

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

FORM APPROVED  
 OMB NO. 0938-0050

WORKSHEET S  
 PARTS I & II

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX		PROVIDER NO:		PERIOD		INTERMEDIARY USE ONLY		DATE RECEIVED:
COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY		15-0112		FROM 1/ 1/2010		--AUDITED --DESK REVIEW		/ /
				TO 12/31/2010		--INITIAL --REOPENED		INTERMEDIARY NO:
						--FINAL 1-MCR CODE		
						00 - # OF REOPENINGS		

ELECTRONICALLY FILED COST REPORT DATE: 6/ 3/2011 TIME 9: 44

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: COLUMBUS REGIONAL HOSPITAL 15-0112 FOR THE COST REPORTING PERIOD BEGINNING 1/ 1/2010 AND ENDING 12/31/2010 AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS A TRUE, CORRECT, AND COMPLETE STATEMENT PREPARED FROM THE BOOKS AND RECORDS OF THE PROVIDER IN ACCORDANCE WITH APPLICABLE INSTRUCTIONS, EXCEPT AS NOTED. I FURTHER CERTIFY THAT I AM FAMILIAR WITH THE LAWS AND REGULATIONS REGARDING THE PROVISION OF HEALTH CARE SERVICES, AND THAT THE SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

\_\_\_\_\_  
 OFFICER OR ADMINISTRATOR OF PROVIDER(S)

\_\_\_\_\_  
 TITLE

\_\_\_\_\_  
 DATE

PART II - SETTLEMENT SUMMARY

	TITLE V	A	TITLE XVIII	B	TITLE XIX	
	1	2	3	4	5	
1	HOSPITAL	0	117,523	49,079	0	
2	SUBPROVIDER	0	20,507	0	0	
100	TOTAL	0	138,030	49,079	0	

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

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX ADDRESS

1 STREET: 2400 EAST 17TH STREET      P.O. BOX:  
 1.01 CITY: COLUMBUS      STATE: IN      ZIP CODE: 47201-      COUNTY: BARTHOLOMEW

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION:

COMPONENT	COMPONENT NAME	PROVIDER NO.	NPI NUMBER	DATE CERTIFIED	PAYMENT SYSTEM (P, T, O OR N)		
					V	XVIII	XIX
02.00 HOSPITAL	COLUMBUS REGIONAL HOSPITAL	15-0112	2.01	3	4	5	6
03.00 SUBPROVIDER	COLUMBUS REGIONAL REHAB UNIT	15-T112		1/1/1984	N	P	O

17 COST REPORTING PERIOD (MM/DD/YYYY) FROM: 1/1/2010 TO: 12/31/2010

18 TYPE OF CONTROL 8

TYPE OF HOSPITAL/SUBPROVIDER

19 HOSPITAL 1  
 20 SUBPROVIDER 5

OTHER INFORMATION

- 21 INDICATE IF YOUR HOSPITAL IS EITHER (1)URBAN OR (2)RURAL AT THE END OF THE COST REPORT PERIOD IN COLUMN 1. IF YOUR HOSPITAL IS GEOGRAPHICALLY CLASSIFIED OR LOCATED IN A RURAL AREA, IS YOUR BED SIZE IN ACCORDANCE WITH CFR 42.105 LESS THAN OR EQUAL TO 100 BEDS, ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO.
- 21.01 DOES YOUR FACILITY QUALIFY AND IS CURRENTLY RECEIVING PAYMENT FOR DISPROPORTIONATE SHARE HOSPITAL ADJUSTMENT IN ACCORDANCE WITH 42 CFR 412.106? ENTER IN COLUMN 1 "Y" FOR YES OR "N" FOR NO. IS THIS FACILITY SUBJECT TO THE PROVISIONS OF 42 CFR 412.106(c)(2) (PICKLE AMENDMENT HOSPITALS)? ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO.      Y      N
- 21.02 HAS YOUR FACILITY RECEIVED A NEW GEOGRAPHIC RECLASSIFICATION STATUS CHANGE AFTER THE FIRST DAY OF THE COST REPORTING PERIOD FROM RURAL TO URBAN AND VICE VERSA? ENTER "Y" FOR YES AND "N" FOR NO. IF YES, ENTER IN COLUMN 2 THE EFFECTIVE DATE (MM/DD/YYYY) (SEE INSTRUCTIONS).
- 21.03 ENTER IN COLUMN 1 YOUR GEOGRAPHIC LOCATION EITHER (1)URBAN OR (2)RURAL. IF YOU ANSWERED URBAN IN COLUMN 1 INDICATE IF YOU RECEIVED EITHER A WAGE OR STANDARD GEOGRAPHICAL RECLASSIFICATION TO A RURAL LOCATION, ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. IF COLUMN 2 IS YES, ENTER IN COLUMN 3 THE EFFECTIVE DATE (MM/DD/YYYY) (SEE INSTRUCTIONS) DOES YOUR FACILITY CONTAIN 100 OR FEWER BEDS IN ACCORDANCE WITH 42 CFR 412.105? ENTER IN COLUMN 4 "Y" OR "N". ENTER IN COLUMN 5 THE PROVIDERS ACTUAL MSA OR CBSA.      1      N      N      18020
- 21.04 FOR STANDARD GEOGRAPHIC CLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE BEGINNING OF THE COST REPORTING PERIOD. ENTER (1)URBAN OR (2)RURAL      1
- 21.05 FOR STANDARD GEOGRAPHIC CLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE END OF THE COST REPORTING PERIOD. ENTER (1)URBAN OR (2)RURAL      1
- 21.06 DOES THIS HOSPITAL QUALIFY FOR THE 3-YEAR TRANSITION (OR APPLICABLE EXTENSION) OF HOLD HARMLESS PAYMENTS FOR SMALL RURAL HOSPITAL UNDER THE PROSPECTIVE PAYMENT SYSTEM FOR HOSPITAL OUTPATIENT SERVICES UNDER DRA §5105, MIPPA §147, ACA §3121 OR MMEA §108? "Y" FOR YES, AND "N" FOR NO.      N
- 21.07 DOES THIS HOSPITAL QUALIFY AS A SCH WITH 100 OR FEWER BEDS UNDER MIPPA §147? ENTER IN COL 1 "Y" FOR YES AND "N" FOR NO. (SEE INSTRUCTIONS) IS THIS A SCH OR EACH THAT QUALIFIES FOR THE OUTPATIENT HOLD HARMLESS PROVISION IN ACA §3121 or MMEA §108? ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO. (SEE INSTRUCTIONS)      N      N
- 21.08 WHICH METHOD IS USED TO DETERMINE MEDICAID DAYS ON S-3, PART I, COL. 5 ENTER IN COLUMN 1, "1" IF IT IS BASED ON DATE OF ADMISSION, "2" IF IT IS BASED ON CENSUS DAYS, OR "3" IF IT IS BASED ON DATE OF DISCHARGE. IS THIS METHOD DIFFERENT THAN THE METHOD USED IN THE PRECEDING COST REPORTING PERIOD? ENTER IN COLUMN 2, "Y" FOR YES OR "N" FOR NO.      3      N
- 22 ARE YOU CLASSIFIED AS A REFERRAL CENTER?      Y
- 23 DOES THIS FACILITY OPERATE A TRANSPLANT CENTER? IF YES, ENTER CERTIFICATION DATE(S) BELOW.
- 23.01 IF THIS IS A MEDICARE CERTIFIED KIDNEY TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3.      /      /      /      /
- 23.02 IF THIS IS A MEDICARE CERTIFIED HEART TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3.      /      /      /      /
- 23.03 IF THIS IS A MEDICARE CERTIFIED LIVER TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3.      /      /      /      /
- 23.04 IF THIS IS A MEDICARE CERTIFIED LUNG TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3.      /      /      /      /
- 23.05 IF MEDICARE PANCREAS TRANSPLANTS ARE PERFORMED SEE INSTRUCTIONS FOR ENTERING CERTIFICATION AND TERMINATION DATE.      /      /      /      /
- 23.06 IF THIS IS A MEDICARE CERTIFIED INTESTINAL TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3.      /      /      /      /
- 23.07 IF THIS IS A MEDICARE CERTIFIED ISLET TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3.      /      /      /      /
- 24 IF THIS IS AN ORGAN PROCUREMENT ORGANIZATION (OPO), ENTER THE OPO NUMBER IN COLUMN 2 AND TERMINATION DATE IN COLUMN 3 (MM/DD/YYYY)      /      /
- 24.01 IF THIS IS A MEDICARE TRANSPLANT CENTER, ENTER THE CCN (PROVIDER NUMBER) IN COLUMN 2, THE CERTIFICATION DATE OR RECERTIFICATION DATE (AFTER 12/26/2007) IN COLUMN 3 (mm/dd/yyyy).      /      /









COMPONENT	I & R FTES	--- FULL TIME EMPLOYEES ON PAYROLL	EQUIV NONPAID WORKERS	----- TITLE	DI SCHARGES TITLE	TITLE	TOTAL ALL PATIENTS
	NET	9	10	V	XVIII	XIX	15
			11	12	13	14	

PART II - WAGE DATA	AMOUNT REPORTED 1	RECLASS OF SALARIES 2	ADJUSTED SALARIES 3	PAID HOURS RELATED TO SALARY 4	AVERAGE HOURLY WAGE 5	DATA SOURCE 6
SALARIES						
1 TOTAL SALARY	68,974,229		68,974,229	2,768,177.00	24.92	
2 NON-PHYSICIAN ANESTHETIST PART A						
3 NON-PHYSICIAN ANESTHETIST PART B						
4 PHYSICIAN - PART A						
4.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
5 PHYSICIAN - PART B	189,842		189,842	4,160.00	45.64	
5.01 NON-PHYSICIAN - PART B						
6 INTERNS & RESIDENTS (APPRVD)						
6.01 CONTRACT SERVICES, I&R						
7 HOME OFFICE PERSONNEL						
8 SNF						
8.01 EXCLUDED AREA SALARIES	3,815,684	171,931	3,987,615	202,854.00	19.66	
OTHER WAGES & RELATED COSTS						
9 CONTRACT LABOR:	499,678		499,678	6,423.00	77.80	
9.01 PHARMACY SERVICES UNDER CONTRACT						
9.02 LABORATORY SERVICES UNDER CONTRACT						
9.03 MANAGEMENT & ADMINISTRATIVE UNDER CONTRACT						
10 CONTRACT LABOR: PHYS PART A	1,406,975		1,406,975	10,802.00	130.25	
10.01 TEACHING PHYSICIAN UNDER CONTRACT (SEE INSTRUCTIONS)						
11 HOME OFFICE SALARIES & WAGE RELATED COSTS	3,098,893		3,098,893	18,882.00	164.12	
12 HOME OFFICE: PHYS PART A						
12.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
WAGE RELATED COSTS						
13 WAGE-RELATED COSTS (CORE)	24,574,417		24,574,417			CMS 339
14 WAGE-RELATED COSTS (OTHER)						CMS 339
15 EXCLUDED AREAS	1,512,502		1,512,502			CMS 339
16 NON-PHYS ANESTHETIST PART A						CMS 339
17 NON-PHYS ANESTHETIST PART B						CMS 339
18 PHYSICIAN PART A						CMS 339
18.01 PART A TEACHING PHYSICIANS						CMS 339
19 PHYSICIAN PART B	72,007		72,007			CMS 339
19.01 WAGE-RELATD COSTS (RHC/FOHC)						CMS 339
20 INTERNS & RESIDENTS (APPRVD)						CMS 339
OVERHEAD COSTS - DIRECT SALARIES						
21 EMPLOYEE BENEFITS	758,335	-115,465	642,870	28,271.00	22.74	
22 ADMINISTRATIVE & GENERAL	9,276,914	337,229	9,614,143	415,373.00	23.15	
22.01 A & G UNDER CONTRACT	1,085,908		1,085,908	10,252.00	105.92	
23 MAINTENANCE & REPAIRS						
24 OPERATION OF PLANT	2,152,301	-5,812	2,146,489	87,815.00	24.44	
25 LAUNDRY & LINEN SERVICE	66,200		66,200	4,583.00	14.44	
26 HOUSEKEEPING	1,395,123		1,395,123	110,677.00	12.61	
26.01 HOUSEKEEPING UNDER CONTRACT						
27 DIETARY	1,618,335	-794,764	823,571	61,359.00	13.42	
27.01 DIETARY UNDER CONTRACT						
28 CAFETERIA		794,764	794,764	59,213.00	13.42	
29 MAINTENANCE OF PERSONNEL						
30 NURSING ADMINISTRATION	3,074,163		3,074,163	85,698.00	35.87	
31 CENTRAL SERVICE AND SUPPLY	348,797		348,797	24,023.00	14.52	
32 PHARMACY	3,037,570		3,037,570	85,351.00	35.59	
33 MEDICAL RECORDS & MEDICAL RECORDS LIBRARY	1,392,345	-488,949	903,396	52,138.00	17.33	
34 SOCIAL SERVICE	413,010	-61,340	351,670	12,535.00	28.06	
35 OTHER GENERAL SERVICE						
PART III - HOSPITAL WAGE INDEX SUMMARY						
1 NET SALARIES	69,870,295		69,870,295	2,774,269.00	25.19	
2 EXCLUDED AREA SALARIES	3,815,684	171,931	3,987,615	202,854.00	19.66	
3 SUBTOTAL SALARIES	66,054,611	-171,931	65,882,680	2,571,415.00	25.62	
4 SUBTOTAL OTHER WAGES & RELATED COSTS	5,005,546		5,005,546	36,107.00	138.63	
5 SUBTOTAL WAGE-RELATED COSTS	24,574,417		24,574,417		37.30	
6 TOTAL	95,634,574	-171,931	95,462,643	2,607,522.00	36.61	
7 NET SALARIES						
8 EXCLUDED AREA SALARIES						
9 SUBTOTAL SALARIES						
10 SUBTOTAL OTHER WAGES & RELATED COSTS						
11 SUBTOTAL WAGE-RELATED COSTS						
12 TOTAL						
13 TOTAL OVERHEAD COSTS	24,619,001	-334,337	24,284,664	1,037,288.00	23.41	

HOSPITAL UNCOMPENSATED CARE DATA

PROVIDER NO:	PERIOD:	PREPARED
15-0112	FROM 1/1/2010	6/3/2011
	TO 12/31/2010	WORKSHEET S-10

DESCRIPTION

UNCOMPENSATED CARE INFORMATION		
1	DO YOU HAVE A WRITTEN CHARITY CARE POLICY?	
2	ARE PATIENTS WRITE-OFFS IDENTIFIED AS CHARITY? IF YES ANSWER LINES 2.01 THRU 2.04	
2.01	IS IT AT THE TIME OF ADMISSION?	
2.02	IS IT AT THE TIME OF FIRST BILLING?	
2.03	IS IT AFTER SOME COLLECTION EFFORT HAS BEEN MADE?	
2.04		
3	ARE CHARITY WRITE-OFFS MADE FOR PARTIAL BILLS?	
4	ARE CHARITY DETERMINATIONS BASED UPON ADMINISTRATIVE JUDGMENT WITHOUT FINANCIAL DATA?	
5	ARE CHARITY DETERMINATIONS BASED UPON INCOME DATA ONLY?	
6	ARE CHARITY DETERMINATIONS BASED UPON NET WORTH (ASSETS) DATA?	
7	ARE CHARITY DETERMINATIONS BASED UPON INCOME AND NET WORTH DATA?	
8	DOES YOUR ACCOUNTING SYSTEM SEPARATELY IDENTIFY BAD DEBT AND CHARITY CARE? IF YES ANSWER 8.01	
8.01	DO YOU SEPARATELY ACCOUNT FOR INPATIENT AND OUTPATIENT SERVICES?	
9	IS DISCERNING CHARITY FROM BAD DEBT A HIGH PRIORITY IN YOUR INSTITUTION? IF NO ANSWER 9.01 THRU 9.04	
9.01	IS IT BECAUSE THERE IS NOT ENOUGH STAFF TO DETERMINE ELIGIBILITY?	
9.02	IS IT BECAUSE THERE IS NO FINANCIAL INCENTIVE TO SEPARATE CHARITY FROM BAD DEBT?	
9.03	IS IT BECAUSE THERE IS NO CLEAR DIRECTIVE POLICY ON CHARITY DETERMINATION?	
9.04	IS IT BECAUSE YOUR INSTITUTION DOES NOT DEEM THE DISTINCTION IMPORTANT?	
10	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, WHAT IS THE MAXIMUM INCOME THAT CAN BE EARNED BY PATIENTS (SINGLE WITHOUT DEPENDENT) AND STILL DETERMINED TO BE A CHARITY WRITE OFF?	
11	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, IS THE INCOME DIRECTLY TIED TO FEDERAL POVERTY LEVEL? IF YES ANSWER 11.01 THRU 11.04	
11.01	IS THE PERCENTAGE LEVEL USED LESS THAN 100% OF THE FEDERAL POVERTY LEVEL?	
11.02	IS THE PERCENTAGE LEVEL USED BETWEEN 100% AND 150% OF THE FEDERAL POVERTY LEVEL?	
11.03	IS THE PERCENTAGE LEVEL USED BETWEEN 150% AND 200% OF THE FEDERAL POVERTY LEVEL?	
11.04	IS THE PERCENTAGE LEVEL USED GREATER THAN 200% OF THE FEDERAL POVERTY LEVEL?	
12	ARE PARTIAL WRITE-OFFS GIVEN TO HIGHER INCOME PATIENTS ON A GRADUAL SCALE?	
13	IS THERE CHARITY CONSIDERATION GIVEN TO HIGH NET WORTH PATIENTS WHO HAVE CATASTROPHIC OR OTHER EXTRAORDINARY MEDICAL EXPENSES?	
14	IS YOUR HOSPITAL STATE OR LOCAL GOVERNMENT OWNED? IF YES ANSWER LINES 14.01 AND 14.02	
14.01	DO YOU RECEIVE DIRECT FINANCIAL SUPPORT FROM THAT GOVERNMENT ENTITY FOR THE PURPOSE OF PROVIDING COMPENSATED CARE?	
14.02	WHAT PERCENTAGE OF THE AMOUNT ON LINE 14.01 IS FROM GOVERNMENT FUNDING?	
15	DO YOU RECEIVE RESTRICTED GRANTS FOR RENDERING CARE TO CHARITY PATIENTS?	
16	ARE OTHER NON-RESTRICTED GRANTS USED TO SUBSIDIZE CHARITY CARE?	
UNCOMPENSATED CARE REVENUES		
17	REVENUE FROM UNCOMPENSATED CARE	
17.01	GROSS MEDICAID REVENUES	10,060,679
18	REVENUES FROM STATE AND LOCAL INDIGENT CARE PROGRAMS	2,687,761
19	REVENUE RELATED TO SCHIP (SEE INSTRUCTIONS)	
20	RESTRICTED GRANTS	
21	NON-RESTRICTED GRANTS	
22	TOTAL GROSS UNCOMPENSATED CARE REVENUES	12,748,440
UNCOMPENSATED CARE COST		
23	TOTAL CHARGES FOR PATIENTS COVERED BY STATE AND LOCAL INDIGENT CARE PROGRAMS	25,754,200
24	COST TO CHARGE RATIO (WKST C, PART I, COLUMN 3, LINE 103, DIVIDED BY COLUMN 8, LINE 103)	.445615
25	TOTAL STATE AND LOCAL INDIGENT CARE PROGRAM COST (LINE 23 * LINE 24)	11,476,458
26	TOTAL SCHIP CHARGES FROM YOUR RECORDS	
27	TOTAL SCHIP COST, (LINE 24 * LINE 26)	

DESCRIPTION

28	TOTAL GROSS MEDICAID CHARGES FROM YOUR RECORDS	43,005,723
29	TOTAL GROSS MEDICAID COST (LINE 24 * LINE 28)	19,163,995
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)	30,640,453

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

COST CENTER		COST CENTER DESCRIPTION	SALARIES	OTHER	TOTAL	RECLASSIFICATIONS	RECLASSIFIED TRIAL BALANCE
			1	2	3	4	5
		GENERAL SERVICE COST CNTR					
1	0100	OLD CAP REL COSTS-BLDG & FIXT		17,326,262	17,326,262	-14,436,263	2,889,999
1.01	0101	OLD CAP REL COSTS-BLDG & FIXT					
2	0200	OLD CAP REL COSTS-MVBLE EQUIP				149,619	149,619
3	0300	NEW CAP REL COSTS-BLDG & FIXT				7,914,796	7,914,796
4	0400	NEW CAP REL COSTS-MVBLE EQUIP				10,635,503	10,635,503
5	0500	EMPLOYEE BENEFITS	758,335	26,747,598	27,505,933	-4,047,424	23,458,509
6.01	0610	NONPATIENT TELEPHONES	175,902	253,008	428,910		428,910
6.02	0620	DATA PROCESSING	2,433,299	4,455,103	6,888,402	8,243	6,896,645
6.03	0630	PURCHASING RECEIVING AND STORES	1,016,425	237,087	1,253,512	-8,628	1,244,884
6.04	0640	ADMINISTRATIVE	932,037	526,717	1,458,754		1,458,754
6.05	0650	CASHIERING/ACCOUNTS RECEIVABLE	1,163,590	1,256,440	2,420,030	488,949	2,908,979
6.06	0660	OTHER ADMINISTRATIVE AND GENERAL	3,555,661	19,218,660	22,774,321	-737,078	22,037,243
8	0800	OPERATION OF PLANT	2,152,301	4,877,800	7,030,101	-1,628,214	5,401,887
9	0900	LAUNDRY & LINEN SERVICE	66,200	542,380	608,580		608,580
10	1000	HOUSEKEEPING	1,395,123	313,660	1,708,783	683	1,709,466
11	1100	DIETARY	1,618,335	891,273	2,509,608	-1,074,962	1,434,646
12	1200	CAFETERIA				1,232,468	1,232,468
14	1400	NURSING ADMINISTRATION	3,074,163	159,432	3,233,595		3,233,595
15	1500	CENTRAL SERVICES & SUPPLY	348,797	231,926	580,723	27,411	608,134
16	1600	PHARMACY	3,037,570	401,789	3,439,359		3,439,359
17	1700	MEDICAL RECORDS & LIBRARY	1,392,345	574,840	1,967,185	-488,949	1,478,236
18	1800	SOCIAL SERVICE	413,010	2,947	415,957	-61,340	354,617
24	2400	PARAMEDICAL PRGM-(SPECIFY)					
24.01	2401	XRAY EDUCATION	143,141	3,223	146,364		146,364
25	2500	INPAT ROUTINE SRVC CNTRS					
25	2500	ADULTS & PEDIATRICS	12,459,499	1,092,663	13,552,162	-171,002	13,381,160
26	2600	INTENSIVE CARE UNIT	1,942,534	261,320	2,203,854	-85,163	2,118,691
27	2700	CORONARY CARE UNIT					
28	2800	BURN INTENSIVE CARE UNIT					
29	2900	SURGICAL INTENSIVE CARE UNIT					
31	3100	SUBPROVIDER	1,281,830	74,497	1,356,327	116,759	1,473,086
33	3300	NURSERY	592,594	25,940	618,534	-7,904	610,630
34	3400	SKILLED NURSING FACILITY					
		ANCILLARY SRVC COST CNTRS					
37	3700	OPERATING ROOM	4,876,240	13,081,030	17,957,270	-10,839,605	7,117,665
38	3800	RECOVERY ROOM	715,460	76,161	791,621	-26,792	764,829
39	3900	DELIVERY ROOM & LABOR ROOM					
40	4000	ANESTHESIOLOGY		233,640	233,640	21,272	254,912
41	4100	RADIOLOGY-DIAGNOSTIC	1,737,336	218,670	1,956,006	88,290	2,044,296
41.01	3230	CAT SCAN	519,820	220,389	740,209	70,902	811,111
41.02	3450	NUCLEAR MEDICINE-DIAGNOSTIC	338,566	800,897	1,139,463	-114,521	1,024,942
41.03	3430	MAGNETIC RESONANCE IMAGING(MRI)	244,526	49,568	294,094	100,040	394,134
41.04	3630	ULTRA SOUND	481,993	9,562	491,555	45,215	536,770
41.05	3440	MAMMOGRAPHY	630,377	232,118	862,495	20,801	883,296
42	4200	RADIOLOGY-THERAPEUTIC	963,449	35,495	998,944	414,180	1,413,124
44	4400	LABORATORY	3,073,592	2,787,490	5,861,082	63,213	5,924,295
44.01	3420	LABORATORY-PATHOLOGICAL	309,971	300,444	610,415	163,275	773,690
46	4600	WHOLE BLOOD & PACKED RED BLOOD CELLS	251,222	877,549	1,128,771	8,233	1,137,004
49	4900	RESPIRATORY THERAPY	1,501,179	283,169	1,784,348	84,570	1,868,918
50	5000	PHYSICAL THERAPY	2,825,467	664,933	3,490,400	-319,329	3,171,071
51	5100	OCCUPATIONAL THERAPY	582,827	16,315	599,142	365,732	964,874
52	5200	SPEECH PATHOLOGY	523,352	129,467	652,819	-111,103	541,716
53	5300	ELECTROCARDIOLOGY	444,153	35,795	479,948	18,837	498,785
54	5400	ELECTROENCEPHALOGRAPHY	541,159	87,732	628,891	13,229	642,120
55	5500	MEDICAL SUPPLIES CHARGED TO PATIENTS				8,672,957	8,672,957
55.30	5530	IMPL. DEV. CHARGED TO PATIENT				7,892,891	7,892,891
56	5600	DRUGS CHARGED TO PATIENTS		9,843,393	9,843,393		9,843,393
57	5700	RENAL DIALYSIS		363,624	363,624		363,624
59	3120	CARDIAC CATHETERIZATION LABORATORY	1,278,515	3,806,545	5,085,060	-3,317,605	1,767,455
59.97	3997	CARDIAC REHABILITATION	97,240	7,831	105,071		105,071
60	6000	OUTPAT SERVICE COST CNTRS					
60	6000	CLINIC	393,189	37,325	430,514	155,058	585,572
60.01	6001	DIABETES CENTER	124,398	74,598	198,996	-3,326	195,670
60.02	6002	NEUROPSYCH	245,343	14,377	259,720		259,720
61	6100	EMERGENCY	3,931,451	565,031	4,496,482	-109,605	4,386,877
62	6200	OBSERVATION BEDS (NON-DISTINCT PART)					
65	6500	OTHER REIMBURS COST CNTRS					
65	6500	AMBULANCE SERVICES	2,321,024	366,767	2,687,791	-3,889	2,683,902
71	7100	HOME HEALTH AGENCY					
		SPEC PURPOSE COST CENTERS					
88	8800	INTEREST EXPENSE		3,025,497	3,025,497	-3,025,497	
90	9000	OTHER CAPITAL RELATED COSTS					
95		SUBTOTALS	68,904,540	117,719,977	186,624,517	-1,845,073	184,779,444
		NONREIMBURS COST CENTERS					
96	9600	GIFT, FLOWER, COFFEE SHOP & CANTEEN					
100	7950	WELLNESS COMMUNITY				298,121	298,121
100.01	7951	BUILDING RENTALS		126,829	126,829		126,829
100.02	7952	HOSPICE		71,297	71,297		71,297
100.03	7953	OUTREACH CLINICS		14,911	14,911		14,911
100.04	7954	SPEECH - HEARING AIDS				115,294	115,294
100.05	7955	NONALLOWABLE MARKETING				1,648,141	1,648,141
100.06	7956	CRH FOUNDATION		11	11		11
100.07	7957	HEALTHY COMMUNITIES	69,689	9,910	79,599		79,599
100.08	7958	FLOOD LOSS		216,483	216,483	-216,483	
101		TOTAL	68,974,229	118,159,418	187,133,647	-0-	187,133,647

