATION BEDS (DIS			
067 OTHER REIMBURS COST C			
068 HOME PROGRAM DIALYSIS			
069 AMBULANCE SERVICES			
070 DURABLE MEDICAL EQUIP			
071 DURABLE MEDICAL EQUIP			
072 CORF			
073 I&R SERVICES-NOT APPR			
074 HOME HEALTH AGENCY			
082 LUNG ACQUISITION			

COST CENTER DESCRIPTION	I&R SERVICES- OTHER PRGM C GM	(ASSIGNED TIME)	(ASSIGNED TIME)
		23	24
083 OTHER REIMBURS COST C			
084 SPEC PURPOSE COST CEN			
085 KIDNEY ACQUISITION			
086 LIVER ACQUISITION			
085 01 HEART ACQUISITION			
086 PANCREAS ACQUISITION			
092 OTHER ORGAN ACQUISITI			
093 AMBULATORY SURGICAL C			
095 HOSPICE			
			100
096 SUBTOTALS			
097 NONREIMBURS COST CENT			
098 GIFT, FLOWER, COFFEE			
099 RESEARCH			
100 PHYSICIANS' PRIVATE O			
100 01 NONPAID WORKERS			
100 FOUNDATION			
100 04 CLINIC OF HOPE			
101 COMMUNITY RELATIONS			
102 CROSS FOOT ADJUSTMENT			
103 NEGATIVE COST CENTER			
			167,583
104 COST TO BE ALLOCATED			
(PER WRKSHT B, PART			
UNIT COST MULTIPLIER			1,675.830000
(WRKSHT B, PT I)			
105 COST TO BE ALLOCATED			
(PER WRKSHT B, PART			
UNIT COST MULTIPLIER			32,466
(WRKSHT B, PT II)			
106 COST TO BE ALLOCATED			
(PER WRKSHT B, PART			
UNIT COST MULTIPLIER			324.660000
(WRKSHT B, PT III)			
107 COST TO BE ALLOCATED			
(PER WRKSHT B, PART			
UNIT COST MULTIPLIER			
(WRKSHT B, PT III)			

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						
38	OPERATING ROOM	8,916,513	1,279,788	7,636,725			8,916,513
39	RECOVERY ROOM						
40	DELIVERY ROOM & LABOR ROO	2,452,354	180,402	2,271,952			2,452,354
41	ANESTHESIOLOGY	233,395	18,357	215,038			233,395
42	RADIOLOGY-DIAGNOSTIC	8,061,378	981,162	7,080,216			8,061,378
43	RADIOLOGY-THERAPEUTIC						
44	RADIOISOTOPE						
45	LABORATORY	7,177,376	430,827	6,746,549			7,177,376
46	PBP CLINICAL LAB SERVICES						
47	WHOLE BLOOD & PACKED RED						
48	BLOOD STORING, PROCESSING						
49	INTRAVENOUS THERAPY						
50	RESPIRATORY THERAPY	2,661,862	112,100	2,549,762			2,661,862
51	PHYSICAL THERAPY	5,098,267	493,398	4,604,869			5,098,267
52	OCCUPATIONAL THERAPY						
53	SPEECH PATHOLOGY						
54	ELECTROCARDIOLOGY	1,964,938	270,343	1,694,595			1,964,938
55	ELECTROENCEPHALOGRAPHY						
56	MEDICAL SUPPLIES CHARGED	12,446,342	369,803	12,076,539			12,446,342
57	DRUGS CHARGED TO PATIENTS	5,674,484	199,538	5,474,946			5,674,484
58	RENAL DIALYSIS	218,119	3,703	214,416			218,119
59	ASC (NON-DISTINCT PART)						
59	PSYCH SERVICES	893,338	170,207	723,131			893,338
59	01 CARDIAC CATHETER LAB	719,152	37,188	681,964			719,152
59	02 ENDOSCOPY	855,377	25,959	829,418			855,377
60	OUTPAT SERVICE COST CNTRS						
61	CLINIC	762,453	85,387	677,066			762,453
62	EMERGENCY	4,271,612	750,639	3,520,973			4,271,612
62	01 OBSERVATION BEDS (NON-DIS	1,208,953	125,232	1,083,721			1,208,953
62	01 OBSERVATION BEDS (DISTINC						
64	OTHER REIMBURS COST CNTRS						
65	HOME PROGRAM DIALYSIS						
66	AMBULANCE SERVICES	1,718,779	176,833	1,541,946			1,718,779
67	DURABLE MEDICAL EQUIP-REN						
67	DURABLE MEDICAL EQUIP-SOL						
101	SUBTOTAL	65,334,692	5,710,866	59,623,826			65,334,692
102	LESS OBSERVATION BEDS	1,208,953	125,232	1,083,721			1,208,953
103	TOTAL	64,125,739	5,585,634	58,540,105			64,125,739

