

WORKSHEET S
 PARTS I & II

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX	I	PROVIDER NO:	I	PERIOD	I	INTERMEDIARY USE ONLY	I	DATE RECEIVED:
COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	I	15-0006	I	FROM 1/ 1/2007	I	--AUDITED --DESK REVIEW	I	/ /
	I		I	TO 12/31/2007	I	--INITIAL --REOPENED	I	INTERMEDIARY NO:
	I		I		I	--FINAL 1-MCR CODE	I	
						00 - # OF REOPENINGS	I	

ELECTRONICALLY FILED COST REPORT DATE: 0/ 0/0000 TIME 12:00

PART I - CERTIFICATION

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY THAT I HAVE READ THE ABOVE STATEMENT AND THAT I HAVE EXAMINED THE ACCOMPANYING ELECTRONICALLY FILED OR MANUALLY SUBMITTED COST REPORT AND THE BALANCE SHEET AND STATEMENT OF REVENUE AND EXPENSES PREPARED BY:
 LAPORTE HOSPITAL 15-0006
 FOR THE COST REPORTING PERIOD BEGINNING 1/ 1/2007 AND ENDING 12/31/2007 AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS A TRUE, CORRECT, AND COMPLETE STATEMENT PREPARED FROM THE BOOKS AND RECORDS OF THE PROVIDER IN ACCORDANCE WITH APPLICABLE INSTRUCTIONS, EXCEPT AS NOTED. I FURTHER CERTIFY THAT I AM FAMILIAR WITH THE LAWS AND REGULATIONS REGARDING THE PROVISION OF HEALTH CARE SERVICES, AND THAT THE SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

 OFFICER OR ADMINISTRATOR OF PROVIDER(S)

 TITLE

 DATE

PART II - SETTLEMENT SUMMARY

	TITLE V	A	TITLE XVIII	B	TITLE XIX
	1	2		3	4
1 HOSPITAL	0	77,158		-63,350	0
2 SUBPROVIDER	0	79,851		-253	-51,856
2 .01 SUBPROVIDER II	0	-32,642		-402	-7,668
5 HOSPITAL-BASED SNF	0	0		-491	0
100 TOTAL	0	124,367		-64,496	-59,524

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

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX ADDRESS

1 STREET: STATE & MADISON STREETS P. O. BOX: 250
 1.01 CITY: LAPORTE STATE: IN ZIP CODE: 46350- COUNTY: LAPORTE

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION:

COMPONENT	COMPONENT NAME	PROVIDER NO.	NPI NUMBER	DATE CERTIFIED	DATE (P, T, O OR N)	V	XVIII	XIX
0	1	2	2.01	3	4	5	6	
02.00	HOSPITAL	LAPORTE HOSPITAL	15-0006	7/ 1/1966	N	P	T	
03.00	SUBPROVIDER	LAPORTE PSYCHIATRIC UNIT	15-S006	1/ 1/1984	N	T	O	
03.01	SUBPROVIDER 2	LAPORTE REHABILITATION UNIT	15-T006	1/ 1/1987	N	P	O	
06.00	HOSPITAL-BASED SNF	LAPORTE SKILLED NURSING UNIT	15-5297	6/ 1/1987	N	P	N	

17 COST REPORTING PERIOD (MM/DD/YYYY) FROM: 1/ 1/2007 TO: 12/31/2007
 18 TYPE OF CONTROL 1 2

TYPE OF HOSPITAL/SUBPROVIDER

19 HOSPITAL 1
 20 SUBPROVIDER 4
 20.01 SUBPROVIDER II 5

OTHER INFORMATION

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

21.01 DOES YOUR FACILITY QUALIFY AND IS CURRENTLY RECEIVING PAYMENT FOR DISPROPORTIONATE SHARE HOSPITAL ADJUSTMENT IN ACCORDANCE WITH 42 CFR 412.106? Y

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

21.03 ENTER IN COLUMN 1 YOUR GEOGRAPHIC LOCATION EITHER (1) URBAN OR (2) RURAL. IF YOU ANSWERED URBAN IN COLUMN 1 INDICATE IF YOU RECEIVED EITHER A WAGE OR STANDARD GEOGRAPHICAL RECLASSIFICATION TO A RURAL LOCATION. ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. IF COLUMN 2 IS YES, ENTER IN COLUMN 3 THE EFFECTIVE DATE (MM/DD/YYYY) (SEE INSTRUCTIONS) DOES YOUR FACILITY CONTAIN 100 OR FEWER BEDS IN ACCORDANCE WITH 42 CFR 412.105? ENTER IN COLUMN 4 "Y" OR "N". ENTER IN COLUMN 5 THE PROVIDERS ACTUAL MSA OR CBSA. 2 N 33140

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

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

21.06 DOES THIS HOSPITAL QUALIFY FOR THE 3-YEAR TRANSITION OF HOLD HARMLESS PAYMENTS FOR SMALL RURAL HOSPITAL UNDER THE PROSPECTIVE PAYMENT SYSTEM FOR HOSPITAL OUTPATIENT SERVICES UNDER DRA SECTION 5105? ENTER "Y" FOR YES, AND "N" FOR NO. N

22 ARE YOU CLASSIFIED AS A REFERRAL CENTER? N

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

23.01 IF THIS IS A MEDICARE CERTIFIED KIDNEY TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE. / /

23.02 IF THIS IS A MEDICARE CERTIFIED HEART TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE. / /

23.03 IF THIS IS A MEDICARE CERTIFIED LIVER TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE. / /

23.04 IF THIS IS A MEDICARE CERTIFIED LUNG TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE. / /

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

23.06 IF THIS IS A MEDICARE CERTIFIED INTESTINAL TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE. / /

23.07 IF THIS IS A MEDICARE CERTIFIED ISLET TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE. / /

24 IF THIS IS AN ORGAN PROCUREMENT ORGANIZATION (OPO), ENTER THE OPO NUMBER IN COLUMN 2.

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

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

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

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

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

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

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

26 IF THIS IS A SOLE COMMUNITY HOSPITAL (SCH), ENTER THE NUMBER OF PERIODS SCH STATUS IN EFFECT IN THE C/R PERIOD. ENTER BEGINNING AND ENDING DATES OF SCH STATUS ON LINE 26.01. SUBSCRIPT LINE 26.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES. 0

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

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

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

COMPONENT	NO. OF BEDS 1	BED DAYS AVAILABLE 2	CAH N/A 2.01	TITLE V 3	I/P DAYS / TITLE XVIII 4	O/P VISITS / NOT LTCH N/A 4.01	TRIPS TOTAL TITLE XIX 5
1 ADULTS & PEDIATRICS	111	40,515				9,754	2,246
2 HMO							
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS	111	40,515				9,754	2,246
6 INTENSIVE CARE UNIT	12	4,380				1,581	
11 NURSERY							927
12 TOTAL	123	44,895				11,335	3,173
13 RPCH VISITS							
14 SUBPROVIDER	23	8,395				1,887	735
14 01 SUBPROVIDER II	8	2,920				1,130	36
15 SKILLED NURSING FACILITY	36	13,140				6,110	177
16 NURSING FACILITY							
17 OTHER LONG TERM CARE	19	6,935					
18 HOME HEALTH AGENCY							
24 RHC							
24 10 FQHC							
25 TOTAL	209						
26 OBSERVATION BED DAYS							682
26 01 OBSERVATION BED DAYS-SUB I							
26 02 OBSERVATION BED DAYS-SUB II							
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							

COMPONENT	TITLE XIX ADMITTED 5.01	I/P DAYS / OBSERVATION BEDS NOT ADMITTED 5.02	O/P VISITS TOTAL ALL PATS 6	TRIPS TOTAL ADMITTED 6.01	OBSERVATION BEDS NOT ADMITTED 6.02	INTERNS TOTAL 7	RES. FTES & LESS I&R NON-PHYS ANES 8
1 ADULTS & PEDIATRICS			16,312				
2 HMO							
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS			16,312				
6 INTENSIVE CARE UNIT			3,760				
11 NURSERY			1,850				
12 TOTAL			21,922				
13 RPCH VISITS							
14 SUBPROVIDER			3,452				
14 01 SUBPROVIDER II			1,355				
15 SKILLED NURSING FACILITY			8,978				
16 NURSING FACILITY							
17 OTHER LONG TERM CARE			5,302				
18 HOME HEALTH AGENCY							
24 RHC							
24 10 FQHC							
25 TOTAL							
26 OBSERVATION BED DAYS	155	527	2,721	979	1,742		
26 01 OBSERVATION BED DAYS-SUB I							
26 02 OBSERVATION BED DAYS-SUB II							
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							

COMPONENT	I & R FTES NET 9	FULL TIME EMPLOYEES ON PAYROLL 10	EQUIV NONPAID WORKERS 11	TITLE V 12	DISCHARGES TITLE XVIII 13	TITLE XIX 14	TOTAL ALL PATIENTS 15
1 ADULTS & PEDIATRICS							5,043
2 HMO					2,381	778	
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS							
6 INTENSIVE CARE UNIT							
11 NURSERY							
12 TOTAL		978.17			2,381	778	5,043
13 RPCH VISITS							
14 SUBPROVIDER		22.62			188	187	570
14 01 SUBPROVIDER II		7.65			102	5	127
15 SKILLED NURSING FACILITY		37.93					
16 NURSING FACILITY							
17 OTHER LONG TERM CARE		14.84					7
18 HOME HEALTH AGENCY							
24 RHC							
24 10 FQHC							
25 TOTAL		1,061.21					
26 OBSERVATION BED DAYS							
26 01 OBSERVATION BED DAYS-SUB I							
26 02 OBSERVATION BED DAYS-SUB II							
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							

HOSPITAL WAGE INDEX INFORMATION

PART II - WAGE DATA		AMOUNT REPORTED 1	RECLASS OF SALARIES 2	ADJUSTED SALARIES 3	PAID HOURS RELATED TO SALARY 4	AVERAGE HOURLY WAGE 5	DATA SOURCE 6
1	SALARIES						
1	TOTAL SALARY	51,963,370		51,963,370	2,207,569.00	23.54	
2	NON-PHYSICIAN ANESTHETIST PART A						
3	NON-PHYSICIAN ANESTHETIST PART B						
4	PHYSICIAN - PART A						
4.01	TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
5	PHYSICIAN - PART B						
5.01	NON-PHYSICIAN - PART B						
6	INTERNS & RESIDENTS (APPRVD)						
6.01	CONTRACT SERVICES, I&R						
7	HOME OFFICE PERSONNEL						
8	SNF	1,530,779	34,133	1,564,912	78,909.00	19.83	
8.01	EXCLUDED AREA SALARIES	4,862,811	536,998	5,399,809	247,317.00	21.83	
9	OTHER WAGES & RELATED COSTS						
9.01	CONTRACT LABOR: PHARMACY SERVICES UNDER CONTRACT						
9.02	LABORATORY SERVICES UNDER CONTRACT						
9.03	MANAGEMENT & ADMINISTRATIVE UNDER CONTRACT						
10	CONTRACT LABOR: PHYS PART A						
10.01	TEACHING PHYSICIAN UNDER CONTRACT (SEE INSTRUCTIONS)						
11	HOME OFFICE SALARIES & WAGE RELATED COSTS	2,077,939		2,077,939	51,644.00	40.24	
12	HOME OFFICE: PHYS PART A						
12.01	TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
13	WAGE RELATED COSTS						
13	WAGE-RELATED COSTS (CORE)	13,567,422		13,567,422			CMS 339
14	WAGE-RELATED COSTS (OTHER)						CMS 339
15	EXCLUDED AREAS	1,552,396		1,552,396			CMS 339
16	NON-PHYS ANESTHETIST PART A						CMS 339
17	NON-PHYS ANESTHETIST PART B						CMS 339
18	PHYSICIAN PART A						CMS 339
18.01	PART A TEACHING PHYSICIANS						CMS 339
19	PHYSICIAN PART B						CMS 339
19.01	WAGE-RELATED COSTS (RHC/FQHC)						CMS 339
20	INTERNS & RESIDENTS (APPRVD)						CMS 339
21	OVERHEAD COSTS - DIRECT SALARIES						
21	EMPLOYEE BENEFITS	597,157	26,102	623,259	29,586.00	21.07	
22	ADMINISTRATIVE & GENERAL	11,059,080	-1,649,200	9,409,880	388,532.00	24.22	
22.01	A & G UNDER CONTRACT						
23	MAINTENANCE & REPAIRS						
24	OPERATION OF PLANT	1,179,990	425,979	1,605,969	58,299.00	27.55	
25	LAUNDRY & LINEN SERVICE	207,297	7,760	215,057	18,690.00	11.51	
26	HOUSEKEEPING	1,086,884	32,161	1,119,045	85,946.00	13.02	
26.01	HOUSEKEEPING UNDER CONTRACT						
27	DIETARY	1,456,252	-749,334	706,918	50,797.00	13.92	
27.01	DIETARY UNDER CONTRACT						
28	CAFETERIA		791,409	791,409	60,453.00	13.09	
29	MAINTENANCE OF PERSONNEL						
30	NURSING ADMINISTRATION	871,952	51,051	923,003	24,982.00	36.95	
31	CENTRAL SERVICE AND SUPPLY	370,361	7,510	377,871	26,016.00	14.52	
32	PHARMACY	1,472,956	42,992	1,515,948	45,567.00	33.27	
33	MEDICAL RECORDS & MEDICAL RECORDS LIBRARY	822,068	24,995	847,063	58,910.00	14.38	
34	SOCIAL SERVICE						
35	OTHER GENERAL SERVICE						
PART III - HOSPITAL WAGE INDEX SUMMARY							
1	NET SALARIES	51,963,370		51,963,370	2,207,569.00	23.54	
2	EXCLUDED AREA SALARIES	6,393,590	571,131	6,964,721	326,226.00	21.35	
3	SUBTOTAL SALARIES	45,569,780	-571,131	44,998,649	1,881,343.00	23.92	
4	SUBTOTAL OTHER WAGES & RELATED COSTS	2,077,939		2,077,939	51,644.00	40.24	
5	SUBTOTAL WAGE-RELATED COSTS	13,567,422		13,567,422		30.15	
6	TOTAL	61,215,141	-571,131	60,644,010	1,932,987.00	31.37	
7	NET SALARIES						
8	EXCLUDED AREA SALARIES						
9	SUBTOTAL SALARIES						
10	SUBTOTAL OTHER WAGES & RELATED COSTS						
11	SUBTOTAL WAGE-RELATED COSTS						
12	TOTAL						
13	TOTAL OVERHEAD COSTS	19,123,997	-988,575	18,135,422	847,778.00	21.39	

PROSPECTIVE PAYMENT FOR SNF
STATISTICAL DATA

PROVIDER NO: 15-0006
PERIOD: FROM 1/1/2007 TO 12/31/2007
PREPARED 5/22/2008
WORKSHEET S-7

GROUP(1) 1	M3PI REVENUE CODE 2	SERVICES PRIOR TO 10/1 RATE 3	10/1 DAYS 3.01	SERVICES ON/AFTER RATE 4	10/1 DAYS 4.01	SERVCS 4/1/01 TO 9/30/01 RATE 4.02	4.03
1	RUC						
2	RUB						
3	RUA		19				
3 .01	RUX						
3 .02	RUL						
4	RVC		71				
5	RVB		11				
6	RVA						
6 .01	RVX		17				
6 .02	RVL		6				
7	RHC		1,122				
8	RHB		151				
9	RHA		106				
9 .01	RHX						
9 .02	RHL						
10	RMC		419				
11	RMB		218				
12	RMA		115				
12 .01	RMX		1,406				
12 .02	RML		1,673				
13	RLB						
14	RLA						
14 .01	RLX						
15	SE3		139				
16	SE2		293				
17	SE1		15				
18	SSC		56				
19	SSB		2				
20	SSA		187				
21	CC2						
22	CC1		64				
23	CB2						
24	CB1		1				
25	CA2						
26	CA1		12				
27	IB2						
28	IB1						
29	IA2						
30	IA1						
31	BB2						
32	BB1						
33	BA2						
34	BA1						
35	PE2						
36	PE1						
37	PD2						
38	PD1		7				
39	PC2						
40	PC1						
41	PB2						
42	PB1						
43	PA2						
44	PA1						
45	Default						
46	TOTAL		6,110				

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

Worksheet S-2 reference data:
 Transition Period : 100% Federal
 Wage Index Factor (before 10/01) : 0.9118
 Wage Index Factor (after 10/01) : 0.8914
 SNF Facility Specific Rate : 0.00
 Urban/Rural Designation : RURAL
 SNF MSA Code : 15
 SNF CBSA Code : NOT SPECIFIED

PROSPECTIVE PAYMENT FOR SNF
STATISTICAL DATA

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

- (2) Enter in column 4.05 those days in either column 3.01 or 4.01 which cover the period of 4/1/2000 through 9/30/2000. These RUGs will be incremented by an additional 20% payment.
- (3) Enter in column 4.06 the swing bed days for cost reporting periods beginning on or after 7/1/2002.

Worksheet S-2 reference data:
 Transition Period : 100% Federal
 Wage Index Factor (before 10/01) : 0.9118
 Wage Index Factor (after 10/01) : 0.8914
 SNF Facility Specific Rate : 0.00
 Urban/Rural Designation : RURAL
 SNF MSA Code : 15
 SNF CBSA Code : NOT SPECIFIED

HOSPITAL UNCOMPENSATED CARE DATA

PROVIDER NO: 15-0006
 PERIOD: FROM 1/1/2007 TO 12/31/2007
 PREPARED 5/22/2008
 WORKSHEET S-10

DESCRIPTION

UNCOMPENSATED CARE INFORMATION

1 DO YOU HAVE A WRITTEN CHARITY CARE POLICY?
 2 ARE PATIENTS WRITE-OFFS IDENTIFIED AS CHARITY? IF YES ANSWER
 LINES 2.01 THRU 2.04

2.01 IS IT AT THE TIME OF ADMISSION?
 2.02 IS IT AT THE TIME OF FIRST BILLING?
 2.03 IS IT AFTER SOME COLLECTION EFFORT HAS BEEN MADE?
 2.04 OTHER METHODS OF WRITE-OFFS (SPEC.)

3 ARE CHARITY WRITE-OFFS MADE FOR PARTIAL BILLS?
 4 ARE CHARITY DETERMINATIONS BASED UPON ADMINISTRATIVE
 JUDGMENT WITHOUT FINANCIAL DATA?
 5 ARE CHARITY DETERMINATIONS BASED UPON INCOME DATA ONLY?
 6 ARE CHARITY DETERMINATIONS BASED UPON NET WORTH (ASSETS)
 DATA?
 7 ARE CHARITY DETERMINATIONS BASED UPON INCOME AND NET
 WORTH DATA?
 8 DOES YOUR ACCOUNTING SYSTEM SEPARATELY IDENTIFY BAD
 DEBT AND CHARITY CARE? IF YES ANSWER 8.01

8.01 DO YOU SEPARATELY ACCOUNT FOR INPATIENT AND OUTPATIENT
 SERVICES?
 9 IS DISCERNING CHARITY FROM BAD DEBT A HIGH PRIORITY IN
 YOUR INSTITUTION? IF NO ANSWER 9.01 THRU 9.04

9.01 IS IT BECAUSE THERE IS NOT ENOUGH STAFF TO DETERMINE
 ELIGIBILITY?
 9.02 IS IT BECAUSE THERE IS NO FINANCIAL INCENTIVE TO SEPARATE
 CHARITY FROM BAD DEBT?
 9.03 IS IT BECAUSE THERE IS NO CLEAR DIRECTIVE POLICY ON
 CHARITY DETERMINATION?
 9.04 IS IT BECAUSE YOUR INSTITUTION DOES NOT DEEM THE
 DISTINCTION IMPORTANT?

10 IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA,
 WHAT IS THE MAXIMUM INCOME THAT CAN BE EARNED BY PATIENTS
 (SINGLE WITHOUT DEPENDENT) AND STILL DETERMINED TO
 BE A CHARITY WRITE OFF?
 11 IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA,
 IS THE INCOME DIRECTLY TIED TO FEDERAL POVERTY
 LEVEL? IF YES ANSWER 11.01 THRU 11.04

11.01 IS THE PERCENTAGE LEVEL USED LESS THAN 100% OF THE FEDERAL
 POVERTY LEVEL?
 11.02 IS THE PERCENTAGE LEVEL USED BETWEEN 100% AND 150%
 OF THE FEDERAL POVERTY LEVEL?
 11.03 IS THE PERCENTAGE LEVEL USED BETWEEN 150% AND 200%
 OF THE FEDERAL POVERTY LEVEL?
 11.04 IS THE PERCENTAGE LEVEL USED GREATER THAN 200% OF
 THE FEDERAL POVERTY LEVEL?

12 ARE PARTIAL WRITE-OFFS GIVEN TO HIGHER INCOME
 PATIENTS ON A GRADUAL SCALE?
 13 IS THERE CHARITY CONSIDERATION GIVEN TO HIGH NET WORTH
 PATIENTS WHO HAVE CATASTROPHIC OR OTHER EXTRAORDINARY
 MEDICAL EXPENSES?
 14 IS YOUR HOSPITAL STATE OR LOCAL GOVERNMENT OWNED?
 IF YES ANSWER LINES 14.01 AND 14.02

14.01 DO YOU RECEIVE DIRECT FINANCIAL SUPPORT FROM THAT
 GOVERNMENT ENTITY FOR THE PURPOSE OF PROVIDING
 UNCOMPENSATED CARE?
 14.02 WHAT PERCENTAGE OF THE AMOUNT ON LINE 14.01 IS FROM
 GOVERNMENT FUNDING?

15 DO YOU RECEIVE RESTRICTED GRANTS FOR RENDERING CARE
 TO CHARITY PATIENTS?
 16 ARE OTHER NON-RESTRICTED GRANTS USED TO SUBSIDIZE
 CHARITY CARE?

UNCOMPENSATED CARE REVENUES

17 REVENUE FROM UNCOMPENSATED CARE 7,520,000
 17.01 GROSS MEDICAID REVENUES 40,085,041
 18 REVENUES FROM STATE AND LOCAL INDIGENT CARE PROGRAMS
 19 REVENUE RELATED TO SCHIP (SEE INSTRUCTIONS)
 20 RESTRICTED GRANTS
 21 NON-RESTRICTED GRANTS
 22 TOTAL GROSS UNCOMPENSATED CARE REVENUES 47,605,041

UNCOMPENSATED CARE COST

23 TOTAL CHARGES FOR PATIENTS COVERED BY STATE AND LOCAL
 INDIGENT CARE PROGRAMS
 24 COST TO CHARGE RATIO (WKST C, PART I, COLUMN 3, LINE 103,
 DIVIDED BY COLUMN 8, LINE 103) .352803
 25 TOTAL STATE AND LOCAL INDIGENT CARE PROGRAM COST
 (LINE 23 * LINE 24)
 26 TOTAL SCHIP CHARGES FROM YOUR RECORDS
 27 TOTAL SCHIP COST. (LINE 24 * LINE 26)
 28 TOTAL GROSS MEDICAID CHARGES FROM YOUR RECORDS 40,085,041
 29 TOTAL GROSS MEDICAID COST (LINE 24 * LINE 28) 14,142,123
 30 OTHER UNCOMPENSATED CARE CHARGES FROM YOUR RECORDS 7,520,000
 31 UNCOMPENSATED CARE COST (LINE 24 * LINE 30) 2,653,079
 32 TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL 14,142,123
 (SUM OF LINES 25, 27, AND 29)

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES		PROVIDER NO: I15-0006	OTHER	TOTAL	RECLASSIFICATIONS	RECLASSIFIED TRIAL BALANCE
COST CENTER	COST CENTER DESCRIPTION	1	2	3	4	5
	GENERAL SERVICE COST CNTR					
1	0100 OLD CAP REL COSTS-BLDG & FIXT					
2	0200 OLD CAP REL COSTS-MVBLE EQUIP					
3	0300 NEW CAP REL COSTS-BLDG & FIXT				3,921,130	3,921,130
4	0400 NEW CAP REL COSTS-MVBLE EQUIP				9,057,111	9,057,111
5	0500 EMPLOYEE BENEFITS	597,157	12,056,769	12,653,926	-23,788	12,630,138
6.10	0610 NON-PATIENT PHONES	202,526	35,462	237,988	-5,650	232,338
6.30	0630 PURCHASING	362,831	170,115	532,946	4,233	537,179
6.40	0650 CASHIERING	1,485,947	2,500,230	3,986,177	9,989	3,996,166
6.60	0660 OTHER ADMIN & GEN	9,007,776	26,128,478	35,136,254	-9,808,790	25,327,464
7	0700 MAINTENANCE & REPAIRS					
8	0800 OPERATION OF PLANT	1,179,990	7,058,359	8,238,349	329,520	8,567,869
9	0900 LAUNDRY & LINEN SERVICE	207,297	146,861	354,158	2,573	356,731
10	1000 HOUSEKEEPING	1,086,884	271,729	1,358,613	17,758	1,376,371
11	1100 DIETARY	1,456,252	1,326,166	2,782,418	-1,572,114	1,210,304
12	1200 CAFETERIA				1,512,122	1,512,122
13	1300 MAINTENANCE OF PERSONNEL					
14	1400 NURSING ADMINISTRATION	871,952	285,061	1,157,013	-7,514	1,149,499
15	1500 CENTRAL SERVICES & SUPPLY	370,361	1,540,489	1,910,850	-1,200,094	710,756
16	1600 PHARMACY	1,472,956	5,547,458	7,020,414	-5,210,933	1,809,481
17	1700 MEDICAL RECORDS & LIBRARY	822,068	218,953	1,041,021	-30,106	1,010,915
18	1800 SOCIAL SERVICE					
20	2000 NONPHYSICIAN ANESTHETISTS					
21	2100 NURSING SCHOOL					
22	2200 I&R SERVICES-SALARY & FRINGES APPRVD					
23	2300 I&R SERVICES-OTHER PRGM COSTS APPRVD					
24	2400 PARAMED ED PRGM-(SPECIFY)					
	INPAT ROUTINE SRVC CNTRS					
25	2500 ADULTS & PEDIATRICS	5,206,693	736,226	5,942,919	870,554	6,813,473
26	2600 INTENSIVE CARE UNIT	2,913,266	519,056	3,432,322	-126,383	3,305,939
31	3100 SUBPROVIDER	988,998	219,639	1,208,637	-8,851	1,199,786
31.01	3101 SUBPROVIDER II	361,887	108,489	470,376	915	471,291
33	3300 NURSERY				782,667	782,667
34	3400 SKILLED NURSING FACILITY	1,530,779	204,193	1,734,972	14,613	1,749,585
35	3500 NURSING FACILITY	483,058	69,144	552,202	4,356	556,558
36	3600 OTHER LONG TERM CARE					
	ANCILLARY SRVC COST CNTRS					
37	3700 OPERATING ROOM	3,525,951	7,851,187	11,377,138	-2,540,868	8,836,270
39	3900 DELIVERY ROOM & LABOR ROOM	1,714,784	359,637	2,074,421	-1,673,002	401,419
41	4100 RADIOLOGY-DIAGNOSTIC	2,464,443	3,332,323	5,796,766	-1,914,994	3,881,772
41.01	4101 NUCLEAR MEDICINE	265,279	1,090,702	1,355,981	-24,090	1,331,891
41.02	4102 ULTRASOUND	355,727	85,864	441,591	-1,949	439,642
41.03	4103 RADIATION THERAPY	513,828	416,069	929,897	-43,282	886,615
44	4400 LABORATORY	1,931,693	3,161,220	5,092,913	-117,200	4,975,713
46	4600 WHOLE BLOOD & PACKED RED BLOOD CELLS	52,850	852,105	904,955	-5,253	899,702
46.30	4650 BLOOD CLOTTING FACTORS ADMIN COSTS					
49	4900 RESPIRATORY THERAPY	967,776	267,285	1,235,061	-20,939	1,214,122
50	5000 PHYSICAL THERAPY	1,611,335	467,763	2,079,098	-91,534	1,987,564
51	5100 OCCUPATIONAL THERAPY	540,718	52,381	593,099	7,100	600,199
52	5200 SPEECH PATHOLOGY	277,567	41,287	318,854	3,194	322,048
53	5300 ELECTROCARDIOLOGY	1,277,377	600,550	1,877,927	-212,216	1,665,711
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS				2,661,777	2,661,777
56	5600 DRUGS CHARGED TO PATIENTS				5,052,447	5,052,447
57	5700 RENAL DIALYSIS					
59	3190 CANCER TREATMENT CENTER					
59.10	3120 CATH LAB	524,445	1,474,189	1,998,634	-299,347	1,699,287
	OUTPAT SERVICE COST CNTRS					
60	6000 CLINIC	246,392	266,953	513,345	-11,394	501,951
60.01	4951 PSYCHIATRIC ANCILLARY SERVICES				2,405	2,405
60.02	6001 DENTAL CLINIC	180,564	283,738	464,302	-35,379	428,923
61	6100 EMERGENCY	1,875,095	1,271,469	3,146,564	-371,127	2,775,437
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)					
63.50	6310 RHC					
63.60	6320 FQHC					
	OTHER REIMBURS COST CNTRS					
71	7100 HOME HEALTH AGENCY					
	SPEC PURPOSE COST CENTERS					
85.01	8510 PANCREAS ACQUISITION					
89	8900 UTILIZATION REVIEW-SNF					
95	SUBTOTALS	48,934,502	81,017,599	129,952,101	-1,102,333	128,849,768
	NONREIMBURS COST CENTERS					
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN					
96.10	9610 INNPATIENT CENTER					
96.20	9601 WEIGHT CONTROL					
96.30	9602 WOMEN'S HEALTH					
96.40	9605 HEALTHY COMMUNITIES				1,141,710	1,141,710
96.45	9607 SPORTS MEDICIANE				68,593	68,593
96.60	9606 OTHER NRCC	362,847	713,351	1,076,198	-65,366	1,010,832
99.01	9901 VNA	1,925,698	662,733	2,588,431	39,010	2,627,441
100	7950 SPECIALIST CLINIC					
100.01	7954 HEARING CENTER	400,223	283,880	684,103	-46,437	637,666
100.10	7952 HOME INFUSION	340,100	312,839	652,939	-33,275	619,664
100.20	7953 RENTAL PROPERTIES		947,328	947,328	-1,902	945,426
101	TOTAL	51,963,370	83,937,730	135,901,100	-0-	135,901,100

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

I PROVIDER NO: I15-0006
 I PERIOD: I FROM 1/1/2007 I TO 12/31/2007
 I PREPARED 5/22/2008 I WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS 6	NET EXPENSES FOR ALLOC 7
	GENERAL SERVICE COST CNTR		
1	0100 OLD CAP REL COSTS- BLDG & FIXT		
2	0200 OLD CAP REL COSTS- MVBLE EQUIP		
3	0300 NEW CAP REL COSTS- BLDG & FIXT	1,292,346	5,213,476
4	0400 NEW CAP REL COSTS- MVBLE EQUIP	1,863,297	10,920,408
5	0500 EMPLOYEE BENEFITS	-897,483	11,732,655
6.10	0610 NON-PATIENT PHONES	-79,700	152,638
6.30	0630 PURCHASING		537,179
6.40	0650 CASHIERING	3	3,996,169
6.60	0660 OTHER ADMIN & GEN	-11,178,245	14,149,219
7	0700 MAINTENANCE & REPAIRS		
8	0800 OPERATION OF PLANT	89,650	8,657,519
9	0900 LAUNDRY & LINEN SERVICE	-9,866	346,865
10	1000 HOUSEKEEPING	-26,456	1,349,915
11	1100 DIETARY	-36,762	1,173,542
12	1200 CAFETERIA	-812,385	699,737
13	1300 MAINTENANCE OF PERSONNEL		
14	1400 NURSING ADMINISTRATION	-24,858	1,124,641
15	1500 CENTRAL SERVICES & SUPPLY		710,756
16	1600 PHARMACY		1,809,481
17	1700 MEDICAL RECORDS & LIBRARY	-39,953	970,962
18	1800 SOCIAL SERVICE		
20	2000 NONPHYSICIAN ANESTHETISTS		
21	2100 NURSING SCHOOL		
22	2200 I&R SERVICES-SALARY & FRINGES APPRVD		
23	2300 I&R SERVICES-OTHER PRGM COSTS APPRVD		
24	2400 PARAMED ED PRGM-(SPECIFY) INPAT ROUTINE SRVC CNTRS		
25	2500 ADULTS & PEDIATRICS	-242	6,813,231
26	2600 INTENSIVE CARE UNIT		3,305,939
31	3100 SUBPROVIDER	-49,574	1,150,212
31.01	3101 SUBPROVIDER II	-16,723	454,568
33	3300 NURSERY		782,667
34	3400 SKILLED NURSING FACILITY	-13,833	1,735,752
35	3500 NURSING FACILITY	-1,600	554,958
36	3600 OTHER LONG TERM CARE ANCILLARY SRVC COST CNTRS		
37	3700 OPERATING ROOM		8,836,270
39	3900 DELIVERY ROOM & LABOR ROOM	-1,800	399,619
41	4100 RADIOLOGY-DIAGNOSTIC	-2,405	3,879,367
41.01	4101 NUCLEAR MEDICINE		1,331,891
41.02	4102 ULTRASOUND		439,642
41.03	4103 RADIATION THERAPY		886,615
44	4400 LABORATORY	-755,917	4,219,796
46	4600 WHOLE BLOOD & PACKED RED BLOOD CELLS		899,702
46.30	4650 BLOOD CLOTTING FACTORS ADMIN COSTS		
49	4900 RESPIRATORY THERAPY		1,214,122
50	5000 PHYSICAL THERAPY	-2	1,987,562
51	5100 OCCUPATIONAL THERAPY	-1	600,198
52	5200 SPEECH PATHOLOGY	1	322,049
53	5300 ELECTROCARDIOLOGY	-17,982	1,647,729
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS	-26,729	2,635,048
56	5600 DRUGS CHARGED TO PATIENTS	-264,081	4,788,366
57	5700 RENAL DIALYSIS		
59	3190 CANCER TREATMENT CENTER		
59.10	3120 CATH LAB	-24,165	1,675,122
	OUTPAT SERVICE COST CNTRS		
60	6000 CLINIC	-125,699	376,252
60.01	4951 PSYCHIATRIC ANCILLARY SERVICES		2,405
60.02	6001 DENTAL CLINIC	-142,320	286,603
61	6100 EMERGENCY		2,775,437
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)		
63.50	6310 RHC		
63.60	6320 FQHC		
71	7100 OTHER REIMBURS COST CNTRS HOME HEALTH AGENCY SPEC PURPOSE COST CENTERS		
85.01	8510 PANCREAS ACQUISITION		
89	8900 UTILIZATION REVIEW-SNF		-0-
95	SUBTOTALS	-11,303,484	117,546,284
	NONREIMBURS COST CENTERS		
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN		
96.10	9610 INNPATIENT CENTER		
96.20	9601 WEIGHT CONTROL		
96.30	9602 WOMEN'S HEALTH		
96.40	9605 HEALTHY COMMUNITIES		1,141,710
96.45	9607 SPORTS MEDICIANE		68,593
96.60	9606 OTHER NRCC	-368,614	642,218
99.01	9901 VNA		2,627,441
100	7950 SPECIALIST CLINIC		
100.01	7954 HEARING CENTER		637,666
100.10	7952 HOME INFUSION		619,664
100.20	7953 RENTAL PROPERTIES		945,426
101	TOTAL	-11,672,098	124,229,002

COST CENTERS USED IN COST REPORT

LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
	GENERAL SERVICE COST		
1	OLD CAP REL COSTS- BLDG & FIXT	0100	
2	OLD CAP REL COSTS- MVBLE EQUIP	0200	
3	NEW CAP REL COSTS- BLDG & FIXT	0300	
4	NEW CAP REL COSTS- MVBLE EQUIP	0400	
5	EMPLOYEE BENEFITS	0500	
6.10	NON-PATIENT PHONES	0610	NONPATIENT TELEPHONES
6.30	PURCHASING	0630	PURCHASING, RECEIVING AND STORES
6.40	CASHIERING	0650	CASHIERING/ACCOUNTS RECEIVABLE
6.60	OTHER ADMIN & GEN	0660	OTHER ADMINISTRATIVE AND GENERAL
7	MAINTENANCE & REPAIRS	0700	
8	OPERATION OF PLANT	0800	
9	LAUNDRY & LINEN SERVICE	0900	
10	HOUSEKEEPING	1000	
11	DIETARY	1100	
12	CAFETERIA	1200	
13	MAINTENANCE OF PERSONNEL	1300	
14	NURSING ADMINISTRATION	1400	
15	CENTRAL SERVICES & SUPPLY	1500	
16	PHARMACY	1600	
17	MEDICAL RECORDS & LIBRARY	1700	
18	SOCIAL SERVICE	1800	
20	NONPHYSICIAN ANESTHETISTS	2000	
21	NURSING SCHOOL	2100	
22	I&R SERVICES- SALARY & FRINGES APPRVD	2200	
23	I&R SERVICES- OTHER PRGM COSTS APPRVD	2300	
24	PARAMED ED PRGM- (SPECIFY)	2400	
	INPAT ROUTINE SRVC C		
25	ADULTS & PEDIATRICS	2500	
26	INTENSIVE CARE UNIT	2600	
31	SUBPROVIDER	3100	
31.01	SUBPROVIDER II	3101	SUBPROVIDER #####
33	NURSERY	3300	
34	SKILLED NURSING FACILITY	3400	
35	NURSING FACILITY	3500	
36	OTHER LONG TERM CARE	3600	
	ANCILLARY SRVC COST		
37	OPERATING ROOM	3700	
39	DELIVERY ROOM & LABOR ROOM	3900	
41	RADIOLOGY- DIAGNOSTIC	4100	
41.01	NUCLEAR MEDICINE	4101	RADIOLOGY- DIAGNOSTIC
41.02	ULTRASOUND	4102	RADIOLOGY- DIAGNOSTIC
41.03	RADIATION THERAPY	4103	RADIOLOGY- DIAGNOSTIC
44	LABORATORY	4400	
46	WHOLE BLOOD & PACKED RED BLOOD CELLS	4600	
46.30	BLOOD CLOTTING FACTORS ADMIN COSTS	4650	BLOOD CLOTTING FOR HEMOPHILIACS
49	RESPIRATORY THERAPY	4900	
50	PHYSICAL THERAPY	5000	
51	OCCUPATIONAL THERAPY	5100	
52	SPEECH PATHOLOGY	5200	
53	ELECTROCARDIOLOGY	5300	
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	5500	
56	DRUGS CHARGED TO PATIENTS	5600	
57	RENAL DIALYSIS	5700	
59	CANCER TREATMENT CENTER	3190	CHEMOTHERAPY
59.10	CATH LAB	3120	CARDIAC CATHETERIZATION LABORATORY
	OUTPAT SERVICE COST		
60	CLINIC	6000	
60.01	PSYCHIATRIC ANCILLARY SERVICES	4951	OTHER OUTPATIENT SERVICE COST CENTER
60.02	DENTAL CLINIC	6001	CLINIC
61	EMERGENCY	6100	
62	OBSERVATION BEDS (NON-DISTINCT PART)	6200	
63.50	RHC	6310	RURAL HEALTH CLINIC #####
63.60	FQHC	6320	FEDERALLY QUALIFIED HEALTH CTR #####
	OTHER REIMBURS COST		
71	HOME HEALTH AGENCY	7100	
	SPEC PURPOSE COST CE		
85.01	PANCREAS ACQUISITION	8510	
89	UTILIZATION REVIEW- SNF	8900	
95	SUBTOTALS	0000	
	NONREIMBURS COST CEN		
96	GIFT, FLOWER, COFFEE SHOP & CANTEEN	9600	
96.10	INNPATIENT CENTER	9610	GIFT, FLOWER, COFFEE SHOP & CANTEEN
96.20	WEIGHT CONTROL	9601	GIFT, FLOWER, COFFEE SHOP & CANTEEN
96.30	WOMEN'S HEALTH	9602	GIFT, FLOWER, COFFEE SHOP & CANTEEN
96.40	HEALTHY COMMUNITIES	9605	GIFT, FLOWER, COFFEE SHOP & CANTEEN
96.45	SPORTS MEDICIANE	9607	GIFT, FLOWER, COFFEE SHOP & CANTEEN
96.60	OTHER NRCC	9606	GIFT, FLOWER, COFFEE SHOP & CANTEEN
99.01	VNA	9901	NONPAID WORKERS
100	SPECIALIST CLINIC	7950	OTHER NONREIMBURSABLE COST CENTERS
100.01	HEARING CENTER	7954	OTHER NONREIMBURSABLE COST CENTERS
100.10	HOME INFUSION	7952	OTHER NONREIMBURSABLE COST CENTERS
100.20	RENTAL PROPERTIES	7953	OTHER NONREIMBURSABLE COST CENTERS
101	TOTAL	0000	

RECLASSIFICATIONS

INCREASE

EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER 2	LINE NO 3	SALARY 4	OTHER 5
1 SHARED FOOD COSTS	A	CAFETERIA	12	791,409	720,713
2 MEDICAL SUPPLIES	C	MEDICAL SUPPLIES CHARGED TO PATIENTS	55		2,661,777
3					
4					
5					
6 DRUGS SOLD	D	DRUGS CHARGED TO PATIENTS	56		5,052,447
7 COST OF SECURITY	E	OPERATION OF PLANT	8	402,170	90,554
8 OB & NURSERY COST	F	NURSERY	33	646,978	135,689
9		ADULTS & PEDIATRICS	25	703,633	147,571
10 DEPRECIATION	G	NEW CAP REL COSTS-BLDG & FIXT	3		3,799,279
11		NEW CAP REL COSTS-MVBLE EQUIP	4		7,834,041
12 RENTAL COSTS & MME	I	NEW CAP REL COSTS-BLDG & FIXT	3		121,851
13		OTHER ADMIN & GEN	6.60		3,965,195
14		NEW CAP REL COSTS-MVBLE EQUIP	4		1,223,070
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1 RENTAL COSTS & MME	I				
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11					
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14					
15					
16					
17 SPORTS MEDICINE	J	SPORTS MEDICIANE	96.45	64,148	4,445
18 DEPR ON BLDGS AND	K	OTHER ADMIN & GEN	6.60		486,621
19					
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22					
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1 DEPR ON BLDGS AND	K				
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RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER 2	INCREASE		
			LINE NO 3	SALARY 4	OTHER 5
14 PUBLIC RELATIONS	Q	HEALTHY COMMUNITIES	96.40	362,203	779,507
15 VNA SHARED COSTS	R	VNA	99.01	9,301	
16					
17 INCENTIVE COMPENSATION	S	EMPLOYEE BENEFITS	5	26,102	
18		NON-PATIENT PHONES	6.10	4,935	
19		PURCHASING	6.30	24,819	
20		CASHIERING	6.40	42,041	
21		OTHER ADMIN & GEN	6.60	632,026	
22		OPERATION OF PLANT	8	23,809	
23		LAUNDRY & LINEN SERVICE	9	7,760	
24		HOUSEKEEPING	10	32,161	
25		DIETARY	11	42,075	
26		NURSING ADMINISTRATION	14	51,051	
27		CENTRAL SERVICES & SUPPLY	15	7,510	
28		PHARMACY	16	42,992	
29		MEDICAL RECORDS & LIBRARY	17	27,749	
30		ADULTS & PEDIATRICS	25	96,991	
31		INTENSIVE CARE UNIT	26	40,862	
32		SUBPROVIDER	31	16,910	
33		SUBPROVIDER II	31.01	5,330	
34		SKILLED NURSING FACILITY	34	34,133	
35		NURSING FACILITY	35	15,530	
1 INCENTIVE COMPENSATION	S	OPERATING ROOM	37	43,460	
2		DELIVERY ROOM & LABOR ROOM	39	24,082	
3		RADIOLOGY-DIAGNOSTIC	41	63,676	
4		NUCLEAR MEDICINE	41.01	2,550	
5		ULTRASOUND	41.02	3,015	
6		RADIATION THERAPY	41.03	13,713	
7		LABORATORY	44	56,235	
8		WHOLE BLOOD & PACKED RED BLOOD CELLS	46	850	
9		RESPIRATORY THERAPY	49	16,203	
10		PHYSICAL THERAPY	50	42,222	
11		OCCUPATIONAL THERAPY	51	8,750	
12		SPEECH PATHOLOGY	52	4,360	
13		ELECTROCARDIOLOGY	53	21,934	
14		CATH LAB	59.10	6,060	
15		CLINIC	60	10,012	
16		PSYCHIATRIC ANCI LLARY SERVICES	60.01	2,405	
17		EMERGENCY	61	24,212	
18		OTHER NRCC	96.60	4,000	
19		VNA	99.01	29,709	
20		HEARING CENTER	100.01	11,298	
21		HOME INFUSION	100.10	18,569	
36 TOTAL RECLASSIFICATIONS				4,561,943	27,022,760

