

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

FORM APPROVED
 OMB NO. 0938-0050

WORKSHEET S
 PARTS I & II

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

ELECTRONICALLY FILED COST REPORT DATE: 8/ 5/2011 TIME 9: 52

PART I - CERTIFICATION

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

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

FOR THE COST REPORTING PERIOD BEGINNING 4/ 1/2010 AND ENDING 3/31/2011 AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS A TRUE, CORRECT, AND COMPLETE STATEMENT PREPARED FROM THE BOOKS AND RECORDS OF THE PROVIDER IN ACCORDANCE WITH APPLICABLE INSTRUCTIONS, EXCEPT AS NOTED. I FURTHER CERTIFY THAT I AM FAMILIAR WITH THE LAWS AND REGULATIONS REGARDING THE PROVISION OF HEALTH CARE SERVICES, AND THAT THE SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

 OFFICER OR ADMINISTRATOR OF PROVIDER(S)

 TITLE

 DATE

PART II - SETTLEMENT SUMMARY

		TITLE V	A	TITLE XVIII	B	TITLE XIX	
		1	2	3	4		
1	HOSPITAL	0	-597,187	534,694	0		
100	TOTAL	0	-597,187	534,694	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: 2 SOUTH HOSPITAL DRIVE P. O. BOX:
 1.01 CITY: MURPHYSBORO STATE: IL ZIP CODE: 62966- COUNTY: JACKSON

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	SAINT JOSEPH MEMORIAL HOSPITAL	14-1334	2.01	5/ 1/2004	4	5	6
					N	0	N

17 COST REPORTING PERIOD (MM/DD/YYYY) FROM: 4/ 1/2010 TO: 3/31/2011 1 2
 18 TYPE OF CONTROL 2

TYPE OF HOSPITAL/SUBPROVIDER

19 HOSPITAL 1
 20 SUBPROVIDER

OTHER INFORMATION

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

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

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. 2 N 1040

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 2

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 2

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 PRECEEDING COST REPORTING PERIOD? ENTER IN COLUMN 2, "Y" FOR YES OR "N" FOR NO. 3 N

22 ARE YOU CLASSIFIED AS A REFERRAL CENTER? N

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

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

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

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

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

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

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

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

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

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

25 IS THIS A TEACHING HOSPITAL OR AFFILIATED WITH A TEACHING HOSPITAL AND YOU ARE RECEIVING PAYMENTS FOR I&R? N

25.01 IS THIS TEACHING PROGRAM APPROVED IN ACCORDANCE WITH CMS PUB. 15-1, CHAPTER 4?

25.02 IF LINE 25.01 IS YES, WAS MEDICARE PARTICIPATION AND APPROVED TEACHING PROGRAM STATUS IN EFFECT DURING THE FIRST MONTH OF THE COST REPORTING PERIOD? IF YES, COMPLETE WORKSHEET E-3, PART IV. IF NO, COMPLETE WORKSHEET D-2, PART II.

25.03 AS A TEACHING HOSPITAL, DID YOU ELECT COST REIMBURSEMENT FOR PHYSICIANS' SERVICES AS DEFINED IN CMS PUB. 15-1, SECTION 2148? IF YES, COMPLETE WORKSHEET D-9. N

25.04 ARE YOU CLAIMING COSTS ON LINE 70 OF WORKSHEET A? IF YES, COMPLETE WORKSHEET D-2, PART I. N

25.05 HAS YOUR FACILITY DIRECT GME FTE CAP (COLUMN 1) OR IME FTE CAP (COLUMN 2) BEEN REDUCED UNDER 42 CFR 413.79(c)(3) OR 42 CFR 412.105(f)(1)(iv)(B)? ENTER "Y" FOR YES OR "N" FOR NO IN THE APPLICABLE COLUMNS. (SEE INSTRUCTIONS)

25.06 HAS YOUR FACILITY RECEIVED ADDITIONAL DIRECT GME FTE RESIDENT CAP SLOTS OR IME FTE RESIDENTS CAP SLOTS UNDER 42 CFR 413.79(c)(4) OR 42 CFR 412.105(f)(1)(iv)(C)? ENTER "Y" FOR YES OR "N" FOR NO IN THE APPLICABLE COLUMNS (SEE INSTRUCTIONS)

25.07 HAS YOUR FACILITY TRAINED RESIDENTS IN NON-PROVIDER SETTINGS DURING THE COST REPORTING PERIOD? ENTER "Y" FOR YES OR "N" FOR NO IN COLUMN 1.

25.08 IF LINE 25.07 IS YES, ENTER IN COLUMN 1 THE WEIGHTED NUMBER OF NON-PRIMARY CARE FTE RESIDENTS ATTRIBUTABLE TO ROTATIONS OCCURRING IN ALL NON-PROVIDER SETTINGS. 0.00

IF LINE 25.07 IS YES, USE LINES 25.09 THROUGH 25.59 AS NECESSARY TO IDENTIFY THE PROGRAM NAME IN COLUMN 1, THE PROGRAM CODE IN COLUMN 2, AND THE NUMBER OF UNWEIGHTED PRIMARY CARE RESIDENTS FTES BY PROGRAM IN COLUMN 3 FOR EACH PRIMARY CARE SPECIALTY PROGRAM IN WHICH RESIDENTS ARE TRAINED. (SEE INSTRUCTIONS)

25.09 0000 0.00

26 IF THIS IS A SOLE COMMUNITY HOSPITAL (SCH), ENTER THE NUMBER OF PERIODS SCH STATUS IN EFFECT IN THE C/R PERIOD. ENTER BEGINNING AND ENDING DATES OF SCH STATUS ON LINE 26.01. SUBSCRIPT LINE 26.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES. O

26.01 ENTER THE APPLICABLE SCH DATES: BEGINNING: / / ENDING: / /

26.02 ENTER THE APPLICABLE SCH DATES: BEGINNING: / / ENDING: / /

27 DOES THIS HOSPITAL HAVE AN AGREEMENT UNDER EITHER SECTION 1883 OR SECTION 1913 FOR SWING BEDS. IF YES, ENTER THE AGREEMENT DATE (MM/DD/YYYY) IN COLUMN 2. N / /

28 IF THIS FACILITY CONTAINS A HOSPITAL-BASED SNF, ARE ALL PATIENTS UNDER MANAGED CARE OR THERE WERE NO MEDICARE UTILIZATION ENTER "Y", IF "N" COMPLETE LINES 28.01 AND 28.02

28.01 IF HOSPITAL BASED SNF, ENTER APPROPRIATE TRANSITION PERIOD 1, 2, 3, OR 100 IN COLUMN 1. 1 2 3 4
ENTER IN COLUMNS 2 AND 3 THE WAGE INDEX ADJUSTMENT FACTOR BEFORE AND ON OR AFTER THE OCTOBER 1ST (SEE INSTRUCTIONS) ----- 0 0.0000 0.0000 -----

28.02 ENTER IN COLUMN 1 THE HOSPITAL BASED SNF FACILITY SPECIFIC RATE(FROM YOUR FISCAL INTERMEDIARY) IF YOU HAVE NOT TRANSITIONED TO 100% PPS SNF PPS PAYMENT. IN COLUMN 2 ENTER THE FACILITY CLASSIFICATION URBAN(1) OR RURAL (2). IN COLUMN 3 ENTER THE SNF MSA CODE OR TWO CHARACTER STATE CODE IF A RURAL BASED FACILITY. IN COLUMN 4, ENTER THE SNF CBSA CODE OR TWO CHARACTER CODE IF RURAL BASED FACILITY 0.00 0

A NOTICE PUBLISHED IN THE "FEDERAL REGISTER" VOL. 68, NO. 149 AUGUST 4, 2003 PROVIDED FOR AN INCREASE IN THE RUG PAYMENTS BEGINNING 10/01/2003. CONGRESS EXPECTED THIS INCREASE TO BE USED FOR DIRECT PATIENT CARE AND RELATED EXPENSES. ENTER IN COLUMN 1 THE PERCENTAGE OF TOTAL EXPENSES FOR EACH CATEGORY TO TOTAL SNF REVENUE FROM WORKSHEET G-2, PART I, LINE 6, COLUMN 3. INDICATE IN COLUMN 2 "Y" FOR YES OR "N" FOR NO IF THE SPENDING REFLECTS INCREASES ASSOCIATED WITH DIRECT PATIENT CARE AND RELATED EXPENSES FOR EACH CATEGORY. (SEE INSTR)

28.03 STAFFING % Y/N 0.00%

28.04 RECRUITMENT 0.00%

28.05 RETENTION 0.00%

28.06 TRAINING 0.00%

29 IS THIS A RURAL HOSPITAL WITH A CERTIFIED SNF WHICH HAS FEWER THAN 50 BEDS IN THE AGGREGATE FOR BOTH COMPONENTS, USING THE SWING BED OPTIONAL METHOD OF REIMBURSEMENT? N

30 DOES THIS HOSPITAL QUALIFY AS A RURAL PRIMARY CARE HOSPITAL (RPCH)/CRITICAL ACCESS HOSPITAL(CAH)? (SEE 42 CFR 485.606ff) Y

30.01 IF SO, IS THIS THE INITIAL 12 MONTH PERIOD FOR THE FACILITY OPERATED AS AN RPCH/CAH? SEE 42 CFR 413.70 N

30.02 IF THIS FACILITY QUALIFIES AS AN RPCH/CAH, HAS IT ELECTED THE ALL-INCLUSIVE METHOD OF PAYMENT FOR OUTPATIENT SERVICES? (SEE INSTRUCTIONS) N

30.03 IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIGIBLE FOR COST REIMBURSEMENT FOR AMBULANCE SERVICES? IF YES, ENTER IN COLUMN 2 THE DATE OF ELIGIBILITY DETERMINATION (DATE MUST BE ON OR AFTER 12/21/2000).

30.04 IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIGIBLE FOR COST REIMBURSEMENT FOR I&R TRAINING PROGRAMS? ENTER "Y" FOR YES AND "N" FOR NO. IF YES, THE GME ELIMINATION WOULD NOT BE ON WORKSHEET B, PART I, COLUMN 26 AND THE PROGRAM WOULD BE COST REIMBURSED. IF YES COMPLETE WORKSHEET D-2, PART II N

31 IS THIS A RURAL HOSPITAL QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c). N

31.01 IS THIS A RURAL SUBPROVIDER 1 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c). N

31.02 IS THIS A RURAL SUBPROVIDER 2 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c). N

31.03 IS THIS A RURAL SUBPROVIDER 3 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c). N

31.04 IS THIS A RURAL SUBPROVIDER 4 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c). N

31.05 IS THIS A RURAL SUBPROVIDER 5 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c). N

		DATE	Y OR N	LIMIT	Y OR N	FEES
		0	1	2	3	4
56	ARE YOU CLAIMING AMBULANCE COSTS? IF YES, ENTER IN COLUMN 2 THE PAYMENT LIMIT PROVIDED FROM YOUR FISCAL INTERMEDIARY AND THE APPLICABLE DATES FOR THOSE LIMITS IN COLUMN 0. IF THIS IS THE FIRST YEAR OF OPERATION NO ENTRY IS REQUIRED IN COLUMN 2. IF COLUMN 1 IS Y, ENTER Y OR N IN COLUMN 3 WHETHER THIS IS YOUR FIRST YEAR OF OPERATIONS FOR RENDERING AMBULANCE SERVICES. ENTER IN COLUMN 4, IF APPLICABLE, THE FEE SCHEDULES AMOUNTS FOR THE PERIOD BEGINNING ON OR AFTER 4/1/2002.		N	0.00		0
56.01	ENTER SUBSEQUENT AMBULANCE PAYMENT LIMIT AS REQUIRED. SUBSCRIPT IF MORE THAN 2 LIMITS APPLY. ENTER IN COLUMN 4 THE FEE SCHEDULES AMOUNTS FOR INITIAL OR SUBSEQUENT PERIOD AS APPLICABLE.			0.00		0
56.02	THIRD AMBULANCE LIMIT AND FEE SCHEDULE IF NECESSARY.			0.00		0
56.03	FOURTH AMBULANCE LIMIT AND FEE SCHEDULE IF NECESSARY.			0.00		0
57	ARE YOU CLAIMING NURSING AND ALLIED HEALTH COSTS?		N			
58	ARE YOU AN INPATIENT REHABILITATION FACILITY (IRF), OR DO YOU CONTAIN AN IRF SUBPROVIDER? ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES HAVE YOU MADE THE ELECTION FOR 100% FEDERAL PPS REIMBURSEMENT? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. THIS OPTION IS ONLY AVAILABLE FOR COST REPORTING PERIODS BEGINNING ON OR AFTER 1/1/2002 AND BEFORE 10/1/2002.		N			
58.01	IF LINE 58 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER "Y" FOR YES OR "N" FOR NO. IS THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR SEC. 412.424(d)(1)(iii)(2)? ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO. IF COLUMN 2 IS Y, ENTER 1, 2 OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS). IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5. (SEE INSTR).					
59	ARE YOU A LONG TERM CARE HOSPITAL (LTCH)? ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES, HAVE YOU MADE THE ELECTION FOR 100% FEDERAL PPS REIMBURSEMENT? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. (SEE INSTRUCTIONS)		N			
60	ARE YOU AN INPATIENT PSYCHIATRIC FACILITY (IPF), OR DO YOU CONTAIN AN IPF SUBPROVIDER? ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES, IS THE IPF OR IPF SUBPROVIDER A NEW FACILITY? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. (SEE INSTRUCTIONS)		N			
60.01	IF LINE 60 COLUMN 1 IS Y, AND THE FACILITY IS AN IPF SUBPROVIDER, WERE RESIDENTS TRAINING IN THIS FACILITY IN ITS MOST RECENT COST REPORTING PERIOD FILED BEFORE NOV. 15, 2004? ENTER "Y" FOR YES AND "N" FOR NO. IS THIS FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR §412.424(d)(1)(iii)(C)? ENTER IN COL. 2 "Y" FOR YES OR "N" FOR NO. IF COL. 2 IS Y, ENTER 1, 2 OR 3 RESPECTIVELY IN COL. 3, (SEE INSTRUC). IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COL. 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5. (SEE INSTRUC).					0

MULTI CAMPUS

61.00	IS THIS FACILITY PART OF A MULTICAMPUS HOSPITAL THAT HAS ONE OR MORE CAMPUSES IN DIFFERENT CBSA? ENTER "Y" FOR YES AND "N" FOR NO.					N
	IF LINE 61 IS YES, ENTER THE NAME IN COL. 0, COUNTY IN COL. 1, STATE IN COL. 2, ZIP IN COL. 3, CBSA IN COL. 4 AND FTE/CAMPUS IN COL. 5.					

