

AMENDED FINANCIAL REPORT
(Medical Assistance Program of the
Department of Human Services,
Commonwealth of Pennsylvania)

The Medical Center Beaver
Report Period July 1, 2010 – June 30, 2011

May 2019



Commonwealth of Pennsylvania
Department of the Auditor General

Eugene A. DePasquale • Auditor General

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**Commonwealth of Pennsylvania
Department of the Auditor General
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**EUGENE A. DePASQUALE
AUDITOR GENERAL**

April 2, 2019

Mr. Bryan Randall
Vice President and Chief Financial Officer
Heritage Valley Health System
200 Ohio River Boulevard
Baden, Pennsylvania 15005

Dear Mr. Randall:

At the request of the Department of Human Services (DHS), we have performed the procedures enumerated below on the submitted cost report (Form MA-336) of The Medical Center Beaver (currently known as Heritage Valley Beaver) for the fiscal year ended June 30, 2011. The purpose of these procedures was to certify the costs detailed in the facility's submitted MA-336 cost report. The results of these procedures are detailed below and in the adjustments section of our issued final amended MA-336 cost report. The DHS will use our final amended MA-336 cost report to set the Medical Assistance reimbursement rate for this facility which includes a new Medical Rehab Unit.

Our engagement was limited to the procedures outlined below and was not conducted, nor was it required to be, in accordance with auditing or attestation standards issued by the American Institute of Certified Public Accountants (AICPA) or the Comptroller General of the United States.

The Medical Center Beaver (the facility) is responsible for maintaining financial records supporting the costs, charges, and days included in the facility's submitted MA-336 cost report. The DHS is responsible for the reliability of the data generated from the Provider Reimbursement and Operations Management Information System (PROMISe™).¹

¹ PROMISe™ is a Web-based application for registered providers. PROMISe™ is a HIPAA-compliant claims processing and management information system. PROMISe™ is a single system that processes human services claims and manages information for numerous commonwealth human services programs. PROMISe™ incorporates claims processing and information management activities of the DHS' Office of Medical Assistance Programs, Mental Health and Substance Abuse Services and Developmental Programs. In addition, PROMISe™ processes some claims for the Departments of Aging and Education. Source: <http://dhs.pa.gov/learnaboutdhs/dpwonlineservices/> accessed 2/13/19.

We performed the following DHS-requested procedures which resulted in the associated adjustments and/or no adjustments, as noted.

1. Compared total paid MA days, MA charges, and MA discharges for the Diagnostic Related Groupings (DRG), the Psychiatric Unit, and the new Medical Rehab Unit detailed on The Medical Center Beaver's submitted MA-336 Cost Report to the actual data supplied in the Cost Settlement Report dated February 1, 2019 and provided by the DHS from the Provider Reimbursement and Operations Management Information System (PROMISe™).
 - We determined adjustments were warranted as a result of this procedure; therefore, the final amended cost report includes the actual paid MA days, MA charges, and MA discharges for the DRG, Psychiatric Unit, and new Medical Rehab Unit detailed in the Cost Settlement Report dated February 1, 2019 provided by the DHS from the Provider Reimbursement and Operations Management Information System (PROMISe™). (See adjustments #1, #2, #5, #6, and #7 on the Amended Adjustment Report pg. 4.)
2. Compared total costs and total charges included in the facility's submitted MA-336 Cost Report to the total costs and total charges included in the facility's trial balance.
 - No adjustments were warranted as a result of this procedure.
3. Compared the number of beds available, number of bed days, and total inpatient days included in the facility's submitted MA-336 Cost Report to the corresponding numbers included in the facility's final accepted Medicare Cost Report.
 - No adjustments were warranted as a result of this procedure.
4. Compared the cost allocation statistics for the new Medical Rehab Unit, and in total, included on the facility's submitted MA-336 Cost Report to the cost allocation statistics included in the facility's final accepted Medicare Cost Report and the facility's documentation on statistics.
 - We determined differences existed in the Employee Benefit Statistic as a result of this procedure, and our final amended MA-336 cost report includes the numbers as detailed in the facility's supporting statistic documentation. (See adjustment # 3 on the Amended Adjustment Report pg. 4.)
5. Determined whether any costs were included in the facility's submitted MA-336 Cost Report "Capital Costs-Bldg" cost center for the new Medical Rehab Unit. Such costs are nonallowable per Chapter 1163, Subchapter B, 1163.453.
 - We determined such nonallowable costs were included in the facility's submitted MA-336 Cost Report "Capital Costs-Bldg" cost center for the new Medical Rehab Unit as a result of this procedure; therefore, these costs were excluded from our final amended MA-336 Cost Report. (See adjustment # 4 on the Amended Adjustment Report pg. 4.)

We also performed procedures in addition to those requested by the DHS to attempt to determine the reliability of paid MA days, MA charges, and MA discharges data included in the DHS' PROMISE™ Cost Settlement Reports. We considered the evaluation of this data to be necessary to certify the costs detailed in the facility's submitted MA-336 cost report.

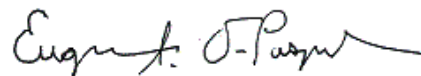
Based on the results of those procedures, and as communicated to DHS management, while we concluded that data related to paid MA charges as detailed in PROMISE™ were reliable, we concluded that the actual paid MA days and MA discharges data detailed in the PROMISE™ Cost Settlement Report, dated February 1, 2019, is of undetermined reliability. However, the DHS confirmed that, for their purposes and use of our issued amended MA-336 cost reports, it was not necessary for us to conduct any further procedures to attempt to determine the reliability of that data, such as comparing data in the PROMISE™ system to supporting source documents at the facility. Therefore, users of this report should take into consideration that the evidence upon which we relied, at the DHS' request to calculate paid MA days and MA discharges, is of undetermined reliability.

Based on the results of the procedures noted above, except for the effects, if any, of the matter described in the preceding paragraph, we certify that the facility's reasonable costs of providing inpatient hospital care under the Commonwealth's Medical Assistance Program as detailed in the final amended MA-336 cost report are accurately stated in all material respects.

This report is intended solely for the information and use of the DHS to set the Medical Assistance reimbursement rate for this facility with a new Medical Rehab Unit, and is not intended to be, and should not be, used by anyone other than the specified party.

We appreciate the cooperation, assistance, and courtesy granted our representatives by your officials and the staff of the Heritage Valley Health System.

Sincerely,

A handwritten signature in black ink, appearing to read "Eugene A. DePasquale". The signature is fluid and cursive, with a long horizontal stroke at the end.

Eugene A. DePasquale
Auditor General

AMENDED ADJUSTMENT REPORT

PROVIDER NAME AND ADDRESS:

The Medical Center Beaver
1000 Dutch Ridge Road
Beaver, Pennsylvania 15009

PROVIDER NO.:

1000033550175
1000033550183
1000033550278
PERIOD: 7-1-10 to 6-30-11

REPORT REFERENCE				ADJ. NO.	EXPLANATION OF ADJUSTMENT	AS REPORTED PER SUBMITTED COST REPORT	INCREASE (DECREASE)	ADJUSTED TOTAL PER AMENDED COST REPORT		
FORM	SCHEDULE	LINE	COLUMN							
MA-336	S-2	4	1	1	<p>Inpatient Statistics MA Days</p> <p>General Care Unit 844.0 Psychiatric Unit 715.0 MRU 26.0</p> <p>To adjust the reported MA Days to the paid MA Days per the Cost Settlement Report, dated 02/01/19.</p> <p>DHS 1163, Subchapter A, 1163.51 DHS 1151.41 DHS 1163, Subchapter B, 1163.451</p>			3,436.0		
			10						131.0	846.0
			12						28.0	54.0
MA-336	S-2	10	9	2	<p>MA Discharges</p> <p>PA MA Discharges - DRG 224.0 PA MA Discharges - Psychiatric 140.0 PA MA Discharges - MRU 2.0</p> <p>To adjust the reported MA Discharges to the paid MA Discharges per the Cost Settlement Report, dated 02/01/19.</p> <p>DHS 1163, Subchapter A, 1163.51 DHS 1151.41 DHS 1163, Subchapter B, 1163.451</p>			586.0		
			10						16.0	156.0
			12						2.0	4.0
MA336	B-1	4.6	3	3	<p>B-1 Statistical Adjustment</p> <p>Other Administration & General (Salaries) \$13,353,631 Dietary (Salaries) \$1,873,484 Radiology - Diagnostic (Salaries) \$6,270,713</p> <p>To adjust Employee Benefits statistics for proper cost reporting.</p> <p>DHS 1163, Subchapter A, 1163.51</p>			\$9,625,475		
		9							\$49,356	\$1,922,840
		40							\$450,000	\$6,720,713
MA-336	C-2	34	1	4	<p>C-2 Cost Adjustment</p> <p>Medical Rehab Unit \$2,294,540</p> <p>To delete non-allowable Capital Costs on Buildings for new Medical Rehab Unit.</p> <p>DHS 1163, Subchapter B, 1163.453</p>			(\$73,704)		

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FORM	SCHEDULE	LINE	COLUMN						
MA-336	C-2	26	9	5	Charge Adjustment DRG MA Charges				
		27			General Routine Care	\$641,079	\$759,151	\$1,400,230	
		28			Nursery	\$34,300	\$40,617	\$74,917	
		37			ICU	\$360,195	\$426,534	\$786,729	
		38			Operating Room	\$411,345	\$487,105	\$898,450	
		39			Delivery Rm and Labor Rm	\$34,034	\$40,302	\$74,336	
		40			Anesthesiology	\$49,875	\$59,061	\$108,936	
		41			Radiology-Diagnostic	\$420,607	\$498,072	\$918,679	
		42			Radioisotope	\$18,675	\$22,114	\$40,789	
		43			Laboratory	\$372,235	\$440,791	\$813,026	
		44			Whole Blood	\$99,321	\$117,613	\$216,934	
		45			Intravenous Therapy	\$5,154	\$6,103	\$11,257	
		46			Respiratory Therapy	\$102,392	\$121,250	\$223,642	
		47			Physical Therapy	\$11,445	\$13,553	\$24,998	
		48			Occupational Therapy	\$8,474	\$10,035	\$18,509	
		49			Speech Therapy	\$4,292	\$5,082	\$9,374	
		50			Electrocardiology (EKG)	\$397,958	\$471,252	\$869,210	
		51			Electroencephalography	\$3,856	\$4,566	\$8,422	
		52			Medical Supplies Charged to Patients	\$45,829	\$54,270	\$100,099	
		55			Drugs Charged to Patients	\$515,881	\$610,893	\$1,126,774	
		56			Pulm Lab	\$884	\$1,047	\$1,931	
		58			Cardiac Cath Lab	\$581,231	\$688,280	\$1,269,511	
		63			Dialysis	\$28,301	\$33,513	\$61,814	
		64			Clinic	\$150	\$178	\$328	
						Emergency Room	\$136,849	\$162,053	\$298,902
						Total	\$4,284,362	\$5,073,435	\$9,357,797
<p>To adjust the MA Inpatient Charges to the paid MA Inpatient Charges per the Cost Settlement Report, dated 02/01/19. The MA Inpatient Charges are allocated on a proportionate basis as developed from the submitted MA Inpatient Charges.</p> <p>DHS 1163, Subchapter A, 1163.51</p>									

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REPORT REFERENCE				ADJ. NO.	EXPLANATION OF ADJUSTMENT	AS REPORTED PER SUBMITTED COST REPORT	INCREASE (DECREASE)	ADJUSTED TOTAL PER AMENDED COST REPORT			
FORM	SCHEDULE	LINE	COLUMN								
MA-336	C-3	35	3	6	Charge Adjustment Psychiatric MA Charges						
		40			Psych. Unit	\$712,000	\$90,111	\$802,111			
		42			Radiology Diagnostic	\$18,915	\$2,394	\$21,309			
		45			Laboratory	\$87,489	\$11,073	\$98,562			
		46			Respiratory Therapy	\$365	\$46	\$411			
		47			Physical Therapy	\$831	\$105	\$936			
		49			Occupational Therapy	\$946	\$120	\$1,066			
		50			Electrocardiology	\$1,950	\$247	\$2,197			
		52			Electroencephalography	\$440	\$56	\$496			
		64			Drugs Charged to Patients	\$44,000	\$5,569	\$49,569			
					Emergency Room	\$66,603	\$8,429	\$75,032			
					Total	\$933,539	\$118,150	\$1,051,689			
					To adjust the MA Psychiatric Inpatient Charges to the paid MA Psychiatric Inpatient Charges per the Cost Settlement Report, dated 02/01/19. The MA Psychiatric Inpatient Charges are allocated on a proportionate basis as developed from the submitted MA Psychiatric Inpatient Charges.						
					DHS 1151.41						
MA-336	C-7	340	3	7	Charge Adjustment MRU MA Charges						
		40			Medical Rehab. Unit	\$21,450	\$15,563	\$37,013			
		42			Radiology Diagnostic	\$1,440	\$1,045	\$2,485			
		44			Laboratory	\$1,564	\$1,135	\$2,699			
		46			Intravenous Therapy	\$804	\$583	\$1,387			
		47			Physical Therapy	\$3,754	\$2,724	\$6,478			
		48			Occupational Therapy	\$4,604	\$3,340	\$7,944			
		51			Speech Therapy	\$500	\$363	\$863			
		52			Medical Supplies Charged to Patients	\$1,178	\$855	\$2,033			
					Drugs charge to Patients	\$1,200	\$871	\$2,071			
					Total	\$36,494	\$26,479	\$62,973			
									To adjust the MA Medical Rehab Inpatient Charges to the paid MA Medical Rehab Inpatient Charges per the Cost Settlement Report, dated 02/01/19. The MA Medical Rehab Inpatient Charges are allocated on a proportionate basis as developed from the submitted MA Medical Rehab Inpatient Charges.		
					DHS 1163, Subchapter B, 1163.451						

The Medical Center Beaver
AMENDED WORKSHEET S-1
DETERMINATION OF PENNSYLVANIA M.A. REIMBURSABLE COST
(Excluding SNF, ICF and RTF Data)

PART III DRUG AND ALCOHOL REHABILITATION UNIT	INPATIENT DAYS (FROM AUDITABLE RECORDS)		AVERAGE COST PER DIEM	PERIOD
	TOTAL DAYS ALL PATIENTS	PA M.A. PROGRAM PATIENT DAYS	(From Wkst C-4, Col. 4, Line 36) (2 decimal places)	PENNSYLVANIA MEDICAL ASSISTANCE PROGRAM COST (Col. 2 x Col. 3) (Round To Nearest \$)
	(1)	(2)	(3)	(4)
1. DRUG & ALCOHOL REHAB. UNIT INPATIENT SERVICES				7/1/2010 to 6/30/2011
2. DRUG & ALCOHOL REHAB. UNIT PA M.A. ANCILLARY COSTS (From Worksheet C-4, Line 80, Col. 5)				
3. TOTAL PA M.A. DRUG & ALCOHOL REHAB. UNIT REIMBURSABLE COST (Sum of Line 1 & 2, Col. 4)				
4. APPLICABLE ADJUSTMENT (Specify)				
5. ADJUSTED PA M.A. D & A REHAB. UNIT REIMBURSABLE COST (Line 3 Plus or Minus Line 4)				

PART IV MEDICAL REHABILITATION UNIT	INPATIENT DAYS (FROM AUDITABLE RECORDS)		AVERAGE COST PER DIEM	PERIOD
	TOTAL DAYS ALL PATIENTS	PA M.A. PROGRAM PATIENT DAYS	(From Wkst. C-7, Col. 4, Line 34) (2 decimal places)	PENNSYLVANIA MEDICAL ASSISTANCE PROGRAM COST (Col. 2 x Col. 3) (Round To Nearest \$)
	(1)	(2)	(3)	(4)
1. MEDICAL REHABILITATION UNIT INPATIENT SERVICES	2,345	54.0	\$947.05	\$51,141
2. MEDICAL REHABILITATION UNIT PA M.A. ANCILLARY COSTS (From Worksheet C-7, Line 80, Col. 5)				\$10,777
3. TOTAL PA M.A. MEDICAL REHAB. UNIT REIMBURSABLE COST (Sum of Line 1 & 2, Col. 4)				\$61,918
4. APPLICABLE ADJUSTMENT (Specify)				
5. ADJUSTED PA M.A. MEDICAL REHAB. UNIT REIMBURSABLE COST (Line 3 Plus or Minus Line 4)				\$61,918

PART V PA M.A. CAPITAL FOR ACUTE CARE & FREESTANDING HOSPITALS; MED. ED. & NURSING SCHOOL COSTS FOR ACUTE CARE HOSPITAL ONLY	CAPITAL	MEDICAL EDUCATION (Incl. Nursing School)	NURSING SCHOOL
	(Round To Nearest \$) (1)	(Round To Nearest \$) (2)	(Round To Nearest \$) (3)
1. TOTAL PA M.A. REIMBURSABLE COSTS	From Wkst. C-5, Line 81, Col. 6	From Wkst. C-6, Part I Line 81, Col. 6	From Wkst. C-8, Line 81, Col. 6
2. NET GAIN (or) LOSS FROM DISPOSAL OF CAPITAL ASSETS IN A PRIOR YEAR (See Instructions)			
3. OTHER ADJUSTMENTS (Specify)			
4. TOTAL ADJUSTMENTS (Sum of Lines 2 & 3)			
5. ADJUSTED PA M.A. REIMBURSABLE COST (Line 1 Plus or Minus Line 4)			

PART VI GENERAL HOSPITAL EXCLUDED UNITS & FREESTANDING SPECIALTY HOSPITALS PA M.A. MEDICAL EDUCATION COSTS	PSYCHIATRIC UNIT (From Wkst C-6, Part II, Line 81, Column 6)	D & A REHAB. UNIT (From Wkst C-6, Part III, Line 81, Column 6)	MED. REHAB. UNIT (From Wkst C-6, Part IV, Line 81, Column 6)	FREESTANDING HOSP (From Wkst C-6, Part V, Line 81, Column 6)
	(Round To Nearest \$) (1)	(Round To Nearest \$) (2)	(Round To Nearest \$) (3)	(Round To Nearest \$) (4)
	\$659		\$2	

The Medical Center Beaver
PROVIDER NUMBER: 1000033550175
1000033550183 / 1000033550278
FOR THE PERIOD: 7/1/2010 TO 6/30/2011
HOSPITAL AND HOSPITAL - HEALTH
CARE COMPLEX STATISTICAL DATA
(Excluding SNF and ICF facility Data)
AMENDED WORKSHEET S-2

INPATIENT BED COMPLEMENT AND OCCUPANCY	GENERAL ROUTINE CARE (1)	NURSERY (2)	INTENSIVE CARE UNIT (3)	NEONATE INTENSIVE CARE UNIT (4)	CORONARY CARE UNIT (5)	OTHER (6)	OTHER (7)	EXTENDE D CARE PSYCHIA TRIC (8)
1. BEDS AVAILABLE (SET UP & STAFFED AT THE END OF THE PERIOD)	222	9	24					
2. TOTAL BED DAYS AND BASSINET DAYS SET-UP AND STAFFED FOR THE REPORTING PERIOD	81,030	3,285	8,760					
3. TOTAL INPATIENT DAYS USED FOR THE PERIOD	62,072	2,214	6,691					
4. PA MEDICAL ASSISTANCE INPATIENT DAYS USED FOR THE PERIOD (SEE INSTRUCTIONS)	3,436.0	52.0	182.0					
5. TOTAL ADMINISTRATIVE DAYS USED FOR THE PERIOD	COMPLETE COLUMNS 9, 10, 11, 12 and 13 (IF NONE, ENTER 0)							
6. PA MEDICAL ASSISTANCE ADMINISTRATIVE DAYS USED FOR THE PERIOD	COMPLETE COLUMNS 9, 10, 11, 12 and 13 (IF NONE, ENTER 0)							
7. TOTAL HOSPITAL ADMISSIONS FOR THE PERIOD	COMPLETE COLUMNS 9, 10, 11, 12 and 13							
8. PA MEDICAL ASSISTANCE HOSPITAL ADMISSIONS FOR THE PERIOD	COMPLETE COLUMNS 9, 10, 11, 12 and 13							
9. TOTAL HOSPITAL DISCHARGES FOR THE PERIOD (INCLUDING DEATHS)	COMPLETE COLUMNS 9, 10, 11, 12 and 13 (IF BABY & MOTHER COUNT AS 2)							
10. PA MEDICAL ASSISTANCE DISCHARGES FOR THE PERIOD (INCLUDING DEATHS)	COMPLETE COLUMNS 9, 10, 11, 12 and 13 (IF BABY & MOTHER COUNT AS 2)							

STATISTICAL	
11. PA MEDICAL ASSISTANCE INPATIENT RATIOS (Line 4, Col. 9 ÷ Line 3, Col. 9, etc.)	
12. OCCUPANCY RATIOS (Line 3, Col. 9 ÷ Line 2, Col. 9, etc.)	
13. AVERAGE LENGTH OF STAY (Line 3, Col. 9 ÷ Line 9, Col. 9, etc.)	
14. AVERAGE NUMBER OF FTE EMPLOYEES FOR THE PERIOD (CARRY TO 1 DECIMAL) (EXAMPLE: IF 150 SHOW 150.0)	

The Medical Center Beaver
PROVIDER NUMBER: 1000033550175
1000033550183 / 1000033550278
FOR THE PERIOD: 7/1/2010 TO 6/30/2011
HOSPITAL AND HOSPITAL - HEALTH
CARE COMPLEX STATISTICAL DATA
(Excluding SNF and ICF facility Data)
AMENDED WORKSHEET S-2

INPATIENT BED COMPLEMENT AND OCCUPANCY	SUBTOTAL (SUM OF COLS. 1-8) (9)	PSYCH. UNIT (10)	DRUG AND ALCOHOL UNIT (11)	MEDICAL REHAB UNIT (12)	HOSPITAL TOTALS (Cols.9+ 10+11+12) (13)
1. BEDS AVAILABLE (SET UP & STAFFED AT THE END OF THE PERIOD)	255	32		10	297
2. TOTAL BED DAYS AND BASSINET DAYS SET-UP AND STAFFED FOR THE REPORTING PERIOD	93,075	11,680		3,650	108,405
3. TOTAL INPATIENT DAYS USED FOR THE PERIOD	70,977	9,033		2,345	82,355
4. PA MEDICAL ASSISTANCE INPATIENT DAYS USED FOR THE PERIOD (SEE INSTRUCTIONS)	3,670.0	846.0		54.0	4,570.0
5. TOTAL ADMINISTRATIVE DAYS USED FOR THE PERIOD					
6. PA MEDICAL ASSISTANCE ADMINISTRATIVE DAYS USED FOR THE PERIOD					
7. TOTAL HOSPITAL ADMISSIONS FOR THE PERIOD	13,248	1,395		249	14,892
8. PA MEDICAL ASSISTANCE HOSPITAL ADMISSIONS FOR THE PERIOD	224	140		2	366
9. TOTAL HOSPITAL DISCHARGES FOR THE PERIOD (INCLUDING DEATHS)	13,248	1,395		249	14,892
10. PA MEDICAL ASSISTANCE DISCHARGES FOR THE PERIOD (INCLUDING DEATHS)	586	156		4	746

STATISTICAL					
11. PA MEDICAL ASSISTANCE INPATIENT RATIOS (Line 4, Col. 9 ÷ Line 3, Col. 9, etc.)	0.0517	0.0937		0.0230	0.0555
12. OCCUPANCY RATIOS (Line 3, Col. 9 ÷ Line 2, Col. 9, etc.)	0.7626	0.7734		0.6425	0.7597
13. AVERAGE LENGTH OF STAY (Line 3, Col. 9 ÷ Line 9, Col. 9, etc.)	5.3576	6.4753		9.4177	5.5302
14. AVERAGE NUMBER OF FTE EMPLOYEES FOR THE PERIOD (CARRY TO 1 DECIMAL) (EXAMPLE: IF 150 SHOW 150.0)	1,746.0	34.0		13.7	1,793.7

The Medical Center Beaver
PROVIDER NUMBER: 1000033550175
FOR THE PERIOD: 7/1/2010 TO 6/30/2011
RECLASSIFICATION AND ADJUSTMENT
OF TRIAL BALANCE OF EXPENSES
AMENDED WORKSHEET A-1

COST CENTER DESCRIPTION (OMIT CENTS)	DIRECT EXPENSES PER BOOKS			RECLASSI- FICATIONS INCREASES (DECREASES) (4)	RECLASSIFIED TRIAL BALANCE (Col. 3 +/- 4) (5)
	SALARIES (1)	OTHER (2)	TOTAL (Col. 1 + 2) (3)		
GENERAL SERVICE					
1. CAPITAL COSTS-BLDG & FIXTURES		\$3,065,722	\$3,065,722	\$3,129,460	\$6,195,182
1.1. CAPITAL COSTS					
2. CAPITAL COSTS-EQUIPMENT		13,150,098	13,150,098	37,964	13,188,062
3. EMPLOYEE BENEFITS	1,066,789	23,800,452	24,867,241	60,419	24,927,660
4.1. NON-PATIENT TELEPHONE					
4.2. DATA PROCESSING					
4.3. PURCHASING					
4.4. ADMISSIONS					
4.5. BILLING/ COLLECTIONS					
4.6. OTHER ADMIN. AND GENERAL	14,120,765	29,497,411	43,618,176	(3,427,722)	40,190,454
5. MAINTENANCE AND REPAIRS					
6. OPERATION OF PLANT	3,144,914	5,539,491	8,684,405	(1,853)	8,682,552
7. LAUNDRY & LINEN SERVICES	992,730	(69,364)	923,366	(3,235)	920,131
8. HOUSEKEEPING	1,968,307	610,833	2,579,140	16,577	2,595,717
9. DIETARY	1,873,484	922,432	2,795,916	14,677	2,810,593
10. CAFETERIA	480,533	630,180	1,110,713	(469)	1,110,244
11. MAINTENANCE OF PERSONNEL					
12. NURSING ADMINISTRATION	1,430,696	175,649	1,606,345	112,902	1,719,247
13. CENTRAL SERVICE & SUPPLY	1,081,873	609,619	1,691,492	(2,271)	1,689,221
14. PHARMACY	1,680,724	7,993,951	9,674,675	22,355	9,697,030
15. MEDICAL RECORDS LIBRARY	1,329,323	1,267,925	2,597,248	35,713	2,632,961
16. SOCIAL SERVICE					
17. OTHER (SPECIFY)					
18. OTHER (SPECIFY)					
19. OTHER (SPECIFY)					
20. OTHER (SPECIFY)					
21. NURSING SCHOOL					
22. INTERN RESIDENT APPROVED PROG				3,143,144	3,143,144
23. PARAMEDICAL ED (SPECIFY)					
24. PARAMEDICAL ED (SPECIFY)					
25. PARAMEDICAL ED (SPECIFY)					
INPATIENT ROUTINE SERVICE					
26. GENERAL ROUTINE CARE	19,031,515	2,563,190	21,594,705	(939,561)	20,655,144
27. NURSERY	727,056	100,776	827,832	(26,687)	801,145
28. ICU	4,330,429	790,450	5,120,879	(440,286)	4,680,593
29. NICU					
30. CCU					
31. OTHER (SPECIFY)					
32. OTHER (SPECIFY)					
33. EXTENDED CARE PSYCHIATRIC UNIT					
34. MED REHAB UNIT	745,209	88,178	833,387	(18,216)	815,171
35. PSYCH UNIT	1,874,695	1,599,505	3,474,200	(18,917)	3,455,283
36. DRUG & ALCOHOL REHAB UNIT					
ANCILLARY SERVICES					
37. OPERATING ROOM	6,515,706	13,620,251	20,135,957	(11,836,308)	8,299,649
38. DELIVERY ROOM	1,308,572	209,786	1,518,358	(85,854)	1,432,504
39. ANESTHESIOLOGY	181,345	2,386,316	2,567,661	(536,476)	2,031,185
40. RADIOLOGY-DIAGNOSTIC	6,654,511	3,409,317	10,063,828	(974,906)	9,088,922
41. RADIOISOTOPE	382,761	489,459	872,220	(456,232)	415,988
42. LABORATORY	3,815,116	4,906,332	8,721,448	(3,518,195)	5,203,253
43. WHOLE BLOOD	316,096	2,497,591	2,813,687	(2,470,342)	343,345
44. INTRAVENOUS THERAPY	415,977	239,077	655,054	(204,898)	450,156
45. RESPIRATORY THERAPY	872,376	254,527	1,126,903	(157,237)	969,666
46. PHYSICAL THERAPY	1,651,129	926,392	2,577,521	(56,232)	2,521,289