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

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER 6	DECREASE		SALARY 8	OTHER 9	A-7 REF 10
			LINE NO 7				
1 SHARED FOOD COSTS	A	DIETARY	11		791,409	720,713	
2 MEDICAL SUPPLIES	C	CENTRAL SERVICES & SUPPLY	15			678,354	
3		OPERATING ROOM	37			1,874,266	
4		INTENSIVE CARE UNIT	26			27,941	
5		EMERGENCY	61			81,216	
6 DRUGS SOLD	D	PHARMACY	16			5,052,447	
7 COST OF SECURITY	E	OTHER ADMIN & GEN	6.60		402,170	90,554	
8 OB & NURSERY COST	F	DELIVERY ROOM & LABOR ROOM	39		1,350,611	283,260	
9							
10 DEPRECIATION	G	OTHER ADMIN & GEN	6.60			11,633,320	9
11							9
12 RENTAL COSTS & MME	I	EMPLOYEE BENEFITS	5			49,389	9
13		PURCHASING	6.30			19,272	
14		CASHIERING	6.40			30,629	9
15		NON-PATIENT PHONES	6.10			10,585	
16		OPERATION OF PLANT	8			187,013	
17		LAUNDRY & LINEN SERVICE	9			5,139	
18		HOUSEKEEPING	10			14,031	
19		DIETARY	11			96,114	
20		NURSING ADMINISTRATION	14			58,313	
21		CENTRAL SERVICES & SUPPLY	15			529,198	
22		PHARMACY	16			198,508	
23		MEDICAL RECORDS & LIBRARY	17			54,754	
24		ADULTS & PEDIATRICS	25			57,079	
25		INTENSIVE CARE UNIT	26			136,717	
26		SUBPROVIDER	31			12,981	
27		SUBPROVIDER II	31.01			2,467	
28		SKILLED NURSING FACILITY	34			14,044	
29		NURSING FACILITY	35			8,454	
30		OPERATING ROOM	37			685,289	
31		DELIVERY ROOM & LABOR ROOM	39			56,894	
32		RADIOLOGY-DIAGNOSTIC	41			1,953,769	
33		NUCLEAR MEDICINE	41.01			26,479	
34		ULTRASOUND	41.02			4,964	
35		RADIATION THERAPY	41.03			56,995	
1 RENTAL COSTS & MME	I	LABORATORY	44			169,961	
2		WHOLE BLOOD & PACKED RED BLOOD CELLS	46			6,082	
3		RESPIRATORY THERAPY	49			37,142	
4		PHYSICAL THERAPY	50			57,676	
5		OCCUPATIONAL THERAPY	51			1,650	
6		SPEECH PATHOLOGY	52			1,166	
7		ELECTROCARDIOLOGY	53			228,620	
8		CATH LAB	59.10			303,157	
9		CLINIC	60			10,672	
10		DENTAL CLINIC	60.02			5,683	
11		EMERGENCY	61			43,891	
12		OTHER NRCC	96.60			64,254	
13		HEARING CENTER	100.01			18,586	
14		HOME INFUSION	100.10			51,844	
15		RENTAL PROPERTIES	100.20			1,902	
16		HEARING CENTER	100.01			38,753	
17 SPORTS MEDICINE	J	PHYSICAL THERAPY	50		64,148	4,445	
18 DEPR ON BLDGS AND	K	HOUSEKEEPING	10			372	
19		LABORATORY	44			3,474	
20		CASHIERING	6.40			1,423	
21		OTHER ADMIN & GEN	6.60			36,230	
22		INTENSIVE CARE UNIT	26			2,587	
23		DIETARY	11			5,953	
24		NURSING ADMINISTRATION	14			252	
25		CENTRAL SERVICES & SUPPLY	15			52	
26		PHARMACY	16			2,970	
27		MEDICAL RECORDS & LIBRARY	17			347	
28		ADULTS & PEDIATRICS	25			20,562	
29		SUBPROVIDER	31			12,780	
30		SKILLED NURSING FACILITY	34			5,476	
31		NURSING FACILITY	35			2,720	
32		OPERATING ROOM	37			24,773	
33		DELIVERY ROOM & LABOR ROOM	39			6,319	
34		RADIOLOGY-DIAGNOSTIC	41			24,901	
35		PHYSICAL THERAPY	50			7,487	
1 DEPR ON BLDGS AND	K	ELECTROCARDIOLOGY	53			5,530	
2		CATH LAB	59.10			2,250	
3		CLINIC	60			10,734	
4		SUBPROVIDER II	31.01			1,948	
5		DENTAL CLINIC	60.02			29,696	
6		EMERGENCY	61			270,232	
7		PURCHASING	6.30			1,314	
8		HEARING CENTER	100.01			1,396	
9		OTHER NRCC	96.60			5,112	
10		NUCLEAR MEDICINE	41.01			161	
11		EMPLOYEE BENEFITS	5			501	
12		WHOLE BLOOD & PACKED RED BLOOD CELLS	46			21	
13		LAUNDRY & LINEN SERVICE	9			48	

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER	DECREASE			A-7 REF 10
			6	LINE NO 7	SALARY 8	
14 PUBLIC RELATIONS	Q	OTHER ADMIN & GEN		6.60	362,203	779,507
15 VNA SHARED COSTS	R	OTHER ADMIN & GEN		6.60	6,547	
16		MEDICAL RECORDS & LIBRARY		17	2,754	
17 INCENTIVE COMPENSATION	S					
18		OTHER ADMIN & GEN		6.60	1,582,101	
19						
20						
21						
22						
23						
24						
25						
26						
27						
28						
29						
30						
31						
32						
33						
34						
35						
1 INCENTIVE COMPENSATION	S					
2						
3						
4						
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7						
8						
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10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
36 TOTAL RECLASSIFICATIONS					4,561,943	27,022,760

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

RECLASSIFICATIONS

RECLASS CODE: A
 EXPLANATION : SHARED FOOD COSTS

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	CAFETERIA	12	1,512,122
TOTAL RECLASSIFICATIONS FOR CODE A			1,512,122

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
DIETARY	11	1,512,122	
			1,512,122

RECLASS CODE: C
 EXPLANATION : MEDICAL SUPPLIES

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	MEDICAL SUPPLIES CHARGED TO PA	55	2,661,777
2.00			0
3.00			0
4.00			0
TOTAL RECLASSIFICATIONS FOR CODE C			2,661,777

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
CENTRAL SERVICES & SUPPLY	15	678,354	
OPERATING ROOM	37	1,874,266	
INTENSIVE CARE UNIT	26	27,941	
EMERGENCY	61	81,216	
			2,661,777

RECLASS CODE: D
 EXPLANATION : DRUGS SOLD

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	DRUGS CHARGED TO PATIENTS	56	5,052,447
TOTAL RECLASSIFICATIONS FOR CODE D			5,052,447

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
PHARMACY	16	5,052,447	
			5,052,447

RECLASS CODE: E
 EXPLANATION : COST OF SECURITY

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	OPERATION OF PLANT	8	492,724
TOTAL RECLASSIFICATIONS FOR CODE E			492,724

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
OTHER ADMIN & GEN	6.60	492,724	
			492,724

RECLASS CODE: F
 EXPLANATION : OB & NURSERY COST

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	NURSERY	33	782,667
2.00	ADULTS & PEDIATRICS	25	851,204
TOTAL RECLASSIFICATIONS FOR CODE F			1,633,871

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
DELIVERY ROOM & LABOR ROOM	39	1,633,871	
			0
			1,633,871

RECLASS CODE: G
 EXPLANATION : DEPRECIATION

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	3,799,279
2.00	NEW CAP REL COSTS-MVBLE EQUIP	4	7,834,041
TOTAL RECLASSIFICATIONS FOR CODE G			11,633,320

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
OTHER ADMIN & GEN	6.60	11,633,320	
			0
			11,633,320

RECLASS CODE: I
 EXPLANATION : RENTAL COSTS & MME

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	121,851
2.00	OTHER ADMIN & GEN	6.60	3,965,195
3.00	NEW CAP REL COSTS-MVBLE EQUIP	4	1,223,070
4.00			0
5.00			0
6.00			0
7.00			0
8.00			0
9.00			0
10.00			0
11.00			0
12.00			0
13.00			0
14.00			0
15.00			0
16.00			0
17.00			0
18.00			0
19.00			0
20.00			0
21.00			0
22.00			0
23.00			0
24.00			0
25.00			0
26.00			0

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
EMPLOYEE BENEFITS	5	49,389	
PURCHASING	6.30	19,272	
CASHIERING	6.40	30,629	
NON-PATIENT PHONES	6.10	10,585	
OPERATION OF PLANT	8	187,013	
LAUNDRY & LINEN SERVICE	9	5,139	
HOUSEKEEPING	10	14,031	
DIETARY	11	96,114	
NURSING ADMINISTRATION	14	58,313	
CENTRAL SERVICES & SUPPLY	15	529,198	
PHARMACY	16	198,508	
MEDICAL RECORDS & LIBRARY	17	54,754	
ADULTS & PEDIATRICS	25	57,079	
INTENSIVE CARE UNIT	26	136,717	
SUBPROVIDER	31	12,981	
SUBPROVIDER II	31.01	2,467	
SKILLED NURSING FACILITY	34	14,044	
NURSING FACILITY	35	8,454	
OPERATING ROOM	37	685,289	
DELIVERY ROOM & LABOR ROOM	39	56,894	
RADIOLOGY-DIAGNOSTIC	41	1,953,769	
NUCLEAR MEDICINE	41.01	26,479	
ULTRASOUND	41.02	4,964	
RADIATION THERAPY	41.03	56,995	
LABORATORY	44	169,961	
WHOLE BLOOD & PACKED RED BLOOD	46	6,082	

RECLASSIFICATIONS

RECLASS CODE: I
 EXPLANATION : RENTAL COSTS & MME

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	AMOUNT
27.00			0	RESPIRATORY THERAPY	49	37,142	
28.00			0	PHYSICAL THERAPY	50	57,676	
29.00			0	OCCUPATIONAL THERAPY	51	1,650	
30.00			0	SPEECH PATHOLOGY	52	1,166	
31.00			0	ELECTROCARDIOLOGY	53	228,620	
32.00			0	CATH LAB	59.10	303,157	
33.00			0	CLINIC	60	10,672	
34.00			0	DENTAL CLINIC	60.02	5,683	
35.00			0	EMERGENCY	61	43,891	
36.00			0	OTHER NRCC	96.60	64,254	
37.00			0	HEARING CENTER	100.01	18,586	
38.00			0	HOME INFUSION	100.10	51,844	
39.00			0	RENTAL PROPERTIES	100.20	1,902	
40.00			0	HEARING CENTER	100.01	38,753	
TOTAL RECLASSIFICATIONS FOR CODE I			5,310,116				5,310,116

RECLASS CODE: J
 EXPLANATION : SPORTS MEDICINE

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	AMOUNT
1.00	SPORTS MEDICIANE	96.45	68,593	PHYSICAL THERAPY	50	68,593	
TOTAL RECLASSIFICATIONS FOR CODE J			68,593				68,593

RECLASS CODE: K
 EXPLANATION : DEPR ON BLDGS AND

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	AMOUNT
1.00	OTHER ADMIN & GEN	6.60	486,621	HOUSEKEEPING	10	372	
2.00			0	LABORATORY	44	3,474	
3.00			0	CASHIERING	6.40	1,423	
4.00			0	OTHER ADMIN & GEN	6.60	36,230	
5.00			0	INTENSIVE CARE UNIT	26	2,587	
6.00			0	DIETARY	11	5,953	
7.00			0	NURSING ADMINISTRATION	14	252	
8.00			0	CENTRAL SERVICES & SUPPLY	15	52	
9.00			0	PHARMACY	16	2,970	
10.00			0	MEDICAL RECORDS & LIBRARY	17	347	
11.00			0	ADULTS & PEDIATRICS	25	20,562	
12.00			0	SUBPROVIDER	31	12,780	
13.00			0	SKILLED NURSING FACILITY	34	5,476	
14.00			0	NURSING FACILITY	35	2,720	
15.00			0	OPERATING ROOM	37	24,773	
16.00			0	DELIVERY ROOM & LABOR ROOM	39	6,319	
17.00			0	RADIOLOGY-DIAGNOSTIC	41	24,901	
18.00			0	PHYSICAL THERAPY	50	7,487	
19.00			0	ELECTROCARDIOLOGY	53	5,530	
20.00			0	CATH LAB	59.10	2,250	
21.00			0	CLINIC	60	10,734	
22.00			0	SUBPROVIDER II	31.01	1,948	
23.00			0	DENTAL CLINIC	60.02	29,696	
24.00			0	EMERGENCY	61	270,232	
25.00			0	PURCHASING	6.30	1,314	
26.00			0	HEARING CENTER	100.01	396	
27.00			0	OTHER NRCC	96.60	5,112	
28.00			0	NUCLEAR MEDICINE	41.01	161	
29.00			0	EMPLOYEE BENEFITS	5	501	
30.00			0	WHOLE BLOOD & PACKED RED BLOOD	46	21	
31.00			0	LAUNDRY & LINEN SERVICE	9	48	
TOTAL RECLASSIFICATIONS FOR CODE K			486,621				486,621

RECLASS CODE: Q
 EXPLANATION : PUBLIC RELATIONS

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	AMOUNT
1.00	HEALTHY COMMUNITIES	96.40	1,141,710	OTHER ADMIN & GEN	6.60	1,141,710	
TOTAL RECLASSIFICATIONS FOR CODE Q			1,141,710				1,141,710

RECLASS CODE: R
 EXPLANATION : VNA SHARED COSTS

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	AMOUNT
1.00	VNA	99.01	9,301	OTHER ADMIN & GEN	6.60	6,547	
2.00			0	MEDICAL RECORDS & LIBRARY	17	2,754	
TOTAL RECLASSIFICATIONS FOR CODE R			9,301				9,301

RECLASS CODE: S
 EXPLANATION : INCENTIVE COMPENSATION

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	AMOUNT
1.00	EMPLOYEE BENEFITS	5	26,102			0	

RECLASS CODE: S
 EXPLANATION: INCENTIVE COMPENSATION

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
2.00	NON-PATIENT PHONES	6.10	4,935	OTHER ADMIN & GEN	6.60	1,582,101	
3.00	PURCHASING	6.30	24,819				0
4.00	CASHIERING	6.40	42,041				0
5.00	OTHER ADMIN & GEN	6.60	632,026				0
6.00	OPERATION OF PLANT	8	23,809				0
7.00	LAUNDRY & LINEN SERVICE	9	7,760				0
8.00	HOUSEKEEPING	10	32,161				0
9.00	DIETARY	11	42,075				0
10.00	NURSING ADMINISTRATION	14	51,051				0
11.00	CENTRAL SERVICES & SUPPLY	15	7,510				0
12.00	PHARMACY	16	42,992				0
13.00	MEDICAL RECORDS & LIBRARY	17	27,749				0
14.00	ADULTS & PEDIATRICS	25	96,991				0
15.00	INTENSIVE CARE UNIT	26	40,862				0
16.00	SUBPROVIDER	31	16,910				0
17.00	SUBPROVIDER II	31.01	5,330				0
18.00	SKILLED NURSING FACILITY	34	34,133				0
19.00	NURSING FACILITY	35	15,530				0
20.00	OPERATING ROOM	37	43,460				0
21.00	DELIVERY ROOM & LABOR ROOM	39	24,082				0
22.00	RADIOLOGY-DIAGNOSTIC	41	63,676				0
23.00	NUCLEAR MEDICINE	41.01	2,550				0
24.00	ULTRASOUND	41.02	3,015				0
25.00	RADIATION THERAPY	41.03	13,713				0
26.00	LABORATORY	44	56,235				0
27.00	WHOLE BLOOD & PACKED RED BLOOD	46	850				0
28.00	RESPIRATORY THERAPY	49	16,203				0
29.00	PHYSICAL THERAPY	50	42,222				0
30.00	OCCUPATIONAL THERAPY	51	8,750				0
31.00	SPEECH PATHOLOGY	52	4,360				0
32.00	ELECTROCARDIOLOGY	53	21,934				0
33.00	CATH LAB	59.10	6,060				0
34.00	CLINIC	60	10,012				0
35.00	PSYCHIATRIC ANCILLARY SERVICES	60.01	2,405				0
36.00	EMERGENCY	61	24,212				0
38.00	OTHER NRCC	96.60	4,000				0
39.00	VNA	99.01	29,709				0
40.00	HEARING CENTER	100.01	11,298				0
41.00	HOME INFUSION	100.10	18,569				0
TOTAL RECLASSIFICATIONS FOR CODE S			1,582,101			1,582,101	

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

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

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

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

PART III - RECONCILIATION OF CAPITAL COST CENTERS
 DESCRIPTION

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

	DEPRECIATION	LEASE	SUMMARY OF OLD AND NEW CAPITAL			OTHER CAPITAL RELATED COST	TOTAL (1)
			INTEREST	INSURANCE	TAXES		
	9	10	11	12	13	14	15
* OLD CAP REL COSTS-BL							
2 OLD CAP REL COSTS-MV							
3 NEW CAP REL COSTS-BL	5,213,476						5,213,476
4 NEW CAP REL COSTS-MV	10,920,408						10,920,408
5 TOTAL	16,133,884						16,133,884

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

	DEPRECIATION	LEASE	SUMMARY OF OLD AND NEW CAPITAL			OTHER CAPITAL RELATED COST	TOTAL (1)
			INTEREST	INSURANCE	TAXES		
	9	10	11	12	13	14	15
* OLD CAP REL COSTS-BL							
2 OLD CAP REL COSTS-MV							
3 NEW CAP REL COSTS-BL							
4 NEW CAP REL COSTS-MV							
5 TOTAL							

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

ADJUSTMENTS TO EXPENSES

DESCRIPTION (1)	BASIS/CODE (2)	AMOUNT (2)	EXPENSE CLASSIFICATION ON	LINE NO (4)	WKST. A-7 REF. (5)
			WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED COST CENTER (3)		
1 INVST INCOME-OLD BLDGS AND FIXTURES			OLD CAP REL COSTS- BLDG &	1	
2 INVESTMENT INCOME-OLD MOVABLE EQUIP			OLD CAP REL COSTS-MVBLE E	2	
3 INVST INCOME-NEW BLDGS AND FIXTURES	B	-361,250	NEW CAP REL COSTS- BLDG &	3	9
4 INVESTMENT INCOME-NEW MOVABLE EQUIP	B	-474,204	NEW CAP REL COSTS-MVBLE E	4	9
5 INVESTMENT INCOME-OTHER					
6 TRADE QUANTITY AND TIME DISCOUNTS					
7 REFUNDS AND REBATES OF EXPENSES					
8 RENTAL OF PRVIDER SPACE BY SUPPLIERS					
9 TELEPHONE SERVICES	A	-79,700	NON- PATIENT PHONES	6.10	
10 TELEVISION AND RADIO SERVICE	A	-5,487	OPERATION OF PLANT	8	
11 PARKING LOT					
12 PROVIDER BASED PHYSICIAN ADJUSTMENT	A-8-2	-1,879,106			
13 SALE OF SCRAP, WASTE, ETC.	B	-2,405	RADIOLOGY- DIAGNOSTIC	41	
14 RELATED ORGANIZATION TRANSACTIONS	A-8-1	8,064,800			
15 LAUNDRY AND LINEN SERVICE	B	-9,866	LAUNDRY & LINEN SERVICE	9	
16 CAFETERIA -EMPLOYEES AND GUESTS	B	-812,385	CAFETERIA	12	
17 RENTAL OF QTRS TO EMPLOYEE AND OTHRS					
18 SALE OF MED AND SURG SUPPLIES	B	-26,729	MEDICAL SUPPLIES CHARGED	55	
19 SALE OF DRUGS TO OTHER THAN PATIENTS	B	-264,081	DRUGS CHARGED TO PATIENTS	56	
20 SALE OF MEDICAL RECORDS & ABSTRACTS	B	-39,953	MEDICAL RECORDS & LIBRARY	17	
21 NURSG SCHOOL(TUITN, FEES, BOOKS, ETC.)					
22 VENDNG MACHINES					
23 INCOME FROM IMPOSITION OF INTEREST					
24 INTRST EXP ON MEDICARE OVERPAYMENTS					
25 ADJUSTMENT FOR RESPIRATORY THERAPY	A-8-3/A-8-4		RESPIRATORY THERAPY	49	
26 ADJUSTMENT FOR PHYSICAL THERAPY	A-8-3/A-8-4		PHYSICAL THERAPY	50	
27 ADJUSTMENT FOR HHA PHYSICAL THERAPY	A-8-3				
28 UTILIZATION REVIEW-PHYSIAN COMP			UTILIZATION REVIEW-SNF	89	
29 DEPRECIATION-OLD BLDGS AND FIXTURES			OLD CAP REL COSTS- BLDG &	1	
30 DEPRECIATION-OLD MOVABLE EQUIP			OLD CAP REL COSTS-MVBLE E	2	
31 DEPRECIATION-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS- BLDG &	3	
32 DEPRECIATION-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E	4	
33 NON-PHYSICIAN ANESTHETIST			NONPHYSICIAN ANESTHETISTS	20	
34 PHYSICIANS' ASSISTANT					
35 ADJUSTMENT FOR OCCUPATIONAL THERAPY	A-8-4		OCCUPATIONAL THERAPY	51	
36 ADJUSTMENT FOR SPEECH PATHOLOGY	A-8-4		SPEECH PATHOLOGY	52	
37 CLINICAL DIETARY	B	-1,520	DIETARY	11	
37.01 PATIENT TELEPHONE DEPRECIATION	A	-2,920	NEW CAP REL COSTS- BLDG &	3	9
37.02 PATIENT TELEPHONE DEPRECIATION	A	-1,141	NEW CAP REL COSTS- BLDG &	3	9
38 1984 AHA AJE	A	1	NEW CAP REL COSTS- BLDG &	3	9
38.01 FI DEPRECIATION AJES 1985	A	-1	NEW CAP REL COSTS- BLDG &	3	9
38.02 FI DEPRECIATION AJES 1986	A	1	NEW CAP REL COSTS- BLDG &	3	9
38.03 FI DEPRECIATION AJES 1985	A	-1	NEW CAP REL COSTS-MVBLE E	4	9
38.06 FI DEPRECIATION AJES 1988	A	1	NEW CAP REL COSTS- BLDG &	3	9
38.10 FI DEPRECIATION AJES 1990	A	-3,311	NEW CAP REL COSTS- BLDG &	3	9
38.12 FI DEPRECIATION AJES 1991	A	-3,208	NEW CAP REL COSTS-MVBLE E	4	9
38.15 FI DEPRECIATION AJES 1993	A	-5,020	NEW CAP REL COSTS- BLDG &	3	9
38.16 FI DEPRECIATION AJES 1994	A	-1,615	NEW CAP REL COSTS- BLDG &	3	9
38.17 FI DEPRECIATION AJES 1994	A	3,638	NEW CAP REL COSTS-MVBLE E	4	9
38.20 CUSTOM CLEANING SERVICES	B	-26,456	HOUSEKEEPING	10	
38.22 SICK CHILD CARE REVENUE	B	-242	ADULTS & PEDIATRICS	25	
38.23 FI DEPRECIATION AJES 1993	A	1	NEW CAP REL COSTS-MVBLE E	4	9
39 MISC ADMIN	B	-1	OTHER ADMIN & GEN	6.60	
40 OTHER OPERATING REVENUE	B	-366,183	OTHER ADMIN & GEN	6.60	
41 PHYSICIAN BILLING	B	1	CASHIERING	6.40	
42 ADVERTISING & PATIENT SOLICITAT	A	-1	OTHER ADMIN & GEN	6.60	
43 LOSS CARRYFORWARD	A	1	NEW CAP REL COSTS-MVBLE E	4	9
44 LOSS CARRYFORWARD	A	-1	NEW CAP REL COSTS-MVBLE E	4	9
44.02 PHYSICAL THERAPY SCHOOL	B	-1	PHYSICAL THERAPY	50	
44.03 STAFF EDUCATION	B	-24,858	NURSING ADMINISTRATION	14	
45 COST OF PBP BILLING	A	-1	OTHER ADMIN & GEN	6.60	
45.01 INTEREST ON PATIENT AR	B	1	CASHIERING	6.40	
45.02 OTHER OT REV	B	-1	OCCUPATIONAL THERAPY	51	
45.03 OTHER SPEECH REV	B	1	SPEECH PATHOLOGY	52	
46 NON ALLOWABLE INTEREST	A	-375,462	OTHER ADMIN & GEN	6.60	
47 OLDER ADULT PROGRAM REVENUE	B	-17,716	OTHER ADMIN & GEN	6.60	
48 MISC PSYCHIATRIC REVENUE	B	-32,331	SUBPROVIDER	31	
49 OTHER PT REVENUE	B	-1	PHYSICAL THERAPY	50	
49.01 CATERING REVENUE	B	-35,242	DIETARY	11	
49.02 AHA LOBBYING DUES	A	-6,203	OTHER ADMIN & GEN	6.60	
49.05 INCOME TAXES	A	1	CASHIERING	6.40	
49.06 NON ALLOWABLE COSTS	A	-25,000	OTHER ADMIN & GEN	6.60	
49.07 RENTAL EXPENSE	A	-1	OTHER ADMIN & GEN	6.60	
49.08					
49.09 1102 LINCOLN VIRTUAL PURCH	A	-50,000	NEW CAP REL COSTS- BLDG &	3	9
49.10 1102 LINCOLNWAY VIRT PURCH	A	-13,054	NEW CAP REL COSTS- BLDG &	3	9
49.11 1102 LINCOLNWAY VIRT PURCH	A	12,651	NEW CAP REL COSTS- BLDG &	3	9
49.12 FOUNDATION EXP	A	1	OTHER ADMIN & GEN	6.60	
49.13 PHYSICIAN RECRUITMENT	A	-770	OTHER ADMIN & GEN	6.60	
49.14 OTHER ADMIN REVENUE	B	-37,660	OTHER ADMIN & GEN	6.60	
49.15 LRPN FRINGE BENEFITS	A	-897,483	EMPLOYEE BENEFITS	5	
49.16 POB HBP	A	-368,614	OTHER NRCC	96.60	
49.17 DEPRECIATION PERIOD 13 ENTRY	A	-1	OTHER ADMIN & GEN	6.60	
49.18 NONALLOWABLE LEGAL FEES	A	1	OTHER ADMIN & GEN	6.60	
49.19 BAD DEBTS	A	-13,502,012	OTHER ADMIN & GEN	6.60	
50 TOTAL (SUM OF LINES 1 THRU 49)		-11,672,098			

(1) Description - all chapter references in this column pertain to CMS Pub. 15-1.
 (2) Basis for adjustment (see instructions).
 A. Costs - if cost, including applicable overhead, can be determined.
 B. Amount Received - if cost cannot be determined.
 (3) Additional adjustments may be made on lines 37 thru 49 and subscripts thereof.
 Note: See instructions for column 5 referencing to Worksheet A-7

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

LINE NO. 1	COST CENTER 2	EXPENSE ITEMS 3	AMOUNT OF ALLOWABLE COST 4	AMOUNT 5	NET* ADJUSTMENTS 6	WKSHT A-7 COL. REF. 9	
1	3	NEW CAP REL COSTS-BLDG &	BUILDING RENT	120,933	45,088	75,845	9
2	8	OPERATION OF PLANT	BUILDING RENT	95,137		95,137	
3	6 60	OTHER ADMIN & GEN	RECRUITMENT		770	-770	
4	3	NEW CAP REL COSTS-BLDG &	ALLOCATION FROM HOME OFFI	224,691		224,691	9
4.01	4	NEW CAP REL COSTS-MVBLE E	ALLOCATION FROM HOME OFFI	2,337,071		2,337,071	9
4.02	6 60	OTHER ADMIN & GEN	ALLOCATION FROM HOME OFFI	3,915,358		3,915,358	
4.03	3	NEW CAP REL COSTS-BLDG &	INTEREST ALLOCATION FROM	1,417,468		1,417,468	9
5		TOTALS		8,110,658	45,858	8,064,800	

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

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

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

SYMBOL (1)	NAME 2	PERCENTAGE OF OWNERSHIP 3	RELATED ORGANIZATION(S) AND/OR HOME OFFICE NAME 4	PERCENTAGE OF OWNERSHIP 5	HOME OFFICE TYPE OF BUSINESS 6
1	G	HERITAGE PLACE		100.00	HEALTH CARE
2				0.00	
3				0.00	
4				0.00	
5				0.00	

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

PROVIDER BASED PHYSICIAN ADJUSTMENTS

WKSHT A LINE NO.	COST CENTER/ PHYSICIAN IDENTIFIER	TOTAL REMUN- ERATION	PROFES- SIONAL COMPONENT	PROVIDER COMPONENT	RCE AMOUNT	PHYSICIAN/ PROVIDER COMPONENT HOURS	UNADJUSTED RCE LI MIT	5 PERCENT OF UNADJUSTED RCE LI MIT
1	2	3	4	5	6	7	8	9
1 35	ICF	1,600	1,600					
2 41	RADIOLOGY							
3 44	LAB	755,917	755,917					
4 59 10	CATH	24,165	24,165					
5 61	ER							
6 53	EKG	17,982	17,982					
7 31 1	REHAB	16,800		16,800	159,800	1	77	4
8 60	CLINIC	125,699	125,699					
9 31	PSYCH	17,310		17,310	138,700	1	67	3
10 52	SPEECH							
11 49	RT							
12 50	PT							
13 51	OT							
14 60 2	DC	142,320	142,320					
15 37	OPERATING ROOM							
16 14	NURSE ADMIN							
17 6 60	ADMIN	761,824	761,824					
18 34	SNF	13,833	13,833					
19 39	DELIVERY ROOM	1,800	1,800					
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
101	TOTAL	1,879,250	1,845,140	34,110		2	144	7

PROVIDER BASED PHYSICIAN ADJUSTMENTS

WKSHT A LINE NO.	COST CENTER/ PHYSICIAN IDENTIFIER	COST OF MEMBERSHIPS & CONTINUING EDUCATION	PROVIDER COMPONENT SHARE OF	PHYSICIAN COST OF MALPRACTICE INSURANCE	PROVIDER COMPONENT SHARE OF	ADJUSTED RCE LIMIT	RCE DIS- ALLOWANCE	ADJUSTMENT
10	11	12	13	14	15	16	17	18
1 35	ICF							1,600
2 41	RADIOLOGY							
3 44	LAB							755,917
4 59 10	CATH							24,165
5 61	ER							
6 53	EKG							17,982
7 31 1	REHAB					77	16,723	16,723
8 60	CLINIC							125,699
9 31	PSYCH					67	17,243	17,243
10 52	SPEECH							
11 49	RT							
12 50	PT							
13 51	OT							
14 60 2	DC							142,320
15 37	OPERATING ROOM							
16 14	NURSE ADMIN							
17 6 60	ADMIN							761,824
18 34	SNF							13,833
19 39	DELIVERY ROOM							1,800
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
101	TOTAL					144	33,966	1,879,106

COST ALLOCATION STATISTICS

LINE NO.	COST CENTER DESCRIPTION	STATISTICS CODE	STATISTICS DESCRIPTION	
	GENERAL SERVICE COST			
1	OLD CAP REL COSTS-BLDG & FIXT	1	SQUARE FEET	ENTERED
2	OLD CAP REL COSTS-MVBLE EQUIP	1	SQUARE FEET	ENTERED
3	NEW CAP REL COSTS-BLDG & FIXT	1	SQUARE FEET	ENTERED
4	NEW CAP REL COSTS-MVBLE EQUIP	1	SQUARE FEET	ENTERED
5	EMPLOYEE BENEFITS	S	GROSS SALARIES	ENTERED
6.10	NON-PATIENT PHONES	4	NON-PT PHONES	ENTERED
6.30	PURCHASING	5	SUPPLY COSTS	ENTERED
6.40	CASHIERING	C	GROSS CHARGES	ENTERED
6.60	OTHER ADMIN & GEN	-7	ACCUM COST	NOT ENTERED
7	MAINTENANCE & REPAIRS	18	TIME SPENT	ENTERED
8	OPERATION OF PLANT	1	SQUARE FEET	ENTERED
9	LAUNDRY & LINEN SERVICE	10	POUNDS OF LAUNDRY	ENTERED
10	HOUSEKEEPING	1	SQUARE FEET	ENTERED
11	DIETARY	12	MEALS SERVED	ENTERED
12	CAFETERIA	13	FTE'S	ENTERED
13	MAINTENANCE OF PERSONNEL	14	NUMBER HOUSED	NOT ENTERED
14	NURSING ADMINISTRATION	15	DIRECT NRSG HRS	ENTERED
15	CENTRAL SERVICES & SUPPLY	16	COSTED REQUIS	ENTERED
16	PHARMACY	17	COSTED REQUIS	ENTERED
17	MEDICAL RECORDS & LIBRARY	C	GROSS CHARGES	ENTERED
18	SOCIAL SERVICE	19	TIME SPENT	NOT ENTERED
20	NONPHYSICIAN ANESTHETISTS	21	ASSIGNED TIME	NOT ENTERED
21	NURSING SCHOOL	22	ASSIGNED TIME	NOT ENTERED
22	I&R SERVICES-SALARY & FRINGES APPRVD	23	ASSIGNED TIME	NOT ENTERED
23	I&R SERVICES-OTHER PRGM COSTS APPRVD	24	ASSIGNED TIME	NOT ENTERED
24	PARAMED ED PRGM-(SPECIFY)	25	ASSIGNED TIME	NOT ENTERED

COST CENTER DESCRPTION	NET EXPENSES FOR COST ALLOCATION	OLD CAP REL C OSTS-BLDG &	OLD CAP REL C OSTS-MVBLE E	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-MVBLE E	EMPLOYEE BENE FITS	NON-PATIENT P HONES
	0	1	2	3	4	5	6.10
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &	5,213,476			5,213,476			
004 NEW CAP REL COSTS-MVBLE E	10,920,408				10,920,408		
005 EMPLOYEE BENEFITS	11,732,655			7,471	15,650	11,755,776	
10 006 NON-PATIENT PHONES	152,638			21,990	46,062	47,504	268,194
30 006 PURCHASING	537,179			12,268	25,696	88,763	2,148
40 006 CASHIERING	3,996,169			81,762	171,262	349,876	24,699
60 006 OTHER ADMIN & GEN	14,149,219			979,181	2,051,049	1,668,530	62,286
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT	8,657,519			740,147	1,550,349	367,732	11,007
009 LAUNDRY & LINEN SERVICE	346,865			56,493	118,332	49,243	268
010 HOUSEKEEPING	1,349,915			35,416	74,184	256,237	2,953
011 DIETARY	1,173,542			96,982	203,144	161,869	6,980
012 CAFETERIA	699,737			149,674	313,514	181,215	
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION	1,124,641			11,485	24,056	211,347	2,148
015 CENTRAL SERVICES & SUPPLY	710,756			197,423	413,531	86,524	2,148
016 PHARMACY	1,809,481			22,039	46,164	347,119	4,295
017 MEDICAL RECORDS & LIBRARY	970,962			50,604	105,997	193,959	8,859
018 SOCIAL SERVICE							
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C							
024 PARAMEDICAL PRGM (SPECIFY)							
025 INPAT ROUTINE SRVC CNTRS							
ADULTS & PEDIATRICS	6,813,231			451,354	945,429	1,375,543	13,155
026 INTENSIVE CARE UNIT	3,305,939			122,969	257,577	676,430	10,738
031 SUBPROVIDER	1,150,212			222,480	466,017	230,331	5,101
01 031 SUBPROVIDER II	454,568			59,396	124,415	84,085	805
033 NURSERY	782,667			21,533	45,105	148,144	
034 SKILLED NURSING FACILITY	1,735,752			231,550	485,016	358,330	4,832
035 NURSING FACILITY	554,958			112,496	235,640	114,166	2,148
036 OTHER LONG TERM CARE							
ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	8,836,270			424,193	888,535	817,317	19,866
039 DELIVERY ROOM & LABOR ROO	399,619			6,525	13,668	88,902	4,295
041 RADIOLOGY-DIAGNOSTIC	3,879,367			288,630	604,578	578,884	14,497
01 041 NUCLEAR MEDICINE	1,331,891			21,550	45,139	61,327	805
041 02 ULTRASOUND	439,642			3,214	6,732	82,144	8,859
041 03 RADIATION THERAPY	886,615			118,434	248,078	120,795	3,758
044 LABORATORY	4,219,796			128,026	268,170	455,192	8,859
046 WHOLE BLOOD & PACKED RED	899,702			7,896	16,539	12,296	
30 046 BLOOD CLOTTING FACTORS AD							
RESPIRATORY THERAPY	1,214,122			7,162	15,001	225,310	2,953
050 PHYSICAL THERAPY	1,987,562			55,808	116,897	363,940	7,248
051 OCCUPATIONAL THERAPY	600,198			33,948	71,109	125,816	2,148
052 SPEECH PATHOLOGY	322,049			6,509	13,634	64,555	805
053 ELECTROCARDIOLOGY	1,647,729			97,863	204,989	297,514	3,490
055 MEDICAL SUPPLIES CHARGED	2,635,048						
056 DRUGS CHARGED TO PATIENTS	4,788,366						
057 RENAL DIALYSIS							
059 CANCER TREATMENT CENTER							
10 059 CATH LAB	1,675,122			53,785	112,660	121,474	9,933
060 OUTPAT SERVICE COST CNTRS							
CLINIC	376,252					58,712	
060 01 PSYCHIATRIC ANCILLARY SER	2,405					551	
060 02 DENTAL CLINIC	286,603					41,345	
061 EMERGENCY	2,775,437			152,235	318,879	434,900	11,275
062 OBSERVATION BEDS (NON-DIS							
50 RHC							
60 063 FQHC							
071 OTHER REIMBURS COST CNTRS							
HOME HEALTH AGENCY							
SPEC PURPOSE COST CENTERS							
085 01 PANCREAS ACQUISITION							
095 SUBTOTALS	117,546,284			5,090,491	10,662,797	10,947,920	263,361
NONREIMBURS COST CENTERS							
GIFT, FLOWER, COFFEE SHOP				15,220	31,881		
10 096 INNPATIENT CENTER				107,765	225,730		
20 096 WEIGHT CONTROL							
30 096 WOMEN'S HEALTH							
40 096 HEALTHY COMMUNITIES	1,141,710					82,937	
45 096 SPORTS MEDICIANE	68,593					14,688	
60 096 OTHER NRCC	642,218					84,000	1,074
099 01 VNA	2,627,441					449,875	
100 SPECIALIST CLINIC							
01 100 HEARING CENTER	637,666					84,229	2,685
10 100 HOME INFUSION	619,664					92,127	1,074
20 100 RENTAL PROPERTIES	945,426						
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	124,229,002			5,213,476	10,920,408	11,755,776	268,194

COST CENTER DESCRIPTION	PURCHASING	CASHIERING	SUBTOTAL	OTHER GEN	ADMIN & MAINTENANCE REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	
	6. 30	6. 40	6a. 40		6. 60	7	8	9
001 GENERAL SERVICE COST CNTR								
002 OLD CAP REL COSTS-BLDG &								
003 OLD CAP REL COSTS-MVBLE E								
004 NEW CAP REL COSTS-BLDG &								
005 NEW CAP REL COSTS-MVBLE E								
006 EMPLOYEE BENEFITS								
10 006 NON-PATIENT PHONES								
30 006 PURCHASING	666,054							
40 006 CASHIERING	42	4,623,810						
60 006 OTHER ADMIN & GEN	128		18,910,393	18,910,393				
007 MAINTENANCE & REPAIRS								
008 OPERATION OF PLANT	62		11,326,816	2,033,775		13,360,591		
009 LAUNDRY & LINEN SERVICE	210		571,411	102,599		223,926	897,936	
010 HOUSEKEEPING	898		1,719,603	308,762		140,382	5,340	
011 DIETARY	1,709		1,644,226	295,227		384,417	9,018	
012 CAFETERIA			1,344,140	241,346		593,277		
013 MAINTENANCE OF PERSONNEL								
014 NURSING ADMINISTRATION	4		1,373,681	246,650		45,522		
015 CENTRAL SERVICES & SUPPLY	103,607		1,513,989	271,843		782,543	43,568	
016 PHARMACY	4,122		2,233,220	400,984		87,359		
017 MEDICAL RECORDS & LIBRARY	4		1,330,385	238,876		200,582		
018 SOCIAL SERVICE								
020 NONPHYSICIAN ANESTHETISTS								
021 NURSING SCHOOL								
022 I&R SERVICES-SALARY & FRI								
023 I&R SERVICES-OTHER PRGM C								
024 PARAMED ED PRGM (SPECIFY)								
025 INPAT ROUTINE SRVC CNTRS								
ADULTS & PEDIATRICS	16,602	285,626	9,900,940	1,777,753		1,789,078	268,143	
026 INTENSIVE CARE UNIT	9,195	122,841	4,505,689	809,014		487,424	36,946	
031 SUBPROVIDER	852	56,385	2,131,378	382,697		881,865	13,429	
031 01 SUBPROVIDER II	437	17,606	741,312	133,106		235,435	10,225	
033 NURSERY		17,110	1,014,559	182,168		85,354		
034 SKILLED NURSING FACILITY	4,140	54,365	2,873,985	516,036		917,817	108,868	
035 NURSING FACILITY	1,568	20,676	1,041,652	187,033		445,911	67,331	
036 OTHER LONG TERM CARE								
ANCILLARY SRVC COST CNTRS								
037 OPERATING ROOM	268,864	615,808	11,870,853	2,131,474		1,681,414	102,227	
039 DELIVERY ROOM & LABOR ROO	16,440	103,879	633,328	113,717		25,865	29,746	
041 RADIOLOGY-DIAGNOSTIC	84,722	877,416	6,328,094	1,136,235		1,144,070	46,195	
041 01 NUCLEAR MEDICINE	1,086	82,478	1,544,276	277,281		85,419		
041 02 ULTRASOUND	1,504	53,515	595,610	106,944		12,738		
041 03 RADIATION THERAPY	5,824	40,009	1,423,513	255,597		469,448	11,257	
044 LABORATORY	12,825	485,021	5,577,889	1,001,532		507,470	265	
046 WHOLE BLOOD & PACKED RED		33,897	970,330	174,227		31,297		
046 30 BLOOD CLOTTING FACTORS AD								
RESPIRATORY THERAPY	19,571	117,280	1,601,399	287,538		28,387		
050 PHYSICAL THERAPY	27,496	100,711	2,659,662	477,553		221,210	16,695	
051 OCCUPATIONAL THERAPY	791	28,631	862,641	154,891		134,562		
052 SPEECH PATHOLOGY	494	14,039	422,085	75,787		25,800		
053 ELECTROCARDIOLOGY	3,209	152,792	2,407,586	432,292		387,909	17,060	
055 MEDICAL SUPPLIES CHARGED		338,545	2,973,593	533,921				
056 DRUGS CHARGED TO PATIENTS		668,275	5,456,641	979,762				
057 RENAL DIALYSIS								
059 CANCER TREATMENT CENTER								
10 059 CATH LAB	29,131	158,325	2,160,430	387,914		213,192	8,984	
060 OUTPAT SERVICE COST CNTRS								
060 01 PSYCHIATRIC ANCILLARY SER	435	4,257	439,655	78,942			1,756	
060 02 DENTAL CLINIC	7,189	11,714	346,851	62,278				
061 EMERGENCY	17,991	162,609	3,873,326	695,471		603,429	81,323	
062 OBSERVATION BEDS (NON-DIS								
50 063 RHC								
60 063 FQHC								
071 OTHER REIMBURS COST CNTRS								
HOME HEALTH AGENCY								
SPEC PURPOSE COST CENTERS								
085 01 PANCREAS ACQUISITION								
095 SUBTOTALS	641,152	4,623,810	116,328,097	17,491,756		12,873,102	878,376	
NONREIMBURS COST CENTERS								
GIFT, FLOWER, COFFEE SHOP			47,101	8,457		60,330		
10 096 INPATIENT CENTER			333,495	59,880		427,159		
20 096 WEIGHT CONTROL								
30 096 WOMEN'S HEALTH								
40 096 HEALTHY COMMUNITIES			1,224,647	219,890				
45 096 SPORTS MEDICINE			83,281	14,953				
60 096 OTHER NRCC	1,460		728,752	130,850				
099 01 VNA	3,592		3,080,908	553,189				
100 SPECIALIST CLINIC								
100 01 HEARING CENTER	1,326		735,906	132,135			17,775	
100 10 HOME INFUSION	18,524		721,389	129,528				
20 100 RENTAL PROPERTIES			945,426	169,755			1,785	
101 CROSS FOOT ADJUSTMENT								
102 NEGATIVE COST CENTER								
103 TOTAL	666,054	4,623,810	124,229,002	18,910,393		13,360,591	897,936	

COST ALLOCATION - GENERAL SERVICE COSTS

COST CENTER DESCRIPTION	HOUSEKEEPING	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY
	10	11	12	13	14	15	16
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
10 006 NON-PATIENT PHONES							
30 006 PURCHASING							
40 006 CASHIERING							
60 006 OTHER ADMIN & GEN							
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING	2,174,087						
011 DIETARY	64,307	2,397,195					
012 CAFETERIA	99,246		2,278,009				
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION	7,615		41,682		1,715,150		
015 CENTRAL SERVICES & SUPPLY	130,908		43,383			2,786,234	
016 PHARMACY	14,614		76,007			7,717	2,819,901
017 MEDICAL RECORDS & LIBRARY	33,554		98,288				
018 SOCIAL SERVICE							
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C							
024 PARAMED ED PRGM (SPECIFY)							
025 INPAT ROUTINE SRVC CNTRS							
ADULTS & PEDIATRICS	299,288	884,065	352,719		616,548	8,365	
026 INTENSIVE CARE UNIT	81,539	164,604	175,821		307,334		
031 SUBPROVIDER	147,523	180,160	78,505		137,227	124	
01 031 SUBPROVIDER II	39,385	70,798	26,550		46,410	30	41
033 NURSERY	14,279						
034 SKILLED NURSING FACILITY	153,537	434,879	131,641			642	765
035 NURSING FACILITY	74,594	249,218	51,504			89	1,306
036 OTHER LONG TERM CARE							
ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	281,276		228,679				
039 DELIVERY ROOM & LABOR ROO	4,327		92,006		160,826	47,404	
041 RADIOLOGY-DIAGNOSTIC	191,386		176,793			309,253	
01 041 NUCLEAR MEDICINE	14,289		11,800			1,846	
041 02 ULTRASOUND	2,131		14,438			5,229	
041 03 RADIATION THERAPY	78,532		27,140			27,407	
044 LABORATORY	84,892		171,310			1,016	
046 WHOLE BLOOD & PACKED RED	5,235		3,471				
30 046 BLOOD CLOTTING FACTORS AD							
RESPIRATORY THERAPY	4,749		64,484		112,717	92,887	
050 PHYSICAL THERAPY	37,005		106,860			86,304	
051 OCCUPATIONAL THERAPY	22,510		34,914			1,514	
052 SPEECH PATHOLOGY	4,316		17,214				
053 ELECTROCARDIOLOGY	64,892		75,208		131,463	6,293	
055 MEDICAL SUPPLIES CHARGED						1,923,077	
056 DRUGS CHARGED TO PATIENTS							2,756,507
057 RENAL DIALYSIS							
059 CANCER TREATMENT CENTER							
10 059 CATH LAB	35,664		24,676			151,864	
060 OUTPAT SERVICE COST CNTRS							
CLINIC			20,060			85	17,905
01 060 PSYCHIATRIC ANCILLARY SER							
02 060 DENTAL CLINIC			16,937			18,451	43
061 EMERGENCY	100,945		115,919		202,625		
062 OBSERVATION BEDS (NON-DIS							
50 063 RHC							
60 063 FQHC							
071 OTHER REIMBURS COST CNTRS							
HOME HEALTH AGENCY							
085 01 SPEC PURPOSE COST CENTERS							
PANCREAS ACQUISITION							
095 SUBTOTALS	2,092,538	1,983,724	2,278,009		1,715,150	2,689,597	2,776,567
NONREIMBURS COST CENTERS							
096 GIFT FLOWER COFFEE SHOP	10,092						
10 096 INNPATIENT CENTER	71,457						
20 096 WEIGHT CONTROL							
30 096 WOMEN'S HEALTH							
40 096 HEALTHY COMMUNITIES		413,471					
45 096 SPORTS MEDICINE							
60 096 OTHER NRCC							
099 01 VNA						2,886	5,234
100 SPECIALIST CLINIC							38,100
01 100 HEARING CENTER							
10 100 HOME INFUSION						729	
20 100 RENTAL PROPERTIES						93,000	
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	2,174,087	2,397,195	2,278,009		1,715,150	2,786,234	2,819,901