RECLASSIFICATION AND ADJUSTMENT OF  
TRIAL BALANCE OF EXPENSES

I PROVIDER NO: I PERIOD: I PREPARED 6/ 3/2011  
I 15-0112 I FROM 1/ 1/2010 I WORKSHEET A  
I I TO 12/31/2010 I

COST CENTER		COST CENTER DESCRIPTION	ADJUSTMENTS 6	NET EXPENSES FOR ALLOC 7
		GENERAL SERVICE COST CNTR		
1	0100	OLD CAP REL COSTS-BLDG & FIXT	-364,938	2,525,061
1.01	0101	OLD CAP REL COSTS-BLDG & FIXT		
2	0200	OLD CAP REL COSTS-MVBLE EQUIP	-42,738	106,881
3	0300	NEW CAP REL COSTS-BLDG & FIXT	-61,927	7,852,869
4	0400	NEW CAP REL COSTS-MVBLE EQUIP	-536,052	10,099,451
5	0500	EMPLOYEE BENEFITS	-50,225	23,408,284
6.01	0610	NONPATIENT TELEPHONES	-62,124	366,786
6.02	0620	DATA PROCESSING	-6,830	6,889,815
6.03	0630	PURCHASING RECEIVING AND STORES	-17,002	1,227,882
6.04	0640	ADMINISTRATION		1,458,754
6.05	0650	CASHIERING/ACCOUNTS RECEIVABLE	27	2,909,006
6.06	0660	OTHER ADMINISTRATIVE AND GENERAL	-6,051,048	15,986,195
8	0800	OPERATION OF PLANT	-25,363	5,376,524
9	0900	LAUNDRY & LINEN SERVICE		608,580
10	1000	HOUSEKEEPING	-120	1,709,346
11	1100	DIETARY	-1,193	1,433,453
12	1200	CAFETERIA	-1,069,412	163,056
14	1400	NURSING ADMINISTRATION	-84,578	3,149,017
15	1500	CENTRAL SERVICES & SUPPLY		608,134
16	1600	PHARMACY	-38,677	3,400,682
17	1700	MEDICAL RECORDS & LIBRARY	-20,520	1,457,716
18	1800	SOCIAL SERVICE	-477	354,140
24	2400	PARAMEDICAL PRGM-(SPECIFY)		
24.01	2401	XRAY EDUCATION	-20,260	126,104
25	2500	INPAT ROUTINE SRVC CNTRS		
25	2500	ADULTS & PEDIATRICS	-60,787	13,320,373
26	2600	INTENSIVE CARE UNIT	-975	2,117,716
27	2700	CORONARY CARE UNIT		
28	2800	BURN INTENSIVE CARE UNIT		
29	2900	SURGICAL INTENSIVE CARE UNIT		
31	3100	SUBPROVIDER		1,473,086
33	3300	NURSERY		610,630
34	3400	SKILLED NURSING FACILITY		
37	3700	OPERATING ROOM	-392,923	6,724,742
38	3800	RECOVERY ROOM		764,829
39	3900	DELIVERY ROOM & LABOR ROOM		
40	4000	ANESTHESIOLOGY	-23,769	231,143
41	4100	RADIOLOGY-DIAGNOSTIC	-7,955	2,036,341
41.01	3230	CAT SCAN		811,111
41.02	3450	NUCLEAR MEDICINE-DIAGNOSTIC		1,024,942
41.03	3430	MAGNETIC RESONANCE IMAGING(MRI)		394,134
41.04	3630	ULTRA SOUND		536,770
41.05	3440	MAMMOGRAPHY	-844	882,452
42	4200	RADIOLOGY-THERAPEUTIC		1,413,124
44	4400	LABORATORY	-7,286	5,917,009
44.01	3420	LABORATORY-PATHOLOGICAL	-672	773,018
46	4600	WHOLE BLOOD & PACKED RED BLOOD CELLS		1,137,004
49	4900	RESPIRATORY THERAPY	-53,050	1,815,868
50	5000	PHYSICAL THERAPY		3,171,071
51	5100	OCCUPATIONAL THERAPY		964,874
52	5200	SPEECH PATHOLOGY		541,716
53	5300	ELECTROCARDIOLOGY	-619	498,166
54	5400	ELECTROENCEPHALOGRAPHY	-1,774	640,346
55	5500	MEDICAL SUPPLIES CHARGED TO PATIENTS		8,672,957
55.30	5530	IMPL. DEV. CHARGED TO PATIENT		7,892,891
56	5600	DRUGS CHARGED TO PATIENTS		9,843,393
57	5700	RENAL DIALYSIS		363,624
59	3120	CARDIAC CATHETERIZATION LABORATORY	-701	1,766,754
59.97	3997	CARDIAC REHABILITATION		105,071
60	6000	OUTPAT SERVICE COST CNTRS		
60	6000	CLINIC	-86,212	499,360
60.01	6001	DIABETES CENTER		195,670
60.02	6002	NEUROPSYCH	-189,842	69,878
61	6100	EMERGENCY	-37,590	4,349,287
62	6200	OBSERVATION BEDS (NON-DISTINCT PART)		
65	6500	OTHER REIMBURS COST CNTRS		
65	6500	AMBULANCE SERVICES	-1,340,865	1,343,037
71	7100	HOME HEALTH AGENCY		
88	8800	SPEC PURPOSE COST CENTERS		
88	8800	INTEREST EXPENSE		-0-
90	9000	OTHER CAPITAL RELATED COSTS		-0-
95		SUBTOTALS	-10,659,321	174,120,123
96	9600	NONREIMBURS COST CENTERS		
96	9600	GIFT, FLOWER, COFFEE SHOP & CANTEEN		
100	7950	WELLNESS COMMUNITY		298,121
100.01	7951	BUILDING RENTALS		126,829
100.02	7952	HOSPICE		71,297
100.03	7953	OUTREACH CLINICS		14,911
100.04	7954	SPEECH - HEARING AIDS		115,294
100.05	7955	NONALLOWABLE MARKETING		1,648,141
100.06	7956	CRH FOUNDATION		11
100.07	7957	HEALTHY COMMUNITIES		79,599
100.08	7958	FLOOD LOSS		
101		TOTAL	-10,659,321	176,474,326

COST CENTERS USED IN COST REPORT

PROVIDER NO: 15-0112  
 PERIOD: FROM 1/1/2010 TO 12/31/2010  
 PREPARED 6/3/2011  
 NOT A CMS WORKSHEET

LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
	GENERAL SERVICE COST		
1	OLD CAP REL COSTS-BLDG & FIXT	0100	
1.01	OLD CAP REL COSTS-BLDG & FIXT	0101	OLD CAP REL COSTS-BLDG & FIXT
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	ADMINISTRATIVE	0640	ADMINISTRATIVE
6.05	CASHIERING/ACCOUNTS RECEIVABLE	0650	CASHIERING/ACCOUNTS RECEIVABLE
6.06	OTHER ADMINISTRATIVE AND GENERAL	0660	OTHER ADMINISTRATIVE AND GENERAL
8	OPERATION OF PLANT	0800	
9	LAUNDRY & LINEN SERVICE	0900	
10	HOUSEKEEPING	1000	
11	DIETARY	1100	
12	CAFETERIA	1200	
14	NURSING ADMINISTRATION	1400	
15	CENTRAL SERVICES & SUPPLY	1500	
16	PHARMACY	1600	
17	MEDICAL RECORDS & LIBRARY	1700	
18	SOCIAL SERVICE	1800	
24	PARAMEDICAL PRGM-(SPECIFY)	2400	
24.01	XRAY EDUCATION	2401	PARAMEDICAL PRGM
	INPAT ROUTINE SRVC		
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	
	ANCILLARY SRVC COST		
37	OPERATING ROOM	3700	
38	RECOVERY ROOM	3800	
39	DELIVERY ROOM & LABOR ROOM	3900	
40	ANESTHESIOLOGY	4000	
41	RADIOLOGY-DIAGNOSTIC	4100	
41.01	CAT SCAN	3230	CAT SCAN
41.02	NUCLEAR MEDICINE-DIAGNOSTIC	3450	NUCLEAR MEDICINE-DIAGNOSTIC
41.03	MAGNETIC RESONANCE IMAGING(MRI)	3430	MAGNETIC RESONANCE IMAGING (MRI)
41.04	ULTRA SOUND	3630	ULTRA SOUND
41.05	MAMMOGRAPHY	3440	MAMMOGRAPHY
42	RADIOLOGY-THERAPEUTIC	4200	
44	LABORATORY	4400	
44.01	LABORATORY-PATHOLOGICAL	3420	LABORATORY-PATHOLOGICAL
46	WHOLE BLOOD & PACKED RED BLOOD CELLS	4600	
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	
55.30	IMPL. DEV. CHARGED TO PATIENT	5530	IMPL. DEV. CHARGED TO PATIENT
56	DRUGS CHARGED TO PATIENTS	5600	
57	RENAL DIALYSIS	5700	
59	CARDIAC CATHETERIZATION LABORATORY	3120	CARDIAC CATHETERIZATION LABORATORY
59.97	CARDIAC REHABILITATION	3997	CARDIAC REHABILITATION
	OUTPAT SERVICE COST		
60	CLINIC	6000	
60.01	DIABETES CENTER	6001	CLINIC
60.02	NEUROPSYCH	6002	CLINIC
61	EMERGENCY	6100	
62	OBSERVATION BEDS (NON-DISTINCT PART)	6200	
	OTHER REIMBURS COST		
65	AMBULANCE SERVICES	6500	
71	HOME HEALTH AGENCY	7100	
	SPEC PURPOSE COST CE		
88	INTEREST EXPENSE	8800	
90	OTHER CAPITAL RELATED COSTS	9000	
95	SUBTOTALS	0000	
	NONREIMBURS COST CEN		
96	GIFT, FLOWER, COFFEE SHOP & CANTEEN	9600	
100	WELLNESS COMMUNITY	7950	OTHER NONREIMBURSABLE COST CENTERS
100.01	BUILDING RENTALS	7951	OTHER NONREIMBURSABLE COST CENTERS
100.02	HOSPICE	7952	OTHER NONREIMBURSABLE COST CENTERS
100.03	OUTREACH CLINICS	7953	OTHER NONREIMBURSABLE COST CENTERS
100.04	SPEECH - HEARING AIDS	7954	OTHER NONREIMBURSABLE COST CENTERS
100.05	NONALLOWABLE MARKETING	7955	OTHER NONREIMBURSABLE COST CENTERS
100.06	CRH FOUNDATION	7956	OTHER NONREIMBURSABLE COST CENTERS
100.07	HEALTHY COMMUNITIES	7957	OTHER NONREIMBURSABLE COST CENTERS
100.08	FLOOD LOSS	7958	OTHER NONREIMBURSABLE COST CENTERS
101	TOTAL	0000	

RECLASSIFICATIONS

PROVIDER NO:  
150112

PERIOD:  
FROM 1/ 1/2010  
TO 12/31/2010

PREPARED 6/ 3/2011  
WORKSHEET A-6

----- INCREASE -----					
EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER 2	LINE NO 3	SALARY 4	OTHER 5
1 RECLASS AMORTIZATION	A	NEW CAP REL COSTS-BLDG & FIXT	3		80,232
2 RECLASS INTEREST EXP TO BLDG DEPR	B	OLD CAP REL COSTS-BLDG & FIXT	1		1,762,909
3		OLD CAP REL COSTS-MVBLE EQUIP	2		146,337
4		NEW CAP REL COSTS-BLDG & FIXT	3		294,800
5		NEW CAP REL COSTS-MVBLE EQUIP	4		821,451
6 RECLASS INSURANCE	C	OCCUPATIONAL THERAPY	51		1,998
7		OTHER CAPITAL RELATED COSTS	90		1,238,158
8		AMBULANCE SERVICES	65		25,754
9		LABORATORY	44		4,935
10 RECLASS BILLING COST	D	CASHIERING/ACCOUNTS RECEIVABLE	6.05	488,949	
11 RECLASS CAFETERIA EXPENSE	F	CAFETERIA	12	794,764	437,704
12 WELLNESS	G	WELLNESS COMMUNITY	100	115,465	182,656
13 RECLASS PHYSICIAN FEES	H	ADULTS & PEDIATRICS	25		165,675
14		INTENSIVE CARE UNIT	26		50,500
15		SUBPROVIDER	31		50,000
16		OPERATING ROOM	37		402,550
17		ANESTHESIOLOGY	40		75,000
18		RADIOLOGY-THERAPEUTIC	42		150,000
19		LABORATORY-PATHOLOGICAL	44.01		150,000
20		RESPIRATORY THERAPY	49		104,800
21		ELECTROCARDIOLOGY	53		3,750
22		ELECTROENCEPHALOGRAPHY	54		9,850
23		CARDIAC CATHETERIZATION LABORATORY	59		3,750
24		CLINIC	60		161,200
25		EMERGENCY	61		73,600
26		AMBULANCE SERVICES	65		15,000
27 RECLASS REHAB SERVICES	I	SOCIAL SERVICE	18	6,759	
28		ADULTS & PEDIATRICS	25	11,896	
29		SUBPROVIDER	31	80,615	
30		ADULTS & PEDIATRICS	25	19,466	
31		PHYSICAL THERAPY	50	18,655	
32		OCCUPATIONAL THERAPY	51	6,759	
33		SPEECH PATHOLOGY	52	4,191	
34		ELECTROENCEPHALOGRAPHY	54	3,379	
35 RECLASS PENSION EXPENSE	K	OTHER ADMINISTRATIVE AND GENERAL	6.06		3,749,303
1 RECLASS DEPRECIATION	M	OLD CAP REL COSTS-MVBLE EQUIP	2		80
2		NEW CAP REL COSTS-BLDG & FIXT	3		6,953,777
3		NEW CAP REL COSTS-MVBLE EQUIP	4		9,390,042
4 RECLASS SERVICE AGREEMENTS	N	DATA PROCESSING	6.02		4,680
5		ADULTS & PEDIATRICS	25		19,850
6		OPERATING ROOM	37		170,189
7		RADIOLOGY-DIAGNOSTIC	41		166,031
8		CAT SCAN	41.01		196,716
9		NUCLEAR MEDICINE-DIAGNOSTIC	41.02		226,132
10		MAGNETIC RESONANCE IMAGING(MRI)	41.03		141,308
11		ULTRA SOUND	41.04		45,215
12		MAMMOGRAPHY	41.05		22,362
13		RADIOLOGY-THERAPEUTIC	42		267,123
14		LABORATORY	44		64,588
15		LABORATORY-PATHOLOGICAL	44.01		11,650
16		WHOLE BLOOD & PACKED RED BLOOD CELLS	46		8,233
17		RESPIRATORY THERAPY	49		18,961
18		ELECTROCARDIOLOGY	53		10,828
19		CARDIAC CATHETERIZATION LABORATORY	59		255,297
20		EMERGENCY	61		6,053
21 RECLASS BLDG DEPRECIATION	P	NEW CAP REL COSTS-BLDG & FIXT	3		61,317
22 RECLASS SOCIAL SERVICES	R	PHYSICAL THERAPY	50	54,479	
23		OCCUPATIONAL THERAPY	51	13,620	
24 RECLASS NONALLOWABLE MARKETING	S	NONALLOWABLE MARKETING	100.05		1,648,141
25 RECLASS EQUIPMENT RENTALS	T	MEDICAL SUPPLIES CHARGED TO PATIENTS	55		150,801
26					
27					
28					
29					
30 RECLASS CHARGEABLE SUPPLY COSTS	U	MEDICAL SUPPLIES CHARGED TO PATIENTS	55		8,522,156
31		IMPL. DEV. CHARGED TO PATIENT	55.30		7,892,891
32		SPEECH - HEARING AIDS	100.04		115,294
33					
34					
35					

RECLASSIFICATIONS

PROVIDER NO:  
150112

PERIOD:  
FROM 1/ 1/2010  
TO 12/31/2010

PREPARED 6/ 3/2011  
WORKSHEET A-6  
CONTD

EXPLANATION OF RECLASSIFICATION	INCREASE				
	CODE (1)	COST CENTER 2	LINE NO 3	SALARY 4	OTHER 5
1 RECLASS CHARGEABLE SUPPLY COSTS	U				
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18 RECLASS AMBULANCE COSTS	V	RESPIRATORY THERAPY	49	29,961	
19		AMBULANCE SERVICES	65	5,812	
20 RECLASS FLOOD LOSS	W	DATA PROCESSING	6.02		3,563
21		OPERATION OF PLANT	8		12,814
22		HOUSEKEEPING	10		683
23		DIETARY	11		157,506
24		CENTRAL SERVICES & SUPPLY	15		34,993
25		RADIOLOGY-DIAGNOSTIC	41		139
26		LABORATORY-PATHOLOGICAL	44.01		1,625
27		ELECTROCARDIOLOGY	53		4,259
28		CARDIAC CATHETERIZATION LABORATORY	59		788
29		EMERGENCY	61		113
30 RECLASS MARR ROAD OCCUP THERAPY	X	OCCUPATIONAL THERAPY	51	236,223	107,132
36 TOTAL RECLASSIFICATIONS				1,890,993	46,855,242

(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:  
150112

PERIOD:  
FROM 1/ 1/2010  
TO 12/31/2010

PREPARED 6/ 3/2011  
WORKSHEET A-6

----- DECREASE -----					A-7	
EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER	LINE NO	SALARY	OTHER	REF
	1	6	7	8	9	10
1 RECLASS AMORTIZATION	A	OLD CAP REL COSTS-BLDG & FIXT	1		80,232	9
2 RECLASS INTEREST EXP TO BLDG DEPR	B	INTEREST EXPENSE	88		3,025,497	11
3						11
4						11
5						11
6 RECLASS INSURANCE	C	OTHER ADMINISTRATIVE AND GENERAL	6.06		1,998	
7		OTHER ADMINISTRATIVE AND GENERAL	6.06		1,238,158	12
8		OTHER ADMINISTRATIVE AND GENERAL	6.06		25,754	
9		OTHER ADMINISTRATIVE AND GENERAL	6.06		4,935	
10 RECLASS BILLING COST	D	MEDICAL RECORDS & LIBRARY	17	488,949		
11 RECLASS CAFETERIA EXPENSE	F	DIETARY	11	794,764	437,704	
12 WELLNESS	G	EMPLOYEE BENEFITS	5	115,465	182,656	
13 RECLASS PHYSICIAN FEES	H	OTHER ADMINISTRATIVE AND GENERAL	6.06		1,415,675	
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						
25						
26						
27 RECLASS REHAB SERVICES	I	OTHER ADMINISTRATIVE AND GENERAL	6.06	151,720		
28						
29						
30						
31						
32						
33						
34						
35 RECLASS PENSION EXPENSE	K	EMPLOYEE BENEFITS	5		3,749,303	
1 RECLASS DEPRECIATION	M	OLD CAP REL COSTS-BLDG & FIXT	1		80	9
2		OLD CAP REL COSTS-BLDG & FIXT	1		6,953,777	9
3		OLD CAP REL COSTS-BLDG & FIXT	1		9,390,042	9
4 RECLASS SERVICE AGREEMENTS	N	OPERATION OF PLANT	8		1,635,216	
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21 RECLASS BLDG DEPRECIATION	P	OLD CAP REL COSTS-BLDG & FIXT	1		61,317	9
22 RECLASS SOCIAL SERVICES	R	SOCIAL SERVICE	18	54,479		
23		SOCIAL SERVICE	18	13,620		
24 RECLASS NONALLOWABLE MARKETING	S	OTHER ADMINISTRATIVE AND GENERAL	6.06		1,648,141	
25 RECLASS EQUIPMENT RENTALS	T	PURCHASING RECEIVING AND STORES	6.03		8,628	
26		ADULTS & PEDIATRICS	25		107,136	
27		INTENSIVE CARE UNIT	26		27,453	
28		SUBPROVIDER	31		4,855	
29		RESPIRATORY THERAPY	49		2,729	
30 RECLASS CHARGEABLE SUPPLY COSTS	U	CENTRAL SERVICES & SUPPLY	15		7,582	
31		ADULTS & PEDIATRICS	25		280,753	
32		INTENSIVE CARE UNIT	26		108,210	
33		SUBPROVIDER	31		9,001	
34		NURSERY	33		7,904	
35		OPERATING ROOM	37		11,412,344	

RECLASSIFICATIONS

PROVIDER NO:  
150112

PERIOD:  
FROM 1/ 1/2010  
TO 12/31/2010

PREPARED 6/ 3/2011  
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 RECLASS CHARGEABLE SUPPLY COSTS	U	RECOVERY ROOM	38			26,792	
2		ANESTHESIOLOGY	40			53,728	
3		RADIOLOGY-DIAGNOSTIC	41			77,880	
4		CAT SCAN	41.01			125,814	
5		NUCLEAR MEDICINE-DIAGNOSTIC	41.02			340,653	
6		MAGNETIC RESONANCE IMAGING(MRI)	41.03			41,268	
7		MAMMOGRAPHY	41.05			1,561	
8		RADIOLOGY-THERAPEUTIC	42			2,943	
9		LABORATORY	44			6,310	
10		RESPIRATORY THERAPY	49			66,423	
11		PHYSICAL THERAPY	50			49,108	
12		SPEECH PATHOLOGY	52			115,294	
13		CARDIAC CATHETERIZATION LABORATORY	59			3,577,440	
14		CLINIC	60			6,142	
15		DIABETES CENTER	60.01			3,326	
16		EMERGENCY	61			189,371	
17		AMBULANCE SERVICES	65			20,494	
18 RECLASS AMBULANCE COSTS	V	AMBULANCE SERVICES	65		29,961		
19		OPERATION OF PLANT	8		5,812		
20 RECLASS FLOOD LOSS	W	FLOOD LOSS	100.08			216,483	
21							
22							
23							
24							
25							
26							
27							
28							
29							
30 RECLASS MARR ROAD OCCUP THERAPY	X	PHYSICAL THERAPY	50		236,223	107,132	
36 TOTAL RECLASSIFICATIONS					1,890,993	46,855,242	

(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:  
150112

PERIOD:  
FROM 1/ 1/2010  
TO 12/31/2010

PREPARED 6/ 3/2011  
WORKSHEET A-6  
NOT A CMS WORKSHEET

RECLASS CODE: A  
EXPLANATION : RECLASS AMORTIZATION

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	80,232
TOTAL RECLASSIFICATIONS FOR CODE A			80,232

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
OLD CAP REL COSTS-BLDG & FIXT	1	80,232	
TOTAL RECLASSIFICATIONS FOR CODE A			80,232

RECLASS CODE: B  
EXPLANATION : RECLASS INTEREST EXP TO BLDG DEPR

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	OLD CAP REL COSTS-BLDG & FIXT	1	1,762,909
2.00	OLD CAP REL COSTS-MVBLE EQUIP	2	146,337
3.00	NEW CAP REL COSTS-BLDG & FIXT	3	294,800
4.00	NEW CAP REL COSTS-MVBLE EQUIP	4	821,451
TOTAL RECLASSIFICATIONS FOR CODE B			3,025,497

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
INTEREST EXPENSE	88	3,025,497	
TOTAL RECLASSIFICATIONS FOR CODE B			3,025,497

RECLASS CODE: C  
EXPLANATION : RECLASS INSURANCE

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	OCCUPATIONAL THERAPY	51	1,998
2.00	OTHER CAPITAL RELATED COSTS	90	1,238,158
3.00	AMBULANCE SERVICES	65	25,754
4.00	LABORATORY	44	4,935
TOTAL RECLASSIFICATIONS FOR CODE C			1,270,845

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
OTHER ADMINISTRATIVE AND GENER	6.06	1,998	
OTHER ADMINISTRATIVE AND GENER	6.06	1,238,158	
OTHER ADMINISTRATIVE AND GENER	6.06	25,754	
OTHER ADMINISTRATIVE AND GENER	6.06	4,935	
TOTAL RECLASSIFICATIONS FOR CODE C			1,270,845

RECLASS CODE: D  
EXPLANATION : RECLASS BILLING COST

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	CASHIERING/ACCOUNTS RECEIVABLE	6.05	488,949
TOTAL RECLASSIFICATIONS FOR CODE D			488,949

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
MEDICAL RECORDS & LIBRARY	17	488,949	
TOTAL RECLASSIFICATIONS FOR CODE D			488,949

RECLASS CODE: F  
EXPLANATION : RECLASS CAFETERIA EXPENSE

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	CAFETERIA	12	1,232,468
TOTAL RECLASSIFICATIONS FOR CODE F			1,232,468

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
DIETARY	11	1,232,468	
TOTAL RECLASSIFICATIONS FOR CODE F			1,232,468

RECLASS CODE: G  
EXPLANATION : WELLNESS

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	WELLNESS COMMUNITY	100	298,121
TOTAL RECLASSIFICATIONS FOR CODE G			298,121

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
EMPLOYEE BENEFITS	5	298,121	
TOTAL RECLASSIFICATIONS FOR CODE G			298,121

RECLASS CODE: H  
EXPLANATION : RECLASS PHYSICIAN FEES

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	ADULTS & PEDIATRICS	25	165,675
2.00	INTENSIVE CARE UNIT	26	50,500
3.00	SUBPROVIDER	31	50,000
4.00	OPERATING ROOM	37	402,550
5.00	ANESTHESIOLOGY	40	75,000
6.00	RADIOLOGY-THERAPEUTIC	42	150,000
7.00	LABORATORY-PATHOLOGICAL	44.01	150,000
8.00	RESPIRATORY THERAPY	49	104,800
9.00	ELECTROCARDIOLOGY	53	3,750
10.00	ELECTROENCEPHALOGRAPHY	54	9,850
11.00	CARDIAC CATHETERIZATION LABORATO	59	3,750
12.00	CLINIC	60	161,200
13.00	EMERGENCY	61	73,600
14.00	AMBULANCE SERVICES	65	15,000
TOTAL RECLASSIFICATIONS FOR CODE H			1,415,675

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
OTHER ADMINISTRATIVE AND GENER	6.06	1,415,675	
TOTAL RECLASSIFICATIONS FOR CODE H			1,415,675

RECLASSIFICATIONS

PROVIDER NO:  
150112

PERIOD:  
FROM 1/ 1/2010  
TO 12/31/2010

PREPARED 6/ 3/2011  
WORKSHEET A-6  
NOT A CMS WORKSHEET

RECLASS CODE: I  
EXPLANATION : RECLASS REHAB SERVICES

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	SOCIAL SERVICE	18	6,759	OTHER ADMINISTRATIVE AND GENER	6.06	151,720	
2.00	ADULTS & PEDIATRICS	25	11,896			0	
3.00	SUBPROVIDER	31	80,615			0	
4.00	ADULTS & PEDIATRICS	25	19,466			0	
5.00	PHYSICAL THERAPY	50	18,655			0	
6.00	OCCUPATIONAL THERAPY	51	6,759			0	
7.00	SPEECH PATHOLOGY	52	4,191			0	
8.00	ELECTROENCEPHALOGRAPHY	54	3,379			0	
TOTAL RECLASSIFICATIONS FOR CODE I			151,720				151,720

RECLASS CODE: K  
EXPLANATION : RECLASS PENSION EXPENSE

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	OTHER ADMINISTRATIVE AND GENER	6.06	3,749,303	EMPLOYEE BENEFITS	5	3,749,303	
TOTAL RECLASSIFICATIONS FOR CODE K			3,749,303				3,749,303

RECLASS CODE: M  
EXPLANATION : RECLASS DEPRECIATION

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	OLD CAP REL COSTS-MVBLE EQUIP	2	80	OLD CAP REL COSTS-BLDG & FIXT	1	80	
2.00	NEW CAP REL COSTS-BLDG & FIXT	3	6,953,777	OLD CAP REL COSTS-BLDG & FIXT	1	6,953,777	
3.00	NEW CAP REL COSTS-MVBLE EQUIP	4	9,390,042	OLD CAP REL COSTS-BLDG & FIXT	1	9,390,042	
TOTAL RECLASSIFICATIONS FOR CODE M			16,343,899				16,343,899

RECLASS CODE: N  
EXPLANATION : RECLASS SERVICE AGREEMENTS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	DATA PROCESSING	6.02	4,680	OPERATION OF PLANT	8	1,635,216	
2.00	ADULTS & PEDIATRICS	25	19,850			0	
3.00	OPERATING ROOM	37	170,189			0	
4.00	RADIOLOGY-DIAGNOSTIC	41	166,031			0	
5.00	CAT SCAN	41.01	196,716			0	
6.00	NUCLEAR MEDICINE-DIAGNOSTIC	41.02	226,132			0	
7.00	MAGNETIC RESONANCE IMAGING(MRI)	41.03	141,308			0	
8.00	ULTRA SOUND	41.04	45,215			0	
9.00	MAMMOGRAPHY	41.05	22,362			0	
10.00	RADIOLOGY-THERAPEUTIC	42	267,123			0	
11.00	LABORATORY	44	64,588			0	
12.00	LABORATORY-PATHOLOGICAL	44.01	11,650			0	
13.00	WHOLE BLOOD & PACKED RED BLOOD	46	8,233			0	
14.00	RESPIRATORY THERAPY	49	18,961			0	
15.00	ELECTROCARDIOLOGY	53	10,828			0	
16.00	CARDIAC CATHETERIZATION LABORATO	59	255,297			0	
17.00	EMERGENCY	61	6,053			0	
TOTAL RECLASSIFICATIONS FOR CODE N			1,635,216				1,635,216