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	34,333,518	.259703	.259703
38	RECOVERY ROOM			
39	DELIVERY ROOM & LABOR ROO	5,304,264	.462336	.462336
40	ANESTHESIOLOGY	5,354,412	.043589	.043589
41	RADIOLOGY-DIAGNOSTIC	46,692,295	.172649	.172649
42	RADIOLOGY-THERAPEUTIC			
43	RADIOISOTOPE			
44	LABORATORY	34,082,862	.210586	.210586
45	PBP CLINICAL LAB SERVICES			
46	WHOLE BLOOD & PACKED RED			
47	BLOOD STORING, PROCESSING			
48	INTRAVENOUS THERAPY			
49	RESPIRATORY THERAPY	10,808,591	.246273	.246273
50	PHYSICAL THERAPY	14,263,661	.357430	.357430
51	OCCUPATIONAL THERAPY			
52	SPEECH PATHOLOGY			
53	ELECTROCARDIOLOGY	9,265,786	.212064	.212064
54	ELECTROENCEPHALOGRAPHY			
55	MEDICAL SUPPLIES CHARGED	13,037,738	.954640	.954640
56	DRUGS CHARGED TO PATIENTS	9,358,974	.606315	.606315
57	RENAL DIALYSIS	216,875	1.005736	1.005736
58	ASC (NON-DISTINCT PART)			
59	PSYCH SERVICES	4,631,503	.192883	.192883
59	01 CARDIAC CATHETER LAB	7,701,193	.093382	.093382
59	02 ENDOSCOPY	8,583,497	.099654	.099654
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	2,384,346	.319774	.319774
61	EMERGENCY	17,780,029	.240248	.240248
62	OBSERVATION BEDS (NON-DIS	1,252,477	.965250	.965250
62	01 OBSERVATION BEDS (DISTINC			
	OTHER REIMBURS COST CNTRS			
64	HOME PROGRAM DIALYSIS			
65	AMBULANCE SERVICES	3,587,786	.479064	.479064
66	DURABLE MEDICAL EQUIP-REN			
67	DURABLE MEDICAL EQUIP-SOL			
101	SUBTOTAL	228,639,807		
102	LESS OBSERVATION BEDS	1,252,477		
103	TOTAL	227,387,330		

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	8,916,513	1,279,788	7,636,725			8,916,513
38	RECOVERY ROOM						
39	DELIVERY ROOM & LABOR ROO	2,452,354	180,402	2,271,952			2,452,354
40	ANESTHESIOLOGY	233,395	18,357	215,038			233,395
41	RADIOLOGY-DIAGNOSTIC	8,061,378	981,162	7,080,216			8,061,378
42	RADIOLOGY-THERAPEUTIC						
43	RADIOISOTOPE						
44	LABORATORY	7,177,376	430,827	6,746,549			7,177,376
45	PBP CLINICAL LAB SERVICES						
46	WHOLE BLOOD & PACKED RED						
47	BLOOD STORING, PROCESSING						
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY	2,661,862	112,100	2,549,762			2,661,862
50	PHYSICAL THERAPY	5,098,267	493,398	4,604,869			5,098,267
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY	1,964,938	270,343	1,694,595			1,964,938
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED	12,446,342	369,803	12,076,539			12,446,342
56	DRUGS CHARGED TO PATIENTS	5,674,484	199,538	5,474,946			5,674,484
57	RENAL DIALYSIS	218,119	3,703	214,416			218,119
58	ASC (NON-DISTINCT PART)						
59	PSYCH SERVICES	893,338	170,207	723,131			893,338
59	01 CARDIAC CATHETER LAB	719,152	37,188	681,964			719,152
59	02 ENDOSCOPY	855,377	25,959	829,418			855,377
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	762,453	85,387	677,066			762,453
61	EMERGENCY	4,271,612	750,639	3,520,973			4,271,612
62	OBSERVATION BEDS (NON-DIS	1,208,953	125,232	1,083,721			1,208,953
62	01 OBSERVATION BEDS (DISTINC						
	OTHER REIMBURS COST CNTRS						
64	HOME PROGRAM DIALYSIS						
65	AMBULANCE SERVICES	1,718,779	176,833	1,541,946			1,718,779
66	DURABLE MEDICAL EQUIP-REN						
67	DURABLE MEDICAL EQUIP-SOL						
101	SUBTOTAL	65,334,692	5,710,866	59,623,826			65,334,692
102	LESS OBSERVATION BEDS	1,208,953	125,232	1,083,721			1,208,953
103	TOTAL	64,125,739	5,585,634	58,540,105			64,125,739