COST CENTER DESCRIPTION	MEDICAL RECOR DS & LIBRARY	SOCIAL SERVIC E	NONPHYSICIAN ANESTHETISTS	NURSING SCHOO L	I&R SERVICES- SALARY & FRI	I&R SERVICES- OTHER PRGM C	PARAMED ED PR GM (SPECIFY)
	17	18	20	21	22	23	24
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
10 006 NON-PATIENT PHONES							
30 006 PURCHASING							
40 006 CASHIERING							
60 006 OTHER ADMIN & GEN							
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
011 DIETARY							
012 CAFETERIA							
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION							
015 CENTRAL SERVICES & SUPPLY							
016 PHARMACY							
017 MEDICAL RECORDS & LIBRARY	1,901,685						
018 SOCIAL SERVICE							
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C							
024 PARAMED ED PRGM (SPECIFY)							
INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	117,465						
026 INTENSIVE CARE UNIT	50,519						
031 SUBPROVIDER	23,189						
01 031 SUBPROVIDER II	7,241						
033 NURSERY	7,037						
034 SKILLED NURSING FACILITY	22,358						
035 NURSING FACILITY	8,503						
036 OTHER LONG TERM CARE							
ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	253,255						
039 DELIVERY ROOM & LABOR ROO	42,721						
041 RADIOLOGY-DIAGNOSTIC	360,957						
01 041 NUCLEAR MEDICINE	33,919						
02 041 ULTRASOUND	22,008						
03 041 RADIATION THERAPY	16,454						
044 LABORATORY	199,468						
046 WHOLE BLOOD & PACKED RED	13,940						
30 046 BLOOD CLOTTING FACTORS AD							
049 RESPIRATORY THERAPY	48,232						
050 PHYSICAL THERAPY	41,418						
051 OCCUPATIONAL THERAPY	11,775						
052 SPEECH PATHOLOGY	5,773						
053 ELECTROCARDIOLOGY	62,837						
055 MEDICAL SUPPLIES CHARGED	139,229						
056 DRUGS CHARGED TO PATIENTS	274,832						
057 RENAL DIALYSIS							
059 CANCER TREATMENT CENTER							
10 059 CATH LAB	65,112						
OUTPAT SERVICE COST CNTRS							
060 CLINIC	1,751						
01 060 PSYCHIATRIC ANCILLARY SER							
02 060 DENTAL CLINIC	4,818						
061 EMERGENCY	66,874						
062 OBSERVATION BEDS (NON-DIS							
50 063 RHC							
60 063 FQHC							
071 OTHER REIMBURS COST CNTRS							
HOME HEALTH AGENCY							
SPEC PURPOSE COST CENTERS							
01 085 PANCREAS ACQUISITION	1,901,685						
095 SUBTOTALS							
NONREIMBURS COST CENTERS							
GIFT, FLOWER, COFFEE SHOP							
10 096 INNPATIENT CENTER							
20 096 WEIGHT CONTROL							
30 096 WOMEN'S HEALTH							
40 096 HEALTHY COMMUNITIES							
45 096 SPORTS MEDICIANE							
60 096 OTHER NRCC							
01 099 VNA							
01 100 SPECIALIST CLINIC							
01 100 HEARING CENTER							
10 100 HOME INFUSION							
20 100 RENTAL PROPERTIES							
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	1,901,685						

	COST CENTER DESCRIPTION	SUBTOTAL	I & R COST POST STEP- DOWN ADJ	TOTAL
		25	26	27
001	GENERAL SERVICE COST CNTR			
002	OLD CAP REL COSTS-BLDG &			
003	OLD CAP REL COSTS-MVBLE E			
004	NEW CAP REL COSTS-BLDG &			
005	NEW CAP REL COSTS-MVBLE E			
006	EMPLOYEE BENEFITS			
006 10	NON-PATIENT PHONES			
006 30	PURCHASING			
006 40	CASHIERING			
006 60	OTHER ADMIN & GEN			
007	MAINTENANCE & REPAIRS			
008	OPERATION OF PLANT			
009	LAUNDRY & LINEN SERVICE			
010	HOUSEKEEPING			
011	DIETARY			
012	CAFETERIA			
013	MAINTENANCE OF PERSONNEL			
014	NURSING ADMINISTRATION			
015	CENTRAL SERVICES & SUPPLY			
016	PHARMACY			
017	MEDICAL RECORDS & LIBRARY			
018	SOCIAL SERVICE			
020	NONPHYSICIAN ANESTHETISTS			
021	NURSING SCHOOL			
022	I&R SERVICES-SALARY & FRI			
023	I&R SERVICES-OTHER PRGM C			
024	PARAMEDICAL PRGM (SPECIFY)			
	INPAT ROUTINE SRVC CNTRS			
025	ADULTS & PEDIATRICS	16,014,364		16,014,364
026	INTENSIVE CARE UNIT	6,618,890		6,618,890
031	SUBPROVIDER	3,976,097		3,976,097
031 01	SUBPROVIDER II	1,310,533		1,310,533
033	NURSERY	1,303,397		1,303,397
034	SKILLED NURSING FACILITY	5,160,528		5,160,528
035	NURSING FACILITY	2,127,141		2,127,141
036	OTHER LONG TERM CARE			
	ANCILLARY SRVC COST CNTRS			
037	OPERATING ROOM	16,549,178		16,549,178
039	DELIVERY ROOM & LABOR ROO	1,149,940		1,149,940
041	RADIOLOGY-DIAGNOSTIC	9,692,983		9,692,983
041 01	NUCLEAR MEDICINE	1,968,830		1,968,830
041 02	ULTRASOUND	759,098		759,098
041 03	RADIATION THERAPY	2,309,348		2,309,348
044	LABORATORY	7,543,842		7,543,842
046	WHOLE BLOOD & PACKED RED	1,198,500		1,198,500
046 30	BLOOD CLOTTING FACTORS AD			
049	RESPIRATORY THERAPY	2,240,393		2,240,393
050	PHYSICAL THERAPY	3,646,707		3,646,707
051	OCCUPATIONAL THERAPY	1,222,807		1,222,807
052	SPEECH PATHOLOGY	550,975		550,975
053	ELECTROCARDIOLOGY	3,585,540		3,585,540
055	MEDICAL SUPPLIES CHARGED	5,569,820		5,569,820
056	DRUGS CHARGED TO PATIENTS	9,467,742		9,467,742
057	RENAL DIALYSIS			
059	CANCER TREATMENT CENTER			
059 10	CATH LAB	3,047,836		3,047,836
	OUTPAT SERVICE COST CNTRS			
060	CLINIC	560,154		560,154
060 01	PSYCHIATRIC ANCILLARY SER	3,487		3,487
060 02	DENTAL CLINIC	449,378		449,378
061	EMERGENCY	5,739,912		5,739,912
062	OBSERVATION BEDS (NON-DIS			
063 50	RHC			
063 60	FQHC			
071	OTHER REIMBURS COST CNTRS			
	HOME HEALTH AGENCY			
	SPEC PURPOSE COST CENTERS			
085 01	PANCREAS ACQUISITION			
095	SUBTOTALS	113,767,420		113,767,420
	NONREIMBURS COST CENTERS			
096	GIFT, FLOWER, COFFEE SHOP	125,980		125,980
096 10	INNPATIENT CENTER	891,991		891,991
096 20	WEIGHT CONTROL			
096 30	WOMEN'S HEALTH			
096 40	HEALTHY COMMUNITIES	1,858,008		1,858,008
096 45	SPORTS MEDICINE	98,234		98,234
096 60	OTHER NRCC	864,858		864,858
099 01	VNA	3,675,083		3,675,083
100	SPECIALIST CLINIC			
100 01	HEARING CENTER	886,545		886,545
100 10	HOME INFUSION	943,917		943,917
100 20	RENTAL PROPERTIES	1,116,966		1,116,966
101	CROSS FOOT ADJUSTMENT			
102	NEGATIVE COST CENTER			
103	TOTAL	124,229,002		124,229,002

COST CENTER	DIR ASSGND	OLD CAP REL C	OLD CAP REL C	NEW CAP REL C	NEW CAP REL C	SUBTOTAL	EMPLOYEE BENE
DESCRIPTION	NEW CAPITAL	OSTS-BLDG &	OSTS-MVBLE E	OSTS-BLDG &	OSTS-MVBLE E		FITS
	REL COSTS	1	2	3	4	4a	5
	0						
001	GENERAL SERVICE COST CNTR						
002	OLD CAP REL COSTS-BLDG &						
003	OLD CAP REL COSTS-MVBLE E						
004	NEW CAP REL COSTS-BLDG &						
005	NEW CAP REL COSTS-MVBLE E						
006	EMPLOYEE BENEFITS			7,471	15,650	23,121	23,121
10	NON-PATIENT PHONES			21,990	46,062	68,052	93
30	PURCHASING			12,268	25,696	37,964	174
40	CASHIERING			81,762	171,262	253,024	688
60	OTHER ADMIN & GEN			979,181	2,051,049	3,030,230	3,299
007	MAINTENANCE & REPAIRS						
008	OPERATION OF PLANT			740,147	1,550,349	2,290,496	723
009	LAUNDRY & LINEN SERVICE			56,493	118,332	174,825	97
010	HOUSEKEEPING			35,416	74,184	109,600	504
011	DIETARY			96,982	203,144	300,126	318
012	CAFETERIA			149,674	313,514	463,188	356
013	MAINTENANCE OF PERSONNEL						
014	NURSING ADMINISTRATION			11,485	24,056	35,541	415
015	CENTRAL SERVICES & SUPPLY			197,423	413,531	610,954	170
016	PHARMACY			22,039	46,164	68,203	682
017	MEDICAL RECORDS & LIBRARY			50,604	105,997	156,601	381
018	SOCIAL SERVICE						
020	NONPHYSICIAN ANESTHETISTS						
021	NURSING SCHOOL						
022	I&R SERVICES-SALARY & FRI						
023	I&R SERVICES-OTHER PRGM C						
024	PARAMEDICAL PRGM (SPECIFY)						
	INPAT ROUTINE SRVC CNTRS						
025	ADULTS & PEDIATRICS			451,354	945,429	1,396,783	2,703
026	INTENSIVE CARE UNIT			122,969	257,577	380,546	1,329
031	SUBPROVIDER			222,480	466,017	688,497	453
031	01 SUBPROVIDER II			59,396	124,415	183,811	165
033	NURSERY			21,533	45,105	66,638	291
034	SKILLED NURSING FACILITY			231,550	485,016	716,566	704
035	NURSING FACILITY			112,496	235,640	348,136	224
036	OTHER LONG TERM CARE						
	ANCILLARY SRVC COST CNTRS						
037	OPERATING ROOM			424,193	888,535	1,312,728	1,606
039	DELIVERY ROOM & LABOR ROO			6,525	13,668	20,193	175
041	RADIOLOGY-DIAGNOSTIC			288,630	604,578	893,208	1,138
041	01 NUCLEAR MEDICINE			21,550	45,139	66,689	121
041	02 ULTRASOUND			3,214	6,732	9,946	161
041	03 RADIATION THERAPY			118,434	248,078	366,512	237
044	LABORATORY			128,026	268,170	396,196	895
046	WHOLE BLOOD & PACKED RED			7,896	16,539	24,435	24
049	30 BLOOD CLOTTING FACTORS AD						
	RESPIRATORY THERAPY			7,162	15,001	22,163	443
050	PHYSICAL THERAPY			55,808	116,897	172,705	715
051	OCCUPATIONAL THERAPY			33,948	71,109	105,057	247
052	SPEECH PATHOLOGY			6,509	13,634	20,143	127
053	ELECTROCARDIOLOGY			97,863	204,989	302,852	585
055	MEDICAL SUPPLIES CHARGED						
056	DRUGS CHARGED TO PATIENTS						
057	RENAL DIALYSIS						
059	CANCER TREATMENT CENTER						
059	10 CATH LAB			53,785	112,660	166,445	239
	OUTPAT SERVICE COST CNTRS						
060	CLINIC						115
060	01 PSYCHIATRIC ANCILLARY SER						1
060	02 DENTAL CLINIC						81
061	EMERGENCY			152,235	318,879	471,114	855
062	OBSERVATION BEDS (NON-DIS						
063	50 RHC						
063	60 FQHC						
071	OTHER REIMBURS COST CNTRS						
	HOME HEALTH AGENCY						
	SPEC PURPOSE COST CENTERS						
085	01 PANCREAS ACQUISITION						
095	SUBTOTALS			5,090,491	10,662,797	15,753,288	21,534
	NONREIMBURS COST CENTERS						
096	GIFT, FLOWER, COFFEE SHOP			15,220	31,881	47,101	
096	10 INNPATIENT CENTER			107,765	225,730	333,495	
096	20 WEIGHT CONTROL						
096	30 WOMEN'S HEALTH						
096	40 HEALTHY COMMUNITIES						163
096	45 SPORTS MEDICINE						29
096	60 OTHER NRCC						165
099	01 VNA						884
100	SPECIALIST CLINIC						
100	01 HEARING CENTER						185
100	10 HOME INFUSION						161
100	20 RENTAL PROPERTIES						
101	CROSS FOOT ADJUSTMENTS						
102	NEGATIVE COST CENTER						
103	TOTAL			5,213,476	10,920,408	16,133,884	23,121

ALLOCATION OF NEW CAPITAL RELATED COSTS

	COST CENTER DESCRIPTION	NON-PATIENT PHONES	PURCHASING	CASHIERING	OTHER ADMIN & MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	
		6. 10	6. 30	6. 40	6. 60	7	8	9
001	GENERAL SERVICE COST CNTR							
002	OLD CAP REL COSTS-BLDG &							
003	OLD CAP REL COSTS-MVBLE E							
004	NEW CAP REL COSTS-BLDG &							
005	NEW CAP REL COSTS-MVBLE E							
006	EMPLOYEE BENEFITS							
10	NON-PATIENT PHONES	68,145						
30	PURCHASING	546	38,684					
40	CASHIERING	6,276		259,990				
60	OTHER ADMIN & GEN MAINTENANCE & REPAIRS	15,822	7		3,049,358			
008	OPERATION OF PLANT	2,797	4		327,957		2,621,977	
009	LAUNDRY & LINEN SERVICE	68	12		16,545		43,945	235,492
010	HOUSEKEEPING	750	52		49,789		27,550	1,400
011	DIETARY	1,774	99		47,607		75,441	2,365
012	CAFETERIA				38,918		116,429	
013	MAINTENANCE OF PERSONNEL							
014	NURSING ADMINISTRATION	546			39,774		8,934	
015	CENTRAL SERVICES & SUPPLY	546	6,018		43,836		153,572	11,426
016	PHARMACY	1,091	239		64,661		17,144	
017	MEDICAL RECORDS & LIBRARY	2,251			38,520		39,364	
018	SOCIAL SERVICE							
020	NONPHYSICIAN ANESTHETISTS							
021	NURSING SCHOOL							
022	I&R SERVICES-SALARY & FRI							
023	I&R SERVICES-OTHER PRGM C							
024	PARAMED ED PRGM (SPECIFY)							
	INPAT ROUTINE SRVC CNTRS							
025	ADULTS & PEDIATRICS	3,342	964	16,055	286,672		351,098	70,323
026	INTENSIVE CARE UNIT	2,729	534	6,905	130,458		95,656	9,689
031	SUBPROVIDER	1,296	49	3,169	61,712		173,063	3,522
031	SUBPROVIDER II	205	25	990	21,464		46,204	2,681
033	NURSERY			962	29,376		16,751	
034	SKILLED NURSING FACILITY	1,228	240	3,056	83,213		180,119	28,552
035	NURSING FACILITY	546	91	1,162	30,160		87,509	17,658
036	OTHER LONG TERM CARE							
	ANCILLARY SRVC COST CNTRS							
037	OPERATING ROOM	5,048	15,617	34,615	343,671		329,973	26,810
039	DELIVERY ROOM & LABOR ROO	1,091	955	5,839	18,337		5,076	7,801
041	RADIOLOGY-DIAGNOSTIC	3,684	4,921	49,406	183,224		224,520	12,115
041	01 NUCLEAR MEDICINE	205	63	4,636	44,713		16,763	
041	02 ULTRASOUND	2,251	87	3,008	17,245		2,500	
041	03 RADIATION THERAPY	955	338	2,249	41,216		92,128	2,952
044	LABORATORY	2,251	745	27,263	161,502		99,589	70
046	WHOLE BLOOD & PACKED RED			1,905	28,095		6,142	
046	30 BLOOD CLOTTING FACTORS AD							
049	RESPIRATORY THERAPY	750	1,137	6,592	46,367		5,571	
050	PHYSICAL THERAPY	1,842	1,597	5,661	77,008		43,412	4,379
051	OCCUPATIONAL THERAPY	546	46	1,609	24,977		26,407	
052	SPEECH PATHOLOGY	205	29	789	12,221		5,063	
053	ELECTROCARDIOLOGY	887	186	8,588	69,709		76,126	4,474
055	MEDICAL SUPPLIES CHARGED			19,030	86,097			
056	DRUGS CHARGED TO PATIENTS			37,564	157,992			
057	RENAL DIALYSIS							
059	CANCER TREATMENT CENTER							
059	10 CATH LAB	2,524	1,692	8,900	62,553		41,838	2,356
	OUTPAT SERVICE COST CNTRS							
060	CLINIC		25	239	12,730			461
060	01 PSYCHIATRIC ANCILLARY SER				86			
060	02 DENTAL CLINIC		418	658	10,043			
061	EMERGENCY	2,865	1,045	9,140	112,148		118,421	21,328
062	OBSERVATION BEDS (NON-DIS							
063	50 RHC							
063	60 FQHC							
071	OTHER REIMBURS COST CNTRS							
	HOME HEALTH AGENCY							
	SPEC PURPOSE COST CENTERS							
085	01 PANCREAS ACQUISITION							
095	SUBTOTALS	66,917	37,237	259,990	2,820,596		2,526,308	230,362
	NONREIMBURS COST CENTERS							
096	GIFT, FLOWER, COFFEE SHOP				1,364		11,840	
096	10 INNPATIENT CENTER				9,656		83,829	
096	20 WEIGHT CONTROL							
096	30 WOMEN'S HEALTH							
096	40 HEALTHY COMMUNITIES				35,458			
096	45 SPORTS MEDICIANE				2,411			
096	60 OTHER NRCC	273	85		21,100			
099	01 VNA		209		89,205			
100	SPECIALIST CLINIC							
100	01 HEARING CENTER	682	77		21,307			4,662
100	10 HOME INFUSION	273	1,076		20,887			
100	20 RENTAL PROPERTIES				27,374			468
101	CROSS FOOT ADJUSTMENTS							
102	NEGATIVE COST CENTER							
103	TOTAL	68,145	38,684	259,990	3,049,358		2,621,977	235,492

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	HOUSEKEEPING	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	SERVICES	PHARMACY
	10	11	12	13	14	15	16	
001 GENERAL SERVICE COST CNTR								
002 OLD CAP REL COSTS-BLDG &								
003 OLD CAP REL COSTS-MVBLE E								
004 NEW CAP REL COSTS-BLDG &								
005 NEW CAP REL COSTS-MVBLE E								
006 EMPLOYEE BENEFITS								
10 006 NON-PATIENT PHONES								
30 006 PURCHASING								
40 006 CASHIERING								
60 006 OTHER ADMIN & GEN								
007 MAINTENANCE & REPAIRS								
008 OPERATION OF PLANT								
009 LAUNDRY & LINEN SERVICE								
010 HOUSEKEEPING	189,645							
011 DIETARY	5,610	433,340						
012 CAFETERIA	8,657		627,548					
013 MAINTENANCE OF PERSONNEL								
014 NURSING ADMINISTRATION	664		11,483		97,357			
015 CENTRAL SERVICES & SUPPLY	11,419		11,951			849,892		
016 PHARMACY	1,275		20,938			2,354	176,587	
017 MEDICAL RECORDS & LIBRARY	2,927		27,076					
018 SOCIAL SERVICE								
020 NONPHYSICIAN ANESTHETISTS								
021 NURSING SCHOOL								
022 I&R SERVICES-SALARY & FRI								
023 I&R SERVICES-OTHER PRGM C								
024 PARAMED ED PRGM (SPECIFY)								
INPAT ROUTINE SRVC CNTRS								
025 ADULTS & PEDIATRICS	26,107	159,813	97,169		34,998	2,552		
026 INTENSIVE CARE UNIT	7,113	29,755	48,435		17,445			
031 SUBPROVIDER	12,868	32,567	21,627		7,789		38	
01 031 SUBPROVIDER II	3,436	12,798	7,314		2,634		9	3
033 NURSERY	1,246							
034 SKILLED NURSING FACILITY	13,393	78,613	36,264			196	48	
035 NURSING FACILITY	6,507	45,051	14,188			27	82	
036 OTHER LONG TERM CARE								
ANCILLARY SRVC COST CNTRS								
OPERATING ROOM	24,536		62,997					
039 DELIVERY ROOM & LABOR ROO	377		25,346		9,129	14,460		
041 RADIOLOGY-DIAGNOSTIC	16,695		48,703			94,332		
041 01 NUCLEAR MEDICINE	1,246		3,251			563		
041 02 ULTRASOUND	186		3,977			1,595		
041 03 RADIATION THERAPY	6,850		7,477			8,360		
044 LABORATORY	7,405		47,193			310		
046 WHOLE BLOOD & PACKED RED	457		956					
30 046 BLOOD CLOTTING FACTORS AD								
RESPIRATORY THERAPY	414		17,764		6,398	28,334		
050 PHYSICAL THERAPY	3,228		29,438			26,326		
051 OCCUPATIONAL THERAPY	1,964		9,618			462		
052 SPEECH PATHOLOGY	376		4,742					
053 ELECTROCARDIOLOGY	5,660		20,718		7,462	1,920		
055 MEDICAL SUPPLIES CHARGED						586,600		
056 DRUGS CHARGED TO PATIENTS								172,616
057 RENAL DIALYSIS								
059 CANCER TREATMENT CENTER								
10 059 CATH LAB	3,111		6,798			46,323		
OUTPAT SERVICE COST CNTRS								
060 CLINIC			5,526			26	1,121	
01 060 PSYCHIATRIC ANCILLARY SER								
02 060 DENTAL CLINIC			4,666			5,628	3	
061 EMERGENCY	8,805		31,933		11,502			
062 OBSERVATION BEDS (NON-DIS								
50 063 RHC								
60 063 FQHC								
OTHER REIMBURS COST CNTRS								
071 HOME HEALTH AGENCY								
SPEC PURPOSE COST CENTERS								
085 01 PANCREAS ACQUISITION								
095 SUBTOTALS	182,532	358,597	627,548		97,357	820,415	173,873	
NONREIMBURS COST CENTERS								
096 GIFT FLOWER COFFEE SHOP	880							
10 096 INNPATIENT CENTER	6,233							
20 096 WEIGHT CONTROL								
30 096 WOMEN'S HEALTH								
40 096 HEALTHY COMMUNITIES		74,743						
45 096 SPORTS MEDICINE								
60 096 OTHER NRCC						7	328	
099 01 VNA						880	2,386	
100 SPECIALIST CLINIC								
01 100 HEARING CENTER						222		
10 100 HOME INFUSION						28,368		
20 100 RENTAL PROPERTIES								
101 CROSS FOOT ADJUSTMENTS								
102 NEGATIVE COST CENTER								
103 TOTAL	189,645	433,340	627,548		97,357	849,892	176,587	

COST CENTER DESCRIPTION	MEDICAL RECOR DS & LIBRARY	SOCIAL SERVIC E	NONPHYSICIAN ANESTHETISTS	NURSING SCHOO L	I&R SERVICES- SALARY & FRI	I&R SERVICES- OTHER PRGM C	PARAMED ED PR GM- (SPECIFY)
	17	18	20	21	22	23	24
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
006 10 NON-PATIENT PHONES							
006 30 PURCHASING							
006 40 CASHIERING							
006 60 OTHER ADMIN & GEN							
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
011 DIETARY							
012 CAFETERIA							
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION							
015 CENTRAL SERVICES & SUPPLY							
016 PHARMACY							
017 MEDICAL RECORDS & LIBRARY	267,120						
018 SOCIAL SERVICE							
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C							
024 PARAMED ED PRGM (SPECIFY)							
INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	16,493						
026 INTENSIVE CARE UNIT	7,093						
031 SUBPROVIDER	3,256						
031 01 SUBPROVIDER II	1,017						
033 NURSERY	988						
034 SKILLED NURSING FACILITY	3,139						
035 NURSING FACILITY	1,194						
036 OTHER LONG TERM CARE							
ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	35,560						
039 DELIVERY ROOM & LABOR ROO	5,998						
041 RADIOLOGY-DIAGNOSTIC	50,788						
041 01 NUCLEAR MEDICINE	4,763						
041 02 ULTRASOUND	3,090						
041 03 RADIATION THERAPY	2,310						
044 LABORATORY	28,007						
046 WHOLE BLOOD & PACKED RED	1,957						
046 30 BLOOD CLOTTING FACTORS AD							
049 RESPIRATORY THERAPY	6,772						
050 PHYSICAL THERAPY	5,816						
051 OCCUPATIONAL THERAPY	1,653						
052 SPEECH PATHOLOGY	811						
053 ELECTROCARDIOLOGY	8,823						
055 MEDICAL SUPPLIES CHARGED	19,549						
056 DRUGS CHARGED TO PATIENTS	38,589						
057 RENAL DIALYSIS							
059 CANCER TREATMENT CENTER							
059 10 CATH LAB	9,142						
OUTPAT SERVICE COST CNTRS							
060 CLINIC	246						
060 01 PSYCHIATRIC ANCILLARY SER							
060 02 DENTAL CLINIC	676						
061 EMERGENCY	9,390						
062 OBSERVATION BEDS (NON-DIS							
063 50 RHC							
063 60 FQHC							
071 OTHER REIMBURS COST CNTRS							
HOME HEALTH AGENCY							
SPEC PURPOSE COST CENTERS							
085 01 PANCREAS ACQUISITION							
095 SUBTOTALS	267,120						
NONREIMBURS COST CENTERS							
GIFT, FLOWER, COFFEE SHOP							
096 10 INNPATIENT CENTER							
096 20 WEIGHT CONTROL							
096 30 WOMEN'S HEALTH							
096 40 HEALTHY COMMUNITIES							
096 45 SPORTS MEDICIANE							
096 60 OTHER NRCC							
099 01 VNA							
100 SPECIALIST CLINIC							
100 01 HEARING CENTER							
100 10 HOME INFUSION							
100 20 RENTAL PROPERTIES							
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	267,120						

ALLOCATION OF NEW CAPITAL RELATED COSTS

		SUBTOTAL	POST STEPDOWN ADJUSTMENT	TOTAL
		25	26	27
001	GENERAL SERVICE COST CNTR			
002	OLD CAP REL COSTS-BLDG &			
003	OLD CAP REL COSTS-MVBLE E			
004	NEW CAP REL COSTS-BLDG &			
005	NEW CAP REL COSTS-MVBLE E			
006	EMPLOYEE BENEFITS			
006 10	NON-PATIENT PHONES			
006 30	PURCHASING			
006 40	CASHIERING			
006 60	OTHER ADMIN & GEN			
007	MAINTENANCE & REPAIRS			
008	OPERATION OF PLANT			
009	LAUNDRY & LINEN SERVICE			
010	HOUSEKEEPING			
011	DIETARY			
012	CAFETERIA			
013	MAINTENANCE OF PERSONNEL			
014	NURSING ADMINISTRATION			
015	CENTRAL SERVICES & SUPPLY			
016	PHARMACY			
017	MEDICAL RECORDS & LIBRARY			
018	SOCIAL SERVICE			
020	NONPHYSICIAN ANESTHETISTS			
021	NURSING SCHOOL			
022	I&R SERVICES-SALARY & FRI			
023	I&R SERVICES-OTHER PRGM C			
024	PARAMEDICAL PRGM (SPECIFY)			
	INPAT ROUTINE SRVC CNTRS			
025	ADULTS & PEDIATRICS	2,465,072		2,465,072
026	INTENSIVE CARE UNIT	737,687		737,687
031	SUBPROVIDER	1,009,906		1,009,906
031 01	SUBPROVIDER II	282,756		282,756
033	NURSERY	116,252		116,252
034	SKILLED NURSING FACILITY	1,145,331		1,145,331
035	NURSING FACILITY	552,535		552,535
036	OTHER LONG TERM CARE			
	ANCILLARY SRVC COST CNTRS			
037	OPERATING ROOM	2,193,161		2,193,161
039	DELIVERY ROOM & LABOR ROO	114,777		114,777
041	RADIOLOGY-DIAGNOSTIC	1,582,734		1,582,734
041 01	NUCLEAR MEDICINE	143,013		143,013
041 02	ULTRASOUND	44,046		44,046
041 03	RADIATION THERAPY	531,584		531,584
044	LABORATORY	771,426		771,426
046	WHOLE BLOOD & PACKED RED	63,971		63,971
046 30	BLOOD CLOTTING FACTORS AD			
049	RESPIRATORY THERAPY	142,705		142,705
050	PHYSICAL THERAPY	372,127		372,127
051	OCCUPATIONAL THERAPY	172,586		172,586
052	SPEECH PATHOLOGY	44,506		44,506
053	ELECTROCARDIOLOGY	507,990		507,990
055	MEDICAL SUPPLIES CHARGED	711,276		711,276
056	DRUGS CHARGED TO PATIENTS	406,761		406,761
057	RENAL DIALYSIS			
059	CANCER TREATMENT CENTER			
059 10	CATH LAB	351,921		351,921
	OUTPAT SERVICE COST CNTRS			
060	CLINIC	20,489		20,489
060 01	PSYCHIATRIC ANCILLARY SER	87		87
060 02	DENTAL CLINIC	22,173		22,173
061	EMERGENCY	798,546		798,546
062	OBSERVATION BEDS (NON-DIS			
063 50	RHC			
063 60	FQHC			
071	OTHER REIMBURS COST CNTRS			
	HOME HEALTH AGENCY			
	SPEC PURPOSE COST CENTERS			
085 01	PANCREAS ACQUISITION			
095	SUBTOTALS	15,305,418		15,305,418
	NONREIMBURS COST CENTERS			
096	GIFT, FLOWER, COFFEE SHOP	61,185		61,185
096 10	INPATIENT CENTER	433,213		433,213
096 20	WEIGHT CONTROL			
096 30	WOMEN'S HEALTH			
096 40	HEALTHY COMMUNITIES	110,364		110,364
096 45	SPORTS MEDICINE	2,440		2,440
096 60	OTHER NRCC	21,958		21,958
099 01	VNA	93,564		93,564
100	SPECIALIST CLINIC			
100 01	HEARING CENTER	27,135		27,135
100 10	HOME INFUSION	50,765		50,765
100 20	RENTAL PROPERTIES	27,842		27,842
101	CROSS FOOT ADJUSTMENTS			
102	NEGATIVE COST CENTER			
103	TOTAL	16,133,884		16,133,884

COST CENTER DESCRPTION	OLD CAP REL C OSTS-BLDG & (SQUARE FEET	OLD CAP REL C OSTS-MVBLE E (SQUARE FEET	NEW CAP REL C OSTS-BLDG & (SQUARE FEET	NEW CAP REL C OSTS-MVBLE E (SQUARE FEET	EMPLOYEE BENE FITS (GROSS SALARIES	NON-PATIENT P HONES (NON-PT PHONES
	1	2	3	4	5	6. 10
001 GENERAL SERVICE COST						
002 OLD CAP REL COSTS-BLD	319,586					
003 OLD CAP REL COSTS-MVB		319,586				
004 NEW CAP REL COSTS-BLD			319,586			
005 NEW CAP REL COSTS-MVB				319,586		
006 EMPLOYEE BENEFITS	458	458	458	458	51,340,111	
006 10 NON-PATIENT PHONES	1,348	1,348	1,348	1,348	207,461	999
006 30 PURCHASING	752	752	752	752	387,650	8
006 40 CASHIERING	5,012	5,012	5,012	5,012	1,527,988	92
006 60 OTHER ADMIN & GEN	60,024	60,024	60,024	60,024	7,286,781	232
007 MAINTENANCE & REPAIRS						
008 OPERATION OF PLANT	45,371	45,371	45,371	45,371	1,605,969	41
009 LAUNDRY & LINEN SERVI	3,463	3,463	3,463	3,463	215,057	1
010 HOUSEKEEPING	2,171	2,171	2,171	2,171	1,119,045	11
011 DIETARY	5,945	5,945	5,945	5,945	706,918	26
012 CAFETERIA	9,175	9,175	9,175	9,175	791,409	
013 MAINTENANCE OF PERSON						
014 NURSING ADMINISTRATIO	704	704	704	704	923,003	8
015 CENTRAL SERVICES & SU	12,102	12,102	12,102	12,102	377,871	8
016 PHARMACY	1,351	1,351	1,351	1,351	1,515,948	16
017 MEDICAL RECORDS & LIB	3,102	3,102	3,102	3,102	847,063	33
018 SOCIAL SERVICE						
020 NONPHYSICIAN ANESTHET						
021 NURSING SCHOOL						
022 I&R SERVICES-SALARY &						
023 I&R SERVICES-OTHER PR						
024 PARAMED ED PRGM (SPEC						
025 INPAT ROUTINE SRVC CN						
026 ADULTS & PEDIATRCS	27,668	27,668	27,668	27,668	6,007,317	49
031 INTENSIVE CARE UNIT	7,538	7,538	7,538	7,538	2,954,128	40
031 SUBPROVIDER	13,638	13,638	13,638	13,638	1,005,908	19
031 01 SUBPROVIDER II	3,641	3,641	3,641	3,641	367,217	3
033 NURSERY	1,320	1,320	1,320	1,320	646,978	
034 SKILLED NURSING FACIL	14,194	14,194	14,194	14,194	1,564,912	18
035 NURSING FACILITY	6,896	6,896	6,896	6,896	498,588	8
036 OTHER LONG TERM CARE						
037 ANCILLARY SRVC COST C						
037 OPERATING ROOM	26,003	26,003	26,003	26,003	3,569,411	74
039 DELIVERY ROOM & LABOR	400	400	400	400	388,255	16
041 RADIOLOGY-DIAGNOSTIC	17,693	17,693	17,693	17,693	2,528,119	54
041 01 NUCLEAR MEDICINE	1,321	1,321	1,321	1,321	267,829	3
041 02 ULTRASOUND	197	197	197	197	358,742	33
041 03 RADIATION THERAPY	7,260	7,260	7,260	7,260	527,541	14
044 LABORATORY	7,848	7,848	7,848	7,848	1,987,928	33
046 WHOLE BLOOD & PACKED	484	484	484	484	53,700	
046 30 BLOOD CLOTTING FACTOR						
049 RESPIRATORY THERAPY	439	439	439	439	983,979	11
050 PHYSICAL THERAPY	3,421	3,421	3,421	3,421	1,589,409	27
051 OCCUPATIONAL THERAPY	2,081	2,081	2,081	2,081	549,468	8
052 SPEECH PATHOLOGY	399	399	399	399	281,927	3
053 ELECTROCARDIOLOGY	5,999	5,999	5,999	5,999	1,299,311	13
055 MEDICAL SUPPLIES CHAR						
056 DRUGS CHARGED TO PATI						
057 RENAL DIALYSIS						
059 CANCER TREATMENT CENT						
059 10 CATH LAB	3,297	3,297	3,297	3,297	530,505	37
060 OUTPAT SERVICE COST C						
060 CLINIC					256,404	
060 01 PSYCHIATRIC ANCILLARY					2,405	
060 02 DENTAL CLINIC					180,564	
061 EMERGENCY	9,332	9,332	9,332	9,332	1,899,307	42
062 OBSERVATION BEDS (NON						
063 50 RHC						
063 60 FQHC						
071 OTHER REIMBURS COST C						
071 HOME HEALTH AGENCY						
085 SPEC PURPOSE COST CEN						
085 01 PANCREAS ACQUISITION						
095 SUBTOTALS	312,047	312,047	312,047	312,047	47,812,015	981
095 NONREIMBURS COST CENT						
096 GIFT, FLOWER, COFFEE	933	933	933	933		
096 10 INPATIENT CENTER	6,606	6,606	6,606	6,606		
096 20 WEIGHT CONTROL						
096 30 WOMEN'S HEALTH						
096 40 HEALTHY COMMUNITIES					362,203	
096 45 SPORTS MEDICIANE					64,148	
096 60 OTHER NRCC					366,847	4
099 01 VNA					1,964,708	
100 SPECIALIST CLINIC						
100 01 HEARING CENTER					411,521	10
100 10 HOME INFUSION					358,669	4
100 20 RENTAL PROPERTIES						
101 CROSS FOOT ADJUSTMENT						
102 NEGATIVE COST CENTER						
103 COST TO BE ALLOCATED			5,213,476	10,920,408	11,755,776	268,194
(WRKSHT B, PART I)						
104 UNIT COST MULTIPLIER			16.313218		.228978	
(WRKSHT B, PT I)						
105 COST TO BE ALLOCATED				34.170483		268.462462
(WRKSHT B, PART II)						
106 UNIT COST MULTIPLIER						
(WRKSHT B, PT II)						

COST ALLOCATION - STATISTICAL BASIS

COST CENTER DESCRIPTION	OLD CAP REL C	OLD CAP REL C	NEW CAP REL C	NEW CAP REL C	EMPLOYEE BENE	NON-PATIENT P
	OSTS-BLDG &	OSTS-MVBLE E	OSTS-BLDG &	OSTS-MVBLE E	FITS	HONES
	(SQUARE FEET	(SQUARE FEET	(SQUARE FEET	(SQUARE FEET	(GROSS SALARIES	(NON-PT PHONES
	1	2	3	4	5	6.10
107 COST TO BE ALLOCATED (WRKSHT B, PART III					23,121	68,145
108 UNIT COST MULTIPLIER (WRKSHT B, PT III)					.000450	68.213213

COST ALLOCATION - STATISTICAL BASIS

COST CENTER DESCRIPTION	PURCHASING	CASHIERING	RECONCILIATION	OTHER ADMIN & MAINTENANCE & OPERATIONS OF LAUNDRY & LINEN SERVICE			
	(SUPPLY COSTS)	(GROSS CHARGES)		(ACCUM COST)	(TIME)	(SQUARE FEET)	(POUNDS OF LAUNDRY)
	6.30	6.40	6a.60	6.60	7	8	9
001 GENERAL SERVICE COST							
002 OLD CAP REL COSTS- BLD							
003 OLD CAP REL COSTS- MVB							
004 NEW CAP REL COSTS- BLD							
005 NEW CAP REL COSTS- MVB							
006 EMPLOYEE BENEFITS							
10 NON-PATIENT PHONES							
30 PURCHASING	5,029,205						
40 CASHIERING	320	322,467,478					
60 OTHER ADMIN & GEN	967		-18,910,393	105,318,609			
MAINTENANCE & REPAIRS					196,329,975		
OPERATION OF PLANT	467			11,326,816		206,621	
LAUNDRY & LINEN SERVI	1,588			571,411		3,463	189,694
HOUSEKEEPING	6,781			1,719,603		2,171	1,128
DIETARY	12,905			1,644,226		5,945	1,905
CAFETERIA				1,344,140		9,175	
MAINTENANCE OF PERSON							
NURSING ADMINISTRATIO	28			1,373,681		704	
CENTRAL SERVICES & SU	782,313			1,513,989		12,102	9,204
PHARMACY	31,127			2,233,220		1,351	
MEDICAL RECORDS & LIB	29			1,330,385		3,102	
SOCIAL SERVICE							
NONPHYSICIAN ANESTHET							
NURSING SCHOOL							
I&R SERVICES-SALARY &							
I&R SERVICES-OTHER PR							
PARAMED ED PRGM(SPEC							
INPAT ROUTINE SRVC CN							
ADULTS & PEDIATRICS	125,357	19,919,486		9,900,940	14,553,860	27,668	56,647
INTENSIVE CARE UNIT	69,428	8,566,917		4,505,689	3,812,835	7,538	7,805
SUBPROVIDER	6,432	3,932,282		2,131,378	4,075,331	13,638	2,837
01 SUBPROVIDER II	3,297	1,227,870		741,312	282,187	3,641	2,160
NURSERY		1,193,250		1,014,559	1	1,320	
SKILLED NURSING FACIL	31,260	3,791,435		2,873,985	3,508,375	14,194	22,999
NURSING FACILITY	11,842	1,441,929		1,041,652	1,620,529	6,896	14,224
OTHER LONG TERM CARE							
ANCILLARY SRVC COST C							
OPERATING ROOM	2,030,122	42,946,374		11,870,853	26,380,541	26,003	21,596
DELIVERY ROOM & LABOR	124,132	7,244,514		633,328	5,044,117	400	6,284
RADIOLOGY-DIAGNOSTIC	639,717	61,194,476		6,328,094	36,246,331	17,693	9,759
01 NUCLEAR MEDICINE	8,201	5,751,987		1,544,276	3,389,979	1,321	
02 ULTRASOUND	11,358	3,732,139		595,610	2,183,352	197	
03 RADIATION THERAPY	43,973	2,790,220		1,423,513	1,845,561	7,260	2,378
LABORATORY	96,835	33,825,333		5,577,889	21,004,261	7,848	56
WHOLE BLOOD & PACKED		2,363,972		970,330	1,178,681	484	
30 BLOOD CLOTTING FACTOR							
RESPIRATORY THERAPY	147,778	8,179,070		1,601,399	4,474,209	439	
PHYSICAL THERAPY	207,614	7,023,597		2,659,662	4,661,625	3,421	3,527
OCCUPATIONAL THERAPY	5,969	1,996,695		862,641	2,126,766	2,081	
SPEECH PATHOLOGY	3,730	979,044		422,085	590,772	399	
ELECTROCARDIOLOGY	24,229	10,655,673		2,407,586	4,584,578	5,999	3,604
MEDICAL SUPPLIES CHAR		23,610,099		2,973,593	20,129,562		
DRUGS CHARGED TO PATI		46,605,386		5,456,641	23,060,192		
RENAL DIALYSIS							
CANCER TREATMENT CENT							
10 CATH LAB	219,962	11,041,599		2,160,430	3,814,977	3,297	1,898
OUTPAT SERVICE COST C							
CLINIC	3,284	296,866		439,655	162,250		371
01 PSYCHIATRIC ANCILLARY				2,956			
02 DENTAL CLINIC	54,283	816,943		346,851	727,578		
EMERGENCY	135,847	11,340,322		3,873,326	6,562,762	9,332	17,180
OBSERVATION BEDS (NON							
50 RHC							
60 FQHC							
OTHER REIMBURS COST C							
HOME HEALTH AGENCY							
SPEC PURPOSE COST CEN							
01 PANCREAS ACQUISITION	4,841,175	322,467,478	-18,910,393	97,417,704	196,021,212	199,082	185,562
SUBTOTALS							
NONREIMBURS COST CENT							
GIFT, FLOWER, COFFEE				47,101		933	
10 INNPATIENT CENTER				333,495		6,606	
20 WEIGHT CONTROL					308,763		
30 WOMEN'S HEALTH							
40 HEALTHY COMMUNITIES				1,224,647			
45 SPORTS MEDICIANE				83,281			
60 OTHER NRCC	11,023			728,752			
01 VNA	27,125			3,080,908			
SPECIALIST CLINIC							
01 HEARING CENTER	10,011			735,906			3,755
10 HOME INFUSION	139,871			721,389			
20 RENTAL PROPERTIES				945,426			377
CROSS FOOT ADJUSTMENT							
NEGATIVE COST CENTER							
COST TO BE ALLOCATED	666,054	4,623,810		18,910,393		13,360,591	897,936
(WRKSH T B, PART I)							
UNIT COST MULTIPLIER		.014339		.179554		64.662309	4.733603
(WRKSH T B, PT I)	.132437						
COST TO BE ALLOCATED							
(WRKSH T B, PART II)							
UNIT COST MULTIPLIER							
(WRKSH T B, PT II)							

COST ALLOCATION - STATISTICAL BASIS

	COST CENTER DESCRIPTION	PURCHASING	CASHIERING	RECONCILIATION	OTHER ADMIN & MAINTENANCE & OPERATION OF	LAUNDRY & LINEN SERVICE		
		(SUPPLY COSTS)	(GROSS CHARGES)		GEN	REPAIRS	PLANT	(POUNDS OF LAUNDRY)
		6.30	6.40	6a.60	6.60	7	8	9
107	COST TO BE ALLOCATED (WRKSHT B, PART III)	38,684	259,990		3,049,358		2,621,977	235,492
108	UNIT COST MULTIPLIER (WRKSHT B, PT III)	.007692	.000806		.028954		12.689790	1.241431