RECLASS CODE: P  
EXPLANATION : RECLASS BLDG DEPRECIATION

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	61,317	OLD CAP REL COSTS-BLDG & FIXT	1	61,317	
TOTAL RECLASSIFICATIONS FOR CODE P			61,317				61,317

RECLASS CODE: R  
EXPLANATION : RECLASS SOCIAL SERVICES

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	PHYSICAL THERAPY	50	54,479	SOCIAL SERVICE	18	54,479	
2.00	OCCUPATIONAL THERAPY	51	13,620	SOCIAL SERVICE	18	13,620	
TOTAL RECLASSIFICATIONS FOR CODE R			68,099				68,099

RECLASS CODE: S  
EXPLANATION : RECLASS NONALLOWABLE MARKETING

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NONALLOWABLE MARKETING	100.05	1,648,141	OTHER ADMINISTRATIVE AND GENER	6.06	1,648,141	
TOTAL RECLASSIFICATIONS FOR CODE S			1,648,141				1,648,141

RECLASSIFICATIONS

PROVIDER NO:  
150112

PERIOD:  
FROM 1/ 1/2010  
TO 12/31/2010

PREPARED 6/ 3/2011  
WORKSHEET A-6  
NOT A CMS WORKSHEET

RECLASS CODE: T  
EXPLANATION : RECLASS EQUIPMENT RENTALS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	MEDICAL SUPPLIES CHARGED TO PA	55	150,801	PURCHASING RECEIVING AND STORE	6.03	8,628	
2.00			0	ADULTS & PEDIATRICS	25	107,136	
3.00			0	INTENSIVE CARE UNIT	26	27,453	
4.00			0	SUBPROVIDER	31	4,855	
5.00			0	RESPIRATORY THERAPY	49	2,729	
TOTAL RECLASSIFICATIONS FOR CODE T			150,801				

RECLASS CODE: U  
EXPLANATION : RECLASS CHARGEABLE SUPPLY COSTS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	MEDICAL SUPPLIES CHARGED TO PA	55	8,522,156	CENTRAL SERVICES & SUPPLY	15	7,582	
2.00	IMPL. DEV. CHARGED TO PATIENT	55.30	7,892,891	ADULTS & PEDIATRICS	25	280,753	
3.00	SPEECH - HEARING AIDS	100.04	115,294	INTENSIVE CARE UNIT	26	108,210	
4.00			0	SUBPROVIDER	31	9,001	
5.00			0	NURSERY	33	7,904	
6.00			0	OPERATING ROOM	37	11,412,344	
7.00			0	RECOVERY ROOM	38	26,792	
8.00			0	ANESTHESIOLOGY	40	53,728	
9.00			0	RADIOLOGY-DIAGNOSTIC	41	77,880	
10.00			0	CAT SCAN	41.01	125,814	
11.00			0	NUCLEAR MEDICINE-DIAGNOSTIC	41.02	340,653	
12.00			0	MAGNETIC RESONANCE IMAGING(MRI	41.03	41,268	
13.00			0	MAMMOGRAPHY	41.05	1,561	
14.00			0	RADIOLOGY-THERAPEUTIC	42	2,943	
15.00			0	LABORATORY	44	6,310	
16.00			0	RESPIRATORY THERAPY	49	66,423	
17.00			0	PHYSICAL THERAPY	50	49,108	
18.00			0	SPEECH PATHOLOGY	52	115,294	
19.00			0	CARDIAC CATHERIZATION LABORATO	59	3,577,440	
20.00			0	CLINIC	60	6,142	
21.00			0	DIABETES CENTER	60.01	3,326	
22.00			0	EMERGENCY	61	189,371	
23.00			0	AMBULANCE SERVICES	65	20,494	
TOTAL RECLASSIFICATIONS FOR CODE U			16,530,341	16,530,341			

RECLASS CODE: V  
EXPLANATION : RECLASS AMBULANCE COSTS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	RESPIRATORY THERAPY	49	29,961	AMBULANCE SERVICES	65	29,961	
2.00	AMBULANCE SERVICES	65	5,812	OPERATION OF PLANT	8	5,812	
TOTAL RECLASSIFICATIONS FOR CODE V			35,773	35,773			

RECLASS CODE: W  
EXPLANATION : RECLASS FLOOD LOSS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	DATA PROCESSING	6.02	3,563	FLOOD LOSS	100.08	216,483	
2.00	OPERATION OF PLANT	8	12,814			0	
3.00	HOUSEKEEPING	10	683			0	
4.00	DIETARY	11	157,506			0	
5.00	CENTRAL SERVICES & SUPPLY	15	34,993			0	
6.00	RADIOLOGY-DIAGNOSTIC	41	139			0	
7.00	LABORATORY-PATHOLOGICAL	44.01	1,625			0	
8.00	ELECTROCARDIOLOGY	53	4,259			0	
9.00	CARDIAC CATHERIZATION LABORATO	59	788			0	
10.00	EMERGENCY	61	113			0	
TOTAL RECLASSIFICATIONS FOR CODE W			216,483	216,483			

RECLASS CODE: X  
EXPLANATION : RECLASS MARR ROAD OCCUP THERAPY

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	OCCUPATIONAL THERAPY	51	343,355	PHYSICAL THERAPY	50	343,355	
TOTAL RECLASSIFICATIONS FOR CODE X			343,355	343,355			

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING	PURCHASES	ACQUISITIONS		TOTAL	DISPOSALS AND RETIREMENTS	ENDING BALANCE	FULLY DEPRECIATED ASSETS
	BALANCES		DONATION					
	1	2	3		4	5	6	7
1 LAND	400,435						400,435	
2 LAND IMPROVEMENTS	8,088,145						8,088,145	
3 BUILDINGS & FIXTURE	32,414,583						32,414,583	
4 BUILDING IMPROVEMENT	25,130,851						25,130,851	
5 FIXED EQUIPMENT	89,352						89,352	
6 MOVABLE EQUIPMENT	774,305					34,829	739,476	
7 SUBTOTAL	66,897,671					34,829	66,862,842	
8 RECONCILING ITEMS								
9 TOTAL	66,897,671					34,829	66,862,842	

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING	PURCHASES	ACQUISITIONS		TOTAL	DISPOSALS AND RETIREMENTS	ENDING BALANCE	FULLY DEPRECIATED ASSETS
	BALANCES		DONATION					
	1	2	3		4	5	6	7
1 LAND	1,315,177						1,315,177	
2 LAND IMPROVEMENTS	1,542,303	828,899			828,899	13,088	2,358,114	
3 BUILDINGS & FIXTURE	48,292,799	3,900,550			3,900,550	137,888	52,055,461	
4 BUILDING IMPROVEMENT	54,831,971	4,740,136			4,740,136	5,353	59,566,754	
5 FIXED EQUIPMENT	4,393,719	1,525,241			1,525,241	27,123	5,891,837	
6 MOVABLE EQUIPMENT	98,153,414	4,660,031			4,660,031	4,876,598	97,936,847	
7 SUBTOTAL	208,529,383	15,654,857			15,654,857	5,060,050	219,124,190	
8 RECONCILING ITEMS								
9 TOTAL	208,529,383	15,654,857			15,654,857	5,060,050	219,124,190	

PART III - RECONCILIATION OF CAPITAL COST CENTERS  
 DESCRIPTION

*	DESCRIPTION	GROSS ASSETS 1	COMPUTATION OF RATIOS		RATIO 4	ALLOCATION OF OTHER CAPITAL			TOTAL 8
			CAPITALIZED LEASES 2	GROSS ASSETS FOR RATIO 3		INSURANCE 5	TAXES 6	OTHER CAPITAL RELATED COSTS 7	
1	OLD CAP REL COSTS-BL	66,123,365		66,123,365	.231211	286,276			286,276
1 01	OLD CAP REL COSTS-BL								
2	OLD CAP REL COSTS-MV	739,476		739,476	.002586	3,202			3,202
3	NEW CAP REL COSTS-BL	121,187,342		121,187,342	.423751	524,670			524,670
4	NEW CAP REL COSTS-MV	97,936,847		97,936,847	.342452	424,010			424,010
5	TOTAL	285,987,030		285,987,030	1.000000	1,238,158			1,238,158

DESCRIPTION

SUMMARY OF OLD AND NEW CAPITAL

*	DESCRIPTION	DEPRECIATION 9	LEASE 10	INTEREST 11	INSURANCE 12	TAXES 13	OTHER CAPITAL RELATED COST 14	TOTAL (1) 15
1	OLD CAP REL COSTS-BL	990,735		1,248,050	286,276			2,525,061
1 01	OLD CAP REL COSTS-BL							
2	OLD CAP REL COSTS-MV	80		103,599	3,202			106,881
3	NEW CAP REL COSTS-BL	7,090,828		237,371	524,670			7,852,869
4	NEW CAP REL COSTS-MV	9,431,492		243,949	424,010			10,099,451
5	TOTAL	17,513,135		1,832,969	1,238,158			20,584,262

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

SUMMARY OF OLD AND NEW CAPITAL

*	DESCRIPTION	DEPRECIATION 9	LEASE 10	INTEREST 11	INSURANCE 12	TAXES 13	OTHER CAPITAL RELATED COST 14	TOTAL (1) 15
1	OLD CAP REL COSTS-BL	17,326,262						17,326,262
1 01	OLD CAP REL COSTS-BL							
2	OLD CAP REL COSTS-MV							
3	NEW CAP REL COSTS-BL							
4	NEW CAP REL COSTS-MV							
5	TOTAL	17,326,262						17,326,262

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

ADJUSTMENTS TO EXPENSES

DESCRPTION (1)	(2) BASIS/CODE	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST. A-7 REF.
			COST CENTER	LINE NO	
	1	2	3	4	5
1 INVST INCOME-OLD BLDGS AND FIXTURES	B	-514,859	OLD CAP REL COSTS-BLDG &	1	11
2 INVESTMENT INCOME-OLD MOVABLE EQUIP	B	-42,738	OLD CAP REL COSTS-MVBLE E	2	11
3 INVST INCOME-NEW BLDGS AND FIXTURES	B	-57,429	NEW CAP REL COSTS-BLDG &	3	11
4 INVESTMENT INCOME-NEW MOVABLE EQUIP	B	-52,755	NEW CAP REL COSTS-MVBLE E	4	11
5 INVESTMENT INCOME-OTHER					
6 TRADE, QUANTITY AND TIME DISCOUNTS	B	-10,493	OTHER ADMINISTRATIVE AND	6.06	
7 REFUNDS AND REBATES OF EXPENSES	B	-17,002	PURCHASING RECEIVING AND	6.03	
8 RENTAL OF PRVIDER SPACE BY SUPPLIERS					
9 TELEPHONE SERVICES	A	-58,224	NONPATIENT TELEPHONES	6.01	
10 TELEVISION AND RADIO SERVICE	A	-6,917	OPERATION OF PLANT	8	
11 PARKING LOT	B	-25	OPERATION OF PLANT	8	
12 PROVIDER BASED PHYSICIAN ADJUSTMENT	A-8-2	-6,474,877			
13 SALE OF SCRAP, WASTE, ETC.					
14 RELATED ORGANIZATION TRANSACTIONS	A-8-1	-329,386			
15 LAUNDRY AND LINEN SERVICE					
16 CAFETERIA--EMPLOYEES AND GUESTS	B	-607,670	CAFETERIA	12	
17 RENTAL OF QTRS TO EMPLOYEE AND OTHERS					
18 SALE OF MED AND SURG SUPPLIES					
19 SALE OF DRUGS TO OTHER THAN PATIENTS					
20 SALE OF MEDICAL RECORDS & ABSTRACTS	B	-4,446	MEDICAL RECORDS & LIBRARY	17	
21 NURSG SCHOOL(TUITN, FEES, BOOKS, ETC.)					
22 VENDING MACHINES	B	-120	HOUSEKEEPING	10	
23 INCOME FROM IMPOSITION OF INTEREST					
24 INTRST EXP ON MEDICARE OVERPAYMENTS					
25 ADJUSTMENT FOR RESPIRATORY THERAPY	A-8-3/A-8-4		RESPIRATORY THERAPY	49	
26 ADJUSTMENT FOR PHYSICAL THERAPY	A-8-3/A-8-4		PHYSICAL THERAPY	50	
27 ADJUSTMENT FOR HHA PHYSICAL THERAPY	A-8-3				
28 UTILIZATION REVIEW-PHYSIAN COMP			**COST CENTER DELETED**	89	
29 DEPRECIATION-OLD BLDGS AND FIXTURES			OLD CAP REL COSTS-BLDG &	1	
30 DEPRECIATION-OLD MOVABLE EQUIP			OLD CAP REL COSTS-MVBLE E	2	
31 DEPRECIATION-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &	3	
32 DEPRECIATION-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E	4	
33 NON-PHYSICIAN ANESTHETIST			**COST CENTER DELETED**	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 TELEPHONE SERVICES	B	-3,900	NONPATIENT TELEPHONES	6.01	
38 DEPR PAT PHONES NEW EQUIP	A	-19,784	NEW CAP REL COSTS-MVBLE E	4	9
39 TV DEPR NEW EQUIP	A	-14,763	NEW CAP REL COSTS-MVBLE E	4	9
40 CAFETERIA VISITORS	A	-461,742	CAFETERIA	12	
41 OPERATING REVENUE OTHER REVENUE	B	-2,737	OPERATING ROOM	37	
42 NURSING ADMIN OTHER REVENUE	B	-84,578	NURSING ADMINISTRATIVE	14	
43 SOCIAL SERVICES OTHER REVENUE	B	-477	SOCIAL SERVICE	18	
44 EAP REVENUE	B	-46,745	EMPLOYEE BENEFITS	5	
45 OTHER ADJUSTMENTS (SPECIFY)	B	-1,338,226	AMBULANCE SERVICES	65	
46 LAND RENT MO	B	-2,000	OTHER ADMINISTRATIVE AND	6.06	
47 RENT PATHOLOGISTS	B	-672	LABORATORY-PATHOLOGICAL	44.01	
48 LABORATORY OTHER REVENUE	B	-7,286	LABORATORY	44	
49 XRAY EDUCATION	B	-20,260	XRAY EDUCATION	24.01	
49.01 MEDICAL STAFF INCOME	B	-65,721	OTHER ADMINISTRATIVE AND	6.06	
49.02 RADIOLOGY FILM COPIES	B	-7,955	RADIOLOGY-DIAGNOSTIC	41	
49.03 BREAST FILM COPIES	B	-844	MAMMOGRAPHY	41.05	
49.04 MEDICAL RECORDS OTHER REVENUE	B	-16,074	MEDICAL RECORDS & LIBRARY	17	
49.05 FACILITIES OTHER REVENUE	B	-10,021	OPERATION OF PLANT	8	
49.06 SICK BAY	B	-45	ADULTS & PEDIATRICS	25	
49.07 FINANCE OTHER REVENUE	B	-3,859	OTHER ADMINISTRATIVE AND	6.06	
49.08 PLAN GRANTS OTHER	B	1,289	OTHER ADMINISTRATIVE AND	6.06	
49.09 MRES GRANT OTHER	B	-8,000	OTHER ADMINISTRATIVE AND	6.06	
49.10 INFO SERV OTHER REVENUE	B	-6,830	DATA PROCESSING	6.02	
49.11 FOOD OTHER REVENUE	B	-1,193	DIETARY	11	
49.12 CASH OVER AND SHORT OPERATING	B	27	CASHIERING/ACCOUNTS RECEI	6.05	
49.13 PROTECTIVE SERV OTHER REVENUE	B	-8,400	OPERATION OF PLANT	8	
49.14 PHARMACY OTHER REVENUE	B	-38,677	PHARMACY	16	
49.15 HUMAN RESOURCES OTHER REVENUE	B	-3,480	EMPLOYEE BENEFITS	5	
49.16 DEPT 6701 OTHER REVENUE	B	-5,975	ADULTS & PEDIATRICS	25	
49.17 PYAU OTHER REVENUE	B	-9	ADULTS & PEDIATRICS	25	
49.18 RENTAL PROPERTIES DEPRECIATION	A	-28,101	NEW CAP REL COSTS-BLDG &	3	9
49.19 RENTAL PROPERTIES DEPRECIATION	A	-125	NEW CAP REL COSTS-MVBLE E	4	9
49.20 PENSION EXPENSE	A	66,122	OTHER ADMINISTRATIVE AND	6.06	
49.21 LOSS ON DISPOSAL DEMOLITION	A	11,218	OLD CAP REL COSTS-BLDG &	1	9
49.22 UNALLOWABLE PHYS RECRUITMENT	A	-58,449	OTHER ADMINISTRATIVE AND	6.06	
49.23 DEPRECIATION RELI FED	A	36,054	OLD CAP REL COSTS-BLDG &	1	9
49.24 DEPRECIATION RELI FED	A	36,689	NEW CAP REL COSTS-BLDG &	3	9
49.25 DEPRECIATION RELI FED	A	76,122	NEW CAP REL COSTS-MVBLE E	4	9
49.26 NONALLOWABLE AMORT 2003 BOND ISSUE	A	-13,086	NEW CAP REL COSTS-BLDG &	3	9
49.27 PRIOR YEAR AUDIT ADJUSTMENT	A	102,649	OLD CAP REL COSTS-BLDG &	1	9
49.28 NONALLOWABLE INT EXP 1993 BONDS	A	-222,555	NEW CAP REL COSTS-MVBLE E	4	11
49.29 NONALLOWABLE INT EXP 2003/2009 BONDS	A	-302,192	NEW CAP REL COSTS-MVBLE E	4	11
49.30 UNALLOWABLE AHA MEMBERSHIP DUES	A	-7,789	OTHER ADMINISTRATIVE AND	6.06	
50 TOTAL (SUM OF LINES 1 THRU 49)		-10,659,321			

ADJUSTMENTS TO EXPENSES

PROVIDER NO:  
15-0112

PERIOD:  
FROM 1/ 1/2010  
TO 12/31/2010

PREPARED 6/ 3/2011  
WORKSHEET A-8

DESCRIPTION (1)	(2) BASIS/CODE	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED			WKST. A-7 REF. 5
			COST CENTER 3	LINE NO 4		
50 TOTAL (SUM OF LINES 1 THRU 49)	1	-10,659,321				

- 
- (1) Description - all chapter references in this column pertain to CMS Pub. 15-I.
  - (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	6	OTHER ADMINISTRATIVE AND MANAGEMENT FEE	4,369,658	4,699,044	-329,386	
2						
3						
4						
5		TOTALS	4,369,658	4,699,044	-329,386	

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

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

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

SYMBOL (1)	NAME	PERCENTAGE OF OWNERSHIP	RELATED ORGANIZATION(S) AND/OR HOME OFFICE NAME	PERCENTAGE OF OWNERSHIP	TYPE OF BUSINESS
1	2	3	4	5	6
1 E	J BICKEL	0.00	SI HEALTH MANAGEMENT	0.00	MANAGEMENT COMPANY
2 E	J NASH	0.00	SI HEALTH MANAGEMENT	0.00	MANAGEMENT COMPANY
3 E	T LENTZ	0.00	SI HEALTH MANAGEMENT	0.00	MANAGEMENT COMPANY
4 E	G BRUEGGEMANN	0.00	SI HEALTH MANAGEMENT	0.00	MANAGEMENT COMPANY
5 E	H SCHUMAKER	0.00	SI HEALTH MANAGEMENT	0.00	MANAGEMENT COMPANY
5.01 E	T SOUZA	0.00	SI HEALTH MANAGEMENT	0.00	MANAGEMENT COMPANY
5.02 E	D MICHAEL	0.00	SI HEALTH MANAGEMENT	0.00	MANAGEMENT COMPANY

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

PROVIDER BASED PHYSICIAN ADJUSTMENTS

PROVIDER NO: 15-0112  
 PERIOD: FROM 1/1/2010 TO 12/31/2010  
 PREPARED: 6/3/2011  
 WORKSHEET A-8-2  
 GROUP 1

WKSHT A LINE NO.	COST CENTER/ PHYSICIAN IDENTIFIER	TOTAL REMUN- ERATION	PROFES- SIONAL COMPONENT	PROVIDER COMPONENT	RCE AMOUNT	PHYSICIAN/ PROVIDER COMPONENT HOURS	UNADJUSTED RCE LIMIT	5 PERCENT OF UNADJUSTED RCE LIMIT
1	2	3	4	5	6	7	8	9
1 6	6 OTHER ADMINISTRATIVE AND	5,767,410	5,556,910	210,500	171,400	1,634	134,648	6,732
2 25	ADULTS & PEDIATRICS	165,675		165,675	142,500	1,619	110,917	5,546
5 26	INTENSIVE CARE UNIT	50,500		50,500	171,400	601	49,525	2,476
6 31	SUBPROVIDER	50,000		50,000	171,400	835	68,807	3,440
7 37	OPERATING ROOM	402,550	154,200	248,350	204,100	126	12,364	618
8 40	ANESTHESIOLOGY	75,000		75,000	200,300	532	51,231	2,562
9 42	RADIOLOGY-THERAPEUTIC	150,000		150,000	231,100	2,491	276,764	13,838
10 44	1 LABORATORY-PATHOLOGICAL	150,000		150,000	219,500	1,651	174,228	8,711
11 49	RESPIRATORY THERAPY	104,800		104,800	171,400	628	51,750	2,588
12 53	ELECTROCARDIOLOGY	3,750		3,750	171,400	38	3,131	157
13 54	ELECTROENCEPHALOGRAPHY	9,850		9,850	171,400	98	8,076	404
14 59	CARDIAC CATHETERIZATION LAB	3,750		3,750	171,400	37	3,049	152
15 60	CLINIC	161,200		161,200	171,400	910	74,988	3,749
16 60	2 NEUROPSYCH	189,842	189,842					
17 61	EMERGENCY	73,600		73,600	171,400	437	36,010	1,801
18 65	AMBULANCE SERVICES	15,000		15,000	171,400	150	12,361	618
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
101	TOTAL	7,372,927	5,900,952	1,471,975		11,787	1,067,849	53,392

PROVIDER BASED PHYSICIAN ADJUSTMENTS

PROVIDER NO:  
15-0112

PERIOD:  
FROM 1/ 1/2010  
TO 12/31/2010

PREPARED 6/ 3/2011  
WORKSHEET A-8-2  
GROUP 1

WKSHT A LINE NO.	COST CENTER/ PHYSICIAN IDENTIFIER	COST OF MEMBERSHIPS & CONTINUING EDUCATION	PROVIDER COMPONENT SHARE OF COL 12	PHYSICIAN COST OF MALPRACTICE INSURANCE	PROVIDER COMPONENT SHARE OF COL 14	ADJUSTED RCE LIMIT	RCE DIS- ALLOWANCE	ADJUSTMENT
10	11	12	13	14	15	16	17	18
1 6	6 OTHER ADMINISTRATIVE AND					134,648	75,852	5,632,762
2 25	ADULTS & PEDIATRICS					110,917	54,758	54,758
5 26	INTENSIVE CARE UNIT					49,525	975	975
6 31	SUBPROVIDER					68,807		
7 37	OPERATING ROOM					12,364	235,986	390,186
8 40	ANESTHESIOLOGY					51,231	23,769	23,769
9 42	RADIOLOGY-THERAPEUTIC					276,764		
10 44	1 LABORATORY-PATHOLOGICAL					174,228		
11 49	RESPIRATORY THERAPY					51,750	53,050	53,050
12 53	ELECTROCARDIOLOGY					3,131	619	619
13 54	ELECTROENCEPHALOGRAPHY					8,076	1,774	1,774
14 59	CARDIAC CATHETERIZATION LAB					3,049	701	701
15 60	CLINIC					74,988	86,212	86,212
16 60	2 NEUROPSYCH							189,842
17 61	EMERGENCY					36,010	37,590	37,590
18 65	AMBULANCE SERVICES					12,361	2,639	2,639
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
101	TOTAL					1,067,849	573,925	6,474,877

COST ALLOCATION STATISTICS

PROVIDER NO: 15-0112  
 PERIOD: FROM 1/1/2010 TO 12/31/2010  
 PREPARED 6/3/2011  
 NOT A CMS WORKSHEET

LINE NO.	COST CENTER DESCRIPTION	STATISTICS CODE	STATISTICS DESCRIPTION	
	GENERAL SERVICE COST			
1	OLD CAP REL COSTS-BLDG & FIXT	1	SQ FEET	ENTERED
1.01	OLD CAP REL COSTS-BLDG & FIXT	1	SQ FEET	ENTERED
2	OLD CAP REL COSTS-MVBLE EQUIP	2	DEPR	ENTERED
3	NEW CAP REL COSTS-BLDG & FIXT	1	SQ FEET	ENTERED
4	NEW CAP REL COSTS-MVBLE EQUIP	3	DEPR	ENTERED
5	EMPLOYEE BENEFITS	4	GROSS SAL	ENTERED
6.01	NONPATIENT TELEPHONES	6	PHONES	ENTERED
6.02	DATA PROCESSING	7	DP COST	ENTERED
6.03	PURCHASING RECEIVING AND STORES	8	SUP COST	ENTERED
6.04	ADMINISTRATIVE	9	REVENUE	ENTERED
6.05	CASHIERING/ACCOUNTS RECEIVABLE	9	REVENUE	ENTERED
6.06	OTHER ADMINISTRATIVE AND GENERAL	-10	ACCUM. COST	NOT ENTERED
8	OPERATION OF PLANT	12	SQ FEET	ENTERED
9	LAUNDRY & LINEN SERVICE	13	LDRY LBS	ENTERED
10	HOUSEKEEPING	14	TIME SPT	ENTERED
11	DIETARY	15	MEALS	ENTERED
12	CAFETERIA	16	FTES	ENTERED
14	NURSING ADMINISTRATION	18	NURS HRS	ENTERED
15	CENTRAL SERVICES & SUPPLY	19	STER SUP	ENTERED
16	PHARMACY	20	DRG COST	ENTERED
17	MEDICAL RECORDS & LIBRARY	21	TIME SPT	ENTERED
18	SOCIAL SERVICE	22	TIME SPT	ENTERED
24	PARAMED ED PRGM-(SPECIFY)	28	PERCENT	NOT ENTERED
24.01	XRAY EDUCATION	29	PERCENT	ENTERED

COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION	OLD CAP REL C OSTS-BLDG &	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
	0	1	1.01	2	3	4	5
001 GENERAL SERVICE COST CNTR							
001 01 OLD CAP REL COSTS-BLDG &	2,525,061	2,525,061					
002 OLD CAP REL COSTS-MVBLE E	106,881			106,881			
003 NEW CAP REL COSTS-BLDG &	7,852,869				7,852,869		
004 NEW CAP REL COSTS-MVBLE E	10,099,451					10,099,451	
005 EMPLOYEE BENEFITS	23,408,284	38,321		823	119,178	77,799	23,644,405
006 01 NONPATIENT TELEPHONES	366,786	727		1,676	2,260	158,352	61,036
006 02 DATA PROCESSING	6,889,815	83,130		3,222	258,532	304,459	1,013,991
006 03 PURCHASING RECEIVING AND	1,227,882	72,697		2,745	226,085	259,415	352,689
006 04 ADMINISTRATION	1,458,754	4,827		778	15,011	73,500	323,408
006 05 CASHIERING/ACCOUNTS RECEI	2,909,006	12,391		1,496	38,536	141,347	403,754
006 06 OTHER ADMINISTRATIVE AND	15,986,195	87,241		3,673	271,318	347,127	1,181,133
008 OPERATION OF PLANT	5,376,524	1,315,576		2,872	4,091,399	271,433	744,810
009 LAUNDRY & LINEN SERVICE	608,580	572			1,780		22,971
010 HOUSEKEEPING	1,709,346	12,191		597	37,915	56,388	484,094
011 DIETARY	1,433,453	23,686		824	73,664	77,871	285,771
012 CAFETERIA	163,056	154		795	480	75,147	275,775
014 NURSING ADMINISTRATION	3,149,017	5,038		362	15,667	34,184	1,066,704
015 CENTRAL SERVICES & SUPPLY	608,134	28,735		477	89,366	45,056	121,029
016 PHARMACY	3,400,682	18,912		4,553	58,816	430,216	1,054,006
017 MEDICAL RECORDS & LIBRARY	1,457,716	25,219		2,052	78,430	193,928	313,469
018 SOCIAL SERVICE	354,140	1,645		78	5,117	7,372	122,026
024 01 PARAMED ED PRGM-(SPECIFY)	126,104	2,319		105	7,213	9,946	49,668
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	13,320,373	281,905		9,470	876,717	894,880	4,334,185
026 INTENSIVE CARE UNIT	2,117,716	41,341		2,150	128,569	203,203	674,040
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
031 SUBPROVIDER	1,473,086	41,736		1,131	129,799	106,879	472,755
033 NURSERY	610,630	2,195		55	6,827	5,198	205,624
034 SKILLED NURSING FACILITY							
034 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	6,724,742	116,478		14,117	362,242	1,333,658	1,692,007
038 RECOVERY ROOM	764,829	12,410		333	38,594	31,449	248,257
039 DELIVERY ROOM & LABOR ROO							
040 ANESTHESIOLOGY	231,143	448		1,453	1,393	137,257	
041 RADIOLOGY-DIAGNOSTIC	2,036,341	30,219		4,755	93,980	449,346	602,838
041 01 CAT SCAN	811,111	3,859		4,064	12,002	383,998	180,372
041 02 NUCLEAR MEDICINE-DIAGNOST	1,024,942	12,741		4,812	39,625	454,737	117,479
041 03 MAGNETIC RESONANCE IMAGIN	394,134	3,389		2,209	10,538	208,757	84,848
041 04 ULTRA SOUND	536,770	5,663		1,027	17,611	97,084	167,247
041 05 MAMMOGRAPHY	882,452	1,028		2,651	3,197	250,478	218,735
042 RADIOLOGY-THERAPEUTIC	1,413,124	29,756		5,789	92,539	547,014	334,307
044 LABORATORY	5,917,009	40,370		4,787	125,548	452,337	1,066,506
044 01 LABORATORY-PATHOLOGICAL	773,018	4,563		902	14,192	85,197	107,557
046 WHOLE BLOOD & PACKED RED	1,137,004	1,973		158	6,136	14,941	87,172
049 RESPIRATORY THERAPY	1,815,868	23,389		1,627	72,739	153,729	520,894
050 PHYSICAL THERAPY	3,171,071	1,611		1,275	5,012	120,524	907,549
051 OCCUPATIONAL THERAPY	964,874	1,325		523	4,122	49,393	307,543
052 SPEECH PATHOLOGY	541,716	1,035		366	3,220	34,560	183,052
053 ELECTROCARDIOLOGY	498,166	5,264		1,714	16,370	161,966	154,117
054 ELECTROENCEPHALOGRAPHY	640,346			342		32,348	188,949
055 MEDICAL SUPPLIES CHARGED	8,672,957						
055 30 IMPL. DEV. CHARGED TO PAT	7,892,891						
056 DRUGS CHARGED TO PATIENTS	9,843,393						
057 RENAL DIALYSIS	363,624						
059 CARDIAC CATHETERIZATION LAB	1,766,754	39,530		8,033	122,937	759,071	443,632
059 97 CARDIAC REHABILITATION	105,071	2,688		139	8,361	13,112	33,741
060 OUTPAT SERVICE COST CNTRS							
060 01 CLINIC	499,360	16,341		426	50,819	40,252	136,433
060 01 DIABETES CENTER	195,670	809		142	2,518	13,383	43,165
060 02 NEUROPSYCH	69,878	471		24	1,464	2,232	19,258
061 EMERGENCY	4,349,287	39,466		1,867	122,738	176,392	1,364,174
062 OBSERVATION BEDS (NON-DIS							
062 OTHER REIMBURS COST CNTRS							
065 AMBULANCE SERVICES	1,343,037	19,835		2,825	61,685	266,938	807,389
071 HOME HEALTH AGENCY							
071 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	174,120,123	2,515,219		106,294	7,822,261	10,043,853	23,580,159
095 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP		2,730		4	8,489	382	
100 WELLNESS COMMUNITY	298,121			32		3,066	40,065
100 01 BUILDING RENTALS	126,829			5		497	
100 02 HOSPICE	71,297						
100 03 OUTREACH CLINICS	14,911			59		5,592	
100 04 SPEECH - HEARING AIDS	115,294						
100 05 NONALLOWABLE MARKETING	1,648,141						
100 06 CRH FOUNDATION	11	2,974		102	9,250	9,663	
100 07 HEALTHY COMMUNITIES	79,599	4,138		385	12,869	36,398	24,181
100 08 FLOOD LOSS							
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							



COST CENTER DESCRIPTION	NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING RECEIVING AND CEILING AND	ADMINISTRATIVE	CASHIERING/ACCOUNTS RECEI	SUBTOTAL	OTHER ADMINISTRATIVE AND
	6.01	6.02	6.03	6.04	6.05	6a.05	6.06
001 GENERAL SERVICE COST CNTR							
001 01 OLD CAP REL COSTS-BLDG &							
002 OLD CAP REL COSTS-MVBLE E							
003 NEW CAP REL COSTS-BLDG &							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS							
006 01 NONPATIENT TELEPHONES	590,837						
006 02 DATA PROCESSING	22,949	8,576,098					
006 03 PURCHASING RECEIVING AND	9,900		2,151,413				
006 04 ADMINITTING	11,250		4,542	1,892,070			
006 05 CASHIERING/ACCOUNTS RECEI	24,749	633,774	3,266		4,168,319		
006 06 OTHER ADMINISTRATIVE AND	86,398	269,289	5,154			18,237,528	18,237,528
008 OPERATION OF PLANT	13,500		507			11,816,621	1,361,925
009 LAUNDRY & LINEN SERVICE			54			633,957	73,067
010 HOUSEKEEPING	3,600		24,871			2,329,002	268,429
011 DIETARY	2,250		1,110			1,898,629	218,826
012 CAFETERIA	2,250		1,071			518,728	59,786
014 NURSING ADMINISTRATION	8,100	4,607,079	818			8,886,969	1,024,268
015 CENTRAL SERVICES & SUPPLY	4,050		7,286			904,133	104,206
016 PHARMACY	12,150	240,131	32,254			5,251,720	605,287
017 MEDICAL RECORDS & LIBRARY	26,549	734,972	4,218			2,836,553	326,927
018 SOCIAL SERVICE	1,350					491,728	56,674
024 01 PARAMED ED PRGM-(SPECIFY)							
024 01 XRAY EDUCATION	900		29			196,284	22,623
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	88,195		167,846	194,149	427,752	20,595,472	2,373,678
026 INTENSIVE CARE UNIT	15,300		30,738	30,833	67,932	3,311,822	381,704
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
031 SUBPROVIDER	10,350		13,182	20,446	45,047	2,314,411	266,747
033 NURSERY			36	13,065	28,784	872,414	100,550
034 SKILLED NURSING FACILITY							
034 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	45,899		152,703	216,752	477,550	11,136,148	1,283,497
038 RECOVERY ROOM	7,200		6,378	17,218	37,936	1,164,604	134,226
039 DELIVERY ROOM & LABOR ROO							
040 ANESTHESIOLOGY	900		27,994	15,546	34,251	450,385	51,909
041 RADIOLOGY-DIAGNOSTIC	15,300		12,476	35,215	77,586	3,358,056	387,033
041 01 CAT SCAN	3,150		14	102,520	225,873	1,726,963	199,041
041 02 NUCLEAR MEDICINE-DIAGNOST	3,150		217	26,256	57,847	1,741,806	200,752
041 03 MAGNETIC RESONANCE IMAGIN	900			45,784	100,873	851,432	98,132
041 04 ULTRA SOUND	1,350		213	20,302	44,730	891,997	102,807
041 05 MAMMOGRAPHY	6,300		1,697	12,805	28,213	1,407,556	162,228
042 RADIOLOGY-THERAPEUTIC	6,750		1,446	28,899	63,670	2,523,294	290,822
044 LABORATORY	27,899	2,090,853	106,280	243,335	535,807	10,610,731	1,222,940
044 01 LABORATORY-PATHOLOGICAL	3,150		7,837	17,360	38,247	1,052,023	121,251
046 WHOLE BLOOD & PACKED RED	1,350		720	11,814	26,028	1,287,296	148,367
049 RESPIRATORY THERAPY	12,150		8,567	49,958	110,069	2,768,990	319,140
050 PHYSICAL THERAPY	23,399		14,990	54,674	120,459	4,420,564	509,492
051 OCCUPATIONAL THERAPY	1,350		27	17,690	38,976	1,385,823	159,723
052 SPEECH PATHOLOGY	4,050		220	7,218	15,903	791,340	91,206
053 ELECTROCARDIOLOGY	8,100		3,066	30,681	67,596	947,040	109,151
054 ELECTROENCEPHALOGRAPHY	11,250		2,390	24,624	54,251	954,500	110,011
055 MEDICAL SUPPLIES CHARGED			1,213,652	91,905	202,486	10,181,000	1,173,411
055 30 IMPL. DEV. CHARGED TO PAT			68,316	93,675	206,385	8,261,267	952,152
056 DRUGS CHARGED TO PATIENTS			117,038	199,769	440,134	10,600,334	1,221,741
057 RENAL DIALYSIS				2,495	5,497	371,616	42,831
059 CARDIAC CATHETERIZATION LAB	18,000		12,812	81,577	179,732	3,432,078	395,564
059 97 CARDIAC REHABILITATION	1,350		210	2,393	5,272	172,337	19,863
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC	11,250		5,737	11,342	24,988	796,948	91,852
060 01 DIABETES CENTER	900		407	410	904	258,308	29,771
060 02 NEUROPSYCH	900		181	599	1,320	96,327	11,102
061 EMERGENCY	18,900		67,019	151,083	332,867	6,623,793	763,425
062 OBSERVATION BEDS (NON-DIS							
062 OTHER REIMBURS COST CNTRS							
065 AMBULANCE SERVICES	2,250		10,254	18,551	40,871	2,573,635	296,624
071 HOME HEALTH AGENCY							
071 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	580,937	8,576,098	2,139,843	1,890,943	4,165,836	173,934,162	17,944,761
095 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP	900					12,505	1,441
100 WELLNESS COMMUNITY	1,350		159			342,793	39,509
100 01 BUILDING RENTALS						127,331	14,676
100 02 HOSPICE			11,126			82,423	9,500
100 03 OUTREACH CLINICS						20,562	2,370
100 04 SPEECH - HEARING AIDS				1,127	2,483	118,904	13,704
100 05 NONALLOWABLE MARKETING						1,648,141	189,956
100 06 CRH FOUNDATION	3,600		209			25,809	2,975
100 07 HEALTHY COMMUNITIES	4,050		76			161,696	18,636
100 08 FLOOD LOSS							
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							



COST CENTER DESCRIPTION	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY
	8	9	10	11	12	14	15
001 GENERAL SERVICE COST CNTR							
001 01 OLD CAP REL COSTS-BLDG &							
002 OLD CAP REL COSTS-MVBLE E							
003 NEW CAP REL COSTS-BLDG &							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS							
006 01 NONPATIENT TELEPHONES							
006 02 DATA PROCESSING							
006 03 PURCHASING RECEIVING AND							
006 04 ADMINITTING							
006 05 CASHIERING/ACCOUNTS RECEI							
006 06 OTHER ADMINISTRATIVE AND							
008 OPERATION OF PLANT	13,178,546						
009 LAUNDRY & LINEN SERVICE	5,961	712,985					
010 HOUSEKEEPING	157,566	29,366	2,784,363				
011 DIETARY	328,966	51	23,462	2,469,934			
012 CAFETERIA	223,809	50	22,371		824,744		
014 NURSING ADMINISTRATION	75,240		2,183		34,156	10,022,816	
015 CENTRAL SERVICES & SUPPLY	431,311		12,550		9,997	179,910	1,642,107
016 PHARMACY	282,461		42,559		34,156		
017 MEDICAL RECORDS & LIBRARY	376,652				30,824		
018 SOCIAL SERVICE	24,574		1,091		5,832		
024 01 XRAY EDUCATION	34,640		6,002		1,666		
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	3,678,798	297,760	1,154,011	1,930,044	199,938	3,738,600	78,143
026 INTENSIVE CARE UNIT	617,444	26,421	110,218	197,588	25,825	486,589	8,805
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
031 SUBPROVIDER	623,348	58,488	182,241	319,453	21,660	397,828	
033 NURSERY	32,784	7,733	1,091		6,665	131,471	4,953
034 SKILLED NURSING FACILITY							
034 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	1,724,681	147,405	389,582	6,933	71,644	1,337,342	1,435,193
038 RECOVERY ROOM	185,346	23,666	40,922		9,997	193,758	2,201
039 DELIVERY ROOM & LABOR ROO							
040 ANESTHESIOLOGY	6,692						
041 RADIOLOGY-DIAGNOSTIC	451,330	46,508	73,115	974	23,326		14,308
041 01 CAT SCAN	57,639		7,093		6,665		
041 02 NUCLEAR MEDICINE-DIAGNOST	190,294		65,476		3,332		
041 03 MAGNETIC RESONANCE IMAGIN	50,610		7,093		2,499		
041 04 ULTRA SOUND	84,575		15,278		4,165		
041 05 MAMMOGRAPHY	15,352	4,363	33,284		9,997	181,700	3,852
042 RADIOLOGY-THERAPEUTIC	444,413	4,126	49,653	1,493	9,997	182,779	
044 LABORATORY	602,936	331	38,740		60,814		5,503
044 01 LABORATORY-PATHOLOGICAL	68,155		2,728		4,998		2,752
046 WHOLE BLOOD & PACKED RED	29,466		1,637		3,332		
049 RESPIRATORY THERAPY	349,323		52,381		22,493	422,063	30,817
050 PHYSICAL THERAPY	24,068	9,820	1,091		39,155		29,166
051 OCCUPATIONAL THERAPY	19,794		1,091		8,331		
052 SPEECH PATHOLOGY	15,464		546		6,665		
053 ELECTROCARDIOLOGY	78,614		14,732		5,832	109,528	
054 ELECTROENCEPHALOGRAPHY			93,849		7,498		
055 MEDICAL SUPPLIES CHARGED							
055 30 IMPL. DEV. CHARGED TO PAT							
056 DRUGS CHARGED TO PATIENTS							
057 RENAL DIALYSIS							
059 CARDIAC CATHETERIZATION LAB	590,396	3,032	62,748	5,149	15,828	290,966	16,509
059 97 CARDIAC REHABILITATION					1,666	29,777	
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC	244,053	15,446	42,559	5,580	5,832	114,965	2,201
060 01 DIABETES CENTER	12,090				1,666	28,975	
060 02 NEUROPSYCH	7,029			2,720	3,332		
061 EMERGENCY	589,440	38,419	219,890		63,314	1,185,126	7,704
062 OBSERVATION BEDS (NON-DIS							
062 OTHER REIMBURS COST CNTRS							
065 AMBULANCE SERVICES	296,238				54,150	1,011,439	
071 HOME HEALTH AGENCY							
095 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	13,031,552	712,985	2,771,267	2,469,934	817,247	10,022,816	1,642,107
096 NONREIMBURS COST CENTERS							
100 GIFT, FLOWER, COFFEE SHOP	40,769						
100 WELLNESS COMMUNITY					3,332		
100 01 BUILDING RENTALS							
100 02 HOSPICE							
100 03 OUTREACH CLINICS							
100 04 SPEECH - HEARING AIDS							
100 05 NONALLOWABLE MARKETING							
100 06 CRH FOUNDATION	44,424		10,913				
100 07 HEALTHY COMMUNITIES	61,801		2,183		4,165		
100 08 FLOOD LOSS							
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							



COST CENTER DESCRIPTION	PHARMACY 16	MEDICAL RECORDS & LIBRARY 17	SOCIAL SERVICE 18	PARAMED ED PR GM-(SPECIFY) 24	XRAY EDUCATION 24.01	SUBTOTAL 25	I&R COST POST STEP-DOWN ADJ 26
001 GENERAL SERVICE COST CNTR							
001 01 OLD CAP REL COSTS-BLDG &							
002 OLD CAP REL COSTS-MVBLE E							
003 NEW CAP REL COSTS-BLDG &							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS							
006 01 NONPATIENT TELEPHONES							
006 02 DATA PROCESSING							
006 03 PURCHASING RECEIVING AND							
006 04 ADMITTING							
006 05 CASHIERING/ACCOUNTS RECEI							
006 06 OTHER ADMINISTRATIVE AND							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
011 DIETARY							
012 CAFETERIA							
014 NURSING ADMINISTRATION							
015 CENTRAL SERVICES & SUPPLY							
016 PHARMACY	6,216,183						
017 MEDICAL RECORDS & LIBRARY		3,570,956					
018 SOCIAL SERVICE			579,899				
024 01 XRAY EDUCATION					261,215		
025 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS	7,916	1,182,167	234,555			35,471,082	
027 INTENSIVE CARE UNIT	2,136	98,486	12,975			5,280,013	
028 CORONARY CARE UNIT							
029 BURN INTENSIVE CARE UNIT							
031 SURGICAL INTENSIVE CARE U							
033 SUBPROVIDER	281	169,168	215,591			4,569,216	
034 NURSERY	3					1,157,664	
037 SKILLED NURSING FACILITY							
038 ANCILLARY SRVC COST CNTRS							
039 OPERATING ROOM	21,905	648,534				18,202,864	
040 RECOVERY ROOM	385					1,755,105	
041 DELIVERY ROOM & LABOR ROO							
041 ANESTHESIOLOGY	53,535					562,521	
041 01 RADIOLOGY-DIAGNOSTIC	2,865				261,215	4,618,730	
041 02 CAT SCAN	8,921					2,006,322	
041 03 NUCLEAR MEDICINE-DIAGNOST	1,802					2,203,462	
041 04 MAGNETIC RESONANCE IMAGIN	68					1,009,834	
041 05 ULTRA SOUND	282					1,099,104	
041 06 MAMMOGRAPHY	218					1,818,550	
042 RADIOLOGY-THERAPEUTIC		41,538	31,939			3,580,054	
044 LABORATORY	1,110					12,543,105	
044 01 LABORATORY-PATHOLOGICAL		233,151				1,485,058	
046 WHOLE BLOOD & PACKED RED	14					1,470,112	
049 RESPIRATORY THERAPY	1,784					3,966,991	
050 PHYSICAL THERAPY	5,730	449,552				5,488,638	
051 OCCUPATIONAL THERAPY		89,776				1,664,538	
052 SPEECH PATHOLOGY	156	335				905,712	
053 ELECTROCARDIOLOGY	1,040	118,585				1,384,522	
054 ELECTROENCEPHALOGRAPHY	3	381,885				1,547,746	
055 MEDICAL SUPPLIES CHARGED						11,354,411	
055 30 IMPL. DEV. CHARGED TO PAT						9,213,419	
056 DRUGS CHARGED TO PATIENTS	6,083,195					17,905,270	
057 RENAL DIALYSIS						414,447	
059 CARDIAC CATHETERIZATION LAB	9,331	152,754				4,974,355	
059 97 CARDIAC REHABILITATION						223,643	
060 OUTPAT SERVICE COST CNTRS							
060 01 CLINIC	881	3,685	77,852			1,401,854	
060 02 DIABETES CENTER						330,810	
061 NEUROPSYCH			998			121,508	
061 EMERGENCY	4,163	1,340	5,989			9,502,603	
062 OBSERVATION BEDS (NON-DIS							
065 OTHER REIMBURS COST CNTRS							
071 AMBULANCE SERVICES	8,240					4,240,326	
071 HOME HEALTH AGENCY							
095 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	6,215,964	3,570,956	579,899		261,215	173,473,589	
096 NONREIMBURS COST CENTERS							
100 GIFT, FLOWER, COFFEE SHOP						54,715	
100 WELLNESS COMMUNITY						385,634	
100 01 BUILDING RENTALS						142,007	
100 02 HOSPICE	219					92,142	
100 03 OUTREACH CLINICS						22,932	
100 04 SPEECH - HEARING AIDS						132,608	
100 05 NONALLOWABLE MARKETING						1,838,097	
100 06 CRH FOUNDATION						84,121	
100 07 HEALTHY COMMUNITIES						248,481	
100 08 FLOOD LOSS							
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							



TOTAL

COST CENTER DESCRIPTION	TOTAL
	27
001 GENERAL SERVICE COST CNTR	
001 01 OLD CAP REL COSTS-BLDG &	
002 OLD CAP REL COSTS-MVBLE E	
003 NEW CAP REL COSTS-BLDG &	
004 NEW CAP REL COSTS-MVBLE E	
005 EMPLOYEE BENEFITS	
006 01 NONPATIENT TELEPHONES	
006 02 DATA PROCESSING	
006 03 PURCHASING RECEIVING AND	
006 04 ADMITTING	
006 05 CASHIERING/ACCOUNTS RECEI	
006 06 OTHER ADMINISTRATIVE AND	
008 OPERATION OF PLANT	
009 LAUNDRY & LINEN SERVICE	
010 HOUSEKEEPING	
011 DIETARY	
012 CAFETERIA	
014 NURSING ADMINISTRATION	
015 CENTRAL SERVICES & SUPPLY	
016 PHARMACY	
017 MEDICAL RECORDS & LIBRARY	
018 SOCIAL SERVICE	
024 PARAMED ED PRGM-(SPECIFY)	
024 01 XRAY EDUCATION	
INPAT ROUTINE SRVC CNTRS	
025 ADULTS & PEDIATRICS	35,471,082
026 INTENSIVE CARE UNIT	5,280,013
027 CORONARY CARE UNIT	
028 BURN INTENSIVE CARE UNIT	
029 SURGICAL INTENSIVE CARE U	
031 SUBPROVIDER	4,569,216
033 NURSERY	1,157,664
034 SKILLED NURSING FACILITY	
ANCILLARY SRVC COST CNTRS	
037 OPERATING ROOM	18,202,864
038 RECOVERY ROOM	1,755,105
039 DELIVERY ROOM & LABOR ROO	
040 ANESTHESIOLOGY	562,521
041 RADIOLOGY-DIAGNOSTIC	4,618,730
041 01 CAT SCAN	2,006,322
041 02 NUCLEAR MEDICINE-DIAGNOST	2,203,462
041 03 MAGNETIC RESONANCE IMAGIN	1,009,834
041 04 ULTRA SOUND	1,099,104
041 05 MAMMOGRAPHY	1,818,550
042 RADIOLOGY-THERAPEUTIC	3,580,054
044 LABORATORY	12,543,105
044 01 LABORATORY-PATHOLOGICAL	1,485,058
046 WHOLE BLOOD & PACKED RED	1,470,112
049 RESPIRATORY THERAPY	3,966,991
050 PHYSICAL THERAPY	5,488,638
051 OCCUPATIONAL THERAPY	1,664,538
052 SPEECH PATHOLOGY	905,712
053 ELECTROCARDIOLOGY	1,384,522
054 ELECTROENCEPHALOGRAPHY	1,547,746
055 MEDICAL SUPPLIES CHARGED	11,354,411
055 30 IMPL. DEV. CHARGED TO PAT	9,213,419
056 DRUGS CHARGED TO PATIENTS	17,905,270
057 RENAL DIALYSIS	414,447
059 CARDIAC CATHETERIZATION LAB	4,974,355
059 97 CARDIAC REHABILITATION	223,643
OUTPAT SERVICE COST CNTRS	
060 CLINIC	1,401,854
060 01 DIABETES CENTER	330,810
060 02 NEUROPSYCH	121,508
061 EMERGENCY	9,502,603
062 OBSERVATION BEDS (NON-DIS	
OTHER REIMBURS COST CNTRS	
065 AMBULANCE SERVICES	4,240,326
071 HOME HEALTH AGENCY	
SPEC PURPOSE COST CENTERS	
095 SUBTOTALS	173,473,589
NONREIMBURS COST CENTERS	
096 GIFT, FLOWER, COFFEE SHOP	54,715
100 WELLNESS COMMUNITY	385,634
100 01 BUILDING RENTALS	142,007
100 02 HOSPICE	92,142
100 03 OUTREACH CLINICS	22,932
100 04 SPEECH - HEARING AIDS	132,608
100 05 NONALLOWABLE MARKETING	1,838,097
100 06 CRH FOUNDATION	84,121
100 07 HEALTHY COMMUNITIES	248,481
100 08 FLOOD LOSS	
101 CROSS FOOT ADJUSTMENT	
102 NEGATIVE COST CENTER	

COST ALLOCATION - GENERAL SERVICE COSTS

PROVIDER NO: 15-0112  
PERIOD: FROM 1/1/2010 TO 12/31/2010  
PREPARED 6/3/2011  
WORKSHEET B  
PART I

TOTAL

COST CENTER  
DESCRIPTION

27

103 NONREIMBURS COST CENTERS  
TOTAL

176,474,326

ALLOCATION OF OLD CAPITAL RELATED COSTS

15-0112

FROM 1/ 1/2010

WORKSHEET B

TO 12/31/2010

PART 11

COST CENTER DESCRIPTION	DIR ASSIGNED OLD CAPITAL REL COSTS	OLD CAP REL C OSTS-BLDG &	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
	0	1	1.01	2	3	4	4a
001 GENERAL SERVICE COST CNTR							
001 01 OLD CAP REL COSTS-BLDG &							
002 OLD CAP REL COSTS-MVBLE E							
003 NEW CAP REL COSTS-BLDG &							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS	4,200	38,321		823			43,344
006 01 NONPATIENT TELEPHONES		727		1,676			2,403
006 02 DATA PROCESSING		83,130		3,222			86,352
006 03 PURCHASING RECEIVING AND		72,697		2,745			75,442
006 04 ADMINITTING		4,827		778			5,605
006 05 CASHIERING/ACCOUNTS RECEI		12,391		1,496			13,887
006 06 OTHER ADMINISTRATIVE AND		87,241		3,673			90,914
008 OPERATION OF PLANT		1,315,576		2,872			1,318,448
009 LAUNDRY & LINEN SERVICE		572					572
010 HOUSEKEEPING		12,191		597			12,788
011 DIETARY		23,686		824			24,510
012 CAFETERIA		154		795			949
014 NURSING ADMINISTRATION		5,038		362			5,400
015 CENTRAL SERVICES & SUPPLY		28,735		477			29,212
016 PHARMACY		18,912		4,553			23,465
017 MEDICAL RECORDS & LIBRARY		25,219		2,052			27,271
018 SOCIAL SERVICE		1,645		78			1,723
024 01 PARAMED ED PRGM-(SPECIFY)							
024 01 XRAY EDUCATION		2,319		105			2,424
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS		281,905		9,470			291,375
026 INTENSIVE CARE UNIT		41,341		2,150			43,491
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
031 SUBPROVIDER		41,736		1,131			42,867
033 NURSERY		2,195		55			2,250
034 SKILLED NURSING FACILITY							
034 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM		116,478		14,117			130,595
038 RECOVERY ROOM		12,410		333			12,743
039 DELIVERY ROOM & LABOR ROO							
040 ANESTHESIOLOGY		448		1,453			1,901
041 RADIOLOGY-DIAGNOSTIC		30,219		4,755			34,974
041 01 CAT SCAN		3,859		4,064			7,923
041 02 NUCLEAR MEDICINE-DIAGNOST		12,741		4,812			17,553
041 03 MAGNETIC RESONANCE IMAGIN		3,389		2,209			5,598
041 04 ULTRA SOUND		5,663		1,027			6,690
041 05 MAMMOGRAPHY		1,028		2,651			3,679
042 RADIOLOGY-THERAPEUTIC		29,756		5,789			35,545
044 LABORATORY		40,370		4,787			45,157
044 01 LABORATORY-PATHOLOGICAL		4,563		902			5,465
046 WHOLE BLOOD & PACKED RED		1,973		158			2,131
049 RESPIRATORY THERAPY		23,389		1,627			25,016
050 PHYSICAL THERAPY		1,611		1,275			2,886
051 OCCUPATIONAL THERAPY		1,325		523			1,848
052 SPEECH PATHOLOGY		1,035		366			1,401
053 ELECTROCARDIOLOGY		5,264		1,714			6,978
054 ELECTROENCEPHALOGRAPHY				342			342
055 MEDICAL SUPPLIES CHARGED							
055 30 IMPL. DEV. CHARGED TO PAT							
056 DRUGS CHARGED TO PATIENTS							
057 RENAL DIALYSIS							
059 CARDIAC CATHETERIZATION LAB		39,530		8,033			47,563
059 97 CARDIAC REHABILITATION		2,688		139			2,827
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC		16,341		426			16,767
060 01 DIABETES CENTER		809		142			951
060 02 NEUROPSYCH		471		24			495
061 EMERGENCY		39,466		1,867			41,333
062 OBSERVATION BEDS (NON-DIS							
062 OTHER REIMBURS COST CNTRS							
065 AMBULANCE SERVICES		19,835		2,825			22,660
071 HOME HEALTH AGENCY							
095 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	4,200	2,515,219		106,294			2,625,713
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP		2,730		4			2,734
100 WELLNESS COMMUNITY				32			32
100 01 BUILDING RENTALS				5			5
100 02 HOSPICE							
100 03 OUTREACH CLINICS				59			59
100 04 SPEECH - HEARING AIDS							
100 05 NONALLOWABLE MARKETING							
100 06 CRH FOUNDATION		2,974		102			3,076
100 07 HEALTHY COMMUNITIES		4,138		385			4,523
100 08 FLOOD LOSS							
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							