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	34,333,518	.259703	.259703
38	RECOVERY ROOM			
39	DELIVERY ROOM & LABOR ROO	5,304,264	.462336	.462336
40	ANESTHESIOLOGY	5,354,412	.043589	.043589
41	RADIOLOGY-DIAGNOSTIC	46,692,295	.172649	.172649
42	RADIOLOGY-THERAPEUTIC			
43	RADIOISOTOPE			
44	LABORATORY	34,082,862	.210586	.210586
45	PBP CLINICAL LAB SERVICES			
46	WHOLE BLOOD & PACKED RED			
47	BLOOD STORING, PROCESSING			
48	INTRAVENOUS THERAPY			
49	RESPIRATORY THERAPY	10,808,591	.246273	.246273
50	PHYSICAL THERAPY	14,263,661	.357430	.357430
51	OCCUPATIONAL THERAPY			
52	SPEECH PATHOLOGY			
53	ELECTROCARDIOLOGY	9,265,786	.212064	.212064
54	ELECTROENCEPHALOGRAPHY			
55	MEDICAL SUPPLIES CHARGED	13,037,738	.954640	.954640
56	DRUGS CHARGED TO PATIENTS	9,358,974	.606315	.606315
57	RENAL DIALYSIS	216,875	1.005736	1.005736
58	ASC (NON-DISTINCT PART)			
59	PSYCH SERVICES	4,631,503	.192883	.192883
59 01	CARDIAC CATHETER LAB	7,701,193	.093382	.093382
59 02	ENDOSCOPY	8,583,497	.099654	.099654
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	2,384,346	.319774	.319774
61	EMERGENCY	17,780,029	.240248	.240248
62	OBSERVATION BEDS (NON-DIS	1,252,477	.965250	.965250
62 01	OBSERVATION BEDS (DISTINC			
	OTHER REIMBURS COST CNTRS			
64	HOME PROGRAM DIALYSIS			
65	AMBULANCE SERVICES	3,587,786	.479064	.479064
66	DURABLE MEDICAL EQUIP-REN			
67	DURABLE MEDICAL EQUIP-SOL			
101	SUBTOTAL	228,639,807		
102	LESS OBSERVATION BEDS	1,252,477		
103	TOTAL	227,387,330		

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL			NEW CAPITAL		
		CAPITAL REL COST (B, I I) 1	SWING BED ADJUSTMENT 2	REDUCED CAP RELATED COST 3	CAPITAL REL COST (B, I I I) 4	SWING BED ADJUSTMENT 5	REDUCED CAP RELATED COST 6
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	1,546,379		1,546,379			
26	INTENSIVE CARE UNIT	288,455		288,455			
27	CORONARY CARE UNIT						
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U						
31	SUBPROVIDER	576,596		576,596			
33	NURSERY	76,554		76,554			
101	TOTAL	2,487,984		2,487,984			

TITLE XVIII, PART A

PPS

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	20,152	9,903	76.74	759,956		
26	INTENSIVE CARE UNIT	2,331	1,787	123.75	221,141		
27	CORONARY CARE UNIT						
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U						
31	SUBPROVIDER	4,610	3,909	125.08	488,938		
33	NURSERY	1,584		48.33			
101	TOTAL	28,677	15,599		1,470,035		

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

PROVIDER NO: 15-0010
PERIOD: FROM 7/1/2007 TO 6/30/2008
PREPARED 11/26/2008
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					20,152	
26	INTENSIVE CARE UNIT					2,331	
27	CORONARY CARE UNIT						
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U						
31	SUBPROVIDER					4,610	
33	NURSERY					1,584	
34	SKILLED NURSING FACILITY						
35	NURSING FACILITY						
35 01	ICF/MR						
101	TOTAL					28,677	

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

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT	INPAT PROGRAM
		PROG DAYS 7	PASS THRU COST 8
25	ADULTS & PEDIATRICS	9,903	
26	INTENSIVE CARE UNIT	1,787	
27	CORONARY CARE UNIT		
28	BURN INTENSIVE CARE UNIT		
29	SURGICAL INTENSIVE CARE U		
31	SUBPROVIDER	3,909	
33	NURSERY		
34	SKILLED NURSING FACILITY		
35	NURSING FACILITY		
01	ICF/MR		
101	TOTAL	15,599	