COST ALLOCATION - STATISTICAL BASIS

COST CENTER DESCRIPTION	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (FTE'S)	MAINTENANCE (NUMBER)HOUSED	NURSING ADMIN (DIRECT)NRSNG HRS	CENTRAL SERVI (COSTED)REQUIS	PHARMACY (COSTED)REQUIS
	10	11	12	13	14	15	16
001 GENERAL SERVICE COST							
002 OLD CAP REL COSTS- BLD							
003 OLD CAP REL COSTS- MVB							
004 NEW CAP REL COSTS- BLD							
005 NEW CAP REL COSTS- MVB							
006 EMPLOYEE BENEFITS							
006 10 NON-PATIENT PHONES							
006 30 PURCHASING							
006 40 CASHIERING							
006 60 OTHER ADMIN & GEN							
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVI							
010 HOUSEKEEPING	200,987						
011 DIETARY	5,945	136,386					
012 CAFETERIA	9,175		65,637				
013 MAINTENANCE OF PERSON							
014 NURSING ADMINISTRATION	704		1,201		28,272		
015 CENTRAL SERVICES & SU	12,102		1,250			3,856,492	
016 PHARMACY	1,351		2,190			10,681	5,168,645
017 MEDICAL RECORDS & LIB	3,102		2,832				
018 SOCIAL SERVICE							
020 NONPHYSICIAN ANESTHET							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY &							
023 I&R SERVICES-OTHER PR							
024 PARAMED PRGM (SPEC							
025 INPAT ROUTINE SRVC CN							
026 ADULTS & PEDIATRCS	27,668	50,298	10,163		10,163	11,578	
031 INTENSIVE CARE UNIT	7,538	9,365	5,066		5,066		
036 SUBPROVIDER	13,638	10,250	2,262		2,262	171	
031 01 SUBPROVIDER II	3,641	4,028	765		765	41	76
033 NURSERY	1,320						
034 SKILLED NURSING FACIL	14,194	24,742	3,793			889	1,403
035 NURSING FACILITY	6,896	14,179	1,484			123	2,393
037 OTHER LONG TERM CARE							
037 ANCILLARY SRVC COST C							
037 OPERATING ROOM	26,003		6,589				
039 DELIVERY ROOM & LABOR	400		2,651		2,651	65,613	
041 RADIOLOGY-DIAGNOSTIC	17,693		5,094			428,044	
041 01 NUCLEAR MEDICINE	1,321		340			2,555	
041 02 ULTRASOUND	197		416			7,238	
041 03 RADIATION THERAPY	7,260		782			37,935	
044 LABORATORY	7,848		4,936			1,406	
046 WHOLE BLOOD & PACKED	484		100				
046 30 BLOOD CLOTTING FACTOR							
049 RESPIRATORY THERAPY	439		1,858		1,858	128,567	
050 PHYSICAL THERAPY	3,421		3,079			119,456	
051 OCCUPATIONAL THERAPY	2,081		1,006			2,096	
052 SPEECH PATHOLOGY	399		496				
053 ELECTROCARDIOLOGY	5,999		2,167		2,167	8,710	
055 MEDICAL SUPPLIES CHAR						2,661,777	
056 DRUGS CHARGED TO PATI							5,052,447
057 RENAL DIALYSIS							
059 CANCER TREATMENT CENT							
059 10 CATH LAB	3,297		711			210,198	
060 OUTPAT SERVICE COST C							
060 CLINIC			578			118	32,818
060 01 PSYCHIATRIC ANCILLARY							
060 02 DENTAL CLINIC			488			25,538	79
061 EMERGENCY	9,332		3,340		3,340		
062 OBSERVATION BEDS (NON							
063 50 RHC							
063 60 FQHC							
071 OTHER REIMBURS COST C							
071 HOME HEALTH AGENCY							
085 SPEC PURPOSE COST CEN							
095 01 PANCREAS ACQUISITION							
095 SUBTOTALS	193,448	112,862	65,637		28,272	3,722,734	5,089,216
096 NONREIMBURS COST CENT							
096 GIFT, FLOWER, COFFEE	933						
096 10 INNPATIENT CENTER	6,606						
096 20 WEIGHT CONTROL							
096 30 WOMEN'S HEALTH							
096 40 HEALTHY COMMUNITIES		23,524					
096 45 SPORTS MEDICIANE							
096 60 OTHER NRCC						31	9,594
099 01 VNA						3,995	69,835
100 SPECIALIST CLINIC							
100 01 HEARING CENTER						1,009	
100 10 HOME INFUSION						128,723	
100 20 RENTAL PROPERTIES							
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 COST TO BE ALLOCATED	2,174,087	2,397,195	2,278,009		1,715,150	2,786,234	2,819,901
(WRKSHT B, PART I)							
104 UNIT COST MULTIPLIER		17.576547				.722479	
(WRKSHT B, PT I)							
105 COST TO BE ALLOCATED	10.817053		34.706172		60.666030		.545578
(WRKSHT B, PART II)							
106 UNIT COST MULTIPLIER							
(WRKSHT B, PT II)							

COST ALLOCATION - STATISTICAL BASIS

	COST CENTER DESCRIPTION	HOUSEKEEPING	DIETARY	CAFETERIA	MAINTENANCE O F PERSONNEL	NURSING ADMIN ISTRATION	CENTRAL SERVI CES & SUPPLY	PHARMACY
		(SQUARE FEET	(MEALS) SERVED	(FTE' S)	(NUMBER) HOUSED	(DIRECT) NRSNG HRS	(COSTED) REQUIS	(COSTED) REQUIS
107	COST TO BE ALLOCATED (WRKSHT B, PART III)	10 189,645	11 433,340	12 627,548	13	14 97,357	15 849,892	16 176,587
108	UNIT COST MULTIPLIER (WRKSHT B, PT III)	.943568	3.177306	9.560888		3.443584	.220380	.034165

COST ALLOCATION - STATISTICAL BASIS

COST CENTER DESCRIPTION	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	I&R SERVICES-SALARY & FRI	I&R SERVICES-OTHER PRGM C	PARAMED ED PRGM-(SPECIFY)
	(GROSS CHARGES)	(TIME SPENT)	(ASSIGNED TIME)	(ASSIGNED TIME)	(ASSIGNED TIME)	(ASSIGNED TIME)	(ASSIGNED TIME)
	17	18	20	21	22	23	24
GENERAL SERVICE COST							
001 OLD CAP REL COSTS- BLD							
002 OLD CAP REL COSTS- MVB							
003 NEW CAP REL COSTS- BLD							
004 NEW CAP REL COSTS- MVB							
005 EMPLOYEE BENEFITS							
006 10 NON-PATIENT PHONES							
006 30 PURCHASING							
006 40 CASHIERING							
006 60 OTHER ADMIN & GEN							
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVI							
010 HOUSEKEEPING							
011 DIETARY							
012 CAFETERIA							
013 MAINTENANCE OF PERSON							
014 NURSING ADMINISTRATION							
015 CENTRAL SERVICES & SU							
016 PHARMACY							
017 MEDICAL RECORDS & LIB	322,467,478						
018 SOCIAL SERVICE							
020 NONPHYSICIAN ANESTHET							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY &							
023 I&R SERVICES-OTHER PR							
024 PARAMED ED PRGM-(SPEC							
INPAT ROUTINE SRVC CN							
025 ADULTS & PEDIATRICS	19,919,486						
026 INTENSIVE CARE UNIT	8,566,917						
031 SUBPROVIDER	3,932,282						
031 01 SUBPROVIDER II	1,227,870						
033 NURSERY	1,193,250						
034 SKILLED NURSING FACIL	3,791,435						
035 NURSING FACILITY	1,441,929						
036 OTHER LONG TERM CARE							
ANCILLARY SRVC COST C							
037 OPERATING ROOM	42,946,374						
039 DELIVERY ROOM & LABOR	7,244,514						
041 RADIOLOGY-DIAGNOSTIC	61,194,476						
041 01 NUCLEAR MEDICINE	5,751,987						
041 02 ULTRASOUND	3,732,139						
041 03 RADIATION THERAPY	2,790,220						
044 LABORATORY	33,825,333						
046 WHOLE BLOOD & PACKED	2,363,972						
046 30 BLOOD CLOTTING FACTOR							
049 RESPIRATORY THERAPY	8,179,070						
050 PHYSICAL THERAPY	7,023,597						
051 OCCUPATIONAL THERAPY	1,996,695						
052 SPEECH PATHOLOGY	979,044						
053 ELECTROCARDIOLOGY	10,655,673						
055 MEDICAL SUPPLIES CHAR	23,610,099						
056 DRUGS CHARGED TO PATI	46,605,386						
057 RENAL DIALYSIS							
059 CANCER TREATMENT CENT							
059 10 CATH LAB	11,041,599						
OUTPAT SERVICE COST C							
060 CLINIC	296,866						
060 01 PSYCHIATRIC ANCILLARY							
060 02 DENTAL CLINIC	816,943						
061 EMERGENCY	11,340,322						
062 OBSERVATION BEDS (NON							
063 50 RHC							
063 60 FQHC							
071 OTHER REIMBURS COST C							
HOME HEALTH AGENCY							
085 01 PANCREAS ACQUISITION							
095 SUBTOTALS	322,467,478						
NONREIMBURS COST CENT							
096 GIFT, FLOWER, COFFEE							
096 10 INPATIENT CENTER							
096 20 WEIGHT CONTROL							
096 30 WOMEN'S HEALTH							
096 40 HEALTHY COMMUNITIES							
096 45 SPORTS MEDICINE							
096 60 OTHER NRCC							
099 01 VNA							
100 SPECIALIST CLINIC							
100 01 HEARING CENTER							
100 10 HOME INFUSION							
100 20 RENTAL PROPERTIES							
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 COST TO BE ALLOCATED	1,901,685						
(WRKSHT B, PART I)							
104 UNIT COST MULTIPLIER							
(WRKSHT B, PT I)	.005897						
105 COST TO BE ALLOCATED							
(WRKSHT B, PART II)							
106 UNIT COST MULTIPLIER							
(WRKSHT B, PT II)							

COST ALLOCATION - STATISTICAL BASIS

	COST CENTER DESCRIPTION	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	SERVICES	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	I&R SERVICES-SALARY & FRI	I&R SERVICES-OTHER PRGM C	PARAMEDICAL PRGM- (SPECIFY)	
		(GROSS CHARGES)	(TIME SPENT)	(ASSIGNED TIME)	(ASSIGNED TIME)	(ASSIGNED TIME)	(ASSIGNED TIME)	(ASSIGNED TIME)	(ASSIGNED TIME)	
107	COST TO BE ALLOCATED (WRKSH T B, PART III)	17 267,120	18		20	21	22	23	24	
108	UNIT COST MULTIPLIER (WRKSH T B, PT III)	.000828								

COMPUTATION OF RATIO OF COSTS TO CHARGES

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5
	INPAT ROUTINE SRVC CNTRS					
25	ADULTS & PEDIATRICS	16,014,364		16,014,364		16,014,364
26	INTENSIVE CARE UNIT	6,618,890		6,618,890		6,618,890
31	SUBPROVIDER	3,976,097		3,976,097	17,243	3,993,340
31	01 SUBPROVIDER II	1,310,533		1,310,533	16,723	1,327,256
33	NURSERY	1,303,397		1,303,397		1,303,397
34	SKILLED NURSING FACILITY	5,160,528		5,160,528		5,160,528
35	NURSING FACILITY	2,127,141		2,127,141		2,127,141
36	OTHER LONG TERM CARE					
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	16,549,178		16,549,178		16,549,178
39	DELIVERY ROOM & LABOR ROO	1,149,940		1,149,940		1,149,940
41	RADIOLOGY-DIAGNOSTIC	9,692,983		9,692,983		9,692,983
41	01 NUCLEAR MEDICINE	1,968,830		1,968,830		1,968,830
41	02 ULTRASOUND	759,098		759,098		759,098
41	03 RADIATION THERAPY	2,309,348		2,309,348		2,309,348
44	LABORATORY	7,543,842		7,543,842		7,543,842
46	WHOLE BLOOD & PACKED RED	1,198,500		1,198,500		1,198,500
46	30 BLOOD CLOTTING FACTORS AD					
49	RESPIRATORY THERAPY	2,240,393		2,240,393		2,240,393
50	PHYSICAL THERAPY	3,646,707		3,646,707		3,646,707
51	OCCUPATIONAL THERAPY	1,222,807		1,222,807		1,222,807
52	SPEECH PATHOLOGY	550,975		550,975		550,975
53	ELECTROCARDIOLOGY	3,585,540		3,585,540		3,585,540
55	MEDICAL SUPPLIES CHARGED	5,569,820		5,569,820		5,569,820
56	DRUGS CHARGED TO PATIENTS	9,467,742		9,467,742		9,467,742
57	RENAL DIALYSIS					
59	CANCER TREATMENT CENTER					
59	10 CATH LAB	3,047,836		3,047,836		3,047,836
	OUTPAT SERVICE COST CNTRS					
60	CLINIC	560,154		560,154		560,154
60	01 PSYCHIATRIC ANCILLARY SER	3,487		3,487		3,487
60	02 DENTAL CLINIC	449,378		449,378		449,378
61	EMERGENCY	5,739,912		5,739,912		5,739,912
62	OBSERVATION BEDS (NON-DIS	2,289,449		2,289,449		2,289,449
63	50 RHC					
63	60 FQHC					
	OTHER REIMBURS COST CNTRS					
101	SUBTOTAL	116,056,869		116,056,869	33,966	116,090,835
102	LESS OBSERVATION BEDS	2,289,449		2,289,449		2,289,449
103	TOTAL	113,767,420		113,767,420	33,966	113,801,386

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT CHARGES 6	OUTPATIENT CHARGES 7	TOTAL CHARGES 8	COST OR OTHER RATIO 9	TEFRA INPAT- IENT RATIO 10	PPS INPAT- IENT RATIO 11
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	16,938,987		16,938,987			
26	INTENSIVE CARE UNIT	8,566,917		8,566,917			
31	SUBPROVIDER	3,932,282		3,932,282			
31	01 SUBPROVIDER II	1,227,870		1,227,870			
33	NURSERY	1,193,250		1,193,250			
34	SKILLED NURSING FACILITY	3,791,435		3,791,435			
35	NURSING FACILITY	1,441,929		1,441,929			
36	OTHER LONG TERM CARE						
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	18,674,913	24,271,461	42,946,374	.385345	.385345	.385345
39	DELIVERY ROOM & LABOR ROO	6,618,692	625,822	7,244,514	.158733	.158733	.158733
41	RADIOLOGY-DIAGNOSTIC	14,575,334	46,619,142	61,194,476	.158396	.158396	.158396
41	01 NUCLEAR MEDICINE	1,243,260	4,508,727	5,751,987	.342287	.342287	.342287
41	02 ULTRASOUND	450,950	3,281,189	3,732,139	.203395	.203395	.203395
41	03 RADIATION THERAPY	123,428	2,666,792	2,790,220	.827658	.827658	.827658
44	LABORATORY	12,977,988	20,847,345	33,825,333	.223023	.223023	.223023
46	WHOLE BLOOD & PACKED RED	1,671,946	692,026	2,363,972	.506986	.506986	.506986
46	30 BLOOD CLOTTING FACTORS AD						
49	RESPIRATORY THERAPY	6,970,784	1,208,286	8,179,070	.273918	.273918	.273918
50	PHYSICAL THERAPY	1,658,103	5,365,494	7,023,597	.519208	.519208	.519208
51	OCCUPATIONAL THERAPY	1,246,242	750,453	1,996,695	.612416	.612416	.612416
52	SPEECH PATHOLOGY	453,642	525,402	979,044	.562768	.562768	.562768
53	ELECTROCARDIOLOGY	3,563,878	7,091,795	10,655,673	.336491	.336491	.336491
55	MEDICAL SUPPLIES CHARGED	14,449,007	9,161,092	23,610,099	.235908	.235908	.235908
56	DRUGS CHARGED TO PATIENTS	27,553,696	19,051,690	46,605,386	.203147	.203147	.203147
57	RENAL DIALYSIS						
59	CANCER TREATMENT CENTER						
59	10 CATH LAB	6,889,018	4,152,581	11,041,599	.276032	.276032	.276032
	OUTPAT SERVICE COST CNTRS						
60	01 CLINIC	685	296,181	296,866	1.886892	1.886892	1.886892
60	01 PSYCHIATRIC ANCILLARY SER						
60	02 DENTAL CLINIC		816,943	816,943	.550073	.550073	.550073
61	EMERGENCY	3,292,534	8,047,788	11,340,322	.506151	.506151	.506151
62	OBSERVATION BEDS (NON-DIS	1,058,505	1,921,994	2,980,499	.768143	.768143	.768143
63	50 RHC						
63	60 FQHC						
	OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	160,565,275	161,902,203	322,467,478			
102	LESS OBSERVATION BEDS						
103	TOTAL	160,565,275	161,902,203	322,467,478			

COMPUTATION OF RATIO OF COSTS TO CHARGES
 SPECIAL TITLE XIX WORKSHEET

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, COL. 27	PT I 27	THERAPY ADJUSTMENT	TOTAL COSTS	RCE DISALLOWANCE	TOTAL COSTS
		1		2	3	4	5
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	16,014,364			16,014,364		16,014,364
26	INTENSIVE CARE UNIT	6,618,890			6,618,890		6,618,890
31	SUBPROVIDER	3,976,097			3,976,097	17,243	3,993,340
31	01 SUBPROVIDER II	1,310,533			1,310,533	16,723	1,327,256
33	NURSERY	1,303,397			1,303,397		1,303,397
34	SKILLED NURSING FACILITY	5,160,528			5,160,528		5,160,528
35	NURSING FACILITY	2,127,141			2,127,141		2,127,141
36	OTHER LONG TERM CARE						
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	16,549,178			16,549,178		16,549,178
39	DELIVERY ROOM & LABOR ROO	1,149,940			1,149,940		1,149,940
41	RADIOLOGY-DIAGNOSTIC	9,692,983			9,692,983		9,692,983
41	01 NUCLEAR MEDICINE	1,968,830			1,968,830		1,968,830
41	02 ULTRASOUND	759,098			759,098		759,098
41	03 RADIATION THERAPY	2,309,348			2,309,348		2,309,348
44	LABORATORY	7,543,842			7,543,842		7,543,842
46	WHOLE BLOOD & PACKED RED	1,198,500			1,198,500		1,198,500
46	30 BLOOD CLOTTING FACTORS AD						
49	RESPIRATORY THERAPY	2,240,393			2,240,393		2,240,393
50	PHYSICAL THERAPY	3,646,707			3,646,707		3,646,707
51	OCCUPATIONAL THERAPY	1,222,807			1,222,807		1,222,807
52	SPEECH PATHOLOGY	550,975			550,975		550,975
53	ELECTROCARDIOLOGY	3,585,540			3,585,540		3,585,540
55	MEDICAL SUPPLIES CHARGED	5,569,820			5,569,820		5,569,820
56	DRUGS CHARGED TO PATIENTS	9,467,742			9,467,742		9,467,742
57	RENAL DIALYSIS						
59	CANCER TREATMENT CENTER						
59	10 CATH LAB	3,047,836			3,047,836		3,047,836
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	560,154			560,154		560,154
60	01 PSYCHIATRIC ANCILLARY SER	3,487			3,487		3,487
60	02 DENTAL CLINIC	449,378			449,378		449,378
61	EMERGENCY	5,739,912			5,739,912		5,739,912
62	OBSERVATION BEDS (NON-DIS	2,289,449			2,289,449		2,289,449
63	50 RHC						
63	60 FQHC						
	OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	116,056,869			116,056,869	33,966	116,090,835
102	LESS OBSERVATION BEDS	2,289,449			2,289,449		2,289,449
103	TOTAL	113,767,420			113,767,420	33,966	113,801,386

COMPUTATION OF RATIO OF COSTS TO CHARGES
 SPECIAL TITLE XIX WORKSHEET

WKST LINE NO.	A COST CENTER DESCRIPTION	INPATIENT CHARGES 6	OUTPATIENT CHARGES 7	TOTAL CHARGES 8	COST OR OTHER RATIO 9	TEFRA INPAT- IENT RATIO 10	PPS INPAT- IENT RATIO 11
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	16,938,987		16,938,987			
26	INTENSIVE CARE UNIT	8,566,917		8,566,917			
31	SUBPROVIDER	3,932,282		3,932,282			
31	01 SUBPROVIDER II	1,227,870		1,227,870			
33	NURSERY	1,193,250		1,193,250			
34	SKILLED NURSING FACILITY	3,791,435		3,791,435			
35	NURSING FACILITY	1,441,929		1,441,929			
36	OTHER LONG TERM CARE						
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	18,674,913	24,271,461	42,946,374	.385345	.385345	.385345
39	DELIVERY ROOM & LABOR ROO	6,618,692	625,822	7,244,514	.158733	.158733	.158733
41	RADIOLOGY-DIAGNOSTIC	14,575,334	46,619,142	61,194,476	.158396	.158396	.158396
41	01 NUCLEAR MEDICINE	1,243,260	4,508,727	5,751,987	.342287	.342287	.342287
41	02 ULTRASOUND	450,950	3,281,189	3,732,139	.203395	.203395	.203395
41	03 RADIATION THERAPY	123,428	2,666,792	2,790,220	.827658	.827658	.827658
44	LABORATORY	12,977,988	20,847,345	33,825,333	.223023	.223023	.223023
46	WHOLE BLOOD & PACKED RED	1,671,946	692,026	2,363,972	.506986	.506986	.506986
46	30 BLOOD CLOTTING FACTORS AD						
49	RESPIRATORY THERAPY	6,970,784	1,208,286	8,179,070	.273918	.273918	.273918
50	PHYSICAL THERAPY	1,658,103	5,365,494	7,023,597	.519208	.519208	.519208
51	OCCUPATIONAL THERAPY	1,246,242	750,453	1,996,695	.612416	.612416	.612416
52	SPEECH PATHOLOGY	453,642	525,402	979,044	.562768	.562768	.562768
53	ELECTROCARDIOLOGY	3,563,878	7,091,795	10,655,673	.336491	.336491	.336491
55	MEDICAL SUPPLIES CHARGED	14,449,007	9,161,092	23,610,099	.235908	.235908	.235908
56	DRUGS CHARGED TO PATIENTS	27,553,696	19,051,690	46,605,386	.203147	.203147	.203147
57	RENAL DIALYSIS						
59	CANCER TREATMENT CENTER						
59	10 CATH LAB	6,889,018	4,152,581	11,041,599	.276032	.276032	.276032
60	OUTPAT SERVICE COST CNTRS						
60	01 CLINIC	685	296,181	296,866	1.886892	1.886892	1.886892
60	01 PSYCHIATRIC ANCILLARY SER						
60	02 DENTAL CLINIC		816,943	816,943	.550073	.550073	.550073
61	EMERGENCY	3,292,534	8,047,788	11,340,322	.506151	.506151	.506151
62	OBSERVATION BEDS (NON-DIS	1,058,505	1,921,994	2,980,499	.768143	.768143	.768143
63	50 RHC						
63	60 FQHC						
	OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	160,565,275	161,902,203	322,467,478			
102	LESS OBSERVATION BEDS						
103	TOTAL	160,565,275	161,902,203	322,467,478			

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27 1	CAPITAL COST WKST B PT II & III, COL. 27 2	OPERATING COST NET OF CAPITAL COST 3	CAPITAL REDUCTION 4	OPERATING COST REDUCTION AMOUNT 5	COST NET OF CAP AND OPER COST REDUCTION 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM	16,549,178	2,193,161	14,356,017			16,549,178
39	DELIVERY ROOM & LABOR ROO	1,149,940	114,777	1,035,163			1,149,940
41	RADIOLOGY-DIAGNOSTIC	9,692,983	1,582,734	8,110,249			9,692,983
41 01	NUCLEAR MEDICINE	1,968,830	143,013	1,825,817			1,968,830
41 02	ULTRASOUND	759,098	44,046	715,052			759,098
41 03	RADIATION THERAPY	2,309,348	531,584	1,777,764			2,309,348
44	LABORATORY	7,543,842	771,426	6,772,416			7,543,842
46	WHOLE BLOOD & PACKED RED	1,198,500	63,971	1,134,529			1,198,500
46 30	BLOOD CLOTTING FACTORS AD						
49	RESPIRATORY THERAPY	2,240,393	142,705	2,097,688			2,240,393
50	PHYSICAL THERAPY	3,646,707	372,127	3,274,580			3,646,707
51	OCCUPATIONAL THERAPY	1,222,807	172,586	1,050,221			1,222,807
52	SPEECH PATHOLOGY	550,975	44,506	506,469			550,975
53	ELECTROCARDIOLOGY	3,585,540	507,990	3,077,550			3,585,540
55	MEDICAL SUPPLIES CHARGED	5,569,820	711,276	4,858,544			5,569,820
56	DRUGS CHARGED TO PATIENTS	9,467,742	406,761	9,060,981			9,467,742
57	RENAL DIALYSIS						
59	CANCER TREATMENT CENTER						
59 10	CATH LAB	3,047,836	351,921	2,695,915			3,047,836
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	560,154	20,489	539,665			560,154
60 01	PSYCHIATRIC ANCILLARY SER	3,487	87	3,400			3,487
60 02	DENTAL CLINIC	449,378	22,173	427,205			449,378
61	EMERGENCY	5,739,912	798,546	4,941,366			5,739,912
62	OBSERVATION BEDS (NON-DIS	2,289,449	352,413	1,937,036			2,289,449
63 50	RHC						
63 60	FQHC						
	OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	79,545,919	9,348,292	70,197,627			79,545,919
102	LESS OBSERVATION BEDS	2,289,449	352,413	1,937,036			2,289,449
103	TOTAL	77,256,470	8,995,879	68,260,591			77,256,470

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRGRATIO	I/P PT B COST TO CHRGRATIO
		7	8	9
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	42,946,374	.385345	.385345
39	DELIVERY ROOM & LABOR ROO	7,244,514	.158733	.158733
41	RADIOLOGY-DIAGNOSTIC	61,194,476	.158396	.158396
41 01	NUCLEAR MEDICINE	5,751,987	.342287	.342287
41 02	ULTRASOUND	3,732,139	.203395	.203395
41 03	RADIATION THERAPY	2,790,220	.827658	.827658
44	LABORATORY	33,825,333	.223023	.223023
46	WHOLE BLOOD & PACKED RED	2,363,972	.506986	.506986
46 30	BLOOD CLOTTING FACTORS AD			
49	RESPIRATORY THERAPY	8,179,070	.273918	.273918
50	PHYSICAL THERAPY	7,023,597	.519208	.519208
51	OCCUPATIONAL THERAPY	1,996,695	.612416	.612416
52	SPEECH PATHOLOGY	979,044	.562768	.562768
53	ELECTROCARDIOLOGY	10,655,673	.336491	.336491
55	MEDICAL SUPPLIES CHARGED	23,610,099	.235908	.235908
56	DRUGS CHARGED TO PATIENTS	46,605,386	.203147	.203147
57	RENAL DIALYSIS			
59	CANCER TREATMENT CENTER			
59 10	CATH LAB	11,041,599	.276032	.276032
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	296,866	1.886892	1.886892
60 01	PSYCHIATRIC ANCILLARY SER			
60 02	DENTAL CLINIC	816,943	.550073	.550073
61	EMERGENCY	11,340,322	.506151	.506151
62	OBSERVATION BEDS (NON-DIS	2,980,499	.768143	.768143
63 50	RHC			
63 60	FQHC			
	OTHER REIMBURS COST CNTRS			
101	SUBTOTAL	285,374,808		
102	LESS OBSERVATION BEDS	2,980,499		
103	TOTAL	282,394,309		

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27 1	CAPITAL COST WKST B PT II & III, COL. 27 2	OPERATING COST NET OF CAPITAL COST 3	CAPITAL REDUCTION 4	OPERATING COST REDUCTION AMOUNT 5	COST NET OF CAP AND OPER COST REDUCTION 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM	16,549,178	2,193,161	14,356,017	219,316	832,649	15,497,213
39	DELIVERY ROOM & LABOR ROO	1,149,940	114,777	1,035,163	11,478	60,039	1,078,423
41	RADIOLOGY-DIAGNOSTIC	9,692,983	1,582,734	8,110,249	158,273	470,394	9,064,316
41 01	NUCLEAR MEDICINE	1,968,830	143,013	1,825,817	14,301	105,897	1,848,632
41 02	ULTRASOUND	759,098	44,046	715,052	4,405	41,473	713,220
41 03	RADIATION THERAPY	2,309,348	531,584	1,777,764	53,158	103,110	2,153,080
44	LABORATORY	7,543,842	771,426	6,772,416	77,143	392,800	7,073,899
46	WHOLE BLOOD & PACKED RED	1,198,500	63,971	1,134,529	6,397	65,803	1,126,300
46 30	BLOOD CLOTTING FACTORS AD						
49	RESPIRATORY THERAPY	2,240,393	142,705	2,097,688	14,271	121,666	2,104,456
50	PHYSICAL THERAPY	3,646,707	372,127	3,274,580	37,213	189,926	3,419,568
51	OCCUPATIONAL THERAPY	1,222,807	172,586	1,050,221	17,259	60,913	1,144,635
52	SPEECH PATHOLOGY	550,975	44,506	506,469	4,451	29,375	517,149
53	ELECTROCARDIOLOGY	3,585,540	507,990	3,077,550	50,799	178,498	3,356,243
55	MEDICAL SUPPLIES CHARGED	5,569,820	711,276	4,858,544	71,128	281,796	5,216,896
56	DRUGS CHARGED TO PATIENTS	9,467,742	406,761	9,060,981	40,676	525,537	8,901,529
57	RENAL DIALYSIS						
59	CANCER TREATMENT CENTER						
59 10	CATH LAB	3,047,836	351,921	2,695,915	35,192	156,363	2,856,281
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	560,154	20,489	539,665	2,049	31,301	526,804
60 01	PSYCHIATRIC ANCILLARY SER	3,487	87	3,400	9	197	3,281
60 02	DENTAL CLINIC	449,378	22,173	427,205	2,217	24,778	422,383
61	EMERGENCY	5,739,912	798,546	4,941,366	79,855	286,599	5,373,458
62	OBSERVATION BEDS (NON-DIS	2,289,449	352,413	1,937,036	35,241	112,348	2,141,860
63	RHC						
63 60	FQHC						
	OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	79,545,919	9,348,292	70,197,627	934,831	4,071,462	74,539,626
102	LESS OBSERVATION BEDS	2,289,449	352,413	1,937,036	35,241	112,348	2,141,860
103	TOTAL	77,256,470	8,995,879	68,260,591	899,590	3,959,114	72,397,766

WKST A	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRG RATIO	I/P PT B COST TO CHRG RATIO
LINE NO.		7	8	9
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	42,946,374	.360850	.380238
39	DELIVERY ROOM & LABOR ROO	7,244,514	.148861	.157148
41	RADIOLOGY-DIAGNOSTIC	61,194,476	.148123	.155810
41 01	NUCLEAR MEDICINE	5,751,987	.321390	.339801
41 02	ULTRASOUND	3,732,139	.191102	.202215
41 03	RADIATION THERAPY	2,790,220	.771652	.808606
44	LABORATORY	33,825,333	.209130	.220743
46	WHOLE BLOOD & PACKED RED	2,363,972	.476444	.504280
46 30	BLOOD CLOTTING FACTORS AD			
49	RESPIRATORY THERAPY	8,179,070	.257298	.272173
50	PHYSICAL THERAPY	7,023,597	.486868	.513910
51	OCCUPATIONAL THERAPY	1,996,695	.573265	.603772
52	SPEECH PATHOLOGY	979,044	.528218	.558222
53	ELECTROCARDIOLOGY	10,655,673	.314972	.331724
55	MEDICAL SUPPLIES CHARGED	23,610,099	.220960	.232896
56	DRUGS CHARGED TO PATIENTS	46,605,386	.190998	.202274
57	RENAL DIALYSIS			
59	CANCER TREATMENT CENTER			
59 10	CATH LAB	11,041,599	.258684	.272845
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	296,866	1.774551	1.879990
60 01	PSYCHIATRIC ANCILLARY SER			
60 02	DENTAL CLINIC	816,943	.517029	.547359
61	EMERGENCY	11,340,322	.473836	.499109
62	OBSERVATION BEDS (NON-DIS	2,980,499	.718625	.756319
63 50	RHC			
63 60	FQHC			
	OTHER REIMBURS COST CNTRS			
101	SUBTOTAL	285,374,808		
102	LESS OBSERVATION BEDS	2,980,499		
103	TOTAL	282,394,309		

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

PROVIDER NO: 15-0006 PERIOD: FROM 1/1/2007 TO 12/31/2007 WORKSHEET D PART I

TITLE XVIII, PART A

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	CAPITAL REL COST (B, II) 1	OLD CAPITAL SWING BED ADJUSTMENT 2	REDUCED CAP RELATED COST 3	CAPITAL REL COST (B, III) 4	NEW CAPITAL SWING BED ADJUSTMENT 5	REDUCED CAP RELATED COST 6
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS				2,465,072		2,465,072
26	INTENSIVE CARE UNIT				737,687		737,687
31	SUBPROVIDER				1,009,906		1,009,906
31 01	SUBPROVIDER II				282,756		282,756
33	NURSERY				116,252		116,252
101	TOTAL				4,611,673		4,611,673

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

PROVIDER NO: 15-0006
 PERIOD: FROM 1/1/2007 TO 12/31/2007
 WORKSHEET D PART I

TITLE XVIII, PART A

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL PATIENT DAYS 7	INPATIENT PROGRAM DAYS 8	OLD CAPITAL PER DIEM 9	INPAT PROGRAM OLD CAP CST 10	NEW CAPITAL PER DIEM 11	INPAT PROGRAM NEW CAP CST 12
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	19,033	9,754			129.52	1,263,338
26	INTENSIVE CARE UNIT	3,760	1,581			196.19	310,176
31	SUBPROVIDER	3,452	1,887			292.56	552,061
31 01	SUBPROVIDER II	1,355	1,130			208.68	235,808
33	NURSERY	1,850				62.84	
101	TOTAL	29,450	14,352				2,361,383

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

I PROVIDER NO: I PERIOD: I
 I 15-0006 I FROM 1/ 1/2007 I WORKSHEET D
 I COMPONENT NO: I TO 12/31/2007 I PART II
 I 15-0006 I I

TITLE XVIII, PART A

HOSPITAL

PPS

WKST LINE NO.	A NO.	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2	TOTAL CHARGES 3	INPAT PROGRAM CHARGES 4	OLD CAPITAL CST/CHRG RATIO 5	CAPITAL COSTS 6
37		ANCILLARY SRVC COST CNTRS						
		OPERATING ROOM		2, 193, 161	42, 946, 374	7, 258, 529		
39		DELIVERY ROOM & LABOR ROO		114, 777	7, 244, 514	7, 489		
41		RADIOLOGY-DIAGNOSTIC		1, 582, 734	61, 194, 476	7, 006, 625		
41	01	NUCLEAR MEDICINE		143, 013	5, 751, 987	715, 585		
41	02	ULTRASOUND		44, 046	3, 732, 139	227, 218		
41	03	RADIATION THERAPY		531, 584	2, 790, 220	61, 884		
44		LABORATORY		771, 426	33, 825, 333	6, 334, 855		
46		WHOLE BLOOD & PACKED RED		63, 971	2, 363, 972	999, 097		
46	30	BLOOD CLOTTING FACTORS AD						
49		RESPIRATORY THERAPY		142, 705	8, 179, 070	1, 768, 229		
50		PHYSICAL THERAPY		372, 127	7, 023, 597	538, 697		
51		OCCUPATIONAL THERAPY		172, 586	1, 996, 695	273, 603		
52		SPEECH PATHOLOGY		44, 506	979, 044	175, 097		
53		ELECTROCARDIOLOGY		507, 990	10, 655, 673	718, 091		
55		MEDICAL SUPPLIES CHARGED		711, 276	23, 610, 099	11, 634, 052		
56		DRUGS CHARGED TO PATIENTS		406, 761	46, 605, 386	13, 784, 896		
57		RENAL DIALYSIS						
59		CANCER TREATMENT CENTER						
59	10	CATH LAB		351, 921	11, 041, 599	3, 087, 975		
		OUTPAT SERVICE COST CNTRS						
60		CLINIC		20, 489	296, 866			
60	01	PSYCHIATRIC ANCILLARY SER		87				
60	02	DENTAL CLINIC		22, 173	816, 943			
61		EMERGENCY		798, 546	11, 340, 322	1, 587, 374		
62		OBSERVATION BEDS (NON-DIS		352, 413	2, 980, 499	529, 084		
63	50	RHC						
63	60	FQHC						
		OTHER REIMBURS COST CNTRS						
101		TOTAL		9, 348, 292	285, 374, 808	56, 708, 380		

TITLE XVIII, PART A		HOSPITAL	
WKST A	COST CENTER DESCRIPTION	NEW CAPITAL	
LINE NO.		CST/CHRG RATIO	COSTS
		7	8
	ANCILLARY SRVC COST CNTRS		
37	OPERATING ROOM	.051067	370,671
39	DELIVERY ROOM & LABOR ROO	.015843	119
41	RADIOLOGY-DIAGNOSTIC	.025864	181,219
41 01	NUCLEAR MEDICINE	.024863	17,792
41 02	ULTRASOUND	.011802	2,682
41 03	RADIATION THERAPY	.190517	11,790
44	LABORATORY	.022806	144,473
46	WHOLE BLOOD & PACKED RED	.027061	27,037
46 30	BLOOD CLOTTING FACTORS AD		
49	RESPIRATORY THERAPY	.017448	30,852
50	PHYSICAL THERAPY	.052982	28,541
51	OCCUPATIONAL THERAPY	.086436	23,649
52	SPEECH PATHOLOGY	.045459	7,960
53	ELECTROCARDIOLOGY	.047673	34,234
55	MEDICAL SUPPLIES CHARGED	.030126	350,487
56	DRUGS CHARGED TO PATIENTS	.008728	120,315
57	RENAL DIALYSIS		
59	CANCER TREATMENT CENTER		
59 10	CATH LAB	.031872	98,420
	OUTPAT SERVICE COST CNTRS		
60	CLINIC	.069018	
60 01	PSYCHIATRIC ANCILLARY SER		
60 02	DENTAL CLINIC	.027141	
61	EMERGENCY	.070417	111,778
62	OBSERVATION BEDS (NON-DIS	.118240	62,559
63 50	RHC		
63 60	FQHC		
	OTHER REIMBURS COST CNTRS		
101	TOTAL		1,624,578

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

I PROVIDER NO: I PERIOD: I
I 15-0006 I FROM 1/ 1/2007 I WORKSHEET D
I I TO 12/31/2007 I PART III

PPS

WKST A	COST CENTER	DESCRIPTION	NONPHYSICIAN ANESTHETIST	MED EDUCATN COST	SWING BED ADJ AMOUNT	TOTAL COSTS	TOTAL PATIENT DAYS	PER DIEM
LINE NO.			1	2	3	4	5	6
		INPAT ROUTINE SRVC CNTRS						
25		ADULTS & PEDIATRICS					19,033	
26		INTENSIVE CARE UNIT					3,760	
31		SUBPROVIDER					3,452	
31	01	SUBPROVIDER II					1,355	
33		NURSERY					1,850	
34		SKILLED NURSING FACILITY					8,978	
35		NURSING FACILITY						
101		TOTAL					38,428	

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

I PROVIDER NO: I PERIOD: I PREPARED 5/22/2008
 I 15-0006 I FROM 1/1/2007 I WORKSHEET D
 I I TO 12/31/2007 I PART III

WKST LINE	A NO.	COST CENTER DESCRIPTION	INPATIENT PROG DAYS	INPAT PROGRAM PASS THRU COST
			7	8
25		ADULTS & PEDIATRICS	9,754	
26		INTENSIVE CARE UNIT	1,581	
31		SUBPROVIDER	1,887	
31	01	SUBPROVIDER II	1,130	
33		NURSERY		
34		SKILLED NURSING FACILITY	6,110	
35		NURSING FACILITY		
101		TOTAL	20,462	

TITLE XVIII, PART A		HOSPITAL		PPS			
WKST A	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST	SCHOOL	NRS COST	MED ED ALLIED HEALTH COST	MED ED ALL OTHER COSTS	BLOOD CLOT FOR HEMOPHILIACS
		1	1.01	2	2.01	2.02	2.03
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM						
39	DELIVERY ROOM & LABOR ROO						
41	RADIOLOGY-DIAGNOSTIC						
41	01 NUCLEAR MEDICINE						
41	02 ULTRASOUND						
41	03 RADIATION THERAPY						
44	LABORATORY						
46	WHOLE BLOOD & PACKED RED						
46	30 BLOOD CLOTTING FACTORS AD						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
57	RENAL DIALYSIS						
59	CANCER TREATMENT CENTER						
59	10 CATH LAB						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60	01 PSYCHIATRIC ANCILLARY SER						
60	02 DENTAL CLINIC						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
63	50 RHC						
63	60 FQHC						
	OTHER REIMBURS COST CNTRS						
101	TOTAL						

TITLE XVIII, PART A		HOSPITAL		PPS					
WKST A	COST CENTER DESCRIPTION	TOTAL COSTS	O/P PASS THRU COSTS	TOTAL CHARGES	RATIO OF COST TO CHARGES	O/P RATIO OF CST TO CHARGES	INPAT PROG CHARGE	INPAT PROG PASS THRU COST	
LINE NO.		3	3.01	4	5	5.01	6	7	
	ANCILLARY SRVC COST CNTRS								
37	OPERATING ROOM			42,946,374			7,258,529		
39	DELIVERY ROOM & LABOR ROO			7,244,514			7,489		
41	RADIOLOGY-DIAGNOSTIC			61,194,476			7,006,625		
41 01	NUCLEAR MEDICINE			5,751,987			715,585		
41 02	ULTRASOUND			3,732,139			227,218		
41 03	RADIATION THERAPY			2,790,220			61,884		
44	LABORATORY			33,825,333			6,334,855		
46	WHOLE BLOOD & PACKED RED			2,363,972			999,097		
46 30	BLOOD CLOTTING FACTORS AD								
49	RESPIRATORY THERAPY			8,179,070			1,768,229		
50	PHYSICAL THERAPY			7,023,597			538,697		
51	OCCUPATIONAL THERAPY			1,996,695			273,603		
52	SPEECH PATHOLOGY			979,044			175,097		
53	ELECTROCARDIOLOGY			10,655,673			718,091		
55	MEDICAL SUPPLIES CHARGED			23,610,099			11,634,052		
56	DRUGS CHARGED TO PATIENTS			46,605,386			13,784,896		
57	RENAL DIALYSIS								
59	CANCER TREATMENT CENTER								
59 10	CATH LAB			11,041,599			3,087,975		
	OUTPAT SERVICE COST CNTRS								
60	CLINIC			296,866					
60 01	PSYCHIATRIC ANCILLARY SER								
60 02	DENTAL CLINIC			816,943					
61	EMERGENCY			11,340,322			1,587,374		
62	OBSERVATION BEDS (NON-DIS			2,980,499			529,084		
63 50	RHC								
63 60	FQHC								
	OTHER REIMBURS COST CNTRS								
101	TOTAL			285,374,808			56,708,380		

TITLE XVIII, PART A		HOSPITAL				PPS		COL 8.01	COL 8.02
WKST A	COST CENTER DESCRIPTION	OUTPAT PROG	OUTPAT PROG	OUTPAT PROG	OUTPAT PROG	OUTPAT PROG	* COL 5	* COL 5	
LINE NO.		CHARGES	D, V COL 5.03	D, V COL 5.04	PASS THRU COST		9.01	9.02	
		8	8.01	8.02	9				
	ANCILLARY SRVC COST CNTRS								
37	OPERATING ROOM	6,778,379							
39	DELIVERY ROOM & LABOR ROO								
41	RADIOLOGY-DIAGNOSTIC	14,260,386							
41 01	NUCLEAR MEDICINE	953,154							
41 02	ULTRASOUND	472,123							
41 03	RADIATION THERAPY	1,199,283							
44	LABORATORY	448,917							
46	WHOLE BLOOD & PACKED RED	410,973							
46 30	BLOOD CLOTTING FACTORS AD								
49	RESPIRATORY THERAPY	199,293							
50	PHYSICAL THERAPY	480							
51	OCCUPATIONAL THERAPY								
52	SPEECH PATHOLOGY								
53	ELECTROCARDIOLOGY	1,036,831							
55	MEDICAL SUPPLIES CHARGED	2,959,682							
56	DRUGS CHARGED TO PATIENTS	7,487,196							
57	RENAL DIALYSIS								
59	CANCER TREATMENT CENTER								
59 10	CATH LAB	2,444,800							
	OUTPAT SERVICE COST CNTRS								
60	CLINIC	2,629							
60 01	PSYCHIATRIC ANCILLARY SER								
60 02	DENTAL CLINIC								
61	EMERGENCY	1,413,031							
62	OBSERVATION BEDS (NON-DIS	593,644							
63 50	RHC								
63 60	FQHC								
	OTHER REIMBURS COST CNTRS								
101	TOTAL	40,660,801							

TITLE XVIII, PART B

HOSPITAL

		Cost/Charge Ratio (C, Pt I, col. 9)	Cost/Charge Ratio (C, Pt II, col. 9)	Outpatient Ambulatory Surgical Ctr	Outpatient Radiology	Other Outpatient Diagnostic
Cost Center Description		1	1.02	2	3	4
(A)	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	.385345	.385345			
39	DELIVERY ROOM & LABOR ROOM	.158733	.158733			
41	RADIOLOGY-DIAGNOSTIC	.158396	.158396			
41	01 NUCLEAR MEDICINE	.342287	.342287			
41	02 ULTRASOUND	.203395	.203395			
41	03 RADIATION THERAPY	.827658	.827658			
44	LABORATORY	.223023	.223023			
46	WHOLE BLOOD & PACKED RED BLOOD CELLS	.506986	.506986			
46	30 BLOOD CLOTTING FACTORS ADMIN COSTS					
49	RESPIRATORY THERAPY	.273918	.273918			
50	PHYSICAL THERAPY	.519208	.519208			
51	OCCUPATIONAL THERAPY	.612416	.612416			
52	SPEECH PATHOLOGY	.562768	.562768			
53	ELECTROCARDIOLOGY	.336491	.336491			
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.235908	.235908			
56	DRUGS CHARGED TO PATIENTS	.203147	.203147			
57	RENAL DIALYSIS					
59	CANCER TREATMENT CENTER					
59	10 CATH LAB	.276032	.276032			
	OUTPAT SERVICE COST CNTRS					
60	CLINIC	1.886892	1.886892			
60	01 PSYCHIATRIC ANCILLARY SERVICES					
60	02 DENTAL CLINIC	.550073	.550073			
61	EMERGENCY	.506151	.506151			
62	OBSERVATION BEDS (NON-DISTINCT PART)	.768143	.768143			
63	50 RHC					
63	60 FQHC					
101	SUBTOTAL					
102	CRNA CHARGES					
103	LESS PBP CLINIC LAB SVCS- PROGRAM ONLY CHARGES					
104	NET CHARGES					