ALLOCATION OF OLD CAPITAL RELATED COSTS

PROVIDER NO: 15-0112  
 PERIOD: FROM 1/1/2010 TO 12/31/2010  
 PREPARED 6/3/2011  
 WORKSHEET B  
 PART II

COST CENTER DESCRIPTION	DIR ASSGND	OLD CAP REL C	OLD CAP REL C	OLD CAP REL C	NEW CAP REL C	NEW CAP REL C	SUBTOTAL
	OLD CAPITAL REL COSTS	OSTS-BLDG & 1	OSTS-BLDG & 1.01	OSTS-MVBLE E 2	OSTS-BLDG & 3	OSTS-MVBLE E 4	
NONREIMBURS COST CENTERS	0	1	1.01	2	3	4	4a
103 TOTAL	4,200	2,525,061		106,881			2,636,142





ALLOCATION OF OLD CAPITAL RELATED COSTS

15-0112

FROM 1/ 1/2010

WORKSHEET B

TO 12/31/2010

PART II

COST CENTER DESCRIPTION	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY
	8	9	10	11	12	14	15
001 GENERAL SERVICE COST CNTR							
001 01 OLD CAP REL COSTS-BLDG &							
002 OLD CAP REL COSTS-MVBLE E							
003 NEW CAP REL COSTS-BLDG &							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS							
006 01 NONPATIENT TELEPHONES							
006 02 DATA PROCESSING							
006 03 PURCHASING RECEIVING AND							
006 04 ADMITTING							
006 05 CASHIERING/ACCOUNTS RECEI							
006 06 OTHER ADMINISTRATIVE AND							
008 OPERATION OF PLANT	1,327,084						
009 LAUNDRY & LINEN SERVICE	600	1,602					
010 HOUSEKEEPING	15,867	66	31,921				
011 DIETARY	33,127		269	59,635			
012 CAFETERIA	22,538		256		24,612		
014 NURSING ADMINISTRATION	7,577		25		1,019	68,890	
015 CENTRAL SERVICES & SUPPLY	43,433		144		298	1,237	75,372
016 PHARMACY	28,444		488		1,019		
017 MEDICAL RECORDS & LIBRARY	37,929				920		
018 SOCIAL SERVICE	2,475		13		174		
024 01 XRAY EDUCATION	3,488		69		50		
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	370,458	671	13,229	46,599	5,970	25,696	3,587
026 INTENSIVE CARE UNIT	62,177	59	1,264	4,771	771	3,344	404
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
031 SUBPROVIDER	62,771		2,089	7,713	646	2,734	
033 NURSERY	3,301	17	13		199	904	227
034 SKILLED NURSING FACILITY							
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	173,676	331	4,466	167	2,138	9,192	65,874
038 RECOVERY ROOM	18,664	53	469		298	1,332	101
039 DELIVERY ROOM & LABOR ROO							
040 ANESTHESIOLOGY	674						
041 RADIOLOGY-DIAGNOSTIC	45,449	104	838	24	696		657
041 01 CAT SCAN	5,804		81		199		
041 02 NUCLEAR MEDICINE-DIAGNOST	19,163		751		99		
041 03 MAGNETIC RESONANCE IMAGIN	5,096		81		75		
041 04 ULTRA SOUND	8,517		175		124		
041 05 MAMMOGRAPHY	1,546	10	382		298	1,249	177
042 RADIOLOGY-THERAPEUTIC	44,753	9	569	36	298	1,256	
044 LABORATORY	60,716	1	444		1,815		253
044 01 LABORATORY-PATHOLOGICAL	6,863		31		149		126
046 WHOLE BLOOD & PACKED RED	2,967		19		99		
049 RESPIRATORY THERAPY	35,177		601		671	2,901	1,414
050 PHYSICAL THERAPY	2,424	22	13		1,168		1,339
051 OCCUPATIONAL THERAPY	1,993		13		249		
052 SPEECH PATHOLOGY	1,557		6		199		
053 ELECTROCARDIOLOGY	7,916		169		174	753	
054 ELECTROENCEPHALOGRAPHY			1,076		224		
055 MEDICAL SUPPLIES CHARGED							
055 30 IMPL. DEV. CHARGED TO PAT							
056 DRUGS CHARGED TO PATIENTS							
057 RENAL DIALYSIS							
059 CARDIAC CATHETERIZATION LAB	59,453	7	719	124	472	2,000	758
059 97 CARDIAC REHABILITATION					50	205	
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC	24,576	35	488	135	174	790	101
060 01 DIABETES CENTER	1,217				50	199	
060 02 NEUROPSYCH	708			66	99		
061 EMERGENCY	59,357	86	2,521		1,889	8,146	354
062 OBSERVATION BEDS (NON-DIS							
065 OTHER REIMBURS COST CNTRS							
065 AMBULANCE SERVICES	29,831				1,616	6,952	
071 HOME HEALTH AGENCY							
095 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	1,312,282	1,602	31,771	59,635	24,389	68,890	75,372
096 NONREIMBURS COST CENTERS							
100 GIFT, FLOWER, COFFEE SHOP	4,105						
100 WELLNESS COMMUNITY					99		
100 01 BUILDING RENTALS							
100 02 HOSPICE							
100 03 OUTREACH CLINICS							
100 04 SPEECH - HEARING AIDS							
100 05 NONALLOWABLE MARKETING							
100 06 CRH FOUNDATION	4,474		125				
100 07 HEALTHY COMMUNITIES	6,223		25				
100 08 FLOOD LOSS					124		
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							



ALLOCATION OF OLD CAPITAL RELATED COSTS

15-0112

FROM 1/ 1/2010

WORKSHEET B

TO 12/31/2010

PART II

COST CENTER DESCRIPTION	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	SUBTOTAL	POST STEPDOWN ADJUSTMENT
	16	17	18		
001 GENERAL SERVICE COST CNTR					
001 01 OLD CAP REL COSTS-BLDG &					
002 OLD CAP REL COSTS-MVBLE E					
003 NEW CAP REL COSTS-BLDG &					
004 NEW CAP REL COSTS-MVBLE E					
005 EMPLOYEE BENEFITS					
006 01 NONPATIENT TELEPHONES					
006 02 DATA PROCESSING					
006 03 PURCHASING RECEIVING AND					
006 04 ADMITTING					
006 05 CASHIERING/ACCOUNTS RECEI					
006 06 OTHER ADMINISTRATIVE AND					
008 OPERATION OF PLANT					
009 LAUNDRY & LINEN SERVICE					
010 HOUSEKEEPING					
011 DIETARY					
012 CAFETERIA					
014 NURSING ADMINISTRATION					
015 CENTRAL SERVICES & SUPPLY					
016 PHARMACY	62,212				
017 MEDICAL RECORDS & LIBRARY		76,252			
018 SOCIAL SERVICE			4,914		
024 01 PARAMED ED PRGM-(SPECIFY)					
024 01 XRAY EDUCATION				6,247	
025 INPAT ROUTINE SRVC CNTRS					
025 ADULTS & PEDIATRICS	79	25,243	1,987	814,576	
026 INTENSIVE CARE UNIT	21	2,103	110	123,371	
027 CORONARY CARE UNIT					
028 BURN INTENSIVE CARE UNIT					
029 SURGICAL INTENSIVE CARE U					
031 SUBPROVIDER	3	3,612	1,827	127,478	
033 NURSERY				8,011	
034 SKILLED NURSING FACILITY					
037 ANCILLARY SRVC COST CNTRS					
037 OPERATING ROOM	219	13,848		419,156	
038 RECOVERY ROOM	4			35,337	
039 DELIVERY ROOM & LABOR ROO					
040 ANESTHESIOLOGY	536			4,607	
041 RADIOLOGY-DIAGNOSTIC	29			86,942	
041 01 CAT SCAN	89			16,992	
041 02 NUCLEAR MEDICINE-DIAGNOST	18			39,264	
041 03 MAGNETIC RESONANCE IMAGIN	1			12,199	
041 04 ULTRA SOUND	3			16,670	
041 05 MAMMOGRAPHY	2			8,875	
042 RADIOLOGY-THERAPEUTIC		887	271	86,276	
044 LABORATORY	11			145,902	
044 01 LABORATORY-PATHOLOGICAL		4,979		18,995	
046 WHOLE BLOOD & PACKED RED				6,364	
049 RESPIRATORY THERAPY	18			69,525	
050 PHYSICAL THERAPY	57	9,599		23,292	
051 OCCUPATIONAL THERAPY		1,917		7,693	
052 SPEECH PATHOLOGY	2	7		4,121	
053 ELECTROCARDIOLOGY	10	2,532		19,981	
054 ELECTROENCEPHALOGRAPHY		8,155		11,217	
055 MEDICAL SUPPLIES CHARGED				50,492	
055 30 IMPL. DEV. CHARGED TO PAT				8,818	
056 DRUGS CHARGED TO PATIENTS	60,882			74,399	
057 RENAL DIALYSIS				262	
059 CARDIAC CATHETERIZATION LAB	93	3,262		119,077	
059 97 CARDIAC REHABILITATION				3,297	
060 OUTPAT SERVICE COST CNTRS					
060 CLINIC	9	79	660	44,965	
060 01 DIABETES CENTER				2,677	
060 02 NEUROPSYCH			8	1,489	
061 EMERGENCY	42	29	51	125,003	
062 OBSERVATION BEDS (NON-DIS					
062 OTHER REIMBURS COST CNTRS					
065 AMBULANCE SERVICES	82			64,832	
071 HOME HEALTH AGENCY					
095 SPEC PURPOSE COST CENTERS					
095 SUBTOTALS	62,210	76,252	4,914	2,602,155	
096 NONREIMBURS COST CENTERS					
096 GIFT, FLOWER, COFFEE SHOP				6,851	
100 WELLNESS COMMUNITY				425	
100 01 BUILDING RENTALS				83	
100 02 HOSPICE	2			446	
100 03 OUTREACH CLINICS				72	
100 04 SPEECH - HEARING AIDS				89	
100 05 NONALLOWABLE MARKETING				1,004	
100 06 CRH FOUNDATION				7,713	
100 07 HEALTHY COMMUNITIES				11,057	
100 08 FLOOD LOSS					
101 CROSS FOOT ADJUSTMENTS				6,247	
102 NEGATIVE COST CENTER				6,247	



ALLOCATION OF OLD CAPITAL RELATED COSTS

15-0112

FROM 1/ 1/2010

WORKSHEET B

TO 12/31/2010

PART II

TOTAL

27

001	GENERAL SERVICE COST CNTR	
001	01 OLD CAP REL COSTS-BLDG &	
002	02 OLD CAP REL COSTS-MVBLE E	
003	03 NEW CAP REL COSTS-BLDG &	
004	04 NEW CAP REL COSTS-MVBLE E	
005	05 EMPLOYEE BENEFITS	
006	01 NONPATIENT TELEPHONES	
006	02 DATA PROCESSING	
006	03 PURCHASING RECEIVING AND	
006	04 ADMITTING	
006	05 CASHIERING/ACCOUNTS RECEI	
006	06 OTHER ADMINISTRATIVE AND	
008	08 OPERATION OF PLANT	
009	09 LAUNDRY & LINEN SERVICE	
010	10 HOUSEKEEPING	
011	11 DIETARY	
012	12 CAFETERIA	
014	14 NURSING ADMINISTRATION	
015	15 CENTRAL SERVICES & SUPPLY	
016	16 PHARMACY	
017	17 MEDICAL RECORDS & LIBRARY	
018	18 SOCIAL SERVICE	
024	24 PARAMED ED PRGM-(SPECIFY)	
024	01 XRAY EDUCATION	
	INPAT ROUTINE SRVC CNTRS	
025	ADULTS & PEDIATRICS	814,576
026	INTENSIVE CARE UNIT	123,371
027	CORONARY CARE UNIT	
028	BURN INTENSIVE CARE UNIT	
029	SURGICAL INTENSIVE CARE U	
031	SUBPROVIDER	127,478
033	NURSERY	8,011
034	SKILLED NURSING FACILITY	
	ANCILLARY SRVC COST CNTRS	
037	OPERATING ROOM	419,156
038	RECOVERY ROOM	35,337
039	DELIVERY ROOM & LABOR ROO	
040	ANESTHESIOLOGY	4,607
041	RADIOLOGY-DIAGNOSTIC	86,942
041	01 CAT SCAN	16,992
041	02 NUCLEAR MEDICINE-DIAGNOST	39,264
041	03 MAGNETIC RESONANCE IMAGIN	12,199
041	04 ULTRA SOUND	16,670
041	05 MAMMOGRAPHY	8,875
042	RADIOLOGY-THERAPEUTIC	86,276
044	LABORATORY	145,902
044	01 LABORATORY-PATHOLOGICAL	18,995
046	WHOLE BLOOD & PACKED RED	6,364
049	RESPIRATORY THERAPY	69,525
050	PHYSICAL THERAPY	23,292
051	OCCUPATIONAL THERAPY	7,693
052	SPEECH PATHOLOGY	4,121
053	ELECTROCARDIOLOGY	19,981
054	ELECTROENCEPHALOGRAPHY	11,217
055	MEDICAL SUPPLIES CHARGED	50,492
055	30 IMPL. DEV. CHARGED TO PAT	8,818
056	DRUGS CHARGED TO PATIENTS	74,399
057	RENAL DIALYSIS	262
059	CARDIAC CATHETERIZATION LAB	119,077
059	97 CARDIAC REHABILITATION	3,297
	OUTPAT SERVICE COST CNTRS	
060	CLINIC	44,965
060	01 DIABETES CENTER	2,677
060	02 NEUROPSYCH	1,489
061	EMERGENCY	125,003
062	OBSERVATION BEDS (NON-DIS	
	OTHER REIMBURS COST CNTRS	
065	AMBULANCE SERVICES	64,832
071	HOME HEALTH AGENCY	
	SPEC PURPOSE COST CENTERS	
095	SUBTOTALS	2,602,155
	NONREIMBURS COST CENTERS	
096	GIFT, FLOWER, COFFEE SHOP	6,851
100	WELLNESS COMMUNITY	425
100	01 BUILDING RENTALS	83
100	02 HOSPICE	446
100	03 OUTREACH CLINICS	72
100	04 SPEECH - HEARING AIDS	89
100	05 NONALLOWABLE MARKETING	1,004
100	06 CRH FOUNDATION	7,713
100	07 HEALTHY COMMUNITIES	11,057
100	08 FLOOD LOSS	
101	CROSS FOOT ADJUSTMENTS	6,247
102	NEGATIVE COST CENTER	

ALLOCATION OF OLD CAPITAL RELATED COSTS

PROVIDER NO: 15-0112  
PERIOD: FROM 1/1/2010 TO 12/31/2010  
PREPARED 6/3/2011  
WORKSHEET B  
PART II

TOTAL

27

103 NONREIMBURS COST CENTERS  
TOTAL 2,636,142



ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO: 15-0112  
 PERIOD: FROM 1/1/2010 TO 12/31/2010  
 PREPARED 6/3/2011  
 WORKSHEET B  
 PART III

COST CENTER DESCRIPTION	DIR ASSGND NEW CAPITAL REL COSTS	OLD CAP REL C OSTS-BLDG &	OLD CAP REL C OSTS-BLDG &	OLD CAP REL C OSTS-MVBLE E	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-MVBLE E	SUBTOTAL
	0	1	1.01	2	3	4	4a
NONREIMBURS COST CENTERS							
TOTAL	2,656,820				7,852,869	10,099,451	20,609,140





ALLOCATION OF NEW CAPITAL RELATED COSTS

15-0112

FROM 1/ 1/2010

WORKSHEET B

TO 12/31/2010

PART III

COST CENTER DESCRIPTION	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY
	8	9	10	11	12	14	15
001 GENERAL SERVICE COST CNTR							
001 01 OLD CAP REL COSTS-BLDG &							
002 OLD CAP REL COSTS-MVBLE E							
003 NEW CAP REL COSTS-BLDG &							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS							
006 01 NONPATIENT TELEPHONES							
006 02 DATA PROCESSING							
006 03 PURCHASING RECEIVING AND							
006 04 ADMITTING							
006 05 CASHIERING/ACCOUNTS RECEI							
006 06 OTHER ADMINISTRATIVE AND							
008 OPERATION OF PLANT	4,577,359						
009 LAUNDRY & LINEN SERVICE	2,070	12,004					
010 HOUSEKEEPING	54,728	494	191,078				
011 DIETARY	114,261	1	1,610	295,573			
012 CAFETERIA	77,737	1	1,535		165,662		
014 NURSING ADMINISTRATION	26,134		150		6,861	557,727	
015 CENTRAL SERVICES & SUPPLY	149,809		861		2,008	10,011	315,561
016 PHARMACY	98,108		2,921		6,861		
017 MEDICAL RECORDS & LIBRARY	130,824				6,191		
018 SOCIAL SERVICE	8,535		75		1,171		
024 PARAMED PRGM-(SPECIFY)							
024 01 XRAY EDUCATION	12,032		412		335		
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	1,277,772	5,014	79,195	230,964	40,162	208,038	15,017
026 INTENSIVE CARE UNIT	214,459	445	7,564	23,645	5,187	27,077	1,692
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
031 SUBPROVIDER	216,510	985	12,506	38,228	4,351	22,137	
033 NURSERY	11,387	130	75		1,339	7,316	952
034 SKILLED NURSING FACILITY							
034 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	599,041	2,482	26,735	830	14,391	74,417	275,796
038 RECOVERY ROOM	64,377	398	2,808		2,008	10,782	423
039 DELIVERY ROOM & LABOR ROO							
040 ANESTHESIOLOGY	2,324						
041 RADIOLOGY-DIAGNOSTIC	156,762	783	5,018	117	4,685		2,750
041 01 CAT SCAN	20,020		487		1,339		
041 02 NUCLEAR MEDICINE-DIAGNOST	66,096		4,493		669		
041 03 MAGNETIC RESONANCE IMAGIN	17,579		487		502		
041 04 ULTRA SOUND	29,376		1,048		837		
041 05 MAMMOGRAPHY	5,332	73	2,284		2,008	10,111	740
042 RADIOLOGY-THERAPEUTIC	154,360	69	3,407	179	2,008	10,171	
044 LABORATORY	209,420	6	2,659		12,215		1,058
044 01 LABORATORY-PATHOLOGICAL	23,673		187		1,004		529
046 WHOLE BLOOD & PACKED RED	10,235		112		669		
049 RESPIRATORY THERAPY	121,332		3,595		4,518	23,486	5,922
050 PHYSICAL THERAPY	8,360	165	75		7,865		5,605
051 OCCUPATIONAL THERAPY	6,875		75		1,673		
052 SPEECH PATHOLOGY	5,371		37		1,339		
053 ELECTROCARDIOLOGY	27,305		1,011		1,171	6,095	
054 ELECTROENCEPHALOGRAPHY			6,440		1,506		
055 MEDICAL SUPPLIES CHARGED							
055 30 IMPL. DEV. CHARGED TO PAT							
056 DRUGS CHARGED TO PATIENTS							
057 RENAL DIALYSIS							
059 CARDIAC CATHETERIZATION LAB	205,065	51	4,306	616	3,179	16,191	3,173
059 97 CARDIAC REHABILITATION					335	1,657	
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC	84,768	260	2,921	668	1,171	6,397	423
060 01 DIABETES CENTER	4,199				335	1,612	
060 02 NEUROPSYCH	2,441			326	669		
061 EMERGENCY	204,732	647	15,090		12,717	65,947	1,481
062 OBSERVATION BEDS (NON-DIS							
062 OTHER REIMBURS COST CNTRS							
065 AMBULANCE SERVICES	102,894				10,877	56,282	
071 HOME HEALTH AGENCY							
095 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	4,526,303	12,004	190,179	295,573	164,156	557,727	315,561
096 NONREIMBURS COST CENTERS							
100 GIFT, FLOWER, COFFEE SHOP	14,161						
100 WELLNESS COMMUNITY					669		
100 01 BUILDING RENTALS							
100 02 HOSPICE							
100 03 OUTREACH CLINICS							
100 04 SPEECH - HEARING AIDS							
100 05 NONALLOWABLE MARKETING							
100 06 CRH FOUNDATION	15,430		749				
100 07 HEALTHY COMMUNITIES	21,465		150				
100 08 FLOOD LOSS					837		
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							



ALLOCATION OF NEW CAPITAL RELATED COSTS

15-0112

FROM 1/ 1/2010

WORKSHEET B

TO 12/31/2010

PART III

COST CENTER DESCRIPTION	PHARMACY 16	MEDICAL RECORDS & LIBRARY 17	SOCIAL SERVICE 18	PARAMED ED PR GM-(SPECIFY) 24	XRAY EDUCATION 24.01	SUBTOTAL 25	POST STEPDOWN ADJUSTMENT 26
001 GENERAL SERVICE COST CNTR							
001 01 OLD CAP REL COSTS-BLDG &							
002 OLD CAP REL COSTS-MVBLE E							
003 NEW CAP REL COSTS-BLDG &							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS							
006 01 NONPATIENT TELEPHONES							
006 02 DATA PROCESSING							
006 03 PURCHASING RECEIVING AND							
006 04 ADMINITTING							
006 05 CASHIERING/ACCOUNTS RECEI							
006 06 OTHER ADMINISTRATIVE AND							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
011 DIETARY							
012 CAFETERIA							
014 NURSING ADMINISTRATION							
015 CENTRAL SERVICES & SUPPLY							
016 PHARMACY	704,408						
017 MEDICAL RECORDS & LIBRARY		512,254					
018 SOCIAL SERVICE			30,480				
024 01 PARAMED ED PRGM-(SPECIFY)							
024 01 XRAY EDUCATION					33,093		
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	897	169,583	12,328			4,316,344	
026 INTENSIVE CARE UNIT	242	14,128	682			718,890	
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
031 SUBPROVIDER	32	24,267	11,332			615,632	
033 NURSERY						48,322	
034 SKILLED NURSING FACILITY							
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	2,482	93,032				3,308,705	
038 RECOVERY ROOM	44					174,278	
039 DELIVERY ROOM & LABOR ROO							
040 ANESTHESIOLOGY	6,066					162,578	
041 RADIOLOGY-DIAGNOSTIC	325					776,545	
041 01 CAT SCAN	1,011					461,829	
041 02 NUCLEAR MEDICINE-DIAGNOST	204					619,111	
041 03 MAGNETIC RESONANCE IMAGIN	8					257,805	
041 04 ULTRA SOUND	32					162,835	
041 05 MAMMOGRAPHY	25					441,450	
042 RADIOLOGY-THERAPEUTIC		5,959	1,679			861,272	
044 LABORATORY	126					1,198,971	
044 01 LABORATORY-PATHOLOGICAL		33,445				178,523	
046 WHOLE BLOOD & PACKED RED	2					51,672	
049 RESPIRATORY THERAPY	202					450,711	
050 PHYSICAL THERAPY	649	64,488				606,466	
051 OCCUPATIONAL THERAPY		12,878				100,386	
052 SPEECH PATHOLOGY	18	48				59,099	
053 ELECTROCARDIOLOGY	118	17,011				253,321	
054 ELECTROENCEPHALOGRAPHY		54,781				122,564	
055 MEDICAL SUPPLIES CHARGED						426,484	
055 30 IMPL. DEV. CHARGED TO PAT						135,994	
056 DRUGS CHARGED TO PATIENTS	689,337					884,850	
057 RENAL DIALYSIS						5,095	
059 CARDIAC CATHETERIZATION LAB	1,057	21,913				1,226,905	
059 97 CARDIAC REHABILITATION						26,951	
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC	100	529	4,092			210,024	
060 01 DIABETES CENTER						26,188	
060 02 NEUROPSYCH			52			9,098	
061 EMERGENCY	472	192	315			749,270	
062 OBSERVATION BEDS (NON-DIS							
062 OTHER REIMBURS COST CNTRS							
065 AMBULANCE SERVICES	934					625,735	
071 HOME HEALTH AGENCY							
095 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	704,383	512,254	30,480			20,273,903	
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP						23,434	
100 WELLNESS COMMUNITY						33,094	
100 01 BUILDING RENTALS						90,971	
100 02 HOSPICE	25					3,649	
100 03 OUTREACH CLINICS						17,151	
100 04 SPEECH - HEARING AIDS						1,688	
100 05 NONALLOWABLE MARKETING						20,628	
100 06 CRH FOUNDATION						36,446	
100 07 HEALTHY COMMUNITIES						75,083	
100 08 FLOOD LOSS							
101 CROSS FOOT ADJUSTMENTS					33,093	33,093	
102 NEGATIVE COST CENTER							



ALLOCATION OF NEW CAPITAL RELATED COSTS

TOTAL

27

	GENERAL SERVICE COST CNTR	
001	OLD CAP REL COSTS-BLDG &	
001 01	OLD CAP REL COSTS-BLDG &	
002	OLD CAP REL COSTS-MVBLE E	
003	NEW CAP REL COSTS-BLDG &	
004	NEW CAP REL COSTS-MVBLE E	
005	EMPLOYEE BENEFITS	
006 01	NONPATIENT TELEPHONES	
006 02	DATA PROCESSING	
006 03	PURCHASING RECEIVING AND	
006 04	ADMITTING	
006 05	CASHIERING/ACCOUNTS RECEI	
006 06	OTHER ADMINISTRATIVE AND	
008	OPERATION OF PLANT	
009	LAUNDRY & LINEN SERVICE	
010	HOUSEKEEPING	
011	DIETARY	
012	CAFETERIA	
014	NURSING ADMINISTRATION	
015	CENTRAL SERVICES & SUPPLY	
016	PHARMACY	
017	MEDICAL RECORDS & LIBRARY	
018	SOCIAL SERVICE	
024	PARAMED ED PRGM-(SPECIFY)	
024 01	XRAY EDUCATION	
	INPAT ROUTINE SRVC CNTRS	
025	ADULTS & PEDIATRICS	4,316,344
026	INTENSIVE CARE UNIT	718,890
027	CORONARY CARE UNIT	
028	BURN INTENSIVE CARE UNIT	
029	SURGICAL INTENSIVE CARE U	
031	SUBPROVIDER	615,632
033	NURSERY	48,322
034	SKILLED NURSING FACILITY	
	ANCILLARY SRVC COST CNTRS	
037	OPERATING ROOM	3,308,705
038	RECOVERY ROOM	174,278
039	DELIVERY ROOM & LABOR ROO	
040	ANESTHESIOLOGY	162,578
041	RADIOLOGY-DIAGNOSTIC	776,545
041 01	CAT SCAN	461,829
041 02	NUCLEAR MEDICINE-DIAGNOST	619,111
041 03	MAGNETIC RESONANCE IMAGIN	257,805
041 04	ULTRA SOUND	162,835
041 05	MAMMOGRAPHY	441,450
042	RADIOLOGY-THERAPEUTIC	861,272
044	LABORATORY	1,198,971
044 01	LABORATORY-PATHOLOGICAL	178,523
046	WHOLE BLOOD & PACKED RED	51,672
049	RESPIRATORY THERAPY	450,711
050	PHYSICAL THERAPY	606,466
051	OCCUPATIONAL THERAPY	100,386
052	SPEECH PATHOLOGY	59,099
053	ELECTROCARDIOLOGY	253,321
054	ELECTROENCEPHALOGRAPHY	122,564
055	MEDICAL SUPPLIES CHARGED	426,484
055 30	IMPL. DEV. CHARGED TO PAT	135,994
056	DRUGS CHARGED TO PATIENTS	884,850
057	RENAL DIALYSIS	5,095
059	CARDIAC CATHETERIZATION LAB	1,226,905
059 97	CARDIAC REHABILITATION	26,951
	OUTPAT SERVICE COST CNTRS	
060	CLINIC	210,024
060 01	DIABETES CENTER	26,188
060 02	NEUROPSYCH	9,098
061	EMERGENCY	749,270
062	OBSERVATION BEDS (NON-DIS	
	OTHER REIMBURS COST CNTRS	
065	AMBULANCE SERVICES	625,735
071	HOME HEALTH AGENCY	
	SPEC PURPOSE COST CENTERS	
095	SUBTOTALS	20,273,903
	NONREIMBURS COST CENTERS	
096	GIFT, FLOWER, COFFEE SHOP	23,434
100	WELLNESS COMMUNITY	33,094
100 01	BUILDING RENTALS	90,971
100 02	HOSPICE	3,649
100 03	OUTREACH CLINICS	17,151
100 04	SPEECH - HEARING AIDS	1,688
100 05	NONALLOWABLE MARKETING	20,628
100 06	CRH FOUNDATION	36,446
100 07	HEALTHY COMMUNITIES	75,083
100 08	FLOOD LOSS	
101	CROSS FOOT ADJUSTMENTS	33,093
102	NEGATIVE COST CENTER	