TITLE XVIII, PART A HOSPITAL PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST	HOSPITAL	MED ED NRS SCHOOL COST	MED ED ALLIED HEALTH COST	MED ED ALL OTHER COSTS	BLOOD CLOT FOR HEMOPHILIACS
		1	1.01	2	2.01	2.02	2.03
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM						
38	RECOVERY ROOM						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC			167,583			
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	PSYCH SERVICES						
59	01 CARDIAC CATHETER LAB						
59	02 ENDOSCOPY						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
62	01 OBSERVATION BEDS (DISTINC						
	OTHER REIMBURS COST CNTRS						
64	HOME PROGRAM DIALYSIS						
65	AMBULANCE SERVICES						
66	DURABLE MEDICAL EQUIP-REN						
67	DURABLE MEDICAL EQUIP-SOL						
101	TOTAL			167,583			

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							
38	OPERATING ROOM			34,333,518			5,959,880	
39	RECOVERY ROOM							
40	DELIVERY ROOM & LABOR ROO			5,304,264			14,496	
41	ANESTHESIOLOGY			5,354,412			923,897	
42	RADIOLOGY-DIAGNOSTIC	167,583	167,583	46,692,295	.003589	.003589	5,236,747	18,795
43	RADIOLOGY-THERAPEUTIC							
44	RADIOISOTOPE							
45	LABORATORY			34,082,862			8,060,889	
46	PBP CLINICAL LAB SERVICES							
47	WHOLE BLOOD & PACKED RED							
48	BLOOD STORING, PROCESSING							
49	INTRAVENOUS THERAPY							
50	RESPIRATORY THERAPY			10,808,591			3,714,551	
51	PHYSICAL THERAPY			14,263,661			1,593,318	
52	OCCUPATIONAL THERAPY							
53	SPEECH PATHOLOGY							
54	ELECTROCARDIOLOGY			9,265,786			2,039,200	
55	ELECTROENCEPHALOGRAPHY							
56	MEDICAL SUPPLIES CHARGED			13,037,738			8,557,885	
57	DRUGS CHARGED TO PATIENTS			9,358,974			3,942,764	
58	RENAL DIALYSIS			216,875			137,756	
59	ASC (NON-DISTINCT PART)							
59	PSYCH SERVICES			4,631,503			21,156	
59	01 CARDIAC CATHETER LAB			7,701,193			297,843	
59	02 ENDOSCOPY			8,583,497				
60	OUTPAT SERVICE COST CNTRS							
61	CLINIC			2,384,346				
62	EMERGENCY			17,780,029			2,200,350	
62	01 OBSERVATION BEDS (NON-DIS			1,252,477				
64	OBSERVATION BEDS (DISTINC							
65	OTHER REIMBURS COST CNTRS							
66	HOME PROGRAM DIALYSIS							
67	AMBULANCE SERVICES							
67	DURABLE MEDICAL EQUIP-REN							
67	DURABLE MEDICAL EQUIP-SOL							
101	TOTAL	167,583	167,583	225,052,021			42,700,732	18,795

TITLE XVIII, PART A HOSPITAL PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES 8	OUTPAT PROG D, V COL 5.03 8.01	OUTPAT PROG D, V COL 5.04 8.02	OUTPAT PROG PASS THRU COST 9	COL 8.01 * COL 5 9.01	COL 8.02 * COL 5 9.02
37	ANCILLARY SRVC COST CNTRS						
38	OPERATING ROOM	10,209,964					
39	RECOVERY ROOM						
40	DELIVERY ROOM & LABOR ROO						
41	ANESTHESIOLOGY	1,032,888					
42	RADIOLOGY-DIAGNOSTIC	14,230,430			51,073		
43	RADIOLOGY-THERAPEUTIC						
44	RADIOISOTOPE						
45	LABORATORY	907,488					
46	PBP CLINICAL LAB SERVICES						
47	WHOLE BLOOD & PACKED RED						
48	BLOOD STORING, PROCESSING						
49	INTRAVENOUS THERAPY						
50	RESPIRATORY THERAPY	254,474					
51	PHYSICAL THERAPY	32,982					
52	OCCUPATIONAL THERAPY						
53	SPEECH PATHOLOGY						
54	ELECTROCARDIOLOGY	3,393,443					
55	ELECTROENCEPHALOGRAPHY						
56	MEDICAL SUPPLIES CHARGED	2,975,512					
57	DRUGS CHARGED TO PATIENTS	1,213,039					
58	RENAL DIALYSIS						
59	ASC (NON-DISTINCT PART)						
59	PSYCH SERVICES	402,553					
59	01 CARDIAC CATHETER LAB	848,737					
59	02 ENDOSCOPY						
60	OUTPAT SERVICE COST CNTRS						
61	CLINIC						
62	EMERGENCY	3,361,326					
62	01 OBSERVATION BEDS (NON-DIS						
64	OBSERVATION BEDS (DISTINC						
65	OTHER REIMBURS COST CNTRS						
66	HOME PROGRAM DIALYSIS						
67	AMBULANCE SERVICES						
67	DURABLE MEDICAL EQUIP-REN						
67	DURABLE MEDICAL EQUIP-SOL						
101	TOTAL	38,862,836			51,073		