The Medical Center Beaver
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FOR THE PERIOD: 7/1/2010 TO 6/30/2011
RECLASSIFICATION AND ADJUSTMENT
OF TRIAL BALANCE OF EXPENSES
AMENDED WORKSHEET A-1

COST CENTER DESCRIPTION (OMIT CENTS)	DIRECT EXPENSES PER BOOKS			RECLASSI- FICATIONS INCREASES (DECREASES) (4)	RECLASSIFIED TRIAL BALANCE (Col. 3 +/- 4) (5)
	SALARIES (1)	OTHER (2)	TOTAL (Col. 1 + 2) (3)		
47. OCCUPATIONAL THERAPY	552,795	324,225	877,020	(7,084)	869,936
48. SPEECH THERAPY	102,336	9,031	111,367	(1,687)	109,680
49. ELECTROCARDIOLOGY	575,637	4,343,950	4,919,587	(4,325,460)	594,127
50. ELECTROENCEPHALOGRAPHY	91,131	402,179	493,310	(13,376)	479,934
51. MEDICAL SUPPLIES				31,649,451	31,649,451
52. DRUGS CHARGED TO PATIENTS				774,040	774,040
53. OSTEO/RHEUMATOLOGY	(175)	306,204	306,029	(17,267)	288,762
54. CARDIAC REHAB	55,457	65,493	120,950	(1,444)	119,506
55. PULM LAB	55,348	8,979	64,327	(4,552)	59,775
56. CARDIAC CATH LAB	1,965,790	6,210,598	8,176,388	(5,738,349)	2,438,039
57. OCCU MED	89,623	1,185,280	1,274,903	(59,680)	1,215,223
58. DIALYSIS		499,856	499,856	(15,298)	484,558
59. CLINIC	98,013	2,750	100,763		100,763
60. HVR	3,637,872	898,867	4,536,739	(891)	4,535,848
61. WOUND CARE	193,258	243,585	436,843	(62,670)	374,173
62. TELESTROKE		13,390	13,390		13,390
<u>OUTPATIENT SERVICES</u>					
63. CLINIC	2,927,504	1,483,488	4,410,992	(3,161,791)	1,249,201
64. EMERGENCY	7,977,877	1,539,179	9,517,056	(494,938)	9,022,118
65. PARTIAL HOSPITALIZATION					
66. AMBULANCE SERVICES					
67. HOME PROGRAM DIALYSIS					
68. HOME HEALTH AGENCY					
69. SHORT PROCEDURE UNIT					
70. OBSERVATION BEDS					
71. OTHER (SPECIFY)					
72. OTHER (SPECIFY)					
73. OTHER (SPECIFY)					
74. OTHER (SPECIFY)					
<u>OTHER INPATIENT</u>					
75. SKILLED NURSING FACILITY					
76. INTERMEDIATE CARE FACILITY					
77. RESIDENTIAL TREATMENT FACILITY					
78. OTHER (SPECIFY)					
79. OTHER (SPECIFY)					
80. SUBTOTAL	96,315,097	138,812,600	235,127,697	(83,682)	235,044,015
<u>NON-REIMBURSABLE COST</u>					
81. GIFT COFFEE SHOPS & CANTEEN					
82. PHYS PRIVATE OFFICE		147,295	147,295		147,295
83. PRENATAL CLINIC	196,230	64,373	260,603		260,603
84. KINDRED		3,351	3,351		3,351
85. DISEASE MANAGEMENT	273,609	90,999	364,608	83,682	448,290
86. COMMUNITY CASE MNGMT		495	495		495
87. AMBULATORY CARE PHARMACY	308,748	2,558,969	2,867,717		2,867,717
88. CHS	105,499	30,376	135,875		135,875
89. ESCORT	336,456	25,328	361,784		361,784
90. COMMUNITY BENEFIT	5,623	11,016	16,639		16,639
91. TOTAL	\$97,541,262	\$141,744,802	\$239,286,064		\$239,286,064

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RECLASSIFICATION AND ADJUSTMENT
OF TRIAL BALANCE OF EXPENSES
AMENDED WORKSHEET A-1

COST CENTER DESCRIPTION (OMIT CENTS)	ADJUSTMENTS TO EXPENSES INCREASES (DECREASES) (6)	NET EXPENSES FOR ALLOCATION (7)	AUDIT ADJUSTMENTS (8)	NET EXPENSES FOR ALLOCATION (9)
GENERAL SERVICE				
1. CAPITAL COSTS-BLDG & FIXTURES	(\$1,507,038)	\$4,688,144		\$4,688,144
1.1. CAPITAL COSTS				
2. CAPITAL COSTS-EQUIPMENT		13,188,062		13,188,062
3. EMPLOYEE BENEFITS	11,869,590	36,797,250		36,797,250
4.1. NON-PATIENT TELEPHONE				
4.2. DATA PROCESSING				
4.3. PURCHASING				
4.4. ADMISSIONS				
4.5. BILLING/ COLLECTIONS				
4.6. OTHER ADMIN. AND GENERAL	(20,951,059)	19,239,395		19,239,395
5. MAINTENANCE AND REPAIRS				
6. OPERATION OF PLANT		8,682,552		8,682,552
7. LAUNDRY & LINEN SERVICES		920,131		920,131
8. HOUSEKEEPING		2,595,717		2,595,717
9. DIETARY		2,810,593		2,810,593
10. CAFETERIA	(732,913)	377,331		377,331
11. MAINTENANCE OF PERSONNEL				
12. NURSING ADMINISTRATION		1,719,247		1,719,247
13. CENTRAL SERVICE & SUPPLY		1,689,221		1,689,221
14. PHARMACY		9,697,030		9,697,030
15. MEDICAL RECORDS LIBRARY	(84,189)	2,548,772		2,548,772
16. SOCIAL SERVICE				
17. OTHER (SPECIFY)				
18. OTHER (SPECIFY)				
19. OTHER (SPECIFY)				
20. OTHER (SPECIFY)				
21. NURSING SCHOOL				
22. INTERN RESIDENT APPROVED PROC		3,143,144		3,143,144
23. PARAMEDICAL ED (SPECIFY)				
24. PARAMEDICAL ED (SPECIFY)				
25. PARAMEDICAL ED (SPECIFY)				
INPATIENT ROUTINE SERVICE				
26. GENERAL ROUTINE CARE	(12,000)	20,643,144		20,643,144
27. NURSERY		801,145		801,145
28. ICU		4,680,593		4,680,593
29. NICU				
30. CCU				
31. OTHER (SPECIFY)				
32. OTHER (SPECIFY)				
33. EXTENDED CARE PSYCHIATRIC UNIT				
34. MED REHAB UNIT		815,171		815,171
35. PSYCH UNIT		3,455,283		3,455,283
36. DRUG & ALCOHOL REHAB UNIT				
ANCILLARY SERVICES				
37. OPERATING ROOM		8,299,649		8,299,649
38. DELIVERY ROOM		1,432,504		1,432,504
39. ANESTHESIOLOGY	(1,800,000)	231,185		231,185
40. RADIOLOGY-DIAGNOSTIC	(96,398)	8,992,524		8,992,524
41. RADIOISOTOPE		415,988		415,988
42. LABORATORY		5,203,253		5,203,253
43. WHOLE BLOOD		343,345		343,345
44. INTRAVENOUS THERAPY		450,156		450,156
45. RESPIRATORY THERAPY		969,666		969,666
46. PHYSICAL THERAPY	(149,597)	2,371,692		2,371,692

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RECLASSIFICATION AND ADJUSTMENT
OF TRIAL BALANCE OF EXPENSES
AMENDED WORKSHEET A-1

COST CENTER DESCRIPTION (OMIT CENTS)	ADJUSTMENTS TO EXPENSES INCREASES (DECREASES) (6)	NET EXPENSES FOR ALLOCATION (7)	AUDIT ADJUSTMENTS (8)	NET EXPENSES FOR ALLOCATION (9)
47. OCCUPATIONAL THERAPY	(65,903)	804,033		804,033
48. SPEECH THERAPY		109,680		109,680
49. ELECTROCARDIOLOGY		594,127		594,127
50. ELECTROENCEPHALOGRAPHY		479,934		479,934
51. MEDICAL SUPPLIES		31,649,451		31,649,451
52. DRUGS CHARGED TO PATIENTS		774,040		774,040
53. OSTEO/RHEUMATOLOGY		288,762		288,762
54. CARDIAC REHAB		119,506		119,506
55. PULM LAB		59,775		59,775
56. CARDIAC CATH LAB		2,438,039		2,438,039
57. OCCU MED		1,215,223		1,215,223
58. DIALYSIS		484,558		484,558
59. CLINIC		100,763		100,763
60. HVR	(705,548)	3,830,300		3,830,300
61. WOUND CARE	(13,494)	360,679		360,679
62. TELESTROKE	(13,390)			
<u>OUTPATIENT SERVICES</u>				
63. CLINIC	(6,130)	1,243,071		1,243,071
64. EMERGENCY	(2,969,710)	6,052,408		6,052,408
65. PARTIAL HOSPITALIZATION				
66. AMBULANCE SERVICES				
67. HOME PROGRAM DIALYSIS				
68. HOME HEALTH AGENCY				
69. SHORT PROCEDURE UNIT				
70. OBSERVATION BEDS				
71. OTHER (SPECIFY)				
72. OTHER (SPECIFY)				
73. OTHER (SPECIFY)				
74. OTHER (SPECIFY)				
<u>OTHER INPATIENT</u>				
75. SKILLED NURSING FACILITY				
76. INTERMEDIATE CARE FACILITY				
77. RESIDENTIAL TREATMENT FACILITY				
78. OTHER (SPECIFY)				
79. OTHER (SPECIFY)				
80. SUBTOTAL	(17,237,779)	217,806,236		217,806,236
<u>NON-REIMBURSABLE COST</u>				
81. GIFT COFFEE SHOPS & CANTEEN				
82. PHYS PRIVATE OFFICE		147,295		147,295
83. PRENATAL CLINIC		260,603		260,603
84. KINDRED		3,351		3,351
85. DISEASE MANAGEMENT		448,290		448,290
86. COMMUNITY CASE MNGMT		495		495
87. AMBULATORY CARE PHARMACY		2,867,717		2,867,717
88. CHS		135,875		135,875
89. ESCORT		361,784		361,784
90. COMMUNITY BENEFIT		16,639		16,639
91. TOTAL	(\$17,237,779)	\$222,048,285		\$222,048,285

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COST ALLOCATION
STATISTICAL BASIS
AMENDED WORKSHEET B-1

COST CENTER DESCRIPTION	CAPITAL COSTS- BLDG & FIXTURES	CAPITAL COSTS	CAPITAL COSTS- EQUIPMENT	EMPLOYEE BENEFITS
	(SQ FT) (1)	(SQ FT) (1.1)	(DOLLAR VALUE) (2)	(GROSS SAL) (3)
<u>GENERAL SERVICE</u>				
1. CAPITAL COSTS-BLDG & FIXTURES	629,273			
1.1. CAPITAL COSTS				
2. CAPITAL COSTS-EQUIPMENT			629,273	
3. EMPLOYEE BENEFITS	261		261	92,686,645
4.1. NON-PATIENT TELEPHONE				
4.2. DATA PROCESSING				
4.3. PURCHASING				
4.4. ADMISSIONS				
4.5. BILLING/ COLLECTIONS				
4.6. OTHER ADMIN. AND GENERAL	63,023		63,023	9,625,475
5. MAINTENANCE AND REPAIRS				
6. OPERATION OF PLANT	132,113		132,113	3,144,814
7. LAUNDRY & LINEN SERVICES	7,903		7,903	992,730
8. HOUSEKEEPING	1,948		1,948	1,989,929
9. DIETARY	12,323		12,323	1,922,840
10. CAFETERIA	8,250		8,250	480,533
11. MAINTENANCE OF PERSONNEL				
12. NURSING ADMINISTRATION	2,370		2,370	1,536,009
13. CENTRAL SERVICE & SUPPLY	8,100		8,100	1,081,873
14. PHARMACY	4,234		4,234	1,762,572
15. MEDICAL RECORDS LIBRARY	8,184		8,184	1,363,088
16. SOCIAL SERVICE				
17. OTHER (SPECIFY)				
18. OTHER (SPECIFY)				
19. OTHER (SPECIFY)				
20. OTHER (SPECIFY)				
21. NURSING SCHOOL				
22. INTERN RESIDENT APPROVED PRC	7,683		7,683	1,457,234
23. PARAMEDICAL ED (SPECIFY)				
24. PARAMEDICAL ED (SPECIFY)				
25. PARAMEDICAL ED (SPECIFY)				
<u>INPATIENT ROUTINE SERVICE</u>				
26. GENERAL ROUTINE CARE	104,498		104,498	19,031,515
27. NURSERY	4,136		4,136	727,056
28. ICU	13,133		13,133	4,330,429
29. NICU				
30. CCU				
31. OTHER (SPECIFY)				
32. OTHER (SPECIFY)				
33. EXTENDED CARE PSYCHIATRIC UNIT				
34. MED REHAB UNIT	9,893		9,893	745,209
35. PSYCH UNIT	14,030		14,030	1,874,694
36. DRUG & ALCOHOL REHAB UNIT				
<u>ANCILLARY SERVICES</u>				
37. OPERATING ROOM	53,786		53,786	6,523,473
38. DELIVERY ROOM	15,049		15,049	1,308,572
39. ANESTHESIOLOGY	1,824		1,824	181,345
40. RADIOLOGY-DIAGNOSTIC	52,770		52,770	6,720,713
41. RADIOISOTOPE	3,782		3,782	382,761
42. LABORATORY	15,353		15,353	3,840,903
43. WHOLE BLOOD	1,059		1,059	316,096
44. INTRAVENOUS THERAPY	305		305	415,977
45. RESPIRATORY THERAPY	1,060		1,060	872,376
46. PHYSICAL THERAPY	3,750		3,750	1,651,129

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COST ALLOCATION
STATISTICAL BASIS
AMENDED WORKSHEET B-1

COST CENTER DESCRIPTION	CAPITAL COSTS- BLDG & FIXTURES	CAPITAL COSTS	CAPITAL COSTS- EQUIPMENT	EMPLOYEE BENEFITS
	(SQ FT) (1)	(SQ FT) (1.1)	(DOLLAR VALUE) (2)	(GROSS SAL) (3)
47. OCCUPATIONAL THERAPY	1,546		1,546	552,795
48. SPEECH THERAPY	756		756	102,336
49. ELECTROCARDIOLOGY	3,769		3,769	620,699
50. ELECTROENCEPHALOGRAPHY	1,305		1,305	91,131
51. MEDICAL SUPPLIES				145,787
52. DRUGS CHARGED TO PATIENTS				
53. OSTEO/RHEUMATOLOGY				
54. CARDIAC REHAB				55,457
55. PULM LAB	1,286		1,286	55,348
56. CARDIAC CATH LAB	11,338		11,338	1,965,790
57. OCCU MED				89,623
58. DIALYSIS	938		938	
59. CLINIC				98,013
60. HVR	204		204	3,637,872
61. WOUND CARE	2,950		2,950	193,258
62. TELESTROKE				
<u>OUTPATIENT SERVICES</u>				
63. CLINIC	6,628		6,628	1,470,270
64. EMERGENCY	27,284		27,284	8,024,967
65. PARTIAL HOSPITALIZATION				
66. AMBULANCE SERVICES				
67. HOME PROGRAM DIALYSIS				
68. HOME HEALTH AGENCY				
69. SHORT PROCEDURE UNIT				
70. OBSERVATION BEDS				
71. OTHER (SPECIFY)				
72. OTHER (SPECIFY)				
73. OTHER (SPECIFY)				
74. OTHER (SPECIFY)				
<u>OTHER INPATIENT</u>				
75. SKILLED NURSING FACILITY				
76. INTERMEDIATE CARE FACILITY				
77. RESIDENTIAL TREATMENT FACILITY				
78. OTHER (SPECIFY)				
79. OTHER (SPECIFY)				
80. SUBTOTAL	608,824		608,824	91,382,691
<u>NON-REIMBURSABLE COST</u>				
81. GIFT COFFEE SHOPS & CANTEEN	2,231		2,231	
82. PHYS PRIVATE OFFICE	505		505	
83. PRENATAL CLINIC	2,043		2,043	196,230
84. KINDRED	14,830		14,830	
85. DISEASE MANAGEMENT				351,398
86. COMMUNITY CASE MNGMT				
87. AMBULATORY CARE PHARMACY	840		840	308,748
88. CHS				105,499
89. ESCORT				336,456
90. COMMUNITY BENEFIT				5,623
91. CROSSFOOT ADJUSTMENT				
92. NEGATIVE COST CENTER				
93. TOTAL STATISTIC	629,273		629,273	92,686,645
94. COST TO BE ALLOCATED(B-2)	4,688,144		13,188,062	36,804,664
95. UNIT COST MULTIPLIER (B-2)	7.450096		20.957616	0.397087
96. COST TO BE ALLOCATED(B-3)				1,944
97. UNIT COST MULTIPLIER (B-3)				0.000021

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COST ALLOCATION
STATISTICAL BASIS
AMENDED WORKSHEET B-1

COST CENTER DESCRIPTION	NON-PATIENT TELEPHONE	DATA PROCESSING	PURCHASING	ADMISSIONS
	(# LINES) (4.1)	(MACH TIME) (4.2)	(COST OF) (4.3)	(GROSS I/P) (4.4)

GENERAL SERVICE

1. CAPITAL COSTS-BLDG & FIXTURES
- 1.1. CAPITAL COSTS
2. CAPITAL COSTS-EQUIPMENT
3. EMPLOYEE BENEFITS
- 4.1. NON-PATIENT TELEPHONE
- 4.2. DATA PROCESSING
- 4.3. PURCHASING
- 4.4. ADMISSIONS
- 4.5. BILLING/ COLLECTIONS
- 4.6. OTHER ADMIN. AND GENERAL
5. MAINTENANCE AND REPAIRS
6. OPERATION OF PLANT
7. LAUNDRY & LINEN SERVICES
8. HOUSEKEEPING
9. DIETARY
10. CAFETERIA
11. MAINTENANCE OF PERSONNEL
12. NURSING ADMINISTRATION
13. CENTRAL SERVICE & SUPPLY
14. PHARMACY
15. MEDICAL RECORDS LIBRARY
16. SOCIAL SERVICE
17. OTHER (SPECIFY)
18. OTHER (SPECIFY)
19. OTHER (SPECIFY)
20. OTHER (SPECIFY)
21. NURSING SCHOOL
22. INTERN RESIDENT APPROVED PRC
23. PARAMEDICAL ED (SPECIFY)
24. PARAMEDICAL ED (SPECIFY)
25. PARAMEDICAL ED (SPECIFY)

INPATIENT ROUTINE SERVICE

26. GENERAL ROUTINE CARE
27. NURSERY
28. ICU
29. NICU
30. CCU
31. OTHER (SPECIFY)
32. OTHER (SPECIFY)
33. EXTENDED CARE PSYCHIATRIC UNIT
34. MED REHAB UNIT
35. PSYCH UNIT
36. DRUG & ALCOHOL REHAB UNIT

ANCILLARY SERVICES

37. OPERATING ROOM
38. DELIVERY ROOM
39. ANESTHESIOLOGY
40. RADIOLOGY-DIAGNOSTIC
41. RADIOISOTOPE
42. LABORATORY
43. WHOLE BLOOD
44. INTRAVENOUS THERAPY
45. RESPIRATORY THERAPY
46. PHYSICAL THERAPY

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STATISTICAL BASIS
AMENDED WORKSHEET B-1

COST CENTER DESCRIPTION	NON-PATIENT TELEPHONE (# LINES) (4.1)	DATA PROCESSING (MACH TIME) (4.2)	PURCHASING (COST OF) (4.3)	ADMISSIONS (GROSS I/P) (4.4)
47. OCCUPATIONAL THERAPY				
48. SPEECH THERAPY				
49. ELECTROCARDIOLOGY				
50. ELECTROENCEPHALOGRAPHY				
51. MEDICAL SUPPLIES				
52. DRUGS CHARGED TO PATIENTS				
53. OSTEO/RHEUMATOLOGY				
54. CARDIAC REHAB				
55. PULM LAB				
56. CARDIAC CATH LAB				
57. OCCU MED				
58. DIALYSIS				
59. CLINIC				
60. HVR				
61. WOUND CARE				
62. TELESTROKE				
<u>OUTPATIENT SERVICES</u>				
63. CLINIC				
64. EMERGENCY				
65. PARTIAL HOSPITALIZATION				
66. AMBULANCE SERVICES				
67. HOME PROGRAM DIALYSIS				
68. HOME HEALTH AGENCY				
69. SHORT PROCEDURE UNIT				
70. OBSERVATION BEDS				
71. OTHER (SPECIFY)				
72. OTHER (SPECIFY)				
73. OTHER (SPECIFY)				
74. OTHER (SPECIFY)				
<u>OTHER INPATIENT</u>				
75. SKILLED NURSING FACILITY				
76. INTERMEDIATE CARE FACILITY				
77. RESIDENTIAL TREATMENT FACILITY				
78. OTHER (SPECIFY)				
79. OTHER (SPECIFY)				
80. SUBTOTAL				
<u>NON-REIMBURSABLE COST</u>				
81. GIFT COFFEE SHOPS & CANTEEN				
82. PHYS PRIVATE OFFICE				
83. PRENATAL CLINIC				
84. KINDRED				
85. DISEASE MANAGEMENT				
86. COMMUNITY CASE MNGMT				
87. AMBULATORY CARE PHARMACY				
88. CHS				
89. ESCORT				
90. COMMUNITY BENEFIT				
91. CROSSFOOT ADJUSTMENT				
92. NEGATIVE COST CENTER				
93. TOTAL STATISTIC				
94. COST TO BE ALLOCATED(B-2)				
95. UNIT COST MULTIPLIER (B-2)				
96. COST TO BE ALLOCATED(B-3)				
97. UNIT COST MULTIPLIER (B-3)				

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COST ALLOCATION
STATISTICAL BASIS
AMENDED WORKSHEET B-1

COST CENTER DESCRIPTION	BILLING/ COLLECTIONS	OTHER ADMIN. AND GENERAL	MAINTENANCE AND REPAIRS	OPERATION OF PLANT
	(CHARGES) (4.5)	(ACCUM.COST) (4.6)	(SQ FT) (5)	(SQ FT) (6)
<u>GENERAL SERVICE</u>				
1. CAPITAL COSTS-BLDG & FIXTURES				
1.1. CAPITAL COSTS				
2. CAPITAL COSTS-EQUIPMENT				
3. EMPLOYEE BENEFITS				
4.1. NON-PATIENT TELEPHONE				
4.2. DATA PROCESSING				
4.3. PURCHASING				
4.4. ADMISSIONS				
4.5. BILLING/ COLLECTIONS				
4.6. OTHER ADMIN. AND GENERAL		197,196,400		
5. MAINTENANCE AND REPAIRS				
6. OPERATION OF PLANT		13,684,346		433,876
7. LAUNDRY & LINEN SERVICES		1,538,837		7,903
8. HOUSEKEEPING		3,441,230		1,948
9. DIETARY		3,924,197		12,323
10. CAFETERIA		802,507		8,250
11. MAINTENANCE OF PERSONNEL				
12. NURSING ADMINISTRATION		2,396,503		2,370
13. CENTRAL SERVICE & SUPPLY		2,348,922		8,100
14. PHARMACY		10,517,203		4,234
15. MEDICAL RECORDS LIBRARY		3,322,526		8,184
16. SOCIAL SERVICE				
17. OTHER (SPECIFY)				
18. OTHER (SPECIFY)				
19. OTHER (SPECIFY)				
20. OTHER (SPECIFY)				
21. NURSING SCHOOL				
22. INTERN RESIDENT APPROVED PRC		3,940,049		7,683
23. PARAMEDICAL ED (SPECIFY)				
24. PARAMEDICAL ED (SPECIFY)				
25. PARAMEDICAL ED (SPECIFY)				
<u>INPATIENT ROUTINE SERVICE</u>				
26. GENERAL ROUTINE CARE		31,168,864		104,498
27. NURSERY		1,207,344		4,136
28. ICU		6,773,228		13,133
29. NICU				
30. CCU				
31. OTHER (SPECIFY)				
32. OTHER (SPECIFY)				
33. EXTENDED CARE PSYCHIATRIC UNIT				
34. MED REHAB UNIT		1,392,122		9,893
35. PSYCH UNIT		4,598,260		14,030
36. DRUG & ALCOHOL REHAB UNIT				
<u>ANCILLARY SERVICES</u>				
37. OPERATING ROOM		12,417,972		53,786
38. DELIVERY ROOM		2,379,628		15,049
39. ANESTHESIOLOGY		355,011		1,824
40. RADIOLOGY-DIAGNOSTIC		13,160,307		52,770
41. RADIOISOTOPE		675,415		3,782
42. LABORATORY		7,164,569		15,353
43. WHOLE BLOOD		498,947		1,059
44. INTRAVENOUS THERAPY		623,999		305
45. RESPIRATORY THERAPY		1,346,187		1,060
46. PHYSICAL THERAPY		3,133,863		3,750

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COST ALLOCATION
STATISTICAL BASIS
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COST CENTER DESCRIPTION	BILLING/ COLLECTIONS	OTHER ADMIN. AND GENERAL	MAINTENANCE AND REPAIRS	OPERATION OF PLANT
	(CHARGES) (4.5)	(ACCUM.COST) (4.6)	(SQ FT) (5)	(SQ FT) (6)
47. OCCUPATIONAL THERAPY		1,067,459		1,546
48. SPEECH THERAPY		171,792		756
49. ELECTROCARDIOLOGY		947,667		3,769
50. ELECTROENCEPHALOGRAPHY		553,193		1,305
51. MEDICAL SUPPLIES		31,707,341		
52. DRUGS CHARGED TO PATIENTS		774,040		
53. OSTEO/RHEUMATOLOGY		288,762		
54. CARDIAC REHAB		141,527		
55. PULM LAB		118,285		1,286
56. CARDIAC CATH LAB		3,540,715		11,338
57. OCCU MED		1,250,811		
58. DIALYSIS		511,204		938
59. CLINIC		139,683		
60. HVR		5,280,647		204
61. WOUND CARE		521,222		2,950
62. TELESTROKE				
<u>OUTPATIENT SERVICES</u>				
63. CLINIC		2,015,182		6,628
64. EMERGENCY		10,014,094		27,284
65. PARTIAL HOSPITALIZATION				
66. AMBULANCE SERVICES				
67. HOME PROGRAM DIALYSIS				
68. HOME HEALTH AGENCY				
69. SHORT PROCEDURE UNIT				
70. OBSERVATION BEDS				
71. OTHER (SPECIFY)				
72. OTHER (SPECIFY)				
73. OTHER (SPECIFY)				
74. OTHER (SPECIFY)				
<u>OTHER INPATIENT</u>				
75. SKILLED NURSING FACILITY				
76. INTERMEDIATE CARE FACILITY				
77. RESIDENTIAL TREATMENT FACILITY				
78. OTHER (SPECIFY)				
79. OTHER (SPECIFY)				
80. SUBTOTAL		191,855,660		413,427
<u>NON-REIMBURSABLE COST</u>				
81. GIFT COFFEE SHOPS & CANTEEN		63,377		2,231
82. PHYS PRIVATE OFFICE		161,641		505
83. PRENATAL CLINIC		396,560		2,043
84. KINDRED		424,637		14,830
85. DISEASE MANAGEMENT		587,826		
86. COMMUNITY CASE MNGMT		495		
87. AMBULATORY CARE PHARMACY		3,014,179		840
88. CHS		177,767		
89. ESCORT		495,386		
90. COMMUNITY BENEFIT		18,872		
91. CROSSFOOT ADJUSTMENT				
92. NEGATIVE COST CENTER				
93. TOTAL STATISTIC		197,196,400		433,876
94. COST TO BE ALLOCATED(B-2)		24,851,885		15,408,929
95. UNIT COST MULTIPLIER (B-2)		0.126026		35.514592
96. COST TO BE ALLOCATED(B-3)		795,122		1,060,534
97. UNIT COST MULTIPLIER (B-3)		0.004032		2.444325