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO: 15-0112  
PERIOD: FROM 1/1/2010 TO 12/31/2010  
PREPARED 6/3/2011  
WORKSHEET B  
PART III

TOTAL

27

103 NONREIMBURS COST CENTERS  
TOTAL 20,609,140

COST CENTER DESCRIPTION	OLD CAP REL COSTS-BLDG & (SQ FEET)	OLD CAP REL COSTS-BLDG & (SQ FEET)	OLD CAP REL COSTS-MVBLE E (DEPR)	NEW CAP REL COSTS-BLDG & (SQ FEET)	NEW CAP REL COSTS-MVBLE E (DEPR)	EMPLOYEE BENEFITS (GROSS SAL)
	1	1.01	2	3	4	5
GENERAL SERVICE COST						
001 OLD CAP REL COSTS-BLD	670,647					
001 01 OLD CAP REL COSTS-BLD		670,647				
002 OLD CAP REL COSTS-MVB			9,381,744			
003 NEW CAP REL COSTS-BLD				670,647		
004 NEW CAP REL COSTS-MVB					9,381,744	
005 EMPLOYEE BENEFITS	10,178	10,178	72,270	10,178	72,270	68,141,517
006 01 NONPATIENT TELEPHONES	193	193	147,099	193	147,099	175,902
006 02 DATA PROCESSING	22,079	22,079	282,823	22,079	282,823	2,922,248
006 03 PURCHASING RECEIVING	19,308	19,308	240,980	19,308	240,980	1,016,425
006 04 ADMINITTING	1,282	1,282	68,277	1,282	68,277	932,037
006 05 CASHIERING/ACCOUNTS R	3,291	3,291	131,302	3,291	131,302	1,163,590
006 06 OTHER ADMINISTRATIVE	23,171	23,171	322,459	23,171	322,459	3,403,941
008 OPERATION OF PLANT	349,412	349,412	252,144	349,412	252,144	2,146,489
009 LAUNDRY & LINEN SERVI	152	152		152		66,200
010 HOUSEKEEPING	3,238	3,238	52,381	3,238	52,381	1,395,123
011 DIETARY	6,291	6,291	72,337	6,291	72,337	823,571
012 CAFETERIA	41	41	69,807	41	69,807	794,764
014 NURSING ADMINISTRATIO	1,338	1,338	31,755	1,338	31,755	3,074,163
015 CENTRAL SERVICES & SU	7,632	7,632	41,854	7,632	41,854	348,797
016 PHARMACY	5,023	5,023	399,643	5,023	399,643	3,037,570
017 MEDICAL RECORDS & LIB	6,698	6,698	180,147	6,698	180,147	903,396
018 SOCIAL SERVICE	437	437	6,848	437	6,848	351,670
024 PARAMED ED PRGM-(SPEC						
024 01 XRAY EDUCATION	616	616	9,239	616	9,239	143,141
025 INPAT ROUTINE SRVC CN						
025 ADULTS & PEDIATRICS	74,873	74,873	831,287	74,873	831,287	12,490,861
026 INTENSIVE CARE UNIT	10,980	10,980	188,763	10,980	188,763	1,942,534
027 CORONARY CARE UNIT						
028 BURN INTENSIVE CARE U						
029 SURGICAL INTENSIVE CA						
031 SUBPROVIDER	11,085	11,085	99,284	11,085	99,284	1,362,445
033 NURSERY	583	583	4,829	583	4,829	592,594
034 SKILLED NURSING FACIL						
037 ANCILLARY SRVC COST C						
037 OPERATING ROOM	30,936	30,936	1,238,880	30,936	1,238,880	4,876,240
038 RECOVERY ROOM	3,296	3,296	29,214	3,296	29,214	715,460
039 DELIVERY ROOM & LABOR						
040 ANESTHESIOLOGY	119	119	127,503	119	127,503	
041 RADIOLOGY-DIAGNOSTIC	8,026	8,026	417,414	8,026	417,414	1,737,336
041 01 CAT SCAN	1,025	1,025	356,710	1,025	356,710	519,820
041 02 NUCLEAR MEDICINE-DIAG	3,384	3,384	422,422	3,384	422,422	338,566
041 03 MAGNETIC RESONANCE IM	900	900	193,922	900	193,922	244,526
041 04 ULTRA SOUND	1,504	1,504	90,185	1,504	90,185	481,993
041 05 MAMMOGRAPHY	273	273	232,678	273	232,678	630,377
042 RADIOLOGY-THERAPEUTIC	7,903	7,903	508,141	7,903	508,141	963,449
044 LABORATORY	10,722	10,722	420,192	10,722	420,192	3,073,592
044 01 LABORATORY-PATHOLOGIC	1,212	1,212	79,143	1,212	79,143	309,971
046 WHOLE BLOOD & PACKED	524	524	13,879	524	13,879	251,222
049 RESPIRATORY THERAPY	6,212	6,212	142,804	6,212	142,804	1,501,179
050 PHYSICAL THERAPY	428	428	111,959	428	111,959	2,615,489
051 OCCUPATIONAL THERAPY	352	352	45,883	352	45,883	886,318
052 SPEECH PATHOLOGY	275	275	32,104	275	32,104	527,543
053 ELECTROCARDIOLOGY	1,398	1,398	150,456	1,398	150,456	444,153
054 ELECTROENCEPHALOGRAPH			30,049		30,049	544,538
055 MEDICAL SUPPLIES CHAR						
055 30 IMPL. DEV. CHARGED TO						
056 DRUGS CHARGED TO PATI						
057 RENAL DIALYSIS						
059 CARDIAC CATHERIZATION	10,499	10,499	705,129	10,499	705,129	1,278,515
059 97 CARDIAC REHABILITATIO	714	714	12,180	714	12,180	97,240
060 OUTPAT SERVICE COST C						
060 CLINIC	4,340	4,340	37,392	4,340	37,392	393,189
060 01 DIABETES CENTER	215	215	12,432	215	12,432	124,398
060 02 NEUROPSYCH	125	125	2,073	125	2,073	55,501
061 EMERGENCY	10,482	10,482	163,857	10,482	163,857	3,931,451
062 OBSERVATION BEDS (NON						
062 OTHER REIMBURS COST C						
065 AMBULANCE SERVICES	5,268	5,268	247,968	5,268	247,968	2,326,836
071 HOME HEALTH AGENCY						
095 SPEC PURPOSE COST CEN						
095 SUBTOTALS	668,033	668,033	9,330,097	668,033	9,330,097	67,956,363
096 NONREIMBURS COST CENT						
096 GIFT, FLOWER, COFFEE	725	725	355	725	355	
100 WELLNESS COMMUNITY			2,848		2,848	115,465
100 01 BUILDING RENTALS			462		462	
100 02 HOSPICE						
100 03 OUTREACH CLINICS			5,195		5,195	
100 04 SPEECH - HEARING AIDS						
100 05 NONALLOWABLE MARKETIN						
100 06 CRH FOUNDATION	790	790	8,976	790	8,976	

COST CENTER DESCRIPTION	OLD CAP REL C OSTS-BLDG & (SQ FEET )	OLD CAP REL C OSTS-BLDG & (SQ FEET )	OLD CAP REL C OSTS-MVBLE E (DEPR )	NEW CAP REL C OSTS-BLDG & (SQ FEET )	NEW CAP REL C OSTS-MVBLE E (DEPR )	EMPLOYEE BENE FITS (GROSS SAL )
	1	1.01	2	3	4	5
NONREIMBURS COST CENT						
100 07 HEALTHY COMMUNITIES	1,099	1,099	33,811	1,099	33,811	69,689
100 08 FLOOD LOSS						
101 CROSS FOOT ADJUSTMENT						
102 NEGATIVE COST CENTER						
103 COST TO BE ALLOCATED (WRKSHT B, PART I)	2,525,061		106,881	7,852,869	10,099,451	23,644,405
104 UNIT COST MULTIPLIER (WRKSHT B, PT I)	3.765112		.011392	11.709393	1.076500	.346990
105 COST TO BE ALLOCATED (WRKSHT B, PART II)						43,344
106 UNIT COST MULTIPLIER (WRKSHT B, PT II)						.000636
107 COST TO BE ALLOCATED (WRKSHT B, PART III)						212,162
108 UNIT COST MULTIPLIER (WRKSHT B, PT III)						.003114

COST CENTER DESCRIPTION	NONPATIENT TELEPHONES (PHONES)	DATA PROCESSING (DP COST)	PURCHASING RECEIVING (SUP COST)	ADMINISTRATIVE (REVENUE)	CASHIERING/ACCOUNTS RECEI (REVENUE)	RECONCILIATION	OTHER ADMINISTRATIVE AND (ACCUM. COST)
GENERAL SERVICE COST	6.01	6.02	6.03	6.04	6.05	6a.06	6.06
001 OLD CAP REL COSTS-BLD							
001 01 OLD CAP REL COSTS-BLD							
002 OLD CAP REL COSTS-MVB							
003 NEW CAP REL COSTS-BLD							
004 NEW CAP REL COSTS-MVB							
005 EMPLOYEE BENEFITS							
006 01 NONPATIENT TELEPHONES	1,313						
006 02 DATA PROCESSING	51	10,000					
006 03 PURCHASING RECEIVING	22		6,290,661				
006 04 ADMINISTRATION	25		13,281	389,522,000			
006 05 CASHIERING/ACCOUNTS R	55	739	9,549		389,522,000		
006 06 OTHER ADMINISTRATIVE	192	314	15,070			-18,237,528	158,236,798
008 OPERATION OF PLANT	30		1,482				11,816,621
009 LAUNDRY & LINEN SERVI			157				633,957
010 HOUSEKEEPING	8		72,722				2,329,002
011 DIETARY	5		3,246				1,898,629
012 CAFETERIA	5		3,132				518,728
014 NURSING ADMINISTRATION	18	5,372	2,393				8,886,969
015 CENTRAL SERVICES & SU	9		21,304				904,133
016 PHARMACY	27	280	94,310				5,251,720
017 MEDICAL RECORDS & LIB	59	857	12,333				2,836,553
018 SOCIAL SERVICE	3						491,728
024 PARAMEDICAL PRGM-(SPEC							
024 01 XRAY EDUCATION	2		85				196,284
025 INPATIENT ROUTINE SRVC CN							
025 ADULTS & PEDIATRICS	196		490,776	39,973,104	39,973,104		20,595,472
026 INTENSIVE CARE UNIT	34		89,877	6,348,229	6,348,229		3,311,822
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE U							
029 SURGICAL INTENSIVE CA							
031 SUBPROVIDER	23		38,545	4,209,561	4,209,561		2,314,411
033 NURSERY			104	2,689,885	2,689,885		872,414
034 SKILLED NURSING FACIL							
034 ANCILLARY SRVC COST C							
037 OPERATING ROOM	102		446,499	44,626,713	44,626,713		11,136,148
038 RECOVERY ROOM	16		18,650	3,545,056	3,545,056		1,164,604
039 DELIVERY ROOM & LABOR							
040 ANESTHESIOLOGY	2		81,855	3,200,750	3,200,750		450,385
041 RADIOLOGY-DIAGNOSTIC	34		36,478	7,250,314	7,250,314		3,358,056
041 01 CAT SCAN	7		42	21,107,658	21,107,658		1,726,963
041 02 NUCLEAR MEDICINE-DIAG	7		635	5,405,723	5,405,723		1,741,806
041 03 MAGNETIC RESONANCE IM	2			9,426,474	9,426,474		851,432
041 04 ULTRA SOUND	3		622	4,179,955	4,179,955		891,997
041 05 MAMMOGRAPHY	14		4,961	2,636,471	2,636,471		1,407,556
042 RADIOLOGY-THERAPEUTIC	15		4,228	5,949,907	5,949,907		2,523,294
044 LABORATORY	62	2,438	310,760	50,066,667	50,066,667		10,610,731
044 01 LABORATORY-PATHOLOGIC	7		22,915	3,574,135	3,574,135		1,052,023
046 WHOLE BLOOD & PACKED	3		2,105	2,432,322	2,432,322		1,287,296
049 RESPIRATORY THERAPY	27		25,051	10,285,851	10,285,851		2,768,990
050 PHYSICAL THERAPY	52		43,829	11,256,768	11,256,768		4,420,564
051 OCCUPATIONAL THERAPY	3		78	3,642,250	3,642,250		1,385,823
052 SPEECH PATHOLOGY	9		643	1,486,107	1,486,107		791,340
053 ELECTROCARDIOLOGY	18		8,965	6,316,835	6,316,835		947,040
054 ELECTROENCEPHALOGRAPH	25		6,988	5,069,728	5,069,728		954,500
055 MEDICAL SUPPLIES CHAR			3,548,678	18,922,119	18,922,119		10,181,000
055 30 IMPL. DEV. CHARGED TO			199,755	19,286,517	19,286,517		8,261,267
056 DRUGS CHARGED TO PATI			342,216	41,130,215	41,130,215		10,600,334
057 RENAL DIALYSIS				513,663	513,663		371,616
059 CARDIAC CATHETERIZATION	40		37,463	16,795,854	16,795,854		3,432,078
059 97 CARDIAC REHABILITATIO	3		614	492,691	492,691		172,337
060 OUTPAT SERVICE COST C							
060 CLINIC	25		16,775	2,335,115	2,335,115		796,948
060 01 DIABETES CENTER	2		1,189	84,480	84,480		258,308
060 02 NEUROPSYCH	2		528	123,323	123,323		96,327
061 EMERGENCY	42		195,960	31,106,139	31,106,139		6,623,793
062 OBSERVATION BEDS (NON							
062 OTHER REIMBURS COST C							
065 AMBULANCE SERVICES	5		29,983	3,819,396	3,819,396		2,573,635
071 HOME HEALTH AGENCY							
071 SPEC PURPOSE COST CEN							
095 SUBTOTALS	1,291	10,000	6,256,831	389,289,975	389,289,975	-18,237,528	155,696,634
095 NONREIMBURS COST CENT							
096 GIFT, FLOWER, COFFEE	2						12,505
100 WELLNESS COMMUNITY	3			464			342,793
100 01 BUILDING RENTALS							127,331
100 02 HOSPICE				32,533			82,423
100 03 OUTREACH CLINICS							20,562
100 04 SPEECH - HEARING AIDS				232,025	232,025		118,904
100 05 NONALLOWABLE MARKETIN							1,648,141
100 06 CRH FOUNDATION	8			612			25,809

COST ALLOCATION - STATISTICAL BASIS

PROVIDER NO:  
15-0112

PERIOD:  
FROM 1/ 1/2010  
TO 12/31/2010

PREPARED 6/ 3/2011  
WORKSHEET B-1

COST CENTER DESCRIPTION	NONPATIENT TELEPHONES (PHONES )	DATA PROCESSING (DP COST )	PURCHASING RECEIVING AND (SUP COST )	ADMINISTRATIVE (REVENUE )	CASHIERING/AC COUNTS RECEI (REVENUE )	RECONCILIATION ( )	OTHER ADMINISTRATIVE AND ( ACCUM. COST )
NONREIMBURS COST CENT	6.01	6.02	6.03	6.04	6.05	6a.06	6.06
100 07 HEALTHY COMMUNITIES	9		221				161,696
100 08 FLOOD LOSS							
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 COST TO BE ALLOCATED (WRKSHT B, PART I)	590,837	8,576,098	2,151,413	1,892,070	4,168,319		18,237,528
104 UNIT COST MULTIPLIER (WRKSHT B, PT I)	449.990099	857.609800	.342001	.004857	.010701		.115255
105 COST TO BE ALLOCATED (WRKSHT B, PART II)	2,515	88,309	76,130	6,407	21,374		96,402
106 UNIT COST MULTIPLIER (WRKSHT B, PT II)	1.915461	8.830900	.012102	.000016	.000055		.000609
107 COST TO BE ALLOCATED (WRKSHT B, PART III)	161,160	652,459	501,129	96,173	240,577		1,980,539
108 UNIT COST MULTIPLIER (WRKSHT B, PT III)	122.741813	65.245900	.079662	.000247	.000618		.012516

COST CENTER DESCRIPTION	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY
	(SQ FEET)	(LDRY LBS)	(TIME SPT)	(MEALS)	(FTES)	(NURS HRS)	(STER SUP)
	8	9	10	11	12	14	15
GENERAL SERVICE COST							
001 OLD CAP REL COSTS-BLD							
001 01 OLD CAP REL COSTS-BLD							
002 OLD CAP REL COSTS-MVB							
003 NEW CAP REL COSTS-BLD							
004 NEW CAP REL COSTS-MVB							
005 EMPLOYEE BENEFITS							
006 01 NONPATIENT TELEPHONES							
006 02 DATA PROCESSING							
006 03 PURCHASING RECEIVING							
006 04 ADMITTING							
006 05 CASHIERING/ACCOUNTS R							
006 06 OTHER ADMINISTRATIVE							
008 OPERATION OF PLANT	234,354						
009 LAUNDRY & LINEN SERVICE		849,761					
010 HOUSEKEEPING	2,802	35,000	5,103				
011 DIETARY	5,850	61	43	195,219			
012 CAFETERIA	3,980	59	41		990		
014 NURSING ADMINISTRATION	1,338		4		41	1,338,322	
015 CENTRAL SERVICES & SUPPLY	7,670		23		12	24,023	2,984
016 PHARMACY	5,023		78		41		
017 MEDICAL RECORDS & LIB	6,698				37		
018 SOCIAL SERVICE	437		2		7		
024 PARAMEDICAL PRGM-(SPEC							
024 01 XRAY EDUCATION	616		11		2		
025 INPAT ROUTINE SRVC CN							
025 ADULTS & PEDIATRICS	65,420	354,879	2,115	152,547	240	499,206	142
026 INTENSIVE CARE UNIT	10,980	31,490	202	15,617	31	64,973	16
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE U							
029 SURGICAL INTENSIVE CA							
031 SUBPROVIDER	11,085	69,708	334	25,249	26	53,121	
033 NURSERY	583	9,217	2		8	17,555	9
034 SKILLED NURSING FACIL							
034 ANCILLARY SRVC COST C							
037 OPERATING ROOM	30,670	175,682	714	548	86	178,572	2,608
038 RECOVERY ROOM	3,296	28,206	75		12	25,872	4
039 DELIVERY ROOM & LABOR							
040 ANESTHESIOLOGY	119						
041 RADIOLOGY-DIAGNOSTIC	8,026	55,430	134	77	28		26
041 01 CAT SCAN	1,025		13		8		
041 02 NUCLEAR MEDICINE-DIAG	3,384		120		4		
041 03 MAGNETIC RESONANCE IM	900		13		3		
041 04 ULTRA SOUND	1,504		28		5		
041 05 MAMMOGRAPHY	273	5,200	61		12	24,262	7
042 RADIOLOGY-THERAPEUTIC	7,903	4,918	91	118	12	24,406	
044 LABORATORY	10,722	395	71		73		10
044 01 LABORATORY-PATHOLOGIC	1,212		5		6		5
046 WHOLE BLOOD & PACKED	524		3		4		
049 RESPIRATORY THERAPY	6,212		96		27	56,357	56
050 PHYSICAL THERAPY	428	11,704	2		47		53
051 OCCUPATIONAL THERAPY	352		2		10		
052 SPEECH PATHOLOGY	275		1		8		
053 ELECTROCARDIOLOGY	1,398		27		7	14,625	
054 ELECTROENCEPHALOGRAPH			172		9		
055 MEDICAL SUPPLIES CHAR							
055 30 IMPL. DEV. CHARGED TO							
056 DRUGS CHARGED TO PATI							
057 RENAL DIALYSIS							
059 CARDIAC CATHETERIZATION	10,499	3,614	115	407	19	38,852	30
059 97 CARDIAC REHABILITATIO					2	3,976	
060 OUTPAT SERVICE COST C							
060 CLINIC	4,340	18,409	78	441	7	15,351	4
060 01 DIABETES CENTER	215				2	3,869	
060 02 NEUROPSYCH	125			215	4		
061 EMERGENCY	10,482	45,789	403		76	158,247	14
062 OBSERVATION BEDS (NON							
062 OTHER REIMBURS COST C							
065 AMBULANCE SERVICES	5,268				65	135,055	
071 HOME HEALTH AGENCY							
071 SPEC PURPOSE COST CEN							
095 SUBTOTALS	231,740	849,761	5,079	195,219	981	1,338,322	2,984
095 NONREIMBURS COST CENT							
096 GIFT, FLOWER, COFFEE	725						
100 WELLNESS COMMUNITY					4		
100 01 BUILDING RENTALS							
100 02 HOSPICE							
100 03 OUTREACH CLINICS							
100 04 SPEECH - HEARING AIDS							
100 05 NONALLOWABLE MARKETIN							
100 06 CRH FOUNDATION	790		20				

COST CENTER DESCRIPTION	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY
	(SQ FEET )	(LDRY LBS )	(TIME SPT )	(MEALS )	(FTES )	(NURS HRS )	(STER SUP )
	8	9	10	11	12	14	15
NONREIMBURS COST CENT							
100 07 HEALTHY COMMUNITIES	1,099		4		5		
100 08 FLOOD LOSS							
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 COST TO BE ALLOCATED (WRKSHT B, PART I)	13,178,546	712,985	2,784,363	2,469,934	824,744	10,022,816	1,642,107
104 UNIT COST MULTIPLIER (WRKSHT B, PT I)	56.233501	.839042	545.632569	12.652119	833.074747	7.489092	550.303954
105 COST TO BE ALLOCATED (WRKSHT B, PART II)	1,327,084	1,602	31,921	59,635	24,612	68,890	75,372
106 UNIT COST MULTIPLIER (WRKSHT B, PT II)	5.662732	.001885	6.255340	.305477	24.860606	.051475	25.258713
107 COST TO BE ALLOCATED (WRKSHT B, PART III)	4,577,359	12,004	191,078	295,573	165,662	557,727	315,561
108 UNIT COST MULTIPLIER (WRKSHT B, PT III)	19.531815	.014126	37.444248	1.514059	167.335354	.416736	105.751005

COST CENTER DESCRIPTION	PHARMACY (DRG COST)	MEDICAL RECORDS & LIBRARY (TIME SPT)	SOCIAL SERVICE (TIME SPT)	PARAMED ED PRGM-(SPECIFY) (PERCENT)	XRAY EDUCATION (PERCENT)
	16	17	18	24	24.01
GENERAL SERVICE COST					
001 OLD CAP REL COSTS-BLD					
001 01 OLD CAP REL COSTS-BLD					
002 OLD CAP REL COSTS-MVB					
003 NEW CAP REL COSTS-BLD					
004 NEW CAP REL COSTS-MVB					
005 EMPLOYEE BENEFITS					
006 01 NONPATIENT TELEPHONES					
006 02 DATA PROCESSING					
006 03 PURCHASING RECEIVING					
006 04 ADMINITTING					
006 05 CASHIERING/ACCOUNTS R					
006 06 OTHER ADMINISTRATIVE					
008 OPERATION OF PLANT					
009 LAUNDRY & LINEN SERVI					
010 HOUSEKEEPING					
011 DIETARY					
012 CAFETERIA					
014 NURSING ADMINISTRATION					
015 CENTRAL SERVICES & SU					
016 PHARMACY	9,708,040				
017 MEDICAL RECORDS & LIB		10,660			
018 SOCIAL SERVICE			581		
024 PARAMED ED PRGM-(SPEC					
024 01 XRAY EDUCATION					100
INPAT ROUTINE SRVC CN					
025 ADULTS & PEDIATRICS	12,362	3,529	235		
026 INTENSIVE CARE UNIT	3,336	294	13		
027 CORONARY CARE UNIT					
028 BURN INTENSIVE CARE U					
029 SURGICAL INTENSIVE CA					
031 SUBPROVIDER	439	505	216		
033 NURSERY	5				
034 SKILLED NURSING FACIL					
ANCILLARY SRVC COST C					
037 OPERATING ROOM	34,210	1,936			
038 RECOVERY ROOM	602				
039 DELIVERY ROOM & LABOR					
040 ANESTHESIOLOGY	83,607				
041 RADIOLOGY-DIAGNOSTIC	4,475				100
041 01 CAT SCAN	13,933				
041 02 NUCLEAR MEDICINE-DIAG	2,815				
041 03 MAGNETIC RESONANCE IM	106				
041 04 ULTRA SOUND	441				
041 05 MAMMOGRAPHY	340				
042 RADIOLOGY-THERAPEUTIC		124	32		
044 LABORATORY	1,734				
044 01 LABORATORY-PATHOLOGIC		696			
046 WHOLE BLOOD & PACKED	22				
049 RESPIRATORY THERAPY	2,786				
050 PHYSICAL THERAPY	8,948	1,342			
051 OCCUPATIONAL THERAPY		268			
052 SPEECH PATHOLOGY	243	1			
053 ELECTROCARDIOLOGY	1,624	354			
054 ELECTROENCEPHALOGRAPH	5	1,140			
055 MEDICAL SUPPLIES CHAR					
055 30 IMPL. DEV. CHARGED TO					
056 DRUGS CHARGED TO PATI	9,500,348				
057 RENAL DIALYSIS					
059 CARDIAC CATHERIZATION	14,572	456			
059 97 CARDIAC REHABILITATIO					
OUTPAT SERVICE COST C					
CLINIC	1,376	11	78		
060 01 DIABETES CENTER					
060 02 NEUROPSYCH			1		
061 EMERGENCY	6,501	4	6		
062 OBSERVATION BEDS (NON					
OTHER REIMBURS COST C					
065 AMBULANCE SERVICES	12,868				
071 HOME HEALTH AGENCY					
SPEC PURPOSE COST CEN					
095 SUBTOTALS	9,707,698	10,660	581		100
NONREIMBURS COST CENT					
096 GIFT, FLOWER, COFFEE					
100 WELLNESS COMMUNITY					
100 01 BUILDING RENTALS					
100 02 HOSPICE	342				
100 03 OUTREACH CLINICS					
100 04 SPEECH - HEARING AIDS					
100 05 NONALLOWABLE MARKETIN					
100 06 CRH FOUNDATION					

COST ALLOCATION - STATISTICAL BASIS

PROVIDER NO: 15-0112  
 PERIOD: FROM 1/1/2010 TO 12/31/2010  
 PREPARED 6/3/2011  
 WORKSHEET B-1

COST CENTER DESCRIPTION	PHARMACY (DRG COST)	MEDICAL RECORDS & LIBRARY (TIME SPT)	SOCIAL SERVICE (TIME SPT)	PARAMED ED PR GM-(SPECIFY) (PERCENT)	XRAY EDUCATION (PERCENT)
NONREIMBURS COST CENT	16	17	18	24	24.01
100 07 HEALTHY COMMUNITIES					
100 08 FLOOD LOSS					
101 CROSS FOOT ADJUSTMENT					
102 NEGATIVE COST CENTER					
103 COST TO BE ALLOCATED (PER WRKSHT B, PART	6,216,183	3,570,956	579,899		261,215
104 UNIT COST MULTIPLIER (WRKSHT B, PT I)	.640313	334.986492	998.104991		2,612.150000
105 COST TO BE ALLOCATED (PER WRKSHT B, PART	62,212	76,252	4,914		6,247
106 UNIT COST MULTIPLIER (WRKSHT B, PT II)	.006408	7.153096	8.457831		62.470000
107 COST TO BE ALLOCATED (PER WRKSHT B, PART	704,408	512,254	30,480		33,093
108 UNIT COST MULTIPLIER (WRKSHT B, PT III)	.072559	48.053846	52.461274		330.930000