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO: 15-0010
 PERIOD: FROM 7/1/2007 TO 6/30/2008
 COMPONENT NO: 15-T010
 PREPARED 11/26/2008
 WORKSHEET D
 PART II

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		
38	RECOVERY ROOM		
39	DELIVERY ROOM & LABOR ROO		
40	ANESTHESIOLOGY		
41	RADIOLOGY-DIAGNOSTIC		
42	RADIOLOGY-THERAPEUTIC		
43	RADIOISOTOPE		
44	LABORATORY		
45	PBP CLINICAL LAB SERVICES		
46	WHOLE BLOOD & PACKED RED		
47	BLOOD STORING, PROCESSING		
48	INTRAVENOUS THERAPY		
49	RESPIRATORY THERAPY		
50	PHYSICAL THERAPY		
51	OCCUPATIONAL THERAPY		
52	SPEECH PATHOLOGY		
53	ELECTROCARDIOLOGY		
54	ELECTROENCEPHALOGRAPHY		
55	MEDICAL SUPPLIES CHARGED		
56	DRUGS CHARGED TO PATIENTS		
57	RENAL DIALYSIS		
58	ASC (NON-DISTINCT PART)		
59	PSYCH SERVICES		
59 01	CARDIAC CATHETER LAB		
59 02	ENDOSCOPY		
	OUTPAT SERVICE COST CNTRS		
60	CLINIC		
61	EMERGENCY		
62	OBSERVATION BEDS (NON-DIS		
62 01	OBSERVATION BEDS (DISTINC		
	OTHER REIMBURS COST CNTRS		
64	HOME PROGRAM DIALYSIS		
65	AMBULANCE SERVICES		
66	DURABLE MEDICAL EQUIP-REN		
67	DURABLE MEDICAL EQUIP-SOL		
101	TOTAL		

TITLE XVIII, PART A 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										
40	ANESTHESIOLOGY										
41	RADIOLOGY-DIAGNOSTIC			167,583							
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	PSYCH SERVICES										
59	01 CARDIAC CATHETER LAB										
59	02 ENDOSCOPY										
	OUTPAT SERVICE COST CNTRS										
60	CLINIC										
61	EMERGENCY										
62	OBSERVATION BEDS (NON-DIS										
62	01 OBSERVATION BEDS (DISTINC										
	OTHER REIMBURS COST CNTRS										
64	HOME PROGRAM DIALYSIS										
65	AMBULANCE SERVICES										
66	DURABLE MEDICAL EQUIP-REN										
67	DURABLE MEDICAL EQUIP-SOL										
101	TOTAL			167,583							

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							
38	OPERATING ROOM			34,333,518			80,429	
39	RECOVERY ROOM							
40	DELIVERY ROOM & LABOR ROO			5,304,264				
41	ANESTHESIOLOGY			5,354,412			13,148	
42	RADIOLOGY-DIAGNOSTIC	167,583	167,583	46,692,295	.003589	.003589	244,371	877
43	RADIOLOGY-THERAPEUTIC							
44	RADIOISOTOPE							
45	LABORATORY			34,082,862			778,900	
46	PBP CLINICAL LAB SERVICES							
47	WHOLE BLOOD & PACKED RED							
48	BLOOD STORING, PROCESSING							
49	INTRAVENOUS THERAPY							
50	RESPIRATORY THERAPY			10,808,591			359,623	
51	PHYSICAL THERAPY			14,263,661			3,004,499	
52	OCCUPATIONAL THERAPY							
53	SPEECH PATHOLOGY							
54	ELECTROCARDIOLOGY			9,265,786			132,870	
55	ELECTROENCEPHALOGRAPHY							
56	MEDICAL SUPPLIES CHARGED			13,037,738			336,444	
57	DRUGS CHARGED TO PATIENTS			9,358,974			503,488	
58	RENAL DIALYSIS			216,875			22,948	
59	ASC (NON-DISTINCT PART)							
59	PSYCH SERVICES			4,631,503			274	
59	01 CARDIAC CATHETER LAB			7,701,193				
59	02 ENDOSCOPY			8,583,497				
60	OUTPAT SERVICE COST CNTRS							
61	CLINIC			2,384,346				
62	EMERGENCY			17,780,029			19,900	
62	01 OBSERVATION BEDS (NON-DIS			1,252,477				
64	OTHER REIMBURS COST CNTRS							
65	HOME PROGRAM DIALYSIS							
66	AMBULANCE SERVICES							
67	DURABLE MEDICAL EQUIP-REN							
67	DURABLE MEDICAL EQUIP-SOL							
101	TOTAL	167,583	167,583	225,052,021			5,496,894	877