(A) WORKSHEET A LINE NUMBERS

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

TITLE XVIII, PART B

HOSPITAL

	All Other (1)	PPS Services FYB to 12/31	Non-PPS Services	PPS Services 1/1 to FYE	Outpatient Ambulatory Surgical Ctr
Cost Center Description	5	5.01	5.02	5.03	6
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM		6,778,379			
39 DELIVERY ROOM & LABOR ROOM					
41 RADIOLOGY-DIAGNOSTIC		14,260,386			
41 01 NUCLEAR MEDICINE		953,154			
41 02 ULTRASOUND		472,123			
41 03 RADIATION THERAPY		1,199,283			
44 LABORATORY		448,917			
46 WHOLE BLOOD & PACKED RED BLOOD CELLS		410,973			
46 30 BLOOD CLOTTING FACTORS ADMIN COSTS					
49 RESPIRATORY THERAPY		199,293			
50 PHYSICAL THERAPY		480			
51 OCCUPATIONAL THERAPY					
52 SPEECH PATHOLOGY					
53 ELECTROCARDIOLOGY		1,036,831			
55 MEDICAL SUPPLIES CHARGED TO PATIENTS		2,959,682			
56 DRUGS CHARGED TO PATIENTS		7,487,196	295		
57 RENAL DIALYSIS					
59 CANCER TREATMENT CENTER					
59 10 CATH LAB		2,444,800			
60 OUTPAT SERVICE COST CNTRS					
60 CLINIC		2,629			
60 01 PSYCHIATRIC ANCILLARY SERVICES					
60 02 DENTAL CLINIC					
61 EMERGENCY		1,413,031			
62 OBSERVATION BEDS (NON-DISTINCT PART)		593,644			
63 50 RHC					
63 60 FQHC					
101 SUBTOTAL		40,660,801	295		
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS- PROGRAM ONLY CHARGES					
104 NET CHARGES		40,660,801	295		

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

TITLE XVIII, PART B

HOSPITAL

Cost Center Description	Outpatient	Other	All Other	PPS Services	Non-PPS
	Radiology	Outpatient Diagnostic		FYB to 12/31	Services
	7	8	9	9.01	9.02
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM				2,612,014	
39 DELIVERY ROOM & LABOR ROOM					
41 RADIOLOGY-DIAGNOSTIC				2,258,788	
41 01 NUCLEAR MEDICINE				326,252	
41 02 ULTRASOUND				96,027	
41 03 RADIATION THERAPY				992,596	
44 LABORATORY				100,119	
46 WHOLE BLOOD & PACKED RED BLOOD CELLS				208,358	
46 30 BLOOD CLOTTING FACTORS ADMIN COSTS					
49 RESPIRATORY THERAPY				54,590	
50 PHYSICAL THERAPY				249	
51 OCCUPATIONAL THERAPY					
52 SPEECH PATHOLOGY					
53 ELECTROCARDIOLOGY				348,884	
55 MEDICAL SUPPLIES CHARGED TO PATIENTS				698,213	
56 DRUGS CHARGED TO PATIENTS				1,521,001	60
57 RENAL DIALYSIS					
59 CANCER TREATMENT CENTER					
59 10 CATH LAB				674,843	
60 OUTPAT SERVICE COST CNTRS					
60 CLINIC				4,961	
60 01 PSYCHIATRIC ANCILLARY SERVICES					
60 02 DENTAL CLINIC					
61 EMERGENCY				715,207	
62 OBSERVATION BEDS (NON-DISTINCT PART)				456,003	
63 50 RHC					
63 60 FQHC					
101 SUBTOTAL				11,068,105	60
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES					
104 NET CHARGES				11,068,105	60

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

TITLE XVIII, PART B

HOSPITAL

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

Cost Center Description 9.03 10 11

- (A) ANCILLARY SRVC COST CNTRS
- 37 OPERATING ROOM
- 39 DELIVERY ROOM & LABOR ROOM
- 41 RADIOLOGY-DIAGNOSTIC
- 41 01 NUCLEAR MEDICINE
- 41 02 ULTRASOUND
- 41 03 RADIATION THERAPY
- 44 LABORATORY
- 46 WHOLE BLOOD & PACKED RED BLOOD CELLS
- 46 30 BLOOD CLOTTING FACTORS ADMIN COSTS
- 49 RESPIRATORY THERAPY
- 50 PHYSICAL THERAPY
- 51 OCCUPATIONAL THERAPY
- 52 SPEECH PATHOLOGY
- 53 ELECTROCARDIOLOGY
- 55 MEDICAL SUPPLIES CHARGED TO PATIENTS
- 56 DRUGS CHARGED TO PATIENTS
- 57 RENAL DIALYSIS
- 59 CANCER TREATMENT CENTER
- 59 10 CATH LAB
- OUTPAT SERVICE COST CNTRS
- 60 CLINIC
- 60 01 PSYCHIATRIC ANCILLARY SERVICES
- 60 02 DENTAL CLINIC
- 61 EMERGENCY
- 62 OBSERVATION BEDS (NON-DISTINCT PART)
- 63 50 RHC
- 63 60 FQHC
- 101 SUBTOTAL
- 102 CRNA CHARGES
- 103 LESS PBP CLINIC LAB SVCS-
- PROGRAM ONLY CHARGES
- 104 NET CHARGES

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

TITLE XVIII, PART B HOSPITAL

PART VI - VACCINE COST APPORTIONMENT

1	DRUGS CHARGED TO PATIENTS-RATIO OF COST TO CHARGES	1	203147
2	PROGRAM VACCINE CHARGES		5,911
3	PROGRAM COSTS		1,201

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

I PROVIDER NO: I PERIOD: I
 I 15-0006 I FROM 1/ 1/2007 I
 I COMPONENT NO: I TO 12/31/2007 I
 I 15-S006 I
 I TEFRA I
 I WORKSHEET D I
 I PART II I

TITLE XVIII, PART A

SUBPROVIDER 1

TEFRA

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2	TOTAL CHARGES 3	INPAT PROGRAM CHARGES 4	OLD CAPITAL CST/CHRG RATIO 5	CAPITAL COSTS 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM		2, 193, 161	42, 946, 374	18, 833		
39	DELIVERY ROOM & LABOR ROO		114, 777	7, 244, 514			
41	RADIOLOGY-DIAGNOSTIC		1, 582, 734	61, 194, 476	66, 965		
41 01	NUCLEAR MEDICINE		143, 013	5, 751, 987	2, 915		
41 02	ULTRASOUND		44, 046	3, 732, 139	2, 655		
41 03	RADIATION THERAPY		531, 584	2, 790, 220			
44	LABORATORY		771, 426	33, 825, 333	197, 510		
46	WHOLE BLOOD & PACKED RED		63, 971	2, 363, 972			
46 30	BLOOD CLOTTING FACTORS AD						
49	RESPIRATORY THERAPY		142, 705	8, 179, 070	13, 552		
50	PHYSICAL THERAPY		372, 127	7, 023, 597	7, 830		
51	OCCUPATIONAL THERAPY		172, 586	1, 996, 695	1, 377		
52	SPEECH PATHOLOGY		44, 506	979, 044	2, 658		
53	ELECTROCARDIOLOGY		507, 990	10, 655, 673	12, 829		
55	MEDICAL SUPPLIES CHARGED		711, 276	23, 610, 099	21, 201		
56	DRUGS CHARGED TO PATIENTS		406, 761	46, 605, 386	276, 671		
57	RENAL DIALYSIS						
59	CANCER TREATMENT CENTER						
59 10	CATH LAB		351, 921	11, 041, 599	4, 204		
	OUTPAT SERVICE COST CNTRS						
60	CLINIC		20, 489	296, 866			
60 01	PSYCHIATRIC ANCILLARY SER		87				
60 02	DENTAL CLINIC		22, 173	816, 943			
61	EMERGENCY		798, 546	11, 340, 322	39, 159		
62	OBSERVATION BEDS (NON-DIS		352, 413	2, 980, 499			
63 50	RHC						
63 60	FQHC						
	OTHER REIMBURS COST CNTRS						
101	TOTAL		9, 348, 292	285, 374, 808	668, 359		

TITLE XVIII, PART A SUBPROVIDER 1

WKST A LINE NO.	COST CENTER DESCRIPTION	CST/CHRG 7	NEW CAPITAL RATIO	COSTS 8
37	ANCILLARY SRVC COST CNTRS			
	OPERATING ROOM	.051067		962
39	DELIVERY ROOM & LABOR ROO	.015843		
41	RADIOLOGY-DIAGNOSTIC	.025864		1,732
41 01	NUCLEAR MEDICINE	.024863		72
41 02	ULTRASOUND	.011802		31
41 03	RADIATION THERAPY	.190517		
44	LABORATORY	.022806		4,504
46	WHOLE BLOOD & PACKED RED	.027061		
46 30	BLOOD CLOTTING FACTORS AD			
49	RESPIRATORY THERAPY	.017448		236
50	PHYSICAL THERAPY	.052982		415
51	OCCUPATIONAL THERAPY	.086436		119
52	SPEECH PATHOLOGY	.045459		121
53	ELECTROCARDIOLOGY	.047673		612
55	MEDICAL SUPPLIES CHARGED	.030126		639
56	DRUGS CHARGED TO PATIENTS	.008728		2,415
57	RENAL DIALYSIS			
59	CANCER TREATMENT CENTER			
59 10	CATH LAB	.031872		134
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	.069018		
60 01	PSYCHIATRIC ANCILLARY SER			
60 02	DENTAL CLINIC	.027141		
61	EMERGENCY	.070417		2,757
62	OBSERVATION BEDS (NON-DIS	.118240		
63 50	RHC			
63 60	FQHC			
	OTHER REIMBURS COST CNTRS			
101	TOTAL			14,749

TITLE XVIII, PART A		SUBPROVIDER 1		TEFRA			
WKST A	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST		MED ED NRS SCHOOL COST	MED ED ALLIED HEALTH COST	MED ED ALL OTHER COSTS	BLOOD CLOT FOR HEMOPHILIACS
		1	1.01	2	2.01	2.02	2.03
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM						
39	DELIVERY ROOM & LABOR ROO						
41	RADIOLOGY-DIAGNOSTIC						
41 01	NUCLEAR MEDICINE						
41 02	ULTRASOUND						
41 03	RADIATION THERAPY						
44	LABORATORY						
46	WHOLE BLOOD & PACKED RED						
46 30	BLOOD CLOTTING FACTORS AD						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
57	RENAL DIALYSIS						
59	CANCER TREATMENT CENTER						
59 10	CATH LAB						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60 01	PSYCHIATRIC ANCILLARY SER						
60 02	DENTAL CLINIC						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
63 50	RHC						
63 60	FQHC						
	OTHER REIMBURS COST CNTRS						
101	TOTAL						

TITLE XVIII, PART A		SUBPROVIDER 1		TEFRA				
WKST A	COST CENTER DESCRIPTION	TOTAL COSTS	O/P PASS THRU COSTS	TOTAL CHARGES	RATIO OF COST TO CHARGES	O/P RATIO OF CST TO CHARGES	INPAT PROG CHARGE	INPAT PROG PASS THRU COST
LINE NO.		3	3.01	4	5	5.01	6	7
	ANCILLARY SRVC COST CNTRS							
37	OPERATING ROOM			42,946,374			18,833	
39	DELIVERY ROOM & LABOR ROO			7,244,514				
41	RADIOLOGY-DIAGNOSTIC			61,194,476			66,965	
41 01	NUCLEAR MEDICINE			5,751,987			2,915	
41 02	ULTRASOUND			3,732,139			2,655	
41 03	RADIATION THERAPY			2,790,220				
44	LABORATORY			33,825,333			197,510	
46	WHOLE BLOOD & PACKED RED			2,363,972				
46 30	BLOOD CLOTTING FACTORS AD							
49	RESPIRATORY THERAPY			8,179,070			13,552	
50	PHYSICAL THERAPY			7,023,597			7,830	
51	OCCUPATIONAL THERAPY			1,996,695			1,377	
52	SPEECH PATHOLOGY			979,044			2,658	
53	ELECTROCARDIOLOGY			10,655,673			12,829	
55	MEDICAL SUPPLIES CHARGED			23,610,099			21,201	
56	DRUGS CHARGED TO PATIENTS			46,605,386			276,671	
57	RENAL DIALYSIS							
59	CANCER TREATMENT CENTER							
59 10	CATH LAB			11,041,599			4,204	
	OUTPAT SERVICE COST CNTRS							
60	CLINIC			296,866				
60 01	PSYCHIATRIC ANCILLARY SER							
60 02	DENTAL CLINIC			816,943				
61	EMERGENCY			11,340,322			39,159	
62	OBSERVATION BEDS (NON-DIS			2,980,499				
63 50	RHC							
63 60	FQHC							
	OTHER REIMBURS COST CNTRS							
101	TOTAL			285,374,808			668,359	

TITLE XVIII, PART A

SUBPROVIDER 1

TEFRA

WKST A	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES	OUTPAT PROG D, V COL 5. 03	OUTPAT PROG D, V COL 5. 04	OUTPAT PROG PASS THRU COST	COL 8. 01 * COL 5	COL 8. 02 * COL 5
LINE NO.		8	8. 01	8. 02	9	9. 01	9. 02
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM						
39	DELIVERY ROOM & LABOR ROO						
41	RADIOLOGY-DIAGNOSTIC						
41 01	NUCLEAR MEDICINE						
41 02	ULTRASOUND						
41 03	RADIATION THERAPY						
44	LABORATORY						
46	WHOLE BLOOD & PACKED RED						
46 30	BLOOD CLOTTING FACTORS AD						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
57	RENAL DIALYSIS						
59	CANCER TREATMENT CENTER						
59 10	CATH LAB						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60 01	PSYCHIATRIC ANCILLARY SER						
60 02	DENTAL CLINIC						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
63 50	RHC						
63 60	FQHC						
	OTHER REIMBURS COST CNTRS						
101	TOTAL						

TITLE XVIII, PART B

SUBPROVIDER 1

PART VI - VACCINE COST APPORTIONMENT

1 DRUGS CHARGED TO PATIENTS-RATIO OF COST TO CHARGES
2 PROGRAM VACCINE CHARGES
3 PROGRAM COSTS

1
203147
510
104

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

I PROVIDER NO: I PERIOD: I
 I 15-0006 I FROM 1/ 1/2007 I WORKSHEET D
 I COMPONENT NO: I TO 12/31/2007 I PART II
 I 15-T006 I I

TITLE XVIII, PART A

SUBPROVIDER 2

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2	TOTAL CHARGES 3	INPAT PROGRAM CHARGES 4	OLD CAPITAL CST/CHRG RATIO 5	CAPITAL COSTS 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM		2, 193, 161	42, 946, 374	10, 821		
39	DELIVERY ROOM & LABOR ROO		114, 777	7, 244, 514			
41	RADIOLOGY-DIAGNOSTIC		1, 582, 734	61, 194, 476	38, 375		
41 01	NUCLEAR MEDICINE		143, 013	5, 751, 987			
41 02	ULTRASOUND		44, 046	3, 732, 139	432		
41 03	RADIATION THERAPY		531, 584	2, 790, 220			
44	LABORATORY		771, 426	33, 825, 333	94, 662		
46	WHOLE BLOOD & PACKED RED		63, 971	2, 363, 972	7, 965		
46 30	BLOOD CLOTTING FACTORS AD						
49	RESPIRATORY THERAPY		142, 705	8, 179, 070	44, 253		
50	PHYSICAL THERAPY		372, 127	7, 023, 597	365, 156		
51	OCCUPATIONAL THERAPY		172, 586	1, 996, 695	353, 903		
52	SPEECH PATHOLOGY		44, 506	979, 044	117, 330		
53	ELECTROCARDIOLOGY		507, 990	10, 655, 673	3, 360		
55	MEDICAL SUPPLIES CHARGED		711, 276	23, 610, 099	146, 404		
56	DRUGS CHARGED TO PATIENTS		406, 761	46, 605, 386	272, 377		
57	RENAL DIALYSIS						
59	CANCER TREATMENT CENTER						
59 10	CATH LAB		351, 921	11, 041, 599	7, 575		
	OUTPAT SERVICE COST CNTRS						
60	CLINIC		20, 489	296, 866			
60 01	PSYCHIATRIC ANCILLARY SER		87				
60 02	DENTAL CLINIC		22, 173	816, 943			
61	EMERGENCY		798, 546	11, 340, 322	193		
62	OBSERVATION BEDS (NON-DIS		352, 413	2, 980, 499			
63 50	RHC						
63 60	FQHC						
	OTHER REIMBURS COST CNTRS						
101	TOTAL		9, 348, 292	285, 374, 808	1, 462, 806		

TITLE XVIII, PART A SUBPROVIDER 2

WKST A	COST CENTER DESCRIPTION	NEW CAPITAL	
LINE NO.		CST/CHRG RATIO	COSTS
		7	8
	ANCILLARY SRVC COST CNTRS		
37	OPERATING ROOM	.051067	553
39	DELIVERY ROOM & LABOR ROO	.015843	
41	RADIOLOGY-DIAGNOSTIC	.025864	993
41 01	NUCLEAR MEDICINE	.024863	
41 02	ULTRASOUND	.011802	5
41 03	RADIATION THERAPY	.190517	
44	LABORATORY	.022806	2,159
46	WHOLE BLOOD & PACKED RED	.027061	216
46 30	BLOOD CLOTTING FACTORS AD		
49	RESPIRATORY THERAPY	.017448	772
50	PHYSICAL THERAPY	.052982	19,347
51	OCCUPATIONAL THERAPY	.086436	30,590
52	SPEECH PATHOLOGY	.045459	5,334
53	ELECTROCARDIOLOGY	.047673	160
55	MEDICAL SUPPLIES CHARGED	.030126	4,411
56	DRUGS CHARGED TO PATIENTS	.008728	2,377
57	RENAL DIALYSIS		
59	CANCER TREATMENT CENTER		
59 10	CATH LAB	.031872	241
	OUTPAT SERVICE COST CNTRS		
60	CLINIC	.069018	
60 01	PSYCHIATRIC ANCILLARY SER		
60 02	DENTAL CLINIC	.027141	
61	EMERGENCY	.070417	14
62	OBSERVATION BEDS (NON-DIS	.118240	
63 50	RHC		
63 60	FQHC		
	OTHER REIMBURS COST CNTRS		
101	TOTAL		67,172

TITLE XVIII, PART A		SUBPROVIDER 2		PPS			
WKST A	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST		MED ED NRS SCHOOL COST	MED ED ALLIED HEALTH COST	MED ED ALL OTHER COSTS	BLOOD CLOT FOR HEMOPHILIACS
		1	1.01	2	2.01	2.02	2.03
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM						
39	DELIVERY ROOM & LABOR ROO						
41	RADIOLOGY-DIAGNOSTIC						
41	01 NUCLEAR MEDICINE						
41	02 ULTRASOUND						
41	03 RADIATION THERAPY						
44	LABORATORY						
46	WHOLE BLOOD & PACKED RED						
46	30 BLOOD CLOTTING FACTORS AD						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
57	RENAL DIALYSIS						
59	CANCER TREATMENT CENTER						
59	10 CATH LAB						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60	01 PSYCHIATRIC ANCILLARY SER						
60	02 DENTAL CLINIC						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
63	50 RHC						
63	60 FQHC						
	OTHER REIMBURS COST CNTRS						
101	TOTAL						

PROVIDER NO: 15-0006
 COMPONENT NO: 15-T006
 PERIOD: FROM 1/1/2007 TO 12/31/2007
 PPS

TITLE XVIII, PART A		SUBPROVIDER 2		PPS						
WKST A	COST CENTER DESCRIPTION	TOTAL COSTS	O/P PASS THRU COSTS	TOTAL CHARGES	RATIO OF COST TO CHARGES	O/P RATIO OF CST TO CHARGES	INPAT PROG CHARGE	INPAT PROG PASS THRU COST		
LINE NO.		3	3.01	4	5	5.01	6	7		
	ANCILLARY SRVC COST CNTRS									
37	OPERATING ROOM			42,946,374			10,821			
39	DELIVERY ROOM & LABOR ROO			7,244,514						
41	RADIOLOGY-DIAGNOSTIC			61,194,476			38,375			
41 01	NUCLEAR MEDICINE			5,751,987						
41 02	ULTRASOUND			3,732,139			432			
41 03	RADIATION THERAPY			2,790,220						
44	LABORATORY			33,825,333			94,662			
46	WHOLE BLOOD & PACKED RED			2,363,972			7,965			
46 30	BLOOD CLOTTING FACTORS AD									
49	RESPIRATORY THERAPY			8,179,070			44,253			
50	PHYSICAL THERAPY			7,023,597			365,156			
51	OCCUPATIONAL THERAPY			1,996,695			353,903			
52	SPEECH PATHOLOGY			979,044			117,330			
53	ELECTROCARDIOLOGY			10,655,673			3,360			
55	MEDICAL SUPPLIES CHARGED			23,610,099			146,404			
56	DRUGS CHARGED TO PATIENTS			46,605,386			272,377			
57	RENAL DIALYSIS									
59	CANCER TREATMENT CENTER									
59 10	CATH LAB			11,041,599			7,575			
	OUTPAT SERVICE COST CNTRS									
60	CLINIC			296,866						
60 01	PSYCHIATRIC ANCILLARY SER									
60 02	DENTAL CLINIC			816,943						
61	EMERGENCY			11,340,322			193			
62	OBSERVATION BEDS (NON-DIS			2,980,499						
63 50	RHC									
63 60	FQHC									
	OTHER REIMBURS COST CNTRS									
101	TOTAL			285,374,808			1,462,806			

TITLE XVIII, PART A

SUBPROVIDER 2

PPS

WKST A	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES	OUTPAT PROG D, V COL 5. 03	OUTPAT PROG D, V COL 5. 04	OUTPAT PROG PASS THRU COST	COL 8. 01 * COL 5	COL 8. 02 * COL 5
LINE NO.		8	8. 01	8. 02	9	9. 01	9. 02
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM						
39	DELIVERY ROOM & LABOR ROO						
41	RADIOLOGY-DIAGNOSTIC						
41 01	NUCLEAR MEDICINE						
41 02	ULTRASOUND						
41 03	RADIATION THERAPY						
44	LABORATORY						
46	WHOLE BLOOD & PACKED RED						
46 30	BLOOD CLOTTING FACTORS AD						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
57	RENAL DIALYSIS						
59	CANCER TREATMENT CENTER						
59 10	CATH LAB						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60 01	PSYCHIATRIC ANCILLARY SER						
60 02	DENTAL CLINIC						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
63 50	RHC						
63 60	FQHC						
	OTHER REIMBURS COST CNTRS						
101	TOTAL						

TITLE XVIII, PART B

SUBPROVIDER 2

PART VI - VACCINE COST APPORTIONMENT

1 DRUGS CHARGED TO PATIENTS-RATIO OF COST TO CHARGES
2 PROGRAM VACCINE CHARGES
3 PROGRAM COSTS

1
. 203147
653
133

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO: 15-0006
 COMPONENT NO: 15-5297
 PERIOD: FROM 1/1/2007 TO 12/31/2007
 WORKSHEET D PART II

TITLE XVIII, PART A

SKILLED NURSING FACILITY

PPS

WKST LINE	A NO.	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2	TOTAL CHARGES 3	INPAT PROGRAM CHARGES 4	OLD CAPITAL CST/CHRG RATIO 5	CAPITAL COSTS 6
		ANCILLARY SRVC COST CNTRS						
		OPERATING ROOM						
		DELIVERY ROOM & LABOR ROO						
		RADIOLOGY-DIAGNOSTIC						
	01	NUCLEAR MEDICINE						
	02	ULTRASOUND						
	03	RADIATION THERAPY						
		LABORATORY						
		WHOLE BLOOD & PACKED RED						
	30	BLOOD CLOTTING FACTORS AD						
		RESPIRATORY THERAPY						
		PHYSICAL THERAPY						
		OCCUPATIONAL THERAPY						
		SPEECH PATHOLOGY						
		ELECTROCARDIOLOGY						
		MEDICAL SUPPLIES CHARGED						
		DRUGS CHARGED TO PATIENTS						
		RENAL DIALYSIS						
		CANCER TREATMENT CENTER						
	10	CATH LAB						
		OUTPAT SERVICE COST CNTRS						
		CLINIC						
	01	PSYCHIATRIC ANCILLARY SER						
	02	DENTAL CLINIC						
		EMERGENCY						
		OBSERVATION BEDS (NON-DIS						
	50	RHC						
	60	FQHC						
		OTHER REIMBURS COST CNTRS						
101		TOTAL						

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO: 15-0006
 COMPONENT NO: 15-5297
 PERIOD: FROM 1/1/2007 TO 12/31/2007
 PREPARED 5/22/2008
 WORKSHEET D
 PART II

TITLE XVIII, PART A SKILLED NURSING FACILITY

PPS

WKST A	COST CENTER DESCRIPTION	NEW CAPITAL
LINE NO.		CST/CHRG RATIO COSTS
		7 8
	ANCILLARY SRVC COST CNTRS	
	OPERATING ROOM	
37		
39	DELIVERY ROOM & LABOR ROO	
41	RADIOLOGY-DIAGNOSTIC	
41	01 NUCLEAR MEDICINE	
41	02 ULTRASOUND	
41	03 RADIATION THERAPY	
44	LABORATORY	
46	WHOLE BLOOD & PACKED RED	
46	30 BLOOD CLOTTING FACTORS AD	
49	RESPIRATORY THERAPY	
50	PHYSICAL THERAPY	
51	OCCUPATIONAL THERAPY	
52	SPEECH PATHOLOGY	
53	ELECTROCARDIOLOGY	
55	MEDICAL SUPPLIES CHARGED	
56	DRUGS CHARGED TO PATIENTS	
57	RENAL DIALYSIS	
59	CANCER TREATMENT CENTER	
59	10 CATH LAB	
	OUTPAT SERVICE COST CNTRS	
60	CLINIC	
60	01 PSYCHIATRIC ANCILLARY SER	
60	02 DENTAL CLINIC	
61	EMERGENCY	
62	OBSERVATION BEDS (NON-DIS	
63	50 RHC	
63	60 FQHC	
	OTHER REIMBURS COST CNTRS	
101	TOTAL	

TITLE XVIII, PART A		SKILLED NURSING FACILITY		PPS		
WKST A	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST	MED ED NRS SCHOOL COST	MED ED ALLIED HEALTH COST	MED ED ALL OTHER COSTS	BLOOD CLOT FOR HEMOPHILIACS
		1	2			
		1.01	2.01		2.02	2.03
37	ANCILLARY SRVC COST CNTRS					
	OPERATING ROOM					
39	DELIVERY ROOM & LABOR ROO					
41	RADIOLOGY-DIAGNOSTIC					
41	01 NUCLEAR MEDICINE					
41	02 ULTRASOUND					
41	03 RADIATION THERAPY					
44	LABORATORY					
46	WHOLE BLOOD & PACKED RED					
46	30 BLOOD CLOTTING FACTORS AD					
49	RESPIRATORY THERAPY					
50	PHYSICAL THERAPY					
51	OCCUPATIONAL THERAPY					
52	SPEECH PATHOLOGY					
53	ELECTROCARDIOLOGY					
55	MEDICAL SUPPLIES CHARGED					
56	DRUGS CHARGED TO PATIENTS					
57	RENAL DIALYSIS					
59	CANCER TREATMENT CENTER					
59	10 CATH LAB					
	OUTPAT SERVICE COST CNTRS					
60	CLINIC					
60	01 PSYCHIATRIC ANCILLARY SER					
60	02 DENTAL CLINIC					
61	EMERGENCY					
62	OBSERVATION BEDS (NON-DIS					
63	50 RHC					
63	60 FQHC					
	OTHER REIMBURS COST CNTRS					
101	TOTAL					

TITLE XVIII, PART A

SKILLED NURSING FACILITY

PPS

WKST LINE	A NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF CST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
		ANCILLARY SRVC COST CNTRS							
37		OPERATING ROOM			42,946,374			12,181	
39		DELIVERY ROOM & LABOR ROO			7,244,514				
41		RADIOLOGY-DIAGNOSTIC			61,194,476			101,474	
41	01	NUCLEAR MEDICINE			5,751,987			3,224	
41	02	ULTRASOUND			3,732,139			8,586	
41	03	RADIATION THERAPY			2,790,220				
44		LABORATORY			33,825,333			367,785	
46		WHOLE BLOOD & PACKED RED			2,363,972			27,089	
46	30	BLOOD CLOTTING FACTORS AD							
49		RESPIRATORY THERAPY			8,179,070			557,842	
50		PHYSICAL THERAPY			7,023,597			700,387	
51		OCCUPATIONAL THERAPY			1,996,695			605,638	
52		SPEECH PATHOLOGY			979,044			146,017	
53		ELECTROCARDIOLOGY			10,655,673			13,375	
55		MEDICAL SUPPLIES CHARGED			23,610,099			565,366	
56		DRUGS CHARGED TO PATIENTS			46,605,386			979,886	
57		RENAL DIALYSIS							
59		CANCER TREATMENT CENTER							
59	10	CATH LAB			11,041,599			22,468	
		OUTPAT SERVICE COST CNTRS							
60		CLINIC			296,866				
60	01	PSYCHIATRIC ANCILLARY SER							
60	02	DENTAL CLINIC			816,943				
61		EMERGENCY			11,340,322			932	
62		OBSERVATION BEDS (NON-DIS			2,980,499				
63	50	RHC							
63	60	FQHC							
		OTHER REIMBURS COST CNTRS							
101		TOTAL			285,374,808			4,112,250	

TITLE XVIII, PART A SKILLED NURSING FACILITY PPS

WKST A	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES	OUTPAT PROG D, V COL 5.03	OUTPAT PROG D, V COL 5.04	OUTPAT PROG PASS THRU COST	COL 8.01 * COL 5	COL 8.02 * COL 5
LINE NO.		8	8.01	8.02	9	9.01	9.02
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM						
39	DELIVERY ROOM & LABOR ROO						
41	RADIOLOGY-DIAGNOSTIC						
41 01	NUCLEAR MEDICINE						
41 02	ULTRASOUND						
41 03	RADIATION THERAPY						
44	LABORATORY						
46	WHOLE BLOOD & PACKED RED						
46 30	BLOOD CLOTTING FACTORS AD						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
57	RENAL DIALYSIS						
59	CANCER TREATMENT CENTER						
59 10	CATH LAB						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60 01	PSYCHIATRIC ANCILLARY SER						
60 02	DENTAL CLINIC						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
63 50	RHC						
63 60	FQHC						
	OTHER REIMBURS COST CNTRS						
101	TOTAL						

TITLE XVIII, PART B SKILLED NURSING FACILITY
 PART VI - VACCINE COST APPORTIONMENT

1	DRUGS CHARGED TO PATIENTS-RATIO OF COST TO CHARGES	1	203147
2	PROGRAM VACCINE CHARGES		1, 458
3	PROGRAM COSTS		296

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

PROVIDER NO: 15-0006 PERIOD: FROM 1/1/2007 TO 12/31/2007 WORKSHEET D PART I

TITLE XIX

TEFRA

WKST A LINE NO.	COST CENTER DESCRIPTION	CAPITAL REL COST (B, II) 1	OLD CAPITAL SWING BED ADJUSTMENT 2	REDUCED CAP RELATED COST 3	CAPITAL REL COST (B, III) 4	NEW CAPITAL SWING BED ADJUSTMENT 5	REDUCED CAP RELATED COST 6
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS				2,465,072		2,465,072
26	INTENSIVE CARE UNIT				737,687		737,687
31	SUBPROVIDER				1,009,906		1,009,906
31 01	SUBPROVIDER II				282,756		282,756
33	NURSERY				116,252		116,252
101	TOTAL				4,611,673		4,611,673

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

PROVIDER NO: 15-0006
 PERIOD: FROM 1/1/2007 TO 12/31/2007
 PREPARED 5/22/2008
 WORKSHEET D
 PART I

TEFRA

TITLE XIX

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL PATIENT DAYS 7	INPATIENT PROGRAM DAYS 8	OLD CAPITAL PER DIEM 9	INPAT PROGRAM OLD CAP CST 10	NEW CAPITAL PER DIEM 11	INPAT PROGRAM NEW CAP CST 12
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	19,033	2,246			129.52	290,902
26	INTENSIVE CARE UNIT	3,760				196.19	
31	SUBPROVIDER	3,452	735			292.56	215,032
31 01	SUBPROVIDER II	1,355	36			208.68	7,512
33	NURSERY	1,850	927			62.84	58,253
101	TOTAL	29,450	3,944				571,699

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

I PROVIDER NO: I PERIOD: I
 I 15-0006 I FROM 1/ 1/2007 I WORKSHEET D
 I COMPONENT NO: I TO 12/31/2007 I PART II
 I 15-0006 I TEFRA I

WKST LINE	A NO.	COST CENTER DESCRIPTION	HOSPITAL		TOTAL CHARGES 3	INPAT PROGRAM CHARGES 4	OLD CAPITAL CST/CHRG RATIO 5	CAPITAL COSTS 6
			OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2				
		ANCILLARY SRVC COST CNTRS						
37		OPERATING ROOM		2, 193, 161	42, 946, 374			
39		DELIVERY ROOM & LABOR ROO		114, 777	7, 244, 514			
41		RADIOLOGY-DIAGNOSTIC		1, 582, 734	61, 194, 476			
41	01	NUCLEAR MEDICINE		143, 013	5, 751, 987			
41	02	ULTRASOUND		44, 046	3, 732, 139			
41	03	RADIATION THERAPY		531, 584	2, 790, 220			
44		LABORATORY		771, 426	33, 825, 333			
46		WHOLE BLOOD & PACKED RED		63, 971	2, 363, 972			
46	30	BLOOD CLOTTING FACTORS AD						
49		RESPIRATORY THERAPY		142, 705	8, 179, 070			
50		PHYSICAL THERAPY		372, 127	7, 023, 597			
51		OCCUPATIONAL THERAPY		172, 586	1, 996, 695			
52		SPEECH PATHOLOGY		44, 506	979, 044			
53		ELECTROCARDIOLOGY		507, 990	10, 655, 673			
55		MEDICAL SUPPLIES CHARGED		711, 276	23, 610, 099			
56		DRUGS CHARGED TO PATIENTS		406, 761	46, 605, 386			
57		RENAL DIALYSIS						
59		CANCER TREATMENT CENTER						
59	10	CATH LAB		351, 921	11, 041, 599			
		OUTPAT SERVICE COST CNTRS						
60		CLINIC		20, 489	296, 866			
60	01	PSYCHIATRIC ANCILLARY SER		87				
60	02	DENTAL CLINIC		22, 173	816, 943			
61		EMERGENCY		798, 546	11, 340, 322			
62		OBSERVATION BEDS (NON-DIS		352, 413	2, 980, 499			
63	50	RHC						
63	60	FQHC						
		OTHER REIMBURS COST CNTRS						
101		TOTAL		9, 348, 292	285, 374, 808			

TITLE XIX		HOSPITAL	
WKST A	COST CENTER DESCRIPTION	NEW CAPITAL	
LINE NO.		CST/CHRG RATIO	COSTS
		7	8
	ANCILLARY SRVC COST CNTRS		
37	OPERATING ROOM	.051067	
39	DELIVERY ROOM & LABOR ROO	.015843	
41	RADIOLOGY-DIAGNOSTIC	.025864	
41 01	NUCLEAR MEDICINE	.024863	
41 02	ULTRASOUND	.011802	
41 03	RADIATION THERAPY	.190517	
44	LABORATORY	.022806	
46	WHOLE BLOOD & PACKED RED	.027061	
46 30	BLOOD CLOTTING FACTORS AD		
49	RESPIRATORY THERAPY	.017448	
50	PHYSICAL THERAPY	.052982	
51	OCCUPATIONAL THERAPY	.086436	
52	SPEECH PATHOLOGY	.045459	
53	ELECTROCARDIOLOGY	.047673	
55	MEDICAL SUPPLIES CHARGED	.030126	
56	DRUGS CHARGED TO PATIENTS	.008728	
57	RENAL DIALYSIS		
59	CANCER TREATMENT CENTER		
59 10	CATH LAB	.031872	
	OUTPAT SERVICE COST CNTRS		
60	CLINIC	.069018	
60 01	PSYCHIATRIC ANCILLARY SER		
60 02	DENTAL CLINIC	.027141	
61	EMERGENCY	.070417	
62	OBSERVATION BEDS (NON-DIS	.118240	
63 50	RHC		
63 60	FQHC		
	OTHER REIMBURS COST CNTRS		
101	TOTAL		

APPORTIONMENT OF INPATIENT ROUTINE
SERVICE OTHER PASS THROUGH COSTS
TITLE XIX

I PROVIDER NO: I PERIOD: I PREPARED 5/22/2008
I 15-0006 I FROM 1/ 1/2007 I WORKSHEET D
I I TO 12/31/2007 I PART III
TEFRA

WKST A	COST CENTER	DESCRIPTION	NONPHYSICIAN ANESTHETIST 1	MED EDUCATN COST 2	SWING BED ADJ AMOUNT 3	TOTAL COSTS 4	TOTAL PATIENT DAYS 5	PER DIEM 6
		INPAT ROUTINE SRVC CNTRS					19,033	
25		ADULTS & PEDIATRICS					3,760	
26		INTENSIVE CARE UNIT					3,452	
31		SUBPROVIDER					1,355	
31	01	SUBPROVIDER II					1,850	
33		NURSERY					8,978	
34		SKILLED NURSING FACILITY						
35		NURSING FACILITY						
101		TOTAL					38,428	

APPORTIONMENT OF INPATIENT ROUTINE
 SERVICE OTHER PASS THROUGH COSTS
 TITLE XIX

I PROVIDER NO: I PERIOD: I PREPARED 5/22/2008
 I 15-0006 I FROM 1/ 1/2007 I WORKSHEET D
 I I TO 12/31/2007 I PART III

WKST LINE	A NO.	COST CENTER DESCRIPTION	INPATIENT PROG DAYS	INPAT PROGRAM PASS THRU COST
			7	8
25		ADULTS & PEDIATRICS	2,246	
26		INTENSIVE CARE UNIT		
31		SUBPROVIDER	735	
31	01	SUBPROVIDER II	36	
33		NURSERY	927	
34		SKILLED NURSING FACILITY	177	
35		NURSING FACILITY		
101		TOTAL	4,121	

TITLE XIX		HOSPITAL		TEFRA			
WKST A	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST		MED ED NRS SCHOOL COST	MED ED ALLIED HEALTH COST	MED ED ALL OTHER COSTS	BLOOD CLOT FOR HEMOPHILIACS
		1	1.01	2	2.01	2.02	2.03
	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM						
	DELIVERY ROOM & LABOR ROO						
	RADIOLOGY-DIAGNOSTIC						
	01 NUCLEAR MEDICINE						
	02 ULTRASOUND						
	03 RADIATION THERAPY						
	LABORATORY						
	WHOLE BLOOD & PACKED RED						
	30 BLOOD CLOTTING FACTORS AD						
	RESPIRATORY THERAPY						
	PHYSICAL THERAPY						
	OCCUPATIONAL THERAPY						
	SPEECH PATHOLOGY						
	ELECTROCARDIOLOGY						
	MEDICAL SUPPLIES CHARGED						
	DRUGS CHARGED TO PATIENTS						
	RENAL DIALYSIS						
	CANCER TREATMENT CENTER						
	10 CATH LAB						
	OUTPAT SERVICE COST CNTRS						
	CLINIC						
	01 PSYCHIATRIC ANCILLARY SER						
	02 DENTAL CLINIC						
	EMERGENCY						
	OBSERVATION BEDS (NON-DIS						
	50 RHC						
	60 FQHC						
	OTHER REIMBURS COST CNTRS						
101	TOTAL						

WKST LINE	A NO.	TITLE XIX COST CENTER DESCRIPTION	HOSPITAL		TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF CST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
			TOTAL COSTS 3	O/P PASS THRU COSTS 3.01					
		ANCILLARY SRVC COST CNTRS							
37		OPERATING ROOM			42,946,374				
39		DELIVERY ROOM & LABOR ROO			7,244,514				
41		RADIOLOGY-DIAGNOSTIC			61,194,476				
41	01	NUCLEAR MEDICINE			5,751,987				
41	02	ULTRASOUND			3,732,139				
41	03	RADIATION THERAPY			2,790,220				
44		LABORATORY			33,825,333				
46		WHOLE BLOOD & PACKED RED			2,363,972				
46	30	BLOOD CLOTTING FACTORS AD							
49		RESPIRATORY THERAPY			8,179,070				
50		PHYSICAL THERAPY			7,023,597				
51		OCCUPATIONAL THERAPY			1,996,695				
52		SPEECH PATHOLOGY			979,044				
53		ELECTROCARDIOLOGY			10,655,673				
55		MEDICAL SUPPLIES CHARGED			23,610,099				
56		DRUGS CHARGED TO PATIENTS			46,605,386				
57		RENAL DIALYSIS							
59		CANCER TREATMENT CENTER							
59	10	CATH LAB			11,041,599				
		OUTPAT SERVICE COST CNTRS							
60		CLINIC			296,866				
60	01	PSYCHIATRIC ANCILLARY SER							
60	02	DENTAL CLINIC			816,943				
61		EMERGENCY			11,340,322				
62		OBSERVATION BEDS (NON-DIS			2,980,499				
63	50	RHC							
63	60	FQHC							
		OTHER REIMBURS COST CNTRS							
101		TOTAL			285,374,808				

WKST LINE	A NO.	TITLE XIX COST CENTER DESCRIPTION	HOSPITAL				TEFRA		COL 8.01 * COL 5 9.01	COL 8.02 * COL 5 9.02
			OUTPAT PROG CHARGES 8	OUTPAT PROG D, V COL 5.03 8.01	OUTPAT PROG D, V COL 5.04 8.02	OUTPAT PROG PASS THRU COST 9				
		ANCILLARY SRVC COST CNTRS								
		OPERATING ROOM								
		DELIVERY ROOM & LABOR ROO								
		RADIOLOGY-DIAGNOSTIC								
	01	NUCLEAR MEDICINE								
	02	ULTRASOUND								
	03	RADIATION THERAPY								
		LABORATORY								
		WHOLE BLOOD & PACKED RED								
	30	BLOOD CLOTTING FACTORS AD								
		RESPIRATORY THERAPY								
		PHYSICAL THERAPY								
		OCCUPATIONAL THERAPY								
		SPEECH PATHOLOGY								
		ELECTROCARDIOLOGY								
		MEDICAL SUPPLIES CHARGED								
		DRUGS CHARGED TO PATIENTS								
		RENAL DIALYSIS								
		CANCER TREATMENT CENTER								
	10	CATH LAB								
		OUTPAT SERVICE COST CNTRS								
		CLINIC								
	01	PSYCHIATRIC ANCILLARY SER								
	02	DENTAL CLINIC								
		EMERGENCY								
		OBSERVATION BEDS (NON-DIS								
	50	RHC								
	60	FQHC								
		OTHER REIMBURS COST CNTRS								
101		TOTAL								

TITLE XIX - 0/P

HOSPITAL

Cost Center Description		Cost/Charge Ratio (C, Pt I, col. 9)	Outpatient Ambulatory Surgical Ctr	Outpatient Radiology	Other Outpatient Diagnostic	All Other (1)
		1	2	3	4	5
(A)	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	.360850				
39	DELIVERY ROOM & LABOR ROOM	.148861				
41	RADIOLOGY-DIAGNOSTIC	.148123				
41	01 NUCLEAR MEDICINE	.321390				
41	02 ULTRASOUND	.191102				
41	03 RADIATION THERAPY	.771652				
44	LABORATORY	.209130				
46	WHOLE BLOOD & PACKED RED BLOOD CELLS	.476444				
46	30 BLOOD CLOTTING FACTORS ADMIN COSTS					
49	RESPIRATORY THERAPY	.257298				
50	PHYSICAL THERAPY	.486868				
51	OCCUPATIONAL THERAPY	.573265				
52	SPEECH PATHOLOGY	.528218				
53	ELECTROCARDIOLOGY	.314972				
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.220960				
56	DRUGS CHARGED TO PATIENTS	.190998				
57	RENAL DIALYSIS					
59	CANCER TREATMENT CENTER					
59	10 CATH LAB	.258684				
	OUTPAT SERVICE COST CNTRS					
60	CLINIC	1.774551				
60	01 PSYCHIATRIC ANCILLARY SERVICES					
60	02 DENTAL CLINIC	.517029				
61	EMERGENCY	.473836				
62	OBSERVATION BEDS (NON-DISTINCT PART)	.718625				
63	50 RHC					
63	60 FQHC					
101	SUBTOTAL					
102	CRNA CHARGES					
103	LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES					
104	NET CHARGES					

(A) WORKSHEET A LINE NUMBERS

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

TITLE XIX - 0/P

HOSPITAL

Cost Center Description	PPS Services FYB to 12/31	Non-PPS Services	PPS Services 1/1 to FYE	Outpatient Ambulatory Surgical Ctr	Outpatient Radiology
(A) ANCILLARY SRVC COST CNTRS	5.01	5.02	5.03	6	7
37 OPERATING ROOM					
39 DELIVERY ROOM & LABOR ROOM					
41 RADIOLOGY-DIAGNOSTIC					
41 01 NUCLEAR MEDICINE					
41 02 ULTRASOUND					
41 03 RADIATION THERAPY					
44 LABORATORY					
46 WHOLE BLOOD & PACKED RED BLOOD CELLS					
46 30 BLOOD CLOTTING FACTORS ADMIN COSTS					
49 RESPIRATORY THERAPY					
50 PHYSICAL THERAPY					
51 OCCUPATIONAL THERAPY					
52 SPEECH PATHOLOGY					
53 ELECTROCARDIOLOGY					
55 MEDICAL SUPPLIES CHARGED TO PATIENTS					
56 DRUGS CHARGED TO PATIENTS					
57 RENAL DIALYSIS					
59 CANCER TREATMENT CENTER					
59 10 CATH LAB					
60 OUTPAT SERVICE COST CNTRS					
60 CLINIC					
60 01 PSYCHIATRIC ANCILLARY SERVICES					
60 02 DENTAL CLINIC					
61 EMERGENCY					
62 OBSERVATION BEDS (NON-DISTINCT PART)					
63 50 RHC					
63 60 FQHC					
101 SUBTOTAL					
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-					
104 PROGRAM ONLY CHARGES					
104 NET CHARGES					

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

TITLE XIX - 0/P

HOSPITAL

	Other Outpatient Diagnostic	All Other	PPS Services FYB to 12/31	Non-PPS Services	PPS Services 1/1 to FYE
Cost Center Description	8	9	9.01	9.02	9.03
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM					
39 DELIVERY ROOM & LABOR ROOM					
41 RADIOLOGY-DIAGNOSTIC					
41 01 NUCLEAR MEDICINE					
41 02 ULTRASOUND					
41 03 RADIATION THERAPY					
44 LABORATORY					
46 WHOLE BLOOD & PACKED RED BLOOD CELLS					
46 30 BLOOD CLOTTING FACTORS ADMIN COSTS					
49 RESPIRATORY THERAPY					
50 PHYSICAL THERAPY					
51 OCCUPATIONAL THERAPY					
52 SPEECH PATHOLOGY					
53 ELECTROCARDIOLOGY					
55 MEDICAL SUPPLIES CHARGED TO PATIENTS					
56 DRUGS CHARGED TO PATIENTS					
57 RENAL DIALYSIS					
59 CANCER TREATMENT CENTER					
59 10 CATH LAB					
60 OUTPAT SERVICE COST CNTRS					
60 CLINIC					
60 01 PSYCHIATRIC ANCILLARY SERVICES					
60 02 DENTAL CLINIC					
61 EMERGENCY					
62 OBSERVATION BEDS (NON-DISTINCT PART)					
63 50 RHC					
63 60 FQHC					
101 SUBTOTAL					
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-					
104 PROGRAM ONLY CHARGES					
NET CHARGES					