	NAME	COUNTY	STATE	ZIP CODE	CBSA	FTE/CAMPUS
62.00						0.00

SETTLEMENT DATA

63.00	WAS THE COST REPORT FILED USING THE PS&R (EITHER IN ITS ENTIRETY OR FOR TOTAL CHARGES AND DAYS ONLY)? ENTER "Y" FOR YES AND "N" FOR NO IN COL. 1. IF COL. 1 IS "Y", ENTER THE "PAID THROUGH" DATE OF THE PS&R IN COL. 2 (MM/DD/YYYY).				Y	8/ 3/2011
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MI SCELLANEOUS DATA

64.00	DID THIS FACILITY INCUR AND REPORT COSTS FOR IMPLANTABLE DEVICES CHARGED TO PATIENTS? ENTER IN COLUMN 1 "Y" FOR YES OR "N" FOR NO.				Y	
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DESCRIPTION

UNCOMPENSATED CARE INFORMATION	
1	DO YOU HAVE A WRITTEN CHARITY CARE POLICY?
2	ARE PATIENTS WRITE-OFFS IDENTIFIED AS CHARITY? IF YES ANSWER LINES 2.01 THRU 2.04
2.01	IS IT AT THE TIME OF ADMISSION?
2.02	IS IT AT THE TIME OF FIRST BILLING?
2.03	IS IT AFTER SOME COLLECTION EFFORT HAS BEEN MADE?
2.04	
3	ARE CHARITY WRITE-OFFS MADE FOR PARTIAL BILLS?
4	ARE CHARITY DETERMINATIONS BASED UPON ADMINISTRATIVE JUDGMENT WITHOUT FINANCIAL DATA?
5	ARE CHARITY DETERMINATIONS BASED UPON INCOME DATA ONLY?
6	ARE CHARITY DETERMINATIONS BASED UPON NET WORTH (ASSETS) DATA?
7	ARE CHARITY DETERMINATIONS BASED UPON INCOME AND NET WORTH DATA?
8	DOES YOUR ACCOUNTING SYSTEM SEPARATELY IDENTIFY BAD DEBT AND CHARITY CARE? IF YES ANSWER 8.01
8.01	DO YOU SEPARATELY ACCOUNT FOR INPATIENT AND OUTPATIENT SERVICES?
9	IS DISCERNING CHARITY FROM BAD DEBT A HIGH PRIORITY IN YOUR INSTITUTION? IF NO ANSWER 9.01 THRU 9.04
9.01	IS IT BECAUSE THERE IS NOT ENOUGH STAFF TO DETERMINE ELIGIBILITY?
9.02	IS IT BECAUSE THERE IS NO FINANCIAL INCENTIVE TO SEPARATE CHARITY FROM BAD DEBT?
9.03	IS IT BECAUSE THERE IS NO CLEAR DIRECTIVE POLICY ON CHARITY DETERMINATION?
9.04	IS IT BECAUSE YOUR INSTITUTION DOES NOT DEEM THE DISTINCTION IMPORTANT?
10	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, WHAT IS THE MAXIMUM INCOME THAT CAN BE EARNED BY PATIENTS (SINGLE WITHOUT DEPENDENT) AND STILL DETERMINED TO BE A CHARITY WRITE OFF?
11	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, IS THE INCOME DIRECTLY TIED TO FEDERAL POVERTY LEVEL? IF YES ANSWER 11.01 THRU 11.04
11.01	IS THE PERCENTAGE LEVEL USED LESS THAN 100% OF THE FEDERAL POVERTY LEVEL?
11.02	IS THE PERCENTAGE LEVEL USED BETWEEN 100% AND 150% OF THE FEDERAL POVERTY LEVEL?
11.03	IS THE PERCENTAGE LEVEL USED BETWEEN 150% AND 200% OF THE FEDERAL POVERTY LEVEL?
11.04	IS THE PERCENTAGE LEVEL USED GREATER THAN 200% OF THE FEDERAL POVERTY LEVEL?
12	ARE PARTIAL WRITE-OFFS GIVEN TO HIGHER INCOME PATIENTS ON A GRADUAL SCALE?
13	IS THERE CHARITY CONSIDERATION GIVEN TO HIGH NET WORTH PATIENTS WHO HAVE CATASTROPHIC OR OTHER EXTRAORDINARY MEDICAL EXPENSES?
14	IS YOUR HOSPITAL STATE OR LOCAL GOVERNMENT OWNED? IF YES ANSWER LINES 14.01 AND 14.02
14.01	DO YOU RECEIVE DIRECT FINANCIAL SUPPORT FROM THAT GOVERNMENT ENTITY FOR THE PURPOSE OF PROVIDING COMPENSATED CARE?
14.02	WHAT PERCENTAGE OF THE AMOUNT ON LINE 14.01 IS FROM GOVERNMENT FUNDING?
15	DO YOU RECEIVE RESTRICTED GRANTS FOR RENDERING CARE TO CHARITY PATIENTS?
16	ARE OTHER NON-RESTRICTED GRANTS USED TO SUBSIDIZE CHARITY CARE?
UNCOMPENSATED CARE REVENUES	
17	REVENUE FROM UNCOMPENSATED CARE
17.01	GROSS MEDICAID REVENUES 1,366,725
18	REVENUES FROM STATE AND LOCAL INDIGENT CARE PROGRAMS
19	REVENUE RELATED TO SCHIP (SEE INSTRUCTIONS)
20	RESTRICTED GRANTS 15,538
21	NON-RESTRICTED GRANTS
22	TOTAL GROSS UNCOMPENSATED CARE REVENUES 1,382,263
UNCOMPENSATED CARE COST	
23	TOTAL CHARGES FOR PATIENTS COVERED BY STATE AND LOCAL INDIGENT CARE PROGRAMS 926
24	COST TO CHARGE RATIO (WKST C, PART I, COLUMN 3, LINE 103, DIVIDED BY COLUMN 8, LINE 103) .348675
25	TOTAL STATE AND LOCAL INDIGENT CARE PROGRAM COST (LINE 23 * LINE 24) 323
26	TOTAL SCHIP CHARGES FROM YOUR RECORDS
27	TOTAL SCHIP COST, (LINE 24 * LINE 26)

DESCRIPTION

28	TOTAL GROSS MEDICAID CHARGES FROM YOUR RECORDS	13,338,388
29	TOTAL GROSS MEDICAID COST (LINE 24 * LINE 28)	4,650,762
30	OTHER UNCOMPENSATED CARE CHARGES FROM YOUR RECORDS	4,403,709
31	UNCOMPENSATED CARE COST (LINE 24 * LINE 30)	1,535,463
32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL (SUM OF LINES 25, 27, AND 29)	4,651,085

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

COST CENTER	COST CENTER DESCRIPTION	SALARIES 1	OTHER 2	TOTAL 3	RECLASS- IFICATIONS 4	RECLASSIFIED TRIAL BALANCE 5
	GENERAL SERVICE COST CNTR					
1	0100 OLD CAP REL COSTS-BLDG & FIXT					
2	0200 OLD CAP REL COSTS-MVBLE EQUIP					
3	0300 NEW CAP REL COSTS-BLDG & FIXT		1,005,018	1,005,018	156,351	1,161,369
4	0400 NEW CAP REL COSTS-MVBLE EQUIP		1,075,388	1,075,388	91,826	1,167,214
5	0500 EMPLOYEE BENEFITS	169,531	3,664,323	3,833,854	-63,496	3,770,358
6.01	0620 DATA PROCESSING					
6.02	0630 PURCHASING, RECEIVING AND STORES	24,319	36,918	61,237		61,237
6.03	0650 CASHIERING/ACCOUNTS RECEIVABLE	427,571	29,053	456,624		456,624
6.04	0660 OTHER ADMINISTRATIVE AND GENERAL	800,037	2,352,098	3,152,135	-29,635	3,122,500
7	0700 MAINTENANCE & REPAIRS	318,165	572,528	890,693		890,693
8	0800 OPERATION OF PLANT	130,308	2,289	132,597		132,597
9	0900 LAUNDRY & LINEN SERVICE		56,889	56,889		56,889
10	1000 HOUSEKEEPING	245,501	59,957	305,458		305,458
11	1100 DIETARY	345,948	114,891	460,839	-321,293	139,546
12	1200 CAFETERIA				320,746	320,746
14	1400 NURSING ADMINISTRATION	918,648	145,117	1,063,765		1,063,765
15	1500 CENTRAL SERVICES & SUPPLY		28,860	28,860	-268	28,592
16	1600 PHARMACY	328,310	1,565,707	1,894,017	-77	1,893,940
17	1700 MEDICAL RECORDS & LIBRARY	66,519	3,569	70,088		70,088
18	1800 SOCIAL SERVICE	23,833	188	24,021		24,021
20	2000 NONPHYSICIAN ANESTHETISTS INPAT ROUTINE SRVC CNTRS				576,223	576,223
25	2500 ADULTS & PEDIATRICS ANCILLARY SRVC COST CNTRS	2,176,063	362,616	2,538,679	-7,290	2,531,389
37	3700 OPERATING ROOM	1,075,292	1,184,878	2,260,170	-705,578	1,554,592
38	3800 RECOVERY ROOM	129,539	6,085	135,624	-161	135,463
40	4000 ANESTHESIOLOGY	259,492	312,214	571,706	-520,890	50,816
41	4100 RADIOLOGY-DIAGNOSTIC	818,642	675,770	1,494,412		1,494,412
44	4400 LABORATORY	697,429	1,063,955	1,761,384		1,761,384
48	4800 INTRAVENOUS THERAPY	157,521	36,830	194,351	-317	194,034
49	4900 RESPIRATORY THERAPY	432,117	71,654	503,771	-30,822	472,949
49.01	3950 SLEEP LAB	971,838	335,419	1,307,257	-50	1,307,207
49.02	3951 GERIATRIC PSYCH		427,155	427,155		427,155
50	5000 PHYSICAL THERAPY	277,254	115,922	393,176	-53	393,123
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS				478,074	478,074
55.30	5530 IMPL. DEV. CHARGED TO PATIENT				264,208	264,208
56	5600 DRUGS CHARGED TO PATIENTS				13,417	13,417
59.97	3997 CARDIAC REHABILITATION OUTPAT SERVICE COST CNTRS	253,281	16,315	269,596		269,596
61	6100 EMERGENCY	1,167,537	1,158,896	2,326,433	-2,373	2,324,060
62	6200 OBSERVATION BEDS (NON-DISTINCT PART) SPEC PURPOSE COST CENTERS					
88	8800 INTEREST EXPENSE		418,463	418,463	-218,542	199,921
95	SUBTOTALS	12,214,695	16,898,965	29,113,660	-0-	29,113,660
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN					
98	9800 PHYSICIANS' PRIVATE OFFICES		13,784	13,784		13,784
98.01	9801 UNUSED SPACE					
101	TOTAL	12,214,695	16,912,749	29,127,444	-0-	29,127,444