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						
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	PSYCH SERVICES						
59	01 CARDIAC CATHETER LAB						
59	02 ENDOSCOPY						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
62	01 OBSERVATION BEDS (DISTINC						
	OTHER REIMBURS COST CNTRS						
64	HOME PROGRAM DIALYSIS						
65	AMBULANCE SERVICES						
66	DURABLE MEDICAL EQUIP-REN						
67	DURABLE MEDICAL EQUIP-SOL						
101	TOTAL						

TITLE XVIII PART A HOSPITAL PPS

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	1,632
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	740.78
85	OBSERVATION BED COST	1,208,953

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	14,928,287	.103587	1,208,953	125,232
87	NEW CAPITAL-RELATED COST	14,928,287		1,208,953	
88	NON PHYSICIAN ANESTHETIST	14,928,287		1,208,953	
89	MEDICAL EDUCATION	14,928,287		1,208,953	
89.01	MEDICAL EDUCATION - ALLIED HEA				
89.02	MEDICAL EDUCATION - ALL OTHER				

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	770.58
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	3,552,390	.162312		
87	NEW CAPITAL-RELATED COST	3,552,390			
88	NON PHYSICIAN ANESTHETIST	3,552,390			
89	MEDICAL EDUCATION	3,552,390			
89.01	MEDICAL EDUCATION - ALLIED HEA				
89.02	MEDICAL EDUCATION - ALL OTHER				

TITLE XIX - I/P HOSPITAL OTHER

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	1,632
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	740.78
85	OBSERVATION BED COST	1,208,953

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				
87	NEW CAPITAL-RELATED COST				
88	NON PHYSICIAN ANESTHETIST				
89	MEDICAL EDUCATION				
89.01	MEDICAL EDUCATION - ALLIED HEA				
89.02	MEDICAL EDUCATION - ALL OTHER				

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS
 HOSPITAL

DESCRIPTION	1	1.01
DRG AMOUNT		
1 OTHER THAN OUTLIER PAYMENTS OCCURRING PRIOR TO OCTOBER 1	3,546,045	
1.01 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER OCTOBER 1 AND BEFORE JANUARY 1	3,846,444	
1.02 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER JAN 1	7,882,874	
MANAGED CARE PATIENTS		
1.03 PAYMENTS PRIOR TO MARCH 1ST OR OCTOBER 1ST		
1.04 PAYMENTS ON OR AFTER OCTOBER 1 AND PRIOR TO JANUARY 1		
1.05 PAYMENTS ON OR AFTER JANUARY 1ST BUT BEFORE 4/1 / 10/1		
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)	1,493,300	
3 BED DAYS AVAILABLE DIVIDED BY # DAYS IN COST RPTG PERIOD	113.75	
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.		
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)		
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)		
3.08 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS IN THE CURRENT YEAR FROM YOUR RECORDS		
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.		
3.14 CURRENT YEAR ALLOWABLE FTE (SEE INSTRUCTIONS)		
3.15 TOTAL ALLOWABLE FTE COUNT FOR THE PRIOR YEAR, IF NONE BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE		
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		
3.17 SUM OF LINES 3.14 THRU 3.16 DIVIDED BY THE NUMBER OF THOSE LINES IN EXCESS OF ZERO (SEE INSTRUCTIONS).		
3.18 CURRENT YEAR RESIDENT TO BED RATIO (LN 3.17 DIVIDED BY LN 3)		
3.19 PRIOR YEAR RESIDENT TO BED RATIO (SEE INSTRUCTIONS)		
3.20 FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 1997, ENTER THE LESSER OF LINES 3.18 OR 3.19		
3.21 I ME PAYMENTS FOR DISCHARGES OCCURRING PRIOR TO OCT 1		
3.22 I ME PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER OCT 1, BUT BEFORE JANUARY 1 (SEE INSTRUCTIONS)		
3.23 I ME PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER JANUARY 1		
	SUM OF LINES 3.21 - 3.23	PLUS E-3, PT VI, LINE 23
3.24 SUM OF LINES 3.21 THROUGH 3.23 (SEE INSTRUCTIONS).		
DISPROPORTIONATE SHARE ADJUSTMENT		
4 PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS (SEE INSTRUCTIONS)		4.71
4.01 PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS REPORTED ON WORKSHEET S-3, PART I		16.14
4.02 SUM OF LINES 4 AND 4.01		20.85
4.03 ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTRUC)		6.17
4.04 DISPROPORTIONATE SHARE ADJUSTMENT (SEE INSTRUCTIONS)		942,490
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, AND 317.		
5.01 TOTAL ESRD MEDICARE DISCHARGES EXCLUDING DRGs 302, 316 & 317		