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

TITLE V - I/P SNF

PART I - ALL PROVIDER COMPONENTS

1

I N P A T I E N T D A Y S

1	I N P A T I E N T D A Y S (I N C L U D I N G P R I V A T E R O O M A N D S W I N G B E D D A Y S , E X C L U D I N G N E W B O R N)	8,978
2	I N P A T I E N T D A Y S (I N C L U D I N G P R I V A T E R O O M , E X C L U D I N G S W I N G - B E D A N D N E W B O R N D A Y S)	8,978
3	P R I V A T E R O O M D A Y S (E X C L U D I N G S W I N G - B E D P R I V A T E R O O M D A Y S)	
4	S E M I - P R I V A T E R O O M D A Y S (E X C L U D I N G S W I N G - B E D P R I V A T E R O O M D A Y S)	8,978
5	T O T A L S W I N G - B E D S N F - T Y P E I N P A T I E N T D A Y S (I N C L U D I N G P R I V A T E R O O M D A Y S)	
	T H R O U G H D E C E M B E R 3 1 O F T H E C O S T R E P O R T I N G P E R I O D	
6	T O T A L S W I N G - B E D S N F - T Y P E I N P A T I E N T D A Y S (I N C L U D I N G P R I V A T E R O O M D A Y S) A F T E R	
	D E C E M B E R 3 1 O F C O S T R E P O R T I N G P E R I O D (I F C A L E N D A R Y E A R , E N T E R 0 O N T H I S L I N E)	
7	T O T A L S W I N G - B E D N F T Y P E I N P A T I E N T D A Y S (I N C L U D I N G P R I V A T E R O O M D A Y S)	
	T H R O U G H D E C E M B E R 3 1 O F T H E C O S T R E P O R T I N G P E R I O D	
8	T O T A L S W I N G - B E D N F T Y P E I N P A T I E N T D A Y S (I N C L U D I N G P R I V A T E R O O M D A Y S) A F T E R	
	D E C E M B E R 3 1 O F C O S T R E P O R T I N G P E R I O D (I F C A L E N D A R Y E A R , E N T E R 0 O N T H I S L I N E)	
9	T O T A L I N P A T I E N T D A Y S I N C L U D I N G P R I V A T E R O O M D A Y S A P P L I C A B L E T O T H E P R O G R A M	
	(E X C L U D I N G S W I N G - B E D A N D N E W B O R N D A Y S)	
10	S W I N G - B E D S N F - T Y P E I N P A T I E N T D A Y S A P P L I C A B L E T O T I T L E X V I I I O N L Y (I N C L U D I N G	
	P R I V A T E R O O M D A Y S) T H R O U G H D E C E M B E R 3 1 O F T H E C O S T R E P O R T I N G P E R I O D	
11	S W I N G - B E D S N F - T Y P E I N P A T I E N T D A Y S A P P L I C A B L E T O T I T L E X V I I I O N L Y (I N C L U D I N G	
	P R I V A T E R O O M D A Y S) A F T E R D E C E M B E R 3 1 O F T H E C O S T R E P O R T I N G P E R I O D (I F C A L E N D A R	
	Y E A R , E N T E R 0 O N T H I S L I N E)	
12	S W I N G - B E D N F - T Y P E I N P A T I E N T D A Y S A P P L I C A B L E T O T I T L E S V & X I X O N L Y (I N C L U D I N G	
	P R I V A T E R O O M D A Y S) T H R O U G H D E C E M B E R 3 1 O F T H E C O S T R E P O R T I N G P E R I O D	
13	S W I N G - B E D N F - T Y P E I N P A T I E N T D A Y S A P P L I C A B L E T O T I T L E V & X I X O N L Y (I N C L U D I N G	
	P R I V A T E R O O M D A Y S) A F T E R D E C E M B E R 3 1 O F T H E C O S T R E P O R T I N G P E R I O D (I F C A L E N D A R	
	Y E A R , E N T E R 0 O N T H I S L I N E)	
14	M E D I C A L L Y N E C E S S A R Y P R I V A T E R O O M D A Y S A P P L I C A B L E T O T H E P R O G R A M	
	(E X C L U D I N G S W I N G - B E D D A Y S)	
15	T O T A L N U R S E R Y D A Y S (T I T L E V O R X I X O N L Y)	
16	N U R S E R Y D A Y S (T I T L E V O R X I X O N L Y)	

S W I N G - B E D A D J U S T M E N T

17	M E D I C A R E R A T E F O R S W I N G - B E D S N F S E R V I C E S A P P L I C A B L E T O S E R V I C E S T H R O U G H	
	D E C E M B E R 3 1 O F T H E C O S T R E P O R T I N G P E R I O D	
18	M E D I C A R E R A T E F O R S W I N G - B E D S N F S E R V I C E S A P P L I C A B L E T O S E R V I C E S A F T E R	
	D E C E M B E R 3 1 O F T H E C O S T R E P O R T I N G P E R I O D	
19	M E D I C A I D R A T E F O R S W I N G - B E D N F S E R V I C E S A P P L I C A B L E T O S E R V I C E S T H R O U G H	
	D E C E M B E R 3 1 O F T H E C O S T R E P O R T I N G P E R I O D	
20	M E D I C A I D R A T E F O R S W I N G - B E D N F S E R V I C E S A P P L I C A B L E T O S E R V I C E S A F T E R	
	D E C E M B E R 3 1 O F T H E C O S T R E P O R T I N G P E R I O D	
21	T O T A L G E N E R A L I N P A T I E N T R O U T I N E S E R V I C E C O S T	
22	S W I N G - B E D C O S T A P P L I C A B L E T O S N F - T Y P E S E R V I C E S T H R O U G H D E C E M B E R 3 1 O F T H E C O S T	
	R E P O R T I N G P E R I O D	
23	S W I N G - B E D C O S T A P P L I C A B L E T O S N F - T Y P E S E R V I C E S A F T E R D E C E M B E R 3 1 O F T H E C O S T	
	R E P O R T I N G P E R I O D	
24	S W I N G - B E D C O S T A P P L I C A B L E T O N F - T Y P E S E R V I C E S T H R O U G H D E C E M B E R 3 1 O F T H E C O S T	
	R E P O R T I N G P E R I O D	
25	S W I N G - B E D C O S T A P P L I C A B L E T O N F - T Y P E S E R V I C E S A F T E R D E C E M B E R 3 1 O F T H E C O S T	
	R E P O R T I N G P E R I O D	
26	T O T A L S W I N G - B E D C O S T (S E E I N S T R U C T I O N S)	
27	G E N E R A L I N P A T I E N T R O U T I N E S E R V I C E C O S T N E T O F S W I N G - B E D C O S T	

P R I V A T E R O O M D I F F E R E N T I A L A D J U S T M E N T

28	G E N E R A L I N P A T I E N T R O U T I N E S E R V I C E C H A R G E S (E X C L U D I N G S W I N G - B E D C H A R G E S)	1
29	P R I V A T E R O O M C H A R G E S (E X C L U D I N G S W I N G - B E D C H A R G E S)	
30	S E M I - P R I V A T E R O O M C H A R G E S (E X C L U D I N G S W I N G - B E D C H A R G E S)	1
31	G E N E R A L I N P A T I E N T R O U T I N E S E R V I C E C O S T / C H A R G E R A T I O	
32	A V E R A G E P R I V A T E R O O M P E R D I E M C H A R G E	
33	A V E R A G E S E M I - P R I V A T E R O O M P E R D I E M C H A R G E	
34	A V E R A G E P E R D I E M P R I V A T E R O O M C H A R G E D I F F E R E N T I A L	
35	A V E R A G E P E R D I E M P R I V A T E R O O M C O S T D I F F E R E N T I A L	
36	P R I V A T E R O O M C O S T D I F F E R E N T I A L A D J U S T M E N T	
37	G E N E R A L I N P A T I E N T R O U T I N E S E R V I C E C O S T N E T O F S W I N G - B E D C O S T A N D P R I V A T E R O O M	
	C O S T D I F F E R E N T I A L	

TITLE V - I/P SNF

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

		1
66	SKILLED NURSING FACILITY/OTHER NURSING FACILITY/ICF/MR ROUTINE SERVICE COST	
67	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	
68	PROGRAM ROUTINE SERVICE COST	
69	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO PROGRAM	
70	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COSTS	
71	CAPITAL-RELATED COST ALLOCATED TO INPATIENT ROUTINE SERVICE COSTS	1,145,331
72	PER DIEM CAPITAL-RELATED COSTS	127.57
73	PROGRAM CAPITAL-RELATED COSTS	
74	INPATIENT ROUTINE SERVICE COST	
75	AGGREGATE CHARGES TO BENEFICIARIES FOR EXCESS COSTS	
76	TOTAL PROGRAM ROUTINE SERVICE COSTS FOR COMPARISON TO THE COST LIMITATION	
77	INPATIENT ROUTINE SERVICE COST PER DIEM LIMITATION	
78	INPATIENT ROUTINE SERVICE COST LIMITATION	
79	REASONABLE INPATIENT ROUTINE SERVICE COSTS	
80	PROGRAM INPATIENT ANCILLARY SERVICES	
81	UTILIZATION REVIEW - PHYSICIAN COMPENSATION	
82	TOTAL PROGRAM INPATIENT OPERATING COSTS	

PART IV - COMPUTATION OF OBSERVATION BED COST

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

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

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

TITLE XVIII PART A HOSPITAL PPS

PART I - ALL PROVIDER COMPONENTS

1

INPATIENT DAYS

1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	19,033
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	19,033
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	19,033
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
7	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
8	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
9	TOTAL INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	9,754
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLE V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)	
15	TOTAL NURSERY DAYS (TITLE V OR XIX ONLY)	
16	NURSERY DAYS (TITLE V OR XIX ONLY)	

SWING-BED ADJUSTMENT

17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	16,014,364
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)	
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	16,014,364

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	18,132,237
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	18,132,237
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.883198
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	952.67
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL	
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL	
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT	
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	16,014,364

TITLE XVIII PART A HOSPITAL PPS

PART II - HOSPITAL AND SUBPROVIDERS ONLY

1

PROGRAM INPATIENT OPERATING COST BEFORE
 PASS THROUGH COST ADJUSTMENTS

38	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM					841.40
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST					8,207,016
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM					
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST					8,207,016

	TOTAL I/P COST 1	TOTAL I/P DAYS 2	AVERAGE PER DIEM 3	PROGRAM DAYS 4	PROGRAM COST 5
42	NURSERY (TITLE V & XIX ONLY)				
	INTENSIVE CARE TYPE INPATIENT				
	HOSPITAL UNITS				
43	6,618,890	3,760	1,760.34	1,581	2,783,098
44	CORONARY CARE UNIT				
45	BURN INTENSIVE CARE UNIT				
46	SURGICAL INTENSIVE CARE UNIT				
47	OTHER SPECIAL CARE				
48	PROGRAM INPATIENT ANCILLARY SERVICE COST				
49	TOTAL PROGRAM INPATIENT COSTS				

PASS THROUGH COST ADJUSTMENTS

50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES				1,573,514
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES				1,624,578
52	TOTAL PROGRAM EXCLUDABLE COST				3,198,092
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST, AND MEDICAL EDUCATION COSTS				22,840,729

TARGET AMOUNT AND LIMIT COMPUTATION

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

PROGRAM INPATIENT ROUTINE SWING BED COST

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

TITLE XVIII PART A HOSPITAL PPS

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

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

PART IV - COMPUTATION OF OBSERVATION BED COST

83	TOTAL OBSERVATION BED DAYS	2,721
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	841.40
85	OBSERVATION BED COST	2,289,449

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

	COST	ROUTINE COST	COLUMN 1 DIVIDED BY COLUMN 2	TOTAL OBSERVATION BED COST	OBSERVATION BED PASS THROUGH COST
	1	2	3	4	5
86	OLD CAPITAL-RELATED COST	16,014,364		2,289,449	
87	NEW CAPITAL-RELATED COST	16,014,364	.153929	2,289,449	352,413
88	NON PHYSICIAN ANESTHETIST	16,014,364		2,289,449	
89	MEDICAL EDUCATION	16,014,364		2,289,449	
89.01	MEDICAL EDUCATION - ALLIED HEA				
89.02	MEDICAL EDUCATION - ALL OTHER				

TITLE XVIII PART A SUBPROVIDER I TEFRA

PART I - ALL PROVIDER COMPONENTS

1

INPATIENT DAYS

1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	3,452
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	3,452
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	3,452
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
7	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
8	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
9	TOTAL INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	1,887
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLE V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)	
15	TOTAL NURSERY DAYS (TITLE V OR XIX ONLY)	
16	NURSERY DAYS (TITLE V OR XIX ONLY)	

SWING-BED ADJUSTMENT

17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	3,976,097
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)	
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	3,976,097

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	8,566,917
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	8,566,917
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.464122
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	2,481.73
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL	
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL	
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT	
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	3,976,097

TITLE XVIII PART A SUBPROVIDER I TEFRA

PART II - HOSPITAL AND SUBPROVIDERS ONLY

1

PROGRAM INPATIENT OPERATING COST BEFORE
 PASS THROUGH COST ADJUSTMENTS

38 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM 1,151.82
 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST 2,173,484
 40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM
 41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST 2,173,484

	TOTAL I/P COST 1	TOTAL I/P DAYS 2	AVERAGE PER DIEM 3	PROGRAM DAYS 4	PROGRAM COST 5
42 NURSERY (TITLE V & XIX ONLY)					
INTENSIVE CARE TYPE INPATIENT					
HOSPITAL UNITS					
43 INTENSIVE CARE UNIT					
44 CORONARY CARE UNIT					
45 BURN INTENSIVE CARE UNIT					
46 SURGICAL INTENSIVE CARE UNIT					
47 OTHER SPECIAL CARE					
48 PROGRAM INPATIENT ANCILLARY SERVICE COST					160,070
49 TOTAL PROGRAM INPATIENT COSTS					2,333,554

PASS THROUGH COST ADJUSTMENTS

50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES 552,061
 51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES 14,749
 52 TOTAL PROGRAM EXCLUDABLE COST 566,810
 53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN
 ANESTHETIST, AND MEDICAL EDUCATION COSTS 1,766,744

TARGET AMOUNT AND LIMIT COMPUTATION

54 PROGRAM DISCHARGES 188
 55 TARGET AMOUNT PER DISCHARGE 7,440.41
 56 TARGET AMOUNT 1,398,797
 57 DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT -367,947
 58 BONUS PAYMENT
 58.01 LESSER OF LINES 53/54 OR 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED
 AND COMPOUNDED BY THE MARKET BASKET 4,943.80
 58.02 LESSER OF LINES 53/54 OR 55 FROM PRIOR YEAR COST REPORT, UPDATED BY THE MARKET
 BASKET 5,384.69
 58.03 IF LINES 53/54 IS LESS THAN THE LOWER OF LINES 55, 58.01 OR 58.02 ENTER THE
 LESSER OF 50% OF THE AMOUNT BY WHICH OPERATING COSTS (LINE 53) ARE LESS THAN
 EXPECTED COSTS (LINES 54 x 58.02), OR 1 PERCENT OF THE TARGET AMOUNT (LINE 56)
 OTHERWISE ENTER ZERO.
 58.04 RELIEF PAYMENT 114,034
 59 ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT 2,079,641
 59.01 ALLOWABLE INPATIENT COST PER DISCHARGE (LINE 59 / LINE 54) (LTCH ONLY)
 59.02 PROGRAM DISCHARGES PRIOR TO JULY 1
 59.03 PROGRAM DISCHARGES AFTER JULY 1
 59.04 PROGRAM DISCHARGES (SEE INSTRUCTIONS)
 59.05 REDUCED INPATIENT COST PER DISCHARGE FOR DISCHARGES PRIOR TO JULY 1
 (SEE INSTRUCTIONS) (LTCH ONLY)
 59.06 REDUCED INPATIENT COST PER DISCHARGE FOR DISCHARGES AFTER JULY 1
 (SEE INSTRUCTIONS) (LTCH ONLY)
 59.07 REDUCED INPATIENT COST PER DISCHARGE (SEE INSTRUCTIONS) (LTCH ONLY)
 59.08 REDUCED INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTRUCTIONS)

PROGRAM INPATIENT ROUTINE SWING BED COST

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

TITLE XVIII PART A SUBPROVIDER I TEFRA

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

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

PART IV - COMPUTATION OF OBSERVATION BED COST

83	TOTAL OBSERVATION BED DAYS	
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	1, 151. 82
85	OBSERVATION BED COST	

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

	COST	ROUTINE COST	COLUMN 1 DIVIDED BY COLUMN 2	TOTAL OBSERVATION BED COST	OBSERVATION BED PASS THROUGH COST
	1	2	3	4	5
86	OLD CAPITAL-RELATED COST	3, 976, 097			
87	NEW CAPITAL-RELATED COST	3, 976, 097	. 253994		
88	NON PHYSICIAN ANESTHETIST	3, 976, 097			
89	MEDICAL EDUCATION	3, 976, 097			
89. 01	MEDICAL EDUCATION - ALLIED HEA				
89. 02	MEDICAL EDUCATION - ALL OTHER				

TITLE XVIII PART A SUBPROVIDER II PPS

PART I - ALL PROVIDER COMPONENTS

1

INPATIENT DAYS

1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	1,355
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	1,355
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	1,355
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
7	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
8	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
9	TOTAL INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	1,130
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLE V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)	
15	TOTAL NURSERY DAYS (TITLE V OR XIX ONLY)	
16	NURSERY DAYS (TITLE V OR XIX ONLY)	

SWING-BED ADJUSTMENT

17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	1,327,256
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)	
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	1,327,256

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	1,227,870
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	1,227,870
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	1.080942
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	906.18
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL	
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL	
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT	
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	1,327,256

TITLE XVIII PART A

SUBPROVIDER II

PPS

PART II - HOSPITAL AND SUBPROVIDERS ONLY

1

PROGRAM INPATIENT OPERATING COST BEFORE
 PASS THROUGH COST ADJUSTMENTS

38 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM 979.52
 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST 1,106,858
 40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM
 41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST 1,106,858

	TOTAL I/P COST 1	TOTAL I/P DAYS 2	AVERAGE PER DIEM 3	PROGRAM DAYS 4	PROGRAM COST 5
42 NURSERY (TITLE V & XIX ONLY)					
INTENSIVE CARE TYPE INPATIENT					
HOSPITAL UNITS					
43 INTENSIVE CARE UNIT					
44 CORONARY CARE UNIT					
45 BURN INTENSIVE CARE UNIT					
46 SURGICAL INTENSIVE CARE UNIT					
47 OTHER SPECIAL CARE					
48 PROGRAM INPATIENT ANCILLARY SERVICE COST					1 613,157
49 TOTAL PROGRAM INPATIENT COSTS					1,720,015

PASS THROUGH COST ADJUSTMENTS

50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES 235,808
 51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES 67,172
 52 TOTAL PROGRAM EXCLUDABLE COST 302,980
 53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN
 ANESTHETIST, AND MEDICAL EDUCATION COSTS 1,417,035

TARGET AMOUNT AND LIMIT COMPUTATION

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

PROGRAM INPATIENT ROUTINE SWING BED COST

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

TITLE XVIII PART A SUBPROVIDER II PPS

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

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

PART IV - COMPUTATION OF OBSERVATION BED COST

83	TOTAL OBSERVATION BED DAYS	
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	979.52
85	OBSERVATION BED COST	

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

	COST	ROUTINE COST	COLUMN 1 DIVIDED BY COLUMN 2	TOTAL OBSERVATION BED COST	OBSERVATION BED PASS THROUGH COST
	1	2	3	4	5
86	OLD CAPITAL-RELATED COST				
87	NEW CAPITAL-RELATED COST	282,756	1,327,256		
88	NON PHYSICIAN ANESTHETIST		1,327,256	.213038	
89	MEDICAL EDUCATION		1,327,256		
89.01	MEDICAL EDUCATION - ALLIED HEA				
89.02	MEDICAL EDUCATION - ALL OTHER				

TITLE XVIII PART A SNF PPS

PART I - ALL PROVIDER COMPONENTS

1

INPATIENT DAYS

1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	8,978
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	8,978
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	8,978
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
7	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
8	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
9	TOTAL INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	6,110
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLE V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)	
15	TOTAL NURSERY DAYS (TITLE V OR XIX ONLY)	
16	NURSERY DAYS (TITLE V OR XIX ONLY)	

SWING-BED ADJUSTMENT

17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	5,160,528
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)	
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	5,160,528

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	3,791,435
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	3,791,435
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	1.361102
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	422.30
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL	
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL	
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT	
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	5,160,528

COMPUTATION OF INPATIENT OPERATING COST

I PROVIDER NO: I PERIOD: I PREPARED 5/22/2008
 I 15-0006 I FROM 1/ 1/2007 I WORKSHEET D-1
 I COMPONENT NO: I TO 12/31/2007 I PART III
 I 15-5297 I I

TITLE XVIII PART A SNF PPS

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

66	SKILLED NURSING FACILITY/OTHER NURSING FACILITY/ICF/MR ROUTINE SERVICE COST	5,160,528
67	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	574.80
68	PROGRAM ROUTINE SERVICE COST	3,512,028
69	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO PROGRAM	
70	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COSTS	3,512,028
71	CAPITAL-RELATED COST ALLOCATED TO INPATIENT ROUTINE SERVICE COSTS	1,145,331
72	PER DIEM CAPITAL-RELATED COSTS	127.57
73	PROGRAM CAPITAL-RELATED COSTS	779,453
74	INPATIENT ROUTINE SERVICE COST	2,732,575
75	AGGREGATE CHARGES TO BENEFICIARIES FOR EXCESS COSTS	
76	TOTAL PROGRAM ROUTINE SERVICE COSTS FOR COMPARISON TO THE COST LIMITATION	2,732,575
77	INPATIENT ROUTINE SERVICE COST PER DIEM LIMITATION	
78	INPATIENT ROUTINE SERVICE COST LIMITATION	
79	REASONABLE INPATIENT ROUTINE SERVICE COSTS	3,512,028
80	PROGRAM INPATIENT ANCILLARY SERVICES	1,432,512
81	UTILIZATION REVIEW - PHYSICIAN COMPENSATION	
82	TOTAL PROGRAM INPATIENT OPERATING COSTS	4,944,540

PART IV - COMPUTATION OF OBSERVATION BED COST

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

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

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

TITLE XIX - I/P HOSPITAL TEFRA

PART I - ALL PROVIDER COMPONENTS

1

INPATIENT DAYS

1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	19,033
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	19,033
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	19,033
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
7	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
8	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
9	TOTAL INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	2,246
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLE V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)	
15	TOTAL NURSERY DAYS (TITLE V OR XIX ONLY)	1,850
16	NURSERY DAYS (TITLE V OR XIX ONLY)	927

SWING-BED ADJUSTMENT

17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	16,014,364
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)	
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	16,014,364

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	5,294,614
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	5,294,614
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	3.024652
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	278.18
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL	
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL	
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT	
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	16,014,364

TITLE XIX - I/P HOSPITAL TEFRA

PART II - HOSPITAL AND SUBPROVIDERS ONLY

1

PROGRAM INPATIENT OPERATING COST BEFORE
 PASS THROUGH COST ADJUSTMENTS

38	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM					841.40
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST					1,889,784
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM					
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST					1,889,784

		TOTAL I/P COST	TOTAL I/P DAYS	AVERAGE PER DIEM	PROGRAM DAYS	PROGRAM COST
42	NURSERY (TITLE V & XIX ONLY)	1,303,397	1,850	704.54	927	653,109
	INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS					
43	INTENSIVE CARE UNIT	6,618,890	3,760	1,760.34		
44	CORONARY CARE UNIT					
45	BURN INTENSIVE CARE UNIT					
46	SURGICAL INTENSIVE CARE UNIT					
47	OTHER SPECIAL CARE					
48	PROGRAM INPATIENT ANCILLARY SERVICE COST					1
49	TOTAL PROGRAM INPATIENT COSTS					2,542,893

PASS THROUGH COST ADJUSTMENTS

50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES					349,155
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES					
52	TOTAL PROGRAM EXCLUDABLE COST					349,155
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST, AND MEDICAL EDUCATION COSTS					2,193,738

TARGET AMOUNT AND LIMIT COMPUTATION

54	PROGRAM DISCHARGES					778
55	TARGET AMOUNT PER DISCHARGE					2,145.96
56	TARGET AMOUNT					1,669,557
57	DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT					-524,181
58	BONUS PAYMENT					
58.01	LESSER OF LINES 53/54 OR 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED AND COMPOUNDED BY THE MARKET BASKET					
58.02	LESSER OF LINES 53/54 OR 55 FROM PRIOR YEAR COST REPORT, UPDATED BY THE MARKET BASKET					
58.03	IF LINES 53/54 IS LESS THAN THE LOWER OF LINES 55, 58.01 OR 58.02 ENTER THE LESSER OF 50% OF THE AMOUNT BY WHICH OPERATING COSTS (LINE 53) ARE LESS THAN EXPECTED COSTS (LINES 54 x 58.02), OR 1 PERCENT OF THE TARGET AMOUNT (LINE 56) OTHERWISE ENTER ZERO.					
58.04	RELIEF PAYMENT					166,956
59	ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT					2,185,668
59.01	ALLOWABLE INPATIENT COST PER DISCHARGE (LINE 59 / LINE 54) (LTCH ONLY)					
59.02	PROGRAM DISCHARGES PRIOR TO JULY 1					
59.03	PROGRAM DISCHARGES AFTER JULY 1					
59.04	PROGRAM DISCHARGES (SEE INSTRUCTIONS)					
59.05	REDUCED INPATIENT COST PER DISCHARGE FOR DISCHARGES PRIOR TO JULY 1 (SEE INSTRUCTIONS) (LTCH ONLY)					
59.06	REDUCED INPATIENT COST PER DISCHARGE FOR DISCHARGES AFTER JULY 1 (SEE INSTRUCTIONS) (LTCH ONLY)					
59.07	REDUCED INPATIENT COST PER DISCHARGE (SEE INSTRUCTIONS) (LTCH ONLY)					
59.08	REDUCED INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTRUCTIONS)					

PROGRAM INPATIENT ROUTINE SWING BED COST

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

TITLE XIX - I/P HOSPITAL TEFRA

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

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

PART IV - COMPUTATION OF OBSERVATION BED COST

83	TOTAL OBSERVATION BED DAYS	2,721
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	841.40
85	OBSERVATION BED COST	2,289,449

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

	COST	ROUTINE COST	COLUMN 1 DIVIDED BY COLUMN 2	TOTAL OBSERVATION BED COST	OBSERVATION BED PASS THROUGH COST
	1	2	3	4	5
86	OLD CAPITAL-RELATED COST	16,014,364		2,289,449	
87	NEW CAPITAL-RELATED COST	16,014,364	.153929	2,289,449	352,413
88	NON PHYSICIAN ANESTHETIST	16,014,364		2,289,449	
89	MEDICAL EDUCATION	16,014,364		2,289,449	
89.01	MEDICAL EDUCATION - ALLIED HEA				
89.02	MEDICAL EDUCATION - ALL OTHER				

TITLE XIX - I/P SUBPROVIDER I OTHER

PART I - ALL PROVIDER COMPONENTS

1

INPATIENT DAYS

1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	3,452
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	3,452
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	3,452
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
7	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
8	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
9	TOTAL INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	735
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLE V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)	
15	TOTAL NURSERY DAYS (TITLE V OR XIX ONLY)	
16	NURSERY DAYS (TITLE V OR XIX ONLY)	

SWING-BED ADJUSTMENT

17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	3,976,097
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)	
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	3,976,097

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	2,364,887
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	2,364,887
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	1.681305
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	685.08
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL	
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL	
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT	
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	3,976,097

TITLE XIX - I/P SUBPROVIDER I OTHER

PART II - HOSPITAL AND SUBPROVIDERS ONLY

1

PROGRAM INPATIENT OPERATING COST BEFORE
 PASS THROUGH COST ADJUSTMENTS

38	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM					1,151.82
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST					846,588
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM					
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST					846,588

		TOTAL I/P COST 1	TOTAL I/P DAYS 2	AVERAGE PER DIEM 3	PROGRAM DAYS 4	PROGRAM COST 5
42	NURSERY (TITLE V & XIX ONLY)					
	INTENSIVE CARE TYPE INPATIENT					
	HOSPITAL UNITS					
43	INTENSIVE CARE UNIT					
44	CORONARY CARE UNIT					
45	BURN INTENSIVE CARE UNIT					
46	SURGICAL INTENSIVE CARE UNIT					
47	OTHER SPECIAL CARE					
48	PROGRAM INPATIENT ANCILLARY SERVICE COST					1,463,107
49	TOTAL PROGRAM INPATIENT COSTS					1,309,695

PASS THROUGH COST ADJUSTMENTS

50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES
52	TOTAL PROGRAM EXCLUDABLE COST
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST, AND MEDICAL EDUCATION COSTS

TARGET AMOUNT AND LIMIT COMPUTATION

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

PROGRAM INPATIENT ROUTINE SWING BED COST

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

TITLE XIX - I/P SUBPROVIDER I OTHER

PART III - SKILLED NURSING FACILITY, NURSING FACILITY & ICF/MR ONLY 1

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

PART IV - COMPUTATION OF OBSERVATION BED COST

- 83 TOTAL OBSERVATION BED DAYS
- 84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM 1, 151.82
- 85 OBSERVATION BED COST

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

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

TITLE XIX - I/P SUBPROVIDER II OTHER

PART I - ALL PROVIDER COMPONENTS

1

INPATIENT DAYS

1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	1,355
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	1,355
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	1,355
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
7	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
8	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
9	TOTAL INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	36
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLE V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)	
15	TOTAL NURSERY DAYS (TITLE V OR XIX ONLY)	
16	NURSERY DAYS (TITLE V OR XIX ONLY)	

SWING-BED ADJUSTMENT

17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	1,310,533
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)	
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	1,310,533

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	436,745
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	436,745
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	3.000682
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	322.32
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL	
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL	
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT	
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	1,310,533

TITLE XIX - I/P SUBPROVIDER II OTHER

PART II - HOSPITAL AND SUBPROVIDERS ONLY

1

PROGRAM INPATIENT OPERATING COST BEFORE
 PASS THROUGH COST ADJUSTMENTS

38	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM					967.18
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST					34,818
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM					
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST					34,818

		TOTAL I/P COST 1	TOTAL I/P DAYS 2	AVERAGE PER DIEM 3	PROGRAM DAYS 4	PROGRAM COST 5
42	NURSERY (TITLE V & XIX ONLY)					
	INTENSIVE CARE TYPE INPATIENT					
	HOSPITAL UNITS					
43	INTENSIVE CARE UNIT					
44	CORONARY CARE UNIT					
45	BURN INTENSIVE CARE UNIT					
46	SURGICAL INTENSIVE CARE UNIT					
47	OTHER SPECIAL CARE					
48	PROGRAM INPATIENT ANCILLARY SERVICE COST					1
49	TOTAL PROGRAM INPATIENT COSTS					28,008

28,826

PASS THROUGH COST ADJUSTMENTS

50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES
52	TOTAL PROGRAM EXCLUDABLE COST
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST, AND MEDICAL EDUCATION COSTS

TARGET AMOUNT AND LIMIT COMPUTATION

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

PROGRAM INPATIENT ROUTINE SWING BED COST

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

TITLE XIX - I/P SUBPROVIDER II OTHER

PART III - SKILLED NURSING FACILITY, NURSING FACILITY & ICF/MR ONLY 1

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

PART IV - COMPUTATION OF OBSERVATION BED COST

- 83 TOTAL OBSERVATION BED DAYS
- 84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM 967.18
- 85 OBSERVATION BED COST

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

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

TITLE XIX - I/P SNF OTHER

PART I - ALL PROVIDER COMPONENTS

1

I N P A T I E N T D A Y S

1	I N P A T I E N T D A Y S (I N C L U D I N G P R I V A T E R O O M A N D S W I N G B E D D A Y S , E X C L U D I N G N E W B O R N)	8,978
2	I N P A T I E N T D A Y S (I N C L U D I N G P R I V A T E R O O M , E X C L U D I N G S W I N G - B E D A N D N E W B O R N D A Y S)	8,978
3	P R I V A T E R O O M D A Y S (E X C L U D I N G S W I N G - B E D P R I V A T E R O O M D A Y S)	
4	S E M I - P R I V A T E R O O M D A Y S (E X C L U D I N G S W I N G - B E D P R I V A T E R O O M D A Y S)	8,978
5	T O T A L S W I N G - B E D S N F - T Y P E I N P A T I E N T D A Y S (I N C L U D I N G P R I V A T E R O O M D A Y S)	
6	T H R O U G H D E C E M B E R 3 1 O F T H E C O S T R E P O R T I N G P E R I O D	
7	T O T A L S W I N G - B E D S N F - T Y P E I N P A T I E N T D A Y S (I N C L U D I N G P R I V A T E R O O M D A Y S) A F T E R	
8	D E C E M B E R 3 1 O F C O S T R E P O R T I N G P E R I O D (I F C A L E N D A R Y E A R , E N T E R 0 O N T H I S L I N E)	
9	T O T A L S W I N G - B E D N F T Y P E I N P A T I E N T D A Y S (I N C L U D I N G P R I V A T E R O O M D A Y S) A F T E R	
10	D E C E M B E R 3 1 O F C O S T R E P O R T I N G P E R I O D (I F C A L E N D A R Y E A R , E N T E R 0 O N T H I S L I N E)	
11	T O T A L I N P A T I E N T D A Y S I N C L U D I N G P R I V A T E R O O M D A Y S A P P L I C A B L E T O T H E P R O G R A M	177
12	(E X C L U D I N G S W I N G - B E D A N D N E W B O R N D A Y S)	
13	S W I N G - B E D S N F - T Y P E I N P A T I E N T D A Y S A P P L I C A B L E T O T I T L E X V I I I O N L Y (I N C L U D I N G	
14	P R I V A T E R O O M D A Y S) T H R O U G H D E C E M B E R 3 1 O F T H E C O S T R E P O R T I N G P E R I O D	
15	S W I N G - B E D S N F - T Y P E I N P A T I E N T D A Y S A P P L I C A B L E T O T I T L E X V I I I O N L Y (I N C L U D I N G	
16	P R I V A T E R O O M D A Y S) A F T E R D E C E M B E R 3 1 O F T H E C O S T R E P O R T I N G P E R I O D (I F C A L E N D A R	
17	Y E A R , E N T E R 0 O N T H I S L I N E)	
18	S W I N G - B E D N F - T Y P E I N P A T I E N T D A Y S A P P L I C A B L E T O T I T L E S V & X I X O N L Y (I N C L U D I N G	
19	P R I V A T E R O O M D A Y S) T H R O U G H D E C E M B E R 3 1 O F T H E C O S T R E P O R T I N G P E R I O D	
20	S W I N G - B E D N F - T Y P E I N P A T I E N T D A Y S A P P L I C A B L E T O T I T L E V & X I X O N L Y (I N C L U D I N G	
21	P R I V A T E R O O M D A Y S) A F T E R D E C E M B E R 3 1 O F T H E C O S T R E P O R T I N G P E R I O D (I F C A L E N D A R	
22	Y E A R , E N T E R 0 O N T H I S L I N E)	
23	M E D I C A L L Y N E C E S S A R Y P R I V A T E R O O M D A Y S A P P L I C A B L E T O T H E P R O G R A M	
24	(E X C L U D I N G S W I N G - B E D D A Y S)	
25	T O T A L N U R S E R Y D A Y S (T I T L E V O R X I X O N L Y)	
26	N U R S E R Y D A Y S (T I T L E V O R X I X O N L Y)	

S W I N G - B E D A D J U S T M E N T

17	M E D I C A R E R A T E F O R S W I N G - B E D S N F S E R V I C E S A P P L I C A B L E T O S E R V I C E S T H R O U G H	
18	D E C E M B E R 3 1 O F T H E C O S T R E P O R T I N G P E R I O D	
19	M E D I C A R E R A T E F O R S W I N G - B E D S N F S E R V I C E S A P P L I C A B L E T O S E R V I C E S A F T E R	
20	D E C E M B E R 3 1 O F T H E C O S T R E P O R T I N G P E R I O D	
21	M E D I C A I D R A T E F O R S W I N G - B E D N F S E R V I C E S A P P L I C A B L E T O S E R V I C E S T H R O U G H	
22	D E C E M B E R 3 1 O F T H E C O S T R E P O R T I N G P E R I O D	
23	M E D I C A I D R A T E F O R S W I N G - B E D N F S E R V I C E S A P P L I C A B L E T O S E R V I C E S A F T E R	
24	D E C E M B E R 3 1 O F T H E C O S T R E P O R T I N G P E R I O D	
25	T O T A L G E N E R A L I N P A T I E N T R O U T I N E S E R V I C E C O S T	
26	S W I N G - B E D C O S T A P P L I C A B L E T O S N F - T Y P E S E R V I C E S T H R O U G H D E C E M B E R 3 1 O F T H E C O S T	
27	R E P O R T I N G P E R I O D	
28	S W I N G - B E D C O S T A P P L I C A B L E T O S N F - T Y P E S E R V I C E S A F T E R D E C E M B E R 3 1 O F T H E C O S T	
29	R E P O R T I N G P E R I O D	
30	S W I N G - B E D C O S T A P P L I C A B L E T O N F - T Y P E S E R V I C E S T H R O U G H D E C E M B E R 3 1 O F T H E C O S T	
31	R E P O R T I N G P E R I O D	
32	S W I N G - B E D C O S T A P P L I C A B L E T O N F - T Y P E S E R V I C E S A F T E R D E C E M B E R 3 1 O F T H E C O S T	
33	R E P O R T I N G P E R I O D	
34	T O T A L S W I N G - B E D C O S T (S E E I N S T R U C T I O N S)	
35	G E N E R A L I N P A T I E N T R O U T I N E S E R V I C E C O S T N E T O F S W I N G - B E D C O S T	

P R I V A T E R O O M D I F F E R E N T I A L A D J U S T M E N T

28	G E N E R A L I N P A T I E N T R O U T I N E S E R V I C E C H A R G E S (E X C L U D I N G S W I N G - B E D C H A R G E S)	3,791,435
29	P R I V A T E R O O M C H A R G E S (E X C L U D I N G S W I N G - B E D C H A R G E S)	
30	S E M I - P R I V A T E R O O M C H A R G E S (E X C L U D I N G S W I N G - B E D C H A R G E S)	3,791,435
31	G E N E R A L I N P A T I E N T R O U T I N E S E R V I C E C O S T / C H A R G E R A T I O	
32	A V E R A G E P R I V A T E R O O M P E R D I E M C H A R G E	
33	A V E R A G E S E M I - P R I V A T E R O O M P E R D I E M C H A R G E	422.30
34	A V E R A G E P E R D I E M P R I V A T E R O O M C H A R G E D I F F E R E N T I A L	
35	A V E R A G E P E R D I E M P R I V A T E R O O M C O S T D I F F E R E N T I A L	
36	P R I V A T E R O O M C O S T D I F F E R E N T I A L A D J U S T M E N T	
37	G E N E R A L I N P A T I E N T R O U T I N E S E R V I C E C O S T N E T O F S W I N G - B E D C O S T A N D P R I V A T E R O O M	
	C O S T D I F F E R E N T I A L	

TITLE XIX - I/P SNF OTHER

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

		1
66	SKILLED NURSING FACILITY/OTHER NURSING FACILITY/ICF/MR ROUTINE SERVICE COST	
67	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	
68	PROGRAM ROUTINE SERVICE COST	
69	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO PROGRAM	
70	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COSTS	
71	CAPITAL-RELATED COST ALLOCATED TO INPATIENT ROUTINE SERVICE COSTS	1,145,331
72	PER DIEM CAPITAL-RELATED COSTS	127,57
73	PROGRAM CAPITAL-RELATED COSTS	22,580
74	INPATIENT ROUTINE SERVICE COST	-22,580
75	AGGREGATE CHARGES TO BENEFICIARIES FOR EXCESS COSTS	
76	TOTAL PROGRAM ROUTINE SERVICE COSTS FOR COMPARISON TO THE COST LIMITATION	-22,580
77	INPATIENT ROUTINE SERVICE COST PER DIEM LIMITATION	
78	INPATIENT ROUTINE SERVICE COST LIMITATION	
79	REASONABLE INPATIENT ROUTINE SERVICE COSTS	
80	PROGRAM INPATIENT ANCILLARY SERVICES	
81	UTILIZATION REVIEW - PHYSICIAN COMPENSATION	
82	TOTAL PROGRAM INPATIENT OPERATING COSTS	

PART IV - COMPUTATION OF OBSERVATION BED COST

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

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

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

TITLE XVIII, PART A		HOSPITAL	PPS		
WKST A	COST CENTER DESCRIPTION	RATIO COST TO CHARGES	INPATIENT CHARGES	INPATIENT COST	
LINE NO.		1	2	3	
	INPAT ROUTINE SRVC CNTRS				
25	ADULTS & PEDIATRICS		10,019,136		
26	INTENSIVE CARE UNIT		3,542,868		
31	SUBPROVIDER				
31	01 SUBPROVIDER II				
	ANCILLARY SRVC COST CNTRS				
37	OPERATING ROOM	.385345	7,258,529	2,797,038	
39	DELIVERY ROOM & LABOR ROOM	.158733	7,489	1,189	
41	RADIOLOGY-DIAGNOSTIC	.158396	7,006,625	1,109,821	
41	01 NUCLEAR MEDICINE	.342287	715,585	244,935	
41	02 ULTRASOUND	.203395	227,218	46,215	
41	03 RADIATION THERAPY	.827658	61,884	51,219	
44	LABORATORY	.223023	6,334,855	1,412,818	
46	WHOLE BLOOD & PACKED RED BLOOD CELLS	.506986	999,097	506,528	
46	30 BLOOD CLOTTING FACTORS ADMIN COSTS				
49	RESPIRATORY THERAPY	.273918	1,768,229	484,350	
50	PHYSICAL THERAPY	.519208	538,697	279,696	
51	OCCUPATIONAL THERAPY	.612416	273,603	167,559	
52	SPEECH PATHOLOGY	.562768	175,097	98,539	
53	ELECTROCARDIOLOGY	.336491	718,091	241,631	
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.235908	11,634,052	2,744,566	
56	DRUGS CHARGED TO PATIENTS	.203147	13,784,896	2,800,360	
57	RENAL DIALYSIS				
59	CANCER TREATMENT CENTER				
59	10 CATH LAB	.276032	3,087,975	852,380	
	OUTPAT SERVICE COST CNTRS				
60	CLINIC	1.886892			
60	01 PSYCHIATRIC ANCILLARY SERVICES				
60	02 DENTAL CLINIC	.550073			
61	EMERGENCY	.506151	1,587,374	803,451	
62	OBSERVATION BEDS (NON-DISTINCT PART)	.768143	529,084	406,412	
63	50 RHC				
63	60 FQHC				
	OTHER REIMBURS COST CNTRS				
101	TOTAL		56,708,380	15,048,707	
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES				
103	NET CHARGES		56,708,380		

TITLE XVIII, PART A		SUBPROVIDER 1		TEFRA		
WKST A	COST CENTER DESCRIPTION	RATIO COST	INPATIENT	INPATIENT		
LINE NO.		TO CHARGES	CHARGES	COST		
		1	2	3		
	INPAT ROUTINE SRVC CNTRS					
25	ADULTS & PEDIATRICS					
26	INTENSIVE CARE UNIT					
31	SUBPROVIDER		2,083,290			
31	01 SUBPROVIDER II					
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	.385345	18,833	7,257		
39	DELIVERY ROOM & LABOR ROOM	.158733				
41	RADIOLOGY-DIAGNOSTIC	.158396	66,965	10,607		
41	01 NUCLEAR MEDICINE	.342287	2,915	998		
41	02 ULTRASOUND	.203395	2,655	540		
41	03 RADIATION THERAPY	.827658				
44	LABORATORY	.223023	197,510	44,049		
46	WHOLE BLOOD & PACKED RED BLOOD CELLS	.506986				
46	30 BLOOD CLOTTING FACTORS ADMIN COSTS					
49	RESPIRATORY THERAPY	.273918	13,552	3,712		
50	PHYSICAL THERAPY	.519208	7,830	4,065		
51	OCCUPATIONAL THERAPY	.612416	1,377	843		
52	SPEECH PATHOLOGY	.562768	2,658	1,496		
53	ELECTROCARDIOLOGY	.336491	12,829	4,317		
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.235908	21,201	5,001		
56	DRUGS CHARGED TO PATIENTS	.203147	276,671	56,205		
57	RENAL DIALYSIS					
59	CANCER TREATMENT CENTER					
59	10 CATH LAB	.276032	4,204	1,160		
	OUTPAT SERVICE COST CNTRS					
60	CLINIC	1.886892				
60	01 PSYCHIATRIC ANCILLARY SERVICES					
60	02 DENTAL CLINIC	.550073				
61	EMERGENCY	.506151	39,159	19,820		
62	OBSERVATION BEDS (NON-DISTINCT PART)	.768143				
63	50 RHC					
63	60 FQHC					
	OTHER REIMBURS COST CNTRS					
101	TOTAL		668,359	160,070		
102	LESS PBP CLINIC LABORATORY SERVICES -					
	PROGRAM ONLY CHARGES					
103	NET CHARGES		668,359			

