

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	15-0024	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: 5/30/2008 TIME 15:47

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:

WISHARD MEMORIAL HOSPITAL 15-0024
 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	43,986		398,419	-29,604,800
2 SUBPROVIDER	0	-234,644		0	0
2 .01 SUBPROVIDER II	0	-18,076		0	-2,317,779
5 HOSPITAL-BASED SNF	0	2,370		0	0
100 TOTAL	0	-206,364		398,419	-31,922,579

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: 1001 W 10TH STREET P. O. BOX:
 1.01 CITY: INDIANAPOLIS STATE: IN ZIP CODE: 46202- COUNTY: MARION

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION:

COMPONENT	COMPONENT NAME	PROVIDER NO.	NPI NUMBER	DATE CERTIFIED	PAYMENT SYSTEM (P, T, O OR N)
02.00 HOSPITAL	WISHARD MEMORIAL HOSPITAL	15-0024	2.01	7/1/1966	V XVIII XIX
03.00 SUBPROVIDER	PSYCHIATRIC	15-S024		1/1/1984	N P P
03.01 SUBPROVIDER 2	BURN UNIT	15-T024		1/1/1985	N T P
06.00 HOSPITAL-BASED SNF	LOCKEFIELD VILLAGE	15-5021		1/1/1967	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 11	5

OTHER INFORMATION

- 21 INDICATE IF YOUR HOSPITAL IS EITHER (1) URBAN OR (2) RURAL AT THE END OF THE COST REPORT PERIOD IN COLUMN 1. IF YOUR HOSPITAL IS GEOGRAPHICALLY CLASSIFIED OR LOCATED IN A RURAL AREA, IS YOUR BED SIZE IN ACCORDANCE WITH CFR 42.105 LESS THAN OR EQUAL TO 100 BEDS, ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO.
- 21.01 DOES YOUR FACILITY QUALIFY AND IS CURRENTLY RECEIVING PAYMENT FOR DISPROPORTIONATE SHARE HOSPITAL ADJUSTMENT IN ACCORDANCE WITH 42 CFR 412.106? 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).
- 21.03 ENTER IN COLUMN 1 YOUR GEOGRAPHIC LOCATION EITHER (1) URBAN OR (2) RURAL. IF YOU ANSWERED URBAN IN COLUMN 1 INDICATE IF YOU RECEIVED EITHER A WAGE OR STANDARD GEOGRAPHICAL RECLASSIFICATION TO A RURAL LOCATION, ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. IF COLUMN 2 IS YES, ENTER IN COLUMN 3 THE EFFECTIVE DATE (MM/DD/YYYY) (SEE INSTRUCTIONS) DOES YOUR FACILITY CONTAIN 100 OR FEWER BEDS IN ACCORDANCE WITH 42 CFR 412.105? ENTER IN COLUMN 4 "Y" OR "N". ENTER IN COLUMN 5 THE PROVIDERS ACTUAL MSA OR CBSA. 1 N N
- 21.04 FOR STANDARD GEOGRAPHIC CLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE BEGINNING OF THE COST REPORTING PERIOD. ENTER (1) URBAN OR (2) RURAL. 1
- 21.05 FOR STANDARD GEOGRAPHIC CLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE END OF THE COST REPORTING PERIOD. ENTER (1) URBAN OR (2) RURAL. 1
- 21.06 DOES THIS HOSPITAL QUALIFY FOR THE 3-YEAR TRANSITION 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? Y
- 25.01 IS THIS TEACHING PROGRAM APPROVED IN ACCORDANCE WITH CMS PUB. 15-1, CHAPTER 4? Y
- 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. Y
- 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	BED DAYS AVAILABLE	CAH N/A	TITLE V	I/P DAYS / TITLE XVIII	O/P VISITS / NOT LTCH N/A	TRIPS / TOTAL TITLE XIX
1 ADULTS & PEDIATRICS	197	71,905	2.01	3	4	4.01	5
2 HMO					10,271		11,689
2 01 HMO - (IRF PPS SUBPROVIDER)							8,933
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS	197	71,905			10,271		11,689
6 INTENSIVE CARE UNIT	53	19,345			4,925		7,337
7 CORONARY CARE UNIT							
8 BURN INTENSIVE CARE UNIT							
9 SURGICAL INTENSIVE CARE UNIT							
10 NEONATAL INTENSIVE CARE UNIT	25	9,125					4,094
11 NURSERY							3,313
12 TOTAL	275	100,375			15,196		26,433
13 RPCH VISITS							
14 SUBPROVIDER	36	13,140			3,714		2,932
14 01 SUBPROVIDER 2	29	10,585			1,065		1,496
15 SKILLED NURSING FACILITY	52	18,980			6,521		
16 NURSING FACILITY	150	54,750					
18 HOME HEALTH AGENCY							
20 AMBULATORY SURGICAL CENTER (
21 HOSPICE							
23 CORF							
25 TOTAL	542						
26 OBSERVATION BED DAYS							1,190
26 01 OBSERVATION BED DAYS-SUB I							
26 02 OBSERVATION BED DAYS-SUB II							
27 AMBULANCE TRIPS						1	
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							

COMPONENT	TITLE XIX OBSERVATION ADMITTED	I/P DAYS / OBSERVATION BEDS NOT ADMITTED	O/P VISITS / TOTAL ALL PATS	TRIPS / TOTAL OBSERVATION ADMITTED	INTERNS & RES. / TOTAL	FTES / LESS I&R REPL NON-PHYS ANES
1 ADULTS & PEDIATRICS	5.01	5.02	46,351	6.01	7	8
2 HMO						
2 01 HMO - (IRF PPS SUBPROVIDER)						
3 ADULTS & PED-SB SNF						
4 ADULTS & PED-SB NF						
5 TOTAL ADULTS AND PEDS			46,351			
6 INTENSIVE CARE UNIT			16,490			
7 CORONARY CARE UNIT						
8 BURN INTENSIVE CARE UNIT						
9 SURGICAL INTENSIVE CARE UNIT						
10 NEONATAL INTENSIVE CARE UNIT			8,137			
11 NURSERY			5,300			
12 TOTAL			76,278		204.03	
13 RPCH VISITS						
14 SUBPROVIDER			10,901		5.06	
14 01 SUBPROVIDER 2			5,525		.13	
15 SKILLED NURSING FACILITY			16,189			
16 NURSING FACILITY			52,468			
18 HOME HEALTH AGENCY						
20 AMBULATORY SURGICAL CENTER (
21 HOSPICE						
23 CORF						
25 TOTAL					209.22	
26 OBSERVATION BED DAYS	46	1,144	6,514	186	6,328	
26 01 OBSERVATION BED DAYS-SUB I						
26 02 OBSERVATION BED DAYS-SUB II			70			
27 AMBULANCE TRIPS						
28 EMPLOYEE DISCOUNT DAYS						
28 01 EMP DISCOUNT DAYS -IRF						

COMPONENT	I & R FTES NET	FULL TIME EMPLOYEES ON PAYROLL	EQUIV NONPAID WORKERS	TITLE V	DISCHARGES TITLE XVIII	TITLE XIX	TOTAL ALL PATIENTS
1 ADULTS & PEDIATRICS	9	10	11	12	13	14	15
2 HMO					2,907	8,237	17,407
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS							
6 INTENSIVE CARE UNIT							
7 CORONARY CARE UNIT							
8 BURN INTENSIVE CARE UNIT							
9 SURGICAL INTENSIVE CARE UNIT							
10 NEONATAL INTENSIVE CARE UNIT							
11 NURSERY							
12 TOTAL	204.03	2,999.00	8.00		2,907	8,237	17,407
13 RPCH VISITS							
14 SUBPROVIDER	5.06	61.00			367	336	1,350
14 01 SUBPROVIDER 2	.13	45.00			91	65	458
15 SKILLED NURSING FACILITY		55.00					
16 NURSING FACILITY		179.00					
18 HOME HEALTH AGENCY							
20 AMBULATORY SURGICAL CENTER (
21 HOSPICE							
23 CORF							