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COST CENTER DESCRIPTION	LAUNDRY & LINEN SERVICES	HOUSEKEEPING	DIETARY	CAFETERIA
	(LBS OF LA) (7)	(HSKPG HRS) (8)	(MEALS SER) (9)	(MEALS SER) (10)
<u>GENERAL SERVICE</u>				
1. CAPITAL COSTS-BLDG & FIXTURES				
1.1. CAPITAL COSTS				
2. CAPITAL COSTS-EQUIPMENT				
3. EMPLOYEE BENEFITS				
4.1. NON-PATIENT TELEPHONE				
4.2. DATA PROCESSING				
4.3. PURCHASING				
4.4. ADMISSIONS				
4.5. BILLING/ COLLECTIONS				
4.6. OTHER ADMIN. AND GENERAL				
5. MAINTENANCE AND REPAIRS				
6. OPERATION OF PLANT				
7. LAUNDRY & LINEN SERVICES	3,137,787			
8. HOUSEKEEPING	208,167	70,721		
9. DIETARY		1,820	287,019	
10. CAFETERIA				167,659
11. MAINTENANCE OF PERSONNEL				
12. NURSING ADMINISTRATION		260		2,703
13. CENTRAL SERVICE & SUPPLY	125,536	780		4,221
14. PHARMACY		780		3,880
15. MEDICAL RECORDS LIBRARY		672		5,618
16. SOCIAL SERVICE				
17. OTHER (SPECIFY)				
18. OTHER (SPECIFY)				
19. OTHER (SPECIFY)				
20. OTHER (SPECIFY)				
21. NURSING SCHOOL				
22. INTERN RESIDENT APPROVED PRC				
23. PARAMEDICAL ED (SPECIFY)				
24. PARAMEDICAL ED (SPECIFY)				
25. PARAMEDICAL ED (SPECIFY)				
<u>INPATIENT ROUTINE SERVICE</u>				
26. GENERAL ROUTINE CARE	1,274,671	28,080	186,043	50,881
27. NURSERY	14,001			1,486
28. ICU	194,982	4,247	28,175	9,150
29. NICU				
30. CCU				
31. OTHER (SPECIFY)				
32. OTHER (SPECIFY)				
33. EXTENDED CARE PSYCHIATRIC UNIT				
34. MED REHAB UNIT	20,839		16,971	1,872
35. PSYCH UNIT	60,998	3,120	32,442	4,657
36. DRUG & ALCOHOL REHAB UNIT				
<u>ANCILLARY SERVICES</u>				
37. OPERATING ROOM	293,718			15,287
38. DELIVERY ROOM	49,484	2,253		2,741
39. ANESTHESIOLOGY		9,230		772
40. RADIOLOGY-DIAGNOSTIC	161,641	5,200		17,062
41. RADIOISOTOPE	15,814	390		888
42. LABORATORY	657	1,387		11,946
43. WHOLE BLOOD		130		850
44. INTRAVENOUS THERAPY	4,739	260		840
45. RESPIRATORY THERAPY		108		2,058
46. PHYSICAL THERAPY	75,187	260		1,462

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AMENDED WORKSHEET B-1

COST CENTER DESCRIPTION	LAUNDRY & LINEN SERVICES	HOUSEKEEPING	DIETARY	CAFETERIA
	(LBS OF LA)	(HSKPG HRS)	(MEALS SER)	(MEALS SER)
	(7)	(8)	(9)	(10)
47. OCCUPATIONAL THERAPY		390		698
48. SPEECH THERAPY		130		231
49. ELECTROCARDIOLOGY	63,350	130		1,385
50. ELECTROENCEPHALOGRAPHY	21,438	520		510
51. MEDICAL SUPPLIES				
52. DRUGS CHARGED TO PATIENTS				
53. OSTEO/RHEUMATOLOGY	3,694			
54. CARDIAC REHAB				
55. PULM LAB		130		125
56. CARDIAC CATH LAB	64,219	1,170		4,085
57. OCCU MED	3,153			
58. DIALYSIS				
59. CLINIC				272
60. HVR				
61. WOUND CARE	6,404			506
62. TELESTROKE				
<u>OUTPATIENT SERVICES</u>				
63. CLINIC	3,006	2,080		6,544
64. EMERGENCY	286,479	6,847		12,632
65. PARTIAL HOSPITALIZATION				
66. AMBULANCE SERVICES				
67. HOME PROGRAM DIALYSIS				
68. HOME HEALTH AGENCY				
69. SHORT PROCEDURE UNIT				
70. OBSERVATION BEDS				
71. OTHER (SPECIFY)				
72. OTHER (SPECIFY)				
73. OTHER (SPECIFY)				
74. OTHER (SPECIFY)				
<u>OTHER INPATIENT</u>				
75. SKILLED NURSING FACILITY				
76. INTERMEDIATE CARE FACILITY				
77. RESIDENTIAL TREATMENT FACILITY				
78. OTHER (SPECIFY)				
79. OTHER (SPECIFY)				
80. SUBTOTAL	2,952,177	70,374	263,631	165,362
<u>NON-REIMBURSABLE COST</u>				
81. GIFT COFFEE SHOPS & CANTEEN		347		
82. PHYS PRIVATE OFFICE				
83. PRENATAL CLINIC				
84. KINDRED	185,610		23,388	
85. DISEASE MANAGEMENT				
86. COMMUNITY CASE MNGMT				
87. AMBULATORY CARE PHARMACY				616
88. CHS				
89. ESCORT				1,681
90. COMMUNITY BENEFIT				
91. CROSSFOOT ADJUSTMENT				
92. NEGATIVE COST CENTER				
93. TOTAL STATISTIC	3,137,787	70,721	287,019	167,659
94. COST TO BE ALLOCATED(B-2)	2,013,442	4,077,672	4,961,333	1,196,639
95. UNIT COST MULTIPLIER (B-2)	0.641676	57.658574	17.285730	7.137338
96. COST TO BE ALLOCATED(B-3)	118,656	41,079	138,934	84,875
97. UNIT COST MULTIPLIER (B-3)	0.037815	0.580860	0.484059	0.506236

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COST CENTER DESCRIPTION	MAINTENANCE OF PERSONNEL (NO. HOUSED) (11)	NURSING ADMINISTRATION (HOURS OF) (12)	CENTRAL SERVICE & SUPPLY (COST REQ) (13)	PHARMACY (COST REQ) (14)
<u>GENERAL SERVICE</u>				
1. CAPITAL COSTS-BLDG & FIXTURES				
1.1. CAPITAL COSTS				
2. CAPITAL COSTS-EQUIPMENT				
3. EMPLOYEE BENEFITS				
4.1. NON-PATIENT TELEPHONE				
4.2. DATA PROCESSING				
4.3. PURCHASING				
4.4. ADMISSIONS				
4.5. BILLING/ COLLECTIONS				
4.6. OTHER ADMIN. AND GENERAL				
5. MAINTENANCE AND REPAIRS				
6. OPERATION OF PLANT				
7. LAUNDRY & LINEN SERVICES				
8. HOUSEKEEPING				
9. DIETARY				
10. CAFETERIA				
11. MAINTENANCE OF PERSONNEL				
12. NURSING ADMINISTRATION		1,239,923		
13. CENTRAL SERVICE & SUPPLY			100,000	
14. PHARMACY				100,000
15. MEDICAL RECORDS LIBRARY				
16. SOCIAL SERVICE				
17. OTHER (SPECIFY)				
18. OTHER (SPECIFY)				
19. OTHER (SPECIFY)				
20. OTHER (SPECIFY)				
21. NURSING SCHOOL				
22. INTERN RESIDENT APPROVED PRC				
23. PARAMEDICAL ED (SPECIFY)				
24. PARAMEDICAL ED (SPECIFY)				
25. PARAMEDICAL ED (SPECIFY)				
<u>INPATIENT ROUTINE SERVICE</u>				
26. GENERAL ROUTINE CARE		650,087		
27. NURSERY		18,116		
28. ICU		118,944		
29. NICU				
30. CCU				
31. OTHER (SPECIFY)				
32. OTHER (SPECIFY)				
33. EXTENDED CARE PSYCHIATRIC UNIT				
34. MED REHAB UNIT		24,446		
35. PSYCH UNIT		60,265		
36. DRUG & ALCOHOL REHAB UNIT				
<u>ANCILLARY SERVICES</u>				
37. OPERATING ROOM		197,426		
38. DELIVERY ROOM		34,168		
39. ANESTHESIOLOGY				
40. RADIOLOGY-DIAGNOSTIC				
41. RADIOISOTOPE				
42. LABORATORY				
43. WHOLE BLOOD				
44. INTRAVENOUS THERAPY		11,062		
45. RESPIRATORY THERAPY				
46. PHYSICAL THERAPY				

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STATISTICAL BASIS
AMENDED WORKSHEET B-1

COST CENTER DESCRIPTION	MAINTENANCE OF PERSONNEL (NO. HOUSED) (11)	NURSING ADMINISTRATION (HOURS OF) (12)	CENTRAL SERVICE & SUPPLY (COST REQ) (13)	PHARMACY (COST REQ) (14)
47. OCCUPATIONAL THERAPY				
48. SPEECH THERAPY				
49. ELECTROCARDIOLOGY				
50. ELECTROENCEPHALOGRAPHY				
51. MEDICAL SUPPLIES			100,000	
52. DRUGS CHARGED TO PATIENTS				100,000
53. OSTEO/RHEUMATOLOGY				
54. CARDIAC REHAB				
55. PULM LAB				
56. CARDIAC CATH LAB				
57. OCCU MED				
58. DIALYSIS				
59. CLINIC				
60. HVR				
61. WOUND CARE				
62. TELESTROKE				
<u>OUTPATIENT SERVICES</u>				
63. CLINIC				
64. EMERGENCY		125,409		
65. PARTIAL HOSPITALIZATION				
66. AMBULANCE SERVICES				
67. HOME PROGRAM DIALYSIS				
68. HOME HEALTH AGENCY				
69. SHORT PROCEDURE UNIT				
70. OBSERVATION BEDS				
71. OTHER (SPECIFY)				
72. OTHER (SPECIFY)				
73. OTHER (SPECIFY)				
74. OTHER (SPECIFY)				
<u>OTHER INPATIENT</u>				
75. SKILLED NURSING FACILITY				
76. INTERMEDIATE CARE FACILITY				
77. RESIDENTIAL TREATMENT FACILITY				
78. OTHER (SPECIFY)				
79. OTHER (SPECIFY)				
80. SUBTOTAL		1,239,923	100,000	100,000
<u>NON-REIMBURSABLE COST</u>				
81. GIFT COFFEE SHOPS & CANTEEN				
82. PHYS PRIVATE OFFICE				
83. PRENATAL CLINIC				
84. KINDRED				
85. DISEASE MANAGEMENT				
86. COMMUNITY CASE MNGMT				
87. AMBULATORY CARE PHARMACY				
88. CHS				
89. ESCORT				
90. COMMUNITY BENEFIT				
91. CROSSFOOT ADJUSTMENT				
92. NEGATIVE COST CENTER				
93. TOTAL STATISTIC		1,239,923	100,000	100,000
94. COST TO BE ALLOCATED(B-2)		2,816,978	3,088,269	12,065,680
95. UNIT COST MULTIPLIER (B-2)		2.271898	30.882690	120.656800
96. COST TO BE ALLOCATED(B-3)		34,664	497,084	346,722
97. UNIT COST MULTIPLIER (B-3)		0.027957	4.970840	3.467220

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COST ALLOCATION
STATISTICAL BASIS
AMENDED WORKSHEET B-1

COST CENTER DESCRIPTION	MEDICAL RECORDS LIBRARY (TIME) (15)	SOCIAL SERVICE (TIME) (16)	OTHER (SPECIFY) (SPECIFY) (17)	OTHER (SPECIFY) (SPECIFY) (18)
<u>GENERAL SERVICE</u>				
1. CAPITAL COSTS-BLDG & FIXTURES				
1.1. CAPITAL COSTS				
2. CAPITAL COSTS-EQUIPMENT				
3. EMPLOYEE BENEFITS				
4.1. NON-PATIENT TELEPHONE				
4.2. DATA PROCESSING				
4.3. PURCHASING				
4.4. ADMISSIONS				
4.5. BILLING/ COLLECTIONS				
4.6. OTHER ADMIN. AND GENERAL				
5. MAINTENANCE AND REPAIRS				
6. OPERATION OF PLANT				
7. LAUNDRY & LINEN SERVICES				
8. HOUSEKEEPING				
9. DIETARY				
10. CAFETERIA				
11. MAINTENANCE OF PERSONNEL				
12. NURSING ADMINISTRATION				
13. CENTRAL SERVICE & SUPPLY				
14. PHARMACY				
15. MEDICAL RECORDS LIBRARY	49,996			
16. SOCIAL SERVICE				
17. OTHER (SPECIFY)				
18. OTHER (SPECIFY)				
19. OTHER (SPECIFY)				
20. OTHER (SPECIFY)				
21. NURSING SCHOOL				
22. INTERN RESIDENT APPROVED PRC				
23. PARAMEDICAL ED (SPECIFY)				
24. PARAMEDICAL ED (SPECIFY)				
25. PARAMEDICAL ED (SPECIFY)				
<u>INPATIENT ROUTINE SERVICE</u>				
26. GENERAL ROUTINE CARE		21,525		
27. NURSERY		1,600		
28. ICU		2,221		
29. NICU				
30. CCU				
31. OTHER (SPECIFY)				
32. OTHER (SPECIFY)				
33. EXTENDED CARE PSYCHIATRIC UNIT				
34. MED REHAB UNIT				
35. PSYCH UNIT		2,267		
36. DRUG & ALCOHOL REHAB UNIT				
<u>ANCILLARY SERVICES</u>				
37. OPERATING ROOM		17,308		
38. DELIVERY ROOM				
39. ANESTHESIOLOGY				
40. RADIOLOGY-DIAGNOSTIC				
41. RADIOISOTOPE				
42. LABORATORY				
43. WHOLE BLOOD				
44. INTRAVENOUS THERAPY				
45. RESPIRATORY THERAPY				
46. PHYSICAL THERAPY				

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COST CENTER DESCRIPTION	MEDICAL RECORDS LIBRARY (TIME) (15)	SOCIAL SERVICE (TIME) (16)	OTHER (SPECIFY) (SPECIFY) (17)	OTHER (SPECIFY) (SPECIFY) (18)
47. OCCUPATIONAL THERAPY				
48. SPEECH THERAPY				
49. ELECTROCARDIOLOGY				
50. ELECTROENCEPHALOGRAPHY				
51. MEDICAL SUPPLIES				
52. DRUGS CHARGED TO PATIENTS				
53. OSTEO/RHEUMATOLOGY				
54. CARDIAC REHAB				
55. PULM LAB				
56. CARDIAC CATH LAB				
57. OCCU MED				
58. DIALYSIS				
59. CLINIC				
60. HVR				
61. WOUND CARE				
62. TELESTROKE				
<u>OUTPATIENT SERVICES</u>				
63. CLINIC				
64. EMERGENCY		5,075		
65. PARTIAL HOSPITALIZATION				
66. AMBULANCE SERVICES				
67. HOME PROGRAM DIALYSIS				
68. HOME HEALTH AGENCY				
69. SHORT PROCEDURE UNIT				
70. OBSERVATION BEDS				
71. OTHER (SPECIFY)				
72. OTHER (SPECIFY)				
73. OTHER (SPECIFY)				
74. OTHER (SPECIFY)				
<u>OTHER INPATIENT</u>				
75. SKILLED NURSING FACILITY				
76. INTERMEDIATE CARE FACILITY				
77. RESIDENTIAL TREATMENT FACILITY				
78. OTHER (SPECIFY)				
79. OTHER (SPECIFY)				
80. SUBTOTAL		49,996		
<u>NON-REIMBURSABLE COST</u>				
81. GIFT COFFEE SHOPS & CANTEEN				
82. PHYS PRIVATE OFFICE				
83. PRENATAL CLINIC				
84. KINDRED				
85. DISEASE MANAGEMENT				
86. COMMUNITY CASE MNGMT				
87. AMBULATORY CARE PHARMACY				
88. CHS				
89. ESCORT				
90. COMMUNITY BENEFIT				
91. CROSSFOOT ADJUSTMENT				
92. NEGATIVE COST CENTER				
93. TOTAL STATISTIC		49,996		
94. COST TO BE ALLOCATED(B-2)		4,110,747		
95. UNIT COST MULTIPLIER (B-2)		82.221518		
96. COST TO BE ALLOCATED(B-3)		97,641		
97. UNIT COST MULTIPLIER (B-3)		1.952976		

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COST CENTER DESCRIPTION	OTHER (SPECIFY) (SPECIFY) (19)	OTHER (SPECIFY) (SPECIFY) (20)	NURSING SCHOOL (TIME) (21)	INTERN RESIDENT APPROVED PROG (TIME) (22)
<u>GENERAL SERVICE</u>				
1. CAPITAL COSTS-BLDG & FIXTURES				
1.1. CAPITAL COSTS				
2. CAPITAL COSTS-EQUIPMENT				
3. EMPLOYEE BENEFITS				
4.1. NON-PATIENT TELEPHONE				
4.2. DATA PROCESSING				
4.3. PURCHASING				
4.4. ADMISSIONS				
4.5. BILLING/ COLLECTIONS				
4.6. OTHER ADMIN. AND GENERAL				
5. MAINTENANCE AND REPAIRS				
6. OPERATION OF PLANT				
7. LAUNDRY & LINEN SERVICES				
8. HOUSEKEEPING				
9. DIETARY				
10. CAFETERIA				
11. MAINTENANCE OF PERSONNEL				
12. NURSING ADMINISTRATION				
13. CENTRAL SERVICE & SUPPLY				
14. PHARMACY				
15. MEDICAL RECORDS LIBRARY				
16. SOCIAL SERVICE				
17. OTHER (SPECIFY)				
18. OTHER (SPECIFY)				
19. OTHER (SPECIFY)				
20. OTHER (SPECIFY)				
21. NURSING SCHOOL				
22. INTERN RESIDENT APPROVED PRC				80,418
23. PARAMEDICAL ED (SPECIFY)				
24. PARAMEDICAL ED (SPECIFY)				
25. PARAMEDICAL ED (SPECIFY)				
<u>INPATIENT ROUTINE SERVICE</u>				
26. GENERAL ROUTINE CARE				37,996
27. NURSERY				
28. ICU				7,536
29. NICU				
30. CCU				
31. OTHER (SPECIFY)				
32. OTHER (SPECIFY)				
33. EXTENDED CARE PSYCHIATRIC UNIT				
34. MED REHAB UNIT				
35. PSYCH UNIT				
36. DRUG & ALCOHOL REHAB UNIT				
<u>ANCILLARY SERVICES</u>				
37. OPERATING ROOM				13,042
38. DELIVERY ROOM				
39. ANESTHESIOLOGY				480
40. RADIOLOGY-DIAGNOSTIC				66
41. RADIOISOTOPE				240
42. LABORATORY				728
43. WHOLE BLOOD				
44. INTRAVENOUS THERAPY				
45. RESPIRATORY THERAPY				
46. PHYSICAL THERAPY				

The Medical Center Beaver
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FOR THE PERIOD: 7/1/2010 TO 6/30/2011
COST ALLOCATION
STATISTICAL BASIS
AMENDED WORKSHEET B-1

COST CENTER DESCRIPTION	OTHER (SPECIFY) (SPECIFY) (19)	OTHER (SPECIFY) (SPECIFY) (20)	NURSING SCHOOL (TIME) (21)	INTERN RESIDENT APPROVED PROG (TIME) (22)
47. OCCUPATIONAL THERAPY				
48. SPEECH THERAPY				
49. ELECTROCARDIOLOGY				
50. ELECTROENCEPHALOGRAPHY				
51. MEDICAL SUPPLIES				
52. DRUGS CHARGED TO PATIENTS				
53. OSTEO/RHEUMATOLOGY				488
54. CARDIAC REHAB				
55. PULM LAB				
56. CARDIAC CATH LAB				
57. OCCU MED				
58. DIALYSIS				488
59. CLINIC				
60. HVR				
61. WOUND CARE				
62. TELESTROKE				
<u>OUTPATIENT SERVICES</u>				
63. CLINIC				15,994
64. EMERGENCY				3,360
65. PARTIAL HOSPITALIZATION				
66. AMBULANCE SERVICES				
67. HOME PROGRAM DIALYSIS				
68. HOME HEALTH AGENCY				
69. SHORT PROCEDURE UNIT				
70. OBSERVATION BEDS				
71. OTHER (SPECIFY)				
72. OTHER (SPECIFY)				
73. OTHER (SPECIFY)				
74. OTHER (SPECIFY)				
<u>OTHER INPATIENT</u>				
75. SKILLED NURSING FACILITY				
76. INTERMEDIATE CARE FACILITY				
77. RESIDENTIAL TREATMENT FACILITY				
78. OTHER (SPECIFY)				
79. OTHER (SPECIFY)				
80. SUBTOTAL				80,418
<u>NON-REIMBURSABLE COST</u>				
81. GIFT COFFEE SHOPS & CANTEEN				
82. PHYS PRIVATE OFFICE				
83. PRENATAL CLINIC				
84. KINDRED				
85. DISEASE MANAGEMENT				
86. COMMUNITY CASE MNGMT				
87. AMBULATORY CARE PHARMACY				
88. CHS				
89. ESCORT				
90. COMMUNITY BENEFIT				
91. CROSSFOOT ADJUSTMENT				
92. NEGATIVE COST CENTER				
93. TOTAL STATISTIC				80,418
94. COST TO BE ALLOCATED(B-2)				4,709,457
95. UNIT COST MULTIPLIER (B-2)				58.562225
96. COST TO BE ALLOCATED(B-3)				92,407
97. UNIT COST MULTIPLIER (B-3)				1.149084

The Medical Center Beaver
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FOR THE PERIOD: 7/1/2010 TO 6/30/2011
COST ALLOCATION
STATISTICAL BASIS
AMENDED WORKSHEET B-1

COST CENTER DESCRIPTION	PARAMEDICAL ED (SPECIFY) (TIME) (23)	PARAMEDICAL ED (SPECIFY) (TIME) (24)	PARAMEDICAL ED (SPECIFY) (TIME) (25)
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GENERAL SERVICE

1. CAPITAL COSTS-BLDG & FIXTURES
- 1.1. CAPITAL COSTS
2. CAPITAL COSTS-EQUIPMENT
3. EMPLOYEE BENEFITS
- 4.1. NON-PATIENT TELEPHONE
- 4.2. DATA PROCESSING
- 4.3. PURCHASING
- 4.4. ADMISSIONS
- 4.5. BILLING/ COLLECTIONS
- 4.6. OTHER ADMIN. AND GENERAL
5. MAINTENANCE AND REPAIRS
6. OPERATION OF PLANT
7. LAUNDRY & LINEN SERVICES
8. HOUSEKEEPING
9. DIETARY
10. CAFETERIA
11. MAINTENANCE OF PERSONNEL
12. NURSING ADMINISTRATION
13. CENTRAL SERVICE & SUPPLY
14. PHARMACY
15. MEDICAL RECORDS LIBRARY
16. SOCIAL SERVICE
17. OTHER (SPECIFY)
18. OTHER (SPECIFY)
19. OTHER (SPECIFY)
20. OTHER (SPECIFY)
21. NURSING SCHOOL
22. INTERN RESIDENT APPROVED PRC
23. PARAMEDICAL ED (SPECIFY)
24. PARAMEDICAL ED (SPECIFY)
25. PARAMEDICAL ED (SPECIFY)

INPATIENT ROUTINE SERVICE

26. GENERAL ROUTINE CARE
27. NURSERY
28. ICU
29. NICU
30. CCU
31. OTHER (SPECIFY)
32. OTHER (SPECIFY)
33. EXTENDED CARE PSYCHIATRIC UNIT
34. MED REHAB UNIT
35. PSYCH UNIT
36. DRUG & ALCOHOL REHAB UNIT

ANCILLARY SERVICES

37. OPERATING ROOM
38. DELIVERY ROOM
39. ANESTHESIOLOGY
40. RADIOLOGY-DIAGNOSTIC
41. RADIOISOTOPE
42. LABORATORY
43. WHOLE BLOOD
44. INTRAVENOUS THERAPY
45. RESPIRATORY THERAPY
46. PHYSICAL THERAPY

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FOR THE PERIOD: 7/1/2010 TO 6/30/2011
COST ALLOCATION
STATISTICAL BASIS
AMENDED WORKSHEET B-1

COST CENTER DESCRIPTION	PARAMEDICAL ED (SPECIFY) (TIME) (23)	PARAMEDICAL ED (SPECIFY) (TIME) (24)	PARAMEDICAL ED (SPECIFY) (TIME) (25)
47. OCCUPATIONAL THERAPY			
48. SPEECH THERAPY			
49. ELECTROCARDIOLOGY			
50. ELECTROENCEPHALOGRAPHY			
51. MEDICAL SUPPLIES			
52. DRUGS CHARGED TO PATIENTS			
53. OSTEO/RHEUMATOLOGY			
54. CARDIAC REHAB			
55. PULM LAB			
56. CARDIAC CATH LAB			
57. OCCU MED			
58. DIALYSIS			
59. CLINIC			
60. HVR			
61. WOUND CARE			
62. TELESTROKE			
<u>OUTPATIENT SERVICES</u>			
63. CLINIC			
64. EMERGENCY			
65. PARTIAL HOSPITALIZATION			
66. AMBULANCE SERVICES			
67. HOME PROGRAM DIALYSIS			
68. HOME HEALTH AGENCY			
69. SHORT PROCEDURE UNIT			
70. OBSERVATION BEDS			
71. OTHER (SPECIFY)			
72. OTHER (SPECIFY)			
73. OTHER (SPECIFY)			
74. OTHER (SPECIFY)			
<u>OTHER INPATIENT</u>			
75. SKILLED NURSING FACILITY			
76. INTERMEDIATE CARE FACILITY			
77. RESIDENTIAL TREATMENT FACILITY			
78. OTHER (SPECIFY)			
79. OTHER (SPECIFY)			
80. SUBTOTAL			
<u>NON-REIMBURSABLE COST</u>			
81. GIFT COFFEE SHOPS & CANTEEN			
82. PHYS PRIVATE OFFICE			
83. PRENATAL CLINIC			
84. KINDRED			
85. DISEASE MANAGEMENT			
86. COMMUNITY CASE MNGMT			
87. AMBULATORY CARE PHARMACY			
88. CHS			
89. ESCORT			
90. COMMUNITY BENEFIT			
91. CROSSFOOT ADJUSTMENT			
92. NEGATIVE COST CENTER			
93. TOTAL STATISTIC			
94. COST TO BE ALLOCATED(B-2)			
95. UNIT COST MULTIPLIER (B-2)			
96. COST TO BE ALLOCATED(B-3)			
97. UNIT COST MULTIPLIER (B-3)			