TITLE XVIII, PART A		SUBPROVIDER 2		PPS		
WKST A	COST CENTER DESCRIPTION	RATIO COST TO CHARGES	INPATIENT CHARGES	INPATIENT COST		
LINE NO.		1	2	3		
25	INPAT ROUTINE SRVC CNTRS					
	ADULTS & PEDIATRICS					
26	INTENSIVE CARE UNIT					
31	SUBPROVIDER					
31	01 SUBPROVIDER II		1,023,941			
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	.385345	10,821	4,170		
39	DELIVERY ROOM & LABOR ROOM	.158733				
41	RADIOLOGY-DIAGNOSTIC	.158396	38,375	6,078		
41	01 NUCLEAR MEDICINE	.342287				
41	02 ULTRASOUND	.203395	432	88		
41	03 RADIATION THERAPY	.827658				
44	LABORATORY	.223023	94,662	21,112		
46	WHOLE BLOOD & PACKED RED BLOOD CELLS	.506986	7,965	4,038		
46	30 BLOOD CLOTTING FACTORS ADMIN COSTS					
49	RESPIRATORY THERAPY	.273918	44,253	12,122		
50	PHYSICAL THERAPY	.519208	365,156	189,592		
51	OCCUPATIONAL THERAPY	.612416	353,903	216,736		
52	SPEECH PATHOLOGY	.562768	117,330	66,030		
53	ELECTROCARDIOLOGY	.336491	3,360	1,131		
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.235908	146,404	34,538		
56	DRUGS CHARGED TO PATIENTS	.203147	272,377	55,333		
57	RENAL DIALYSIS					
59	CANCER TREATMENT CENTER					
59	10 CATH LAB	.276032	7,575	2,091		
	OUTPAT SERVICE COST CNTRS					
60	CLINIC	1.886892				
60	01 PSYCHIATRIC ANCILLARY SERVICES					
60	02 DENTAL CLINIC	.550073				
61	EMERGENCY	.506151	193	98		
62	OBSERVATION BEDS (NON-DISTINCT PART)	.768143				
63	50 RHC					
63	60 FQHC					
	OTHER REIMBURS COST CNTRS					
101	TOTAL		1,462,806	613,157		
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES					
103	NET CHARGES		1,462,806			

TITLE XVIII, PART A		SKILLED NURSING FACILITY	PPS	
WKST A	COST CENTER DESCRIPTION	RATIO COST TO CHARGES	INPATIENT CHARGES	INPATIENT COST
LINE NO.		1	2	3
	INPAT ROUTINE SRVC CNTRS			
25	ADULTS & PEDIATRICS			
26	INTENSIVE CARE UNIT			
31	SUBPROVIDER			
31	01 SUBPROVIDER II			
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	. 385345	12, 181	4, 694
39	DELIVERY ROOM & LABOR ROOM	. 158733		
41	RADIOLOGY-DIAGNOSTIC	. 158396	101, 474	16, 073
41	01 NUCLEAR MEDICINE	. 342287	3, 224	1, 104
41	02 ULTRASOUND	. 203395	8, 586	1, 746
41	03 RADIATION THERAPY	. 827658		
44	LABORATORY	. 223023	367, 785	82, 025
46	WHOLE BLOOD & PACKED RED BLOOD CELLS	. 506986	27, 089	13, 734
46	30 BLOOD CLOTTING FACTORS ADMIN COSTS			
49	RESPIRATORY THERAPY	. 273918	557, 842	152, 803
50	PHYSICAL THERAPY	. 519208	700, 387	363, 647
51	OCCUPATIONAL THERAPY	. 612416	605, 638	370, 902
52	SPEECH PATHOLOGY	. 562768	146, 017	82, 174
53	ELECTROCARDIOLOGY	. 336491	13, 375	4, 501
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	. 235908	565, 366	133, 374
56	DRUGS CHARGED TO PATIENTS	. 203147	979, 886	199, 061
57	RENAL DIALYSIS			
59	CANCER TREATMENT CENTER			
59	10 CATH LAB	. 276032	22, 468	6, 202
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	1. 886892		
60	01 PSYCHIATRIC ANCILLARY SERVICES			
60	02 DENTAL CLINIC	. 550073		
61	EMERGENCY	. 506151	932	472
62	OBSERVATION BEDS (NON-DISTINCT PART)	. 768143		
63	50 RHC			
63	60 FQHC			
	OTHER REIMBURS COST CNTRS			
101	TOTAL		4, 112, 250	1, 432, 512
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		4, 112, 250	

WKST A	TITLE XIX	HOSPITAL	RATIO COST	INPATIENT	INPATIENT
LINE NO.	COST CENTER DESCRIPTION		TO CHARGES	CHARGES	COST
			1	2	3
	INPAT ROUTINE SRVC CNTRS				
25	ADULTS & PEDIATRICS				
26	INTENSIVE CARE UNIT				
31	SUBPROVIDER				
31	01 SUBPROVIDER II				
	ANCILLARY SRVC COST CNTRS				
37	OPERATING ROOM		.385345		
39	DELIVERY ROOM & LABOR ROOM		.158733		
41	RADIOLOGY-DIAGNOSTIC		.158396		
41	01 NUCLEAR MEDICINE		.342287		
41	02 ULTRASOUND		.203395		
41	03 RADIATION THERAPY		.827658		
44	LABORATORY		.223023		
46	WHOLE BLOOD & PACKED RED BLOOD CELLS		.506986		
46	30 BLOOD CLOTTING FACTORS ADMIN COSTS				
49	RESPIRATORY THERAPY		.273918		
50	PHYSICAL THERAPY		.519208		
51	OCCUPATIONAL THERAPY		.612416		
52	SPEECH PATHOLOGY		.562768		
53	ELECTROCARDIOLOGY		.336491		
55	MEDICAL SUPPLIES CHARGED TO PATIENTS		.235908		
56	DRUGS CHARGED TO PATIENTS		.203147		
57	RENAL DIALYSIS				
59	CANCER TREATMENT CENTER				
59	10 CATH LAB		.276032		
	OUTPAT SERVICE COST CNTRS				
60	CLINIC		1.886892		
60	01 PSYCHIATRIC ANCILLARY SERVICES				
60	02 DENTAL CLINIC		.550073		
61	EMERGENCY		.506151		
62	OBSERVATION BEDS (NON-DISTINCT PART)		.768143		
63	50 RHC				
63	60 FQHC				
	OTHER REIMBURS COST CNTRS				
101	TOTAL				
102	LESS PBP CLINIC LABORATORY SERVICES -				
	PROGRAM ONLY CHARGES				
103	NET CHARGES				

TITLE XIX		SUBPROVIDER 1	OTHER		
WKST A	COST CENTER	DESCRIPTION	RATIO COST TO CHARGES	INPATIENT CHARGES	INPATIENT COST
LINE NO.			1	2	3
25		INPAT ROUTINE SRVC CNTRS			
		ADULTS & PEDIATRICS			
26		INTENSIVE CARE UNIT			
31		SUBPROVIDER		812,320	
31	01	SUBPROVIDER II			
		ANCILLARY SRVC COST CNTRS			
37		OPERATING ROOM	.385345	484,600	186,738
39		DELIVERY ROOM & LABOR ROOM	.158733		
41		RADIOLOGY-DIAGNOSTIC	.158396	122,697	19,435
41	01	NUCLEAR MEDICINE	.342287	10,172	3,482
41	02	ULTRASOUND	.203395	7,298	1,484
41	03	RADIATION THERAPY	.827658	2,713	2,245
44		LABORATORY	.223023	220,892	49,264
46		WHOLE BLOOD & PACKED RED BLOOD CELLS	.506986		
46	30	BLOOD CLOTTING FACTORS ADMIN COSTS			
49		RESPIRATORY THERAPY	.273918	104,247	28,555
50		PHYSICAL THERAPY	.519208	21,599	11,214
51		OCCUPATIONAL THERAPY	.612416	5,475	3,353
52		SPEECH PATHOLOGY	.562768	3,344	1,882
53		ELECTROCARDIOLOGY	.336491	23,234	7,818
55		MEDICAL SUPPLIES CHARGED TO PATIENTS	.235908	124,501	29,371
56		DRUGS CHARGED TO PATIENTS	.203147	427,616	86,869
57		RENAL DIALYSIS			
59		CANCER TREATMENT CENTER			
59	10	CATH LAB	.276032	25,071	6,920
		OUTPAT SERVICE COST CNTRS			
60		CLINIC	1.886892		
60	01	PSYCHIATRIC ANCILLARY SERVICES			
60	02	DENTAL CLINIC	.550073		
61		EMERGENCY	.506151	48,360	24,477
62		OBSERVATION BEDS (NON-DISTINCT PART)	.768143		
63	50	RHC			
63	60	FQHC			
		OTHER REIMBURS COST CNTRS			
101		TOTAL		1,631,819	463,107
102		LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103		NET CHARGES		1,631,819	

TITLE XIX		SUBPROVIDER 2		OTHER	
WKST A	COST CENTER DESCRIPTION	RATIO COST TO CHARGES	INPATIENT CHARGES	INPATIENT COST	
LINE NO.		1	2	3	
25	INPAT ROUTINE SRVC CNTRS				
26	ADULTS & PEDIATRICS				
31	INTENSIVE CARE UNIT				
31	SUBPROVIDER				
31	01 SUBPROVIDER II		35,420		
	ANCILLARY SRVC COST CNTRS				
37	OPERATING ROOM	.385345	29,308	11,294	
39	DELIVERY ROOM & LABOR ROOM	.158733			
41	RADIOLOGY-DIAGNOSTIC	.158396	7,420	1,175	
41	01 NUCLEAR MEDICINE	.342287	615	211	
41	02 ULTRASOUND	.203395	441	90	
41	03 RADIATION THERAPY	.827658	164	136	
44	LABORATORY	.223023	13,359	2,979	
46	WHOLE BLOOD & PACKED RED BLOOD CELLS	.506986			
46	30 BLOOD CLOTTING FACTORS ADMIN COSTS				
49	RESPIRATORY THERAPY	.273918	6,305	1,727	
50	PHYSICAL THERAPY	.519208	1,306	678	
51	OCCUPATIONAL THERAPY	.612416	331	203	
52	SPEECH PATHOLOGY	.562768	202	114	
53	ELECTROCARDIOLOGY	.336491	1,405	473	
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.235908	7,530	1,776	
56	DRUGS CHARGED TO PATIENTS	.203147	25,861	5,254	
57	RENAL DIALYSIS				
59	CANCER TREATMENT CENTER				
59	10 CATH LAB	.276032	1,516	418	
	OUTPAT SERVICE COST CNTRS				
60	CLINIC	1.886892			
60	01 PSYCHIATRIC ANCILLARY SERVICES				
60	02 DENTAL CLINIC	.550073			
61	EMERGENCY	.506151	2,925	1,480	
62	OBSERVATION BEDS (NON-DISTINCT PART)	.768143			
63	50 RHC				
63	60 FQHC				
	OTHER REIMBURS COST CNTRS				
101	TOTAL		98,688	28,008	
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES				
103	NET CHARGES		98,688		

CALCULATION OF REIMBURSEMENT SETTLEMENT

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS HOSPITAL

DESCRIPTION

1 1.01

8	TOTAL PAYMENT FOR INPATIENT OPERATING COSTS SCH AND MDH ONLY (SEE INSTRUCTIONS)	16,742,497
9	PAYMENT FOR INPATIENT PROGRAM CAPITAL	1,520,657
10	EXCEPTION PAYMENT FOR INPATIENT PROGRAM CAPITAL	
11	DIRECT GRADUATE MEDICAL EDUCATION PAYMENT	
11.01	NURSING AND ALLIED HEALTH MANAGED CARE	
11.02	SPECIAL ADD-ON PAYMENTS FOR NEW TECHNOLOGIES	
12	NET ORGAN ACQUISITION COST	
13	COST OF TEACHING PHYSICIANS	
14	ROUTINE SERVICE OTHER PASS THROUGH COSTS	
15	ANCILLARY SERVICE OTHER PASS THROUGH COSTS	
16	TOTAL	18,263,154
17	PRIMARY PAYER PAYMENTS	6,247
18	TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES	18,256,907
19	DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	1,799,691
20	COINSURANCE BILLED TO PROGRAM BENEFICIARIES	1,030
21	REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	332,333
21.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	232,633
21.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	284,301
22	SUBTOTAL	16,688,819
23	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION	
24	OTHER ADJUSTMENTS (SPECIFY)	
24.99	OUTLIER RECONCILIATION ADJUSTMENT	
25	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS	
26	AMOUNT DUE PROVIDER	16,688,819
27	SEQUESTRATION ADJUSTMENT	
28	INTERIM PAYMENTS	16,611,661
28.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
29	BALANCE DUE PROVIDER (PROGRAM)	77,158
30	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.	

----- FI ONLY -----

50	OPERATING OUTLIER AMOUNT FROM WKS E, A, L2.01
51	CAPITAL OUTLIER AMOUNT FROM WKS L, I, L3.01
52	OPERATING OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)
53	CAPITAL OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)
54	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY
55	TIME VALUE OF MONEY (SEE INSTRUCTIONS)
56	CAPITAL TIME VALUE OF MONEY (SEE INSTRUCTIONS)

CALCULATION OF REIMBURSEMENT SETTLEMENT

I	PROVIDER NO:	I	PERIOD:	I	PREPARED
I	15-0006	I	FROM 1/ 1/2007	I	5/22/2008
I	COMPONENT NO:	I	TO 12/31/2007	I	WORKSHEET E
I	15-0006	I		I	PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

HOSPITAL

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)	1,261
1.01	MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER APRIL 1, 2001 (SEE INSTRUCTIONS).	11,068,105
1.02	PPS PAYMENTS RECEIVED INCLUDING OUTLIERS.	8,282,922
1.03	ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO.	793
1.04	LINE 1.01 TIMES LINE 1.03.	8,777,007
1.05	LINE 1.02 DIVIDED BY LINE 1.04.	94.37
1.06	TRANSITIONAL CORRIDOR PAYMENT (SEE INSTRUCTIONS)	
1.07	ENTER THE AMOUNT FROM WORKSHEET D, PART IV, (COLS 9, 9.01, 9.02) LINE 101.	
2	INTERNS AND RESIDENTS	
3	ORGAN ACQUISITIONS	
4	COST OF TEACHING PHYSICIANS	
5	TOTAL COST (SEE INSTRUCTIONS)	1,261
	COMPUTATION OF LESSER OF COST OR CHARGES	
	REASONABLE CHARGES	
6	ANCILLARY SERVICE CHARGES	6,206
7	INTERNS AND RESIDENTS SERVICE CHARGES	
8	ORGAN ACQUISITION CHARGES	
9	CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS.	
10	TOTAL REASONABLE CHARGES	6,206
	CUSTOMARY CHARGES	
11	AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS	
12	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e).	
13	RATIO OF LINE 11 TO LINE 12	
14	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)	6,206
15	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	4,945
16	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	
17	LESSER OF COST OR CHARGES (FOR CAH SEE INSTRUC)	1,261
17.01	TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 1.02, 1.06 AND 1.07)	8,282,922
	COMPUTATION OF REIMBURSEMENT SETTLEMENT	
18	DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)	
18.01	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 17.01 (SEE INSTRUCTIONS)	2,316,381
19	SUBTOTAL (SEE INSTRUCTIONS)	5,967,802
20	SUM OF AMOUNTS FROM WORKSHEET E PARTS C, D & E (SEE INSTR.)	
21	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	
22	ESRD DIRECT MEDICAL EDUCATION COSTS	
23	SUBTOTAL	5,967,802
24	PRIMARY PAYER PAYMENTS	209
25	SUBTOTAL	5,967,593
	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)	
26	COMPOSITE RATE ESRD	
27	BAD DEBTS (SEE INSTRUCTIONS)	255,243
27.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	178,670
27.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	228,840
28	SUBTOTAL	6,146,263
29	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION.	
30	OTHER ADJUSTMENTS (SPECIFY)	
30.99	OTHER ADJUSTMENTS (MSP-LCC RECONCILIATION AMOUNT)	
31	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS.	
32	SUBTOTAL	6,146,263
33	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
34	INTERIM PAYMENTS	6,209,613
34.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
35	BALANCE DUE PROVIDER/PROGRAM	-63,350
36	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2	

CALCULATION OF REIMBURSEMENT SETTLEMENT

I	PROVIDER NO:	I	PERIOD:	I	PREPARED
I	15-0006	I	FROM 1/ 1/2007	I	5/22/2008
I	COMPONENT NO:	I	TO 12/31/2007	I	WORKSHEET E
I	15-S006	I		I	PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

SUBPROVIDER 1

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)	104
1.01	MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER APRIL 1, 2001 (SEE INSTRUCTIONS).	
1.02	PPS PAYMENTS RECEIVED INCLUDING OUTLIERS.	
1.03	ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO.	
1.04	LINE 1.01 TIMES LINE 1.03.	
1.05	LINE 1.02 DIVIDED BY LINE 1.04.	
1.06	TRANSITIONAL CORRIDOR PAYMENT (SEE INSTRUCTIONS)	
1.07	ENTER THE AMOUNT FROM WORKSHEET D, PART IV, (COLS 9, 9.01, 9.02) LINE 101.	
2	INTERNS AND RESIDENTS	
3	ORGAN ACQUISITIONS	
4	COST OF TEACHING PHYSICIANS	
5	TOTAL COST (SEE INSTRUCTIONS)	104
	COMPUTATION OF LESSER OF COST OR CHARGES	
	REASONABLE CHARGES	
6	ANCILLARY SERVICE CHARGES	510
7	INTERNS AND RESIDENTS SERVICE CHARGES	
8	ORGAN ACQUISITION CHARGES	
9	CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS.	
10	TOTAL REASONABLE CHARGES	510
	CUSTOMARY CHARGES	
11	AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS	
12	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e).	
13	RATIO OF LINE 11 TO LINE 12	
14	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)	510
15	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	406
16	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	
17	LESSER OF COST OR CHARGES (FOR CAH SEE INSTRUC)	104
17.01	TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 1.02, 1.06 AND 1.07)	
	COMPUTATION OF REIMBURSEMENT SETTLEMENT	
18	DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)	
18.01	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 17.01 (SEE INSTRUCTIONS)	
19	SUBTOTAL (SEE INSTRUCTIONS)	104
20	SUM OF AMOUNTS FROM WORKSHEET E PARTS C, D & E (SEE INSTR.)	
21	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	
22	ESRD DIRECT MEDICAL EDUCATION COSTS	
23	SUBTOTAL	104
24	PRIMARY PAYER PAYMENTS	
25	SUBTOTAL	104
	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)	
26	COMPOSITE RATE ESRD	
27	BAD DEBTS (SEE INSTRUCTIONS)	
27.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	
27.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	
28	SUBTOTAL	104
29	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION.	
30	OTHER ADJUSTMENTS (SPECIFY)	
30.99	OTHER ADJUSTMENTS (MSP-LCC RECONCILIATION AMOUNT)	
31	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS.	
32	SUBTOTAL	104
33	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
34	INTERIM PAYMENTS	357
34.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
35	BALANCE DUE PROVIDER/PROGRAM	-253
36	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2	

CALCULATION OF REIMBURSEMENT SETTLEMENT

I	PROVIDER NO:	I	PERIOD:	I	PREPARED
I	15-0006	I	FROM 1/ 1/2007	I	5/22/2008
I	COMPONENT NO:	I	TO 12/31/2007	I	WORKSHEET E
I	15-T006	I		I	PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

SUBPROVIDER 2

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)	133
1.01	MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER APRIL 1, 2001 (SEE INSTRUCTIONS).	
1.02	PPS PAYMENTS RECEIVED INCLUDING OUTLIERS.	
1.03	ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO.	
1.04	LINE 1.01 TIMES LINE 1.03.	
1.05	LINE 1.02 DIVIDED BY LINE 1.04.	
1.06	TRANSITIONAL CORRIDOR PAYMENT (SEE INSTRUCTIONS)	
1.07	ENTER THE AMOUNT FROM WORKSHEET D, PART IV, (COLS 9, 9.01, 9.02) LINE 101.	
2	INTERNS AND RESIDENTS	
3	ORGAN ACQUISITIONS	
4	COST OF TEACHING PHYSICIANS	
5	TOTAL COST (SEE INSTRUCTIONS)	133
	COMPUTATION OF LESSER OF COST OR CHARGES	
	REASONABLE CHARGES	
6	ANCILLARY SERVICE CHARGES	653
7	INTERNS AND RESIDENTS SERVICE CHARGES	
8	ORGAN ACQUISITION CHARGES	
9	CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS.	
10	TOTAL REASONABLE CHARGES	653
	CUSTOMARY CHARGES	
11	AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS	
12	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e).	
13	RATIO OF LINE 11 TO LINE 12	
14	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)	653
15	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	520
16	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	
17	LESSER OF COST OR CHARGES (FOR CAH SEE INSTRUC)	133
17.01	TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 1.02, 1.06 AND 1.07)	
	COMPUTATION OF REIMBURSEMENT SETTLEMENT	
18	DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)	
18.01	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 17.01 (SEE INSTRUCTIONS)	
19	SUBTOTAL (SEE INSTRUCTIONS)	133
20	SUM OF AMOUNTS FROM WORKSHEET E PARTS C, D & E (SEE INSTR.)	
21	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	
22	ESRD DIRECT MEDICAL EDUCATION COSTS	
23	SUBTOTAL	133
24	PRIMARY PAYER PAYMENTS	
25	SUBTOTAL	133
	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)	
26	COMPOSITE RATE ESRD	
27	BAD DEBTS (SEE INSTRUCTIONS)	
27.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	
27.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	
28	SUBTOTAL	133
29	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION.	
30	OTHER ADJUSTMENTS (SPECIFY)	
30.99	OTHER ADJUSTMENTS (MSP-LCC RECONCILIATION AMOUNT)	
31	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS.	
32	SUBTOTAL	133
33	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
34	INTERIM PAYMENTS	535
34.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
35	BALANCE DUE PROVIDER/PROGRAM	-402
36	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2	

CALCULATION OF REIMBURSEMENT SETTLEMENT

I	PROVIDER NO:	I	PERIOD:	I	PREPARED
I	15-0006	I	FROM 1/ 1/2007	I	5/22/2008
I	COMPONENT NO:	I	TO 12/31/2007	I	WORKSHEET E
I	15-5297	I		I	PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

SNF

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)	296
1.01	MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER APRIL 1, 2001 (SEE INSTRUCTIONS).	
1.02	PPS PAYMENTS RECEIVED INCLUDING OUTLIERS.	
1.03	ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO.	
1.04	LINE 1.01 TIMES LINE 1.03.	
1.05	LINE 1.02 DIVIDED BY LINE 1.04.	
1.06	TRANSITIONAL CORRIDOR PAYMENT (SEE INSTRUCTIONS)	
1.07	ENTER THE AMOUNT FROM WORKSHEET D, PART IV, (COLS 9, 9.01, 9.02) LINE 101.	
2	INTERNS AND RESIDENTS	
3	ORGAN ACQUISITIONS	
4	COST OF TEACHING PHYSICIANS	
5	TOTAL COST (SEE INSTRUCTIONS)	296
	COMPUTATION OF LESSER OF COST OR CHARGES	
	REASONABLE CHARGES	
6	ANCILLARY SERVICE CHARGES	1,458
7	INTERNS AND RESIDENTS SERVICE CHARGES	
8	ORGAN ACQUISITION CHARGES	
9	CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS.	
10	TOTAL REASONABLE CHARGES	1,458
	CUSTOMARY CHARGES	
11	AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS	
12	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e).	
13	RATIO OF LINE 11 TO LINE 12	
14	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)	1,458
15	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	1,162
16	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	
17	LESSER OF COST OR CHARGES (FOR CAH SEE INSTRUC)	296
17.01	TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 1.02, 1.06 AND 1.07)	
	COMPUTATION OF REIMBURSEMENT SETTLEMENT	
18	DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)	
18.01	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 17.01 (SEE INSTRUCTIONS)	
19	SUBTOTAL (SEE INSTRUCTIONS)	296
20	SUM OF AMOUNTS FROM WORKSHEET E PARTS C, D & E (SEE INSTR.)	
21	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	
22	ESRD DIRECT MEDICAL EDUCATION COSTS	
23	SUBTOTAL	296
24	PRIMARY PAYER PAYMENTS	
25	SUBTOTAL	296
	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)	
26	COMPOSITE RATE ESRD	
27	BAD DEBTS (SEE INSTRUCTIONS)	
27.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	
27.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	
28	SUBTOTAL	296
29	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION.	
30	OTHER ADJUSTMENTS (SPECIFY)	
30.99	OTHER ADJUSTMENTS (MSP-LCC RECONCILIATION AMOUNT)	
31	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS.	
32	SUBTOTAL	296
33	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
34	INTERIM PAYMENTS	787
34.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
35	BALANCE DUE PROVIDER/PROGRAM	-491
36	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2	

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

TITLE XVIII HOSPITAL

DESCRIPTION

INPATIENT- PART A P A R T B
 MM/DD/YYYY AMOUNT MM/DD/YYYY AMOUNT
 1 2 3 4

1	TOTAL INTERIM PAYMENTS PAID TO PROVIDER			
2	INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.		16,411,225	6,056,001
3	LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)		200,436	153,612
	ADJUSTMENTS TO PROVIDER .01			
	ADJUSTMENTS TO PROVIDER .02			
	ADJUSTMENTS TO PROVIDER .03			
	ADJUSTMENTS TO PROVIDER .04			
	ADJUSTMENTS TO PROVIDER .05			
	ADJUSTMENTS TO PROGRAM .50			
	ADJUSTMENTS TO PROGRAM .51			
	ADJUSTMENTS TO PROGRAM .52			
	ADJUSTMENTS TO PROGRAM .53			
	ADJUSTMENTS TO PROGRAM .54			
	ADJUSTMENTS TO PROGRAM .99			
4	SUBTOTAL TOTAL INTERIM PAYMENTS		NONE 16,611,661	NONE 6,209,613
	TO BE COMPLETED BY INTERMEDIARY			
5	LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)			
	TENTATIVE TO PROVIDER .01			
	TENTATIVE TO PROVIDER .02			
	TENTATIVE TO PROVIDER .03			
	TENTATIVE TO PROGRAM .50			
	TENTATIVE TO PROGRAM .51			
	TENTATIVE TO PROGRAM .52			
	TENTATIVE TO PROGRAM .99			
6	SUBTOTAL DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)		NONE	NONE
	SETTLEMENT TO PROVIDER .01			
	SETTLEMENT TO PROGRAM .02			
7	TOTAL MEDICARE PROGRAM LIABILITY			

NAME OF INTERMEDIARY:
 INTERMEDIARY NO: 00000

SIGNATURE OF AUTHORIZED PERSON: _____

DATE: ___/___/___

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

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

TITLE XVIII SUBPROVIDER 1

DESCRIPTION	INPATIENT- PART A		P A R T B	
	MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT
	1	2	3	4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		1,386,918		357
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.		NONE		NONE
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
ADJUSTMENTS TO PROVIDER .01				
ADJUSTMENTS TO PROVIDER .02				
ADJUSTMENTS TO PROVIDER .03				
ADJUSTMENTS TO PROVIDER .04				
ADJUSTMENTS TO PROVIDER .05				
ADJUSTMENTS TO PROGRAM .50				
ADJUSTMENTS TO PROGRAM .51				
ADJUSTMENTS TO PROGRAM .52				
ADJUSTMENTS TO PROGRAM .53				
ADJUSTMENTS TO PROGRAM .54				
SUBTOTAL .99		NONE		NONE
4 TOTAL INTERIM PAYMENTS		1,386,918		357
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
TENTATIVE TO PROVIDER .01				
TENTATIVE TO PROVIDER .02				
TENTATIVE TO PROVIDER .03				
TENTATIVE TO PROGRAM .50				
TENTATIVE TO PROGRAM .51				
TENTATIVE TO PROGRAM .52				
SUBTOTAL .99		NONE		NONE
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)				
SETTLEMENT TO PROVIDER .01				
SETTLEMENT TO PROGRAM .02				
7 TOTAL MEDICARE PROGRAM LIABILITY				

NAME OF INTERMEDIARY:
 INTERMEDIARY NO: 00000

SIGNATURE OF AUTHORIZED PERSON: _____

DATE: ___/___/___

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

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

TITLE XVIII SUBPROVIDER 2

DESCRIPTION

INPATIENT- PART A P A R T B
 MM/DD/YYYY AMOUNT MM/DD/YYYY AMOUNT

1	TOTAL INTERIM PAYMENTS PAID TO PROVIDER			
2	INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.		2,167,293	535
3	LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)		NONE	NONE
	ADJUSTMENTS TO PROVIDER .01			
	ADJUSTMENTS TO PROVIDER .02			
	ADJUSTMENTS TO PROVIDER .03			
	ADJUSTMENTS TO PROVIDER .04			
	ADJUSTMENTS TO PROVIDER .05			
	ADJUSTMENTS TO PROGRAM .50			
	ADJUSTMENTS TO PROGRAM .51			
	ADJUSTMENTS TO PROGRAM .52			
	ADJUSTMENTS TO PROGRAM .53			
	ADJUSTMENTS TO PROGRAM .54			
	ADJUSTMENTS TO PROGRAM .99			
4	SUBTOTAL		NONE	NONE
4	TOTAL INTERIM PAYMENTS		2,167,293	535
	TO BE COMPLETED BY INTERMEDIARY			
5	LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)			
	TENTATIVE TO PROVIDER .01			
	TENTATIVE TO PROVIDER .02			
	TENTATIVE TO PROVIDER .03			
	TENTATIVE TO PROGRAM .50			
	TENTATIVE TO PROGRAM .51			
	TENTATIVE TO PROGRAM .52			
	TENTATIVE TO PROGRAM .99			
	SUBTOTAL		NONE	NONE
6	DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)			
	SETTLEMENT TO PROVIDER .01			
	SETTLEMENT TO PROGRAM .02			
7	TOTAL MEDICARE PROGRAM LIABILITY			

NAME OF INTERMEDIARY:
 INTERMEDIARY NO: 00000

SIGNATURE OF AUTHORIZED PERSON: _____

DATE: ___/___/___

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

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

TITLE XVIII SNF

DESCRIPTION

INPATIENT- PART A P A R T B
 MM/DD/YYYY AMOUNT MM/DD/YYYY AMOUNT
 1 2 3 4

1	TOTAL INTERIM PAYMENTS PAID TO PROVIDER			
2	INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.		1, 917, 243	NONE
3	LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)			
	ADJUSTMENTS TO PROVIDER	.01		
	ADJUSTMENTS TO PROVIDER	.02		
	ADJUSTMENTS TO PROVIDER	.03		
	ADJUSTMENTS TO PROVIDER	.04		
	ADJUSTMENTS TO PROVIDER	.05		
	ADJUSTMENTS TO PROGRAM	.50		
	ADJUSTMENTS TO PROGRAM	.51		
	ADJUSTMENTS TO PROGRAM	.52		
	ADJUSTMENTS TO PROGRAM	.53		
	ADJUSTMENTS TO PROGRAM	.54		
	ADJUSTMENTS TO PROGRAM	.99		
	SUBTOTAL		NONE	NONE
4	TOTAL INTERIM PAYMENTS		1, 917, 243	787
	TO BE COMPLETED BY INTERMEDIARY			
5	LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)			
	TENTATIVE TO PROVIDER	.01		
	TENTATIVE TO PROVIDER	.02		
	TENTATIVE TO PROVIDER	.03		
	TENTATIVE TO PROGRAM	.50		
	TENTATIVE TO PROGRAM	.51		
	TENTATIVE TO PROGRAM	.52		
	TENTATIVE TO PROGRAM	.99		
	SUBTOTAL		NONE	NONE
6	DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)			
	SETTLEMENT TO PROVIDER	.01		
	SETTLEMENT TO PROGRAM	.02		
7	TOTAL MEDICARE PROGRAM LIABILITY			

NAME OF INTERMEDIARY:
 INTERMEDIARY NO: 00000

SIGNATURE OF AUTHORIZED PERSON: _____

DATE: ___/___/___

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

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

1	INPATIENT HOSPITAL SERVICES (SEE INSTRUCTIONS)	2, 079, 641
1.01	HOSPITAL SPECIFIC AMOUNT (SEE INSTRUCTIONS)	519, 910
1.02	ENTER FROM THE PS&R, THE IRF PPS PAYMENT	
1.03	MEDICAID SSI RATIO (IRF PPS ONLY) (SEE INSTR.)	
1.04	INPATIENT REHABILITATION FACILITY LIP PAYMENTS (SEE INSTRUCTIONS)	
1.05	OUTLIER PAYMENTS	
1.06	TOTAL PPS PAYMENTS (SUM OF LINES 1.01, (1.02, 1.04 FOR COLUMNS 1 & 1.01), 1.05 AND 1.42)	
1.07	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT (SEE INSTRUCTIONS)	
1.08	INPATIENT PSYCHIATRIC FACILITY (IPF) NET FEDERAL IPF PPS PAYMENTS (EXCLUDING OUTLIER, ECT, STOP-LOSS, AND MEDICAL EDUCATION PAYMENTS)	922, 206
1.09	NET IPF PPS OUTLIER PAYMENTS	112, 892
1.10	NET IPF PPS ECT PAYMENTS	
1.11	UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR LATEST COST REPORT FILED PRIOR TO NOVEMBER 15, 2004 (SEE INSTRUCTIONS)	
1.12	NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTRUCTIONS)	
1.13	CURRENT YEARS UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.14	CURRENT YEARS UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.15	INTERN AND RESIDENT COUNT FOR IPF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)	
1.16	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)	9. 457534
1.17	MEDICAL EDUCATION ADJUSTMENT FACTOR $\{((1 + (\text{LINE } 1.15/1.16)) \text{ RAISED TO THE POWER OF } .5150 - 1)\}$	
1.18	MEDICAL EDUCATION ADJUSTMENT (LINE 1.08 MULTIPLIED BY LINE 1.17)	
1.19	ADJUSTED NET IPF PPS PAYMENTS (SUM OF LINES 1.08, 1.09, 1.10 AND 1.18)	1, 035, 098
1.20	STOP LOSS PAYMENT FLOOR (LINE 1 x 70%)	1, 455, 749
1.21	ADJUSTED NET PAYMENT FLOOR (LINE 1.20 x THE APPROPRIATE FEDERAL BLEND PERCENTAGE)	1, 091, 812
1.22	STOP LOSS ADJUSTMENT (IF LINE 1.21 IS GREATER THAN LINE 1.19 ENTER THE AMOUNT ON LINE 1.21 LESS LINE 1.19 OTHERWISE ENTER -0-)	56, 714
1.23	TOTAL IPF PPS PAYMENTS (SUM OF LINES 1.01, 1.19 AND 1.22)	1, 611, 722
1.35	INPATIENT REHABILITATION FACILITY (IRF) UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR COST REPORT PERIODS ENDING ON/OR PRIOR TO NOVEMBER 15, 2004. (SEE INST.)	
1.36	NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTRUCTIONS)	
1.37	CURRENT YEAR'S UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.38	CURRENT YEAR'S UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.39	INTERN AND RESIDENT COUNT FOR IRF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)	
1.40	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)	
1.41	MEDICAL EDUCATION ADJUSTMENT FACTOR $\{((1 + (\text{LINE } 1.39/1.40)) \text{ RAISED TO THE POWER OF } .9012 - 1)\}$	
1.42	MEDICAL EDUCATION ADJUSTMENT (LINE 1.02 MULTIPLIED BY LINE 1.41)	
2	ORGAN ACQUISITION	
3	COST OF TEACHING PHYSICIANS	
4	SUBTOTAL (SEE INSTRUCTIONS)	1, 611, 722
5	PRIMARY PAYER PAYMENTS	
6	SUBTOTAL	1, 611, 722
7	DEDUCTIBLES	128, 717
8	SUBTOTAL	1, 483, 005
9	COINSURANCE	16, 236
10	SUBTOTAL	1, 466, 769
11	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROF SERV)	
11.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	
11.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	
12	SUBTOTAL	1, 466, 769
13	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	
13.01	OTHER PASS THROUGH COSTS (SEE INSTRUCTIONS)	
14	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION	
15	OTHER ADJUSTMENTS (SPECIFY)	
15.99	OUTLIER RECONCILIATION ADJUSTMENT	
16	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS	
17	TOTAL AMOUNT PAYABLE TO THE PROVIDER (SEE INSTRUCTIONS)	1, 466, 769
18	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
19	INTERIM PAYMENTS	1, 386, 918
19.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
20	BALANCE DUE PROVIDER/PROGRAM	79, 851
21	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2.	

CALCULATION OF REIMBURSEMENT SETTLEMENT

I	PROVIDER NO:	I	PERIOD:	I	PREPARED 5/22/2008
I	15-0006	I	FROM 1/ 1/2007	I	WORKSHEET E-3
I	COMPONENT NO:	I	TO 12/31/2007	I	PART I
I	15-S006	I		I	

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

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

CALCULATION OF REIMBURSEMENT SETTLEMENT

I PROVIDER NO: I PERIOD: I
 I 15-0006 I FROM 1/ 1/2007 I WORKSHEET E-3
 I COMPONENT NO: I TO 12/31/2007 I PART I
 I 15-T006 I I

PART I - MEDICARE PART A SERVICES - TEFRA AND IRF PPS AND LTCH PPS AND IPF PPS
 SUBPROVIDER 2

1	INPATIENT HOSPITAL SERVICES (SEE INSTRUCTIONS)	
1.01	HOSPITAL SPECIFIC AMOUNT (SEE INSTRUCTIONS)	
1.02	ENTER FROM THE PS&R, THE IRF PPS PAYMENT	1,125,046
1.03	MEDICAID SSI RATIO (IRF PPS ONLY) (SEE INSTR.)	.0193
1.04	INPATIENT REHABILITATION FACILITY LIP PAYMENTS (SEE INSTRUCTIONS)	31,871
1.05	OUTLIER PAYMENTS	990,309
1.06	TOTAL PPS PAYMENTS (SUM OF LINES 1.01, (1.02, 1.04 FOR COLUMNS 1 & 1.01), 1.05 AND 1.42)	2,147,226
1.07	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT (SEE INSTRUCTIONS)	
1.08	INPATIENT PSYCHIATRIC FACILITY (IPF) NET FEDERAL IPF PPS PAYMENTS (EXCLUDING OUTLIER, ECT, STOP-LOSS, AND MEDICAL EDUCATION PAYMENTS)	
1.09	NET IPF PPS OUTLIER PAYMENTS	
1.10	NET IPF PPS ECT PAYMENTS	
1.11	UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR LATEST COST REPORT FILED PRIOR TO NOVEMBER 15, 2004 (SEE INSTRUCTIONS)	
1.12	NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTRUCTIONS)	
1.13	CURRENT YEARS UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.14	CURRENT YEARS UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.15	INTERN AND RESIDENT COUNT FOR IPF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)	
1.16	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)	
1.17	MEDICAL EDUCATION ADJUSTMENT FACTOR $\{(1 + (\text{LINE } 1.15/1.16)) \text{ RAISED TO THE POWER OF } .5150 - 1\}$	
1.18	MEDICAL EDUCATION ADJUSTMENT (LINE 1.08 MULTIPLIED BY LINE 1.17)	
1.19	ADJUSTED NET IPF PPS PAYMENTS (SUM OF LINES 1.08, 1.09, 1.10 AND 1.18)	
1.20	STOP LOSS PAYMENT FLOOR (LINE 1 x 70%)	
1.21	ADJUSTED NET PAYMENT FLOOR (LINE 1.20 x THE APPROPRIATE FEDERAL BLEND PERCENTAGE)	
1.22	STOP LOSS ADJUSTMENT (IF LINE 1.21 IS GREATER THAN LINE 1.19 ENTER THE AMOUNT ON LINE 1.21 LESS LINE 1.19 OTHERWISE ENTER -0-)	
1.23	TOTAL IPF PPS PAYMENTS (SUM OF LINES 1.01, 1.19 AND 1.22)	
1.35	INPATIENT REHABILITATION FACILITY (IRF) UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR COST REPORT PERIODS ENDING ON/OR PRIOR TO NOVEMBER 15, 2004. (SEE INST.)	
1.36	NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTRUCTIONS)	
1.37	CURRENT YEAR'S UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.38	CURRENT YEAR'S UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.39	INTERN AND RESIDENT COUNT FOR IRF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)	
1.40	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)	3,712,329
1.41	MEDICAL EDUCATION ADJUSTMENT FACTOR $\{(1 + (\text{LINE } 1.39/1.40)) \text{ RAISED TO THE POWER OF } .9012 - 1\}$	
1.42	MEDICAL EDUCATION ADJUSTMENT (LINE 1.02 MULTIPLIED BY LINE 1.41)	
2	ORGAN ACQUISITION	
3	COST OF TEACHING PHYSICIANS	
4	SUBTOTAL (SEE INSTRUCTIONS)	2,147,226
5	PRIMARY PAYER PAYMENTS	
6	SUBTOTAL	2,147,226
7	DEDUCTIBLES	10,265
8	SUBTOTAL	2,136,961
9	COINSURANCE	2,310
10	SUBTOTAL	2,134,651
11	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROF SERV)	
11.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	
11.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	
12	SUBTOTAL	2,134,651
13	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	
13.01	OTHER PASS THROUGH COSTS (SEE INSTRUCTIONS)	
14	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION	
15	OTHER ADJUSTMENTS (SPECIFY)	
15.99	OUTLIER RECONCILIATION ADJUSTMENT	
16	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS	
17	TOTAL AMOUNT PAYABLE TO THE PROVIDER (SEE INSTRUCTIONS)	2,134,651
18	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
19	INTERIM PAYMENTS	2,167,293
19.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
20	BALANCE DUE PROVIDER/PROGRAM	-32,642
21	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2.	

CALCULATION OF REIMBURSEMENT SETTLEMENT

I	PROVIDER NO:	I	PERIOD:	I	PREPARED 5/22/2008
I	15-0006	I	FROM 1/ 1/2007	I	WORKSHEET E-3
I	COMPONENT NO:	I	TO 12/31/2007	I	PART I
I	15-T006	I		I	

PART I - MEDICARE PART A SERVICES - TEFRA AND IRF PPS AND LTCH PPS AND IPF PPS
SUBPROVIDER 2

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

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO: 15-0006
 PERIOD: FROM 1/1/2007 TO 12/31/2007
 COMPONENT NO: 15-5297
 PREPARED 5/22/2008
 WORKSHEET E-3
 PART III

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

	TITLE XVIII	SNF	PPS TITLE V OR TITLE XIX 1	TITLE XVIII SNF PPS 2
1	COMPUTATION OF NET COST OF COVERED SERVICE			
2	INPATIENT HOSPITAL/SNF/NF SERVICES			
3	MEDICAL AND OTHER SERVICES			
4	INTERNS AND RESIDENTS (SEE INSTRUCTIONS)			
5	ORGAN ACQUISITION (CERT TRANSPLANT CENTERS ONLY)			
6	COST OF TEACHING PHYSICIANS (SEE INSTRUCTIONS)			
7	SUBTOTAL			
8	INPATIENT PRIMARY PAYER PAYMENTS			
9	OUTPATIENT PRIMARY PAYER PAYMENTS			
	SUBTOTAL			
	COMPUTATION OF LESSER OF COST OR CHARGES			
	REASONABLE CHARGES			
10	ROUTINE SERVICE CHARGES			
11	ANCILLARY SERVICE CHARGES			
12	INTERNS AND RESIDENTS SERVICE CHARGES			
13	ORGAN ACQUISITION CHARGES, NET OF REVENUE			
14	TEACHING PHYSICIANS			
15	INCENTIVE FROM TARGET AMOUNT COMPUTATION			
16	TOTAL REASONABLE CHARGES			
	CUSTOMARY CHARGES			
17	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS			
18	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e)			
19	RATIO OF LINE 17 TO LINE 18			
20	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)			
21	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST			
22	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			
23	COST OF COVERED SERVICES			
24	PROSPECTIVE PAYMENT AMOUNT			
25	OTHER THAN OUTLIER PAYMENTS			
26	OUTLIER PAYMENTS			
27	PROGRAM CAPITAL PAYMENTS			
28	CAPITAL EXCEPTION PAYMENTS (SEE INSTRUCTIONS)			
29	ROUTINE SERVICE OTHER PASS THROUGH COSTS			
30	ANCILLARY SERVICE OTHER PASS THROUGH COSTS			
31	SUBTOTAL			
32	CUSTOMARY CHARGES (TITLE XIX PPS COVERED SERVICES ONLY)			
33	TITLES V OR XIX PPS, LESSER OF LNS 30 OR 31; NON PPS & TITLE XVIII ENTER AMOUNT FROM LINE 30			
	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)			
	COMPUTATION OF REIMBURSEMENT SETTLEMENT			
34	EXCESS OF REASONABLE COST			
35	SUBTOTAL			
36	COINSURANCE			
37	SUM OF AMOUNTS FROM WKST. E, PARTS C, D & E, LN 19			
38	REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)			
38.01	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS ENDING BEFORE 10/01/05 (SEE INSTRUCTIONS)			
38.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES			
38.03	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS BEGINNING ON OR AFTER 10/01/05 (SEE INSTRUCTIONS)			
39	UTILIZATION REVIEW			
40	SUBTOTAL (SEE INSTRUCTIONS)			
41	INPATIENT ROUTINE SERVICE COST			
42	MEDICARE INPATIENT ROUTINE CHARGES			
43	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS			
44	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT OF PART A SERVICES			
45	RATIO OF LINE 43 TO 44			
46	TOTAL CUSTOMARY CHARGES			
47	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST			
48	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			
49	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION			
50	OTHER ADJUSTMENTS (SPECIFY)			
51	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS			
52	SUBTOTAL			
53	INDIRECT MEDICAL EDUCATION ADJUSTMENT (PPS ONLY)			
54	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS			
55	TOTAL AMOUNT PAYABLE TO THE PROVIDER			
56	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)			
57	INTERIM PAYMENTS			
57.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)			
58	BALANCE DUE PROVIDER/PROGRAM			
59	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2.			