COMPONENT	I & R FTES			EQUIV		DISCHARGES		
	NET	EMPLOYEES ON PAYROLL	FULL TIME	NONPAID WORKERS	TITLE V	TITLE XVIII	TITLE XIX	TOTAL ALL PATIENTS
25 TOTAL	9	209.22	3,339.00	11	12	13	14	15
26 OBSERVATION BED DAYS				8.00				
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	169,496,647		169,496,647	7,049,054.00	24.05	
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	4,114,638		4,114,638	54,499.00	75.50	
5.01	NON-PHYSICIAN - PART B						
6	INTERNS & RESIDENTS (APPRVD)						
6.01	CONTRACT SERVICES, I&R		10,748,942	10,748,942	424,387.00	25.33	
7	HOME OFFICE PERSONNEL						
8	SNF		2,030,784	2,030,784	114,091.00	17.80	
8.01	EXCLUDED AREA SALARIES	26,274,793	-300,210	25,974,583	1,236,358.00	21.01	
9	OTHER WAGES & RELATED COSTS						
9.01	CONTRACT LABOR:	12,862,891		12,862,891	460,557.00	27.93	
	PHARMACY SERVICES UNDER CONTRACT						
9.02	LABORATORY SERVICES UNDER CONTRACT						
9.03	MANAGEMENT & ADMINISTRATIVE UNDER CONTRACT	461,279		461,279	2,080.00	221.77	
10	CONTRACT LABOR: PHYS PART A						
10.01	TEACHING PHYSICIAN UNDER CONTRACT (SEE INSTRUCTIONS)						
11	HOME OFFICE SALARIES & WAGE RELATED COSTS	7,724,226		7,724,226	226,181.00	34.15	
12	HOME OFFICE: PHYS PART A						
12.01	TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
13	WAGE RELATED COSTS						
13	WAGE-RELATED COSTS (CORE)	34,623,811		34,623,811			CMS 339
14	WAGE-RELATED COSTS (OTHER)						CMS 339
15	EXCLUDED AREAS	7,058,351		7,058,351			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	1,037,035		1,037,035			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	3,063,393		3,063,393	68,755.00	44.56	
22	ADMINISTRATIVE & GENERAL	16,617,166		16,617,166	715,931.00	23.21	
22.01	A & G UNDER CONTRACT						
23	MAINTENANCE & REPAIRS	2,351,461		2,351,461	100,427.00	23.41	
24	OPERATION OF PLANT	2,273,512		2,273,512	131,036.00	17.35	
25	LAUNDRY & LINEN SERVICE	127,034		127,034	10,789.00	11.77	
26	HOUSEKEEPING	2,919,647		2,919,647	243,738.00	11.98	
26.01	HOUSEKEEPING UNDER CONTRACT						
27	DIETARY	2,429,698	-1,461,708	967,990	69,972.00	13.83	
27.01	DIETARY UNDER CONTRACT						
28	CAFETERIA		1,461,708	1,461,708	103,805.00	14.08	
29	MAINTENANCE OF PERSONNEL						
30	NURSING ADMINISTRATION	1,239,177		1,239,177	39,161.00	31.64	
31	CENTRAL SERVICE AND SUPPLY	354,207		354,207	25,721.00	13.77	
32	PHARMACY	9,258,270	-194,505	9,063,765	284,505.00	31.86	
33	MEDICAL RECORDS & MEDICAL RECORDS LIBRARY	1,855,174		1,855,174	113,698.00	16.32	
34	SOCIAL SERVICE						
35	OTHER GENERAL SERVICE						
PART III - HOSPITAL WAGE INDEX SUMMARY							
1	NET SALARIES	165,382,009	-10,748,942	154,633,067	6,570,168.00	23.54	
2	EXCLUDED AREA SALARIES	26,274,793	1,730,574	28,005,367	1,350,449.00	20.74	
3	SUBTOTAL SALARIES	139,107,216	-12,479,516	126,627,700	5,219,719.00	24.26	
4	SUBTOTAL OTHER WAGES & RELATED COSTS	21,048,396		21,048,396	688,818.00	30.56	
5	SUBTOTAL WAGE-RELATED COSTS	34,623,811		34,623,811		27.34	
6	TOTAL	194,779,423	-12,479,516	182,299,907	5,908,537.00	30.85	
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	42,488,739	-194,505	42,294,234	1,907,538.00	22.17	

GROUP(1) 1	M3PI REVENUE CODE 2	SERVICES PRIOR TO RATE 3	10/1 DAYS 3.01	SERVICES ON/AFTER RATE 4	10/1 DAYS 4.01	SRVCS 4/1/01 TO 9/30/01 RATE 4.02	DAYS 4.03
1	RUC						
2	RUB		30				
3	RUA						
3 .01	RUX						
3 .02	RUL						
4	RVC		95				
5	RVB		194				
6	RVA		90				
6 .01	RVX		16				
6 .02	RVL		14				
7	RHC		595				
8	RHB		328				
9	RHA		421				
9 .01	RHX						
9 .02	RHL		10				
10	RMC		152				
11	RMB		457				
12	RMA		482				
12 .01	RMX		438				
12 .02	RML		1,055				
13	RLB		31				
14	RLA		26				
14 .01	RLX						
15	SE3		119				
16	SE2		333				
17	SE1		69				
18	SSC		24				
19	SSB		264				
20	SSA		552				
21	CC2						
22	CC1		24				
23	CB2		9				
24	CB1		205				
25	CA2		13				
26	CA1		370				
27	IB2						
28	IB1						
29	IA2						
30	IA1						
31	BB2						
32	BB1						
33	BA2						
34	BA1						
35	PE2						
36	PE1						
37	PD2						
38	PD1		48				
39	PC2						
40	PC1		3				
41	PB2						
42	PB1		5				
43	PA2		3				
44	PA1		3				
45	Default		43				
46	TOTAL		6,521				

(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) : 0.9896
 Wage Index Factor (after 10/01) : 0.9844
 SNF Facility Specific Rate : 0.00
 Urban/Rural Designation : URBAN
 SNF MSA Code : 3480
 SNF CBSA Code : 26900

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) : 0.9896
 Wage Index Factor (after 10/01) : 0.9844
 SNF Facility Specific Rate : 0.00
 Urban/Rural Designation : URBAN
 SNF MSA Code : 3480
 SNF CBSA Code : 26900

DESCRIPTION

- UNCOMPENSATED CARE INFORMATION
- 1 DO YOU HAVE A WRITTEN CHARITY CARE POLICY?
- 2 ARE PATIENTS WRITE-OFFS IDENTIFIED AS CHARITY? IF YES ANSWER
 LINES 2.01 THRU 2.04
- 2.01 IS IT AT THE TIME OF ADMISSION?
- 2.02 IS IT AT THE TIME OF FIRST BILLING?
- 2.03 IS IT AFTER SOME COLLECTION EFFORT HAS BEEN MADE?
- 2.04
- 3 ARE CHARITY WRITE-OFFS MADE FOR PARTIAL BILLS?
- 4 ARE CHARITY DETERMINATIONS BASED UPON ADMINISTRATIVE
 JUDGMENT WITHOUT FINANCIAL DATA?
- 5 ARE CHARITY DETERMINATIONS BASED UPON INCOME DATA ONLY?
- 6 ARE CHARITY DETERMINATIONS BASED UPON NET WORTH (ASSETS)
 DATA?
- 7 ARE CHARITY DETERMINATIONS BASED UPON INCOME AND NET
 WORTH DATA?
- 8 DOES YOUR ACCOUNTING SYSTEM SEPARATELY IDENTIFY BAD
 DEBT AND CHARITY CARE? IF YES ANSWER 8.01
- 8.01 DO YOU SEPARATELY ACCOUNT FOR INPATIENT AND OUTPATIENT
 SERVICES?
- 9 IS DISCERNING CHARITY FROM BAD DEBT A HIGH PRIORITY IN
 YOUR INSTITUTION? IF NO ANSWER 9.01 THRU 9.04
- 9.01 IS IT BECAUSE THERE IS NOT ENOUGH STAFF TO DETERMINE
 ELIGIBILITY?
- 9.02 IS IT BECAUSE THERE IS NO FINANCIAL INCENTIVE TO SEPARATE
 CHARITY FROM BAD DEBT?
- 9.03 IS IT BECAUSE THERE IS NO CLEAR DIRECTIVE POLICY ON
 CHARITY DETERMINATION?
- 9.04 IS IT BECAUSE YOUR INSTITUTION DOES NOT DEEM THE
 DISTINCTION IMPORTANT?
- 10 IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA,
 WHAT IS THE MAXIMUM INCOME THAT CAN BE EARNED BY PATIENTS
 (SINGLE WITHOUT DEPENDENT) AND STILL DETERMINED TO
 BE A CHARITY WRITE OFF?
- 11 IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA,
 IS THE INCOME DIRECTLY TIED TO FEDERAL POVERTY
 LEVEL? IF YES ANSWER 11.01 THRU 11.04
- 11.01 IS THE PERCENTAGE LEVEL USED LESS THAN 100% OF THE FEDERAL
 POVERTY LEVEL?
- 11.02 IS THE PERCENTAGE LEVEL USED BETWEEN 100% AND 150%
 OF THE FEDERAL POVERTY LEVEL?
- 11.03 IS THE PERCENTAGE LEVEL USED BETWEEN 150% AND 200%
 OF THE FEDERAL POVERTY LEVEL?
- 11.04 IS THE PERCENTAGE LEVEL USED GREATER THAN 200% OF
 THE FEDERAL POVERTY LEVEL?
- 12 ARE PARTIAL WRITE-OFFS GIVEN TO HIGHER INCOME
 PATIENTS ON A GRADUAL SCALE?
- 13 IS THERE CHARITY CONSIDERATION GIVEN TO HIGH NET WORTH
 PATIENTS WHO HAVE CATASTROPHIC OR OTHER EXTRAORDINARY
 MEDICAL EXPENSES?
- 14 IS YOUR HOSPITAL STATE OR LOCAL GOVERNMENT OWNED?
 IF YES ANSWER LINES 14.01 AND 14.02
- 14.01 DO YOU RECEIVE DIRECT FINANCIAL SUPPORT FROM THAT
 GOVERNMENT ENTITY FOR THE PURPOSE OF PROVIDING
 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
- 17.01 GROSS MEDICAID REVENUES
- 18 REVENUES FROM STATE AND LOCAL INDIGENT CARE PROGRAMS
- 19 REVENUE RELATED TO SCHIP (SEE INSTRUCTIONS)
- 20 RESTRICTED GRANTS
- 21 NON-RESTRICTED GRANTS
- 22 TOTAL GROSS UNCOMPENSATED CARE REVENUES
- UNCOMPENSATED CARE COST
- 23 TOTAL CHARGES FOR PATIENTS COVERED BY STATE AND LOCAL
 INDIGENT CARE PROGRAMS
- 24 COST TO CHARGE RATIO (WKST C, PART I, COLUMN 3, LINE 103,
 DIVIDED BY COLUMN 8, LINE 103) . 526434
- 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
- 29 TOTAL GROSS MEDICAID COST (LINE 24 * LINE 28)
- 30 OTHER UNCOMPENSATED CARE CHARGES FROM YOUR RECORDS
- 31 UNCOMPENSATED CARE COST (LINE 24 * LINE 30)
- 32 TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL
 (SUM OF LINES 25, 27, AND 29)