The Medical Center Beaver
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FOR THE PERIOD: 7/1/2010 TO 6/30/2011
ALLOCATION OF
GENERAL SERVICE COSTS
AMENDED WORKSHEET B-2

COST CENTER DESCRIPTION	NET EXPENSES	CAPITAL COSTS- BLDG & FIXTURES	CAPITAL COSTS	CAPITAL COSTS- EQUIPMENT
	(0)	(1)	(1.1)	(2)
<u>GENERAL SERVICE</u>				
1. CAPITAL COSTS-BLDG & FIXTURES	4,688,144	4,688,144		
1.1. CAPITAL COSTS				
2. CAPITAL COSTS-EQUIPMENT	13,188,062			13,188,062
3. EMPLOYEE BENEFITS	36,797,250	1,944		5,470
4.1. NON-PATIENT TELEPHONE				
4.2. DATA PROCESSING				
4.3. PURCHASING				
4.4. ADMISSIONS				
4.5. BILLING/ COLLECTIONS				
4.6. OTHER ADMIN. AND GENERAL	19,239,395	469,527		1,320,812
5. MAINTENANCE AND REPAIRS				
6. OPERATION OF PLANT	8,682,552	984,255		2,768,774
7. LAUNDRY & LINEN SERVICES	920,131	58,878		165,628
8. HOUSEKEEPING	2,595,717	14,513		40,825
9. DIETARY	2,810,593	91,808		258,261
10. CAFETERIA	377,331	61,463		172,900
11. MAINTENANCE OF PERSONNEL				
12. NURSING ADMINISTRATION	1,719,247	17,657		49,670
13. CENTRAL SERVICE & SUPPLY	1,689,221	60,346		169,757
14. PHARMACY	9,697,030	31,544		88,735
15. MEDICAL RECORDS LIBRARY	2,548,772	60,972		171,517
16. SOCIAL SERVICE				
17. OTHER (SPECIFY)				
18. OTHER (SPECIFY)				
19. OTHER (SPECIFY)				
20. OTHER (SPECIFY)				
21. NURSING SCHOOL				
22. INTERN RESIDENT APPROVED PRC	3,143,144	57,239		161,017
23. PARAMEDICAL ED (SPECIFY)				
24. PARAMEDICAL ED (SPECIFY)				
25. PARAMEDICAL ED (SPECIFY)				
<u>INPATIENT ROUTINE SERVICE</u>				
26. GENERAL ROUTINE CARE	20,643,144	778,520		2,190,032
27. NURSERY	801,145	30,814		86,681
28. ICU	4,680,593	97,842		275,236
29. NICU				
30. CCU				
31. OTHER (SPECIFY)				
32. OTHER (SPECIFY)				
33. EXTENDED CARE PSYCHIATRIC UNIT				
34. MED REHAB UNIT	815,171	73,704		207,334
35. PSYCH UNIT	3,455,283	104,525		294,035
36. DRUG & ALCOHOL REHAB UNIT				
<u>ANCILLARY SERVICES</u>				
37. OPERATING ROOM	8,299,649	400,711		1,127,226
38. DELIVERY ROOM	1,432,504	112,116		315,391
39. ANESTHESIOLOGY	231,185	13,589		38,227
40. RADIOLOGY-DIAGNOSTIC	8,992,524	393,142		1,105,933
41. RADIOISOTOPE	415,988	28,176		79,262
42. LABORATORY	5,203,253	114,381		321,762
43. WHOLE BLOOD	343,345	7,890		22,194
44. INTRAVENOUS THERAPY	450,156	2,272		6,392
45. RESPIRATORY THERAPY	969,666	7,897		22,215
46. PHYSICAL THERAPY	2,371,692	27,938		78,591

The Medical Center Beaver
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ALLOCATION OF
GENERAL SERVICE COSTS
AMENDED WORKSHEET B-2

COST CENTER DESCRIPTION	NET EXPENSES	CAPITAL COSTS- BLDG & FIXTURES	CAPITAL COSTS	CAPITAL COSTS- EQUIPMENT
	(0)	(1)	(1.1)	(2)
47. OCCUPATIONAL THERAPY	804,033	11,518		32,400
48. SPEECH THERAPY	109,680	5,632		15,844
49. ELECTROCARDIOLOGY	594,127	28,079		78,989
50. ELECTROENCEPHALOGRAPHY	479,934	9,722		27,350
51. MEDICAL SUPPLIES	31,649,451			
52. DRUGS CHARGED TO PATIENTS	774,040			
53. OSTEO/RHEUMATOLOGY	288,762			
54. CARDIAC REHAB	119,506			
55. PULM LAB	59,775	9,581		26,951
56. CARDIAC CATH LAB	2,438,039	84,469		237,617
57. OCCU MED	1,215,223			
58. DIALYSIS	484,558	6,988		19,658
59. CLINIC	100,763			
60. HVR	3,830,300	1,520		4,275
61. WOUND CARE	360,679	21,978		61,825
62. TELESTROKE				
<u>OUTPATIENT SERVICES</u>				
63. CLINIC	1,243,071	49,379		138,907
64. EMERGENCY	6,052,408	203,268		571,808
65. PARTIAL HOSPITALIZATION				
66. AMBULANCE SERVICES				
67. HOME PROGRAM DIALYSIS				
68. HOME HEALTH AGENCY				
69. SHORT PROCEDURE UNIT				
70. OBSERVATION BEDS				
71. OTHER (SPECIFY)				
72. OTHER (SPECIFY)				
73. OTHER (SPECIFY)				
74. OTHER (SPECIFY)				
<u>OTHER INPATIENT</u>				
75. SKILLED NURSING FACILITY				
76. INTERMEDIATE CARE FACILITY				
77. RESIDENTIAL TREATMENT FACILITY				
78. OTHER (SPECIFY)				
79. OTHER (SPECIFY)				
80. SUBTOTAL	217,806,236	4,535,797		12,759,501
<u>NON-REIMBURSABLE COST</u>				
81. GIFT COFFEE SHOPS & CANTEEN		16,621		46,756
82. PHYS PRIVATE OFFICE	147,295	3,762		10,584
83. PRENATAL CLINIC	260,603	15,221		42,816
84. KINDRED	3,351	110,485		310,801
85. DISEASE MANAGEMENT	448,290			
86. COMMUNITY CASE MNGMT	495			
87. AMBULATORY CARE PHARMACY	2,867,717	6,258		17,604
88. CHS	135,875			
89. ESCORT	361,784			
90. COMMUNITY BENEFIT	16,639			
91. CROSSFOOT ADJUSTMENT				
92. NEGATIVE COST CENTER				
93. TOTAL	222,048,285	4,688,144		13,188,062

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ALLOCATION OF
GENERAL SERVICE COSTS
AMENDED WORKSHEET B-2

COST CENTER DESCRIPTION	EMPLOYEE BENEFITS	NON-PATIENT TELEPHONE	DATA PROCESSING	PURCHASING
	(3)	(4.1)	(4.2)	(4.3)
<u>GENERAL SERVICE</u>				
1. CAPITAL COSTS-BLDG & FIXTURES				
1.1. CAPITAL COSTS				
2. CAPITAL COSTS-EQUIPMENT				
3. EMPLOYEE BENEFITS	36,804,664			
4.1. NON-PATIENT TELEPHONE				
4.2. DATA PROCESSING				
4.3. PURCHASING				
4.4. ADMISSIONS				
4.5. BILLING/ COLLECTIONS				
4.6. OTHER ADMIN. AND GENERAL	3,822,151			
5. MAINTENANCE AND REPAIRS				
6. OPERATION OF PLANT	1,248,765			
7. LAUNDRY & LINEN SERVICES	394,200			
8. HOUSEKEEPING	790,175			
9. DIETARY	763,535			
10. CAFETERIA	190,813			
11. MAINTENANCE OF PERSONNEL				
12. NURSING ADMINISTRATION	609,929			
13. CENTRAL SERVICE & SUPPLY	429,598			
14. PHARMACY	699,894			
15. MEDICAL RECORDS LIBRARY	541,265			
16. SOCIAL SERVICE				
17. OTHER (SPECIFY)				
18. OTHER (SPECIFY)				
19. OTHER (SPECIFY)				
20. OTHER (SPECIFY)				
21. NURSING SCHOOL				
22. INTERN RESIDENT APPROVED PRC	578,649			
23. PARAMEDICAL ED (SPECIFY)				
24. PARAMEDICAL ED (SPECIFY)				
25. PARAMEDICAL ED (SPECIFY)				
<u>INPATIENT ROUTINE SERVICE</u>				
26. GENERAL ROUTINE CARE	7,557,168			
27. NURSERY	288,704			
28. ICU	1,719,557			
29. NICU				
30. CCU				
31. OTHER (SPECIFY)				
32. OTHER (SPECIFY)				
33. EXTENDED CARE PSYCHIATRIC UNIT				
34. MED REHAB UNIT	295,913			
35. PSYCH UNIT	744,417			
36. DRUG & ALCOHOL REHAB UNIT				
<u>ANCILLARY SERVICES</u>				
37. OPERATING ROOM	2,590,386			
38. DELIVERY ROOM	519,617			
39. ANESTHESIOLOGY	72,010			
40. RADIOLOGY-DIAGNOSTIC	2,668,708			
41. RADIOISOTOPE	151,989			
42. LABORATORY	1,525,173			
43. WHOLE BLOOD	125,518			
44. INTRAVENOUS THERAPY	165,179			
45. RESPIRATORY THERAPY	346,409			
46. PHYSICAL THERAPY	655,642			

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GENERAL SERVICE COSTS
AMENDED WORKSHEET B-2

COST CENTER DESCRIPTION	EMPLOYEE BENEFITS	NON-PATIENT TELEPHONE	DATA PROCESSING	PURCHASING
	(3)	(4.1)	(4.2)	(4.3)
47. OCCUPATIONAL THERAPY	219,508			
48. SPEECH THERAPY	40,636			
49. ELECTROCARDIOLOGY	246,472			
50. ELECTROENCEPHALOGRAPHY	36,187			
51. MEDICAL SUPPLIES	57,890			
52. DRUGS CHARGED TO PATIENTS				
53. OSTEO/RHEUMATOLOGY				
54. CARDIAC REHAB	22,021			
55. PULM LAB	21,978			
56. CARDIAC CATH LAB	780,590			
57. OCCU MED	35,588			
58. DIALYSIS				
59. CLINIC	38,920			
60. HVR	1,444,552			
61. WOUND CARE	76,740			
62. TELESTROKE				
<u>OUTPATIENT SERVICES</u>				
63. CLINIC	583,825			
64. EMERGENCY	3,186,610			
65. PARTIAL HOSPITALIZATION				
66. AMBULANCE SERVICES				
67. HOME PROGRAM DIALYSIS				
68. HOME HEALTH AGENCY				
69. SHORT PROCEDURE UNIT				
70. OBSERVATION BEDS				
71. OTHER (SPECIFY)				
72. OTHER (SPECIFY)				
73. OTHER (SPECIFY)				
74. OTHER (SPECIFY)				
<u>OTHER INPATIENT</u>				
75. SKILLED NURSING FACILITY				
76. INTERMEDIATE CARE FACILITY				
77. RESIDENTIAL TREATMENT FACILITY				
78. OTHER (SPECIFY)				
79. OTHER (SPECIFY)				
80. SUBTOTAL	36,286,881			
<u>NON-REIMBURSABLE COST</u>				
81. GIFT COFFEE SHOPS & CANTEEN				
82. PHYS PRIVATE OFFICE				
83. PRENATAL CLINIC	77,920			
84. KINDRED				
85. DISEASE MANAGEMENT	139,536			
86. COMMUNITY CASE MNGMT				
87. AMBULATORY CARE PHARMACY	122,600			
88. CHS	41,892			
89. ESCORT	133,602			
90. COMMUNITY BENEFIT	2,233			
91. CROSSFOOT ADJUSTMENT				
92. NEGATIVE COST CENTER				
93. TOTAL	36,804,664			

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GENERAL SERVICE COSTS
AMENDED WORKSHEET B-2

COST CENTER DESCRIPTION	ADMISSIONS (4.4)	BILLING/ COLLECTIONS (4.5)	OTHER ADMIN. AND GENERAL (4.6)	MAINTENANCE AND REPAIRS (5)
<u>GENERAL SERVICE</u>				
1. CAPITAL COSTS-BLDG & FIXTURES				
1.1. CAPITAL COSTS				
2. CAPITAL COSTS-EQUIPMENT				
3. EMPLOYEE BENEFITS				
4.1. NON-PATIENT TELEPHONE				
4.2. DATA PROCESSING				
4.3. PURCHASING				
4.4. ADMISSIONS				
4.5. BILLING/ COLLECTIONS				
4.6. OTHER ADMIN. AND GENERAL			24,851,885	
5. MAINTENANCE AND REPAIRS				
6. OPERATION OF PLANT			1,724,583	
7. LAUNDRY & LINEN SERVICES			193,933	
8. HOUSEKEEPING			433,684	
9. DIETARY			494,551	
10. CAFETERIA			101,137	
11. MAINTENANCE OF PERSONNEL				
12. NURSING ADMINISTRATION			302,022	
13. CENTRAL SERVICE & SUPPLY			296,025	
14. PHARMACY			1,325,441	
15. MEDICAL RECORDS LIBRARY			418,725	
16. SOCIAL SERVICE				
17. OTHER (SPECIFY)				
18. OTHER (SPECIFY)				
19. OTHER (SPECIFY)				
20. OTHER (SPECIFY)				
21. NURSING SCHOOL				
22. INTERN RESIDENT APPROVED PRC			496,549	
23. PARAMEDICAL ED (SPECIFY)				
24. PARAMEDICAL ED (SPECIFY)				
25. PARAMEDICAL ED (SPECIFY)				
<u>INPATIENT ROUTINE SERVICE</u>				
26. GENERAL ROUTINE CARE			3,928,098	
27. NURSERY			152,157	
28. ICU			853,603	
29. NICU				
30. CCU				
31. OTHER (SPECIFY)				
32. OTHER (SPECIFY)				
33. EXTENDED CARE PSYCHIATRIC UNIT				
34. MED REHAB UNIT			175,444	
35. PSYCH UNIT			579,500	
36. DRUG & ALCOHOL REHAB UNIT				
<u>ANCILLARY SERVICES</u>				
37. OPERATING ROOM			1,564,987	
38. DELIVERY ROOM			299,895	
39. ANESTHESIOLOGY			44,741	
40. RADIOLOGY-DIAGNOSTIC			1,658,541	
41. RADIOISOTOPE			85,120	
42. LABORATORY			902,922	
43. WHOLE BLOOD			62,880	
44. INTRAVENOUS THERAPY			78,640	
45. RESPIRATORY THERAPY			169,655	
46. PHYSICAL THERAPY			394,948	

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COST CENTER DESCRIPTION	ADMISSIONS (4.4)	BILLING/ COLLECTIONS (4.5)	OTHER ADMIN. AND GENERAL (4.6)	MAINTENANCE AND REPAIRS (5)
47. OCCUPATIONAL THERAPY			134,528	
48. SPEECH THERAPY			21,650	
49. ELECTROCARDIOLOGY			119,431	
50. ELECTROENCEPHALOGRAPHY			69,717	
51. MEDICAL SUPPLIES			3,995,949	
52. DRUGS CHARGED TO PATIENTS			97,549	
53. OSTEO/RHEUMATOLOGY			36,392	
54. CARDIAC REHAB			17,836	
55. PULM LAB			14,907	
56. CARDIAC CATH LAB			446,222	
57. OCCU MED			157,635	
58. DIALYSIS			64,425	
59. CLINIC			17,604	
60. HVR			665,499	
61. WOUND CARE			65,688	
62. TELESTROKE				
<u>OUTPATIENT SERVICES</u>				
63. CLINIC			253,965	
64. EMERGENCY			1,262,036	
65. PARTIAL HOSPITALIZATION				
66. AMBULANCE SERVICES				
67. HOME PROGRAM DIALYSIS				
68. HOME HEALTH AGENCY				
69. SHORT PROCEDURE UNIT				
70. OBSERVATION BEDS				
71. OTHER (SPECIFY)				
72. OTHER (SPECIFY)				
73. OTHER (SPECIFY)				
74. OTHER (SPECIFY)				
<u>OTHER INPATIENT</u>				
75. SKILLED NURSING FACILITY				
76. INTERMEDIATE CARE FACILITY				
77. RESIDENTIAL TREATMENT FACILITY				
78. OTHER (SPECIFY)				
79. OTHER (SPECIFY)				
80. SUBTOTAL			24,178,814	
<u>NON-REIMBURSABLE COST</u>				
81. GIFT COFFEE SHOPS & CANTEEN			7,987	
82. PHYS PRIVATE OFFICE			20,371	
83. PRENATAL CLINIC			49,977	
84. KINDRED			53,515	
85. DISEASE MANAGEMENT			74,081	
86. COMMUNITY CASE MNGMT			62	
87. AMBULATORY CARE PHARMACY			379,865	
88. CHS			22,403	
89. ESCORT			62,432	
90. COMMUNITY BENEFIT			2,378	
91. CROSSFOOT ADJUSTMENT				
92. NEGATIVE COST CENTER				
93. TOTAL			24,851,885	

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ALLOCATION OF
GENERAL SERVICE COSTS
AMENDED WORKSHEET B-2

COST CENTER DESCRIPTION	OPERATION OF PLANT	LAUNDRY & LINEN SERVICES	HOUSEKEEPING	DIETARY
	(6)	(7)	(8)	(9)
<u>GENERAL SERVICE</u>				
1. CAPITAL COSTS-BLDG & FIXTURES				
1.1. CAPITAL COSTS				
2. CAPITAL COSTS-EQUIPMENT				
3. EMPLOYEE BENEFITS				
4.1. NON-PATIENT TELEPHONE				
4.2. DATA PROCESSING				
4.3. PURCHASING				
4.4. ADMISSIONS				
4.5. BILLING/ COLLECTIONS				
4.6. OTHER ADMIN. AND GENERAL				
5. MAINTENANCE AND REPAIRS				
6. OPERATION OF PLANT	15,408,929			
7. LAUNDRY & LINEN SERVICES	280,672	2,013,442		
8. HOUSEKEEPING	69,182	133,576	4,077,672	
9. DIETARY	437,646		104,939	4,961,333
10. CAFETERIA	292,995			
11. MAINTENANCE OF PERSONNEL				
12. NURSING ADMINISTRATION	84,170		14,991	
13. CENTRAL SERVICE & SUPPLY	287,668	80,553	44,974	
14. PHARMACY	150,369		44,974	
15. MEDICAL RECORDS LIBRARY	290,651		38,747	
16. SOCIAL SERVICE				
17. OTHER (SPECIFY)				
18. OTHER (SPECIFY)				
19. OTHER (SPECIFY)				
20. OTHER (SPECIFY)				
21. NURSING SCHOOL				
22. INTERN RESIDENT APPROVED PRC	272,859			
23. PARAMEDICAL ED (SPECIFY)				
24. PARAMEDICAL ED (SPECIFY)				
25. PARAMEDICAL ED (SPECIFY)				
<u>INPATIENT ROUTINE SERVICE</u>				
26. GENERAL ROUTINE CARE	3,711,204	817,926	1,619,049	3,215,889
27. NURSERY	146,888	8,984		
28. ICU	466,413	125,115	244,876	487,025
29. NICU				
30. CCU				
31. OTHER (SPECIFY)				
32. OTHER (SPECIFY)				
33. EXTENDED CARE PSYCHIATRIC UNIT				
34. MED REHAB UNIT	351,346	13,372		293,356
35. PSYCH UNIT	498,270	39,141	179,895	560,784
36. DRUG & ALCOHOL REHAB UNIT				
<u>ANCILLARY SERVICES</u>				
37. OPERATING ROOM	1,910,188	188,472		
38. DELIVERY ROOM	534,459	31,753	129,905	
39. ANESTHESIOLOGY	64,779		532,189	
40. RADIOLOGY-DIAGNOSTIC	1,874,105	103,721	299,825	
41. RADIOISOTOPE	134,316	10,147	22,487	
42. LABORATORY	545,256	422	79,972	
43. WHOLE BLOOD	37,610		7,496	
44. INTRAVENOUS THERAPY	10,832	3,041	14,991	
45. RESPIRATORY THERAPY	37,645		6,227	
46. PHYSICAL THERAPY	133,180	48,246	14,991	

The Medical Center Beaver
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ALLOCATION OF
GENERAL SERVICE COSTS
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COST CENTER DESCRIPTION	OPERATION OF PLANT	LAUNDRY & LINEN SERVICES	HOUSEKEEPING	DIETARY
	(6)	(7)	(8)	(9)
47. OCCUPATIONAL THERAPY	54,906		22,487	
48. SPEECH THERAPY	26,849		7,496	
49. ELECTROCARDIOLOGY	133,854	40,650	7,496	
50. ELECTROENCEPHALOGRAPHY	46,347	13,756	29,982	
51. MEDICAL SUPPLIES				
52. DRUGS CHARGED TO PATIENTS				
53. OSTEO/RHEUMATOLOGY		2,370		
54. CARDIAC REHAB				
55. PULM LAB	45,672		7,496	
56. CARDIAC CATH LAB	402,664	41,208	67,461	
57. OCCU MED		2,023		
58. DIALYSIS	33,313			
59. CLINIC				
60. HVR	7,245			
61. WOUND CARE	104,768	4,109		
62. TELESTROKE				
<u>OUTPATIENT SERVICES</u>				
63. CLINIC	235,391	1,929	119,930	
64. EMERGENCY	968,980	183,827	394,788	
65. PARTIAL HOSPITALIZATION				
66. AMBULANCE SERVICES				
67. HOME PROGRAM DIALYSIS				
68. HOME HEALTH AGENCY				
69. SHORT PROCEDURE UNIT				
70. OBSERVATION BEDS				
71. OTHER (SPECIFY)				
72. OTHER (SPECIFY)				
73. OTHER (SPECIFY)				
74. OTHER (SPECIFY)				
<u>OTHER INPATIENT</u>				
75. SKILLED NURSING FACILITY				
76. INTERMEDIATE CARE FACILITY				
77. RESIDENTIAL TREATMENT FACILITY				
78. OTHER (SPECIFY)				
79. OTHER (SPECIFY)				
80. SUBTOTAL	14,682,692	1,894,341	4,057,664	4,557,054
<u>NON-REIMBURSABLE COST</u>				
81. GIFT COFFEE SHOPS & CANTEEN	79,233		20,008	
82. PHYS PRIVATE OFFICE	17,935			
83. PRENATAL CLINIC	72,556			
84. KINDRED	526,681	119,101		404,279
85. DISEASE MANAGEMENT				
86. COMMUNITY CASE MNGMT				
87. AMBULATORY CARE PHARMACY	29,832			
88. CHS				
89. ESCORT				
90. COMMUNITY BENEFIT				
91. CROSSFOOT ADJUSTMENT				
92. NEGATIVE COST CENTER				
93. TOTAL	15,408,929	2,013,442	4,077,672	4,961,333

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COST CENTER DESCRIPTION	CAFETERIA (10)	MAINTENANCE OF PERSONNEL (11)	NURSING ADMINISTRATION (12)	CENTRAL SERVICE & SUPPLY (13)
<u>GENERAL SERVICE</u>				
1. CAPITAL COSTS-BLDG & FIXTURES				
1.1. CAPITAL COSTS				
2. CAPITAL COSTS-EQUIPMENT				
3. EMPLOYEE BENEFITS				
4.1. NON-PATIENT TELEPHONE				
4.2. DATA PROCESSING				
4.3. PURCHASING				
4.4. ADMISSIONS				
4.5. BILLING/ COLLECTIONS				
4.6. OTHER ADMIN. AND GENERAL				
5. MAINTENANCE AND REPAIRS				
6. OPERATION OF PLANT				
7. LAUNDRY & LINEN SERVICES				
8. HOUSEKEEPING				
9. DIETARY				
10. CAFETERIA	1,196,639			
11. MAINTENANCE OF PERSONNEL				
12. NURSING ADMINISTRATION	19,292		2,816,978	
13. CENTRAL SERVICE & SUPPLY	30,127			3,088,269
14. PHARMACY	27,693			
15. MEDICAL RECORDS LIBRARY	40,098			
16. SOCIAL SERVICE				
17. OTHER (SPECIFY)				
18. OTHER (SPECIFY)				
19. OTHER (SPECIFY)				
20. OTHER (SPECIFY)				
21. NURSING SCHOOL				
22. INTERN RESIDENT APPROVED PRC				
23. PARAMEDICAL ED (SPECIFY)				
24. PARAMEDICAL ED (SPECIFY)				
25. PARAMEDICAL ED (SPECIFY)				
<u>INPATIENT ROUTINE SERVICE</u>				
26. GENERAL ROUTINE CARE	363,154		1,476,930	
27. NURSERY	10,606		41,158	
28. ICU	65,307		270,229	
29. NICU				
30. CCU				
31. OTHER (SPECIFY)				
32. OTHER (SPECIFY)				
33. EXTENDED CARE PSYCHIATRIC UNIT				
34. MED REHAB UNIT	13,361		55,539	
35. PSYCH UNIT	33,239		136,916	
36. DRUG & ALCOHOL REHAB UNIT				
<u>ANCILLARY SERVICES</u>				
37. OPERATING ROOM	109,108		448,532	
38. DELIVERY ROOM	19,563		77,626	
39. ANESTHESIOLOGY	5,510			
40. RADIOLOGY-DIAGNOSTIC	121,777			
41. RADIOISOTOPE	6,338			
42. LABORATORY	85,263			
43. WHOLE BLOOD	6,067			
44. INTRAVENOUS THERAPY	5,995		25,132	
45. RESPIRATORY THERAPY	14,689			
46. PHYSICAL THERAPY	10,435			

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COST CENTER DESCRIPTION	CAFETERIA (10)	MAINTENANCE OF PERSONNEL (11)	NURSING ADMINISTRATION (12)	CENTRAL SERVICE & SUPPLY (13)
47. OCCUPATIONAL THERAPY	4,982			
48. SPEECH THERAPY	1,649			
49. ELECTROCARDIOLOGY	9,885			
50. ELECTROENCEPHALOGRAPHY	3,640			
51. MEDICAL SUPPLIES				3,088,269
52. DRUGS CHARGED TO PATIENTS				
53. OSTEO/RHEUMATOLOGY				
54. CARDIAC REHAB				
55. PULM LAB	892			
56. CARDIAC CATH LAB	29,156			
57. OCCU MED				
58. DIALYSIS				
59. CLINIC	1,941			
60. HVR				
61. WOUND CARE	3,611			
62. TELESTROKE				
<u>OUTPATIENT SERVICES</u>				
63. CLINIC	46,707			
64. EMERGENCY	90,159		284,916	
65. PARTIAL HOSPITALIZATION				
66. AMBULANCE SERVICES				
67. HOME PROGRAM DIALYSIS				
68. HOME HEALTH AGENCY				
69. SHORT PROCEDURE UNIT				
70. OBSERVATION BEDS				
71. OTHER (SPECIFY)				
72. OTHER (SPECIFY)				
73. OTHER (SPECIFY)				
74. OTHER (SPECIFY)				
<u>OTHER INPATIENT</u>				
75. SKILLED NURSING FACILITY				
76. INTERMEDIATE CARE FACILITY				
77. RESIDENTIAL TREATMENT FACILITY				
78. OTHER (SPECIFY)				
79. OTHER (SPECIFY)				
80. SUBTOTAL	1,180,244		2,816,978	3,088,269
<u>NON-REIMBURSABLE COST</u>				
81. GIFT COFFEE SHOPS & CANTEEN				
82. PHYS PRIVATE OFFICE				
83. PRENATAL CLINIC				
84. KINDRED				
85. DISEASE MANAGEMENT				
86. COMMUNITY CASE MNGMT				
87. AMBULATORY CARE PHARMACY	4,397			
88. CHS				
89. ESCORT	11,998			
90. COMMUNITY BENEFIT				
91. CROSSFOOT ADJUSTMENT				
92. NEGATIVE COST CENTER				
93. TOTAL	1,196,639		2,816,978	3,088,269