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5
	INPAT ROUTINE SRVC CNTRS					
25	ADULTS & PEDIATRICS	35,471,082		35,471,082	54,758	35,525,840
26	INTENSIVE CARE UNIT	5,280,013		5,280,013	975	5,280,988
27	CORONARY CARE UNIT					
28	BURN INTENSIVE CARE UNIT					
29	SURGICAL INTENSIVE CARE U					
31	SUBPROVIDER	4,569,216		4,569,216		4,569,216
33	NURSERY	1,157,664		1,157,664		1,157,664
34	SKILLED NURSING FACILITY					
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	18,202,864		18,202,864	235,986	18,438,850
38	RECOVERY ROOM	1,755,105		1,755,105		1,755,105
39	DELIVERY ROOM & LABOR ROO					
40	ANESTHESIOLOGY	562,521		562,521	23,769	586,290
41	RADIOLOGY-DIAGNOSTIC	4,618,730		4,618,730		4,618,730
41	01 CAT SCAN	2,006,322		2,006,322		2,006,322
41	02 NUCLEAR MEDICINE-DIAGNOST	2,203,462		2,203,462		2,203,462
41	03 MAGNETIC RESONANCE IMAGIN	1,009,834		1,009,834		1,009,834
41	04 ULTRA SOUND	1,099,104		1,099,104		1,099,104
41	05 MAMMOGRAPHY	1,818,550		1,818,550		1,818,550
42	RADIOLOGY-THERAPEUTIC	3,580,054		3,580,054		3,580,054
44	LABORATORY	12,543,105		12,543,105		12,543,105
44	01 LABORATORY-PATHOLOGICAL	1,485,058		1,485,058		1,485,058
46	WHOLE BLOOD & PACKED RED	1,470,112		1,470,112		1,470,112
49	RESPIRATORY THERAPY	3,966,991		3,966,991	53,050	4,020,041
50	PHYSICAL THERAPY	5,488,638		5,488,638		5,488,638
51	OCCUPATIONAL THERAPY	1,664,538		1,664,538		1,664,538
52	SPEECH PATHOLOGY	905,712		905,712		905,712
53	ELECTROCARDIOLOGY	1,384,522		1,384,522	619	1,385,141
54	ELECTROENCEPHALOGRAPHY	1,547,746		1,547,746	1,774	1,549,520
55	MEDICAL SUPPLIES CHARGED	11,354,411		11,354,411		11,354,411
55	30 IMPL. DEV. CHARGED TO PAT	9,213,419		9,213,419		9,213,419
56	DRUGS CHARGED TO PATIENTS	17,905,270		17,905,270		17,905,270
57	RENAL DIALYSIS	414,447		414,447		414,447
59	CARDIAC CATHETERIZATION LAB	4,974,355		4,974,355	701	4,975,056
59	97 CARDIAC REHABILITATION	223,643		223,643		223,643
	OUTPAT SERVICE COST CNTRS					
60	CLINIC	1,401,854		1,401,854	86,212	1,488,066
60	01 DIABETES CENTER	330,810		330,810		330,810
60	02 NEUROPSYCH	121,508		121,508		121,508
61	EMERGENCY	9,502,603		9,502,603	37,590	9,540,193
62	OBSERVATION BEDS (NON-DIS	5,091,557		5,091,557		5,091,557
	OTHER REIMBURS COST CNTRS					
65	AMBULANCE SERVICES	4,240,326		4,240,326	2,639	4,242,965
101	SUBTOTAL	178,565,146		178,565,146	498,073	179,063,219
102	LESS OBSERVATION BEDS	5,091,557		5,091,557		5,091,557
103	TOTAL	173,473,589		173,473,589	498,073	173,971,662

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT CHARGES 6	OUTPATIENT CHARGES 7	TOTAL CHARGES 8	COST OR OTHER RATIO 9	TEFRA INPAT- IENT RATIO 10	PPS INPAT- IENT RATIO 11
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	33,156,999		33,156,999			
26	INTENSIVE CARE UNIT	6,299,959		6,299,959			
27	CORONARY CARE UNIT						
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U						
31	SUBPROVIDER	4,209,561		4,209,561			
33	NURSERY	2,688,500		2,688,500			
34	SKILLED NURSING FACILITY ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	16,170,104	28,456,609	44,626,713	.407892	.407892	.413180
38	RECOVERY ROOM	1,353,307	2,191,749	3,545,056	.495085	.495085	.495085
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY	1,546,303	1,654,447	3,200,750	.175747	.175747	.183173
41	RADIOLOGY-DIAGNOSTIC	2,025,478	5,224,836	7,250,314	.637039	.637039	.637039
41	01 CAT SCAN	3,827,277	17,280,381	21,107,658	.095052	.095052	.095052
41	02 NUCLEAR MEDICINE-DIAGNOST	824,678	4,581,045	5,405,723	.407617	.407617	.407617
41	03 MAGNETIC RESONANCE IMAGIN	1,761,801	7,664,673	9,426,474	.107127	.107127	.107127
41	04 ULTRA SOUND	686,518	3,493,437	4,179,955	.262946	.262946	.262946
41	05 MAMMOGRAPHY	396	2,636,075	2,636,471	.689767	.689767	.689767
42	RADIOLOGY-THERAPEUTIC	145,441	5,804,467	5,949,908	.601699	.601699	.601699
44	LABORATORY	15,103,201	34,963,466	50,066,667	.250528	.250528	.250528
44	01 LABORATORY-PATHOLOGICAL	438,332	3,135,803	3,574,135	.415501	.415501	.415501
46	WHOLE BLOOD & PACKED RED	1,580,746	851,576	2,432,322	.604407	.604407	.604407
49	RESPIRATORY THERAPY	8,272,908	2,012,943	10,285,851	.385675	.385675	.390832
50	PHYSICAL THERAPY	2,883,868	8,372,900	11,256,768	.487586	.487586	.487586
51	OCCUPATIONAL THERAPY	2,069,236	1,573,014	3,642,250	.457008	.457008	.457008
52	SPEECH PATHOLOGY	726,212	759,895	1,486,107	.609453	.609453	.609453
53	ELECTROCARDIOLOGY	2,208,471	4,108,364	6,316,835	.219180	.219180	.219278
54	ELECTROENCEPHALOGRAPHY	216,779	4,852,949	5,069,728	.305292	.305292	.305642
55	MEDICAL SUPPLIES CHARGED	8,195,029	10,727,090	18,922,119	.600060	.600060	.600060
55	30 IMPL. DEV. CHARGED TO PAT	12,957,124	6,329,393	19,286,517	.477713	.477713	.477713
56	DRUGS CHARGED TO PATIENTS	20,210,306	20,919,909	41,130,215	.435331	.435331	.435331
57	RENAL DIALYSIS	513,663		513,663	.806846	.806846	.806846
59	CARDIAC CATHETERIZATION LAB	6,667,662	10,128,192	16,795,854	.296166	.296166	.296207
59	97 CARDIAC REHABILITATION	37,938	454,753	492,691	.453921	.453921	.453921
60	OUTPAT SERVICE COST CNTRS CLINIC	22,928	2,312,187	2,335,115	.600336	.600336	.637256
60	01 DIABETES CENTER	324	84,156	84,480	.3915838	.3915838	.3915838
60	02 NEUROPSYCH	3,564	119,759	123,323	.985283	.985283	.985283
61	EMERGENCY	6,190,958	24,915,181	31,106,139	.305490	.305490	.306698
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS		6,865,760	6,865,760	.741587	.741587	.741587
65	AMBULANCE SERVICES	15,707	3,803,689	3,819,396	1.110209	1.110209	1.110899
101	SUBTOTAL	163,011,278	226,278,698	389,289,976			
102	LESS OBSERVATION BEDS						
103	TOTAL	163,011,278	226,278,698	389,289,976			





WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27 1	CAPITAL COST WKST B PT II & III, COL. 27 2	OPERATING COST NET OF CAPITAL COST 3	CAPITAL REDUCTION 4	OPERATING COST REDUCTION AMOUNT 5	COST NET OF CAP AND OPER COST REDUCTION 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM	18,202,864	3,727,861	14,475,003			18,202,864
38	RECOVERY ROOM	1,755,105	209,615	1,545,490			1,755,105
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY	562,521	167,185	395,336			562,521
41	RADIOLOGY-DIAGNOSTIC	4,618,730	863,487	3,755,243			4,618,730
41 01	CAT SCAN	2,006,322	478,821	1,527,501			2,006,322
41 02	NUCLEAR MEDICINE-DIAGNOST	2,203,462	658,375	1,545,087			2,203,462
41 03	MAGNETIC RESONANCE IMAGIN	1,009,834	270,004	739,830			1,009,834
41 04	ULTRA SOUND	1,099,104	179,505	919,599			1,099,104
41 05	MAMMOGRAPHY	1,818,550	450,325	1,368,225			1,818,550
42	RADIOLOGY-THERAPEUTIC	3,580,054	947,548	2,632,506			3,580,054
44	LABORATORY	12,543,105	1,344,873	11,198,232			12,543,105
44 01	LABORATORY-PATHOLOGICAL	1,485,058	197,518	1,287,540			1,485,058
46	WHOLE BLOOD & PACKED RED	1,470,112	58,036	1,412,076			1,470,112
49	RESPIRATORY THERAPY	3,966,991	520,236	3,446,755			3,966,991
50	PHYSICAL THERAPY	5,488,638	629,758	4,858,880			5,488,638
51	OCCUPATIONAL THERAPY	1,664,538	108,079	1,556,459			1,664,538
52	SPEECH PATHOLOGY	905,712	63,220	842,492			905,712
53	ELECTROCARDIOLOGY	1,384,522	273,302	1,111,220			1,384,522
54	ELECTROENCEPHALOGRAPHY	1,547,746	133,781	1,413,965			1,547,746
55	MEDICAL SUPPLIES CHARGED	11,354,411	476,976	10,877,435			11,354,411
55 30	IMPL. DEV. CHARGED TO PAT	9,213,419	144,812	9,068,607			9,213,419
56	DRUGS CHARGED TO PATIENTS	17,905,270	959,249	16,946,021			17,905,270
57	RENAL DIALYSIS	414,447	5,357	409,090			414,447
59	CARDIAC CATHETERIZATION LAB	4,974,355	1,345,982	3,628,373			4,974,355
59 97	CARDIAC REHABILITATION	223,643	30,248	193,395			223,643
60	OUTPAT SERVICE COST CNTRS						
	CLINIC	1,401,854	254,989	1,146,865			1,401,854
60 01	DIABETES CENTER	330,810	28,865	301,945			330,810
60 02	NEUROPSYCH	121,508	10,587	110,921			121,508
61	EMERGENCY	9,502,603	874,273	8,628,330			9,502,603
62	OBSERVATION BEDS (NON-DIS	5,091,557	735,363	4,356,194			5,091,557
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES	4,240,326	690,567	3,549,759			4,240,326
101	SUBTOTAL	132,087,171	16,838,797	115,248,374			132,087,171
102	LESS OBSERVATION BEDS	5,091,557	735,363	4,356,194			5,091,557
103	TOTAL	126,995,614	16,103,434	110,892,180			126,995,614

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRG RATIO	I/P PT B COST TO CHRG RATIO
		7	8	9
37	ANCILLARY SRVC COST CNTRS			
	OPERATING ROOM	44,626,713	.407892	.407892
38	RECOVERY ROOM	3,545,056	.495085	.495085
39	DELIVERY ROOM & LABOR ROO			
40	ANESTHESIOLOGY	3,200,750	.175747	.175747
41	RADIOLOGY-DIAGNOSTIC	7,250,314	.637039	.637039
41 01	CAT SCAN	21,107,658	.095052	.095052
41 02	NUCLEAR MEDICINE-DIAGNOST	5,405,723	.407617	.407617
41 03	MAGNETIC RESONANCE IMAGIN	9,426,474	.107127	.107127
41 04	ULTRA SOUND	4,179,955	.262946	.262946
41 05	MAMMOGRAPHY	2,636,471	.689767	.689767
42	RADIOLOGY-THERAPEUTIC	5,949,908	.601699	.601699
44	LABORATORY	50,066,667	.250528	.250528
44 01	LABORATORY-PATHOLOGICAL	3,574,135	.415501	.415501
46	WHOLE BLOOD & PACKED RED	2,432,322	.604407	.604407
49	RESPIRATORY THERAPY	10,285,851	.385675	.385675
50	PHYSICAL THERAPY	11,256,768	.487586	.487586
51	OCCUPATIONAL THERAPY	3,642,250	.457008	.457008
52	SPEECH PATHOLOGY	1,486,107	.609453	.609453
53	ELECTROCARDIOLOGY	6,316,835	.219180	.219180
54	ELECTROENCEPHALOGRAPHY	5,069,728	.305292	.305292
55	MEDICAL SUPPLIES CHARGED	18,922,119	.600060	.600060
55 30	IMPL. DEV. CHARGED TO PAT	19,286,517	.477713	.477713
56	DRUGS CHARGED TO PATIENTS	41,130,215	.435331	.435331
57	RENAL DIALYSIS	513,663	.806846	.806846
59	CARDIAC CATHETERIZATION LAB	16,795,854	.296166	.296166
59 97	CARDIAC REHABILITATION	492,691	.453921	.453921
60	OUTPAT SERVICE COST CNTRS			
	CLINIC	2,335,115	.600336	.600336
60 01	DIABETES CENTER	84,480	3.915838	3.915838
60 02	NEUROPSYCH	123,323	.985283	.985283
61	EMERGENCY	31,106,139	.305490	.305490
62	OBSERVATION BEDS (NON-DIS	6,865,760	.741587	.741587
	OTHER REIMBURS COST CNTRS			
65	AMBULANCE SERVICES	3,819,396	1.110209	1.110209
101	SUBTOTAL	342,934,957		
102	LESS OBSERVATION BEDS	6,865,760		
103	TOTAL	336,069,197		

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27 1	CAPITAL COST WKST B PT II & III, COL. 27 2	OPERATING COST NET OF CAPITAL COST 3	CAPITAL REDUCTION 4	OPERATING COST REDUCTION AMOUNT 5	COST NET OF CAP AND OPER COST REDUCTION 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM	18,202,864	3,727,861	14,475,003	372,786	839,550	16,990,528
38	RECOVERY ROOM	1,755,105	209,615	1,545,490	20,962	89,638	1,644,505
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY	562,521	167,185	395,336	16,719	22,929	522,873
41	RADIOLOGY-DIAGNOSTIC	4,618,730	863,487	3,755,243	86,349	217,804	4,314,577
41 01	CAT SCAN	2,006,322	478,821	1,527,501	47,882	88,595	1,869,845
41 02	NUCLEAR MEDICINE-DIAGNOST	2,203,462	658,375	1,545,087	65,838	89,615	2,048,009
41 03	MAGNETIC RESONANCE IMAGIN	1,009,834	270,004	739,830	27,000	42,910	939,924
41 04	ULTRA SOUND	1,099,104	179,505	919,599	17,951	53,337	1,027,816
41 05	MAMMOGRAPHY	1,818,550	450,325	1,368,225	45,033	79,357	1,694,160
42	RADIOLOGY-THERAPEUTIC	3,580,054	947,548	2,632,506	94,755	152,685	3,332,614
44	LABORATORY	12,543,105	1,344,873	11,198,232	134,487	649,497	11,759,121
44 01	LABORATORY-PATHOLOGICAL	1,485,058	197,518	1,287,540	19,752	74,677	1,390,629
46	WHOLE BLOOD & PACKED RED	1,470,112	58,036	1,412,076	5,804	81,900	1,382,408
49	RESPIRATORY THERAPY	3,966,991	520,236	3,446,755	52,024	199,912	3,715,055
50	PHYSICAL THERAPY	5,488,638	629,758	4,858,880	62,976	281,815	5,143,847
51	OCCUPATIONAL THERAPY	1,664,538	108,079	1,556,459	10,808	90,275	1,563,455
52	SPEECH PATHOLOGY	905,712	63,220	842,492	6,322	48,865	850,525
53	ELECTROCARDIOLOGY	1,384,522	273,302	1,111,220	27,330	64,451	1,292,741
54	ELECTROENCEPHALOGRAPHY	1,547,746	133,781	1,413,965	13,378	82,010	1,452,358
55	MEDICAL SUPPLIES CHARGED	11,354,411	476,976	10,877,435	47,698	630,891	10,675,822
55 30	IMPL. DEV. CHARGED TO PAT	9,213,419	144,812	9,068,607	14,481	525,979	8,672,959
56	DRUGS CHARGED TO PATIENTS	17,905,270	959,249	16,946,021	95,925	982,869	16,826,476
57	RENAL DIALYSIS	414,447	5,357	409,090	536	23,727	390,184
59	CARDIAC CATHETERIZATION LAB	4,974,355	1,345,982	3,628,373	134,598	210,446	4,629,311
59 97	CARDIAC REHABILITATION	223,643	30,248	193,395	3,025	11,217	209,401
60	OUTPAT SERVICE COST CNTRS						
	CLINIC	1,401,854	254,989	1,146,865	25,499	66,518	1,309,837
60 01	DIABETES CENTER	330,810	28,865	301,945	2,887	17,513	310,410
60 02	NEUROPSYCH	121,508	10,587	110,921	1,059	6,433	114,016
61	EMERGENCY	9,502,603	874,273	8,628,330	87,427	500,443	8,914,733
62	OBSERVATION BEDS (NON-DIS	5,091,557	735,363	4,356,194	73,536	252,659	4,765,362
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES	4,240,326	690,567	3,549,759	69,057	205,886	3,965,383
101	SUBTOTAL	132,087,171	16,838,797	115,248,374	1,683,884	6,684,403	123,718,884
102	LESS OBSERVATION BEDS	5,091,557	735,363	4,356,194	73,536	252,659	4,765,362
103	TOTAL	126,995,614	16,103,434	110,892,180	1,610,348	6,431,744	118,953,522

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	44,626,713	.380726	.399538
38	RECOVERY ROOM	3,545,056	.463887	.489172
39	DELIVERY ROOM & LABOR ROO			
40	ANESTHESIOLOGY	3,200,750	.163360	.170523
41	RADIOLOGY-DIAGNOSTIC	7,250,314	.595088	.625129
41 01	CAT SCAN	21,107,658	.088586	.092783
41 02	NUCLEAR MEDICINE-DIAGNOST	5,405,723	.378859	.395437
41 03	MAGNETIC RESONANCE IMAGIN	9,426,474	.099711	.104263
41 04	ULTRA SOUND	4,179,955	.245892	.258652
41 05	MAMMOGRAPHY	2,636,471	.642586	.672686
42	RADIOLOGY-THERAPEUTIC	5,949,908	.560112	.585774
44	LABORATORY	50,066,667	.234869	.247842
44 01	LABORATORY-PATHOLOGICAL	3,574,135	.389081	.409975
46	WHOLE BLOOD & PACKED RED	2,432,322	.568349	.602021
49	RESPIRATORY THERAPY	10,285,851	.361181	.380617
50	PHYSICAL THERAPY	11,256,768	.456956	.481991
51	OCCUPATIONAL THERAPY	3,642,250	.429255	.454041
52	SPEECH PATHOLOGY	1,486,107	.572317	.605199
53	ELECTROCARDIOLOGY	6,316,835	.204650	.214853
54	ELECTROENCEPHALOGRAPHY	5,069,728	.286477	.302653
55	MEDICAL SUPPLIES CHARGED	18,922,119	.564198	.597539
55 30	IMPL. DEV. CHARGED TO PAT	19,286,517	.449690	.476962
56	DRUGS CHARGED TO PATIENTS	41,130,215	.409103	.432999
57	RENAL DIALYSIS	513,663	.759611	.805803
59	CARDIAC CATHETERIZATION LAB	16,795,854	.275622	.288152
59 97	CARDIAC REHABILITATION	492,691	.425015	.447782
60	OUTPAT SERVICE COST CNTRS			
	CLINIC	2,335,115	.560930	.589416
60 01	DIABETES CENTER	84,480	3.674361	3.881664
60 02	NEUROPSYCH	123,323	.924532	.976695
61	EMERGENCY	31,106,139	.286591	.302679
62	OBSERVATION BEDS (NON-DIS	6,865,760	.694076	.730876
	OTHER REIMBURS COST CNTRS			
65	AMBULANCE SERVICES	3,819,396	1.038223	1.092128
101	SUBTOTAL	342,934,957		
102	LESS OBSERVATION BEDS	6,865,760		
103	TOTAL	336,069,197		









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

PROVIDER NO: 15-0112  
 PERIOD: FROM 1/1/2010 TO 12/31/2010  
 PREPARED 6/3/2011  
 WORKSHEET D  
 PART III

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST 1	MED ED NRS SCHOOL COST 2	MED ED ALLIED HEALTH COST 2.01	MED ED ALL OTHER COSTS 2.02	SWING BED ADJ AMOUNT 3	TOTAL COSTS 4
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS						
26	INTENSIVE CARE UNIT						
27	CORONARY CARE UNIT						
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U						
31	SUBPROVIDER						
33	NURSERY						
34	SKILLED NURSING FACILITY						
101	TOTAL						

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

PROVIDER NO: 15-0112  
PERIOD: FROM 1/1/2010 TO 12/31/2010  
PREPARED 6/3/2011  
WORKSHEET D  
PART III

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL PATIENT DAYS	PER DIEM	INPAT PROG DAYS	INPAT PROG PASS THRU COST
		5	6	7	8
25	ADULTS & PEDIATRICS	29,047		12,413	
26	INTENSIVE CARE UNIT	2,575		1,453	
27	CORONARY CARE UNIT				
28	BURN INTENSIVE CARE UNIT				
29	SURGICAL INTENSIVE CARE U				
31	SUBPROVIDER	4,161		2,860	
33	NURSERY	3,626			
34	SKILLED NURSING FACILITY				
101	TOTAL	39,409		16,726	

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				261,215		
41	01 CAT SCAN						
41	02 NUCLEAR MEDICINE-DIAGNOST						
41	03 MAGNETIC RESONANCE IMAGIN						
41	04 ULTRA SOUND						
41	05 MAMMOGRAPHY						
42	RADIOLOGY-THERAPEUTIC						
44	LABORATORY						
44	01 LABORATORY-PATHOLOGICAL						
46	WHOLE BLOOD & PACKED RED						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED						
55	30 IMPL. DEV. CHARGED TO PAT						
56	DRUGS CHARGED TO PATIENTS						
57	RENAL DIALYSIS						
59	CARDIAC CATHETERIZATION LAB						
59	97 CARDIAC REHABILITATION						
60	OUTPAT SERVICE COST CNTRS						
	CLINIC						
60	01 DIABETES CENTER						
60	02 NEUROPSYCH						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES						
101	TOTAL				261,215		

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF CST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
37	ANCILLARY SRVC COST CNTRS							
	OPERATING ROOM			44,626,713			7,768,223	
38	RECOVERY ROOM			3,545,056			556,806	
39	DELIVERY ROOM & LABOR ROO							
40	ANESTHESIOLOGY			3,200,750			679,636	
41	RADIOLOGY-DIAGNOSTIC	261,215	261,215	7,250,314	.036028	.036028	1,468,564	52,909
41 01	CAT SCAN			21,107,658			2,353,789	
41 02	NUCLEAR MEDICINE-DIAGNOST			5,405,723			522,076	
41 03	MAGNETIC RESONANCE IMAGIN			9,426,474			1,007,126	
41 04	ULTRA SOUND			4,179,955			390,693	
41 05	MAMMOGRAPHY			2,636,471			396	
42	RADIOLOGY-THERAPEUTIC			5,949,908			65,173	
44	LABORATORY			50,066,667			8,870,729	
44 01	LABORATORY-PATHOLOGICAL			3,574,135			241,272	
46	WHOLE BLOOD & PACKED RED			2,432,322			892,012	
49	RESPIRATORY THERAPY			10,285,851			5,086,614	
50	PHYSICAL THERAPY			11,256,768			965,447	
51	OCCUPATIONAL THERAPY			3,642,250			374,383	
52	SPEECH PATHOLOGY			1,486,107			100,589	
53	ELECTROCARDIOLOGY			6,316,835			1,471,449	
54	ELECTROENCEPHALOGRAPHY			5,069,728			108,532	
55	MEDICAL SUPPLIES CHARGED			18,922,119			3,705,696	
55 30	IMPL. DEV. CHARGED TO PAT			19,286,517			6,319,452	
56	DRUGS CHARGED TO PATIENTS			41,130,215			10,914,711	
57	RENAL DIALYSIS			513,663			367,313	
59	CARDIAC CATHETERIZATION LAB			16,795,854			2,945,484	
59 97	CARDIAC REHABILITATION			492,691			10,876	
60	OUTPAT SERVICE COST CNTRS							
	CLINIC			2,335,115			7,037	
60 01	DIABETES CENTER			84,480				
60 02	NEUROPSYCH			123,323			1,386	
61	EMERGENCY			31,106,139			3,301,565	
62	OBSERVATION BEDS (NON-DIS			6,865,760				
	OTHER REIMBURS COST CNTRS							
65	AMBULANCE SERVICES							
101	TOTAL	261,215	261,215	339,115,561			60,497,029	52,909

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
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	6,880,027					
38	RECOVERY ROOM	344,808					
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY	272,026					
41	RADIOLOGY-DIAGNOSTIC	1,390,901			50,111		
41 01	CAT SCAN	5,069,643					
41 02	NUCLEAR MEDICINE-DIAGNOST	1,846,376					
41 03	MAGNETIC RESONANCE IMAGIN	2,034,557					
41 04	ULTRA SOUND	1,120,639					
41 05	MAMMOGRAPHY	216,099					
42	RADIOLOGY-THERAPEUTIC	2,458,851					
44	LABORATORY						
44 01	LABORATORY-PATHOLOGICAL	935,759					
46	WHOLE BLOOD & PACKED RED	480,130					
49	RESPIRATORY THERAPY	760,299					
50	PHYSICAL THERAPY	86,474					
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY	112,332					
53	ELECTROCARDIOLOGY	1,412,573					
54	ELECTROENCEPHALOGRAPHY	1,315,137					
55	MEDICAL SUPPLIES CHARGED	3,428,418					
55 30	IMPL. DEV. CHARGED TO PAT	2,384,965					
56	DRUGS CHARGED TO PATIENTS	7,249,657					
57	RENAL DIALYSIS						
59	CARDIAC CATHETERIZATION LAB	4,196,542					
59 97	CARDIAC REHABILITATION	209,042					
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	970,793					
60 01	DIABETES CENTER	3,165					
60 02	NEUROPSYCH	73,260					
61	EMERGENCY	5,023,033					
62	OBSERVATION BEDS (NON-DIS	1,628,860					
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES						
101	TOTAL	51,904,366			50,111		





TITLE XVIII, PART B		HOSPITAL				
		Outpatient Radiology	Other Outpatient Diagnostic	All Other	PPS Services FYB to 12/31	Non-PPS Services
Cost Center	Description	7	8	9	9.01	9.02
(A)	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM				2,806,308	
38	RECOVERY ROOM				170,709	
39	DELIVERY ROOM & LABOR ROOM					
40	ANESTHESIOLOGY				47,808	
41	RADIOLOGY-DIAGNOSTIC				886,058	
41 01	CAT SCAN				481,880	
41 02	NUCLEAR MEDICINE-DIAGNOSTIC				752,614	
41 03	MAGNETIC RESONANCE IMAGING(MRI)				217,956	
41 04	ULTRA SOUND				294,668	
41 05	MAMMOGRAPHY				149,058	
42	RADIOLOGY-THERAPEUTIC				1,479,488	
44	LABORATORY					
44 01	LABORATORY-PATHOLOGICAL				388,809	
46	WHOLE BLOOD & PACKED RED BLOOD CELLS				290,194	
49	RESPIRATORY THERAPY				293,228	111
50	PHYSICAL THERAPY				42,164	
51	OCCUPATIONAL THERAPY					
52	SPEECH PATHOLOGY				68,461	1,904
53	ELECTROCARDIOLOGY				309,608	
54	ELECTROENCEPHALOGRAPHY				401,501	
55	MEDICAL SUPPLIES CHARGED TO PATIENTS				2,057,257	1,873
55 30	IMPL. DEV. CHARGED TO PATIENT				1,139,329	
56	DRUGS CHARGED TO PATIENTS				3,156,000	12,749
57	RENAL DIALYSIS					
59	CARDIAC CATHETERIZATION LABORATORY				1,242,873	
59 97	CARDIAC REHABILITATION				94,889	
60	OUTPAT SERVICE COST CNTRS					
60	CLINIC				582,802	
60 01	DIABETES CENTER				12,394	
60 02	NEUROPSYCH				72,182	
61	EMERGENCY				1,534,486	
62	OBSERVATION BEDS (NON-DISTINCT PART)				1,207,941	
65	OTHER REIMBURS COST CNTRS					
65	AMBULANCE SERVICES					
101	SUBTOTAL				20,180,665	16,637
102	CRNA CHARGES					
103	LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES					
104	NET CHARGES				20,180,665	16,637