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

I PROVIDER NO: I PERIOD: I PREPARED 8/ 5/2011
I 14-1334 I FROM 4/ 1/2010 I WORKSHEET A
I I TO 3/31/2011 I

COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS 6	NET EXPENSES FOR ALLOC 7
	GENERAL SERVICE COST CNTR		
1 0100	OLD CAP REL COSTS-BLDG & FIXT		
2 0200	OLD CAP REL COSTS-MVBLE EQUIP		
3 0300	NEW CAP REL COSTS-BLDG & FIXT	-6,202	1,155,167
4 0400	NEW CAP REL COSTS-MVBLE EQUIP	591,774	1,758,988
5 0500	EMPLOYEE BENEFITS	116,337	3,886,695
6.01 0620	DATA PROCESSING	1,090,825	1,090,825
6.02 0630	PURCHASING, RECEIVING AND STORES	-4,103	57,134
6.03 0650	CASHIERING/ACCOUNTS RECEIVABLE	603,921	1,060,545
6.04 0660	OTHER ADMINISTRATIVE AND GENERAL	100,403	3,222,903
7 0700	MAINTENANCE & REPAIRS		890,693
8 0800	OPERATION OF PLANT		132,597
9 0900	LAUNDRY & LINEN SERVICE		56,889
10 1000	HOUSEKEEPING		305,458
11 1100	DIETARY		139,546
12 1200	CAFETERIA	-73,950	246,796
14 1400	NURSING ADMINISTRATION		1,063,765
15 1500	CENTRAL SERVICES & SUPPLY		28,592
16 1600	PHARMACY		1,893,940
17 1700	MEDICAL RECORDS & LIBRARY	-21,917	48,171
18 1800	SOCIAL SERVICE		24,021
20 2000	NONPHYSICIAN ANESTHETISTS	-576,223	
	INPAT ROUTINE SRVC CNTRS		
25 2500	ADULTS & PEDIATRICS		2,531,389
	ANCILLARY SRVC COST CNTRS		
37 3700	OPERATING ROOM		1,554,592
38 3800	RECOVERY ROOM		135,463
40 4000	ANESTHESIOLOGY		50,816
41 4100	RADIOLOGY-DIAGNOSTIC	-897	1,493,515
44 4400	LABORATORY		1,761,384
48 4800	INTRAVENOUS THERAPY		194,034
49 4900	RESPIRATORY THERAPY	-18,692	454,257
49.01 3950	SLEEP LAB	-2,392	1,304,815
49.02 3951	GERIATRIC PSYCH		427,155
50 5000	PHYSICAL THERAPY		393,123
55 5500	MEDICAL SUPPLIES CHARGED TO PATIENTS		478,074
55.30 5530	IMPL. DEV. CHARGED TO PATIENT		264,208
56 5600	DRUGS CHARGED TO PATIENTS		13,417
59.97 3997	CARDIAC REHABILITATION		269,596
	OUTPAT SERVICE COST CNTRS		
61 6100	EMERGENCY	-697,390	1,626,670
62 6200	OBSERVATION BEDS (NON-DISTINCT PART)		
	SPEC PURPOSE COST CENTERS		
88 8800	INTEREST EXPENSE	-199,921	-0-
95	SUBTOTALS	901,573	30,015,233
	NONREIMBURS COST CENTERS		
96 9600	GIFT, FLOWER, COFFEE SHOP & CANTEEN		
98 9800	PHYSICIANS' PRIVATE OFFICES	-5,663	8,121
98.01 9801	UNUSED SPACE		
101	TOTAL	895,910	30,023,354

COST CENTERS USED IN COST REPORT

PROVIDER NO: 14-1334
 PERIOD: FROM 4/1/2010 TO 3/31/2011
 PREPARED 8/5/2011
 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	
2	OLD CAP REL COSTS-MVBLE EQUIP	0200	
3	NEW CAP REL COSTS-BLDG & FIXT	0300	
4	NEW CAP REL COSTS-MVBLE EQUIP	0400	
5	EMPLOYEE BENEFITS	0500	
6.01	DATA PROCESSING	0620	DATA PROCESSING
6.02	PURCHASING, RECEIVING AND STORES	0630	PURCHASING, RECEIVING AND STORES
6.03	CASHIERING/ACCOUNTS RECEIVABLE	0650	CASHIERING/ACCOUNTS RECEIVABLE
6.04	OTHER ADMINISTRATIVE AND GENERAL	0660	OTHER ADMINISTRATIVE AND GENERAL
7	MAINTENANCE & REPAIRS	0700	
8	OPERATION OF PLANT	0800	
9	LAUNDRY & LINEN SERVICE	0900	
10	HOUSEKEEPING	1000	
11	DIETARY	1100	
12	CAFETERIA	1200	
14	NURSING ADMINISTRATION	1400	
15	CENTRAL SERVICES & SUPPLY	1500	
16	PHARMACY	1600	
17	MEDICAL RECORDS & LIBRARY	1700	
18	SOCIAL SERVICE	1800	
20	NONPHYSICIAN ANESTHETISTS	2000	
25	INPAT ROUTINE SRVC ADULTS & PEDIATRICS	2500	
	ANCILLARY SRVC COST		
37	OPERATING ROOM	3700	
38	RECOVERY ROOM	3800	
40	ANESTHESIOLOGY	4000	
41	RADIOLOGY-DIAGNOSTIC	4100	
44	LABORATORY	4400	
48	INTRAVENOUS THERAPY	4800	
49	RESPIRATORY THERAPY	4900	
49.01	SLEEP LAB	3950	OTHER ANCILLARY SERVICE COST CENTERS
49.02	GERIATRIC PSYCH	3951	OTHER ANCILLARY SERVICE COST CENTERS
50	PHYSICAL THERAPY	5000	
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	5500	
55.30	IMPL. DEV. CHARGED TO PATIENT	5530	IMPL. DEV. CHARGED TO PATIENT
56	DRUGS CHARGED TO PATIENTS	5600	
59.97	CARDIAC REHABILITATION	3997	CARDIAC REHABILITATION
	OUTPAT SERVICE COST		
61	EMERGENCY	6100	
62	OBSERVATION BEDS (NON-DISTINCT PART)	6200	
	SPEC PURPOSE COST CE		
88	INTEREST EXPENSE	8800	
95	SUBTOTALS	0000	
	NONREIMBURS COST CEN		
96	GIFT, FLOWER, COFFEE SHOP & CANTEEN	9600	
98	PHYSICIANS' PRIVATE OFFICES	9800	
98.01	UNUSED SPACE	9801	PHYSICIANS' PRIVATE OFFICES
101	TOTAL	0000	

RECLASSIFICATIONS

PROVIDER NO:
141334

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

PREPARED 8/ 5/2011
WORKSHEET A-6

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

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

RECLASSIFICATIONS

PROVIDER NO:
141334

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

PREPARED 8/ 5/2011
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER 6	DECREASE		SALARY 8	OTHER 9	A-7 REF 10
			LINE 7				
1 DIETARY RECLASS	A	DIETARY	11		241,067	80,060	
2 MEDICAL SUPPLY RECLASS	B	OPERATING ROOM	37			702,440	
3		ANESTHESIOLOGY	40			7,912	
4		RESPIRATORY THERAPY	49			30,822	
5		EMERGENCY	61			628	
6		INTRAVENOUS THERAPY	48			12	
7		ADULTS & PEDIATRICS	25			147	
8		CENTRAL SERVICES & SUPPLY	15			268	
9		PHYSICAL THERAPY	50			53	
10 CRNA RECLASS	C	ANESTHESIOLOGY	40		259,492	253,235	
11		EMPLOYEE BENEFITS	5			63,496	
12 INSURANCE RECLASS	E	OTHER ADMINISTRATIVE AND GENERAL	6.04			29,635	9
13							9
14 IV SOLUTIONS	F	DIETARY	11			166	
15		CAFETERIA	12			381	
16		ADULTS & PEDIATRICS	25			7,143	
17		OPERATING ROOM	37			3,138	
18		RECOVERY ROOM	38			161	
19		ANESTHESIOLOGY	40			251	
20		EMERGENCY	61			1,745	
21		INTRAVENOUS THERAPY	48			305	
22		PHARMACY	16			77	
23		SLEEP LAB	49.01			50	
24 INTEREST RECLASS	G	INTEREST EXPENSE	88			218,542	9
25							9
26 IMPLANTABLE DEVICE RECLASS	H	MEDICAL SUPPLIES CHARGED TO PATIENTS	55			264,208	
36 TOTAL RECLASSIFICATIONS					500,559	1,664,875	

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

RECLASSIFICATIONS

PROVIDER NO:
141334

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

PREPARED 8/5/2011
WORKSHEET A-6
NOT A CMS WORKSHEET

RECLASS CODE: A
EXPLANATION: DIETARY RECLASS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	CAFETERIA	12	321,127	DIETARY	11	321,127	
TOTAL RECLASSIFICATIONS FOR CODE A			321,127				321,127

RECLASS CODE: B
EXPLANATION: MEDICAL SUPPLY RECLASS

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

RECLASS CODE: C
EXPLANATION: CRNA RECLASS

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

RECLASS CODE: E
EXPLANATION: INSURANCE RECLASS

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

RECLASS CODE: F
EXPLANATION: IV SOLUTIONS

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

RECLASS CODE: G
EXPLANATION: INTEREST RECLASS

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

RECLASS CODE: H
EXPLANATION: IMPLANTABLE DEVICE RECLASS

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

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

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

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

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

PART III - RECONCILIATION OF CAPITAL COST CENTERS
 DESCRIPTION

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

DESCRIPTION SUMMARY OF OLD AND NEW CAPITAL

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

PART IV - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 THRU 4
 DESCRIPTION SUMMARY OF OLD AND NEW CAPITAL

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

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

ADJUSTMENTS TO EXPENSES

DESCRIPTION (1)	(2) BASIS/CODE 1	AMOUNT 2	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED		LINE NO 4	WKST. A-7 REF. 5
			COST CENTER 3			
1 INVST INCOME-OLD BLDGS AND FIXTURES			OLD CAP REL COSTS-BLDG &		1	
2 INVESTMENT INCOME-OLD MOVABLE EQUIP			OLD CAP REL COSTS-MVBLE E		2	
3 INVST INCOME-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &		3	
4 INVESTMENT INCOME-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E		4	
5 INVESTMENT INCOME-OTHER						
6 TRADE, QUANTITY AND TIME DISCOUNTS						
7 REFUNDS AND REBATES OF EXPENSES						
8 RENTAL OF PRVIDER SPACE BY SUPPLIERS						
9 TELEPHONE SERVICES						
10 TELEVISION AND RADIO SERVICE						
11 PARKING LOT						
12 PROVIDER BASED PHYSICIAN ADJUSTMENT	A-8-2	-716,082				
13 SALE OF SCRAP, WASTE, ETC.						
14 RELATED ORGANIZATION TRANSACTIONS	A-8-1	4,604,295				
15 LAUNDRY AND LINEN SERVICE						
16 CAFETERIA--EMPLOYEES AND GUESTS	B	-65,098	CAFETERIA		12	
17 RENTAL OF QTRS TO EMPLOYEE AND OTHERS						
18 SALE OF MED AND SURG SUPPLIES						
19 SALE OF DRUGS TO OTHER THAN PATIENTS						
20 SALE OF MEDICAL RECORDS & ABSTRACTS	B	-21,917	MEDICAL RECORDS & LIBRARY		17	
21 NURSG SCHOOL(TUITN, FEES, BOOKS, ETC.)						
22 VENDING MACHINES	B	-8,852	CAFETERIA		12	
23 INCOME FROM IMPOSITION OF INTEREST						
24 INTRST EXP ON MEDICARE OVERPAYMENTS						
25 ADJUSTMENT FOR RESPIRATORY THERAPY	A-8-3/A-8-4		RESPIRATORY THERAPY		49	
26 ADJUSTMENT FOR PHYSICAL THERAPY	A-8-3/A-8-4		PHYSICAL THERAPY		50	
27 ADJUSTMENT FOR HHA PHYSICAL THERAPY	A-8-3					
28 UTILIZATION REVIEW-PHYSIAN COMP			**COST CENTER DELETED**		89	
29 DEPRECIATION-OLD BLDGS AND FIXTURES			OLD CAP REL COSTS-BLDG &		1	
30 DEPRECIATION-OLD MOVABLE EQUIP			OLD CAP REL COSTS-MVBLE E		2	
31 DEPRECIATION-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &		3	
32 DEPRECIATION-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E		4	
33 NON-PHYSICIAN ANESTHETIST	A	-576,223	NONPHYSICIAN ANESTHETISTS		20	
34 PHYSICIANS' ASSISTANT						
35 ADJUSTMENT FOR OCCUPATIONAL THERAPY	A-8-4		**COST CENTER DELETED**		51	
36 ADJUSTMENT FOR SPEECH PATHOLOGY	A-8-4		**COST CENTER DELETED**		52	
37 PURCHASE DISCOUNT	B	-4,103	PURCHASING, RECEIVING AND		6.02	
38 EMPLOYEE OUTPATIENT INSURANCE PYMTS	B	-807,631	EMPLOYEE BENEFITS		5	
39 LOBBYING EXPENSES	A	-7,817	OTHER ADMINISTRATIVE AND		6.04	
40 UNRESTRICTED INTEREST REVENUE	B	-87,489	OTHER ADMINISTRATIVE AND		6.04	
41 PERSONAL USE OF PROVIDER VEHICLES	A	-6,665	OTHER ADMINISTRATIVE AND		6.04	
42 LEASEHOLD REVENUE	B	-42,618	NEW CAP REL COSTS-BLDG &		3	
43 DONATIONS	A	-1,160	OTHER ADMINISTRATIVE AND		6.04	
44 XRAY FILM REVENUE	B	-897	RADIOLOGY-DIAGNOSTIC		41	
45 LOAN FORGIVENESS	A	-866,469	OTHER ADMINISTRATIVE AND		6.04	
46 NONALLOWABLE INTEREST EXPENSE	A	-199,921	INTEREST EXPENSE		88	
47 REAL ESTATE TAXES	A	-5,663	PHYSICIANS' PRIVATE OFFIC		98	
48 MEDICAID PROVIDER TAX	A	-287,388	OTHER ADMINISTRATIVE AND		6.04	
49 REAL ESTATE TAXES	A	-1,082	SLEEP LAB		49.01	
49.05 CABLE TV	A	-1,310	SLEEP LAB		49.01	
50 TOTAL (SUM OF LINES 1 THRU 49)		895,910				

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

(2) Basis for adjustment (see instructions).