	COST CENTER	COST CENTER DESCRIPTION	SALARIES		OTHER	TOTAL	RECLASSIFICATIONS	RECLASSIFIED TRIAL BALANCE
			1	2	3	4	5	
		GENERAL SERVICE COST CNTR						
3	0300	NEW CAP REL COSTS- BLDG & FIXT		8,826,368		8,826,368		8,826,368
3.01	0301	NEW CAP REL COSTS- BLDG & FIXT		330,350		330,350		330,350
5	0500	EMPLOYEE BENEFITS	3,063,393	1,665,555		4,728,948		4,728,948
6.01	0610	NONPATIENT TELEPHONES	207,503	925,807		1,133,310		1,133,310
6.02	0611	PURCHASING, RECEIVING AND STORES	1,180,027	1,967,988		3,148,015		3,148,015
6.03	0612	ADMITTING	420,147	337,460		757,607		757,607
6.04	0613	CASHIERING/ACCOUNTS RECEIVABLE	3,960,583	8,601,635		12,562,218		12,562,218
6.05	0660	OTHER ADMINISTRATIVE AND GENERAL	10,848,906	63,401,251		74,250,157	-16,148,796	58,101,361
7	0700	MAINTENANCE & REPAIRS	2,351,461	4,222,567		6,574,028		6,574,028
8	0800	OPERATION OF PLANT	2,273,512	7,278,401		9,551,913		9,551,913
9	0900	LAUNDRY & LINEN SERVICE	127,034	1,250,430		1,377,464		1,377,464
10	1000	HOUSEKEEPING	2,919,647	1,948,059		4,867,706		4,867,706
11	1100	DIETARY	2,429,698	2,780,331		5,210,029		2,075,704
12	1200	CAFETERIA					-3,134,325	3,134,325
14	1400	NURSING ADMINISTRATION	1,239,177	421,295		1,660,472		1,660,472
15	1500	CENTRAL SERVICES & SUPPLY	354,207	1,950,484		2,304,691		2,304,691
16	1600	PHARMACY	9,258,270	34,525,806		43,784,076	-198,520	43,585,556
17	1700	MEDICAL RECORDS & LIBRARY	1,855,174	1,948,744		3,803,918		3,803,918
22	2200	I&R SERVICES- SALARY & FRINGES APPRVD					11,022,260	11,022,260
24	2400	PARAMED ED PRGM	225,461	74,599		300,060		300,060
24.01	2401	PARAMED ED PRGM PHARMACY					198,520	198,520
		INPAT ROUTINE SRVC CNTRS						
25	2500	ADULTS & PEDIATRICS	16,369,144	6,631,511		23,000,655	870,739	23,871,394
26	2600	INTENSIVE CARE UNIT	8,859,320	4,124,134		12,983,454	60,425	13,043,879
27	2700	CORONARY CARE UNIT						
28	2800	BURN INTENSIVE CARE UNIT						
29	2900	SURGICAL INTENSIVE CARE UNIT						
30	2060	NEONATAL INTENSIVE CARE UNIT	3,243,900	1,084,579		4,328,479	99,632	4,428,111
31	3100	SUBPROVIDER	3,112,691	952,403		4,065,094	311,581	4,376,675
31.01	3101	SUBPROVIDER 2	2,815,040	2,521,808		5,336,848	92,751	5,429,599
33	3300	NURSERY	3,585,488	1,917,376		5,502,864		5,502,864
34	3400	SKILLED NURSING FACILITY					3,371,956	3,371,956
35	3500	NURSING FACILITY	8,638,350	5,591,545		14,229,895	-3,381,389	10,848,506
		ANCILLARY SRVC COST CNTRS						
37	3700	OPERATING ROOM	5,701,486	12,844,796		18,546,282	375,963	18,922,245
37.01	3701	AMBULATORY SURGERY	760,812	252,821		1,013,633		1,013,633
40	4000	ANESTHESIOLOGY	120,585	855,043		975,628	846,733	1,822,361
41	4100	RADIOLOGY- DIAGNOSTIC	3,868,161	4,590,380		8,458,541	206,719	8,665,260
41.01	4101	NUCLEAR MEDICINE	304,963	605,011		909,974		909,974
41.02	4102	CAT SCAN	1,061,018	1,037,864		2,098,882		2,098,882
44	4400	LABORATORY	5,582,324	6,479,081		12,061,405	126,357	12,187,762
47	4700	BLOOD STORING, PROCESSING & TRANS.	473,621	2,484,978		2,958,599		2,958,599
49	4900	RESPIRATORY THERAPY	3,069,791	1,385,819		4,455,610	206,043	4,661,653
50	5000	PHYSICAL THERAPY	2,123,120	719,750		2,842,870	-277,704	2,565,166
51	5100	OCCUPATIONAL THERAPY	933,888	356,211		1,290,099	123,648	1,413,747
52	5200	SPEECH PATHOLOGY	316,291	80,896		397,187	18,979	416,166
52.01	5201	PULMONARY FUNCTIONS	225,990	120,884		346,874	16,722	363,596
53	5300	ELECTROCARDIOLOGY	814,549	310,615		1,125,164		1,125,164
55	5500	MEDICAL SUPPLIES CHARGED TO PATIENTS						
56	5600	DRUGS CHARGED TO PATIENTS						
		OUTPAT SERVICE COST CNTRS						
60	6000	CLINIC						
60.01	6001	MEDICINE CLINIC	3,250,288	1,615,422		4,865,710	-2,440,730	2,424,980
60.02	6002	OB/GYN CLINIC	1,644,863	1,282,941		2,927,804	43,369	2,971,173
60.03	6003	ORTHO CLINIC	335,022	211,018		546,040	1,028,824	1,574,864
60.04	6004	PEDIATRICS CLINIC						
60.05	6005	DENTISTRY CLINIC		8,169		8,169		8,169
60.06	6006	DERMATOLOGY CLINIC	242,990	85,964		328,954	110,127	439,081
60.07	6007	OPHTHALMOLOGY CLINIC	413,750	268,860		682,610	206,775	889,385
60.08	6008	ENT CLINIC	174,735	92,480		267,215	169,507	436,722
60.09	6009	GERIATRIC CLINIC	231	1,870		2,101	76	2,177
60.10	6010	SURGERY CLINIC	352,521	144,945		497,466	139,122	636,588
60.11	6011	NEUROLOGY CLINIC	402,657	171,422		574,079	133,382	707,461
60.12	6012	ENDOSCOPY CLINIC	822,811	648,305		1,471,116	365,914	1,837,030
60.13	6013	OCCUPATIONAL THERAPY	212,336	73,532		285,868	38,641	324,509
60.14	6014	URGENT VISIT CLINIC	906,863	256,203		1,163,066	373,578	1,536,644
60.15	6015	SENIOR CARE CLINIC	233,523	1,094,050		1,327,573	-511,959	815,614
60.16	6016	WOMENS VISIT CLINIC	1,177,281	395,248		1,572,529	611,432	2,183,961
60.17	6017	CHC CLINICS	1,367,451	19,216,477		20,583,928	-6,871,019	13,712,909
60.18	6018	PSYCH CLINIC	22,001,202	11,857,783		33,858,985	-7,120,161	26,738,824
60.19	6019	ORAL SURGERY CLINIC		942,770		942,770		942,770
60.20	6020	DIETARY CLINIC	138,877	35,952		174,829		174,829
60.21	6021	CENTER OF EXCELLENCE	344,889	144,069		488,958	74,582	563,540
60.22	6022	OP BURN CLINIC	120,975	52,152		173,127	1,161	174,288
60.23	6023	BARIATRIC CLINIC	124,627	73,983		198,610		198,610
60.24	6024	PLASTIC CLINIC	73,214	72,997		146,211		146,211
61	6100	EMERGENCY	8,977,558	4,133,097		13,110,655	1,100,673	14,211,328
62	6200	OBSERVATION BEDS (NON-DISTINCT PART)						
63	4950	OTHER OUTPATIENT SERVICE COST CENTER						
		OTHER REIMBURS COST CNTRS						
64	6400	HOME PROGRAM DIALYSIS						
65	6500	AMBULANCE SERVICES	7,071,786	3,200,340		10,272,126	44,468	10,316,594
66	6600	DURABLE MEDICAL EQUIP- RENTED						
67	6700	DURABLE MEDICAL EQUIP- SOLD						
69	6900	CORF						
70	7000	I&R SERVICES-NOT APPRVD PRGM						
71	7100	HOME HEALTH AGENCY						
		SPEC PURPOSE COST CENTERS						
82	8200	LUNG ACQUISITION						
83	8300	KIDNEY ACQUISITION						
84	8400	LIVER ACQUISITION						
85	8500	HEART ACQUISITION						
85.01	8510	PANCREAS ACQUISITION						
86	8600	OTHER ORGAN ACQUISITION						
88	8800	INTEREST EXPENSE						
89	8900	UTILIZATION REVIEW- SNF						