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

TITLE XVIII, PART B HOSPITAL

PPS Services Hospital I/P Hospital I/P  
 1/1 to FYE Part B Charges Part B Costs

Cost Center Description 9.03 10 11

- (A) ANCILLARY SRVC COST CNTRS
- 37 OPERATING ROOM
- 38 RECOVERY ROOM
- 39 DELIVERY ROOM & LABOR ROOM
- 40 ANESTHESIOLOGY
- 41 RADIOLOGY-DIAGNOSTIC
- 41 01 CAT SCAN
- 41 02 NUCLEAR MEDICINE-DIAGNOSTIC
- 41 03 MAGNETIC RESONANCE IMAGING(MRI)
- 41 04 ULTRA SOUND
- 41 05 MAMMOGRAPHY
- 42 RADIOLOGY-THERAPEUTIC
- 44 LABORATORY
- 44 01 LABORATORY-PATHOLOGICAL
- 46 WHOLE BLOOD & PACKED RED BLOOD CELLS
- 49 RESPIRATORY THERAPY
- 50 PHYSICAL THERAPY
- 51 OCCUPATIONAL THERAPY
- 52 SPEECH PATHOLOGY
- 53 ELECTROCARDIOLOGY
- 54 ELECTROENCEPHALOGRAPHY
- 55 MEDICAL SUPPLIES CHARGED TO PATIENTS
- 55 30 IMPL. DEV. CHARGED TO PATIENT
- 56 DRUGS CHARGED TO PATIENTS
- 57 RENAL DIALYSIS
- 59 CARDIAC CATHETERIZATION LABORATORY
- 59 97 CARDIAC REHABILITATION
- 60 OUTPAT SERVICE COST CNTRS
- 60 CLINIC
- 60 01 DIABETES CENTER
- 60 02 NEUROPSYCH
- 61 EMERGENCY
- 62 OBSERVATION BEDS (NON-DISTINCT PART)
- 62 OTHER REIMBURS COST CNTRS
- 65 AMBULANCE SERVICES
- 101 SUBTOTAL
- 102 CRNA CHARGES
- 103 LESS PBP CLINIC LAB SVCS-
- PROGRAM ONLY CHARGES
- 104 NET CHARGES





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										
41	01 CAT SCAN										
41	02 NUCLEAR MEDICINE-DIAGNOST										
41	03 MAGNETIC RESONANCE IMAGIN										
41	04 ULTRA SOUND										
41	05 MAMMOGRAPHY										
42	RADIOLOGY-THERAPEUTIC										
44	LABORATORY										
44	01 LABORATORY-PATHOLOGICAL										
46	WHOLE BLOOD & PACKED RED										
49	RESPIRATORY THERAPY										
50	PHYSICAL THERAPY										
51	OCCUPATIONAL THERAPY										
52	SPEECH PATHOLOGY										
53	ELECTROCARDIOLOGY										
54	ELECTROENCEPHALOGRAPHY										
55	MEDICAL SUPPLIES CHARGED										
55	30 IMPL. DEV. CHARGED TO PAT										
56	DRUGS CHARGED TO PATIENTS										
57	RENAL DIALYSIS										
59	CARDIAC CATHETERIZATION LAB										
59	97 CARDIAC REHABILITATION										
60	OUTPAT SERVICE COST CNTRS										
	CLINIC										
60	01 DIABETES CENTER										
60	02 NEUROPSYCH										
61	EMERGENCY										
62	OBSERVATION BEDS (NON-DIS										
	OTHER REIMBURS COST CNTRS										
65	AMBULANCE SERVICES										
101	TOTAL										

261, 215

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							
	OPERATING ROOM			44,626,713			14,372	
38	RECOVERY ROOM			3,545,056			2,377	
39	DELIVERY ROOM & LABOR ROO							
40	ANESTHESIOLOGY			3,200,750			638	
41	RADIOLOGY-DIAGNOSTIC	261,215	261,215	7,250,314	.036028	.036028	25,968	936
41	01 CAT SCAN			21,107,658			62,723	
41	02 NUCLEAR MEDICINE-DIAGNOST			5,405,723			7,793	
41	03 MAGNETIC RESONANCE IMAGIN			9,426,474			39,993	
41	04 ULTRA SOUND			4,179,955			23,171	
41	05 MAMMOGRAPHY			2,636,471				
42	RADIOLOGY-THERAPEUTIC			5,949,908				
44	LABORATORY			50,066,667			401,057	
44	01 LABORATORY-PATHOLOGICAL			3,574,135			4,164	
46	WHOLE BLOOD & PACKED RED			2,432,322			20,068	
49	RESPIRATORY THERAPY			10,285,851			176,301	
50	PHYSICAL THERAPY			11,256,768			964,919	
51	OCCUPATIONAL THERAPY			3,642,250			943,502	
52	SPEECH PATHOLOGY			1,486,107			376,945	
53	ELECTROCARDIOLOGY			6,316,835			14,903	
54	ELECTROENCEPHALOGRAPHY			5,069,728			4,434	
55	MEDICAL SUPPLIES CHARGED			18,922,119			36,589	
55	30 IMPL. DEV. CHARGED TO PAT			19,286,517			5,193	
56	DRUGS CHARGED TO PATIENTS			41,130,215			549,317	
57	RENAL DIALYSIS			513,663			11,060	
59	CARDIAC CATHETERIZATION LAB			16,795,854				
59	97 CARDIAC REHABILITATION			492,691				
	OUTPAT SERVICE COST CNTRS							
60	CLINIC			2,335,115				
60	01 DIABETES CENTER			84,480				
60	02 NEUROPSYCH			123,323			1,584	
61	EMERGENCY			31,106,139			7,757	
62	OBSERVATION BEDS (NON-DIS			6,865,760				
	OTHER REIMBURS COST CNTRS							
65	AMBULANCE SERVICES							
101	TOTAL	261,215	261,215	339,115,561			3,694,828	936

TITLE XVIII, PART A SUBPROVIDER 1 PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES 8	OUTPAT PROG D, V COL 5.03 8.01	OUTPAT PROG D, V COL 5.04 8.02	OUTPAT PROG PASS THRU COST 9	COL 8.01 * COL 5 9.01	COL 8.02 * COL 5 9.02
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM						
38	RECOVERY ROOM						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
41 01	CAT SCAN						
41 02	NUCLEAR MEDICINE-DIAGNOST						
41 03	MAGNETIC RESONANCE IMAGIN						
41 04	ULTRA SOUND						
41 05	MAMMOGRAPHY						
42	RADIOLOGY-THERAPEUTIC						
44	LABORATORY						
44 01	LABORATORY-PATHOLOGICAL						
46	WHOLE BLOOD & PACKED RED						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED						
55 30	IMPL. DEV. CHARGED TO PAT						
56	DRUGS CHARGED TO PATIENTS						
57	RENAL DIALYSIS						
59	CARDIAC CATHETERIZATION LAB						
59 97	CARDIAC REHABILITATION						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60 01	DIABETES CENTER						
60 02	NEUROPSYCH						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES						
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	4,163
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	1,223.05
85	OBSERVATION BED COST	5,091,557

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	814,576	.022929	5,091,557	116,744
87	NEW CAPITAL-RELATED COST	4,316,344	.121499	5,091,557	618,619
88	NON PHYSICIAN ANESTHETIST			5,091,557	
89	MEDICAL EDUCATION			5,091,557	
89.01	MEDICAL EDUCATION - ALLIED HEA			5,091,557	
89.02	MEDICAL EDUCATION - ALL OTHER			5,091,557	





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	1,098.11
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	127,478	4,569,216	.027899	
87	NEW CAPITAL-RELATED COST	615,632	4,569,216	.134735	
88	NON PHYSICIAN ANESTHETIST		4,569,216		
89	MEDICAL EDUCATION		4,569,216		
89.01	MEDICAL EDUCATION - ALLIED HEA		4,569,216		
89.02	MEDICAL EDUCATION - ALL OTHER		4,569,216		





PART A - INPATIENT HOSPITAL SERVICES UNDER PPS  
 HOSPITAL

DESCRIPTION	1	1.01
DRG AMOUNT		
1 OTHER THAN OUTLIER PAYMENTS OCCURRING PRIOR TO OCTOBER 1	20,489,060	
1.01 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER OCTOBER 1 AND BEFORE JANUARY 1	6,470,229	
1.02 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER JAN 1		
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)	2,039,791	
3 BED DAYS AVAILABLE DIVIDED BY # DAYS IN COST RPTG PERIOD	170.59	
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 (SEE INST)		
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)		6.83
4.01 PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS REPORTED ON WORKSHEET S-3, PART I		21.21
4.02 SUM OF LINES 4 AND 4.01		28.04
4.03 ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTRUC)		11.92
4.04 DISPROPORTIONATE SHARE ADJUSTMENT (SEE INSTRUCTIONS)		3,213,547
5 ADDITIONAL PAYMENT FOR HIGH PERCENTAGE OF ESRD BENEFICIARY DISCHARGES TOTAL MEDICARE DISCHARGES ON WKST S-3, PART I EXCLUDING DISCHARGES FOR DRGs 302, 316, 317 OR MS-DRGS 652, 682 - 685. (SEE INSTRUCTIONS)		



PART B - MEDICAL AND OTHER HEALTH SERVICES

HOSPITAL

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)	16,637
1.01	MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER APRIL 1, 2001 (SEE INSTRUCTIONS).	20,130,554
1.02	PPS PAYMENTS RECEIVED INCLUDING OUTLIERS.	15,141,189
1.03	ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO.	
1.04	LINE 1.01 TIMES LINE 1.03.	
1.05	LINE 1.02 DIVIDED BY LINE 1.04.	
1.06	TRANSITIONAL CORRIDOR PAYMENT (SEE INSTRUCTIONS)	
1.07	OUTPATIENT ANCILLARY PASSTHRU COSTS FROM (W/S D,IV (COLS 9, 9.01, 9.02) LINE 101	50,111
2	INTERNS AND RESIDENTS	
3	ORGAN ACQUISITIONS	
4	COST OF TEACHING PHYSICIANS	
5	TOTAL COST (SEE INSTRUCTIONS)	16,637
	COMPUTATION OF LESSER OF COST OR CHARGES	
	REASONABLE CHARGES	
6	ANCILLARY SERVICE CHARGES	35,820
7	INTERNS AND RESIDENTS SERVICE CHARGES	
8	ORGAN ACQUISITION CHARGES	
9	CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS.	
10	TOTAL REASONABLE CHARGES	35,820
	CUSTOMARY CHARGES	
11	AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS	
12	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e).	
13	RATIO OF LINE 11 TO LINE 12	
14	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)	35,820
15	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	19,183
16	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	
17	LESSER OF COST OR CHARGES (FOR CAH SEE INSTRUC)	16,637
17.01	TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 1.02, 1.06 AND 1.07)	15,191,300
	COMPUTATION OF REIMBURSEMENT SETTLEMENT	
18	DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)	1,307
18.01	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 17.01 (SEE INSTRUCTIONS)	3,465,575
19	SUBTOTAL (SEE INSTRUCTIONS)	11,741,055
20	SUM OF AMOUNTS FROM WORKSHEET E PARTS C, D & E (SEE INSTR.)	
21	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	
22	ESRD DIRECT MEDICAL EDUCATION COSTS	
23	SUBTOTAL	11,741,055
24	PRIMARY PAYER PAYMENTS	2,605
25	SUBTOTAL	11,738,450
	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)	
26	COMPOSITE RATE ESRD	
27	BAD DEBTS (SEE INSTRUCTIONS)	541,350
27.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	378,945
27.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	439,051
28	SUBTOTAL	12,117,395
29	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION.	
30	OTHER ADJUSTMENTS (SPECIFY)	
30.99	OTHER ADJUSTMENTS (MSP-LCC RECONCILIATION AMOUNT)	
31	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS.	
32	SUBTOTAL	12,117,395
33	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
34	INTERIM PAYMENTS	12,068,316
34.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
35	BALANCE DUE PROVIDER/PROGRAM	49,079
36	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2	39,500
	TO BE COMPLETED BY CONTRACTOR	
50	ORIGINAL OUTLIER AMOUNT (SEE INSTRUCTIONS)	
51	OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (SEE INSTRUCTIONS)	
52	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY	
53	TIME VALUE OF MONEY (SEE INSTRUCTIONS)	
54	TOTAL (SUM OF LINES 51 AND 53)	

TITLE XVII HOSPITAL

DESCRIPTION	INPATIENT-PART A		PART B	
	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		31,471,156		12,058,990
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.		NONE		NONE
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
ADJUSTMENTS TO PROVIDER .01	1/ 7/2011	823,707	8/13/2010	9,326
ADJUSTMENTS TO PROVIDER .02				
ADJUSTMENTS TO PROVIDER .03				
ADJUSTMENTS TO PROVIDER .04				
ADJUSTMENTS TO PROVIDER .05				
ADJUSTMENTS TO PROVIDER .49				
ADJUSTMENTS TO PROGRAM .50	8/13/2010	25,036		
ADJUSTMENTS TO PROGRAM .51				
ADJUSTMENTS TO PROGRAM .52				
ADJUSTMENTS TO PROGRAM .53				
ADJUSTMENTS TO PROGRAM .54				
ADJUSTMENTS TO PROGRAM .99				
SUBTOTAL		798,671		9,326
4 TOTAL INTERIM PAYMENTS		32,269,827		12,068,316
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
TENTATIVE TO PROVIDER .01				
TENTATIVE TO PROVIDER .02				
TENTATIVE TO PROVIDER .03				
TENTATIVE TO PROGRAM .50				
TENTATIVE TO PROGRAM .51				
TENTATIVE TO PROGRAM .52				
TENTATIVE TO PROGRAM .99				
SUBTOTAL		NONE		NONE
6 DETERMINED NET SETTLEMENT	SETTLEMENT TO PROVIDER	117,523		49,079
AMOUNT (BALANCE DUE)	SETTLEMENT TO PROGRAM			
BASED ON COST REPORT (1)				
7 TOTAL MEDICARE PROGRAM LIABILITY		32,387,350		12,117,395

NAME OF INTERMEDIARY:  
 INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: \_\_\_\_\_

DATE: \_\_\_/\_\_\_/\_\_\_

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

TITLE XVII SUBPROVIDER 1

DESCRIPTION	INPATIENT-PART A		PART B	
	MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT
	1	2	3	4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		4,394,935		
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.		NONE		NONE
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
ADJUSTMENTS TO PROVIDER .01	8/13/2010	20,064		
ADJUSTMENTS TO PROVIDER .02				
ADJUSTMENTS TO PROVIDER .03				
ADJUSTMENTS TO PROVIDER .04				
ADJUSTMENTS TO PROVIDER .05				
ADJUSTMENTS TO PROVIDER .49				
ADJUSTMENTS TO PROGRAM .50				
ADJUSTMENTS TO PROGRAM .51				
ADJUSTMENTS TO PROGRAM .52				
ADJUSTMENTS TO PROGRAM .53				
ADJUSTMENTS TO PROGRAM .54				
ADJUSTMENTS TO PROGRAM .99				
SUBTOTAL		20,064		NONE
4 TOTAL INTERIM PAYMENTS		4,414,999		
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
TENTATIVE TO PROVIDER .01				
TENTATIVE TO PROVIDER .02				
TENTATIVE TO PROVIDER .03				
TENTATIVE TO PROGRAM .50				
TENTATIVE TO PROGRAM .51				
TENTATIVE TO PROGRAM .52				
TENTATIVE TO PROGRAM .99				
SUBTOTAL		NONE		NONE
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)		20,507		
SETTLEMENT TO PROVIDER .01				
SETTLEMENT TO PROGRAM .02				
7 TOTAL MEDICARE PROGRAM LIABILITY		4,435,506		

NAME OF INTERMEDIARY:  
 INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: \_\_\_\_\_

DATE: \_\_\_/\_\_\_/\_\_\_

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

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

1	INPATIENT HOSPITAL SERVICES (SEE INSTRUCTIONS)	
1.01	HOSPITAL SPECIFIC AMOUNT (SEE INSTRUCTIONS)	
1.02	ENTER FROM THE PS&R, THE IRF PPS PAYMENT	3,666,942
1.03	MEDICARE SSI RATIO (IRF PPS ONLY) (SEE INSTR.)	.0329
1.04	INPATIENT REHABILITATION FACILITY LIP PAYMENTS (SEE INSTRUCTIONS)	137,987
1.05	OUTLIER PAYMENTS	690,769
1.06	TOTAL PPS PAYMENTS (SUM OF LINES 1.01, (1.02, 1.04 FOR COLUMNS 1 & 1.01), 1.05 AND 1.42)	4,495,698
1.07	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT (SEE INSTRUCTIONS)	
	INPATIENT PSYCHIATRIC FACILITY (IPF)	
1.08	NET FEDERAL IPF PPS PAYMENTS (EXCLUDING OUTLIER, ECT, STOP-LOSS, AND MEDICAL EDUCATION PAYMENTS)	
1.09	NET IPF PPS OUTLIER PAYMENTS	
1.10	NET IPF PPS ECT PAYMENTS	
1.11	UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR LATEST COST REPORT FILED PRIOR TO NOVEMBER 15, 2004 (SEE INSTRUCTIONS)	
1.12	NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTRUCTIONS)	
1.13	CURRENT YEARS UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.14	CURRENT YEARS UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.15	INTERN AND RESIDENT COUNT FOR IPF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)	
1.16	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)	
1.17	MEDICAL EDUCATION ADJUSTMENT FACTOR $\{((1 + (LINE 1.15/1.16)) \text{ RAISED TO THE POWER OF } .5150 - 1)\}$ .	
1.18	MEDICAL EDUCATION ADJUSTMENT (LINE 1.08 MULTIPLIED BY LINE 1.17).	
1.19	ADJUSTED NET IPF PPS PAYMENTS (SUM OF LINES 1.08, 1.09, 1.10 AND 1.18)	
1.20	STOP LOSS PAYMENT FLOOR (LINE 1 x 70%)	
1.21	ADJUSTED NET PAYMENT FLOOR (LINE 1.20 x THE APPROPRIATE FEDERAL BLEND PERCENTAGE)	
1.22	STOP LOSS ADJUSTMENT (IF LINE 1.21 IS GREATER THAN LINE 1.19 ENTER THE AMOUNT ON LINE 1.21 LESS LINE 1.19 OTHERWISE ENTER -0-)	
1.23	TOTAL IPF PPS PAYMENTS (SUM OF LINES 1.01, 1.19 AND 1.22)	
	INPATIENT REHABILITATION FACILITY (IRF)	
1.35	UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR COST REPORT PERIODS ENDING ON/OR PRIOR TO NOVEMBER 15, 2004. (SEE INST.)	
1.36	NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTRUCTIONS)	
1.37	CURRENT YEAR'S UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.38	CURRENT YEAR'S UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.39	INTERN AND RESIDENT COUNT FOR IRF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)	
1.40	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)	11.400000
1.41	MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)	
1.42	MEDICAL EDUCATION ADJUSTMENT (LINE 1.02 MULTIPLIED BY LINE 1.41).	
2	ORGAN ACQUISITION	
3	COST OF TEACHING PHYSICIANS	
4	SUBTOTAL (SEE INSTRUCTIONS)	4,495,698
5	PRIMARY PAYER PAYMENTS	
6	SUBTOTAL	4,495,698
7	DEDUCTIBLES	51,668
8	SUBTOTAL	4,444,030
9	COINSURANCE	11,000
10	SUBTOTAL	4,433,030
11	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROF SERV)	2,200
11.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	1,540
11.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	2,200
12	SUBTOTAL	4,434,570
13	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	
13.01	OTHER PASS THROUGH COSTS (SEE INSTRUCTIONS)	936
14	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION	
15	OTHER ADJUSTMENTS (SPECIFY)	
15.99	OUTLIER RECONCILIATION ADJUSTMENT	
16	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS	

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

	RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS	
17	TOTAL AMOUNT PAYABLE TO THE PROVIDER (SEE INSTRUCTIONS)	4, 435, 506
18	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
19	INTERIM PAYMENTS	4, 414, 999
19.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
20	BALANCE DUE PROVIDER/PROGRAM	20, 507
21	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.	

	----- FI ONLY -----	
50	ORIGINAL PPS AMOUNT OR ORIGINAL OUTLIER AMOUNT (SEE INSTRUCTIONS).	
51	OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (SEE INSTRUCTIONS)	
52	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY	
53	TIME VALUE OF MONEY (SEE INSTRUCTIONS).	



	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
LIABILITIES AND FUND BALANCE	1	2	3	4
CURRENT LIABILITIES				
28 ACCOUNTS PAYABLE	7,793,646			
29 SALARIES, WAGES & FEES PAYABLE	7,885,418			
30 PAYROLL TAXES PAYABLE	799,575			
31 NOTES AND LOANS PAYABLE (SHORT TERM)	3,915,000			
32 DEFERRED INCOME				
33 ACCELERATED PAYMENTS				
34 DUE TO OTHER FUNDS				
35 OTHER CURRENT LIABILITIES	12,488,453			
36 TOTAL CURRENT LIABILITIES	32,882,092			
LONG TERM LIABILITIES				
37 MORTGAGE PAYABLE	55,078,748			
38 NOTES PAYABLE				
39 UNSECURED LOANS				
40.01 LOANS PRIOR TO 7/1/66				
40.02 ON OR AFTER 7/1/66				
41 OTHER LONG TERM LIABILITIES	891,762			
42 TOTAL LONG-TERM LIABILITIES	55,970,510			
43 TOTAL LIABILITIES	88,852,602			
CAPITAL ACCOUNTS				
44 GENERAL FUND BALANCE	226,361,738			
45 SPECIFIC PURPOSE FUND				
46 DONOR CREATED- ENDOWMENT FUND BALANCE- RESTRICTED				
47 DONOR CREATED- ENDOWMENT FUND BALANCE- UNRESTRICT				
48 GOVERNING BODY CREATED- ENDOWMENT FUND BALANCE				
49 PLANT FUND BALANCE-INVESTED IN PLANT				
50 PLANT FUND BALANCE- RESERVE FOR PLANT IMPROVEMENT, REPLACEMENT AND EXPANSION				
51 TOTAL FUND BALANCES	226,361,738			
52 TOTAL LIABILITIES AND FUND BALANCES	315,214,340			

		GENERAL FUND		SPECIFIC PURPOSE FUND	
		1	2	3	4
1	FUND BALANCE AT BEGINNING OF PERIOD		213,721,288		
2	NET INCOME (LOSS)		12,640,450		
3	TOTAL		226,361,738		
4	ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
5	ADDITIONS (CREDIT ADJUSTM				
6					
7					
8					
9					
10	TOTAL ADDITIONS				
11	SUBTOTAL		226,361,738		
12	DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
13	DEDUCTIONS (DEBIT ADJUSTM				
14					
15					
16					
17					
18	TOTAL DEDUCTIONS				
19	FUND BALANCE AT END OF PERIOD PER BALANCE SHEET		226,361,738		

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

PART I - PATIENT REVENUES

REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3
GENERAL INPATIENT ROUTINE CARE SERVICES			
1 00 HOSPITAL	33,949,018		33,949,018
2 00 SUBPROVIDER	4,247,435		4,247,435
4 00 SWING BED - SNF			
5 00 SWING BED - NF			
6 00 SKILLED NURSING FACILITY			
9 00 TOTAL GENERAL INPATIENT ROUTINE CARE	38,196,453		38,196,453
INTENSIVE CARE TYPE INPATIENT HOSPITAL SVCS			
10 00 INTENSIVE CARE UNIT	6,689,765		6,689,765
11 00 CORONARY CARE UNIT			
12 00 BURN INTENSIVE CARE UNIT			
13 00 SURGICAL INTENSIVE CARE UNIT			
15 00 TOTAL INTENSIVE CARE TYPE INPAT HOSP	6,689,765		6,689,765
16 00 TOTAL INPATIENT ROUTINE CARE SERVICE	44,886,218		44,886,218
17 00 ANCILLARY SERVICES	111,901,726	198,034,889	309,936,615
18 00 OUTPATIENT SERVICES	6,321,708	25,308,209	31,629,917
19 00 HOME HEALTH AGENCY			
20 00 AMBULANCE SERVICES	12,541	3,801,781	3,814,322
24 00			
25 00 TOTAL PATIENT REVENUES	163,122,193	227,144,879	390,267,072

PART II - OPERATING EXPENSES

26 00 OPERATING EXPENSES		187,133,647	
ADD (SPECIFY)			
27 00 PROVISION FOR BAD DEBT	12,148,564		
28 00			
29 00			
30 00			
31 00			
32 00			
33 00 TOTAL ADDITIONS		12,148,564	
DEDUCT (SPECIFY)			
34 00 DEDUCT (SPECIFY)			
35 00			
36 00			
37 00			
38 00			
39 00 TOTAL DEDUCTIONS			
40 00 TOTAL OPERATING EXPENSES		199,282,211	

STATEMENT OF REVENUES AND EXPENSES

DESCRIPTION		
1	TOTAL PATIENT REVENUES	390,267,072
2	LESS: ALLOWANCES AND DISCOUNTS ON PATIENT'S ACCTS	191,705,651
3	NET PATIENT REVENUES	198,561,421
4	LESS: TOTAL OPERATING EXPENSES	199,282,211
5	NET INCOME FROM SERVICE TO PATIENTS	-720,790
OTHER INCOME		
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.	334,445
7	INCOME FROM INVESTMENTS	5,796,322
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE	10,730
9	REVENUE FROM TELEVISION AND RADIO SERVICE	
10	PURCHASE DISCOUNTS	10,493
11	REBATES AND REFUNDS OF EXPENSES	17,002
12	PARKING LOT RECEIPTS	25
13	REVENUE FROM LAUNDRY AND LINEN SERVICE	
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS	762,293
15	REVENUE FROM RENTAL OF LIVING QUARTERS	
16	REVENUE FROM SALE OF MEDICAL & SURGICAL SUPPLIES TO OTHER THAN PATIENTS	41,414
17	REVENUE FROM SALE OF DRUGS TO OTHER THAN PATIENTS	
18	REVENUE FROM SALE OF MEDICAL RECORDS & ABSTRACTS	20,506
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC)	23,740
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOP & CANTEEN	1,193
21	RENTAL OF VENDING MACHINES	120
22	RENTAL OF HOSPITAL SPACE	68,627
23	GOVERNMENTAL APPROPRIATIONS	1,338,226
24	JOINT VENTURE INCOME	305,362
24.01	EAP REVENUE	46,745
24.02	WELLNESS REVENUE	218,810
24.03	OTHER OPERATING REVENUE	277,201
24.04	GAIN ON DISPOSAL OF ASSETS FLOOD	3,263
24.05	FLOOD DISASTER GRANTS	1,487,786
24.06	UNREALIZED INVESTMENT GAINS	6,155,777
24.07	CHANGE IN RESTRICTED FUND BALANCES	23,687
25	TOTAL OTHER INCOME	16,943,767
26	TOTAL	16,222,977
OTHER EXPENSES		
27	LOSS ON DISPOSAL OF ASSETS	114,873
28	OTHER NONOPERATING EXPENSE	3,467,654
29	CHANGE IN RESTRICTED FUND BALANCES	
30	TOTAL OTHER EXPENSES	3,582,527
31	NET INCOME (OR LOSS) FOR THE PERIOD	12,640,450

CALCULATION OF CAPITAL PAYMENT

PROVIDER NO:	PERIOD:	PREPARED 6/ 3/2011
15-0112	FROM 1/ 1/2010	WORKSHEET L
COMPONENT NO:	TO 12/31/2010	PARTS I-IV
15-0112		

TITLE XVIII, PART A

HOSPITAL

FULLY PROSPECTIVE METHOD

PART I - FULLY PROSPECTIVE METHOD

1	CAPITAL HOSPITAL SPECIFIC RATE PAYMENTS	
	CAPITAL FEDERAL AMOUNT	
2	CAPITAL DRG OTHER THAN OUTLIER	2, 205, 367
3	CAPITAL DRG OUTLIER PAYMENTS PRIOR TO 10/01/1997	
3 .01	CAPITAL DRG OUTLIER PAYMENTS AFTER 10/01/1997	352, 617
	INDIRECT MEDICAL EDUCATION ADJUSTMENT	
4	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS	75. 23
	IN THE COST REPORTING PERIOD	
4 .01	NUMBER OF INTERNS AND RESIDENTS	. 00
	(SEE INSTRUCTIONS)	
4 .02	INDIRECT MEDICAL EDUCATION PERCENTAGE	. 00
4 .03	INDIRECT MEDICAL EDUCATION ADJUSTMENT	
	(SEE INSTRUCTIONS)	
5	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO	6. 83
	MEDICARE PART A PATIENT DAYS	
5 .01	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL	21. 21
	DAYS REPORTED ON S-3, PART I	
5 .02	SUM OF 5 AND 5.01	28. 04
5 .03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE	5. 84
5 .04	DISPROPORTIONATE SHARE ADJUSTMENT	128, 793
6	TOTAL PROSPECTIVE CAPITAL PAYMENTS	2, 686, 777
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)	