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

B. Amount Received - if cost cannot be determined.

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

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

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

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

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

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

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

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENTS

I PROVIDER NO: I PERIOD: I PREPARED 8/ 5/2011
 I 14-1334 I FROM 4/ 1/2010 I WORKSHEET A-8-2
 I I TO 3/31/2011 I GROUP 1

LINE NO.	WKSHT A 1	COST CENTER/ PHYSICIAN IDENTIFIER 2	TOTAL REMUN- ERATION 3	PROFES- SIONAL COMPONENT 4	PROVIDER COMPONENT 5	RCE AMOUNT 6	PHYSICIAN/ PROVIDER COMPONENT HOURS 7	UNADJUSTED RCE LIMIT 8	5 PERCENT OF UNADJUSTED RCE LIMIT 9
1	61	SIMS	697,390	697,390					
2	44	SO ILL PATHOLOGY	30,000		30,000				
3	49	DR. BLAISE/DR. BROWN	21,596	18,692	2,904				
4	49	1 DR. BROWN	19,800		19,800				
5									
6									
7									
8									
9									
10									
11									
12									
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22									
23									
24									
25									
26									
27									
28									
29									
30									
101		TOTAL	768,786	716,082	52,704				

COST ALLOCATION STATISTICS

I PROVIDER NO: I PERIOD: I PREPARED 8/ 5/2011
 I 14-1334 I FROM 4/ 1/2010 I NOT A CMS WORKSHEET
 I I TO 3/31/2011 I

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

COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION	OLD CAP REL C OSTS-BLDG &	OLD CAP REL C OSTS-MVBLE E	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-MVBLE E	EMPLOYEE BENEFITS	DATA PROCESSING
	0	1	2	3	4	5	6.01
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &	1,155,167			1,155,167			
005 NEW CAP REL COSTS-MVBLE E	1,758,988				1,758,988		
006 EMPLOYEE BENEFITS	3,886,695			4,738	7,215	3,898,648	
006 01 DATA PROCESSING	1,090,825			3,974	6,051		1,100,850
006 02 PURCHASING, RECEIVING AND	57,134			3,960	6,030	8,045	9,290
006 03 CASHIERING/ACCOUNTS RECEI	1,060,545			13,533	20,607	141,439	55,739
006 04 OTHER ADMINISTRATIVE AND	3,222,903			277,680	422,827	264,649	97,544
007 MAINTENANCE & REPAIRS	890,693			28,053	42,716	105,248	9,290
008 OPERATION OF PLANT	132,597			68,722	104,643	43,105	4,645
009 LAUNDRY & LINEN SERVICE	56,889			12,199	18,576		
010 HOUSEKEEPING	305,458			1,973	3,004	81,211	9,290
011 DIETARY	139,546			43,031	65,524	34,698	13,935
012 CAFETERIA	246,796			29,540	44,980	79,741	
014 NURSING ADMINISTRATION	1,063,765			39,821	60,637	303,885	106,834
015 CENTRAL SERVICES & SUPPLY	28,592			8,559	13,033		
016 PHARMACY	1,893,940			8,976	13,668	108,604	18,580
017 MEDICAL RECORDS & LIBRARY	48,171			60,566	92,224	22,004	32,515
018 SOCIAL SERVICE	24,021			6,558	9,986	7,884	4,645
020 NONPHYSICIAN ANESTHETISTS							
025 INPAT ROUTINE SRVC CNTRS							
ADULTS & PEDIATRICS	2,531,389			154,339	235,014	719,826	162,569
037 ANCILLARY SRVC COST CNTRS							
OPERATING ROOM	1,554,592			87,326	132,973	355,702	88,254
038 RECOVERY ROOM	135,463			11,004	16,756	42,851	
040 ANESTHESIOLOGY	50,816			1,987	3,025		23,225
041 RADIOLOGY-DIAGNOSTIC	1,493,515			56,175	85,539	270,803	74,319
044 LABORATORY	1,761,384			36,723	55,918	230,707	69,674
048 INTRAVENOUS THERAPY	194,034			5,030	7,659	52,107	32,515
049 RESPIRATORY THERAPY	454,257			10,421	15,868	142,943	32,515
049 01 SLEEP LAB	1,304,815			59,496	90,595	321,480	74,319
049 02 GERIATRIC PSYCH	427,155			17,090	26,023		18,580
050 PHYSICAL THERAPY	393,123			3,640	5,543	91,715	46,449
055 MEDICAL SUPPLIES CHARGED	478,074						
055 30 IMPL. DEV. CHARGED TO PAT	264,208						
056 DRUGS CHARGED TO PATIENTS	13,417						
059 97 CARDIAC REHABILITATION	269,596			24,635	37,512	83,784	23,225
061 OUTPAT SERVICE COST CNTRS							
EMERGENCY	1,626,670			57,078	86,914	386,217	92,899
062 OBSERVATION BEDS (NON-DIS							
SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	30,015,233			1,136,827	1,731,060	3,898,648	1,100,850
NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP				5,988	9,119		
098 PHYSICIANS' PRIVATE OFFIC	8,121			12,352	18,809		
098 01 UNUSED SPACE							
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	30,023,354			1,155,167	1,758,988	3,898,648	1,100,850

COST CENTER DESCRIPTION	PURCHASING, RECEIVING AND CASHIERING/ACCOUNTS RECEI		SUBTOTAL	OTHER ADMINISTRATIVE AND MAINTENANCE & REPAIRS		OPERATION OF PLANT		LAUNDRY & LINEN SERVICE
	6.02	6.03		6.04	7	8	9	
001 GENERAL SERVICE COST CNTR								
002 OLD CAP REL COSTS-BLDG &								
003 OLD CAP REL COSTS-MVBLE E								
004 NEW CAP REL COSTS-BLDG &								
005 NEW CAP REL COSTS-MVBLE E								
006 EMPLOYEE BENEFITS								
006 01 DATA PROCESSING								
006 02 PURCHASING, RECEIVING AND	84,459							
006 03 CASHIERING/ACCOUNTS RECEI	1,261	1,293,124						
006 04 OTHER ADMINISTRATIVE AND			4,285,603	4,285,603				
007 MAINTENANCE & REPAIRS			1,076,000	179,165	1,255,165			
008 OPERATION OF PLANT			353,712	58,897	104,779	517,388		
009 LAUNDRY & LINEN SERVICE			87,664	14,597	18,600	8,365	129,226	
010 HOUSEKEEPING	1		400,937	66,760	3,008	1,353	620	
011 DIETARY	44		296,778	49,417	65,609	29,508	636	
012 CAFETERIA	101		401,158	66,797	45,038	20,256		
014 NURSING ADMINISTRATION	44		1,574,986	262,251	60,715	27,307		
015 CENTRAL SERVICES & SUPPLY	282		50,466	8,403	13,050	5,869		
016 PHARMACY	4		2,043,772	340,308	13,685	6,155		
017 MEDICAL RECORDS & LIBRARY			255,480	42,540	92,344	41,532		
018 SOCIAL SERVICE			53,094	8,841	9,999	4,497		
020 NONPHYSICIAN ANESTHETISTS								
025 INPAT ROUTINE SRVC CNTRS								
025 ADULTS & PEDIATRICS	20,587	54,698	3,878,422	645,806	235,320	105,836	46,574	
025 ANCILLARY SRVC COST CNTRS								
037 OPERATING ROOM	27,114	160,287	2,406,248	400,664	133,145	59,882	20,243	
038 RECOVERY ROOM	499	57,481	264,054	43,968	16,778	7,546	6,963	
040 ANESTHESIOLOGY	4,840	16,050	99,943	16,642	3,029	1,362		
041 RADIOLOGY-DIAGNOSTIC	4,932	251,186	2,236,469	372,394	85,649	38,521	10,540	
044 LABORATORY	7,659	287,680	2,449,745	407,907	55,991	25,182		
048 INTRAVENOUS THERAPY	2,559	5,430	299,334	49,842	7,669	3,449		
049 RESPIRATORY THERAPY	1,060	33,196	690,260	114,935	15,888	7,146	359	
049 01 SLEEP LAB	1,312	126,973	1,978,990	329,522	90,712	40,798	11,448	
049 02 GERIATRIC PSYCH		8,703	497,551	82,847	26,057	11,719		
050 PHYSICAL THERAPY	646	28,003	569,119	94,764	5,550	2,496	326	
055 MEDICAL SUPPLIES CHARGED		60,311	538,385	89,646				
055 30 IMPL. DEV. CHARGED TO PAT		12,109	276,317	46,010				
056 DRUGS CHARGED TO PATIENTS		80,844	94,261	15,695				
059 97 CARDIAC REHABILITATION	429	9,772	448,953	74,755	37,560	16,893	92	
059 OUTPAT SERVICE COST CNTRS								
061 EMERGENCY	11,085	100,401	2,361,264	393,174	87,026	39,140	31,425	
062 OBSERVATION BEDS (NON-DIS								
062 SPEC PURPOSE COST CENTERS								
095 SUBTOTALS	84,459	1,293,124	29,968,965	4,276,547	1,227,201	504,812	129,226	
096 NONREIMBURS COST CENTERS								
096 GIFT, FLOWER, COFFEE SHOP			15,107	2,515	9,131	4,106		
098 PHYSICIANS' PRIVATE OFFIC			39,282	6,541	18,833	8,470		
098 01 UNUSED SPACE								
101 CROSS FOOT ADJUSTMENT								
102 NEGATIVE COST CENTER								
103 TOTAL	84,459	1,293,124	30,023,354	4,285,603	1,255,165	517,388	129,226	

COST CENTER DESCRIPTION	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY
	10	11	12	14	15	16	17
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
006 01 DATA PROCESSING							
006 02 PURCHASING, RECEIVING AND							
006 03 CASHIERING/ACCOUNTS RECEI							
006 04 OTHER ADMINISTRATIVE AND							
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING	472,678						
011 DIETARY	1,665	443,613					
012 CAFETERIA	8,327		541,576				
014 NURSING ADMINISTRATION	555		41,660	1,967,474			
015 CENTRAL SERVICES & SUPPLY					77,788		
016 PHARMACY	7,216		13,887	96,656		2,521,679	
017 MEDICAL RECORDS & LIBRARY			10,415				442,311
018 SOCIAL SERVICE	555		3,472				
020 NONPHYSICIAN ANESTHETISTS							
025 INPAT ROUTINE SRVC CNTRS							
ADULTS & PEDIATRICS	237,313	443,613	131,922	919,846	16	12,331	143,984
037 ANCILLARY SRVC COST CNTRS							
OPERATING ROOM	71,332		59,018	417,495	73,600	5,417	60,080
038 RECOVERY ROOM	4,163		6,943	46,283		278	
040 ANESTHESIOLOGY	2,498		3,472	15,412	837	433	
041 RADIOLOGY-DIAGNOSTIC	17,208		38,188				29,004
044 LABORATORY	17,208		34,716				29,004
048 INTRAVENOUS THERAPY			10,415			1	527
049 RESPIRATORY THERAPY	6,106		24,301		3,262		7,251
049 01 SLEEP LAB	43,021		62,490				59,044
049 02 GERIATRIC PSYCH	6,106						7,251
050 PHYSICAL THERAPY			17,358		6	2,745	1,036
055 MEDICAL SUPPLIES CHARGED							
055 30 IMPL. DEV. CHARGED TO PAT							
056 DRUGS CHARGED TO PATIENTS							2,496,936
059 97 CARDIAC REHABILITATION	8,049		17,358				
OUTPAT SERVICE COST CNTRS							
061 EMERGENCY	41,356		65,961	471,782	66	3,012	105,657
062 OBSERVATION BEDS (NON-DIS							
SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	472,678	443,613	541,576	1,967,474	77,788	2,521,679	442,311
NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP							
098 PHYSICIANS' PRIVATE OFFIC							
098 01 UNUSED SPACE							
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	472,678	443,613	541,576	1,967,474	77,788	2,521,679	442,311