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO: 15-0006
 COMPONENT NO: 15-S006
 PERIOD: FROM 1/1/2007 TO 12/31/2007
 WORKSHEET E-3 PART III

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

	TITLE XIX	SUBPROVIDER 1	OTHER TITLE V OR TITLE XIX	TITLE XVIII SNF PPS
			1	2
1	COMPUTATION OF NET COST OF COVERED SERVICE			
2	INPATIENT HOSPITAL/SNF/NF SERVICES		1,309,695	
3	MEDICAL AND OTHER SERVICES			
4	INTERNS AND RESIDENTS (SEE INSTRUCTIONS)			
5	ORGAN ACQUISITION (CERT TRANSPLANT CENTERS ONLY)			
6	COST OF TEACHING PHYSICIANS (SEE INSTRUCTIONS)			
7	SUBTOTAL		1,309,695	
8	INPATIENT PRIMARY PAYER PAYMENTS			
9	OUTPATIENT PRIMARY PAYER PAYMENTS			
	SUBTOTAL		1,309,695	
	COMPUTATION OF LESSER OF COST OR CHARGES			
	REASONABLE CHARGES			
10	ROUTINE SERVICE CHARGES			
11	ANCILLARY SERVICE CHARGES		1,631,819	
12	INTERNS AND RESIDENTS SERVICE CHARGES			
13	ORGAN ACQUISITION CHARGES, NET OF REVENUE			
14	TEACHING PHYSICIANS			
15	INCENTIVE FROM TARGET AMOUNT COMPUTATION			
16	TOTAL REASONABLE CHARGES		1,631,819	
	CUSTOMARY CHARGES			
17	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS			
18	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e)			
19	RATIO OF LINE 17 TO LINE 18			
20	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)		1,631,819	
21	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST		322,124	
22	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			
23	COST OF COVERED SERVICES		1,309,695	
	PROSPECTIVE PAYMENT AMOUNT			
24	OTHER THAN OUTLIER PAYMENTS			
25	OUTLIER PAYMENTS			
26	PROGRAM CAPITAL PAYMENTS			
27	CAPITAL EXCEPTION PAYMENTS (SEE INSTRUCTIONS)			
28	ROUTINE SERVICE OTHER PASS THROUGH COSTS			
29	ANCILLARY SERVICE OTHER PASS THROUGH COSTS			
30	SUBTOTAL		1,309,695	
31	CUSTOMARY CHARGES (TITLE XIX PPS COVERED SERVICES ONLY)			
32	TITLES V OR XIX PPS, LESSER OF LNS 30 OR 31; NON PPS & TITLE XVIII ENTER AMOUNT FROM LINE 30		1,309,695	
33	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)			
	COMPUTATION OF REIMBURSEMENT SETTLEMENT			
34	EXCESS OF REASONABLE COST			
35	SUBTOTAL		1,309,695	
36	COINSURANCE			
37	SUM OF AMOUNTS FROM WKST. E, PARTS C, D & E, LN 19			
38	REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)			
38.01	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS ENDING BEFORE 10/01/05 (SEE INSTRUCTIONS)			
38.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES			
38.03	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS BEGINNING ON OR AFTER 10/01/05 (SEE INSTRUCTIONS)			
39	UTILIZATION REVIEW			
40	SUBTOTAL (SEE INSTRUCTIONS)		1,309,695	
41	INPATIENT ROUTINE SERVICE COST			
42	MEDICARE INPATIENT ROUTINE CHARGES			
43	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS			
44	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT OF PART A SERVICES			
45	RATIO OF LINE 43 TO 44			
46	TOTAL CUSTOMARY CHARGES			
47	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST			
48	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			
49	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION			
50	OTHER ADJUSTMENTS (SPECIFY)			
51	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS			
52	SUBTOTAL		1,309,695	
53	INDIRECT MEDICAL EDUCATION ADJUSTMENT (PPS ONLY)			
54	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS			
55	TOTAL AMOUNT PAYABLE TO THE PROVIDER		1,309,695	
56	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)			
57	INTERIM PAYMENTS		1,361,551	
57.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)			
58	BALANCE DUE PROVIDER/PROGRAM		-51,856	
59	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.			

CALCULATION OF REIMBURSEMENT SETTLEMENT

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

	TITLE XIX	SUBPROVIDER 2	OTHER TITLE V OR TITLE XIX 1	TITLE XVIII SNF PPS 2
1	COMPUTATION OF NET COST OF COVERED SERVICE			
2	INPATIENT HOSPITAL/SNF/NF SERVICES			
3	MEDICAL AND OTHER SERVICES			
4	INTERNS AND RESIDENTS (SEE INSTRUCTIONS)			
5	ORGAN ACQUISITION (CERT TRANSPLANT CENTERS ONLY)			
6	COST OF TEACHING PHYSICIANS (SEE INSTRUCTIONS)			
7	SUBTOTAL			
8	INPATIENT PRIMARY PAYER PAYMENTS			
9	OUTPATIENT PRIMARY PAYER PAYMENTS			
	SUBTOTAL			
	COMPUTATION OF LESSER OF COST OR CHARGES			
	REASONABLE CHARGES			
10	ROUTINE SERVICE CHARGES			
11	ANCILLARY SERVICE CHARGES			
12	INTERNS AND RESIDENTS SERVICE CHARGES			
13	ORGAN ACQUISITION CHARGES, NET OF REVENUE			
14	TEACHING PHYSICIANS			
15	INCENTIVE FROM TARGET AMOUNT COMPUTATION			
16	TOTAL REASONABLE CHARGES			
	CUSTOMARY CHARGES			
17	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR			
18	PAYMENT FOR SERVICES ON A CHARGE BASIS			
	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE			
	FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT			
	BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e)			
19	RATIO OF LINE 17 TO LINE 18			
20	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)			
21	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST			
22	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			
23	COST OF COVERED SERVICES			
	PROSPECTIVE PAYMENT AMOUNT			
24	OTHER THAN OUTLIER PAYMENTS			
25	OUTLIER PAYMENTS			
26	PROGRAM CAPITAL PAYMENTS			
27	CAPITAL EXCEPTION PAYMENTS (SEE INSTRUCTIONS)			
28	ROUTINE SERVICE OTHER PASS THROUGH COSTS			
29	ANCILLARY SERVICE OTHER PASS THROUGH COSTS			
30	SUBTOTAL			
31	CUSTOMARY CHARGES (TITLE XIX PPS COVERED SERVICES ONLY)			
32	TITLES V OR XIX PPS, LESSER OF LNS 30 OR 31; NON PPS & TITLE			
33	XVIII ENTER AMOUNT FROM LINE 30			
	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)			
	COMPUTATION OF REIMBURSEMENT SETTLEMENT			
34	EXCESS OF REASONABLE COST			
35	SUBTOTAL			
36	COINSURANCE			
37	SUM OF AMOUNTS FROM WKST. E, PARTS C, D & E, LN 19			
38	REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)			
38.01	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS ENDING			
	BEFORE 10/01/05 (SEE INSTRUCTIONS)			
38.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES			
38.03	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS BEGINNING			
	ON OR AFTER 10/01/05 (SEE INSTRUCTIONS)			
39	UTILIZATION REVIEW			
40	SUBTOTAL (SEE INSTRUCTIONS)			
41	INPATIENT ROUTINE SERVICE COST			
42	MEDICARE INPATIENT ROUTINE CHARGES			
43	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR			
44	PAYMENT FOR SERVICES ON A CHARGE BASIS			
	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE			
	FOR PAYMENT OF PART A SERVICES			
45	RATIO OF LINE 43 TO 44			
46	TOTAL CUSTOMARY CHARGES			
47	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST			
48	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			
49	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER			
	TERMINATION OR A DECREASE IN PROGRAM UTILIZATION			
50	OTHER ADJUSTMENTS (SPECIFY)			
51	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS			
	RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS			
52	SUBTOTAL			
53	INDIRECT MEDICAL EDUCATION ADJUSTMENT (PPS ONLY)			
54	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS			
55	TOTAL AMOUNT PAYABLE TO THE PROVIDER			
56	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)			
57	INTERIM PAYMENTS			
57.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)			
58	BALANCE DUE PROVIDER/PROGRAM			
59	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS)			
	IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.			

ASSETS		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
CURRENT ASSETS					
1	CASH ON HAND AND IN BANKS	13,430,343			
2	TEMPORARY INVESTMENTS				
3	NOTES RECEIVABLE				
4	ACCOUNTS RECEIVABLE	27,044,091			
5	OTHER RECEIVABLES				
6	LESS: ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE				
7	INVENTORY	5,586,535			
8	PREPAID EXPENSES				
9	OTHER CURRENT ASSETS				
10	DUE FROM OTHER FUNDS				
11	TOTAL CURRENT ASSETS	46,060,969			
FIXED ASSETS					
12	LAND				
12.01	LAND IMPROVEMENTS				
13	LAND IMPROVEMENTS				
13.01	LESS ACCUMULATED DEPRECIATION				
14	BUILDINGS	170,202,056			
14.01	LESS ACCUMULATED DEPRECIATION	-95,685,250			
15	LEASEHOLD IMPROVEMENTS				
15.01	LESS ACCUMULATED DEPRECIATION				
16	FIXED EQUIPMENT				
16.01	LESS ACCUMULATED DEPRECIATION				
17	AUTOMOBILES AND TRUCKS				
17.01	LESS ACCUMULATED DEPRECIATION				
18	MAJOR MOVABLE EQUIPMENT				
18.01	LESS ACCUMULATED DEPRECIATION				
19	MINOR EQUIPMENT DEPRECIABLE				
19.01	LESS ACCUMULATED DEPRECIATION				
20	MINOR EQUIPMENT-NONDEPRECIABLE				
21	TOTAL FIXED ASSETS	74,516,806			
OTHER ASSETS					
22	INVESTMENTS	80,479,288			
23	DEPOSITS ON LEASES				
24	DUE FROM OWNERS/OFFICERS				
25	OTHER ASSETS	3,875,192			
26	TOTAL OTHER ASSETS	84,354,482			
27	TOTAL ASSETS	204,932,257			

BALANCE SHEET

	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
	1	2	3	4
LIABILITIES AND FUND BALANCE				
CURRENT LIABILITIES				
28 ACCOUNTS PAYABLE	5,049,075			
29 SALARIES, WAGES & FEES PAYABLE	10,457,286			
30 PAYROLL TAXES PAYABLE				
31 NOTES AND LOANS PAYABLE (SHORT TERM)	1,462,328			
32 DEFERRED INCOME				
33 ACCELERATED PAYMENTS				
34 DUE TO OTHER FUNDS				
35 OTHER CURRENT LIABILITIES	1,391,391			
36 TOTAL CURRENT LIABILITIES	18,360,080			
LONG TERM LIABILITIES				
37 MORTGAGE PAYABLE				
38 NOTES PAYABLE	44,254,168			
39 UNSECURED LOANS				
40.01 LOANS PRIOR TO 7/1/66				
40.02 ON OR AFTER 7/1/66				
41 OTHER LONG TERM LIABILITIES				
42 TOTAL LONG-TERM LIABILITIES	44,254,168			
43 TOTAL LIABILITIES	62,614,248			
CAPITAL ACCOUNTS				
44 GENERAL FUND BALANCE	142,318,009			
45 SPECIFIC PURPOSE FUND				
46 DONOR CREATED- ENDOWMENT FUND BALANCE- RESTRICTED				
47 DONOR CREATED- ENDOWMENT FUND BALANCE- UNRESTRICT				
48 GOVERNING BODY CREATED- ENDOWMENT FUND BALANCE				
49 PLANT FUND BALANCE-INVESTED IN PLANT				
50 PLANT FUND BALANCE- RESERVE FOR PLANT IMPROVEMENT, REPLACEMENT AND EXPANSION				
51 TOTAL FUND BALANCES	142,318,009			
52 TOTAL LIABILITIES AND FUND BALANCES	204,932,257			

STATEMENT OF CHANGES IN FUND BALANCES

I	PROVIDER NO:	I	PERIOD:	I	PREPARED
I	15-0006	I	FROM 1/ 1/2007	I	5/22/2008
I		I	TO 12/31/2007	I	WORKSHEET G-1

	GENERAL FUND		SPECIFIC PURPOSE FUND	
	1	2	3	4
1	FUND BALANCE AT BEGINNING			
	OF PERIOD	117,349,621		
2	NET INCOME (LOSS)	25,153,030		
3	TOTAL	142,502,651		
4	ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)			
5	CHANGE IN NET UNREALIZED			
6	CHANGE IN MINIMUM PENSION			
7	CONTRIBUTIONS FOR CAPITAL			
8	INTEREST IN LAPORTE FOUND			
9				
10	TOTAL ADDITIONS			
11	SUBTOTAL	142,502,651		
12	DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)			
	OTHER RECONCILING ITEM	184,642		
13	CHANGE IN INVESTMENTS-UNR			
14	MIN PENSION LIABILITY			
15				
16				
17				
18	TOTAL DEDUCTIONS	184,642		
19	FUND BALANCE AT END OF	142,318,009		
	PERIOD PER BALANCE SHEET			

	ENDOWMENT FUND		PLANT FUND	
	5	6	7	8
1	FUND BALANCE AT BEGINNING			
	OF PERIOD			
2	NET INCOME (LOSS)			
3	TOTAL			
4	ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)			
5	CHANGE IN NET UNREALIZED			
6	CHANGE IN MINIMUM PENSION			
7	CONTRIBUTIONS FOR CAPITAL			
8	INTEREST IN LAPORTE FOUND			
9				
10	TOTAL ADDITIONS			
11	SUBTOTAL			
12	DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)			
	OTHER RECONCILING ITEM			
13	CHANGE IN INVESTMENTS-UNR			
14	MIN PENSION LIABILITY			
15				
16				
17				
18	TOTAL DEDUCTIONS			
19	FUND BALANCE AT END OF			
	PERIOD PER BALANCE SHEET			

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

PROVIDER NO: 15-0006
 PERIOD: FROM 1/1/2007 TO 12/31/2007
 PREPARED 5/22/2008
 WORKSHEET G-2
 PARTS I & II

PART I - PATIENT REVENUES

REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3
GENERAL INPATIENT ROUTINE CARE SERVICES			
1 00 HOSPITAL	18,132,237		18,132,237
2 00 SUBPROVIDER	3,932,282		3,932,282
2 01 SUBPROVIDER II	1,227,870		1,227,870
4 00 SWING BED - SNF			
5 00 SWING BED - NF			
6 00 SKILLED NURSING FACILITY	3,791,435		3,791,435
7 00 NURSING FACILITY	1,441,928		1,441,928
8 00 OTHER LONG TERM CARE			
9 00 TOTAL GENERAL INPATIENT ROUTINE CARE INTENSIVE CARE TYPE INPATIENT HOSPITAL SVCS	28,525,752		28,525,752
10 00 INTENSIVE CARE UNIT	8,566,917		8,566,917
15 00 TOTAL INTENSIVE CARE TYPE INPAT HOSP	8,566,917		8,566,917
16 00 TOTAL INPATIENT ROUTINE CARE SERVICE	37,092,669		37,092,669
17 00 ANCILLARY SERVICES	121,964,588		121,964,588
18 00 OUTPATIENT SERVICES		163,298,274	163,298,274
18 50 RHC			
18 60 FQHC			
19 00 HOME HEALTH AGENCY			
24 00 NRCC & PC		4,493,789	4,493,789
25 00 TOTAL PATIENT REVENUES	159,057,257	167,792,063	326,849,320

PART II - OPERATING EXPENSES

26 00 OPERATING EXPENSES		135,901,100	
ADD (SPECIFY)			
27 00			
28 00 BAD DEBT EXPENSE			
29 00 OTHER ENTITIES NOT ON COST REPORT	138,801		
30 00			
31 00			
32 00			
33 00 TOTAL ADDITIONS		138,801	
DEDUCT (SPECIFY)			
34 00			
35 00			
36 00			
37 00			
38 00			
39 00 TOTAL DEDUCTIONS			
40 00 TOTAL OPERATING EXPENSES		136,039,901	

STATEMENT OF REVENUES AND EXPENSES

PROVIDER NO:	PERIOD:	PREPARED
15-0006	FROM 1/ 1/2007	5/22/2008
	TO 12/31/2007	WORKSHEET G-3

DESCR IPTION

1	TOTAL PATIENT REVENUES	326,849,320
2	LESS: ALLOWANCES AND DISCOUNTS ON	
3	NET PATIENT REVENUES	177,581,245
4	LESS: TOTAL OPERATING EXPENSES	149,268,075
5	NET INCOME FROM SERVICE TO PATIENT	136,039,901
	OTHER INCOME	13,228,174
6	CONTRIBUTIONS, DONATIONS, BEQUES	
7	INCOME FROM INVESTMENTS	8,318,206
8	REVENUE FROM TELEPHONE AND TELEG	
9	REVENUE FROM TELEVISION AND RADI	
10	PURCHASE DISCOUNTS	
11	REBATES AND REFUNDS OF EXPENSES	
12	PARKING LOT RECEIPTS	
13	REVENUE FROM LAUNDRY AND LINEN S	
14	REVENUE FROM MEALS SOLD TO EMPLO	
15	REVENUE FROM RENTAL OF LIVING QU	
16	REVENUE FROM SALE OF MEDICAL & S	
	TO OTHER THAN PATIENTS	
17	REVENUE FROM SALE OF DRUGS TO OT	
18	REVENUE FROM SALE OF MEDICAL REC	
19	TUTION (FEES, SALE OF TEXTBOOKS	
20	REVENUE FROM GIFTS, FLOWER, COFFE	
21	RENTAL OF VENDING MACHINES	
22	RENTAL OF HOSPITAL SPACE	
23	GOVERNMENTAL APPROPRIATIONS	
24	THERAPY CONTRACTS	
24.01	MEALS ON WHEELS	
24.02	SALE OF SCRAP	
24.03	OTHER DIETARY INCOME	
24.04	WELLNESS RESOURCE CENTER	
24.05	OTHER INCOME	3,606,650
24.06	OTHER NON OPERATING G & L	
25	TOTAL OTHER INCOME	11,924,856
26	TOTAL	25,153,030
	OTHER EXPENSES	
27		
27.01	OTHER NONOPERATING G/L	
27.02	OTHER EXPENSE ENTRY-PLUG	
28		
29		
30	TOTAL OTHER EXPENSES	
31	NET INCOME (OR LOSS) FOR THE PERIO	25,153,030

CALCULATION OF CAPITAL PAYMENT

I	PROVIDER NO:	I	PERIOD:	I	PREPARED	5/22/2008
I	15-0006	I	FROM 1/1/2007	I	WORKSHEET L	
I	COMPONENT NO:	I	TO 12/31/2007	I	PARTS I-IV	
I	15-0006	I		I		

TITLE XVIII, PART A

HOSPITAL

FULLY PROSPECTIVE METHOD

PART I - FULLY PROSPECTIVE METHOD		
1	CAPITAL HOSPITAL SPECIFIC RATE PAYMENTS	
	CAPITAL FEDERAL AMOUNT	
2	CAPITAL DRG OTHER THAN OUTLIER	1,348,528
3	CAPITAL DRG OUTLIER PAYMENTS PRIOR TO 10/01/1997	
3.01	CAPITAL DRG OUTLIER PAYMENTS AFTER 10/01/1997	125,740
	INDIRECT MEDICAL EDUCATION ADJUSTMENT	
4	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS	54.99
	IN THE COST REPORTING PERIOD	
4.01	NUMBER OF INTERNS AND RESIDENTS	.00
	(SEE INSTRUCTIONS)	
4.02	INDIRECT MEDICAL EDUCATION PERCENTAGE	.00
4.03	INDIRECT MEDICAL EDUCATION ADJUSTMENT	
	(SEE INSTRUCTIONS)	
5	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO	2.15
	MEDI CARE PART A PATIENT DAYS	
5.01	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL	14.53
	DAYS REPORTED ON S-3, PART I	
5.02	SUM OF 5 AND 5.01	16.68
5.03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE	3.44
5.04	DISPROPORTIONATE SHARE ADJUSTMENT	46,389
6	TOTAL PROSPECTIVE CAPITAL PAYMENTS	1,520,657
PART II - HOLD HARMLESS METHOD		
1	NEW CAPITAL	
2	OLD CAPITAL	
3	TOTAL CAPITAL	
4	RATIO OF NEW CAPITAL TO OLD CAPITAL	.000000
5	TOTAL CAPITAL PAYMENTS UNDER 100% FEDERAL RATE	
6	REDUCTION FACTOR FOR HOLD HARMLESS PAYMENT	
7	REDUCED OLD CAPITAL AMOUNT	
8	HOLD HARMLESS PAYMENT FOR NEW CAPITAL	
9	SUBTOTAL	
10	PAYMENT UNDER HOLD HARMLESS	
PART III - PAYMENT UNDER REASONABLE COST		
1	PROGRAM INPATIENT ROUTINE CAPITAL COST	
2	PROGRAM INPATIENT ANCILLARY CAPITAL COST	
3	TOTAL INPATIENT PROGRAM CAPITAL COST	
4	CAPITAL COST PAYMENT FACTOR	
5	TOTAL INPATIENT PROGRAM CAPITAL COST	
PART IV - COMPUTATION OF EXCEPTION PAYMENTS		
1	PROGRAM INPATIENT CAPITAL COSTS	
2	PROGRAM INPATIENT CAPITAL COSTS FOR EXTRAORDINARY	
	CIRCUMSTANCES	
3	NET PROGRAM INPATIENT CAPITAL COSTS	
4	APPLICABLE EXCEPTION PERCENTAGE	.00
5	CAPITAL COST FOR COMPARISON TO PAYMENTS	
6	PERCENTAGE ADJUSTMENT FOR EXTRAORDINARY	.00
	CIRCUMSTANCES	
7	ADJUSTMENT TO CAPITAL MINIMUM PAYMENT LEVEL	
	FOR EXTRAORDINARY CIRCUMSTANCES	
8	CAPITAL MINIMUM PAYMENT LEVEL	
9	CURRENT YEAR CAPITAL PAYMENTS	
10	CURRENT YEAR COMPARISON OF CAPITAL MINIMUM PAYMENT	
	LEVEL TO CAPITAL PAYMENTS	
11	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT	
	LEVEL OVER CAPITAL PAYMENT	
12	NET COMPARISON OF CAPITAL MINIMUM PAYMENT LEVEL	
	TO CAPITAL PAYMENTS	
13	CURRENT YEAR EXCEPTION PAYMENT	
14	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT	
	LEVEL OVER CAPITAL PAYMENT FOR FOLLOWING PERIOD	
15	CUR YEAR ALLOWABLE OPERATING AND CAPITAL PAYMENT	
16	CURRENT YEAR OPERATING AND CAPITAL COSTS	
17	CURRENT YEAR EXCEPTION OFFSET AMOUNT	
	(SEE INSTRUCTIONS)	

CALCULATION OF CAPITAL PAYMENT

I	PROVIDER NO:	I	PERIOD:	I	PREPARED	5/22/2008
I	15-0006	I	FROM 1/1/2007	I	WORKSHEET L	
I	COMPONENT NO:	I	TO 12/31/2007	I	PARTS I-IV	
I	15-S006	I		I		

TITLE XVIII, PART A

SUBPROVIDER 1

FULLY PROSPECTIVE METHOD

PART I - FULLY PROSPECTIVE METHOD	
1 CAPITAL HOSPITAL SPECIFIC RATE PAYMENTS	
CAPITAL FEDERAL AMOUNT	
2 CAPITAL DRG OTHER THAN OUTLIER	
3 CAPITAL DRG OUTLIER PAYMENTS PRIOR TO 10/01/1997	
3 .01 CAPITAL DRG OUTLIER PAYMENTS AFTER 10/01/1997	
INDIRECT MEDICAL EDUCATION ADJUSTMENT	
4 TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS	54.99
IN THE COST REPORTING PERIOD	
4 .01 NUMBER OF INTERNS AND RESIDENTS	.00
(SEE INSTRUCTIONS)	
4 .02 INDIRECT MEDICAL EDUCATION PERCENTAGE	.00
4 .03 INDIRECT MEDICAL EDUCATION ADJUSTMENT	
(SEE INSTRUCTIONS)	
5 PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO	1.96
MEDI CARE PART A PATIENT DAYS	
5 .01 PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL	14.53
DAYS REPORTED ON S-3, PART I	
5 .02 SUM OF 5 AND 5.01	16.49
5 .03 ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE	3.40
5 .04 DISPROPORTIONATE SHARE ADJUSTMENT	
6 TOTAL PROSPECTIVE CAPITAL PAYMENTS	
PART II - HOLD HARMLESS METHOD	
1 NEW CAPITAL	
2 OLD CAPITAL	
3 TOTAL CAPITAL	
4 RATIO OF NEW CAPITAL TO OLD CAPITAL	.000000
5 TOTAL CAPITAL PAYMENTS UNDER 100% FEDERAL RATE	
6 REDUCTION FACTOR FOR HOLD HARMLESS PAYMENT	
7 REDUCED OLD CAPITAL AMOUNT	
8 HOLD HARMLESS PAYMENT FOR NEW CAPITAL	
9 SUBTOTAL	
10 PAYMENT UNDER HOLD HARMLESS	
PART III - PAYMENT UNDER REASONABLE COST	
1 PROGRAM INPATIENT ROUTINE CAPITAL COST	
2 PROGRAM INPATIENT ANCILLARY CAPITAL COST	
3 TOTAL INPATIENT PROGRAM CAPITAL COST	
4 CAPITAL COST PAYMENT FACTOR	
5 TOTAL INPATIENT PROGRAM CAPITAL COST	
PART IV - COMPUTATION OF EXCEPTION PAYMENTS	
1 PROGRAM INPATIENT CAPITAL COSTS	
2 PROGRAM INPATIENT CAPITAL COSTS FOR EXTRAORDINARY	
CIRCUMSTANCES	
3 NET PROGRAM INPATIENT CAPITAL COSTS	
4 APPLICABLE EXCEPTION PERCENTAGE	.00
5 CAPITAL COST FOR COMPARISON TO PAYMENTS	
6 PERCENTAGE ADJUSTMENT FOR EXTRAORDINARY	.00
CIRCUMSTANCES	
7 ADJUSTMENT TO CAPITAL MINIMUM PAYMENT LEVEL	
FOR EXTRAORDINARY CIRCUMSTANCES	
8 CAPITAL MINIMUM PAYMENT LEVEL	
9 CURRENT YEAR CAPITAL PAYMENTS	
10 CURRENT YEAR COMPARISON OF CAPITAL MINIMUM PAYMENT	
LEVEL TO CAPITAL PAYMENTS	
11 CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT	
LEVEL OVER CAPITAL PAYMENT	
12 NET COMPARISON OF CAPITAL MINIMUM PAYMENT LEVEL	
TO CAPITAL PAYMENTS	
13 CURRENT YEAR EXCEPTION PAYMENT	
14 CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT	
LEVEL OVER CAPITAL PAYMENT FOR FOLLOWING PERIOD	
15 CUR YEAR ALLOWABLE OPERATING AND CAPITAL PAYMENT	
16 CURRENT YEAR OPERATING AND CAPITAL COSTS	
17 CURRENT YEAR EXCEPTION OFFSET AMOUNT	
(SEE INSTRUCTIONS)	

CALCULATION OF CAPITAL PAYMENT

I	PROVIDER NO:	I	PERIOD:	I	PREPARED	5/22/2008
I	15-0006	I	FROM 1/1/2007	I	WORKSHEET L	
I	COMPONENT NO:	I	TO 12/31/2007	I	PARTS I-IV	
I	15-T006	I		I		

TITLE XVIII, PART A

SUBPROVIDER 2

FULLY PROSPECTIVE METHOD

PART I - FULLY PROSPECTIVE METHOD		
1	CAPITAL HOSPITAL SPECIFIC RATE PAYMENTS	
	CAPITAL FEDERAL AMOUNT	
2	CAPITAL DRG OTHER THAN OUTLIER	
3	CAPITAL DRG OUTLIER PAYMENTS PRIOR TO 10/01/1997	
3 .01	CAPITAL DRG OUTLIER PAYMENTS AFTER 10/01/1997	
	INDIRECT MEDICAL EDUCATION ADJUSTMENT	
4	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS	54.99
	IN THE COST REPORTING PERIOD	
4 .01	NUMBER OF INTERNS AND RESIDENTS	.00
	(SEE INSTRUCTIONS)	
4 .02	INDIRECT MEDICAL EDUCATION PERCENTAGE	.00
4 .03	INDIRECT MEDICAL EDUCATION ADJUSTMENT	
	(SEE INSTRUCTIONS)	
5	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO	2.61
	MEDI CARE PART A PATIENT DAYS	
5 .01	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL	14.53
	DAYS REPORTED ON S-3, PART I	
5 .02	SUM OF 5 AND 5.01	17.14
5 .03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE	3.53
5 .04	DISPROPORTIONATE SHARE ADJUSTMENT	
6	TOTAL PROSPECTIVE CAPITAL PAYMENTS	
PART II - HOLD HARMLESS METHOD		
1	NEW CAPITAL	
2	OLD CAPITAL	
3	TOTAL CAPITAL	
4	RATIO OF NEW CAPITAL TO OLD CAPITAL	.000000
5	TOTAL CAPITAL PAYMENTS UNDER 100% FEDERAL RATE	
6	REDUCTION FACTOR FOR HOLD HARMLESS PAYMENT	
7	REDUCED OLD CAPITAL AMOUNT	
8	HOLD HARMLESS PAYMENT FOR NEW CAPITAL	
9	SUBTOTAL	
10	PAYMENT UNDER HOLD HARMLESS	
PART III - PAYMENT UNDER REASONABLE COST		
1	PROGRAM INPATIENT ROUTINE CAPITAL COST	
2	PROGRAM INPATIENT ANCILLARY CAPITAL COST	
3	TOTAL INPATIENT PROGRAM CAPITAL COST	
4	CAPITAL COST PAYMENT FACTOR	
5	TOTAL INPATIENT PROGRAM CAPITAL COST	
PART IV - COMPUTATION OF EXCEPTION PAYMENTS		
1	PROGRAM INPATIENT CAPITAL COSTS	
2	PROGRAM INPATIENT CAPITAL COSTS FOR EXTRAORDINARY	
	CIRCUMSTANCES	
3	NET PROGRAM INPATIENT CAPITAL COSTS	
4	APPLICABLE EXCEPTION PERCENTAGE	.00
5	CAPITAL COST FOR COMPARISON TO PAYMENTS	
6	PERCENTAGE ADJUSTMENT FOR EXTRAORDINARY	.00
	CIRCUMSTANCES	
7	ADJUSTMENT TO CAPITAL MINIMUM PAYMENT LEVEL	
	FOR EXTRAORDINARY CIRCUMSTANCES	
8	CAPITAL MINIMUM PAYMENT LEVEL	
9	CURRENT YEAR CAPITAL PAYMENTS	
10	CURRENT YEAR COMPARISON OF CAPITAL MINIMUM PAYMENT	
	LEVEL TO CAPITAL PAYMENTS	
11	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT	
	LEVEL OVER CAPITAL PAYMENT	
12	NET COMPARISON OF CAPITAL MINIMUM PAYMENT LEVEL	
	TO CAPITAL PAYMENTS	
13	CURRENT YEAR EXCEPTION PAYMENT	
14	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT	
	LEVEL OVER CAPITAL PAYMENT FOR FOLLOWING PERIOD	
15	CUR YEAR ALLOWABLE OPERATING AND CAPITAL PAYMENT	
16	CURRENT YEAR OPERATING AND CAPITAL COSTS	
17	CURRENT YEAR EXCEPTION OFFSET AMOUNT	
	(SEE INSTRUCTIONS)	

BALANCE SHEET

I PROVIDER NO: I PERIOD: I PREPARED 2/20/2009
 I 15-0006 I FROM 1/ 1/2007 I
 I TO 12/31/2007 I WORKSHEET G

	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
ASSETS	1	2	3	4
CURRENT ASSETS				
1 CASH ON HAND AND IN BANKS	13,430,343			
2 TEMPORARY INVESTMENTS				
3 NOTES RECEIVABLE				
4 ACCOUNTS RECEIVABLE	27,044,091			
5 OTHER RECEIVABLES				
6 LESS: ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE				
7 INVENTORY	5,586,535			
8 PREPAID EXPENSES				
9 OTHER CURRENT ASSETS				
10 DUE FROM OTHER FUNDS				
11 TOTAL CURRENT ASSETS	46,060,969			
FIXED ASSETS				
12 LAND				
12.01 LAND IMPROVEMENTS				
13 LESS ACCUMULATED DEPRECIATION				
14 BUILDINGS	170,202,056			
14.01 LESS ACCUMULATED DEPRECIATION	-95,685,250			
15 LEASEHOLD IMPROVEMENTS				
15.01 LESS ACCUMULATED DEPRECIATION				
16 FIXED EQUIPMENT				
16.01 LESS ACCUMULATED DEPRECIATION				
17 AUTOMOBILES AND TRUCKS				
17.01 LESS ACCUMULATED DEPRECIATION				
18 MAJOR MOVABLE EQUIPMENT				
18.01 LESS ACCUMULATED DEPRECIATION				
19 MINOR EQUIPMENT DEPRECIABLE				
19.01 LESS ACCUMULATED DEPRECIATION				
20 MINOR EQUIPMENT-NONDEPRECIABLE				
21 TOTAL FIXED ASSETS	74,516,806			
OTHER ASSETS				
22 INVESTMENTS	80,479,288			
23 DEPOSITS ON LEASES	2			
24 DUE FROM OWNERS/OFFICERS				
25 OTHER ASSETS	3,875,192			
26 TOTAL OTHER ASSETS	84,354,482			
27 TOTAL ASSETS	204,932,257			

	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
LIABILITIES AND FUND BALANCE	1	2	3	4
CURRENT LIABILITIES				
28 ACCOUNTS PAYABLE	5,049,075			
29 SALARIES, WAGES & FEES PAYABLE	10,457,286			
30 PAYROLL TAXES PAYABLE				
31 NOTES AND LOANS PAYABLE (SHORT TERM)	1,462,328			
32 DEFERRED INCOME				
33 ACCELERATED PAYMENTS				
34 DUE TO OTHER FUNDS				
35 OTHER CURRENT LIABILITIES	1,391,391			
36 TOTAL CURRENT LIABILITIES	18,360,080			
LONG TERM LIABILITIES				
37 MORTGAGE PAYABLE				
38 NOTES PAYABLE	44,254,168			
39 UNSECURED LOANS				
40.01 LOANS PRIOR TO 7/1/66				
40.02 ON OR AFTER 7/1/66				
41 OTHER LONG TERM LIABILITIES				
42 TOTAL LONG-TERM LIABILITIES	44,254,168			
43 TOTAL LIABILITIES	62,614,248			
CAPITAL ACCOUNTS				
44 GENERAL FUND BALANCE	142,318,009			
45 SPECIFIC PURPOSE FUND				
46 DONOR CREATED- ENDOWMENT FUND BALANCE- RESTRICTED				
47 DONOR CREATED- ENDOWMENT FUND BALANCE- UNRESTRICT				
48 GOVERNING BODY CREATED- ENDOWMENT FUND BALANCE				
49 PLANT FUND BALANCE-INVESTED IN PLANT				
50 PLANT FUND BALANCE- RESERVE FOR PLANT IMPROVEMENT, REPLACEMENT AND EXPANSION				
51 TOTAL FUND BALANCES	142,318,009			
52 TOTAL LIABILITIES AND FUND BALANCES	204,932,257			

STATEMENT OF CHANGES IN FUND BALANCES

	GENERAL FUND		SPECIFIC PURPOSE FUND	
	1	2	3	4
1 FUND BALANCE AT BEGINNING OF PERIOD		117,349,621		
2 NET INCOME (LOSS)		25,153,030		
3 TOTAL		142,502,651		
4 ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
5 CHNAGE IN NET UNREALIZED				
6 CHANGE IN MINIMUM PENSION				
7 CONTRIBUTIONS FOR CAPITAL				
8 INTEREST IN LAPORTE FOUND				
9				
10 TOTAL ADDITIONS				
11 SUBTOTAL		142,502,651		
12 DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
13 OTHER RECONCILING ITEM		184,642		
14 CHANGE IN INVESTMENTS-UNR				
15 MIN PENSION LIABILITY				
16				
17				
18 TOTAL DEDUCTIONS		184,642		
19 FUND BALANCE AT END OF PERIOD PER BALANCE SHEET		142,318,009		

	ENDOWMENT FUND		PLANT FUND	
	5	6	7	8
1 FUND BALANCE AT BEGINNING OF PERIOD				
2 NET INCOME (LOSS)				
3 TOTAL				
4 ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
5 CHNAGE IN NET UNREALIZED				
6 CHANGE IN MINIMUM PENSION				
7 CONTRIBUTIONS FOR CAPITAL				
8 INTEREST IN LAPORTE FOUND				
9				
10 TOTAL ADDITIONS				
11 SUBTOTAL				
12 DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
13 OTHER RECONCILING ITEM				
14 CHANGE IN INVESTMENTS-UNR				
15 MIN PENSION LIABILITY				
16				
17				
18 TOTAL DEDUCTIONS				
19 FUND BALANCE AT END OF PERIOD PER BALANCE SHEET				

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

I PROVIDER NO: 15-0006 I PERIOD: FROM 1/ 1/2007 TO 12/31/2007 I PREPARED 2/20/2009 I WORKSHEET G-2 I PARTS I & II

PART I - PATIENT REVENUES

REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3
GENERAL INPATIENT ROUTINE CARE SERVICES			
1 00 HOSPITAL	18,132,237		18,132,237
2 00 SUBPROVIDER	3,932,282		3,932,282
2 01 SUBPROVIDER II	1,227,870		1,227,870
4 00 SWING BED - SNF			
5 00 SWING BED - NF			
6 00 SKILLED NURSING FACILITY	3,791,435		3,791,435
7 00 NURSING FACILITY	1,441,928		1,441,928
8 00 OTHER LONG TERM CARE			
9 00 TOTAL GENERAL INPATIENT ROUTINE CARE	28,525,752		28,525,752
INTENSIVE CARE TYPE INPATIENT HOSPITAL SVCS			
10 00 INTENSIVE CARE UNIT	8,566,917		8,566,917
15 00 TOTAL INTENSIVE CARE TYPE INPAT HOSP	8,566,917		8,566,917
16 00 TOTAL INPATIENT ROUTINE CARE SERVICE	37,092,669		37,092,669
17 00 ANCILLARY SERVICES	116,731,225		116,731,225
18 00 OUTPATIENT SERVICES		168,531,637	168,531,637
18 50 RHC			
18 60 FQHC			
19 00 HOME HEALTH AGENCY		4,493,789	4,493,789
24 00 NRCC & PC			
25 00 TOTAL PATIENT REVENUES	153,823,894	173,025,426	326,849,320

PART II-OPERATING EXPENSES

26 00 OPERATING EXPENSES		135,901,100	
ADD (SPECIFY)			
27 00 ADD (SPECIFY)			
28 00 BAD DEBT EXPENSE			
29 00 OTHER ENTITIES NOT ON COST REPORT	138,801		
30 00			
31 00			
32 00			
33 00 TOTAL ADDITIONS		138,801	
DEDUCT (SPECIFY)			
34 00 DEDUCT (SPECIFY)			
35 00			
36 00			
37 00			
38 00			
39 00 TOTAL DEDUCTIONS			
40 00 TOTAL OPERATING EXPENSES		136,039,901	

STATEMENT OF REVENUES AND EXPENSES

I PROVIDER NO: I PERIOD: I PREPARED 2/20/2009
 I 15-0006 I FROM 1/ 1/2007 I WORKSHEET G-3
 I I TO 12/31/2007 I

DESCRIPTION		
1	TOTAL PATIENT REVENUES	326,849,320
2	LESS: ALLOWANCES AND DISCOUNTS ON	177,581,245
3	NET PATIENT REVENUES	149,268,075
4	LESS: TOTAL OPERATING EXPENSES	136,039,901
5	NET INCOME FROM SERVICE TO PATIENT	13,228,174
	OTHER INCOME	
6	CONTRIBUTIONS, DONATIONS, BEQUES	
7	INCOME FROM INVESTMENTS	8,318,206
8	REVENUE FROM TELEPHONE AND TELEG	
9	REVENUE FROM TELEVISION AND RADI	
10	PURCHASE DISCOUNTS	
11	REBATES AND REFUNDS OF EXPENSES	
12	PARKING LOT RECEIPTS	
13	REVENUE FROM LAUNDRY AND LINEN S	
14	REVENUE FROM MEALS SOLD TO EMPLO	
15	REVENUE FROM RENTAL OF LIVING QU	
16	REVENUE FROM SALE OF MEDICAL & S	
	TO OTHER THAN PATIENTS	
17	REVENUE FROM SALE OF DRUGS TO OT	
18	REVENUE FROM SALE OF MEDICAL REC	
19	TUITION (FEES, SALE OF TEXTBOOKS	
20	REVENUE FROM GIFTS, FLOWER, COFFE	
21	RENTAL OF VENDING MACHINES	
22	RENTAL OF HOSPITAL SPACE	
23	GOVERNMENTAL APPROPRIATIONS	
24	THERAPY CONTRACTS	
24.01	MEALS ON WHEELS	
24.02	SALE OF SCRAP	
24.03	OTHER DIETARY INCOME	
24.04	WELLNESS RESOURCE CENTER	
24.05	OTHER INCOME	3,606,650
24.06	OTHER NON OPERATING G & L	
25	TOTAL OTHER INCOME	11,924,856
26	TOTAL	25,153,030
	OTHER EXPENSES	
27		
27.01	OTHER NONOPERATING G/L	
27.02	OTHER EXPENSE ENTRY-PLUG	
28		
29		
30	TOTAL OTHER EXPENSES	
31	NET INCOME (OR LOSS) FOR THE PERIO	25,153,030

LA PORTE HOSPITAL AND HEALTH SERVICES

Balance Sheet

12/31/07

ASSETS	Current Year	Prior Year
Current Assets:		
Cash and Short Term Investments	13,430,343 ✓	26,361,585
Net Receivables	27,044,091 ✓	23,102,817
Inventories, Prepaid Expense and Other	5,586,535 ✓	6,488,987
Funds Held by Trustee-Current Portion	-	-
Total Current Assets	<u>46,060,970</u>	<u>55,953,389</u>
Funds Held by Trustee Less Current Portion	-	-
Board designated Investments	80,479,288	60,940,497
Property, Plant and Equipment		
Property, Plant and Equipment	170,202,056	156,765,875
Less Accumulated Depreciation	<u>(95,685,250)</u>	<u>(87,714,743)</u>
Net Property, Plant and Equipment	74,516,806 ✓	69,051,131
Other Noncurrent Assets:		
Advances to LRPN	-	-
Deferred Financing Costs	-	-
Other Noncurrent Assets	<u>3,875,192</u>	<u>352,994</u>
Total Other Assets	3,875,192 ✓	352,994
TOTAL ASSETS	<u><u>204,932,257</u></u>	<u><u>186,298,012</u></u>

LIABILITIES AND FUND BALANCES

Current Liabilities		
Current Install. Long-term Debt	1,462,328 ✓	1,414,477
Accounts Payable	5,049,075 ✓	5,254,521
Salaries, Wages and Rel. Liab.	10,457,286 ✓	9,160,774
Estimated Third-Party Settlement	680,258	539,405
Accrued Interest	239,279	231,081
Other Current Liabilities	<u>471,854</u>	<u>686,586</u>
Total Current Liabilities	18,360,080 ✓	17,286,843
Long-Term Debt Less Current Installments	44,254,168 ✓	51,661,548
Due to LRPN	-	-
Fund Balance	<u>142,318,009 ✓</u>	<u>117,349,621</u>
TOTAL LIABILITIES AND FUND BALANCE	<u><u>204,932,257</u></u>	<u><u>186,298,012</u></u>
	(0)	-

LA PORTE HOSPITAL AND HEALTH SERVICES
Statement of Operations and Changes in Net assets
For the Month and Year to Date Ended 12/31/07

	Month			Year to Date			Prior Year	
	Actual	Budget	Variance	Actual	Budget	Variance	Month	Year to Date
Inpatient Revenue	13,606,732	13,791,472	(184,740)	153,823,894	162,377,452	(8,553,558)	10,245,020	149,254,554
Outpatient Revenue	13,039,061	12,950,064	88,997	163,829,802	152,427,792	11,402,010	12,064,560	144,579,314
Other Patient Revenue	687,340	891,131	(203,791)	9,195,623	10,466,632	(1,271,009)	871,408	9,300,690
Total Patient Service Revenues	27,333,133	27,632,667	(299,534)	326,849,320	325,271,876	1,577,444	23,180,989	303,134,558
Contractual Allowances	11,389,604	11,996,995	607,391	138,481,348	141,234,209	2,752,861	9,250,112	128,280,770
Charity Care	164,594	580,145	415,551	5,853,017	6,830,709	977,692	768,232	5,994,157
Managed Care Contractuals	2,307,908	2,517,872	209,964	30,586,157	29,638,469	(947,688)	2,424,291	27,930,244
Other	212,680	144,231	(68,449)	2,660,722	1,698,180	(962,542)	143,849	1,747,819
Total Deductions from Revenue	14,074,785	15,239,243	1,164,458	177,581,245	179,401,567	1,820,322	12,586,484	163,952,989
Percent to Revenue	51.49%	55.15%	3.66%	54.33%	55.15%	0.82%	54.30%	54.09%
Net Patient Service Revenues	13,258,348	12,393,424	864,924	149,268,075	145,870,309	3,397,766	10,594,504	139,181,569
Other Operating Revenue	533,394	289,686	243,708	3,606,650	3,402,012	204,638	232,746	3,369,328
Total Operating Revenue	13,791,742	12,683,110	1,108,632	152,874,725	149,272,321	3,602,404	10,827,250	142,550,897
Operating Expenses								
Salaries	4,770,575	4,239,887	(530,688)	52,038,619	49,917,944	(2,120,675)	4,703,865	48,937,758
Benefits	693,027	1,438,359	745,332	15,405,084	17,377,810	1,972,726	1,548,674	17,111,588
Professional Fees	381,831	393,469	11,638	4,983,443	4,550,987	(432,456)	357,873	3,959,053
Supplies	1,680,285	1,598,447	(81,838)	19,495,722	18,915,820	(579,902)	1,501,301	18,917,626
Purchased Services	773,534	997,886	224,352	11,409,744	11,696,221	286,477	1,066,672	10,623,510
Utilities	186,881	319,051	132,170	2,736,094	2,924,250	188,156	174,905	2,754,974
Other	329,666	348,753	19,087	3,402,210	4,067,148	664,938	243,056	3,158,732
Depreciation	854,507	913,386	58,879	10,696,732	10,961,632	264,900	908,547	9,638,540
Interest	175,117	209,778	34,661	2,370,242	2,470,000	99,758	160,363	2,280,947
Provision for bad debts	2,088,825	1,312,227	(776,598)	13,502,012	15,450,414	1,948,402	405,859	13,912,208
Total Operating Expenses	11,934,248	11,771,243	(163,005)	136,039,901	138,332,226	2,292,325	11,071,116	131,294,937
Income From Operations	1,857,494	911,867	945,627	16,834,824	10,940,095	5,894,729	(243,866)	11,255,960
Non-operating Income	4,418,722	194,528	4,224,194	8,338,206	2,305,511	6,032,695	1,775,357	3,926,347
Excess of Revenues Over Expenses	6,276,215	1,106,395	5,169,820	25,153,030	13,245,606	11,907,424	1,531,491	15,182,307