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COST CENTER DESCRIPTION	PHARMACY (14)	MEDICAL RECORDS LIBRARY (15)	SOCIAL SERVICE (16)	OTHER (SPECIFY) (17)
<u>GENERAL SERVICE</u>				
1. CAPITAL COSTS-BLDG & FIXTURES				
1.1. CAPITAL COSTS				
2. CAPITAL COSTS-EQUIPMENT				
3. EMPLOYEE BENEFITS				
4.1. NON-PATIENT TELEPHONE				
4.2. DATA PROCESSING				
4.3. PURCHASING				
4.4. ADMISSIONS				
4.5. BILLING/ COLLECTIONS				
4.6. OTHER ADMIN. AND GENERAL				
5. MAINTENANCE AND REPAIRS				
6. OPERATION OF PLANT				
7. LAUNDRY & LINEN SERVICES				
8. HOUSEKEEPING				
9. DIETARY				
10. CAFETERIA				
11. MAINTENANCE OF PERSONNEL				
12. NURSING ADMINISTRATION				
13. CENTRAL SERVICE & SUPPLY				
14. PHARMACY	12,065,680			
15. MEDICAL RECORDS LIBRARY		4,110,747		
16. SOCIAL SERVICE				
17. OTHER (SPECIFY)				
18. OTHER (SPECIFY)				
19. OTHER (SPECIFY)				
20. OTHER (SPECIFY)				
21. NURSING SCHOOL				
22. INTERN RESIDENT APPROVED PRC				
23. PARAMEDICAL ED (SPECIFY)				
24. PARAMEDICAL ED (SPECIFY)				
25. PARAMEDICAL ED (SPECIFY)				
<u>INPATIENT ROUTINE SERVICE</u>				
26. GENERAL ROUTINE CARE		1,769,819		
27. NURSERY		131,554		
28. ICU		182,614		
29. NICU				
30. CCU				
31. OTHER (SPECIFY)				
32. OTHER (SPECIFY)				
33. EXTENDED CARE PSYCHIATRIC UNIT				
34. MED REHAB UNIT				
35. PSYCH UNIT		186,396		
36. DRUG & ALCOHOL REHAB UNIT				
<u>ANCILLARY SERVICES</u>				
37. OPERATING ROOM		1,423,090		
38. DELIVERY ROOM				
39. ANESTHESIOLOGY				
40. RADIOLOGY-DIAGNOSTIC				
41. RADIOISOTOPE				
42. LABORATORY				
43. WHOLE BLOOD				
44. INTRAVENOUS THERAPY				
45. RESPIRATORY THERAPY				
46. PHYSICAL THERAPY				

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COST CENTER DESCRIPTION	PHARMACY (14)	MEDICAL RECORDS LIBRARY (15)	SOCIAL SERVICE (16)	OTHER (SPECIFY) (17)
47. OCCUPATIONAL THERAPY				
48. SPEECH THERAPY				
49. ELECTROCARDIOLOGY				
50. ELECTROENCEPHALOGRAPHY				
51. MEDICAL SUPPLIES				
52. DRUGS CHARGED TO PATIENTS	12,065,680			
53. OSTEO/RHEUMATOLOGY				
54. CARDIAC REHAB				
55. PULM LAB				
56. CARDIAC CATH LAB				
57. OCCU MED				
58. DIALYSIS				
59. CLINIC				
60. HVR				
61. WOUND CARE				
62. TELESTROKE				
<u>OUTPATIENT SERVICES</u>				
63. CLINIC				
64. EMERGENCY		417,274		
65. PARTIAL HOSPITALIZATION				
66. AMBULANCE SERVICES				
67. HOME PROGRAM DIALYSIS				
68. HOME HEALTH AGENCY				
69. SHORT PROCEDURE UNIT				
70. OBSERVATION BEDS				
71. OTHER (SPECIFY)				
72. OTHER (SPECIFY)				
73. OTHER (SPECIFY)				
74. OTHER (SPECIFY)				
<u>OTHER INPATIENT</u>				
75. SKILLED NURSING FACILITY				
76. INTERMEDIATE CARE FACILITY				
77. RESIDENTIAL TREATMENT FACILITY				
78. OTHER (SPECIFY)				
79. OTHER (SPECIFY)				
80. SUBTOTAL	12,065,680	4,110,747		
<u>NON-REIMBURSABLE COST</u>				
81. GIFT COFFEE SHOPS & CANTEEN				
82. PHYS PRIVATE OFFICE				
83. PRENATAL CLINIC				
84. KINDRED				
85. DISEASE MANAGEMENT				
86. COMMUNITY CASE MNGMT				
87. AMBULATORY CARE PHARMACY				
88. CHS				
89. ESCORT				
90. COMMUNITY BENEFIT				
91. CROSSFOOT ADJUSTMENT				
92. NEGATIVE COST CENTER				
93. TOTAL	12,065,680	4,110,747		

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COST CENTER DESCRIPTION	OTHER (SPECIFY)	OTHER (SPECIFY)	OTHER (SPECIFY)	NURSING SCHOOL
	(18)	(19)	(20)	(21)

GENERAL SERVICE

1. CAPITAL COSTS-BLDG & FIXTURES
- 1.1. CAPITAL COSTS
2. CAPITAL COSTS-EQUIPMENT
3. EMPLOYEE BENEFITS
- 4.1. NON-PATIENT TELEPHONE
- 4.2. DATA PROCESSING
- 4.3. PURCHASING
- 4.4. ADMISSIONS
- 4.5. BILLING/ COLLECTIONS
- 4.6. OTHER ADMIN. AND GENERAL
5. MAINTENANCE AND REPAIRS
6. OPERATION OF PLANT
7. LAUNDRY & LINEN SERVICES
8. HOUSEKEEPING
9. DIETARY
10. CAFETERIA
11. MAINTENANCE OF PERSONNEL
12. NURSING ADMINISTRATION
13. CENTRAL SERVICE & SUPPLY
14. PHARMACY
15. MEDICAL RECORDS LIBRARY
16. SOCIAL SERVICE
17. OTHER (SPECIFY)
18. OTHER (SPECIFY)
19. OTHER (SPECIFY)
20. OTHER (SPECIFY)
21. NURSING SCHOOL
22. INTERN RESIDENT APPROVED PRC
23. PARAMEDICAL ED (SPECIFY)
24. PARAMEDICAL ED (SPECIFY)
25. PARAMEDICAL ED (SPECIFY)

INPATIENT ROUTINE SERVICE

26. GENERAL ROUTINE CARE
27. NURSERY
28. ICU
29. NICU
30. CCU
31. OTHER (SPECIFY)
32. OTHER (SPECIFY)
33. EXTENDED CARE PSYCHIATRIC UNIT
34. MED REHAB UNIT
35. PSYCH UNIT
36. DRUG & ALCOHOL REHAB UNIT

ANCILLARY SERVICES

37. OPERATING ROOM
38. DELIVERY ROOM
39. ANESTHESIOLOGY
40. RADIOLOGY-DIAGNOSTIC
41. RADIOISOTOPE
42. LABORATORY
43. WHOLE BLOOD
44. INTRAVENOUS THERAPY
45. RESPIRATORY THERAPY
46. PHYSICAL THERAPY

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AMENDED WORKSHEET B-2

COST CENTER DESCRIPTION	OTHER (SPECIFY) (18)	OTHER (SPECIFY) (19)	OTHER (SPECIFY) (20)	NURSING SCHOOL (21)
47. OCCUPATIONAL THERAPY				
48. SPEECH THERAPY				
49. ELECTROCARDIOLOGY				
50. ELECTROENCEPHALOGRAPHY				
51. MEDICAL SUPPLIES				
52. DRUGS CHARGED TO PATIENTS				
53. OSTEO/RHEUMATOLOGY				
54. CARDIAC REHAB				
55. PULM LAB				
56. CARDIAC CATH LAB				
57. OCCU MED				
58. DIALYSIS				
59. CLINIC				
60. HVR				
61. WOUND CARE				
62. TELESTROKE				
<u>OUTPATIENT SERVICES</u>				
63. CLINIC				
64. EMERGENCY				
65. PARTIAL HOSPITALIZATION				
66. AMBULANCE SERVICES				
67. HOME PROGRAM DIALYSIS				
68. HOME HEALTH AGENCY				
69. SHORT PROCEDURE UNIT				
70. OBSERVATION BEDS				
71. OTHER (SPECIFY)				
72. OTHER (SPECIFY)				
73. OTHER (SPECIFY)				
74. OTHER (SPECIFY)				
<u>OTHER INPATIENT</u>				
75. SKILLED NURSING FACILITY				
76. INTERMEDIATE CARE FACILITY				
77. RESIDENTIAL TREATMENT FACILITY				
78. OTHER (SPECIFY)				
79. OTHER (SPECIFY)				
80. SUBTOTAL				
<u>NON-REIMBURSABLE COST</u>				
81. GIFT COFFEE SHOPS & CANTEEN				
82. PHYS PRIVATE OFFICE				
83. PRENATAL CLINIC				
84. KINDRED				
85. DISEASE MANAGEMENT				
86. COMMUNITY CASE MNGMT				
87. AMBULATORY CARE PHARMACY				
88. CHS				
89. ESCORT				
90. COMMUNITY BENEFIT				
91. CROSSFOOT ADJUSTMENT				
92. NEGATIVE COST CENTER				
93. TOTAL				

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GENERAL SERVICE COSTS
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COST CENTER DESCRIPTION	INTERN RESIDENT APPROVED PROG (22)	PARAMEDICAL ED (SPECIFY) (23)	PARAMEDICAL ED (SPECIFY) (24)	PARAMEDICAL ED (SPECIFY) (25)
<u>GENERAL SERVICE</u>				
1. CAPITAL COSTS-BLDG & FIXTURES				
1.1. CAPITAL COSTS				
2. CAPITAL COSTS-EQUIPMENT				
3. EMPLOYEE BENEFITS				
4.1. NON-PATIENT TELEPHONE				
4.2. DATA PROCESSING				
4.3. PURCHASING				
4.4. ADMISSIONS				
4.5. BILLING/ COLLECTIONS				
4.6. OTHER ADMIN. AND GENERAL				
5. MAINTENANCE AND REPAIRS				
6. OPERATION OF PLANT				
7. LAUNDRY & LINEN SERVICES				
8. HOUSEKEEPING				
9. DIETARY				
10. CAFETERIA				
11. MAINTENANCE OF PERSONNEL				
12. NURSING ADMINISTRATION				
13. CENTRAL SERVICE & SUPPLY				
14. PHARMACY				
15. MEDICAL RECORDS LIBRARY				
16. SOCIAL SERVICE				
17. OTHER (SPECIFY)				
18. OTHER (SPECIFY)				
19. OTHER (SPECIFY)				
20. OTHER (SPECIFY)				
21. NURSING SCHOOL				
22. INTERN RESIDENT APPROVED PRC	4,709,457			
23. PARAMEDICAL ED (SPECIFY)				
24. PARAMEDICAL ED (SPECIFY)				
25. PARAMEDICAL ED (SPECIFY)				
<u>INPATIENT ROUTINE SERVICE</u>				
26. GENERAL ROUTINE CARE	2,225,131			
27. NURSERY				
28. ICU	441,325			
29. NICU				
30. CCU				
31. OTHER (SPECIFY)				
32. OTHER (SPECIFY)				
33. EXTENDED CARE PSYCHIATRIC UNIT				
34. MED REHAB UNIT				
35. PSYCH UNIT				
36. DRUG & ALCOHOL REHAB UNIT				
<u>ANCILLARY SERVICES</u>				
37. OPERATING ROOM	763,769			
38. DELIVERY ROOM				
39. ANESTHESIOLOGY	28,110			
40. RADIOLOGY-DIAGNOSTIC	3,865			
41. RADIOISOTOPE	14,055			
42. LABORATORY	42,633			
43. WHOLE BLOOD				
44. INTRAVENOUS THERAPY				
45. RESPIRATORY THERAPY				
46. PHYSICAL THERAPY				

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COST CENTER DESCRIPTION	INTERN RESIDENT APPROVED PROG (22)	PARAMEDICAL ED (SPECIFY) (23)	PARAMEDICAL ED (SPECIFY) (24)	PARAMEDICAL ED (SPECIFY) (25)
47. OCCUPATIONAL THERAPY				
48. SPEECH THERAPY				
49. ELECTROCARDIOLOGY				
50. ELECTROENCEPHALOGRAPHY				
51. MEDICAL SUPPLIES				
52. DRUGS CHARGED TO PATIENTS				
53. OSTEO/RHEUMATOLOGY		28,578		
54. CARDIAC REHAB				
55. PULM LAB				
56. CARDIAC CATH LAB				
57. OCCU MED				
58. DIALYSIS		28,578		
59. CLINIC				
60. HVR				
61. WOUND CARE				
62. TELESTROKE				
<u>OUTPATIENT SERVICES</u>				
63. CLINIC		936,644		
64. EMERGENCY		196,769		
65. PARTIAL HOSPITALIZATION				
66. AMBULANCE SERVICES				
67. HOME PROGRAM DIALYSIS				
68. HOME HEALTH AGENCY				
69. SHORT PROCEDURE UNIT				
70. OBSERVATION BEDS				
71. OTHER (SPECIFY)				
72. OTHER (SPECIFY)				
73. OTHER (SPECIFY)				
74. OTHER (SPECIFY)				
<u>OTHER INPATIENT</u>				
75. SKILLED NURSING FACILITY				
76. INTERMEDIATE CARE FACILITY				
77. RESIDENTIAL TREATMENT FACILITY				
78. OTHER (SPECIFY)				
79. OTHER (SPECIFY)				
80. SUBTOTAL		4,709,457		
<u>NON-REIMBURSABLE COST</u>				
81. GIFT COFFEE SHOPS & CANTEEN				
82. PHYS PRIVATE OFFICE				
83. PRENATAL CLINIC				
84. KINDRED				
85. DISEASE MANAGEMENT				
86. COMMUNITY CASE MNGMT				
87. AMBULATORY CARE PHARMACY				
88. CHS				
89. ESCORT				
90. COMMUNITY BENEFIT				
91. CROSSFOOT ADJUSTMENT				
92. NEGATIVE COST CENTER				
93. TOTAL		4,709,457		

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COST CENTER DESCRIPTION	TOTAL MED ED COST	TOTAL EXPENSES
	(26)	(27)
<u>GENERAL SERVICE</u>		
1. CAPITAL COSTS-BLDG & FIXTURES		
1.1. CAPITAL COSTS		
2. CAPITAL COSTS-EQUIPMENT		
3. EMPLOYEE BENEFITS		
4.1. NON-PATIENT TELEPHONE		
4.2. DATA PROCESSING		
4.3. PURCHASING		
4.4. ADMISSIONS		
4.5. BILLING/ COLLECTIONS		
4.6. OTHER ADMIN. AND GENERAL		
5. MAINTENANCE AND REPAIRS		
6. OPERATION OF PLANT		
7. LAUNDRY & LINEN SERVICES		
8. HOUSEKEEPING		
9. DIETARY		
10. CAFETERIA		
11. MAINTENANCE OF PERSONNEL		
12. NURSING ADMINISTRATION		
13. CENTRAL SERVICE & SUPPLY		
14. PHARMACY		
15. MEDICAL RECORDS LIBRARY		
16. SOCIAL SERVICE		
17. OTHER (SPECIFY)		
18. OTHER (SPECIFY)		
19. OTHER (SPECIFY)		
20. OTHER (SPECIFY)		
21. NURSING SCHOOL		
22. INTERN RESIDENT APPROVED PRC		
23. PARAMEDICAL ED (SPECIFY)		
24. PARAMEDICAL ED (SPECIFY)		
25. PARAMEDICAL ED (SPECIFY)		
<u>INPATIENT ROUTINE SERVICE</u>		
26. GENERAL ROUTINE CARE	2,225,131	50,296,064
27. NURSERY		1,698,691
28. ICU	441,325	9,909,735
29. NICU		
30. CCU		
31. OTHER (SPECIFY)		
32. OTHER (SPECIFY)		
33. EXTENDED CARE PSYCHIATRIC UNIT		
34. MED REHAB UNIT		2,294,540
35. PSYCH UNIT		6,812,401
36. DRUG & ALCOHOL REHAB UNIT		
<u>ANCILLARY SERVICES</u>		
37. OPERATING ROOM	763,769	18,826,118
38. DELIVERY ROOM		3,472,829
39. ANESTHESIOLOGY	28,110	1,030,340
40. RADIOLOGY-DIAGNOSTIC	3,865	17,222,141
41. RADIOISOTOPE	14,055	947,878
42. LABORATORY	42,633	8,821,037
43. WHOLE BLOOD		613,000
44. INTRAVENOUS THERAPY		762,630
45. RESPIRATORY THERAPY		1,574,403
46. PHYSICAL THERAPY		3,735,663

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COST CENTER DESCRIPTION	CAPITAL COSTS- BLDG & FIXTURES	CAPITAL COSTS	DIRECTLY ASSIGNED CAPITAL COST	EMPLOYEE BENEFITS
	(1)	(1.1)	(2)	(3)
<u>GENERAL SERVICE</u>				
1. CAPITAL COSTS-BLDG & FIXTURES	4,688,144			
1.1. CAPITAL COSTS				
2. CAPITAL COSTS-EQUIPMENT				
3. EMPLOYEE BENEFITS	1,944			1,944
4.1. NON-PATIENT TELEPHONE				
4.2. DATA PROCESSING				
4.3. PURCHASING				
4.4. ADMISSIONS				
4.5. BILLING/ COLLECTIONS				
4.6. OTHER ADMIN. AND GENERAL	469,527		325,393	202
5. MAINTENANCE AND REPAIRS				
6. OPERATION OF PLANT	984,255		21,038	66
7. LAUNDRY & LINEN SERVICES	58,878		34,234	21
8. HOUSEKEEPING	14,513		15	42
9. DIETARY	91,808		86	40
10. CAFETERIA	61,463			10
11. MAINTENANCE OF PERSONNEL				
12. NURSING ADMINISTRATION	17,657			32
13. CENTRAL SERVICE & SUPPLY	60,346		400,108	23
14. PHARMACY	31,544		259,970	37
15. MEDICAL RECORDS LIBRARY	60,972		6	29
16. SOCIAL SERVICE				
17. OTHER (SPECIFY)				
18. OTHER (SPECIFY)				
19. OTHER (SPECIFY)				
20. OTHER (SPECIFY)				
21. NURSING SCHOOL				
22. INTERN RESIDENT APPROVED PRO	57,239		471	31
23. PARAMEDICAL ED (SPECIFY)				
24. PARAMEDICAL ED (SPECIFY)				
25. PARAMEDICAL ED (SPECIFY)				
<u>INPATIENT ROUTINE SERVICE</u>				
26. GENERAL ROUTINE CARE	778,520		63	398
27. NURSERY	30,814			15
28. ICU	97,842		8	91
29. NICU				
30. CCU				
31. OTHER (SPECIFY)				
32. OTHER (SPECIFY)				
33. EXTENDED CARE PSYCHIATRIC UNIT				
34. MED REHAB UNIT	73,704			16
35. PSYCH UNIT	104,525		6	39
36. DRUG & ALCOHOL REHAB UNIT				
<u>ANCILLARY SERVICES</u>				
37. OPERATING ROOM	400,711		865	137
38. DELIVERY ROOM	112,116			27
39. ANESTHESIOLOGY	13,589		12	4
40. RADIOLOGY-DIAGNOSTIC	393,142		103,323	141
41. RADIOISOTOPE	28,176			8
42. LABORATORY	114,381		61,482	81
43. WHOLE BLOOD	7,890			7
44. INTRAVENOUS THERAPY	2,272			9
45. RESPIRATORY THERAPY	7,897		7,910	18
46. PHYSICAL THERAPY	27,938		369,599	35

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COST CENTER DESCRIPTION	CAPITAL COSTS- BLDG & FIXTURES	CAPITAL COSTS	DIRECTLY ASSIGNED CAPITAL COST	EMPLOYEE BENEFITS
	(1)	(1.1)	(2)	(3)
47. OCCUPATIONAL THERAPY	11,518		237,884	12
48. SPEECH THERAPY	5,632			2
49. ELECTROCARDIOLOGY	28,079		17	13
50. ELECTROENCEPHALOGRAPHY	9,722			2
51. MEDICAL SUPPLIES				3
52. DRUGS CHARGED TO PATIENTS				
53. OSTEO/RHEUMATOLOGY			10,609	
54. CARDIAC REHAB			37,588	1
55. PULM LAB	9,581			1
56. CARDIAC CATH LAB	84,469		545	41
57. OCCU MED				2
58. DIALYSIS	6,988			
59. CLINIC				2
60. HVR	1,520		268,207	76
61. WOUND CARE	21,978			4
62. TELESTROKE				
<u>OUTPATIENT SERVICES</u>				
63. CLINIC	49,379			31
64. EMERGENCY	203,268		63	169
65. PARTIAL HOSPITALIZATION				
66. AMBULANCE SERVICES				
67. HOME PROGRAM DIALYSIS				
68. HOME HEALTH AGENCY				
69. SHORT PROCEDURE UNIT				
70. OBSERVATION BEDS				
71. OTHER (SPECIFY)				
72. OTHER (SPECIFY)				
73. OTHER (SPECIFY)				
74. OTHER (SPECIFY)				
<u>OTHER INPATIENT</u>				
75. SKILLED NURSING FACILITY				
76. INTERMEDIATE CARE FACILITY				
77. RESIDENTIAL TREATMENT FACILITY				
78. OTHER (SPECIFY)				
79. OTHER (SPECIFY)				
80. SUBTOTAL	4,535,797		2,139,502	1,918
<u>NON-REIMBURSABLE COST</u>				
81. GIFT COFFEE SHOPS & CANTEEN	16,621			
82. PHYS PRIVATE OFFICE	3,762			
83. PRENATAL CLINIC	15,221			4
84. KINDRED	110,485			
85. DISEASE MANAGEMENT				7
86. COMMUNITY CASE MNGMT				
87. AMBULATORY CARE PHARMACY	6,258			6
88. CHS				2
89. ESCORT				7
90. COMMUNITY BENEFIT				
91. CROSSFOOT ADJUSTMENT				
92. NEGATIVE COST CENTER				
93. TOTAL	4,688,144		2,139,502	1,944

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COST CENTER DESCRIPTION	NON-PATIENT TELEPHONE	DATA PROCESSING	PURCHASING	ADMISSIONS
	(4.1)	(4.2)	(4.3)	(4.4)

GENERAL SERVICE

1. CAPITAL COSTS-BLDG & FIXTURES
- 1.1. CAPITAL COSTS
2. CAPITAL COSTS-EQUIPMENT
3. EMPLOYEE BENEFITS
- 4.1. NON-PATIENT TELEPHONE
- 4.2. DATA PROCESSING
- 4.3. PURCHASING
- 4.4. ADMISSIONS
- 4.5. BILLING/ COLLECTIONS
- 4.6. OTHER ADMIN. AND GENERAL
5. MAINTENANCE AND REPAIRS
6. OPERATION OF PLANT
7. LAUNDRY & LINEN SERVICES
8. HOUSEKEEPING
9. DIETARY
10. CAFETERIA
11. MAINTENANCE OF PERSONNEL
12. NURSING ADMINISTRATION
13. CENTRAL SERVICE & SUPPLY
14. PHARMACY
15. MEDICAL RECORDS LIBRARY
16. SOCIAL SERVICE
17. OTHER (SPECIFY)
18. OTHER (SPECIFY)
19. OTHER (SPECIFY)
20. OTHER (SPECIFY)
21. NURSING SCHOOL
22. INTERN RESIDENT APPROVED PRO
23. PARAMEDICAL ED (SPECIFY)
24. PARAMEDICAL ED (SPECIFY)
25. PARAMEDICAL ED (SPECIFY)

INPATIENT ROUTINE SERVICE

26. GENERAL ROUTINE CARE
27. NURSERY
28. ICU
29. NICU
30. CCU
31. OTHER (SPECIFY)
32. OTHER (SPECIFY)
33. EXTENDED CARE PSYCHIATRIC UNIT
34. MED REHAB UNIT
35. PSYCH UNIT
36. DRUG & ALCOHOL REHAB UNIT

ANCILLARY SERVICES

37. OPERATING ROOM
38. DELIVERY ROOM
39. ANESTHESIOLOGY
40. RADIOLOGY-DIAGNOSTIC
41. RADIOISOTOPE
42. LABORATORY
43. WHOLE BLOOD
44. INTRAVENOUS THERAPY
45. RESPIRATORY THERAPY
46. PHYSICAL THERAPY

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COST CENTER DESCRIPTION	NON-PATIENT TELEPHONE	DATA PROCESSING	PURCHASING	ADMISSIONS
	(4.1)	(4.2)	(4.3)	(4.4)
47. OCCUPATIONAL THERAPY				
48. SPEECH THERAPY				
49. ELECTROCARDIOLOGY				
50. ELECTROENCEPHALOGRAPHY				
51. MEDICAL SUPPLIES				
52. DRUGS CHARGED TO PATIENTS				
53. OSTEO/RHEUMATOLOGY				
54. CARDIAC REHAB				
55. PULM LAB				
56. CARDIAC CATH LAB				
57. OCCU MED				
58. DIALYSIS				
59. CLINIC				
60. HVR				
61. WOUND CARE				
62. TELESTROKE				
<u>OUTPATIENT SERVICES</u>				
63. CLINIC				
64. EMERGENCY				
65. PARTIAL HOSPITALIZATION				
66. AMBULANCE SERVICES				
67. HOME PROGRAM DIALYSIS				
68. HOME HEALTH AGENCY				
69. SHORT PROCEDURE UNIT				
70. OBSERVATION BEDS				
71. OTHER (SPECIFY)				
72. OTHER (SPECIFY)				
73. OTHER (SPECIFY)				
74. OTHER (SPECIFY)				
<u>OTHER INPATIENT</u>				
75. SKILLED NURSING FACILITY				
76. INTERMEDIATE CARE FACILITY				
77. RESIDENTIAL TREATMENT FACILITY				
78. OTHER (SPECIFY)				
79. OTHER (SPECIFY)				
80. SUBTOTAL				
<u>NON-REIMBURSABLE COST</u>				
81. GIFT COFFEE SHOPS & CANTEEN				
82. PHYS PRIVATE OFFICE				
83. PRENATAL CLINIC				
84. KINDRED				
85. DISEASE MANAGEMENT				
86. COMMUNITY CASE MNGMT				
87. AMBULATORY CARE PHARMACY				
88. CHS				
89. ESCORT				
90. COMMUNITY BENEFIT				
91. CROSSFOOT ADJUSTMENT				
92. NEGATIVE COST CENTER				
93. TOTAL				