COST CENTER DESCRIPTION	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	SUBTOTAL	I&R COST POST STEP-DOWN ADJ 26	TOTAL
	18	20	25	26	27
001 GENERAL SERVICE COST CNTR					
002 OLD CAP REL COSTS-BLDG &					
003 OLD CAP REL COSTS-MVBLE E					
004 NEW CAP REL COSTS-BLDG &					
005 NEW CAP REL COSTS-MVBLE E					
006 EMPLOYEE BENEFITS					
006 01 DATA PROCESSING					
006 02 PURCHASING, RECEIVING AND					
006 03 CASHIERING/ACCOUNTS RECEI					
006 04 OTHER ADMINISTRATIVE AND					
007 MAINTENANCE & REPAIRS					
008 OPERATION OF PLANT					
009 LAUNDRY & LINEN SERVICE					
010 HOUSEKEEPING					
011 DIETARY					
012 CAFETERIA					
014 NURSING ADMINISTRATION					
015 CENTRAL SERVICES & SUPPLY					
016 PHARMACY					
017 MEDICAL RECORDS & LIBRARY					
018 SOCIAL SERVICE	80,458				
020 NONPHYSICIAN ANESTHETISTS					
025 INPAT ROUTINE SRVC CNTRS					
025 ADULTS & PEDIATRICS	80,458		6,881,441		6,881,441
037 ANCILLARY SRVC COST CNTRS					
037 OPERATING ROOM			3,707,124		3,707,124
038 RECOVERY ROOM			396,976		396,976
040 ANESTHESIOLOGY			143,628		143,628
041 RADIOLOGY-DIAGNOSTIC			2,827,973		2,827,973
044 LABORATORY			3,019,753		3,019,753
048 INTRAVENOUS THERAPY			371,237		371,237
049 RESPIRATORY THERAPY			869,508		869,508
049 01 SLEEP LAB			2,616,025		2,616,025
049 02 GERIATRIC PSYCH			631,531		631,531
050 PHYSICAL THERAPY			693,400		693,400
055 MEDICAL SUPPLIES CHARGED			628,031		628,031
055 30 IMPL. DEV. CHARGED TO PAT			322,327		322,327
056 DRUGS CHARGED TO PATIENTS			2,606,892		2,606,892
059 97 CARDIAC REHABILITATION			603,660		603,660
061 OUTPAT SERVICE COST CNTRS					
062 EMERGENCY			3,599,863		3,599,863
062 OBSERVATION BEDS (NON-DIS					
062 SPEC PURPOSE COST CENTERS					
095 SUBTOTALS	80,458		29,919,369		29,919,369
096 NONREIMBURS COST CENTERS					
096 GIFT, FLOWER, COFFEE SHOP			30,859		30,859
098 PHYSICIANS' PRIVATE OFFIC			73,126		73,126
098 01 UNUSED SPACE					
101 CROSS FOOT ADJUSTMENT					
102 NEGATIVE COST CENTER					
103 TOTAL	80,458		30,023,354		30,023,354

ALLOCATION OF NEW CAPITAL RELATED COSTS

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

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	DATA PROCESSING	PURCHASING, RECEIVING AND	CASHIERING/ACCOUNTS RECEIVABLE	OTHER ADMINISTRATIVE	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE
	6.01	6.02	6.03	6.04	7	8	9
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
006 01 DATA PROCESSING	10,025						
006 02 PURCHASING, RECEIVING AND	85	10,100					
006 03 CASHIERING/ACCOUNTS RECEI	508	151	35,233				
006 04 OTHER ADMINISTRATIVE AND	888			702,206			
007 MAINTENANCE & REPAIRS	85			29,357	100,534		
008 OPERATION OF PLANT	42			9,650	8,392	191,581	
009 LAUNDRY & LINEN SERVICE				2,392	1,490	3,098	37,755
010 HOUSEKEEPING	85			10,939	241	501	181
011 DIETARY	127	5		8,097	5,255	10,926	186
012 CAFETERIA		12		10,945	3,607	7,501	
014 NURSING ADMINISTRATION	973	5		42,970	4,863	10,111	
015 CENTRAL SERVICES & SUPPLY		34		1,377	1,045	2,173	
016 PHARMACY	169			55,760	1,096	2,279	
017 MEDICAL RECORDS & LIBRARY	296			6,970	7,396	15,379	
018 SOCIAL SERVICE	42			1,449	801	1,665	
020 NONPHYSICIAN ANESTHETISTS							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	1,481	2,462	1,491	105,816	18,850	39,189	13,608
025 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	804	3,242	4,371	65,650	10,664	22,173	5,914
038 RECOVERY ROOM		60	1,567	7,204	1,344	2,794	2,034
040 ANESTHESIOLOGY	211	579	438	2,727	243	505	
041 RADIOLOGY-DIAGNOSTIC	677	590	6,849	61,018	6,860	14,264	3,079
044 LABORATORY	634	916	7,818	66,836	4,485	9,325	
048 INTRAVENOUS THERAPY	296	306	148	8,167	614	1,277	
049 RESPIRATORY THERAPY	296	127	905	18,832	1,273	2,646	105
049 01 SLEEP LAB	677	157	3,462	53,993	7,266	15,107	3,345
049 02 GERIATRIC PSYCH	169		237	13,575	2,087	4,339	
050 PHYSICAL THERAPY	423	77	764	15,527	445	924	95
055 MEDICAL SUPPLIES CHARGED			1,645	14,689			
055 30 IMPL. DEV. CHARGED TO PAT			330	7,539			
056 DRUGS CHARGED TO PATIENTS			2,204	2,572			
059 97 CARDIAC REHABILITATION	211	51	266	12,249	3,008	6,255	27
059 OUTPAT SERVICE COST CNTRS							
061 EMERGENCY	846	1,326	2,738	64,422	6,970	14,493	9,181
062 OBSERVATION BEDS (NON-DIS							
062 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	10,025	10,100	35,233	700,722	98,295	186,924	37,755
095 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP				412	731	1,521	
098 PHYSICIANS' PRIVATE OFFIC				1,072	1,508	3,136	
098 01 UNUSED SPACE							
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	10,025	10,100	35,233	702,206	100,534	191,581	37,755

COST CENTER DESCRIPTION	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY
	10	11	12	14	15	16	17
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
006 01 DATA PROCESSING							
006 02 PURCHASING, RECEIVING AND							
006 03 CASHIERING/ACCOUNTS RECEI							
006 04 OTHER ADMINISTRATIVE AND							
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING	17,173						
011 DIETARY	61	133,318					
012 CAFETERIA	303		97,132				
014 NURSING ADMINISTRATION	20		7,472	167,804			
015 CENTRAL SERVICES & SUPPLY					26,221		
016 PHARMACY	262		2,491	8,244		93,278	
017 MEDICAL RECORDS & LIBRARY			1,868				184,766
018 SOCIAL SERVICE	20		623				
020 NONPHYSICIAN ANESTHETISTS							
025 INPAT ROUTINE SRVC CNTRS							
ADULTS & PEDIATRICS	8,621	133,318	23,660	78,452	5	456	60,146
037 ANCILLARY SRVC COST CNTRS							
OPERATING ROOM	2,592		10,585	35,608	24,810	200	25,097
038 RECOVERY ROOM	151		1,245	3,947		10	
040 ANESTHESIOLOGY	91		623	1,315	282	16	
041 RADIOLOGY-DIAGNOSTIC	625		6,849				12,116
044 LABORATORY	625		6,226				12,116
048 INTRAVENOUS THERAPY			1,868			19	
049 RESPIRATORY THERAPY	222		4,358		1,100		3,029
049 01 SLEEP LAB	1,563		11,208				24,664
049 02 GERIATRIC PSYCH	222						3,029
050 PHYSICAL THERAPY			3,113		2	102	433
055 MEDICAL SUPPLIES CHARGED							
055 30 IMPL. DEV. CHARGED TO PAT							
056 DRUGS CHARGED TO PATIENTS						92,364	
059 97 CARDIAC REHABILITATION	292		3,113				
OUTPAT SERVICE COST CNTRS							
061 EMERGENCY	1,503		11,830	40,238	22	111	44,136
062 OBSERVATION BEDS (NON-DIS							
SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	17,173	133,318	97,132	167,804	26,221	93,278	184,766
NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP							
098 PHYSICIANS' PRIVATE OFFIC							
098 01 UNUSED SPACE							
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	17,173	133,318	97,132	167,804	26,221	93,278	184,766

COST CENTER DESCRIPTION	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	SUBTOTAL	POST STEPDOWN ADJUSTMENT	TOTAL
	18	20	25	26	27
001 GENERAL SERVICE COST CNTR					
002 OLD CAP REL COSTS-BLDG &					
003 OLD CAP REL COSTS-MVBLE E					
004 NEW CAP REL COSTS-BLDG &					
005 NEW CAP REL COSTS-MVBLE E					
006 EMPLOYEE BENEFITS					
006 01 DATA PROCESSING					
006 02 PURCHASING, RECEIVING AND					
006 03 CASHIERING/ACCOUNTS RECEI					
006 04 OTHER ADMINISTRATIVE AND					
007 MAINTENANCE & REPAIRS					
008 OPERATION OF PLANT					
009 LAUNDRY & LINEN SERVICE					
010 HOUSEKEEPING					
011 DIETARY					
012 CAFETERIA					
014 NURSING ADMINISTRATION					
015 CENTRAL SERVICES & SUPPLY					
016 PHARMACY					
017 MEDICAL RECORDS & LIBRARY					
018 SOCIAL SERVICE	21,168				
020 NONPHYSICIAN ANESTHETISTS					
025 INPAT ROUTINE SRVC CNTRS					
025 ADULTS & PEDIATRICS	21,168		900,286		900,286
037 ANCILLARY SRVC COST CNTRS					
037 OPERATING ROOM			433,099		433,099
038 RECOVERY ROOM			48,247		48,247
040 ANESTHESIOLOGY			12,042		12,042
041 RADIOLOGY-DIAGNOSTIC			255,471		255,471
044 LABORATORY			202,329		202,329
048 INTRAVENOUS THERAPY			25,544		25,544
049 RESPIRATORY THERAPY			59,620		59,620
049 01 SLEEP LAB			272,518		272,518
049 02 GERIATRIC PSYCH			66,771		66,771
050 PHYSICAL THERAPY			31,369		31,369
055 MEDICAL SUPPLIES CHARGED			16,334		16,334
055 30 IMPL. DEV. CHARGED TO PAT			7,869		7,869
056 DRUGS CHARGED TO PATIENTS			97,140		97,140
059 97 CARDIAC REHABILITATION			87,876		87,876
061 OUTPAT SERVICE COST CNTRS					
061 EMERGENCY			342,992		342,992
062 OBSERVATION BEDS (NON-DIS					
062 SPEC PURPOSE COST CENTERS					
095 SUBTOTALS	21,168		2,859,507		2,859,507
096 NONREIMBURS COST CENTERS					
096 GIFT, FLOWER, COFFEE SHOP			17,771		17,771
098 PHYSICIANS' PRIVATE OFFIC			36,877		36,877
098 01 UNUSED SPACE					
101 CROSS FOOT ADJUSTMENTS					
102 NEGATIVE COST CENTER					
103 TOTAL	21,168		2,914,155		2,914,155