COST CENTER	COST CENTER DESCRIPTION	SALARIES 1	OTHER 2	TOTAL 3	RECLASS- IFICATIONS 4	RECLASSIFIED TRIAL BALANCE 5
	SPEC PURPOSE COST CENTERS					
90	9000 OTHER CAPITAL RELATED COSTS					
92	9200 AMBULATORY SURGICAL CENTER (D. P.)					
93	9300 HOSPICE					
95	SUBTOTALS	165,085,182	243,484,684	408,569,866	-14,559,619	394,010,247
	NONREIMBURS COST CENTERS					
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN	172,974	64,071	237,045		237,045
97	9700 RESEARCH		6,681	6,681		6,681
98	9800 PHYSICIANS' PRIVATE OFFICES					
99	9900 NONPAID WORKERS					
100	7950 OTHER NONREIMBURSABLE COST CENTERS					
100.01	7951 OTHER NONREIMBURSABLE COST CENTERS					
100.02	7952 RENTAL SPACE					
100.03	7953 UNUSED SPACE					
100.04	7954 NON REIMB PSYCH PROGRAMS				7,140,062	7,140,062
100.05	7955 SR CONNECTIONS-NRCC				108,857	108,857
100.06	7956 LV BEAUTY				34,082	34,082
100.07	7957 LV DAY CARE					
100.08	7958 GRANT PROGRAMS	4,167,414	3,398,809	7,566,223		7,566,223
100.09	7959 BLANK					
100.10	7960 DME	55,618	1,461,035	1,516,653	4,214	1,520,867
100.11	7961 FATHER RESOURCE					
100.12	7962 NONREIMB HOUSE CALLS COSTS				281,819	281,819
100.13	7963 RENAL NONCERTIFIED	15,459	1,287,703	1,303,162		1,303,162
100.14	7964 NONREIMBURSEABLE FREESTANDING CHC'S				6,990,585	6,990,585
100.15	7965 OTHER NONREIMBURSABLE COST CENTERS					
100.16	7966 OTHER NONREIMBURSABLE COST CENTERS					
100.17	7967 OTHER NONREIMBURSABLE COST CENTERS					
101	TOTAL	169,496,647	249,702,983	419,199,630	-0-	419,199,630

COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS	NET EXPENSES FOR ALLOC
		6	7
	GENERAL SERVICE COST CNTR		
3	0300 NEW CAP REL COSTS- BLDG & FIXT	-1,329,690	7,496,678
3.01	0301 NEW CAP REL COSTS- BLDG & FIXT		330,350
5	0500 EMPLOYEE BENEFITS	-2,942	4,726,006
6.01	0610 NONPATIENT TELEPHONES	-10,292	1,123,018
6.02	0611 PURCHASING, RECEIVING AND STORES	-295	3,147,720
6.03	0612 ADMITTING	-40	757,567
6.04	0613 CASHIERING/ACCOUNTS RECEIVABLE	-1,334	12,560,884
6.05	0660 OTHER ADMINISTRATIVE AND GENERAL	-8,835,891	49,265,470
7	0700 MAINTENANCE & REPAIRS	-313,547	6,260,481
8	0800 OPERATION OF PLANT		9,551,913
9	0900 LAUNDRY & LINEN SERVICE	-23	1,377,441
10	1000 HOUSEKEEPING	-1,139	4,866,567
11	1100 DIETARY	-138,271	1,937,433
12	1200 CAFETERIA	-911,328	2,222,997
14	1400 NURSING ADMINISTRATION		1,660,472
15	1500 CENTRAL SERVICES & SUPPLY	-80	2,304,611
16	1600 PHARMACY	-346,090	43,239,466
17	1700 MEDICAL RECORDS & LIBRARY	-44,848	3,759,070
22	2200 I&R SERVICES- SALARY & FRINGES APPRVD		11,022,260
24	2400 PARAMED ED PRGM	-31,359	268,701
24.01	2401 PARAMED ED PRGM PHARMACY		198,520
	INPAT ROUTINE SRVC CNTRS		
25	2500 ADULTS & PEDIATRICS	-551,696	23,319,698
26	2600 INTENSIVE CARE UNIT	-149	13,043,730
27	2700 CORONARY CARE UNIT		
28	2800 BURN INTENSIVE CARE UNIT		
29	2900 SURGICAL INTENSIVE CARE UNIT		
30	2060 NEONATAL INTENSIVE CARE UNIT	-84	4,428,027
31	3100 SUBPROVIDER	-95	4,376,580
31.01	3101 SUBPROVIDER 2	-200	5,429,399
33	3300 NURSERY	-6,495	5,496,369
34	3400 SKILLED NURSING FACILITY		3,371,956
35	3500 NURSING FACILITY	-6,932	10,841,574
	ANCILLARY SRVC COST CNTRS		
37	3700 OPERATING ROOM	-22,061	18,900,184
37.01	3701 AMBULATORY SURGERY		1,013,633
40	4000 ANESTHESIOLOGY		1,822,361
41	4100 RADIOLOGY-DIAGNOSTIC	-428	8,664,832
41.01	4101 NUCLEAR MEDICINE		909,974
41.02	4102 CAT SCAN		2,098,882
44	4400 LABORATORY	-971	12,186,791
47	4700 BLOOD STORING, PROCESSING & TRANS.		2,958,599
49	4900 RESPIRATORY THERAPY	-3,532	4,658,121
50	5000 PHYSICAL THERAPY	-15	2,565,151
51	5100 OCCUPATIONAL THERAPY		1,413,747
52	5200 SPEECH PATHOLOGY		416,166
52.01	5201 PULMONARY FUNCTIONS		363,596
53	5300 ELECTROCARDIOLOGY		1,125,164
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS		
56	5600 DRUGS CHARGED TO PATIENTS		
	OUTPAT SERVICE COST CNTRS		
60	6000 CLINIC		
60.01	6001 MEDICINE CLINIC	-377,763	2,047,217
60.02	6002 OB/GYN CLINIC	-897,149	2,074,024
60.03	6003 ORTHO CLINIC	-12,718	1,562,146
60.04	6004 PEDIATRICS CLINIC		
60.05	6005 DENTISTRY CLINIC		8,169
60.06	6006 DERMATOLOGY CLINIC		439,081
60.07	6007 OPHTHALMOLOGY CLINIC	-130,860	758,525
60.08	6008 ENT CLINIC	-52	436,670
60.09	6009 GERIATRIC CLINIC		2,177
60.10	6010 SURGERY CLINIC	-14	636,574
60.11	6011 NEUROLOGY CLINIC		707,461
60.12	6012 ENDOSCOPY CLINIC	-26	1,837,004
60.13	6013 OCCUPATIONAL THERAPY	-658	323,851
60.14	6014 URGENT VISIT CLINIC		1,536,644
60.15	6015 SENIOR CARE CLINIC	-647,404	168,210
60.16	6016 WOMENS VISIT CLINIC	-39	2,183,922
60.17	6017 CHC CLINICS	-4,315,555	9,397,354
60.18	6018 PSYCH CLINIC	-6,387,745	20,351,079
60.19	6019 ORAL SURGERY CLINIC		942,770
60.20	6020 DIETARY CLINIC		174,829
60.21	6021 CENTER OF EXCELLENCE	-7,818	555,722
60.22	6022 OP BURN CLINIC		174,288
60.23	6023 BARIATRIC CLINIC		198,610
60.24	6024 PLASTIC CLINIC	-12,388	133,823
61	6100 EMERGENCY	-539,064	13,672,264
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)		
63	4950 OTHER OUTPATIENT SERVICE COST CENTER		
	OTHER REIMBURS COST CNTRS		
64	6400 HOME PROGRAM DIALYSIS		
65	6500 AMBULANCE SERVICES	-42,395	10,274,199
66	6600 DURABLE MEDICAL EQUIP- RENTED		
67	6700 DURABLE MEDICAL EQUIP- SOLD		
69	6900 CORF		
70	7000 I&R SERVICES-NOT APPRVD PRGM		
71	7100 HOME HEALTH AGENCY		
	SPEC PURPOSE COST CENTERS		
82	8200 LUNG ACQUISITION		
83	8300 KIDNEY ACQUISITION		
84	8400 LIVER ACQUISITION		
85	8500 HEART ACQUISITION		
85.01	8510 PANCREAS ACQUISITION		
86	8600 OTHER ORGAN ACQUISITION		
88	8800 INTEREST EXPENSE		-0-
89	8900 UTILIZATION REVIEW-SNF		-0-

COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS	NET EXPENSES FOR ALLOC
		6	7
	SPEC PURPOSE COST CENTERS		
90	9000 OTHER CAPITAL RELATED COSTS		-0-
92	9200 AMBULATORY SURGICAL CENTER (D. P.)		
93	9300 HOSPICE		
95	SUBTOTALS	- 25, 931, 475	368, 078, 772
	NONREIMBURS COST CENTERS		
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN		237, 045
97	9700 RESEARCH		6, 681
98	9800 PHYSICIANS' PRIVATE OFFICES		
99	9900 NONPAID WORKERS		
100	7950 OTHER NONREIMBURSABLE COST CENTERS		
100.01	7951 OTHER NONREIMBURSABLE COST CENTERS		
100.02	7952 RENTAL SPACE		
100.03	7953 UNUSED SPACE		
100.04	7954 NON REIMB PSYCH PROGRAMS		7, 140, 062
100.05	7955 SR CONNECTIONS-NRCC		108, 857
100.06	7956 LV BEAUTY		34, 082
100.07	7957 LV DAY CARE		
100.08	7958 GRANT PROGRAMS		7, 566, 223
100.09	7959 BLANK		
100.10	7960 DME		1, 520, 867
100.11	7961 FATHER RESOURCE		
100.12	7962 NONREIMB HOUSE CALLS COSTS		281, 819
100.13	7963 RENAL NONCERTIFIED		1, 303, 162
100.14	7964 NONREIMBURSEABLE FREESTANDING CHC'S		6, 990, 585
100.15	7965 OTHER NONREIMBURSABLE COST CENTERS		
100.16	7966 OTHER NONREIMBURSABLE COST CENTERS		
100.17	7967 OTHER NONREIMBURSABLE COST CENTERS		
101	TOTAL	- 25, 931, 475	393, 268, 155

LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
	GENERAL SERVICE COST		
3	NEW CAP REL COSTS- BLDG & FIXT	0300	
3.01	NEW CAP REL COSTS- BLDG & FIXT	0301	NEW CAP REL COSTS- BLDG & FIXT
5	EMPLOYEE BENEFITS	0500	
6.01	NONPATIENT TELEPHONES	0610	NONPATIENT TELEPHONES
6.02	PURCHASING, RECEIVING AND STORES	0611	NONPATIENT TELEPHONES
6.03	ADMITTING	0612	NONPATIENT TELEPHONES
6.04	CASHIERING/ACCOUNTS RECEIVABLE	0613	NONPATIENT TELEPHONES
6.05	OTHER ADMINISTRATIVE AND GENERAL	0660	OTHER ADMINISTRATIVE AND GENERAL
7	MAINTENANCE & REPAIRS	0700	
8	OPERATION OF PLANT	0800	
9	LAUNDRY & LINEN SERVICE	0900	
10	HOUSEKEEPING	1000	
11	DIETARY	1100	
12	CAFETERIA	1200	
14	NURSING ADMINISTRATION	1400	
15	CENTRAL SERVICES & SUPPLY	1500	
16	PHARMACY	1600	
17	MEDICAL RECORDS & LIBRARY	1700	
22	I&R SERVICES-SALARY & FRINGES APPRVD	2200	
24	PARAMED ED PRGM	2400	
24.01	PARAMED ED PRGM PHARMACY	2401	PARAMED ED PRGM
	INPAT ROUTINE SRVC C		
25	ADULTS & PEDIATRICS	2500	
26	INTENSIVE CARE UNIT	2600	
27	CORONARY CARE UNIT	2700	
28	BURN INTENSIVE CARE UNIT	2800	
29	SURGICAL INTENSIVE CARE UNIT	2900	
30	NEONATAL INTENSIVE CARE UNIT	2060	NEONATAL INTENSIVE CARE UNIT
31	SUBPROVIDER	3100	
31.01	SUBPROVIDER 2	3101	SUBPROVIDER #####
33	NURSERY	3300	
34	SKILLED NURSING FACILITY	3400	
35	NURSING FACILITY	3500	
	ANCILLARY SRVC COST		
37	OPERATING ROOM	3700	
37.01	AMBULATORY SURGERY	3701	OPERATING ROOM
40	ANESTHESIOLOGY	4000	
41	RADIOLOGY-DIAGNOSTIC	4100	
41.01	NUCLEAR MEDICINE	4101	RADIOLOGY-DIAGNOSTIC
41.02	CAT SCAN	4102	RADIOLOGY-DIAGNOSTIC
44	LABORATORY	4400	
47	BLOOD STORING, PROCESSING & TRANS.	4700	
49	RESPIRATORY THERAPY	4900	
50	PHYSICAL THERAPY	5000	
51	OCCUPATIONAL THERAPY	5100	
52	SPEECH PATHOLOGY	5200	
52.01	PULMONARY FUNCTIONS	5201	SPEECH PATHOLOGY
53	ELECTROCARDIOLOGY	5300	
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	5500	
56	DRUGS CHARGED TO PATIENTS	5600	
	OUTPAT SERVICE COST		
60	CLINIC	6000	
60.01	MEDICINE CLINIC	6001	CLINIC
60.02	OB/GYN CLINIC	6002	CLINIC
60.03	ORTHO CLINIC	6003	CLINIC
60.04	PEDIATRICS CLINIC	6004	CLINIC
60.05	DENTISTRY CLINIC	6005	CLINIC
60.06	DERMATOLOGY CLINIC	6006	CLINIC
60.07	OPHTHALMOLOGY CLINIC	6007	CLINIC
60.08	ENT CLINIC	6008	CLINIC
60.09	GERIATRIC CLINIC	6009	CLINIC
60.10	SURGERY CLINIC	6010	CLINIC
60.11	NEUROLOGY CLINIC	6011	CLINIC
60.12	ENDOSCOPY CLINIC	6012	CLINIC
60.13	OCCUPATIONAL THERAPY	6013	CLINIC
60.14	URGENT VISIT CLINIC	6014	CLINIC
60.15	SENIOR CARE CLINIC	6015	CLINIC
60.16	WOMENS VISIT CLINIC	6016	CLINIC
60.17	CHC CLINICS	6017	CLINIC
60.18	PSYCH CLINIC	6018	CLINIC
60.19	ORAL SURGERY CLINIC	6019	CLINIC
60.20	DIETARY CLINIC	6020	CLINIC
60.21	CENTER OF EXCELLENCE	6021	CLINIC
60.22	OP BURN CLINIC	6022	CLINIC
60.23	BIARIATRIC CLINIC	6023	CLINIC
60.24	PLASTIC CLINIC	6024	CLINIC
61	EMERGENCY	6100	
62	OBSERVATION BEDS (NON-DISTINCT PART)	6200	
63	OTHER OUTPATIENT SERVICE COST CENTER	4950	OTHER OUTPATIENT SERVICE COST CENTER
	OTHER REIMBURS COST		
64	HOME PROGRAM DIALYSIS	6400	
65	AMBULANCE SERVICES	6500	
66	DURABLE MEDICAL EQUIP- RENTED	6600	
67	DURABLE MEDICAL EQUIP- SOLD	6700	
69	CORF	6900	
70	I&R SERVICES- NOT APPRVD PRGM	7000	
71	HOME HEALTH AGENCY	7100	
	SPEC PURPOSE COST CE		
82	LUNG ACQUISITION	8200	
83	KIDNEY ACQUISITION	8300	
84	LIVER ACQUISITION	8400	
85	HEART ACQUISITION	8500	
85.01	PANCREAS ACQUISITION	8510	
86	OTHER ORGAN ACQUISITION	8600	
88	INTEREST EXPENSE	8800	
89	UTILIZATION REVIEW-SNF	8900	
90	OTHER CAPITAL RELATED COSTS	9000	

LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
	SPEC PURPOSE COST CE		
92	AMBULATORY SURGICAL CENTER (D.P.)	9200	
93	HOSPICE	9300	
95	SUBTOTALS	0000	
	NONREIMBURS COST CEN		
96	GIFT, FLOWER, COFFEE SHOP & CANTEEN	9600	
97	RESEARCH	9700	
98	PHYSICIANS' PRIVATE OFFICES	9800	
99	NONPAID WORKERS	9900	
100	OTHER NONREIMBURSABLE COST CENTERS	7950	OTHER NONREIMBURSABLE COST CENTERS
100.01	OTHER NONREIMBURSABLE COST CENTERS	7951	OTHER NONREIMBURSABLE COST CENTERS
100.02	RENTAL SPACE	7952	OTHER NONREIMBURSABLE COST CENTERS
100.03	UNUSED SPACE	7953	OTHER NONREIMBURSABLE COST CENTERS
100.04	NON REIMB PSYCH PROGRAMS	7954	OTHER NONREIMBURSABLE COST CENTERS
100.05	SR CONNECTIONS-NRCC	7955	OTHER NONREIMBURSABLE COST CENTERS
100.06	LV BEAUTY	7956	OTHER NONREIMBURSABLE COST CENTERS
100.07	LV DAY CARE	7957	OTHER NONREIMBURSABLE COST CENTERS
100.08	GRANT PROGRAMS	7958	OTHER NONREIMBURSABLE COST CENTERS
100.09	BLANK	7959	OTHER NONREIMBURSABLE COST CENTERS
100.10	DME	7960	OTHER NONREIMBURSABLE COST CENTERS
100.11	FATHER RESOURCE	7961	OTHER NONREIMBURSABLE COST CENTERS
100.12	NONREIMB HOUSE CALLS COSTS	7962	OTHER NONREIMBURSABLE COST CENTERS
100.13	RENAL NONCERTIFIED	7963	OTHER NONREIMBURSABLE COST CENTERS
100.14	NONREIMBURSEABLE FREESTANDING CHC'S	7964	OTHER NONREIMBURSABLE COST CENTERS
100.15	OTHER NONREIMBURSABLE COST CENTERS	7965	OTHER NONREIMBURSABLE COST CENTERS
100.16	OTHER NONREIMBURSABLE COST CENTERS	7966	OTHER NONREIMBURSABLE COST CENTERS
100.17	OTHER NONREIMBURSABLE COST CENTERS	7967	OTHER NONREIMBURSABLE COST CENTERS
101	TOTAL	0000	

RECLASSIFICATIONS

150024

PERIOD:
FROM 1/1/2007
TO 12/31/2007

PREPARED 5/30/2008
WORKSHEET A-6

----- INCREASE -----

EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER 2	LINE NO 3	SALARY 4	OTHER 5
1 NF RECLASS TO CDP UNIT	A	SKILLED NURSING FACILITY	34	2,030,784	1,316,523
2		LV BEAUTY	100.06	25,865	8,217
3 DIETARY RECLASS	B	CAFETERIA	12	1,461,708	1,672,617
4 INTERNS AND RESIDENTS RECLASS	C	I&R SERVICES-SALARY & FRINGES APPRVD	22		11,022,260
5 MED STAFF RECLASS	D	ADULTS & PEDIATRICS	25		74,900
6		INTENSIVE CARE UNIT	26		60,425
7		NEONATAL INTENSIVE CARE UNIT	30		99,632
8		SUBPROVIDER	31		311,581
9		SUBPROVIDER 2	31.01		163,732
10		SKILLED NURSING FACILITY	34		24,649
11		OPERATING ROOM	37		311,982
12		ANESTHESIOLOGY	40		846,733
13		RADIOLOGY-DIAGNOSTIC	41		206,719
14		LABORATORY	44		126,357
15		PHYSICAL THERAPY	50		24,255
16		OCCUPATIONAL THERAPY	51		61,808
17		MEDICINE CLINIC	60.01		47,418
18		OB/GYN CLINIC	60.02		65,155
19		ORTHO CLINIC	60.03		918,873
20		DERMATOLOGY CLINIC	60.06		31,531
21		OPHTHALMOLOGY CLINIC	60.07		30,808
22		ENT CLINIC	60.08		87,731
23		NEUROLOGY CLINIC	60.11		41,102
24		SENIOR CARE CLINIC	60.15		100,942
25		CHC CLINICS	60.17		23,242
26		PSYCH CLINIC	60.18		19,901
27		EMERGENCY	61		1,365,092
28		AMBULANCE SERVICES	65		44,468
29		OCCUPATIONAL THERAPY	60.13		37,500
30 PSYCH CLINIC RECLASS	E	NON REIMB PSYCH PROGRAMS	100.04	1,097,532	6,042,530
31 SENIOR CARE RECLASS	F	SR CONNECTIONS-NRCC	100.05	72,778	36,079
32		ADULTS & PEDIATRICS	25	130,800	400,620
33 THERAPY ADMIN RECLASS	G	RESPIRATORY THERAPY	49	147,799	58,244
34		OCCUPATIONAL THERAPY	51	43,442	17,120
35		SPEECH PATHOLOGY	52	13,614	5,365
1 THERAPY ADMIN RECLASS	G	PULMONARY FUNCTIONS	52.01	11,995	4,727
2		DME	100.10	3,023	1,191
3 HOUSECALL RECLASS	H	NONREIMB HOUSE CALLS COSTS	100.12	83	281,736
4 RHC ADMIN RECLASS	I	OB/GYN CLINIC	60.02	254,084	105,652
5		ORTHO CLINIC	60.03	77,659	32,292
6		DERMATOLOGY CLINIC	60.06	55,513	23,083
7		OPHTHALMOLOGY CLINIC	60.07	124,287	51,680
8		ENT CLINIC	60.08	57,759	24,017
9		GERIATRIC CLINIC	60.09	54	22
10		SURGERY CLINIC	60.10	98,263	40,859
11		NEUROLOGY CLINIC	60.11	65,178	27,102
12		ENDOSCOPY CLINIC	60.12	258,448	107,466
13		OCCUPATIONAL THERAPY	60.13	806	335
14		URGENT VISIT CLINIC	60.14	263,861	109,717
15		SENIOR CARE CLINIC	60.15	19,336	8,040
16		WOMENS VISIT CLINIC	60.16	294,222	122,341
17		CENTER OF EXCELLENCE	60.21	52,678	21,904
18 OB NURSE RECLASS	J	MEDICINE CLINIC	60.01	74,855	15,474
19		WOMENS VISIT CLINIC	60.16	161,487	33,382
20		CHC CLINICS	60.17	79,823	16,501
21 IP BURN RECLASS	K	OPERATING ROOM	37	30,595	33,386
22		PHYSICAL THERAPY	50	2,181	2,380
23		OCCUPATIONAL THERAPY	51	611	667
24		OP BURN CLINIC	60.22	555	606
25 CHC RECLASS	L	NONREIMBURSEABLE FREESTANDING CHC'S	100.14	396,595	6,593,990
26 ED RECLASS	M	ADULTS & PEDIATRICS	25	181,062	83,357
27 PARAMED PHARMACY RECLASS	N	PARAMED ED PRGM PHARMACY	24.01	194,505	4,015
36 TOTAL RECLASSIFICATIONS				7,783,840	33,452,033

(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 NF RECLASS TO CDP UNIT	A	NURSING FACILITY	35		2,030,784	1,316,523	
2		NURSING FACILITY	35		25,865	8,217	
3 DIETARY RECLASS	B	DIETARY	11		1,461,708	1,672,617	
4 INTERNS AND RESIDENTS RECLASS	C	OTHER ADMINISTRATIVE AND GENERAL	6.05			11,022,260	
5 MED STAFF RECLASS	D	OTHER ADMINISTRATIVE AND GENERAL	6.05			5,126,536	
6							
7							
8							
9							
10							
11							
12							
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24							
25							
26							
27							
28							
29							
30 PSYCH CLINIC RECLASS	E	PSYCH CLINIC	60.18		1,097,532	6,042,530	
31 SENIOR CARE RECLASS	F	SENIOR CARE CLINIC	60.15		203,578	436,699	
32							
33 THERAPY ADMIN RECLASS	G	PHYSICAL THERAPY	50		219,873	86,647	
34							
35							
1 THERAPY ADMIN RECLASS	G						
2							
3 HOUSECALL RECLASS	H	MEDICINE CLINIC	60.01		83	281,736	
4 RHC ADMIN RECLASS	I	MEDICINE CLINIC	60.01		1,622,148	674,510	
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							
17							
18 OB NURSE RECLASS	J	OB/GYN CLINIC	60.02		316,165	65,357	
19							
20							
21 IP BURN RECLASS	K	SUBPROVIDER 2	31.01		33,942	37,039	
22							
23							
24							
25 CHC RECLASS	L	CHC CLINICS	60.17		396,595	6,593,990	
26 ED RECLASS	M	EMERGENCY	61		181,062	83,357	
27 PARAMED PHARMACY RECLASS	N	PHARMACY	16		194,505	4,015	
36 TOTAL RECLASSIFICATIONS					7,783,840	33,452,033	

(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.