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COST CENTER DESCRIPTION	BILLING/ COLLECTIONS	OTHER ADMIN. AND GENERAL	MAINTENANCE AND REPAIRS	OPERATION OF PLANT
	(4.5)	(4.6)	(5)	(6)
<u>GENERAL SERVICE</u>				
1. CAPITAL COSTS-BLDG & FIXTURES				
1.1. CAPITAL COSTS				
2. CAPITAL COSTS-EQUIPMENT				
3. EMPLOYEE BENEFITS				
4.1. NON-PATIENT TELEPHONE				
4.2. DATA PROCESSING				
4.3. PURCHASING				
4.4. ADMISSIONS				
4.5. BILLING/ COLLECTIONS				
4.6. OTHER ADMIN. AND GENERAL		795,122		
5. MAINTENANCE AND REPAIRS				
6. OPERATION OF PLANT		55,175		1,060,534
7. LAUNDRY & LINEN SERVICES		6,205		19,318
8. HOUSEKEEPING		13,875		4,762
9. DIETARY		15,822		30,121
10. CAFETERIA		3,236		20,166
11. MAINTENANCE OF PERSONNEL				
12. NURSING ADMINISTRATION		9,663		5,793
13. CENTRAL SERVICE & SUPPLY		9,471		19,799
14. PHARMACY		42,405		10,349
15. MEDICAL RECORDS LIBRARY		13,396		20,004
16. SOCIAL SERVICE				
17. OTHER (SPECIFY)				
18. OTHER (SPECIFY)				
19. OTHER (SPECIFY)				
20. OTHER (SPECIFY)				
21. NURSING SCHOOL				
22. INTERN RESIDENT APPROVED PRO		15,886		18,780
23. PARAMEDICAL ED (SPECIFY)				
24. PARAMEDICAL ED (SPECIFY)				
25. PARAMEDICAL ED (SPECIFY)				
<u>INPATIENT ROUTINE SERVICE</u>				
26. GENERAL ROUTINE CARE		125,699		255,426
27. NURSERY		4,868		10,110
28. ICU		27,310		32,101
29. NICU				
30. CCU				
31. OTHER (SPECIFY)				
32. OTHER (SPECIFY)				
33. EXTENDED CARE PSYCHIATRIC UNIT				
34. MED REHAB UNIT		5,613		24,182
35. PSYCH UNIT		18,540		34,294
36. DRUG & ALCOHOL REHAB UNIT				
<u>ANCILLARY SERVICES</u>				
37. OPERATING ROOM		50,069		131,470
38. DELIVERY ROOM		9,595		36,785
39. ANESTHESIOLOGY		1,431		4,458
40. RADIOLOGY-DIAGNOSTIC		53,062		128,987
41. RADIOISOTOPE		2,723		9,244
42. LABORATORY		28,888		37,528
43. WHOLE BLOOD		2,012		2,589
44. INTRAVENOUS THERAPY		2,516		746
45. RESPIRATORY THERAPY		5,428		2,591
46. PHYSICAL THERAPY		12,636		9,166

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COST CENTER DESCRIPTION	BILLING/ COLLECTIONS	OTHER ADMIN. AND GENERAL	MAINTENANCE AND REPAIRS	OPERATION OF PLANT
	(4.5)	(4.6)	(5)	(6)
47. OCCUPATIONAL THERAPY		4,304		3,779
48. SPEECH THERAPY		693		1,848
49. ELECTROCARDIOLOGY		3,821		9,213
50. ELECTROENCEPHALOGRAPHY		2,230		3,190
51. MEDICAL SUPPLIES		127,844		
52. DRUGS CHARGED TO PATIENTS		3,121		
53. OSTEO/RHEUMATOLOGY		1,164		
54. CARDIAC REHAB		571		
55. PULM LAB		477		3,143
56. CARDIAC CATH LAB		14,276		27,714
57. OCCU MED		5,043		
58. DIALYSIS		2,061		2,293
59. CLINIC		563		
60. HVR		21,292		499
61. WOUND CARE		2,102		7,211
62. TELESTROKE				
<u>OUTPATIENT SERVICES</u>				
63. CLINIC		8,125		16,201
64. EMERGENCY		40,377		66,691
65. PARTIAL HOSPITALIZATION				
66. AMBULANCE SERVICES				
67. HOME PROGRAM DIALYSIS				
68. HOME HEALTH AGENCY				
69. SHORT PROCEDURE UNIT				
70. OBSERVATION BEDS				
71. OTHER (SPECIFY)				
72. OTHER (SPECIFY)				
73. OTHER (SPECIFY)				
74. OTHER (SPECIFY)				
<u>OTHER INPATIENT</u>				
75. SKILLED NURSING FACILITY				
76. INTERMEDIATE CARE FACILITY				
77. RESIDENTIAL TREATMENT FACILITY				
78. OTHER (SPECIFY)				
79. OTHER (SPECIFY)				
80. SUBTOTAL		773,588		1,010,551
<u>NON-REIMBURSABLE COST</u>				
81. GIFT COFFEE SHOPS & CANTEEN		256		5,453
82. PHYS PRIVATE OFFICE		652		1,234
83. PRENATAL CLINIC		1,599		4,994
84. KINDRED		1,712		36,249
85. DISEASE MANAGEMENT		2,370		
86. COMMUNITY CASE MNGMT		2		
87. AMBULATORY CARE PHARMACY		12,153		2,053
88. CHS		717		
89. ESCORT		1,997		
90. COMMUNITY BENEFIT		76		
91. CROSSFOOT ADJUSTMENT				
92. NEGATIVE COST CENTER				
93. TOTAL		795,122		1,060,534

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COST CENTER DESCRIPTION	LAUNDRY & LINEN SERVICES	HOUSEKEEPING	DIETARY	CAFETERIA
	(7)	(8)	(9)	(10)
<u>GENERAL SERVICE</u>				
1. CAPITAL COSTS-BLDG & FIXTURES				
1.1. CAPITAL COSTS				
2. CAPITAL COSTS-EQUIPMENT				
3. EMPLOYEE BENEFITS				
4.1. NON-PATIENT TELEPHONE				
4.2. DATA PROCESSING				
4.3. PURCHASING				
4.4. ADMISSIONS				
4.5. BILLING/ COLLECTIONS				
4.6. OTHER ADMIN. AND GENERAL				
5. MAINTENANCE AND REPAIRS				
6. OPERATION OF PLANT				
7. LAUNDRY & LINEN SERVICES	118,656			
8. HOUSEKEEPING	7,872	41,079		
9. DIETARY		1,057	138,934	
10. CAFETERIA				84,875
11. MAINTENANCE OF PERSONNEL				
12. NURSING ADMINISTRATION		151		1,368
13. CENTRAL SERVICE & SUPPLY	4,747	453		2,137
14. PHARMACY		453		1,964
15. MEDICAL RECORDS LIBRARY		390		2,844
16. SOCIAL SERVICE				
17. OTHER (SPECIFY)				
18. OTHER (SPECIFY)				
19. OTHER (SPECIFY)				
20. OTHER (SPECIFY)				
21. NURSING SCHOOL				
22. INTERN RESIDENT APPROVED PRO				
23. PARAMEDICAL ED (SPECIFY)				
24. PARAMEDICAL ED (SPECIFY)				
25. PARAMEDICAL ED (SPECIFY)				
<u>INPATIENT ROUTINE SERVICE</u>				
26. GENERAL ROUTINE CARE	48,203	16,308	90,056	25,758
27. NURSERY	529			752
28. ICU	7,373	2,467	13,638	4,632
29. NICU				
30. CCU				
31. OTHER (SPECIFY)				
32. OTHER (SPECIFY)				
33. EXTENDED CARE PSYCHIATRIC UNIT				
34. MED REHAB UNIT	788		8,215	948
35. PSYCH UNIT	2,307	1,812	15,704	2,358
36. DRUG & ALCOHOL REHAB UNIT				
<u>ANCILLARY SERVICES</u>				
37. OPERATING ROOM	11,107			7,739
38. DELIVERY ROOM	1,871	1,309		1,388
39. ANESTHESIOLOGY		5,361		391
40. RADIOLOGY-DIAGNOSTIC	6,112	3,020		8,637
41. RADIOISOTOPE	598	227		450
42. LABORATORY	25	806		6,047
43. WHOLE BLOOD		76		430
44. INTRAVENOUS THERAPY	179	151		425
45. RESPIRATORY THERAPY		63		1,042
46. PHYSICAL THERAPY	2,843	151		740

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COST CENTER DESCRIPTION	LAUNDRY & LINEN SERVICES	HOUSEKEEPING	DIETARY	CAFETERIA
	(7)	(8)	(9)	(10)
47. OCCUPATIONAL THERAPY		227		353
48. SPEECH THERAPY		76		117
49. ELECTROCARDIOLOGY	2,396	76		701
50. ELECTROENCEPHALOGRAPHY	811	302		258
51. MEDICAL SUPPLIES				
52. DRUGS CHARGED TO PATIENTS				
53. OSTEO/RHEUMATOLOGY	140			
54. CARDIAC REHAB				
55. PULM LAB		76		63
56. CARDIAC CATH LAB	2,428	680		2,068
57. OCCU MED	119			
58. DIALYSIS				
59. CLINIC				138
60. HVR				
61. WOUND CARE	242			256
62. TELESTROKE				
OUTPATIENT SERVICES				
63. CLINIC	114	1,208		3,313
64. EMERGENCY	10,833	3,977		6,395
65. PARTIAL HOSPITALIZATION				
66. AMBULANCE SERVICES				
67. HOME PROGRAM DIALYSIS				
68. HOME HEALTH AGENCY				
69. SHORT PROCEDURE UNIT				
70. OBSERVATION BEDS				
71. OTHER (SPECIFY)				
72. OTHER (SPECIFY)				
73. OTHER (SPECIFY)				
74. OTHER (SPECIFY)				
OTHER INPATIENT				
75. SKILLED NURSING FACILITY				
76. INTERMEDIATE CARE FACILITY				
77. RESIDENTIAL TREATMENT FACILITY				
78. OTHER (SPECIFY)				
79. OTHER (SPECIFY)				
80. SUBTOTAL	111,637	40,877	127,613	83,712
NON-REIMBURSABLE COST				
81. GIFT COFFEE SHOPS & CANTEEN		202		
82. PHYS PRIVATE OFFICE				
83. PRENATAL CLINIC				
84. KINDRED	7,019		11,321	
85. DISEASE MANAGEMENT				
86. COMMUNITY CASE MNGMT				
87. AMBULATORY CARE PHARMACY				312
88. CHS				
89. ESCORT				851
90. COMMUNITY BENEFIT				
91. CROSSFOOT ADJUSTMENT				
92. NEGATIVE COST CENTER				
93. TOTAL	118,656	41,079	138,934	84,875

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COST CENTER DESCRIPTION	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICE & SUPPLY	PHARMACY
	(11)	(12)	(13)	(14)
<u>GENERAL SERVICE</u>				
1. CAPITAL COSTS-BLDG & FIXTURES				
1.1. CAPITAL COSTS				
2. CAPITAL COSTS-EQUIPMENT				
3. EMPLOYEE BENEFITS				
4.1. NON-PATIENT TELEPHONE				
4.2. DATA PROCESSING				
4.3. PURCHASING				
4.4. ADMISSIONS				
4.5. BILLING/ COLLECTIONS				
4.6. OTHER ADMIN. AND GENERAL				
5. MAINTENANCE AND REPAIRS				
6. OPERATION OF PLANT				
7. LAUNDRY & LINEN SERVICES				
8. HOUSEKEEPING				
9. DIETARY				
10. CAFETERIA				
11. MAINTENANCE OF PERSONNEL				
12. NURSING ADMINISTRATION		34,664		
13. CENTRAL SERVICE & SUPPLY			497,084	
14. PHARMACY				346,722
15. MEDICAL RECORDS LIBRARY				
16. SOCIAL SERVICE				
17. OTHER (SPECIFY)				
18. OTHER (SPECIFY)				
19. OTHER (SPECIFY)				
20. OTHER (SPECIFY)				
21. NURSING SCHOOL				
22. INTERN RESIDENT APPROVED PRO				
23. PARAMEDICAL ED (SPECIFY)				
24. PARAMEDICAL ED (SPECIFY)				
25. PARAMEDICAL ED (SPECIFY)				
<u>INPATIENT ROUTINE SERVICE</u>				
26. GENERAL ROUTINE CARE		18,176		
27. NURSERY		506		
28. ICU		3,325		
29. NICU				
30. CCU				
31. OTHER (SPECIFY)				
32. OTHER (SPECIFY)				
33. EXTENDED CARE PSYCHIATRIC UNIT				
34. MED REHAB UNIT		683		
35. PSYCH UNIT		1,685		
36. DRUG & ALCOHOL REHAB UNIT				
<u>ANCILLARY SERVICES</u>				
37. OPERATING ROOM		5,519		
38. DELIVERY ROOM		955		
39. ANESTHESIOLOGY				
40. RADIOLOGY-DIAGNOSTIC				
41. RADIOISOTOPE				
42. LABORATORY				
43. WHOLE BLOOD				
44. INTRAVENOUS THERAPY		309		
45. RESPIRATORY THERAPY				
46. PHYSICAL THERAPY				

The Medical Center Beaver
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FOR THE PERIOD: 7/1/2010 TO 6/30/2011
ALLOCATION OF
CAPITAL RELATED COSTS
AMENDED WORKSHEET B-3

COST CENTER DESCRIPTION	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICE & SUPPLY	PHARMACY
	(11)	(12)	(13)	(14)
47. OCCUPATIONAL THERAPY				
48. SPEECH THERAPY				
49. ELECTROCARDIOLOGY				
50. ELECTROENCEPHALOGRAPHY				
51. MEDICAL SUPPLIES			497,084	
52. DRUGS CHARGED TO PATIENTS				346,722
53. OSTEO/RHEUMATOLOGY				
54. CARDIAC REHAB				
55. PULM LAB				
56. CARDIAC CATH LAB				
57. OCCU MED				
58. DIALYSIS				
59. CLINIC				
60. HVR				
61. WOUND CARE				
62. TELESTROKE				
<u>OUTPATIENT SERVICES</u>				
63. CLINIC				
64. EMERGENCY		3,506		
65. PARTIAL HOSPITALIZATION				
66. AMBULANCE SERVICES				
67. HOME PROGRAM DIALYSIS				
68. HOME HEALTH AGENCY				
69. SHORT PROCEDURE UNIT				
70. OBSERVATION BEDS				
71. OTHER (SPECIFY)				
72. OTHER (SPECIFY)				
73. OTHER (SPECIFY)				
74. OTHER (SPECIFY)				
<u>OTHER INPATIENT</u>				
75. SKILLED NURSING FACILITY				
76. INTERMEDIATE CARE FACILITY				
77. RESIDENTIAL TREATMENT FACILITY				
78. OTHER (SPECIFY)				
79. OTHER (SPECIFY)				
80. SUBTOTAL		34,664	497,084	346,722
<u>NON-REIMBURSABLE COST</u>				
81. GIFT COFFEE SHOPS & CANTEEN				
82. PHYS PRIVATE OFFICE				
83. PRENATAL CLINIC				
84. KINDRED				
85. DISEASE MANAGEMENT				
86. COMMUNITY CASE MNGMT				
87. AMBULATORY CARE PHARMACY				
88. CHS				
89. ESCORT				
90. COMMUNITY BENEFIT				
91. CROSSFOOT ADJUSTMENT				
92. NEGATIVE COST CENTER				
93. TOTAL		34,664	497,084	346,722

The Medical Center Beaver
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ALLOCATION OF
CAPITAL RELATED COSTS
AMENDED WORKSHEET B-3

COST CENTER DESCRIPTION	MEDICAL RECORDS LIBRARY	SOCIAL SERVICE	OTHER (SPECIFY)	OTHER (SPECIFY)
	(15)	(16)	(17)	(18)
<u>GENERAL SERVICE</u>				
1. CAPITAL COSTS-BLDG & FIXTURES				
1.1. CAPITAL COSTS				
2. CAPITAL COSTS-EQUIPMENT				
3. EMPLOYEE BENEFITS				
4.1. NON-PATIENT TELEPHONE				
4.2. DATA PROCESSING				
4.3. PURCHASING				
4.4. ADMISSIONS				
4.5. BILLING/ COLLECTIONS				
4.6. OTHER ADMIN. AND GENERAL				
5. MAINTENANCE AND REPAIRS				
6. OPERATION OF PLANT				
7. LAUNDRY & LINEN SERVICES				
8. HOUSEKEEPING				
9. DIETARY				
10. CAFETERIA				
11. MAINTENANCE OF PERSONNEL				
12. NURSING ADMINISTRATION				
13. CENTRAL SERVICE & SUPPLY				
14. PHARMACY				
15. MEDICAL RECORDS LIBRARY	97,641			
16. SOCIAL SERVICE				
17. OTHER (SPECIFY)				
18. OTHER (SPECIFY)				
19. OTHER (SPECIFY)				
20. OTHER (SPECIFY)				
21. NURSING SCHOOL				
22. INTERN RESIDENT APPROVED PRO				
23. PARAMEDICAL ED (SPECIFY)				
24. PARAMEDICAL ED (SPECIFY)				
25. PARAMEDICAL ED (SPECIFY)				
<u>INPATIENT ROUTINE SERVICE</u>				
26. GENERAL ROUTINE CARE	42,038			
27. NURSERY	3,125			
28. ICU	4,338			
29. NICU				
30. CCU				
31. OTHER (SPECIFY)				
32. OTHER (SPECIFY)				
33. EXTENDED CARE PSYCHIATRIC UNIT				
34. MED REHAB UNIT				
35. PSYCH UNIT	4,427			
36. DRUG & ALCOHOL REHAB UNIT				
<u>ANCILLARY SERVICES</u>				
37. OPERATING ROOM	33,802			
38. DELIVERY ROOM				
39. ANESTHESIOLOGY				
40. RADIOLOGY-DIAGNOSTIC				
41. RADIOISOTOPE				
42. LABORATORY				
43. WHOLE BLOOD				
44. INTRAVENOUS THERAPY				
45. RESPIRATORY THERAPY				
46. PHYSICAL THERAPY				

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ALLOCATION OF
CAPITAL RELATED COSTS
AMENDED WORKSHEET B-3

COST CENTER DESCRIPTION	MEDICAL RECORDS LIBRARY (15)	SOCIAL SERVICE (16)	OTHER (SPECIFY) (17)	OTHER (SPECIFY) (18)
47. OCCUPATIONAL THERAPY				
48. SPEECH THERAPY				
49. ELECTROCARDIOLOGY				
50. ELECTROENCEPHALOGRAPHY				
51. MEDICAL SUPPLIES				
52. DRUGS CHARGED TO PATIENTS				
53. OSTEO/RHEUMATOLOGY				
54. CARDIAC REHAB				
55. PULM LAB				
56. CARDIAC CATH LAB				
57. OCCU MED				
58. DIALYSIS				
59. CLINIC				
60. HVR				
61. WOUND CARE				
62. TELESTROKE				
<u>OUTPATIENT SERVICES</u>				
63. CLINIC				
64. EMERGENCY		9,911		
65. PARTIAL HOSPITALIZATION				
66. AMBULANCE SERVICES				
67. HOME PROGRAM DIALYSIS				
68. HOME HEALTH AGENCY				
69. SHORT PROCEDURE UNIT				
70. OBSERVATION BEDS				
71. OTHER (SPECIFY)				
72. OTHER (SPECIFY)				
73. OTHER (SPECIFY)				
74. OTHER (SPECIFY)				
<u>OTHER INPATIENT</u>				
75. SKILLED NURSING FACILITY				
76. INTERMEDIATE CARE FACILITY				
77. RESIDENTIAL TREATMENT FACILITY				
78. OTHER (SPECIFY)				
79. OTHER (SPECIFY)				
80. SUBTOTAL		97,641		
<u>NON-REIMBURSABLE COST</u>				
81. GIFT COFFEE SHOPS & CANTEEN				
82. PHYS PRIVATE OFFICE				
83. PRENATAL CLINIC				
84. KINDRED				
85. DISEASE MANAGEMENT				
86. COMMUNITY CASE MNGMT				
87. AMBULATORY CARE PHARMACY				
88. CHS				
89. ESCORT				
90. COMMUNITY BENEFIT				
91. CROSSFOOT ADJUSTMENT				
92. NEGATIVE COST CENTER				
93. TOTAL		97,641		

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ALLOCATION OF
CAPITAL RELATED COSTS
AMENDED WORKSHEET B-3

COST CENTER DESCRIPTION	OTHER (SPECIFY)	OTHER (SPECIFY)	NURSING SCHOOL	INTERN RESIDENT APPROVED PROG
	(19)	(20)	(21)	(22)

GENERAL SERVICE

1. CAPITAL COSTS-BLDG & FIXTURES				
1.1. CAPITAL COSTS				
2. CAPITAL COSTS-EQUIPMENT				
3. EMPLOYEE BENEFITS				
4.1. NON-PATIENT TELEPHONE				
4.2. DATA PROCESSING				
4.3. PURCHASING				
4.4. ADMISSIONS				
4.5. BILLING/ COLLECTIONS				
4.6. OTHER ADMIN. AND GENERAL				
5. MAINTENANCE AND REPAIRS				
6. OPERATION OF PLANT				
7. LAUNDRY & LINEN SERVICES				
8. HOUSEKEEPING				
9. DIETARY				
10. CAFETERIA				
11. MAINTENANCE OF PERSONNEL				
12. NURSING ADMINISTRATION				
13. CENTRAL SERVICE & SUPPLY				
14. PHARMACY				
15. MEDICAL RECORDS LIBRARY				
16. SOCIAL SERVICE				
17. OTHER (SPECIFY)				
18. OTHER (SPECIFY)				
19. OTHER (SPECIFY)				
20. OTHER (SPECIFY)				
21. NURSING SCHOOL				
22. INTERN RESIDENT APPROVED PRG				92,407
23. PARAMEDICAL ED (SPECIFY)				
24. PARAMEDICAL ED (SPECIFY)				
25. PARAMEDICAL ED (SPECIFY)				

INPATIENT ROUTINE SERVICE

26. GENERAL ROUTINE CARE				
27. NURSERY				
28. ICU				
29. NICU				
30. CCU				
31. OTHER (SPECIFY)				
32. OTHER (SPECIFY)				
33. EXTENDED CARE PSYCHIATRIC UNIT				
34. MED REHAB UNIT				
35. PSYCH UNIT				
36. DRUG & ALCOHOL REHAB UNIT				

ANCILLARY SERVICES

37. OPERATING ROOM				
38. DELIVERY ROOM				
39. ANESTHESIOLOGY				
40. RADIOLOGY-DIAGNOSTIC				
41. RADIOISOTOPE				
42. LABORATORY				
43. WHOLE BLOOD				
44. INTRAVENOUS THERAPY				
45. RESPIRATORY THERAPY				
46. PHYSICAL THERAPY				

The Medical Center Beaver
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ALLOCATION OF
CAPITAL RELATED COSTS
AMENDED WORKSHEET B-3

COST CENTER DESCRIPTION	OTHER (SPECIFY) (19)	OTHER (SPECIFY) (20)	NURSING SCHOOL (21)	INTERN RESIDENT APPROVED PROG (22)
47. OCCUPATIONAL THERAPY				
48. SPEECH THERAPY				
49. ELECTROCARDIOLOGY				
50. ELECTROENCEPHALOGRAPHY				
51. MEDICAL SUPPLIES				
52. DRUGS CHARGED TO PATIENTS				
53. OSTEO/RHEUMATOLOGY				
54. CARDIAC REHAB				
55. PULM LAB				
56. CARDIAC CATH LAB				
57. OCCU MED				
58. DIALYSIS				
59. CLINIC				
60. HVR				
61. WOUND CARE				
62. TELESTROKE				
<u>OUTPATIENT SERVICES</u>				
63. CLINIC				
64. EMERGENCY				
65. PARTIAL HOSPITALIZATION				
66. AMBULANCE SERVICES				
67. HOME PROGRAM DIALYSIS				
68. HOME HEALTH AGENCY				
69. SHORT PROCEDURE UNIT				
70. OBSERVATION BEDS				
71. OTHER (SPECIFY)				
72. OTHER (SPECIFY)				
73. OTHER (SPECIFY)				
74. OTHER (SPECIFY)				
<u>OTHER INPATIENT</u>				
75. SKILLED NURSING FACILITY				
76. INTERMEDIATE CARE FACILITY				
77. RESIDENTIAL TREATMENT FACILITY				
78. OTHER (SPECIFY)				
79. OTHER (SPECIFY)				
80. SUBTOTAL				
<u>NON-REIMBURSABLE COST</u>				
81. GIFT COFFEE SHOPS & CANTEEN				
82. PHYS PRIVATE OFFICE				
83. PRENATAL CLINIC				
84. KINDRED				
85. DISEASE MANAGEMENT				
86. COMMUNITY CASE MNGMT				
87. AMBULATORY CARE PHARMACY				
88. CHS				
89. ESCORT				
90. COMMUNITY BENEFIT				
91. CROSSFOOT ADJUSTMENT				92,407
92. NEGATIVE COST CENTER				
93. TOTAL				92,407

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ALLOCATION OF
CAPITAL RELATED COSTS
AMENDED WORKSHEET B-3

COST CENTER DESCRIPTION	PARAMEDICAL ED (SPECIFY)	PARAMEDICAL ED (SPECIFY)	PARAMEDICAL ED (SPECIFY)	TOTAL
	(23)	(24)	(25)	(26)
<u>GENERAL SERVICE</u>				
1. CAPITAL COSTS-BLDG & FIXTURES				
1.1. CAPITAL COSTS				
2. CAPITAL COSTS-EQUIPMENT				
3. EMPLOYEE BENEFITS				
4.1. NON-PATIENT TELEPHONE				
4.2. DATA PROCESSING				
4.3. PURCHASING				
4.4. ADMISSIONS				
4.5. BILLING/ COLLECTIONS				
4.6. OTHER ADMIN. AND GENERAL				
5. MAINTENANCE AND REPAIRS				
6. OPERATION OF PLANT				
7. LAUNDRY & LINEN SERVICES				
8. HOUSEKEEPING				
9. DIETARY				
10. CAFETERIA				
11. MAINTENANCE OF PERSONNEL				
12. NURSING ADMINISTRATION				
13. CENTRAL SERVICE & SUPPLY				
14. PHARMACY				
15. MEDICAL RECORDS LIBRARY				
16. SOCIAL SERVICE				
17. OTHER (SPECIFY)				
18. OTHER (SPECIFY)				
19. OTHER (SPECIFY)				
20. OTHER (SPECIFY)				
21. NURSING SCHOOL				
22. INTERN RESIDENT APPROVED PROC				
23. PARAMEDICAL ED (SPECIFY)				
24. PARAMEDICAL ED (SPECIFY)				
25. PARAMEDICAL ED (SPECIFY)				
<u>INPATIENT ROUTINE SERVICE</u>				
26. GENERAL ROUTINE CARE				1,400,645
27. NURSERY				50,719
28. ICU				193,125
29. NICU				
30. CCU				
31. OTHER (SPECIFY)				
32. OTHER (SPECIFY)				
33. EXTENDED CARE PSYCHIATRIC UNIT				
34. MED REHAB UNIT				114,149
35. PSYCH UNIT				185,697
36. DRUG & ALCOHOL REHAB UNIT				
<u>ANCILLARY SERVICES</u>				
37. OPERATING ROOM				641,419
38. DELIVERY ROOM				164,046
39. ANESTHESIOLOGY				25,246
40. RADIOLOGY-DIAGNOSTIC				696,424
41. RADIOISOTOPE				41,426
42. LABORATORY				249,238
43. WHOLE BLOOD				13,004
44. INTRAVENOUS THERAPY				6,607
45. RESPIRATORY THERAPY				24,949
46. PHYSICAL THERAPY				423,108