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, AND 317.		
5.04 RATIO OF AVERAGE LENGTH OF STAY TO ONE WEEK		
5.05 AVERAGE WEEKLY COST FOR DIALYSIS TREATMENTS (SEE INSTRUC)	335.00	
5.06 TOTAL ADDITIONAL PAYMENT		
6 SUBTOTAL (SEE INSTRUCTIONS)	17,711,153	
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)	17,711,153	
9 PAYMENT FOR INPATIENT PROGRAM CAPITAL	1,522,375	
10 EXCEPTION PAYMENT FOR INPATIENT PROGRAM CAPITAL		
11 DIRECT GRADUATE MEDICAL EDUCATION PAYMENT		
11.01 NURSING AND ALLIED HEALTH MANAGED CARE		
11.02 SPECIAL ADD-ON PAYMENTS FOR NEW TECHNOLOGIES		
12 NET ORGAN ACQUISITION COST		
13 COST OF TEACHING PHYSICIANS		
14 ROUTINE SERVICE OTHER PASS THROUGH COSTS		
15 ANCILLARY SERVICE OTHER PASS THROUGH COSTS	18,795	
16 TOTAL	19,252,323	
17 PRIMARY PAYER PAYMENTS	19,300	
18 TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES	19,233,023	
19 DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	1,431,488	
20 COINSURANCE BILLED TO PROGRAM BENEFICIARIES	100,848	
21 REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	295,809	
21.01 ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	207,066	
21.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	217,363	
22 SUBTOTAL	17,907,753	
23 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION		
24 OTHER ADJUSTMENTS (SPECIFY)		
24.99 OUTLIER RECONCILIATION ADJUSTMENT		
25 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS		
26 AMOUNT DUE PROVIDER	17,907,753	
27 SEQUESTRATION ADJUSTMENT		
28 INTERIM PAYMENTS	17,575,799	
28.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
29 BALANCE DUE PROVIDER (PROGRAM)	331,954	
30 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.	171,620	
----- 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 I - MEDICARE PART A SERVICES - TEFRA AND IRF PPS AND LTCH PPS AND IPF PPS
SUBPROVIDER 1

16	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS		
17	TOTAL AMOUNT PAYABLE TO THE PROVIDER (SEE INSTRUCTIONS)	4,404,564	
18	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)		
19	INTERIM PAYMENTS	4,365,436	
19.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
20	BALANCE DUE PROVIDER/PROGRAM	39,128	
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.