RECLASS CODE: A
 EXPLANATION : NF RECLASS TO CDP UNIT

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	SKILLED NURSING FACILITY	34	3,347,307	NURSING FACILITY	35	3,347,307	
2.00	LV BEAUTY	100.06	34,082	NURSING FACILITY	35	34,082	
TOTAL RECLASSIFICATIONS FOR CODE A			3,381,389				3,381,389

RECLASS CODE: B
 EXPLANATION : DIETARY RECLASS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	CAFETERIA	12	3,134,325	DIETARY	11	3,134,325	
TOTAL RECLASSIFICATIONS FOR CODE B			3,134,325				3,134,325

RECLASS CODE: C
 EXPLANATION : INTERNS AND RESIDENTS RECLASS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	I&R SERVICES-SALARY & FRINGES	22	11,022,260	OTHER ADMINISTRATIVE AND GENER	6.05	11,022,260	
TOTAL RECLASSIFICATIONS FOR CODE C			11,022,260				11,022,260

RECLASS CODE: D
 EXPLANATION : MED STAFF RECLASS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	ADULTS & PEDIATRICS	25	74,900	OTHER ADMINISTRATIVE AND GENER	6.05	5,126,536	
2.00	INTENSIVE CARE UNIT	26	60,425			0	
3.00	NEONATAL INTENSIVE CARE UNIT	30	99,632			0	
4.00	SUBPROVIDER	31	311,581			0	
5.00	SUBPROVIDER 2	31.01	163,732			0	
6.00	SKILLED NURSING FACILITY	34	24,649			0	
7.00	OPERATING ROOM	37	311,982			0	
8.00	ANESTHESIOLOGY	40	846,733			0	
9.00	RADIOLOGY-DIAGNOSTIC	41	206,719			0	
10.00	LABORATORY	44	126,357			0	
11.00	PHYSICAL THERAPY	50	24,255			0	
12.00	OCCUPATIONAL THERAPY	51	61,808			0	
13.00	MEDICINE CLINIC	60.01	47,418			0	
14.00	OB/GYN CLINIC	60.02	65,155			0	
15.00	ORTHO CLINIC	60.03	918,873			0	
16.00	DERMATOLOGY CLINIC	60.06	31,531			0	
17.00	OPHTHALMOLOGY CLINIC	60.07	30,808			0	
18.00	ENT CLINIC	60.08	87,731			0	
19.00	NEUROLOGY CLINIC	60.11	41,102			0	
20.00	SENIOR CARE CLINIC	60.15	100,942			0	
21.00	CHC CLINICS	60.17	23,242			0	
22.00	PSYCH CLINIC	60.18	19,901			0	
23.00	EMERGENCY	61	1,365,092			0	
24.00	AMBULANCE SERVICES	65	44,468			0	
25.00	OCCUPATIONAL THERAPY	60.13	37,500			0	
TOTAL RECLASSIFICATIONS FOR CODE D			5,126,536				5,126,536

RECLASS CODE: E
 EXPLANATION : PSYCH CLINIC RECLASS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NON REIMB PSYCH PROGRAMS	100.04	7,140,062	PSYCH CLINIC	60.18	7,140,062	
TOTAL RECLASSIFICATIONS FOR CODE E			7,140,062				7,140,062

RECLASS CODE: F
 EXPLANATION : SENIOR CARE RECLASS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	SR CONNECTIONS-NRCC	100.05	108,857	SENIOR CARE CLINIC	60.15	640,277	
2.00	ADULTS & PEDIATRICS	25	531,420			0	
TOTAL RECLASSIFICATIONS FOR CODE F			640,277				640,277

RECLASS CODE: G
 EXPLANATION : THERAPY ADMIN RECLASS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	RESPIRATORY THERAPY	49	206,043	PHYSICAL THERAPY	50	306,520	
2.00	OCCUPATIONAL THERAPY	51	60,562			0	
3.00	SPEECH PATHOLOGY	52	18,979			0	
4.00	PULMONARY FUNCTIONS	52.01	16,722			0	
5.00	DME	100.10	4,214			0	
TOTAL RECLASSIFICATIONS FOR CODE G			306,520				306,520

RECLASSIFICATIONS

RECLASS CODE: H
EXPLANATION : HOUSECALL RECLASS

INCREASE				DECREASE		
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	NONREIMB HOUSE CALLS COSTS	100.12	281,819	MEDICINE CLINIC	60.01	281,819
TOTAL RECLASSIFICATIONS FOR CODE H			281,819			

RECLASS CODE: I
EXPLANATION : RHC ADMIN RECLASS

INCREASE				DECREASE		
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	OB/GYN CLINIC	60.02	359,736	MEDICINE CLINIC	60.01	2,296,658
2.00	ORTHO CLINIC	60.03	109,951			0
3.00	DERMATOLOGY CLINIC	60.06	78,596			0
4.00	OPHTHALMOLOGY CLINIC	60.07	175,967			0
5.00	ENT CLINIC	60.08	81,776			0
6.00	GERIATRIC CLINIC	60.09	76			0
7.00	SURGERY CLINIC	60.10	139,122			0
8.00	NEUROLOGY CLINIC	60.11	92,280			0
9.00	ENDOSCOPY CLINIC	60.12	365,914			0
10.00	OCCUPATIONAL THERAPY	60.13	1,141			0
11.00	URGENT VISIT CLINIC	60.14	373,578			0
12.00	SENIOR CARE CLINIC	60.15	27,376			0
13.00	WOMENS VISIT CLINIC	60.16	416,563			0
14.00	CENTER OF EXCELLENCE	60.21	74,582			0
TOTAL RECLASSIFICATIONS FOR CODE I			2,296,658	2,296,658		

RECLASS CODE: J
EXPLANATION : OB NURSE RECLASS

INCREASE				DECREASE		
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	MEDICINE CLINIC	60.01	90,329	OB/GYN CLINIC	60.02	381,522
2.00	WOMENS VISIT CLINIC	60.16	194,869			0
3.00	CHC CLINICS	60.17	96,324			0
TOTAL RECLASSIFICATIONS FOR CODE J			381,522	381,522		

RECLASS CODE: K
EXPLANATION : IP BURN RECLASS

INCREASE				DECREASE		
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	OPERATING ROOM	37	63,981	SUBPROVIDER 2	31.01	70,981
2.00	PHYSICAL THERAPY	50	4,561			0
3.00	OCCUPATIONAL THERAPY	51	1,278			0
4.00	OP BURN CLINIC	60.22	1,161			0
TOTAL RECLASSIFICATIONS FOR CODE K			70,981	70,981		

RECLASS CODE: L
EXPLANATION : CHC RECLASS

INCREASE				DECREASE		
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	NONREIMBURSEABLE FREESTANDING	100.14	6,990,585	CHC CLINICS	60.17	6,990,585
TOTAL RECLASSIFICATIONS FOR CODE L			6,990,585	6,990,585		

RECLASS CODE: M
EXPLANATION : ED RECLASS

INCREASE				DECREASE		
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	ADULTS & PEDIATRICS	25	264,419	EMERGENCY	61	264,419
TOTAL RECLASSIFICATIONS FOR CODE M			264,419	264,419		

RECLASS CODE: N
EXPLANATION : PARAMED PHARMACY RECLASS

INCREASE				DECREASE		
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	PARAMED ED PRGM PHARMACY	24.01	198,520	PHARMACY	16	198,520
TOTAL RECLASSIFICATIONS FOR CODE N			198,520	198,520		

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								
3	BUILDINGS & FIXTURE								
4	BUILDING IMPROVEMEN								
5	FIXED EQUIPMENT								
6	MOVABLE EQUIPMENT								
7	SUBTOTAL								
8	RECONCILING ITEMS								
9	TOTAL								

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

	DESCRIPTION	BEGINNING BALANCES 1	PURCHASES 2	ACQUISITIONS		TOTAL 4	DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7
				DONATION 3					
1	LAND	1,189,877						1,189,877	
2	LAND IMPROVEMENTS	5,204,054	150,275			150,275		5,354,329	
3	BUILDINGS & FIXTURE	174,456,124	2,456,132			2,456,132		176,912,256	
4	BUILDING IMPROVEMEN	1,818,534						1,818,534	
5	FIXED EQUIPMENT	61,304,263	1,081,179			1,081,179		62,385,442	
6	MOVABLE EQUIPMENT	126,151,303	3,914,103			3,914,103		130,065,406	
7	SUBTOTAL	370,124,155	7,601,689			7,601,689		377,725,844	
8	RECONCILING ITEMS								
9	TOTAL	370,124,155	7,601,689			7,601,689		377,725,844	

PART III - RECONCILIATION OF CAPITAL COST CENTERS

* 3 3 01 5	DESCRIPTION	GROSS ASSETS 1	COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL			TOTAL 8
			CAPITALIZED LEASES 2	GROSS ASSETS FOR RATIO 3	RATIO 4	INSURANCE 5	TAXES 6	OTHER CAPITAL RELATED COSTS 7	
	NEW CAP REL COSTS-BL								
	NEW CAP REL COSTS-BL								
	TOTAL			1.000000					

* 3 3 01 5	DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL						
		DEPRECIATION 9	LEASE 10	INTEREST 11	INSURANCE 12	TAXES 13	OTHER CAPITAL RELATED COST 14	TOTAL (1) 15
	NEW CAP REL COSTS-BL	7,481,300		15,378				7,496,678
	NEW CAP REL COSTS-BL	330,350						330,350
	TOTAL	7,811,650		15,378				7,827,028

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

* 3 3 01 5	DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL						
		DEPRECIATION 9	LEASE 10	INTEREST 11	INSURANCE 12	TAXES 13	OTHER CAPITAL RELATED COST 14	TOTAL (1) 15
	NEW CAP REL COSTS-BL	8,826,368						8,826,368
	NEW CAP REL COSTS-BL	330,350						330,350
	TOTAL	9,156,718						9,156,718