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ALLOCATION OF
CAPITAL RELATED COSTS
AMENDED WORKSHEET B-3

COST CENTER DESCRIPTION	PARAMEDICAL ED (SPECIFY)	PARAMEDICAL ED (SPECIFY)	PARAMEDICAL ED (SPECIFY)	TOTAL
	(23)	(24)	(25)	(26)
47. OCCUPATIONAL THERAPY				258,077
48. SPEECH THERAPY				8,368
49. ELECTROCARDIOLOGY				44,316
50. ELECTROENCEPHALOGRAPHY				16,515
51. MEDICAL SUPPLIES				624,931
52. DRUGS CHARGED TO PATIENTS				349,843
53. OSTEO/RHEUMATOLOGY				11,913
54. CARDIAC REHAB				38,160
55. PULM LAB				13,341
56. CARDIAC CATH LAB				132,221
57. OCCU MED				5,164
58. DIALYSIS				11,342
59. CLINIC				703
60. HVR				291,594
61. WOUND CARE				31,793
62. TELESTROKE				
OUTPATIENT SERVICES				
63. CLINIC				78,371
64. EMERGENCY				345,190
65. PARTIAL HOSPITALIZATION				
66. AMBULANCE SERVICES				
67. HOME PROGRAM DIALYSIS				
68. HOME HEALTH AGENCY				
69. SHORT PROCEDURE UNIT				
70. OBSERVATION BEDS				
71. OTHER (SPECIFY)				
72. OTHER (SPECIFY)				
73. OTHER (SPECIFY)				
74. OTHER (SPECIFY)				
OTHER INPATIENT				
75. SKILLED NURSING FACILITY				
76. INTERMEDIATE CARE FACILITY				
77. RESIDENTIAL TREATMENT FACILITY				
78. OTHER (SPECIFY)				
79. OTHER (SPECIFY)				
80. SUBTOTAL				6,491,644
NON-REIMBURSABLE COST				
81. GIFT COFFEE SHOPS & CANTEEN				22,532
82. PHYS PRIVATE OFFICE				5,648
83. PRENATAL CLINIC				21,818
84. KINDRED				166,786
85. DISEASE MANAGEMENT				2,377
86. COMMUNITY CASE MNGMT				2
87. AMBULATORY CARE PHARMACY				20,782
88. CHS				719
89. ESCORT				2,855
90. COMMUNITY BENEFIT				76
91. CROSSFOOT ADJUSTMENT				92,407
92. NEGATIVE COST CENTER				
93. TOTAL				6,827,646

The Medical Center Beaver
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FOR THE PERIOD: 7/1/2010 TO 6/30/2011
COMPUTATION OF RATIO OF DEPARTMENTAL
CHARGES TO TOTAL CHARGES
AMENDED WORKSHEET C-1

COST CENTER DESCRIPTION	TOTAL BILLED CHARGES	TOTAL O/P CHARGES	I/P CHARGES (Excluding units & other)	TOTAL I/P PSYCH. UNIT CHARGES	TOTAL I/P D & A UNIT CHARGES
	(1)	(2)	(3)	(4)	(5)
<u>INPATIENT ROUTINE SERVICE</u>					
26. GENERAL ROUTINE CARE	\$52,587,890	\$4,505,516	\$48,082,374		
27. NURSERY	1,341,080		1,341,080		
28. ICU	13,487,570		13,487,570		
29. NICU					
30. CCU					
31. OTHER (SPECIFY)					
32. OTHER (SPECIFY)					
33. EXTENDED CARE PSYCHIATRIC UNIT					
34. MED REHAB UNIT	1,901,625				
35. PSYCH UNIT	8,941,164			8,941,164	
36. DRUG & ALCOHOL REHAB UNIT					
TOTAL ROUTINE CARE	78,259,329	4,505,516	62,911,024	8,941,164	
<u>ANCILLARY SERVICES</u>					
37. OPERATING ROOM	37,217,750	23,289,274	13,922,937		
38. DELIVERY ROOM	2,529,967	735,729	1,793,369	869	
39. ANESTHESIOLOGY	9,871,800	6,425,472	3,442,845		
40. RADIOLOGY-DIAGNOSTIC	92,546,175	71,597,745	20,687,983	161,957	
41. RADIOISOTOPE	4,719,529	3,537,021	1,180,794	1,260	
42. LABORATORY	69,474,396	47,718,588	20,649,969	896,205	
43. WHOLE BLOOD	7,214,115	1,575,807	5,600,582	1,353	
44. INTRAVENOUS THERAPY	2,783,717	1,473,256	1,307,985		
45. RESPIRATORY THERAPY	5,524,463	115,122	5,335,187	38,982	
46. PHYSICAL THERAPY	6,555,744	4,195,544	1,802,437	15,118	
47. OCCUPATIONAL THERAPY	3,316,770	1,370,219	1,360,881	7,919	
48. SPEECH THERAPY	297,988	70,664	195,000	868	
49. ELECTROCARDIOLOGY	23,852,786	6,994,368	16,831,358	19,080	
50. ELECTROENCEPHALOGRAPHY	3,419,637	3,157,937	254,940	5,280	
51. MEDICAL SUPPLIES	53,310,213	12,210,365	41,058,618	527	
52. DRUGS CHARGED TO PATIENTS	38,245,170	8,829,771	27,968,482	1,068,066	
53. OSTEO/RHEUMATOLOGY	211,562	211,562			
54. CARDIAC REHAB	410,430	410,068	362		
55. PULM LAB	422,279	375,416	46,753	110	
56. CARDIAC CATH LAB	38,827,717	15,434,536	23,353,322	20,919	
57. OCCU MED	984,488	984,488			
58. DIALYSIS	1,084,159	25,060	1,031,469	7,628	
59. CLINIC	310,548	310,417	131		
60. HVR	7,987,210	7,987,210			
61. WOUND CARE	3,359,298	3,315,285	44,013		
62. TELESTROKE					
<u>OUTPATIENT SERVICES</u>					
63. CLINIC	1,460,031	1,457,390	2,477	164	
64. EMERGENCY	24,714,663	17,279,600	6,733,076	701,987	
65. PARTIAL HOSPITALIZATION					
66. AMBULANCE SERVICES					
67. HOME PROGRAM DIALYSIS					
68. HOME HEALTH AGENCY					
69. SHORT PROCEDURE UNIT					
70. OBSERVATION BEDS					
71. OTHER (SPECIFY)					
72. OTHER (SPECIFY)					
73. OTHER (SPECIFY)					
74. OTHER (SPECIFY)					
<u>OTHER INPATIENT</u>					
75. SKILLED NURSING FACILITY					
76. INTERMEDIATE CARE FACILITY					
77. RESIDENTIAL TREATMENT FACILITY					
78. OTHER (SPECIFY)					
79. OTHER (SPECIFY)					
80. TOTAL ANCILLARY, O/P & OTHER	440,652,605	241,087,914	194,604,970	2,948,292	
81. TOTAL	\$518,911,934	\$245,593,430	\$257,515,994	\$11,889,456	

The Medical Center Beaver
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FOR THE PERIOD: 7/1/2010 TO 6/30/2011
COMPUTATION OF RATIO OF DEPARTMENTAL
CHARGES TO TOTAL CHARGES
AMENDED WORKSHEET C-1

COST CENTER DESCRIPTION	TOTAL I/P MEDICAL REHAB. UNIT CHARGES (6)	OTHER I/P CHARGES (SPECIFY) (7)	OUTPATIENT RATIO (Col. 2 ÷ Col. 1) (8)	I/P RATIO (Excluding units & other) (Col. 3 ÷ Col. 1) (9)	INPATIENT PSYCH. UNIT RATIO (Col. 4 ÷ Col. 1) (10)
<u>INPATIENT ROUTINE SERVICE</u>					
26. GENERAL ROUTINE CARE			8.567592%	91.432408%	
27. NURSERY				100.000000%	
28. ICU				100.000000%	
29. NICU					
30. CCU					
31. OTHER (SPECIFY)					
32. OTHER (SPECIFY)					
33. EXTENDED CARE PSYCHIATRIC UNIT					
34. MED REHAB UNIT	1,901,625				
35. PSYCH UNIT					100.000000%
36. DRUG & ALCOHOL REHAB UNIT					
TOTAL ROUTINE CARE	1,901,625				
<u>ANCILLARY SERVICES</u>					
37. OPERATING ROOM	5,539		62.575717%	37.409400%	
38. DELIVERY ROOM			29.080577%	70.885075%	0.034348%
39. ANESTHESIOLOGY	3,483		65.089163%	34.875555%	
40. RADIOLOGY-DIAGNOSTIC	98,490		77.364348%	22.354228%	0.175001%
41. RADIOISOTOPE	454		74.944364%	25.019318%	0.026698%
42. LABORATORY	209,634		68.685143%	29.723135%	1.289979%
43. WHOLE BLOOD	36,373		21.843386%	77.633667%	0.018755%
44. INTRAVENOUS THERAPY	2,476		52.924058%	46.986996%	
45. RESPIRATORY THERAPY	35,172		2.083859%	96.573857%	0.705625%
46. PHYSICAL THERAPY	542,645		63.997984%	27.494011%	0.230607%
47. OCCUPATIONAL THERAPY	577,751		41.311849%	41.030310%	0.238756%
48. SPEECH THERAPY	31,456		23.713707%	65.438876%	0.291287%
49. ELECTROCARDIOLOGY	7,980		29.323065%	70.563489%	0.079991%
50. ELECTROENCEPHALOGRAPHY	1,480		92.347141%	7.455178%	0.154402%
51. MEDICAL SUPPLIES	40,703		22.904364%	77.018296%	0.000989%
52. DRUGS CHARGED TO PATIENTS	378,851		23.087284%	73.129449%	2.792682%
53. OSTEO/RHEUMATOLOGY			100.000000%		
54. CARDIAC REHAB			99.911800%	0.088200%	
55. PULM LAB			88.902361%	11.071590%	0.026049%
56. CARDIAC CATH LAB	18,940		39.751335%	60.146009%	0.053876%
57. OCCU MED			100.000000%		
58. DIALYSIS	20,002		2.311469%	95.140012%	0.703587%
59. CLINIC			99.957817%	0.042183%	
60. HVR			100.000000%		
61. WOUND CARE			98.689816%	1.310184%	
62. TELESTROKE					
<u>OUTPATIENT SERVICES</u>					
63. CLINIC			99.819113%	0.169654%	0.011233%
64. EMERGENCY			69.916389%	27.243245%	2.840366%
65. PARTIAL HOSPITALIZATION					
66. AMBULANCE SERVICES					
67. HOME PROGRAM DIALYSIS					
68. HOME HEALTH AGENCY					
69. SHORT PROCEDURE UNIT					
70. OBSERVATION BEDS					
71. OTHER (SPECIFY)					
72. OTHER (SPECIFY)					
73. OTHER (SPECIFY)					
74. OTHER (SPECIFY)					
<u>OTHER INPATIENT</u>					
75. SKILLED NURSING FACILITY					
76. INTERMEDIATE CARE FACILITY					
77. RESIDENTIAL TREATMENT FACILITY					
78. OTHER (SPECIFY)					
79. OTHER (SPECIFY)					
80. TOTAL ANCILLARY, O/P & OTHER	2,011,429				
81. TOTAL	\$3,913,054				

The Medical Center Beaver
PROVIDER NUMBER: 1000033550175
FOR THE PERIOD: 7/1/2010 TO 6/30/2011
COMPUTATION OF RATIO OF DEPARTMENTAL
CHARGES TO TOTAL CHARGES
AMENDED WORKSHEET C-1

COST CENTER DESCRIPTION	INPATIENT D & A UNIT RATIO (Col. 5 ÷ Col. 1) (11)	I/P MEDICAL REHAB. UNIT RATIO (Col. 6 ÷ Col. 1) (12)	OTHER I/P RATIO (Col. 7 ÷ Col. 1) (13)
<u>INPATIENT ROUTINE SERVICE</u>			
26. GENERAL ROUTINE CARE			
27. NURSERY			
28. ICU			
29. NICU			
30. CCU			
31. OTHER (SPECIFY)			
32. OTHER (SPECIFY)			
33. EXTENDED CARE PSYCHIATRIC UNIT			
34. MED REHAB UNIT		100.000000%	
35. PSYCH UNIT			
36. DRUG & ALCOHOL REHAB UNIT			
TOTAL ROUTINE CARE			
<u>ANCILLARY SERVICES</u>			
37. OPERATING ROOM		0.014883%	
38. DELIVERY ROOM			
39. ANESTHESIOLOGY		0.035282%	
40. RADIOLOGY-DIAGNOSTIC		0.106423%	
41. RADIOISOTOPE		0.009620%	
42. LABORATORY		0.301743%	
43. WHOLE BLOOD		0.504192%	
44. INTRAVENOUS THERAPY		0.088946%	
45. RESPIRATORY THERAPY		0.636659%	
46. PHYSICAL THERAPY		8.277398%	
47. OCCUPATIONAL THERAPY		17.419085%	
48. SPEECH THERAPY		10.556130%	
49. ELECTROCARDIOLOGY		0.033455%	
50. ELECTROENCEPHALOGRAPHY		0.043279%	
51. MEDICAL SUPPLIES		0.076351%	
52. DRUGS CHARGED TO PATIENTS		0.990585%	
53. OSTEO/RHEUMATOLOGY			
54. CARDIAC REHAB			
55. PULM LAB			
56. CARDIAC CATH LAB		0.048780%	
57. OCCU MED			
58. DIALYSIS		1.844932%	
59. CLINIC			
60. HVR			
61. WOUND CARE			
62. TELESTROKE			
<u>OUTPATIENT SERVICES</u>			
63. CLINIC			
64. EMERGENCY			
65. PARTIAL HOSPITALIZATION			
66. AMBULANCE SERVICES			
67. HOME PROGRAM DIALYSIS			
68. HOME HEALTH AGENCY			
69. SHORT PROCEDURE UNIT			
70. OBSERVATION BEDS			
71. OTHER (SPECIFY)			
72. OTHER (SPECIFY)			
73. OTHER (SPECIFY)			
74. OTHER (SPECIFY)			
<u>OTHER INPATIENT</u>			
75. SKILLED NURSING FACILITY			
76. INTERMEDIATE CARE FACILITY			
77. RESIDENTIAL TREATMENT FACILITY			
78. OTHER (SPECIFY)			
79. OTHER (SPECIFY)			
80. TOTAL ANCILLARY, O/P & OTHER			
81. TOTAL			

The Medical Center Beaver
PROVIDER NUMBER: 1000033550175
FOR THE PERIOD: 7/1/2010 TO 6/30/2011
COMPUTATION OF PENNSYLVANIA MEDICAL
ASSISTANCE INPATIENT CARE COSTS
AMENDED WORKSHEET C-2

COST CENTER DESCRIPTION	TOTAL COSTS (From Wkst. B-2, Col. 27) (1)	TOTAL O/P COSTS (Col. 1 x Wkst. C-1, Col. 8) (2)	I/P COSTS (Excluding units & other) (Col. 1 x Wkst. C-1, Col. 9) (3)	TOTAL I/P PSYCH. UNIT COSTS (Col. 1 x Wkst. C-1, Col. 10) (4)	TOTAL I/P D & A UNIT COSTS (Col. 1 x Wkst. C-1, Col. 11) (5)
<u>INPATIENT ROUTINE SERVICE</u>					
26. GENERAL ROUTINE CARE	\$50,296,064	\$4,309,162	\$45,986,902		
27. NURSERY	1,698,691		1,698,691		
28. ICU	9,909,735		9,909,735		
29. NICU					
30. CCU					
31. OTHER (SPECIFY)					
32. OTHER (SPECIFY)					
33. EXTENDED CARE PSYCHIATRIC UNIT					
34. MED REHAB UNIT	2,220,836				
35. PSYCH UNIT	6,812,401			6,812,401	
36. DRUG & ALCOHOL REHAB UNIT					
TOTAL ROUTINE CARE	70,937,727	4,309,162	57,595,328	6,812,401	
<u>ANCILLARY SERVICES</u>					
37. OPERATING ROOM	18,826,118	11,780,578	7,042,738		
38. DELIVERY ROOM	3,472,829	1,009,919	2,461,717	1,193	
39. ANESTHESIOLOGY	1,030,340	670,639	359,337		
40. RADIOLOGY-DIAGNOSTIC	17,222,141	13,323,797	3,849,877	30,139	
41. RADIOISOTOPE	947,878	710,381	237,153	253	
42. LABORATORY	8,821,037	6,058,741	2,621,889	113,790	
43. WHOLE BLOOD	613,000	133,900	475,894	115	
44. INTRAVENOUS THERAPY	762,630	403,615	358,337		
45. RESPIRATORY THERAPY	1,574,403	32,808	1,520,462	11,109	
46. PHYSICAL THERAPY	3,735,663	2,390,748	1,027,084	8,615	
47. OCCUPATIONAL THERAPY	1,284,362	530,594	526,978	3,066	
48. SPEECH THERAPY	229,436	54,408	150,140	668	
49. ELECTROCARDIOLOGY	1,258,983	369,173	888,382	1,007	
50. ELECTROENCEPHALOGRAPHY	716,635	661,793	53,426	1,106	
51. MEDICAL SUPPLIES	38,791,559	8,884,959	29,876,598	384	
52. DRUGS CHARGED TO PATIENTS	12,937,269	2,986,863	9,460,954	361,297	
53. OSTEO/RHEUMATOLOGY	356,102	356,102			
54. CARDIAC REHAB	159,363	159,222	141		
55. PULM LAB	187,252	166,471	20,732	49	
56. CARDIAC CATH LAB	4,527,426	1,799,713	2,723,066	2,439	
57. OCCU MED	1,410,469	1,410,469			
58. DIALYSIS	637,520	14,735	606,537	4,486	
59. CLINIC	159,228	159,161	67		
60. HVR	5,953,391	5,953,391			
61. WOUND CARE	699,398	690,235	9,163		
62. TELESTROKE					
TOTAL ANCILLARY SERVICES					
OUTPATIENT SERVICES					
63. CLINIC	3,609,748	3,603,219	6,124	405	
64. EMERGENCY	13,812,843	9,657,441	3,763,067	392,335	
65. PARTIAL HOSPITALIZATION					
66. AMBULANCE SERVICES					
67. HOME PROGRAM DIALYSIS					
68. HOME HEALTH AGENCY					
69. SHORT PROCEDURE UNIT					
70. OBSERVATION BEDS					
71. OTHER (SPECIFY)					
72. OTHER (SPECIFY)					
73. OTHER (SPECIFY)					
74. OTHER (SPECIFY)					
TOTAL OUTPATIENT SERVICES					
OTHER INPATIENT					
75. SKILLED NURSING FACILITY					
76. INTERMEDIATE CARE FACILITY					
77. RESIDENTIAL TREATMENT FACILITY					
78. OTHER (SPECIFY)					
79. OTHER (SPECIFY)					
TOTAL ANCILLARY, O/P & OTHER	143,737,023	73,973,075	68,039,863	932,456	
TOTAL	\$214,674,750	\$78,282,237	\$125,635,191	\$7,744,857	

The Medical Center Beaver
PROVIDER NUMBER: 1000033550175
FOR THE PERIOD: 7/1/2010 TO 6/30/2011
COMPUTATION OF PENNSYLVANIA MEDICAL
ASSISTANCE INPATIENT CARE COSTS
AMENDED WORKSHEET C-2

COST CENTER DESCRIPTION	TOTAL I/P MEDICAL REHAB. COSTS (Col. 1 x Wkst. C-1, Col. 12) (6)	OTHER I/P COSTS (Col. 1 x Wkst. C-1, Col. 13) (7)	I/P CHARGES (Excluding units & other) (From Wkst. C-1, Col. 3) (8)	PA M.A. I/P CHARGES (Excluding units & other) (9)	I/P PER DIEM (Col. 3 ÷ Col. 12) or MA I/P RATIO (Col. 9 ÷ Col. 8) (10)
<u>INPATIENT ROUTINE SERVICE</u>					
26. GENERAL ROUTINE CARE			\$48,082,374	\$1,400,230	\$740.86
27. NURSERY			1,341,080	74,917	767.25
28. ICU			13,487,570	786,729	1,481.05
29. NICU					
30. CCU					
31. OTHER (SPECIFY)					
32. OTHER (SPECIFY)					
33. EXTENDED CARE PSYCHIATRIC UNIT					
34. MED REHAB UNIT	2,220,836				
35. PSYCH UNIT					
36. DRUG & ALCOHOL REHAB UNIT					
TOTAL ROUTINE CARE	2,220,836		62,911,024	2,261,876	
<u>ANCILLARY SERVICES</u>					
37. OPERATING ROOM	2,802		13,922,937	898,450	6.45%
38. DELIVERY ROOM			1,793,369	74,336	4.15%
39. ANESTHESIOLOGY	364		3,442,845	108,936	3.16%
40. RADIOLOGY-DIAGNOSTIC	18,328		20,687,983	918,679	4.44%
41. RADIOISOTOPE	91		1,180,794	40,789	3.45%
42. LABORATORY	26,617		20,649,969	813,026	3.94%
43. WHOLE BLOOD	3,091		5,600,582	216,934	3.87%
44. INTRAVENOUS THERAPY	678		1,307,985	11,257	0.86%
45. RESPIRATORY THERAPY	10,024		5,335,187	223,642	4.19%
46. PHYSICAL THERAPY	309,216		1,802,437	24,998	1.39%
47. OCCUPATIONAL THERAPY	223,724		1,360,881	18,509	1.36%
48. SPEECH THERAPY	24,220		195,000	9,374	4.81%
49. ELECTROCARDIOLOGY	421		16,831,358	869,210	5.16%
50. ELECTROENCEPHALOGRAPHY	310		254,940	8,422	3.30%
51. MEDICAL SUPPLIES	29,618		41,058,618	100,099	0.24%
52. DRUGS CHARGED TO PATIENTS	128,155		27,968,482	1,126,774	4.03%
53. OSTEO/RHEUMATOLOGY					
54. CARDIAC REHAB			362		
55. PULM LAB			46,753	1,931	4.13%
56. CARDIAC CATH LAB	2,208		23,353,322	1,269,511	5.44%
57. OCCU MED					
58. DIALYSIS	11,762		1,031,469	61,814	5.99%
59. CLINIC			131		
60. HVR					
61. WOUND CARE			44,013		
62. TELESTROKE					
<u>OUTPATIENT SERVICES</u>					
63. CLINIC			2,477	328	13.24%
64. EMERGENCY			6,733,076	298,902	4.44%
65. PARTIAL HOSPITALIZATION					
66. AMBULANCE SERVICES					
67. HOME PROGRAM DIALYSIS					
68. HOME HEALTH AGENCY					
69. SHORT PROCEDURE UNIT					
70. OBSERVATION BEDS					
71. OTHER (SPECIFY)					
72. OTHER (SPECIFY)					
73. OTHER (SPECIFY)					
74. OTHER (SPECIFY)					
<u>OTHER INPATIENT</u>					
75. SKILLED NURSING FACILITY					
76. INTERMEDIATE CARE FACILITY					
77. RESIDENTIAL TREATMENT FACILITY					
78. OTHER (SPECIFY)					
79. OTHER (SPECIFY)					
80. TOTAL ANCILLARY, O/P & OTHER	791,629		194,604,970	7,095,921	
81. TOTAL	\$3,012,465		\$257,515,994	\$9,357,797	

The Medical Center Beaver
PROVIDER NUMBER: 1000033550175
FOR THE PERIOD: 7/1/2010 TO 6/30/2011
COMPUTATION OF PENNSYLVANIA MEDICAL
ASSISTANCE INPATIENT CARE COSTS
AMENDED WORKSHEET C-2

COST CENTER DESCRIPTION	PA M.A. I/P COSTS (Excl. units & other) (Col. 10 x Col. 13) or (Col. 3 x Col. 10) (11)	TOTAL ALL INPATIENT DAYS (Excluding units & other) (12)	PA M.A. INPATIENT DAYS (Excluding units & other) (13)
<u>INPATIENT ROUTINE SERVICE</u>			
26. GENERAL ROUTINE CARE	\$2,545,595	62,072	3,436.0
27. NURSERY	39,897	2,214	52.0
28. ICU	269,551	6,691	182.0
29. NICU			
30. CCU			
31. OTHER (SPECIFY)			
32. OTHER (SPECIFY)			
33. EXTENDED CARE PSYCHIATRIC UNIT			
34. MED REHAB UNIT			
35. PSYCH UNIT			
36. DRUG & ALCOHOL REHAB UNIT			
TOTAL ROUTINE CARE	2,855,043	70,977	3,670.0
<u>ANCILLARY SERVICES</u>			
37. OPERATING ROOM	454,257		
38. DELIVERY ROOM	102,161		
39. ANESTHESIOLOGY	11,355		
40. RADIOLOGY-DIAGNOSTIC	170,935		
41. RADIOISOTOPE	8,182		
42. LABORATORY	103,302		
43. WHOLE BLOOD	18,417		
44. INTRAVENOUS THERAPY	3,082		
45. RESPIRATORY THERAPY	63,707		
46. PHYSICAL THERAPY	14,276		
47. OCCUPATIONAL THERAPY	7,167		
48. SPEECH THERAPY	7,222		
49. ELECTROCARDIOLOGY	45,841		
50. ELECTROENCEPHALOGRAPHY	1,763		
51. MEDICAL SUPPLIES	71,704		
52. DRUGS CHARGED TO PATIENTS	381,276		
53. OSTEO/RHEUMATOLOGY			
54. CARDIAC REHAB			
55. PULM LAB	856		
56. CARDIAC CATH LAB	148,135		
57. OCCU MED			
58. DIALYSIS	36,332		
59. CLINIC			
60. HVR			
61. WOUND CARE			
62. TELESTROKE			
<u>OUTPATIENT SERVICES</u>			
63. CLINIC	811		
64. EMERGENCY	167,080		
65. PARTIAL HOSPITALIZATION			
66. AMBULANCE SERVICES			
67. HOME PROGRAM DIALYSIS			
68. HOME HEALTH AGENCY			
69. SHORT PROCEDURE UNIT			
70. OBSERVATION BEDS			
71. OTHER (SPECIFY)			
72. OTHER (SPECIFY)			
73. OTHER (SPECIFY)			
74. OTHER (SPECIFY)			
<u>OTHER INPATIENT</u>			
75. SKILLED NURSING FACILITY			
76. INTERMEDIATE CARE FACILITY			
77. RESIDENTIAL TREATMENT FACILITY			
78. OTHER (SPECIFY)			
79. OTHER (SPECIFY)			
80. TOTAL ANCILLARY, O/P & OTHER	1,817,861		
81. TOTAL	\$4,672,904		

The Medical Center Beaver
PROVIDER NUMBER: 1000033550183
FOR THE PERIOD: 7/1/2010 TO 6/30/2011
COMPUTATION OF PENNSYLVANIA MEDICAL ASSISTANCE
PSYCHIATRIC UNIT INPATIENT CARE COSTS
AMENDED WORKSHEET C-3

COST CENTER DESCRIPTION	TOTAL I/P PSYCH. COSTS (From Wkst. C-2, Col. 4) (1)	TOTAL I/P PSYCH. CHARGES (From Wkst. C-1, Col. 4) (2)	PA M.A. I/P PSYCH. CHARGES (3)	I/P PSYCH. PER DIEM (Col. 1 ÷ Col. 6) or M.A. I/P RATIO (Col 3 ÷ Col 2) (4)
35. PSYCH UNIT	\$6,812,401	\$8,941,164	\$802,111	\$754.17
<u>ANCILLARY SERVICES</u>				
37. OPERATING ROOM				
38. DELIVERY ROOM	1,193	869		
39. ANESTHESIOLOGY				
40. RADIOLOGY-DIAGNOSTIC	30,139	161,957	21,309	13.16%
41. RADIOISOTOPE	253	1,260		
42. LABORATORY	113,790	896,205	98,562	11.00%
43. WHOLE BLOOD	115	1,353		
44. INTRAVENOUS THERAPY				
45. RESPIRATORY THERAPY	11,109	38,982	411	1.05%
46. PHYSICAL THERAPY	8,615	15,118	936	6.19%
47. OCCUPATIONAL THERAPY	3,066	7,919	1,066	13.46%
48. SPEECH THERAPY	668	868		
49. ELECTROCARDIOLOGY	1,007	19,080	2,197	11.51%
50. ELECTROENCEPHALOGRAPHY	1,106	5,280	496	9.39%
51. MEDICAL SUPPLIES	384	527		
52. DRUGS CHARGED TO PATIENTS	361,297	1,068,066	49,569	4.64%
53. OSTEO/RHEUMATOLOGY				
54. CARDIAC REHAB				
55. PULM LAB	49	110		
56. CARDIAC CATH LAB	2,439	20,919		
57. OCCU MED				
58. DIALYSIS	4,486	7,628		
59. CLINIC				
60. HVR				
61. WOUND CARE				
62. TELESTROKE				
<u>OUTPATIENT SERVICES</u>				
63. CLINIC	405	164		
64. EMERGENCY	392,335	701,987	75,032	10.69%
65. PARTIAL HOSPITALIZATION				
66. AMBULANCE SERVICES				
67. HOME PROGRAM DIALYSIS				
68. HOME HEALTH AGENCY				
69. SHORT PROCEDURE UNIT				
70. OBSERVATION BEDS				
71. OTHER (SPECIFY)				
72. OTHER (SPECIFY)				
73. OTHER (SPECIFY)				
74. OTHER (SPECIFY)				
80. TOTAL ANCILLARY, O/P & OTHER	932,456	2,948,292	249,578	
81. TOTAL	\$7,744,857	\$11,889,456	\$1,051,689	