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

	TITLE XIX	HOSPITAL	OTHER TITLE V OR TITLE XIX	TITLE XVIII SNF PPS
			1	2
	COMPUTATION OF NET COST OF COVERED SERVICE			
1	INPATIENT HOSPITAL/SNF/NF SERVICES		3,130,933	
2	MEDICAL AND OTHER SERVICES			
3	INTERNS AND RESIDENTS (SEE INSTRUCTIONS)			
4	ORGAN ACQUISITION (CERT TRANSPLANT CENTERS ONLY)			
5	COST OF TEACHING PHYSICIANS (SEE INSTRUCTIONS)			
6	SUBTOTAL		3,130,933	
7	INPATIENT PRIMARY PAYER PAYMENTS			
8	OUTPATIENT PRIMARY PAYER PAYMENTS			
9	SUBTOTAL		3,130,933	
	COMPUTATION OF LESSER OF COST OR CHARGES			
	REASONABLE CHARGES			
10	ROUTINE SERVICE CHARGES		2,253,524	
11	ANCILLARY SERVICE CHARGES		2,534,126	
12	INTERNS AND RESIDENTS SERVICE CHARGES			
13	ORGAN ACQUISITION CHARGES, NET OF REVENUE			
14	TEACHING PHYSICIANS			
15	INCENTIVE FROM TARGET AMOUNT COMPUTATION			
16	TOTAL REASONABLE CHARGES		4,787,650	
	CUSTOMARY CHARGES			
17	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS			
18	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e)			
19	RATIO OF LINE 17 TO LINE 18			
20	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)		4,787,650	
21	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST		1,656,717	
22	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			
23	COST OF COVERED SERVICES		3,130,933	
	PROSPECTIVE PAYMENT AMOUNT			
24	OTHER THAN OUTLIER PAYMENTS			
25	OUTLIER PAYMENTS			
26	PROGRAM CAPITAL PAYMENTS			
27	CAPITAL EXCEPTION PAYMENTS (SEE INSTRUCTIONS)			
28	ROUTINE SERVICE OTHER PASS THROUGH COSTS			
29	ANCILLARY SERVICE OTHER PASS THROUGH COSTS			
30	SUBTOTAL		3,130,933	
31	CUSTOMARY CHARGES (TITLE XIX PPS COVERED SERVICES ONLY)			
32	TITLES V OR XIX PPS, LESSER OF LNS 30 OR 31; NON PPS & TITLE XVIII ENTER AMOUNT FROM LINE 30		3,130,933	
33	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)			
	COMPUTATION OF REIMBURSEMENT SETTLEMENT			
34	EXCESS OF REASONABLE COST			
35	SUBTOTAL		3,130,933	
36	COINSURANCE			
37	SUM OF AMOUNTS FROM WKST. E, PARTS C, D & E, LN 19			
38	REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)			
38.01	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS ENDING BEFORE 10/01/05 (SEE INSTRUCTIONS)			
38.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES			
38.03	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS BEGINNING ON OR AFTER 10/01/05 (SEE INSTRUCTIONS)			
39	UTILIZATION REVIEW			
40	SUBTOTAL (SEE INSTRUCTIONS)		3,130,933	
41	INPATIENT ROUTINE SERVICE COST			
42	MEDICARE INPATIENT ROUTINE CHARGES			
43	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS			
44	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT OF PART A SERVICES			
45	RATIO OF LINE 43 TO 44			
46	TOTAL CUSTOMARY CHARGES			
47	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST			
48	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			
49	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION			
50				
51	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS			
52	SUBTOTAL		3,130,933	
53	INDIRECT MEDICAL EDUCATION ADJUSTMENT (PPS ONLY)			
54	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS			
55	TOTAL AMOUNT PAYABLE TO THE PROVIDER		3,130,933	
56	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)			
57	INTERIM PAYMENTS		4,860,353	
57.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)			
58	BALANCE DUE PROVIDER/PROGRAM		-1,729,420	

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

	TITLE XIX	HOSPITAL	OTHER TITLE V OR TITLE XIX	TITLE XVIII SNF PPS
59	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.		1	2

PART I - FULLY PROSPECTIVE METHOD		
1	CAPITAL HOSPITAL SPECIFIC RATE PAYMENTS	
	CAPITAL FEDERAL AMOUNT	
2	CAPITAL DRG OTHER THAN OUTLIER	1,307,548
3	CAPITAL DRG OUTLIER PAYMENTS PRIOR TO 10/01/1997	
3 .01	CAPITAL DRG OUTLIER PAYMENTS AFTER 10/01/1997	158,472
	INDIRECT MEDICAL EDUCATION ADJUSTMENT	
4	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS	56.97
	IN THE COST REPORTING PERIOD	
4 .01	NUMBER OF INTERNS AND RESIDENTS	.00
	(SEE INSTRUCTIONS)	
4 .02	INDIRECT MEDICAL EDUCATION PERCENTAGE	.00
4 .03	INDIRECT MEDICAL EDUCATION ADJUSTMENT	
	(SEE INSTRUCTIONS)	
5	PERCENTAGE OF SSI RECEIPT PATIENT DAYS TO	4.71
	MEDI CARE PART A PATIENT DAYS	
5 .01	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL	16.14
	DAYS REPORTED ON S-3, PART I	
5 .02	SUM OF 5 AND 5.01	20.85
5 .03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE	4.31
5 .04	DISPROPORTIONATE SHARE ADJUSTMENT	56,355
6	TOTAL PROSPECTIVE CAPITAL PAYMENTS	1,522,375
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)	