COST ALLOCATION - STATISTICAL BASIS

14-1334

FROM 4/ 1/2010

WORKSHEET B-1

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TO 3/31/2011

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

COST CENTER DESCRIPTION	PURCHASING, RECEIVING AND CASHIERING/AC COUNTS RECEI		RECONCILIATION	OTHER ADMINISTRATIVE AND MAINTENANCE & OPERATION OF PLANT			LAUNDRY & LINEN SERVICE
	(PURCH SUPPLIES)	(GROSS REVENUE)		(ACCUM. COST)	(SQUARE FEET)	(SQUARE FEET)	
	6.02	6.03	6a.04	6.04	7	8	9
GENERAL SERVICE COST							
001 OLD CAP REL COSTS-BLD							
002 OLD CAP REL COSTS-MVB							
003 NEW CAP REL COSTS-BLD							
004 NEW CAP REL COSTS-MVB							
005 EMPLOYEE BENEFITS							
006 01 DATA PROCESSING							
006 02 PURCHASING, RECEIVING	612,448						
006 03 CASHIERING/ACCOUNTS R	9,141	87,932,533					
006 04 OTHER ADMINISTRATIVE			-4,285,603	25,737,751			
007 MAINTENANCE & REPAIRS				1,076,000	59,249		
008 OPERATION OF PLANT				353,712	4,946	54,303	
009 LAUNDRY & LINEN SERVI				87,664	878	878	23,773
010 HOUSEKEEPING	4			400,937	142	142	114
011 DIETARY	320			296,778	3,097	3,097	117
012 CAFETERIA	735			401,158	2,126	2,126	
014 NURSING ADMINISTRATIO	319			1,574,986	2,866	2,866	
015 CENTRAL SERVICES & SU	2,046			50,466	616	616	
016 PHARMACY	29			2,043,772	646	646	
017 MEDICAL RECORDS & LIB				255,480	4,359	4,359	
018 SOCIAL SERVICE				53,094	472	472	
020 NONPHYSICIAN ANESTHET							
025 INPAT ROUTINE SRVC CN							
ADULTS & PEDIATRICS	149,286	3,719,440		3,878,422	11,108	11,108	8,568
ANCILLARY SRVC COST C							
037 OPERATING ROOM	196,612	10,899,427		2,406,248	6,285	6,285	3,724
038 RECOVERY ROOM	3,620	3,908,667		264,054	792	792	1,281
040 ANESTHESIOLOGY	35,095	1,091,404		99,943	143	143	
041 RADIOLOGY-DIAGNOSTIC	35,762	17,080,531		2,236,469	4,043	4,043	1,939
044 LABORATORY	55,538	19,562,898		2,449,745	2,643	2,643	
048 INTRAVENOUS THERAPY	18,560	369,249		299,334	362	362	
049 RESPIRATORY THERAPY	7,689	2,257,308		690,260	750	750	66
049 01 SLEEP LAB	9,514	8,634,113		1,978,990	4,282	4,282	2,106
049 02 GERIATRIC PSYCH		591,783		497,551	1,230	1,230	
050 PHYSICAL THERAPY	4,681	1,904,211		569,119	262	262	60
055 MEDICAL SUPPLIES CHAR		4,101,119		538,385			
055 30 IMPL. DEV. CHARGED TO		823,374		276,317			
056 DRUGS CHARGED TO PATI		5,497,333		94,261			
059 97 CARDIAC REHABILITATIO	3,114	664,462		448,953	1,773	1,773	17
OUTPAT SERVICE COST C							
061 EMERGENCY	80,383	6,827,214		2,361,264	4,108	4,108	5,781
062 OBSERVATION BEDS (NON							
SPEC PURPOSE COST CEN							
095 SUBTOTALS	612,448	87,932,533	-4,285,603	25,683,362	57,929	52,983	23,773
NONREIMBURS COST CENT							
096 GIFT, FLOWER, COFFEE				15,107	431	431	
098 PHYSICIANS' PRIVATE O				39,282	889	889	
098 01 UNUSED SPACE							
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 COST TO BE ALLOCATED	84,459	1,293,124		4,285,603	1,255,165	517,388	129,226
(WRKSHT B, PART I)							
104 UNIT COST MULTIPLIER		.014706		.166510		9.527798	
(WRKSHT B, PT I)	.137904				21.184577		5.435831
105 COST TO BE ALLOCATED							
(WRKSHT B, PART II)							
106 UNIT COST MULTIPLIER							
(WRKSHT B, PT II)							
107 COST TO BE ALLOCATED	10,100	35,233		702,206	100,534	191,581	37,755
(WRKSHT B, PART III)							
108 UNIT COST MULTIPLIER		.000401		.027283		3.528000	
(WRKSHT B, PT III)	.016491				1.696805		1.588146

COST CENTER DESCRIPTION	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	CAFETERIA (# OF FTES)	NURSING ADMINISTRATION (DIRECT NURSING HR)	CENTRAL SERVICES & SUPPLY (COSTED EQUIS.)	PHARMACY (COSTED EQUIS.)	MEDICAL RECORDS & LIBRARY (TIME SPENT)
	10	11	12	14	15	16	17
GENERAL SERVICE COST							
001							
002							
003							
004							
005							
006							
006 01							
006 02							
006 03							
006 04							
007							
008							
009							
010							
011	1,703						
012	6	17,006					
014	30		156				
014	2		12	168,889			
015					734,956		
016	26		4	8,297		1,460,730	
017			3				427
018	2		1				
020							
025	855	17,006	38	78,960	147	7,143	139
037	257		17	35,838	695,382	3,138	58
038	15		2	3,973		161	
040	9		1	1,323	7,912	251	
041	62		11				28
044	62		10				28
048			3		12	305	
049	22		7		30,822		7
049 01	155		18				57
049 02	22						7
050			5		53	1,590	1
055							
055 30							
056						1,446,397	
059 97	29		5				
061	149		19	40,498	628	1,745	102
062							
095	1,703	17,006	156	168,889	734,956	1,460,730	427
NONREIMBURS COST CENTER							
096							
098							
098 01							
101							
102							
103	472,678	443,613	541,576	1,967,474	77,788	2,521,679	442,311
104		26.085676		11.649509		1.726314	
105	277.556078		3,471.641026		.105840		1,035.857143
106							
107	17,173	133,318	97,132	167,804	26,221	93,278	184,766
108		7.839468		.993576		.063857	
108	10.083969		622.641026		.035677		432.707260

COST CENTER DESCRIPTION	SOCIAL SERVICE (PATIENT DAYS	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME
GENERAL SERVICE COST	18	20
001 OLD CAP REL COSTS-BLD		
002 OLD CAP REL COSTS-MVB		
003 NEW CAP REL COSTS-BLD		
004 NEW CAP REL COSTS-MVB		
005 EMPLOYEE BENEFITS		
006 01 DATA PROCESSING		
006 02 PURCHASING, RECEIVING		
006 03 CASHIERING/ACCOUNTS R		
006 04 OTHER ADMINISTRATIVE		
007 MAINTENANCE & REPAIRS		
008 OPERATION OF PLANT		
009 LAUNDRY & LINEN SERVI		
010 HOUSEKEEPING		
011 DIETARY		
012 CAFETERIA		
014 NURSING ADMINISTRATIO		
015 CENTRAL SERVICES & SU		
016 PHARMACY		
017 MEDICAL RECORDS & LIB		
018 SOCIAL SERVICE	3,006	
020 NONPHYSICIAN ANESTHET		100
INPAT ROUTINE SRVC CN		
ADULTS & PEDIATRICS	3,006	
ANCILLARY SRVC COST C		
037 OPERATING ROOM		
038 RECOVERY ROOM		
040 ANESTHESIOLOGY		100
041 RADIOLOGY-DIAGNOSTIC		
044 LABORATORY		
048 INTRAVENOUS THERAPY		
049 RESPIRATORY THERAPY		
049 01 SLEEP LAB		
049 02 GERIATRIC PSYCH		
050 PHYSICAL THERAPY		
055 MEDICAL SUPPLIES CHAR		
055 30 IMPL. DEV. CHARGED TO		
056 DRUGS CHARGED TO PATI		
059 97 CARDIAC REHABILITATIO		
OUTPAT SERVICE COST C		
EMERGENCY		
062 OBSERVATION BEDS (NON		
SPEC PURPOSE COST CEN		
095 SUBTOTALS	3,006	100
NONREIMBURS COST CENT		
GIFT, FLOWER, COFFEE		
098 PHYSICIANS' PRIVATE O		
098 01 UNUSED SPACE		
101 CROSS FOOT ADJUSTMENT		
102 NEGATIVE COST CENTER		
103 COST TO BE ALLOCATED	80,458	
(PER WRKSHT B, PART		
104 UNIT COST MULTIPLIER		
(WRKSHT B, PT I)	26.765802	
105 COST TO BE ALLOCATED		
(PER WRKSHT B, PART		
106 UNIT COST MULTIPLIER		
(WRKSHT B, PT II)		
107 COST TO BE ALLOCATED	21,168	
(PER WRKSHT B, PART		
108 UNIT COST MULTIPLIER		
(WRKSHT B, PT III)	7.041916	

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DI ALLOWANCE 4	TOTAL COSTS 5
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS	6,881,441		6,881,441		
37	ANCILLARY SRVC COST CNTRS OPERATING ROOM	3,707,124		3,707,124		
38	RECOVERY ROOM	396,976		396,976		
40	ANESTHESIOLOGY	143,628		143,628		
41	RADIOLOGY-DIAGNOSTIC	2,827,973		2,827,973		
44	LABORATORY	3,019,753		3,019,753		
48	INTRAVENOUS THERAPY	371,237		371,237		
49	RESPIRATORY THERAPY	869,508		869,508		
49 01	SLEEP LAB	2,616,025		2,616,025		
49 02	GERIATRIC PSYCH	631,531		631,531		
50	PHYSICAL THERAPY	693,400		693,400		
55	MEDICAL SUPPLIES CHARGED	628,031		628,031		
55 30	IMPL. DEV. CHARGED TO PAT	322,327		322,327		
56	DRUGS CHARGED TO PATIENTS	2,606,892		2,606,892		
59 97	CARDIAC REHABILITATION OUTPAT SERVICE COST CNTRS	603,660		603,660		
61	EMERGENCY	3,599,863		3,599,863		
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	1,445,015		1,445,015		
101	SUBTOTAL	31,364,384		31,364,384		
102	LESS OBSERVATION BEDS	1,445,015		1,445,015		
103	TOTAL	29,919,369		29,919,369		

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
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS ANCILLARY SRVC COST CNTRS	3,008,030		3,008,030			
37	OPERATING ROOM	656,997	10,033,686	10,690,683	.346762	.346762	
38	RECOVERY ROOM	179,104	3,656,059	3,835,163	.103510	.103510	
40	ANESTHESIOLOGY	103,164	631,611	734,775	.195472	.195472	
41	RADIOLOGY-DIAGNOSTIC	1,365,089	15,508,263	16,873,352	.167600	.167600	
44	LABORATORY	1,918,821	17,340,174	19,258,995	.156797	.156797	
48	INTRAVENOUS THERAPY	2,709	366,540	369,249	1.005384	1.005384	
49	RESPIRATORY THERAPY	795,730	1,276,205	2,071,935	.419660	.419660	
49	01 SLEEP LAB		8,095,380	8,095,380	.323150	.323150	
49	02 GERIATRIC PSYCH		591,783	591,783	1.067167	1.067167	
50	PHYSICAL THERAPY	93,866	1,744,169	1,838,035	.377251	.377251	
55	MEDICAL SUPPLIES CHARGED	678,367	3,363,418	4,041,785	.155385	.155385	
55	30 IMPL. DEV. CHARGED TO PAT	74,238	749,136	823,374	.391471	.391471	
56	DRUGS CHARGED TO PATIENTS	2,276,627	3,176,350	5,452,977	.478068	.478068	
59	97 CARDIAC REHABILITATION OUTPAT SERVICE COST CNTRS	401	656,791	657,192	.918544	.918544	
61	EMERGENCY	428,427	6,334,304	6,762,731	.532309	.532309	
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	48,011	655,313	703,324	2.054551	2.054551	
101	SUBTOTAL	11,629,581	74,179,182	85,808,763			
102	LESS OBSERVATION BEDS						
103	TOTAL	11,629,581	74,179,182	85,808,763			

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DI ALLOWANCE 4	TOTAL COSTS 5
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS	6,881,441		6,881,441		
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	3,707,124		3,707,124		
38	RECOVERY ROOM	396,976		396,976		
40	ANESTHESIOLOGY	143,628		143,628		
41	RADIOLOGY-DIAGNOSTIC	2,827,973		2,827,973		
44	LABORATORY	3,019,753		3,019,753		
48	INTRAVENOUS THERAPY	371,237		371,237		
49	RESPIRATORY THERAPY	869,508		869,508		
49 01	SLEEP LAB	2,616,025		2,616,025		
49 02	GERIATRIC PSYCH	631,531		631,531		
50	PHYSICAL THERAPY	693,400		693,400		
55	MEDICAL SUPPLIES CHARGED	628,031		628,031		
55 30	IMPL. DEV. CHARGED TO PAT	322,327		322,327		
56	DRUGS CHARGED TO PATIENTS	2,606,892		2,606,892		
59 97	CARDIAC REHABILITATION	603,660		603,660		
61	OUTPAT SERVICE COST CNTRS EMERGENCY	3,599,863		3,599,863		
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS)	1,445,015		1,445,015		
101	SUBTOTAL	31,364,384		31,364,384		
102	LESS OBSERVATION BEDS	1,445,015		1,445,015		
103	TOTAL	29,919,369		29,919,369		