The Medical Center Beaver
PROVIDER NUMBER: 1000033550183
FOR THE PERIOD: 7/1/2010 TO 6/30/2011
COMPUTATION OF PENNSYLVANIA MEDICAL ASSISTANCE
PSYCHIATRIC UNIT INPATIENT CARE COSTS
AMENDED WORKSHEET C-3

COST CENTER DESCRIPTION	PA M.A. I/P PSYCH. COSTS (Col. 4 x Col. 7) (Col. 1 x Col. 4) (5)	TOTAL PSYCH. DAYS (6)	PA M.A. PSYCH. DAYS (7)
35. PSYCH UNIT	\$638,028	9,033	846.0
<u>ANCILLARY SERVICES</u>			
37. OPERATING ROOM			
38. DELIVERY ROOM			
39. ANESTHESIOLOGY			
40. RADIOLOGY-DIAGNOSTIC	3,966		
41. RADIOISOTOPE			
42. LABORATORY	12,517		
43. WHOLE BLOOD			
44. INTRAVENOUS THERAPY			
45. RESPIRATORY THERAPY	117		
46. PHYSICAL THERAPY	533		
47. OCCUPATIONAL THERAPY	413		
48. SPEECH THERAPY			
49. ELECTROCARDIOLOGY	116		
50. ELECTROENCEPHALOGRAPHY	104		
51. MEDICAL SUPPLIES			
52. DRUGS CHARGED TO PATIENTS	16,764		
53. OSTEO/RHEUMATOLOGY			
54. CARDIAC REHAB			
55. PULM LAB			
56. CARDIAC CATH LAB			
57. OCCU MED			
58. DIALYSIS			
59. CLINIC			
60. HVR			
61. WOUND CARE			
62. TELESTROKE			
<u>OUTPATIENT SERVICES</u>			
63. CLINIC			
64. EMERGENCY	41,941		
65. PARTIAL HOSPITALIZATION			
66. AMBULANCE SERVICES			
67. HOME PROGRAM DIALYSIS			
68. HOME HEALTH AGENCY			
69. SHORT PROCEDURE UNIT			
70. OBSERVATION BEDS			
71. OTHER (SPECIFY)			
72. OTHER (SPECIFY)			
73. OTHER (SPECIFY)			
74. OTHER (SPECIFY)			
80. TOTAL ANCILLARY, O/P & OTHER	76,471		
81. TOTAL	\$714,499		

The Medical Center Beaver
PROVIDER NUMBER: 1000033550175
FOR THE PERIOD: 7/1/2010 TO 6/30/2011
COMPUTATION OF PENNSYLVANIA MEDICAL ASSISTANCE
CAPITAL COSTS BUILDINGS AND FIXTURES ONLY
AMENDED WORKSHEET C-5

COST CENTER DESCRIPTION	TOTAL CAPITAL COSTS (From Wkst. B-3, Col. 26) (1)	TOTAL I/P CAPITAL COSTS (Col. 1 x Wkst. C-1, Col. 9) (2)	TOTAL I/P CHARGES (Excl. units & other) (From Wkst. C-1, Col. 3) (3)	PA M.A. I/P CHARGES (Excl. units & other) (From Wkst. C-2, Col. 9) (4)
<u>INPATIENT ROUTINE SERVICE</u>				
26. GENERAL ROUTINE CARE	\$1,400,645	\$1,280,643	\$48,082,374	\$1,400,230
27. NURSERY	50,719	50,719	1,341,080	74,917
28. ICU	193,125	193,125	13,487,570	786,729
29. NICU				
30. CCU				
31. OTHER (SPECIFY)				
32. OTHER (SPECIFY)				
33. EXTENDED CARE PSYCHIATRIC UNIT				
34. MED REHAB UNIT	114,149			
35. PSYCH UNIT	185,697			
36. DRUG & ALCOHOL REHAB UNIT				
TOTAL ROUTINE CARE	1,944,335	1,524,487	62,911,024	2,261,876
<u>ANCILLARY SERVICES</u>				
37. OPERATING ROOM	641,419	239,951	13,922,937	898,450
38. DELIVERY ROOM	164,046	116,284	1,793,369	74,336
39. ANESTHESIOLOGY	25,246	8,805	3,442,845	108,936
40. RADIOLOGY-DIAGNOSTIC	696,424	155,680	20,687,983	918,679
41. RADIOISOTOPE	41,426	10,365	1,180,794	40,789
42. LABORATORY	249,238	74,081	20,649,969	813,026
43. WHOLE BLOOD	13,004	10,095	5,600,582	216,934
44. INTRAVENOUS THERAPY	6,607	3,104	1,307,985	11,257
45. RESPIRATORY THERAPY	24,949	24,094	5,335,187	223,642
46. PHYSICAL THERAPY	423,108	116,329	1,802,437	24,998
47. OCCUPATIONAL THERAPY	258,077	105,890	1,360,881	18,509
48. SPEECH THERAPY	8,368	5,476	195,000	9,374
49. ELECTROCARDIOLOGY	44,316	31,271	16,831,358	869,210
50. ELECTROENCEPHALOGRAPHY	16,515	1,231	254,940	8,422
51. MEDICAL SUPPLIES	624,931	481,311	41,058,618	100,099
52. DRUGS CHARGED TO PATIENTS	349,843	255,838	27,968,482	1,126,774
53. OSTEO/RHEUMATOLOGY	11,913			
54. CARDIAC REHAB	38,160	34	362	
55. PULM LAB	13,341	1,477	46,753	1,931
56. CARDIAC CATH LAB	132,221	79,526	23,353,322	1,269,511
57. OCCU MED	5,164			
58. DIALYSIS	11,342	10,791	1,031,469	61,814
59. CLINIC	703		131	
60. HVR	291,594			
61. WOUND CARE	31,793	417	44,013	
62. TELESTROKE				
<u>OUTPATIENT SERVICES</u>				
63. CLINIC	78,371	133	2,477	328
64. EMERGENCY	345,190	94,041	6,733,076	298,902
65. PARTIAL HOSPITALIZATION				
66. AMBULANCE SERVICES				
67. HOME PROGRAM DIALYSIS				
68. HOME HEALTH AGENCY				
69. SHORT PROCEDURE UNIT				
70. OBSERVATION BEDS				
71. OTHER (SPECIFY)				
72. OTHER (SPECIFY)				
73. OTHER (SPECIFY)				
74. OTHER (SPECIFY)				
<u>OTHER INPATIENT</u>				
75. SKILLED NURSING FACILITY				
76. INTERMEDIATE CARE FACILITY				
77. RESIDENTIAL TREATMENT FACILITY				
78. OTHER (SPECIFY)				
79. OTHER (SPECIFY)				
80. TOTAL ANCILLARY, O/P & OTHER	4,547,309	1,826,224	194,604,970	7,095,921
81. TOTAL	\$6,491,644	\$3,350,711	\$257,515,994	\$9,357,797

The Medical Center Beaver
PROVIDER NUMBER: 1000033550175
FOR THE PERIOD: 7/1/2010 TO 6/30/2011
COMPUTATION OF PENNSYLVANIA MEDICAL ASSISTANCE
CAPITAL COSTS BUILDINGS AND FIXTURES ONLY
AMENDED WORKSHEET C-5

COST CENTER DESCRIPTION	I/P CAPITAL PER DIEM (Col. 2 ÷ Col. 7) or M.A. I/P RATIO (Col. 4 ÷ Col. 3) (5)	PA M.A. I/P CAPITAL COSTS (Col. 5 x Col. 8) or (Col. 2 x Col. 5) (6)	TOTAL DAYS (7)	M.A. DAYS (8)
<u>INPATIENT ROUTINE SERVICE</u>				
26. GENERAL ROUTINE CARE	\$20.63	\$70,885	62,072	3,436.0
27. NURSERY	22.91	1,191	2,214	52.0
28. ICU	28.86	5,253	6,691	182.0
29. NICU				
30. CCU				
31. OTHER (SPECIFY)				
32. OTHER (SPECIFY)				
33. EXTENDED CARE PSYCHIATRIC UNIT				
34. MED REHAB UNIT				
35. PSYCH UNIT				
36. DRUG & ALCOHOL REHAB UNIT				
TOTAL ROUTINE CARE		77,329	70,977	3,670.0
<u>ANCILLARY SERVICES</u>				
37. OPERATING ROOM	6.45%	15,477		
38. DELIVERY ROOM	4.15%	4,826		
39. ANESTHESIOLOGY	3.16%	278		
40. RADIOLOGY-DIAGNOSTIC	4.44%	6,912		
41. RADIOISOTOPE	3.45%	358		
42. LABORATORY	3.94%	2,919		
43. WHOLE BLOOD	3.87%	391		
44. INTRAVENOUS THERAPY	0.86%	27		
45. RESPIRATORY THERAPY	4.19%	1,010		
46. PHYSICAL THERAPY	1.39%	1,617		
47. OCCUPATIONAL THERAPY	1.36%	1,440		
48. SPEECH THERAPY	4.81%	263		
49. ELECTROCARDIOLOGY	5.16%	1,614		
50. ELECTROENCEPHALOGRAPHY	3.30%	41		
51. MEDICAL SUPPLIES	0.24%	1,155		
52. DRUGS CHARGED TO PATIENTS	4.03%	10,310		
53. OSTEO/RHEUMATOLOGY				
54. CARDIAC REHAB				
55. PULM LAB	4.13%	61		
56. CARDIAC CATH LAB	5.44%	4,326		
57. OCCU MED				
58. DIALYSIS	5.99%	646		
59. CLINIC				
60. HVR				
61. WOUND CARE				
62. TELESTROKE				
<u>OUTPATIENT SERVICES</u>				
63. CLINIC	13.24%	18		
64. EMERGENCY	4.44%	4,175		
65. PARTIAL HOSPITALIZATION				
66. AMBULANCE SERVICES				
67. HOME PROGRAM DIALYSIS				
68. HOME HEALTH AGENCY				
69. SHORT PROCEDURE UNIT				
70. OBSERVATION BEDS				
71. OTHER (SPECIFY)				
72. OTHER (SPECIFY)				
73. OTHER (SPECIFY)				
74. OTHER (SPECIFY)				
<u>OTHER INPATIENT</u>				
75. SKILLED NURSING FACILITY				
76. INTERMEDIATE CARE FACILITY				
77. RESIDENTIAL TREATMENT FACILITY				
78. OTHER (SPECIFY)				
79. OTHER (SPECIFY)				
80. TOTAL ANCILLARY, O/P & OTHER		57,864		
81. TOTAL		\$135,193		

The Medical Center Beaver
PROVIDER NUMBER: 1000033550175
FOR THE PERIOD: 7/1/2010 TO 6/30/2011
ACUTE CARE
COMPUTATION OF PENNSYLVANIA MEDICAL
ASSISTANCE MEDICAL EDUCATION COSTS
(INCLUDE NURSING SCHOOL COSTS IF APPLICABLE)
AMENDED WORKSHEET C-6 (PART I)

COST CENTER DESCRIPTION	TOTAL MED. ED. COSTS (From Wkst. B-2, Col. 26) (1)	TOTAL ACUTE CARE I/P MED. ED. COSTS (Col. 1 x Wkst. C-1, Col. 9) (2)	TOTAL ACUTE CARE I/P CHARGES (Excluding units & other) (3)	PA M.A. ACUTE CARE I/P CHARGES (Excluding units & other) (4)
<u>INPATIENT ROUTINE SERVICE</u>				
26. GENERAL ROUTINE CARE	\$2,225,131	\$2,034,491	\$48,082,374	\$1,400,230
27. NURSERY			\$1,341,080	\$74,917
28. ICU	\$441,325	\$441,325	\$13,487,570	\$786,729
29. NICU				
30. CCU				
31. OTHER (SPECIFY)				
32. OTHER (SPECIFY)				
33. EXTENDED CARE PSYCHIATRIC UNIT				
34. MED REHAB UNIT				
35. PSYCH UNIT				
36. DRUG & ALCOHOL REHAB UNIT				
TOTAL ROUTINE CARE	2,666,456	2,475,816	62,911,024	2,261,876
<u>ANCILLARY SERVICES</u>				
37. OPERATING ROOM	\$763,769	\$285,721	\$13,922,937	\$898,450
38. DELIVERY ROOM			\$1,793,369	\$74,336
39. ANESTHESIOLOGY	\$28,110	\$9,804	\$3,442,845	\$108,936
40. RADIOLOGY-DIAGNOSTIC	\$3,865	\$864	\$20,687,983	\$918,679
41. RADIOISOTOPE	\$14,055	\$3,516	\$1,180,794	\$40,789
42. LABORATORY	\$42,633	\$12,672	\$20,649,969	\$813,026
43. WHOLE BLOOD			\$5,600,582	\$216,934
44. INTRAVENOUS THERAPY			\$1,307,985	\$11,257
45. RESPIRATORY THERAPY			\$5,335,187	\$223,642
46. PHYSICAL THERAPY			\$1,802,437	\$24,998
47. OCCUPATIONAL THERAPY			\$1,360,881	\$18,509
48. SPEECH THERAPY			\$195,000	\$9,374
49. ELECTROCARDIOLOGY			\$16,831,358	\$869,210
50. ELECTROENCEPHALOGRAPHY			\$254,940	\$8,422
51. MEDICAL SUPPLIES			\$41,058,618	\$100,099
52. DRUGS CHARGED TO PATIENTS			\$27,968,482	\$1,126,774
53. OSTEO/RHEUMATOLOGY	\$28,578			
54. CARDIAC REHAB			\$362	
55. PULM LAB			\$46,753	\$1,931
56. CARDIAC CATH LAB			\$23,353,322	\$1,269,511
57. OCCU MED				
58. DIALYSIS	\$28,578	\$27,189	\$1,031,469	\$61,814
59. CLINIC			\$131	
60. HVR				
61. WOUND CARE			\$44,013	
62. TELESTROKE				
<u>OUTPATIENT SERVICES</u>				
63. CLINIC	\$936,644	\$1,589	\$2,477	\$328
64. EMERGENCY	\$196,769	\$53,606	\$6,733,076	\$298,902
65. PARTIAL HOSPITALIZATION				
66. AMBULANCE SERVICES				
67. HOME PROGRAM DIALYSIS				
68. HOME HEALTH AGENCY				
69. SHORT PROCEDURE UNIT				
70. OBSERVATION BEDS				
71. OTHER (SPECIFY)				
72. OTHER (SPECIFY)				
73. OTHER (SPECIFY)				
74. OTHER (SPECIFY)				
<u>OTHER INPATIENT</u>				
75. SKILLED NURSING FACILITY				
76. INTERMEDIATE CARE FACILITY				
77. RESIDENTIAL TREATMENT FACILITY				
78. OTHER (SPECIFY)				
79. OTHER (SPECIFY)				
80. TOTAL ANCILLARY, O/P & OTHER	2,043,001	394,961	194,604,970	7,095,921
81. TOTAL	\$4,709,457	\$2,870,777	\$257,515,994	\$9,357,797

The Medical Center Beaver
PROVIDER NUMBER: 1000033550175
FOR THE PERIOD: 7/1/2010 TO 6/30/2011
ACUTE CARE
COMPUTATION OF PENNSYLVANIA MEDICAL
ASSISTANCE MEDICAL EDUCATION COSTS
(INCLUDE NURSING SCHOOL COSTS IF APPLICABLE)
AMENDED WORKSHEET C-6 (PART I)

COST CENTER DESCRIPTION	I/P MED. ED. PER DIEM (Col. 2 ÷ Col. 7) or MA I/P RATIO (Col. 4 ÷ Col. 3) (5)	PA M.A. ACUTE CARE I/P MED. ED. COSTS (Col. 5 x Col. 8) or (Col. 2 x Col. 5) (6)	TOTAL ACUTE CARE I/P DAYS (Excluding units & other) (7)	PA M.A. ACUTE CARE I/P DAYS (Excluding units & other) (8)
<u>INPATIENT ROUTINE SERVICE</u>				
26. GENERAL ROUTINE CARE	\$32.78	\$112,632	62,072	3,436.0
27. NURSERY			2,214	52.0
28. ICU	\$65.96	\$12,005	6,691	182.0
29. NICU				
30. CCU				
31. OTHER (SPECIFY)				
32. OTHER (SPECIFY)				
33. EXTENDED CARE PSYCHIATRIC UNIT				
34. MED REHAB UNIT				
35. PSYCH UNIT				
36. DRUG & ALCOHOL REHAB UNIT				
TOTAL ROUTINE CARE		124,637	70,977	3,670
<u>ANCILLARY SERVICES</u>				
37. OPERATING ROOM	6.45%	18,429		
38. DELIVERY ROOM	4.15%			
39. ANESTHESIOLOGY	3.16%	310		
40. RADIOLOGY-DIAGNOSTIC	4.44%	38		
41. RADIOISOTOPE	3.45%	121		
42. LABORATORY	3.94%	499		
43. WHOLE BLOOD	3.87%			
44. INTRAVENOUS THERAPY	0.86%			
45. RESPIRATORY THERAPY	4.19%			
46. PHYSICAL THERAPY	1.39%			
47. OCCUPATIONAL THERAPY	1.36%			
48. SPEECH THERAPY	4.81%			
49. ELECTROCARDIOLOGY	5.16%			
50. ELECTROENCEPHALOGRAPHY	3.30%			
51. MEDICAL SUPPLIES	0.24%			
52. DRUGS CHARGED TO PATIENTS	4.03%			
53. OSTEO/RHEUMATOLOGY				
54. CARDIAC REHAB				
55. PULM LAB	4.13%			
56. CARDIAC CATH LAB	5.44%			
57. OCCU MED				
58. DIALYSIS	5.99%	1,629		
59. CLINIC				
60. HVR				
61. WOUND CARE				
62. TELESTROKE				
<u>OUTPATIENT SERVICES</u>				
63. CLINIC	13.24%	210		
64. EMERGENCY	4.44%	2,380		
65. PARTIAL HOSPITALIZATION				
66. AMBULANCE SERVICES				
67. HOME PROGRAM DIALYSIS				
68. HOME HEALTH AGENCY				
69. SHORT PROCEDURE UNIT				
70. OBSERVATION BEDS				
71. OTHER (SPECIFY)				
72. OTHER (SPECIFY)				
73. OTHER (SPECIFY)				
74. OTHER (SPECIFY)				
<u>OTHER INPATIENT</u>				
75. SKILLED NURSING FACILITY				
76. INTERMEDIATE CARE FACILITY				
77. RESIDENTIAL TREATMENT FACILITY				
78. OTHER (SPECIFY)				
79. OTHER (SPECIFY)				
80. TOTAL ANCILLARY, O/P & OTHER		23,616		
81. TOTAL		\$148,253		

The Medical Center Beaver
PROVIDER NUMBER: 1000033550278
FOR THE PERIOD: 7/1/2010 TO 6/30/2011
COMPUTATION OF PENNSYLVANIA MEDICAL ASSISTANCE
MEDICAL REHABILITATION UNIT INPATIENT CARE COSTS
AMENDED WORKSHEET C-7

COST CENTER DESCRIPTION	TOTAL I/P MED. REHAB. COSTS (From Wkst. C-2, Col. 6) (1)	TOTAL I/P MED. REHAB. CHARGES (From Wkst. C-1, Col. 6) (2)	PA M.A. I/P MED. REHAB. CHARGES (3)	I/P MED. REHAB. PER DIEM (Col. 1 ÷ Col. 6) or M.A. I/P RATIO (Col. 3 ÷ Col. 2) (4)
34. MED REHAB UNIT	\$2,220,836	\$1,901,625	\$37,013	\$947.05
<u>ANCILLARY SERVICES</u>				
37. OPERATING ROOM	2,802	5,539		
38. DELIVERY ROOM				
39. ANESTHESIOLOGY	364	3,483		
40. RADIOLOGY-DIAGNOSTIC	18,328	98,490	2,485	2.52%
41. RADIOISOTOPE	91	454		
42. LABORATORY	26,617	209,634	2,699	1.29%
43. WHOLE BLOOD	3,091	36,373		
44. INTRAVENOUS THERAPY	678	2,476	1,387	56.02%
45. RESPIRATORY THERAPY	10,024	35,172		
46. PHYSICAL THERAPY	309,216	542,645	6,478	1.19%
47. OCCUPATIONAL THERAPY	223,724	577,751	7,944	1.37%
48. SPEECH THERAPY	24,220	31,456	863	2.74%
49. ELECTROCARDIOLOGY	421	7,980		
50. ELECTROENCEPHALOGRAPHY	310	1,480		
51. MEDICAL SUPPLIES	29,618	40,703	2,033	4.99%
52. DRUGS CHARGED TO PATIENTS	128,155	378,851	2,071	0.55%
53. OSTEO/RHEUMATOLOGY				
54. CARDIAC REHAB				
55. PULM LAB				
56. CARDIAC CATH LAB	2,208	18,940		
57. OCCU MED				
58. DIALYSIS	11,762	20,002		
59. CLINIC				
60. HVR				
61. WOUND CARE				
62. TELESTROKE				
<u>OUTPATIENT SERVICES</u>				
63. CLINIC				
64. EMERGENCY				
65. PARTIAL HOSPITALIZATION				
66. AMBULANCE SERVICES				
67. HOME PROGRAM DIALYSIS				
68. HOME HEALTH AGENCY				
69. SHORT PROCEDURE UNIT				
70. OBSERVATION BEDS				
71. OTHER (SPECIFY)				
72. OTHER (SPECIFY)				
73. OTHER (SPECIFY)				
74. OTHER (SPECIFY)				
80. TOTAL ANCILLARY, O/P & OTHER	791,629	2,011,429	25,960	
81. TOTAL	\$3,012,465	\$3,913,054	\$62,973	

The Medical Center Beaver
PROVIDER NUMBER: 1000033550278
FOR THE PERIOD: 7/1/2010 TO 6/30/2011
COMPUTATION OF PENNSYLVANIA MEDICAL ASSISTANCE
MEDICAL REHABILITATION UNIT INPATIENT CARE COSTS
AMENDED WORKSHEET C-7

COST CENTER DESCRIPTION	PA M.A. I/P MED. REHAB. COSTS (Col. 4 x Col. 7) or (Col. 1 x Col. 4) (5)	TOTAL MEDICAL REHAB. DAYS (6)	PA M.A. MEDICAL REHAB. DAYS (7)
34. MED REHAB UNIT	\$51,141	2,345	54.0
<u>ANCILLARY SERVICES</u>			
37. OPERATING ROOM			
38. DELIVERY ROOM			
39. ANESTHESIOLOGY			
40. RADIOLOGY-DIAGNOSTIC	462		
41. RADIOISOTOPE			
42. LABORATORY	343		
43. WHOLE BLOOD			
44. INTRAVENOUS THERAPY	380		
45. RESPIRATORY THERAPY			
46. PHYSICAL THERAPY	3,680		
47. OCCUPATIONAL THERAPY	3,065		
48. SPEECH THERAPY	664		
49. ELECTROCARDIOLOGY			
50. ELECTROENCEPHALOGRAPHY			
51. MEDICAL SUPPLIES	1,478		
52. DRUGS CHARGED TO PATIENTS	705		
53. OSTEO/RHEUMATOLOGY			
54. CARDIAC REHAB			
55. PULM LAB			
56. CARDIAC CATH LAB			
57. OCCU MED			
58. DIALYSIS			
59. CLINIC			
60. HVR			
61. WOUND CARE			
62. TELESTROKE			
<u>OUTPATIENT SERVICES</u>			
63. CLINIC			
64. EMERGENCY			
65. PARTIAL HOSPITALIZATION			
66. AMBULANCE SERVICES			
67. HOME PROGRAM DIALYSIS			
68. HOME HEALTH AGENCY			
69. SHORT PROCEDURE UNIT			
70. OBSERVATION BEDS			
71. OTHER (SPECIFY)			
72. OTHER (SPECIFY)			
73. OTHER (SPECIFY)			
74. OTHER (SPECIFY)			
80. TOTAL ANCILLARY, O/P & OTHER	10,777		
81. TOTAL	\$61,918		

RIGHT OF APPEAL FROM COSTS DISALLOWANCE

You may **appeal any disallowance** contained in this report in accordance with your appeal rights as governed by 55 Pa. Code Chapter 41.²

If you wish to **appeal any disallowance** contained in this report, you must file a **timely request for hearing** within **33 calendar days** of the date of the **written notice** of the agency action pursuant to 55 Pa. Code § 41.32(a)(1) with the:

- Department of Human Services, Bureau of Hearings and Appeals, 2330 Vartan Way, 2nd Floor, Harrisburg, PA 17110.³

Your request for hearing will be considered filed on the date of the United States postmark appearing on the envelope in which the request for hearing is sent by first-class mail. Please be aware that a request for hearing filed in any other manner or sent in an envelope bearing a postmark other than a United States postmark will be considered filed on the date it is received by the Bureau of Hearings and Appeals.⁴

Your **request for hearing** must:

- (1) set forth the name, address, and telephone number of the hospital;
- (2) state in detail the reasons why the hospital believes the agency action is factually or legally erroneous, identify the specific issues that the hospital will raise in its appeal, and specify the relief that the hospital is seeking; and
- (3) include a copy of this notice.⁵

In addition, a **copy of your request for hearing and all accompanying documents** sent to the DHS' Bureau of Hearings and Appeals must be sent to:

- Department of Human Services, Bureau of Fiscal Management, Commonwealth Tower, 6th Floor, P.O. Box 2675, Harrisburg, PA 17105 and
- Department of Human Services, Office of General Counsel, Third Floor West, Health & Welfare Building, 625 Forster Street, Harrisburg, PA 17120.

If you **fail to file a timely request** for hearing, DHS will treat this letter as an unappealed order, which may not thereafter be directly challenged or collaterally attacked.

² Please consult with your solicitor regarding these appeal rights under PA Code, Title 55, Chapter 41. Medical Assistance Provider Appeal Procedures of the DHS' regulations.

<https://www.pacode.com/secure/data/055/chapter41/chap41toc.html>

³ Section 41.32(a) of the DHS' regulations provides as follows, in part: "[e]xcept as permitted in § 41.33 (relating to appeals nunc pro tunc), the Bureau lacks jurisdiction to hear a **request for hearing** unless the request for hearing is in **writing** and is filed with the Bureau in a **timely manner**, as follows: (1) [i]f the program office gives notice of an agency action by mailing the notice to the provider, the provider shall file its request for hearing with the Bureau within **33 days of the date of the written notice** of the agency action...." (Emphases added.)

⁴ See 55 Pa. Code § 41.32(b).

⁵ See 55 Pa. Code § 41.31(d).

THE MEDICAL CENTER BEAVER
REPORT DISTRIBUTION
FOR THE FISCAL YEAR ENDED JUNE 30, 2011

This report was initially distributed to:

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