COMPUTATION OF RATIO OF COSTS TO CHARGES
SPECIAL TITLE XIX WORKSHEET

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	3,008,030		3,008,030			
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	656,997	10,033,686	10,690,683	.346762	.346762	
38	RECOVERY ROOM	179,104	3,656,059	3,835,163	.103510	.103510	
40	ANESTHESIOLOGY	103,164	631,611	734,775	.195472	.195472	
41	RADIOLOGY-DIAGNOSTIC	1,365,089	15,508,263	16,873,352	.167600	.167600	
44	LABORATORY	1,918,821	17,340,174	19,258,995	.156797	.156797	
48	INTRAVENOUS THERAPY	2,709	366,540	369,249	1.005384	1.005384	
49	RESPIRATORY THERAPY	795,730	1,276,205	2,071,935	.419660	.419660	
49	01 SLEEP LAB		8,095,380	8,095,380	.323150	.323150	
49	02 GERIATRIC PSYCH		591,783	591,783	1.067167	1.067167	
50	PHYSICAL THERAPY	93,866	1,744,169	1,838,035	.377251	.377251	
55	MEDICAL SUPPLIES CHARGED	678,367	3,363,418	4,041,785	.155385	.155385	
55	30 IMPL. DEV. CHARGED TO PAT	74,238	749,136	823,374	.391471	.391471	
56	DRUGS CHARGED TO PATIENTS	2,276,627	3,176,350	5,452,977	.478068	.478068	
59	97 CARDIAC REHABILITATION	401	656,791	657,192	.918544	.918544	
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY	428,427	6,334,304	6,762,731	.532309	.532309	
62	OBSERVATION BEDS (NON-DIS	48,011	655,313	703,324	2.054551	2.054551	
	OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	11,629,581	74,179,182	85,808,763			
102	LESS OBSERVATION BEDS						
103	TOTAL	11,629,581	74,179,182	85,808,763			

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27 1	CAPITAL COST WKST B PT II & III, COL. 27 2	OPERATING COST NET OF CAPITAL COST 3	CAPITAL REDUCTION 4	OPERATING COST REDUCTION AMOUNT 5	COST NET OF CAP AND OPER COST REDUCTION 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM	3,707,124	433,099	3,274,025			3,707,124
38	RECOVERY ROOM	396,976	48,247	348,729			396,976
40	ANESTHESIOLOGY	143,628	12,042	131,586			143,628
41	RADIOLOGY-DIAGNOSTIC	2,827,973	255,471	2,572,502			2,827,973
44	LABORATORY	3,019,753	202,329	2,817,424			3,019,753
48	INTRAVENOUS THERAPY	371,237	25,544	345,693			371,237
49	RESPIRATORY THERAPY	869,508	59,620	809,888			869,508
49 01	SLEEP LAB	2,616,025	272,518	2,343,507			2,616,025
49 02	GERIATRIC PSYCH	631,531	66,771	564,760			631,531
50	PHYSICAL THERAPY	693,400	31,369	662,031			693,400
55	MEDICAL SUPPLIES CHARGED	628,031	16,334	611,697			628,031
55 30	IMPL. DEV. CHARGED TO PAT	322,327	7,869	314,458			322,327
56	DRUGS CHARGED TO PATIENTS	2,606,892	97,140	2,509,752			2,606,892
59 97	CARDIAC REHABILITATION	603,660	87,876	515,784			603,660
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY	3,599,863	342,992	3,256,871			3,599,863
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	1,445,015		1,445,015			1,445,015
101	SUBTOTAL	24,482,943	1,959,221	22,523,722			24,482,943
102	LESS OBSERVATION BEDS	1,445,015		1,445,015			1,445,015
103	TOTAL	23,037,928	1,959,221	21,078,707			23,037,928

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	10,690,683	.346762	.346762
38	RECOVERY ROOM	3,835,163	.103510	.103510
40	ANESTHESIOLOGY	734,775	.195472	.195472
41	RADIOLOGY-DIAGNOSTIC	16,873,352	.167600	.167600
44	LABORATORY	19,258,995	.156797	.156797
48	INTRAVENOUS THERAPY	369,249	1.005384	1.005384
49	RESPIRATORY THERAPY	2,071,935	.419660	.419660
49 01	SLEEP LAB	8,095,380	.323150	.323150
49 02	GERIATRIC PSYCH	591,783	1.067167	1.067167
50	PHYSICAL THERAPY	1,838,035	.377251	.377251
55	MEDICAL SUPPLIES CHARGED	4,041,785	.155385	.155385
55 30	IMPL. DEV. CHARGED TO PAT	823,374	.391471	.391471
56	DRUGS CHARGED TO PATIENTS	5,452,977	.478068	.478068
59 97	CARDIAC REHABILITATION	657,192	.918544	.918544
	OUTPAT SERVICE COST CNTRS			
61	EMERGENCY	6,762,731	.532309	.532309
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	703,324	2.054551	2.054551
101	SUBTOTAL	82,800,733		
102	LESS OBSERVATION BEDS	703,324		
103	TOTAL	82,097,409		

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27 1	CAPITAL COST WKST B PT II & III, COL. 27 2	OPERATING COST NET OF CAPITAL COST 3	CAPITAL REDUCTION 4	OPERATING COST REDUCTION AMOUNT 5	COST NET OF CAP AND OPER COST REDUCTION 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM	3,707,124	433,099	3,274,025			3,707,124
38	RECOVERY ROOM	396,976	48,247	348,729			396,976
40	ANESTHESIOLOGY	143,628	12,042	131,586			143,628
41	RADIOLOGY-DIAGNOSTIC	2,827,973	255,471	2,572,502			2,827,973
44	LABORATORY	3,019,753	202,329	2,817,424			3,019,753
48	INTRAVENOUS THERAPY	371,237	25,544	345,693			371,237
49	RESPIRATORY THERAPY	869,508	59,620	809,888			869,508
49 01	SLEEP LAB	2,616,025	272,518	2,343,507			2,616,025
49 02	GERIATRIC PSYCH	631,531	66,771	564,760			631,531
50	PHYSICAL THERAPY	693,400	31,369	662,031			693,400
55	MEDICAL SUPPLIES CHARGED	628,031	16,334	611,697			628,031
55 30	IMPL. DEV. CHARGED TO PAT	322,327	7,869	314,458			322,327
56	DRUGS CHARGED TO PATIENTS	2,606,892	97,140	2,509,752			2,606,892
59 97	CARDIAC REHABILITATION	603,660	87,876	515,784			603,660
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY	3,599,863	342,992	3,256,871			3,599,863
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	1,445,015		1,445,015			1,445,015
101	SUBTOTAL	24,482,943	1,959,221	22,523,722			24,482,943
102	LESS OBSERVATION BEDS	1,445,015		1,445,015			1,445,015
103	TOTAL	23,037,928	1,959,221	21,078,707			23,037,928

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	10,690,683	.346762	.346762
38	OPERATING ROOM	3,835,163	.103510	.103510
40	RECOVERY ROOM	734,775	.195472	.195472
41	ANESTHESIOLOGY	16,873,352	.167600	.167600
44	RADIOLOGY-DIAGNOSTIC	19,258,995	.156797	.156797
48	LABORATORY	369,249	1.005384	1.005384
49	INTRAVENOUS THERAPY	2,071,935	.419660	.419660
49	RESPIRATORY THERAPY	8,095,380	.323150	.323150
49	01 SLEEP LAB	591,783	1.067167	1.067167
49	02 GERIATRIC PSYCH	1,838,035	.377251	.377251
50	PHYSICAL THERAPY	4,041,785	.155385	.155385
55	MEDICAL SUPPLIES CHARGED	823,374	.391471	.391471
55	30 IMPL. DEV. CHARGED TO PAT	5,452,977	.478068	.478068
56	DRUGS CHARGED TO PATIENTS	657,192	.918544	.918544
59	97 CARDIAC REHABILITATION			
	OUTPAT SERVICE COST CNTRS			
61	EMERGENCY	6,762,731	.532309	.532309
62	OBSERVATION BEDS (NON-DIS	703,324	2.054551	2.054551
	OTHER REIMBURS COST CNTRS			
101	SUBTOTAL	82,800,733		
102	LESS OBSERVATION BEDS	703,324		
103	TOTAL	82,097,409		

TITLE XVIII, PART B HOSPITAL

Cost Center Description	Cost/Charge Ratio (C, Pt I, col. 9)	Cost/Charge Ratio (C, Pt I, col. 9)	Cost/Charge Ratio (C, Pt II, col. 9)	Outpatient Ambulatory Surgical Ctr	Outpatient Radiology
	1	1.01	1.02	2	3
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM	.346762		.346762		
38 RECOVERY ROOM	.103510		.103510		
40 ANESTHESIOLOGY	.195472		.195472		
41 RADIOLOGY-DIAGNOSTIC	.167600		.167600		
44 LABORATORY	.156797		.156797		
48 INTRAVENOUS THERAPY	1.005384		1.005384		
49 RESPIRATORY THERAPY	.419660		.419660		
49 01 SLEEP LAB	.323150		.323150		
49 02 GERIATRIC PSYCH	1.067167		1.067167		
50 PHYSICAL THERAPY	.377251		.377251		
55 MEDICAL SUPPLIES CHARGED TO PATIENTS	.155385		.155385		
55 30 IMPL. DEV. CHARGED TO PATIENT	.391471		.391471		
56 DRUGS CHARGED TO PATIENTS	.478068		.478068		
59 97 CARDIAC REHABILITATION	.918544		.918544		
61 OUTPAT SERVICE COST CNTRS					
EMERGENCY	.532309		.532309		
62 OBSERVATION BEDS (NON-DISTINCT PART)	2.054551		2.054551		
101 SUBTOTAL					
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES					
104 NET CHARGES					

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

TITLE XVIII, PART B

HOSPITAL

Cost Center Description	All	Other	Hospital I/P Part B Charges	Hospital I/P Part B Costs
	9	10	11	
(A) ANCILLARY SRVC COST CNTRS				
37 OPERATING ROOM		1,179,022		
38 RECOVERY ROOM		132,351		
40 ANESTHESIOLOGY		42,968		
41 RADIOLOGY-DIAGNOSTIC		858,908		
44 LABORATORY		1,007,936		
48 INTRAVENOUS THERAPY		171,577		
49 RESPIRATORY THERAPY		305,996		
49 01 SLEEP LAB		596,889		
49 02 GERIATRIC PSYCH		626,487		
50 PHYSICAL THERAPY		222,037		
55 MEDICAL SUPPLIES CHARGED TO PATIENTS		146,409		
55 30 IMPL. DEV. CHARGED TO PATIENT		133,215		
56 DRUGS CHARGED TO PATIENTS		742,166		
59 97 CARDIAC REHABILITATION		195,462		
61 OUTPAT SERVICE COST CNTRS				
61 EMERGENCY		1,111,015		
62 OBSERVATION BEDS (NON-DISTINCT PART)		1,314,699		
101 SUBTOTAL		8,787,137		
102 CRNA CHARGES				
103 LESS PBP CLINIC LAB SVCS-				
PROGRAM ONLY CHARGES				
104 NET CHARGES		8,787,137		

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

COMPUTATION OF INPATIENT OPERATING COST

PROVIDER NO:	PERIOD:	PREPARED
14-1334	FROM 4/1/2010	8/5/2011
COMPONENT NO:	TO 3/31/2011	WORKSHEET D-1
14-1334		PART I

TITLE XVIII PART A

HOSPITAL

OTHER

PART I - ALL PROVIDER COMPONENTS

1

INPATIENT DAYS

1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	3,805
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	3,805
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	3,805
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
7	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
8	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
9	TOTAL INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	1,974
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLE V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)	
15	TOTAL NURSERY DAYS (TITLE V OR XIX ONLY)	
16	NURSERY DAYS (TITLE V OR XIX ONLY)	

SWING-BED ADJUSTMENT

17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	6,881,441
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)	
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	6,881,441

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	2,061,545
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	2,061,545
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	3.338002
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	541.80
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL	
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL	
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT	
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	6,881,441

TITLE XVIII PART A HOSPITAL OTHER

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

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

PART IV - COMPUTATION OF OBSERVATION BED COST

83	TOTAL OBSERVATION BED DAYS	799
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	1,808.53
85	OBSERVATION BED COST	1,445,015

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

	COST	ROUTINE COST	COLUMN 1 DIVIDED BY COLUMN 2	TOTAL OBSERVATION BED COST	OBSERVATION BED PASS THROUGH COST
	1	2	3	4	5
86	OLD CAPITAL-RELATED COST				
87	NEW CAPITAL-RELATED COST				
88	NON PHYSICIAN ANESTHETIST				
89	MEDICAL EDUCATION				
89.01	MEDICAL EDUCATION - ALLIED HEA				
89.02	MEDICAL EDUCATION - ALL OTHER				

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS ANCILLARY SRVC COST CNTRS		1,294,325	
37	OPERATING ROOM	.346762	292,047	101,271
38	RECOVERY ROOM	.103510	86,358	8,939
40	ANESTHESIOLOGY	.195472	42,270	8,263
41	RADIOLOGY-DIAGNOSTIC	.167600	974,861	163,387
44	LABORATORY	.156797	1,348,791	211,486
48	INTRAVENOUS THERAPY	1.005384		
49	RESPIRATORY THERAPY	.419660	573,318	240,599
49	01 SLEEP LAB	.323150		
49	02 GERIATRIC PSYCH	1.067167		
50	PHYSICAL THERAPY	.377251	73,088	27,573
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.155385	388,856	60,422
55	30 IMPL. DEV. CHARGED TO PATIENT	.391471	38,469	15,059
56	DRUGS CHARGED TO PATIENTS	.478068	1,586,158	758,291
59	97 CARDIAC REHABILITATION OUTPAT SERVICE COST CNTRS	.918544		
61	EMERGENCY	.532309	36,873	19,628
62	OBSERVATION BEDS (NON-DISTINCT PART) OTHER REIMBURS COST CNTRS	2.054551	1,750	3,595
101	TOTAL		5,442,839	1,618,513
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		5,442,839	

PART B - MEDICAL AND OTHER HEALTH SERVICES

HOSPITAL

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)	8,787,137
1.01	MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER APRIL 1, 2001 (SEE INSTRUCTIONS).	
1.02	PPS PAYMENTS RECEIVED INCLUDING OUTLIERS.	
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	
2	INTERNS AND RESIDENTS	
3	ORGAN ACQUISITIONS	
4	COST OF TEACHING PHYSICIANS	
5	TOTAL COST (SEE INSTRUCTIONS)	8,787,137

COMPUTATION OF LESSER OF COST OR CHARGES

REASONABLE CHARGES		
6	ANCILLARY SERVICE CHARGES	
7	INTERNS AND RESIDENTS SERVICE CHARGES	
8	ORGAN ACQUISITION CHARGES	
9	CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS.	
10	TOTAL REASONABLE CHARGES	
CUSTOMARY CHARGES		
11	AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS	
12	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e).	
13	RATIO OF LINE 11 TO LINE 12	
14	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)	
15	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	
16	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	
17	LESSER OF COST OR CHARGES (FOR CAH SEE INSTRUC)	8,875,008
17.01	TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 1.02, 1.06 AND 1.07)	

COMPUTATION OF REIMBURSEMENT SETTLEMENT

18	CAH DEDUCTIBLES	62,818
18.01	CAH ACTUAL BILLED COINSURANCE	3,961,896
	LINE 17.01 (SEE INSTRUCTIONS)	
19	SUBTOTAL (SEE INSTRUCTIONS)	4,850,294
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	4,850,294
24	PRIMARY PAYER PAYMENTS	247
25	SUBTOTAL	4,850,047

REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)

26	COMPOSITE RATE ESRD	
27	BAD DEBTS (SEE INSTRUCTIONS)	773,113
27.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	773,113
27.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	
28	SUBTOTAL	5,623,160
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	5,623,160
33	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
34	INTERIM PAYMENTS	5,088,466
34.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
35	BALANCE DUE PROVIDER/PROGRAM	534,694
36	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2	84,949

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	AMOUNT	MM/DD/YYYY	AMOUNT
	1	2	3	4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		5,290,949		4,520,577
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.		NONE		NONE
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
ADJUSTMENTS TO PROVIDER .01				
ADJUSTMENTS TO PROVIDER .02	9/24/2010	73,864	9/24/2010	251,927
ADJUSTMENTS TO PROVIDER .03	3/18/2011	152,816	3/18/2011	315,962
ADJUSTMENTS TO PROVIDER .04				
ADJUSTMENTS TO PROVIDER .05				
ADJUSTMENTS TO PROVIDER .49				
ADJUSTMENTS TO PROGRAM .50	6/11/2010	9,676		
ADJUSTMENTS TO PROGRAM .51				
ADJUSTMENTS TO PROGRAM .52				
ADJUSTMENTS TO PROGRAM .53				
ADJUSTMENTS TO PROGRAM .54				
ADJUSTMENTS TO PROGRAM .99		217,004		567,889
4 TOTAL INTERIM PAYMENTS		5,507,953		5,088,466
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		NONE		NONE
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)		597,187		534,694
7 TOTAL MEDICARE PROGRAM LIABILITY		4,910,766		5,623,160

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 II - MEDICARE PART A SERVICES - COST REIMBURSEMENT HOSPITAL

1	INPATIENT SERVICES		5,188,551
1.01	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT		
2	ORGAN ACQUISITION		
3	COST OF TEACHING PHYSICIANS		
4	SUBTOTAL		5,188,551
5	PRIMARY PAYER PAYMENTS		17,463
6	TOTAL COST FOR CAH (SEE INSTRUCTIONS)		5,222,799

COMPUTATION OF LESSER OF COST OR CHARGES

REASONABLE CHARGES			
7	ROUTINE SERVICE CHARGES		
8	ANCILLARY SERVICE CHARGES		
9	ORGAN ACQUISITION CHARGES, NET OF REVENUE		
10	TEACHING PHYSICIANS		
11	TOTAL REASONABLE CHARGES		

CUSTOMARY CHARGES

12	AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS		
13	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e)		
14	RATIO OF LINE 12 TO LINE 13 (NOT TO EXCEED 1.000000)		
15	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)		
16	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST		
17	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES		

COMPUTATION OF REIMBURSEMENT SETTLEMENT

18	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS		
19	COST OF COVERED SERVICES		5,222,799
20	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)		389,428
21	EXCESS REASONABLE COST		
22	SUBTOTAL		4,833,371
23	COINSURANCE		8,250
24	SUBTOTAL		4,825,121
25	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES (SEE INSTRUCTIONS))		85,645
25.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)		85,645
25.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES		
26	SUBTOTAL		4,910,766
27	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION		
28	OTHER ADJUSTMENTS (SPECIFY)		
29	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS		
30	SUBTOTAL		4,910,766
31	SEQUESTRATION ADJUSTMENT		
32	INTERIM PAYMENTS		5,507,953
32.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
33	BALANCE DUE PROVIDER/PROGRAM		-597,187
34	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-111, SECTION 115.2.		50,160

		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
ASSETS		1	2	3	4
CURRENT ASSETS					
1	CASH ON HAND AND IN BANKS	1,874,239		126	
2	TEMPORARY INVESTMENTS	5,614			
3	NOTES RECEIVABLE	49,377			
4	ACCOUNTS RECEIVABLE	15,803,514			
5	OTHER RECEIVABLES				
6	LESS: ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE	-8,069,210			
7	INVENTORY	490,554			
8	PREPAID EXPENSES	147,407			
9	OTHER CURRENT ASSETS	324,192			
10	DUE FROM OTHER FUNDS				
11	TOTAL CURRENT ASSETS	10,625,687		126	
FIXED ASSETS					
12	LAND	171,136			
12.01	LAND IMPROVEMENTS	851,377			
13.01	LESS ACCUMULATED DEPRECIATION	-433,973			
14	BUILDINGS	17,296,147			
14.01	LESS ACCUMULATED DEPRECIATION	-5,613,136			
15	LEASEHOLD IMPROVEMENTS				
15.01	LESS ACCUMULATED DEPRECIATION				
16	FIXED EQUIPMENT				
16.01	LESS ACCUMULATED DEPRECIATION				
17	AUTOMOBILES AND TRUCKS	57,973			
17.01	LESS ACCUMULATED DEPRECIATION	-14,181			
18	MAJOR MOVABLE EQUIPMENT	10,468,214			
18.01	LESS ACCUMULATED DEPRECIATION	-6,820,435			
19	MINOR EQUIPMENT DEPRECIABLE				
19.01	LESS ACCUMULATED DEPRECIATION				
20	MINOR EQUIPMENT-NONDEPRECIABLE	76,327			
21	TOTAL FIXED ASSETS	16,039,449			
OTHER ASSETS					
22	INVESTMENTS	16,786,850			
23	DEPOSITS ON LEASES				
24	DUE FROM OWNERS/OFFICERS				
25	OTHER ASSETS	79,148			
26	TOTAL OTHER ASSETS	16,865,998			
27	TOTAL ASSETS	43,531,134		126	

	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
LIABILITIES AND FUND BALANCE	1	2	3	4
CURRENT LIABILITIES				
28 ACCOUNTS PAYABLE	831,029			
29 SALARIES, WAGES & FEES PAYABLE	1,750,427			
30 PAYROLL TAXES PAYABLE				
31 NOTES AND LOANS PAYABLE (SHORT TERM)	164,305			
32 DEFERRED INCOME				
33 ACCELERATED PAYMENTS				
34 DUE TO OTHER FUNDS	860,208			
35 OTHER CURRENT LIABILITIES	866,117			
36 TOTAL CURRENT LIABILITIES	4,472,086			
LONG TERM LIABILITIES				
37 MORTGAGE PAYABLE	8,547,385			
38 NOTES PAYABLE				
39 UNSECURED LOANS				
40.01 LOANS PRIOR TO 7/1/66				
40.02 ON OR AFTER 7/1/66				
41 OTHER LONG TERM LIABILITIES	1,022			
42 TOTAL LONG-TERM LIABILITIES	8,548,407			
43 TOTAL LIABILITIES	13,020,493			
CAPITAL ACCOUNTS				
44 GENERAL FUND BALANCE	30,510,641			
45 SPECIFIC PURPOSE FUND				
46 DONOR CREATED- ENDOWMENT FUND BALANCE- RESTRICTED			126	
47 DONOR CREATED- ENDOWMENT FUND BALANCE- UNRESTRICTED				
48 GOVERNING BODY CREATED- ENDOWMENT FUND BALANCE				
49 PLANT FUND BALANCE-INVESTED IN PLANT				
50 PLANT FUND BALANCE- RESERVE FOR PLANT IMPROVEMENT, REPLACEMENT AND EXPANSION				
51 TOTAL FUND BALANCES	30,510,641		126	
52 TOTAL LIABILITIES AND FUND BALANCES	43,531,134		126	

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

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

PART I - PATIENT REVENUES

REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3
1 00 GENERAL INPATIENT ROUTINE CARE SERVICES			
4 00 HOSPITAL	3,719,440		3,719,440
5 00 SWING BED - SNF			
5 00 SWING BED - NF			
9 00 TOTAL GENERAL INPATIENT ROUTINE CARE	3,719,440		3,719,440
15 00 INTENSIVE CARE TYPE INPATIENT HOSPITAL SVCS			
16 00 TOTAL INTENSIVE CARE TYPE INPAT HOSP	3,719,440		3,719,440
17 00 ANCILLARY SERVICES	8,655,669	75,557,423	84,213,092
18 00 OUTPATIENT SERVICES			
24 00			
25 00 TOTAL PATIENT REVENUES	12,375,109	75,557,423	87,932,532

PART II - OPERATING EXPENSES

26 00 OPERATING EXPENSES		29,127,444	
ADD (SPECIFY)			
27 00 ADD (SPECIFY)			
28 00			
29 00			
30 00			
31 00			
32 00			
33 00 TOTAL ADDITIONS			
DEDUCT (SPECIFY)			
34 00 DEDUCT (SPECIFY)			
35 00			
36 00			
37 00			
38 00			
39 00 TOTAL DEDUCTIONS			
40 00 TOTAL OPERATING EXPENSES		29,127,444	

	DESCRIPTION		
1	TOTAL PATIENT REVENUES		87,932,532
2	LESS: ALLOWANCES AND DISCOUNTS ON PATIENT'S ACCTS		51,263,020
3	NET PATIENT REVENUES		36,669,512
4	LESS: TOTAL OPERATING EXPENSES		29,127,444
5	NET INCOME FROM SERVICE TO PATIENTS		7,542,068
	OTHER INCOME		
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.		224,981
7	INCOME FROM INVESTMENTS		2,280,882
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE		
9	REVENUE FROM TELEVISION AND RADIO SERVICE		
10	PURCHASE DISCOUNTS	4,103	
11	REBATES AND REFUNDS OF EXPENSES		
12	PARKING LOT RECEIPTS		
13	REVENUE FROM LAUNDRY AND LINEN SERVICE		
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS	65,098	
15	REVENUE FROM RENTAL OF LIVING QUARTERS		
16	REVENUE FROM SALE OF MEDICAL & SURGICAL SUPPLIES TO OTHER THAN PATIENTS	897	
17	REVENUE FROM SALE OF DRUGS TO OTHER THAN PATIENTS		
18	REVENUE FROM SALE OF MEDICAL RECORDS & ABSTRACTS	21,917	
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC)		
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOP & CANTEEN		
21	RENTAL OF VENDING MACHINES	8,852	
22	RENTAL OF HOSPITAL SPACE	42,618	
23	GOVERNMENTAL APPROPRIATIONS	15,538	
24	MISC	2,087	
25	TOTAL OTHER INCOME	2,666,973	
26	TOTAL	10,209,041	
	OTHER EXPENSES		
27	LOSS ON SALE OF EQUIP	55,394	
28	CORPORATE ALLOCATION	5,012,488	
29	ROUNDING	13	
30	TOTAL OTHER EXPENSES	5,067,895	
31	NET INCOME (OR LOSS) FOR THE PERIOD		5,141,146