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

ADJUSTMENTS TO EXPENSES

PROVIDER NO:
I15-0024
I

PERIOD: I
FROM 1/1/2007 I
TO 12/31/2007 I
PREPARED 5/30/2008
WORKSHEET A-8

DESCRIPTION (1)	(2) BASIS/CODE	AMOUNT	EXPENSE CLASSIFICATION ON		WKST. A-7 REF. 5
			WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED	LINE NO	
	1	2	3 COST CENTER	4	
1 INVST INCOME-OLD BLDGS AND FIXTURES			**COST CENTER DELETED**	1	
2 INVESTMENT INCOME-OLD MOVABLE EQUIP			**COST CENTER DELETED**	2	
3 INVST INCOME-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &	3	
4 INVESTMENT INCOME-NEW MOVABLE EQUIP			**COST CENTER DELETED**	4	
5 INVESTMENT INCOME-OTHER					
6 TRADE QUANTITY AND TIME DISCOUNTS					
7 REFUNDS AND REBATES OF EXPENSES					
8 RENTAL OF PROVIDER SPACE BY SUPPLIERS					
9 TELEPHONE SERVICES					
10 TELEVISION AND RADIO SERVICE					
11 PARKING LOT					
12 PROVIDER BASED PHYSICIAN ADJUSTMENT	A-8-2	-32,525,849			
13 SALE OF SCRAP, WASTE, ETC.					
14 RELATED ORGANIZATION TRANSACTIONS	A-8-1	16,416,275			
15 LAUNDRY AND LINEN SERVICE					
16 CAFETERIA-EMPLOYEES AND GUESTS					
17 RENTAL OF QTRS TO EMPLOYEE AND OTHERS					
18 SALE OF MED AND SURG SUPPLIES					
19 SALE OF DRUGS TO OTHER THAN PATIENTS					
20 SALE OF MEDICAL RECORDS & ABSTRACTS					
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			**COST CENTER DELETED**	1	
30 DEPRECIATION-OLD MOVABLE EQUIP			**COST CENTER DELETED**	2	
31 DEPRECIATION-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &	3	
32 DEPRECIATION-NEW MOVABLE EQUIP			**COST CENTER DELETED**	4	
33 NON-PHYSICIAN ANESTHETIST			**COST CENTER DELETED**	20	
34 PHYSICIANS' ASSISTANT					
35 ADJUSTMENT FOR OCCUPATIONAL THERAPY	A-8-4		OCCUPATIONAL THERAPY	51	
36 ADJUSTMENT FOR SPEECH PATHOLOGY	A-8-4		SPEECH PATHOLOGY	52	
37 FI CARRY FORWARDS	A	17,387	NEW CAP REL COSTS-BLDG &	3	11
38 FI CARRY FORWARDS	A	-2,009	NEW CAP REL COSTS-BLDG &	3	11
39 TV COSTS	A	-3,534	NEW CAP REL COSTS-BLDG &	3	9
40 TV COSTS	A	-24,135	MEDICAL RECORDS & LIBRARY	17	
41 TV COSTS	A	-12,543	PSYCH CLINIC	60.18	
42 NONALLOWABLE ADV	A	-293	PURCHASING, RECEIVING AND	6.02	
43 NONALLOWABLE ADV	A	-1,094	CASHIERING/ACCOUNTS RECEI	6.04	
44 NONALLOWABLE ADV	A	-875,605	OTHER ADMINISTRATIVE AND	6.05	
45 NONALLOWABLE ADV	A	-1,839	NURSING FACILITY	35	
46 NONALLOWABLE ADV	A	-95	CHC CLINICS	60.17	
47 PARKING LOT	A	-223,179	MAINTENANCE & REPAIRS	7	
48 IUMG SERVICES	A	-1,875,264	CHC CLINICS	60.17	
49 IUMG SERVICES	A	-36,750	OTHER ADMINISTRATIVE AND	6.05	
49.01 IUMG SERVICES	A	-1,370,296	CHC CLINICS	60.17	
49.02 IUMG SERVICES	A	-808,523	CHC CLINICS	60.17	
49.03 IUMG SERVICES	A	-187,846	CHC CLINICS	60.17	
49.04 IUMG SERVICES	A	-550,990	ADULTS & PEDIATRICS	25	
49.05 IUMG SERVICES	A	-244,039	MEDICINE CLINIC	60.01	
49.06 IUMG SERVICES	A	-647,404	SENIOR CARE CLINIC	60.15	
49.07 MISC REV FROM EMPLOYEE BENEFITS	A	-2,942	EMPLOYEE BENEFITS	5	
49.08 MISC REV FROM NONPATIENT TELEPHONES	B	-10,292	NONPATIENT TELEPHONES	6.01	
49.09 MISC REV FROM PURCHASING	B	-2	PURCHASING, RECEIVING AND	6.02	
49.10 MISC REV FROM ADMITTING	B	-40	ADMITTING	6.03	
49.11 MISC REV FROM CASHIERING	B	-240	CASHIERING/ACCOUNTS RECEI	6.04	
49.12 MISC REV FROM ADMIN	B	-241,578	OTHER ADMINISTRATIVE AND	6.05	
49.13 MISC REV FROM MAINT	B	-2,653	MAINTENANCE & REPAIRS	7	
49.14 MISC REV FROM PLANT OPERATIONS	B	-87,715	MAINTENANCE & REPAIRS	7	
49.15 MISC REV FROM LAUNDRY	B	-23	LAUNDRY & LINEN SERVICE	9	
49.16 MISC REV FROM HOUSEKEEPING	B	-1,139	HOUSEKEEPING	10	
49.17 MISC REV FROM DIETARY	B	-138,271	DIETARY	11	
49.18 MISC REV FROM CAFETERIA	B	-911,328	CAFETERIA	12	
49.19 MISC REV FROM CENTRAL SERVICE	B	-80	CENTRAL SERVICES & SUPPLY	15	
49.20 MISC REV FROM PHARMACY	B	-346,090	PHARMACY	16	
49.21 MISC REV FROM MED RECORDS	B	-20,713	MEDICAL RECORDS & LIBRARY	17	
49.22 MISC REV FROM PARAMED ED	B	-31,359	PARAMED ED PRGM	24	
49.23 MISC REV FROM ADULTS & PEDS	B	-706	ADULTS & PEDIATRICS	25	
49.24 MISC REV FROM ICU	B	-149	INTENSIVE CARE UNIT	26	
49.25 MISC REV FROM SPECIAL CARE NURSERY	B	-84	NEONATAL INTENSIVE CARE U	30	
49.26 MISC REV FROM SUB1	B	-95	SUBPROVIDER	31	
49.27 MISC REV FROM SUB2	B	-200	SUBPROVIDER 2	31.01	
49.28 MISC REV FROM NURSERY	B	-6,495	NURSERY	33	
49.29 MISC REV FROM NURSING FACILITY	B	-5,093	NURSING FACILITY	35	
49.30 MISC REV FROM OPERATING ROOM	B	-148	OPERATING ROOM	37	
49.31 MISC REV FROM RADIOLOGY	B	-428	RADIOLOGY-DIAGNOSTIC	41	
49.32 MISC REV FROM LABORATORY	B	-971	LABORATORY	44	
49.33 MISC REV FROM RESP THERAPY	B	-3,532	RESPIRATORY THERAPY	49	
49.34 MISC REV FROM PHYSICAL THERAPY	B	-15	PHYSICAL THERAPY	50	
49.35 MISC REV FROM MEDICINE CLINIC	B	-3,914	MEDICINE CLINIC	60.01	
49.36 MISC REV FROM OB/GYN CLINIC	B	-3,130	OB/GYN CLINIC	60.02	
49.37 MISC REV FROM ORTHO CLINIC	B	-12,718	ORTHO CLINIC	60.03	
49.38 MISC REV FROM OPHTHALMOLOGY CLINIC	B	-130,860	OPHTHALMOLOGY CLINIC	60.07	
49.39 MISC REV FROM ENT CLINIC	B	-52	ENT CLINIC	60.08	
49.40 MISC REVENUE FROM SURGERY CLINIC	B	-14	SURGERY CLINIC	60.10	
49.41 MISC REV FROM ENDOSCOPY CLINIC	B	-26	ENDOSCOPY CLINIC	60.12	
49.42 MISC REV FROM OCC. HEALTH CLINIC	B	-658	OCCUPATIONAL THERAPY	60.13	
49.43 MISC REV FROM WWC	B	-39	WOMENS VISIT CLINIC	60.16	
49.44 MISC REV FROM CHC CLINIC	B	-73,531	CHC CLINICS	60.17	
49.45 MISC REV FROM PSYCH CLINIC	B	-153,944	PSYCH CLINIC	60.18	
49.46 MISC REV FROM WCOE	B	-7,818	CENTER OF EXCELLENCE	60.21	

DESCRIPTION (1)	(2) BASIS/CODE	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST. A-7 REF.
			COST CENTER	LINE NO	
49.47 MISC REV FROM PLASTICS CLINIC	B	-12,388	PLASTIC CLINIC	60.24	5
49.48 MISC REV FROM ED	B	-1,564	EMERGENCY	61	
49.49 MISC REV FROM AMB SVS	B	-42,395	AMBULANCE SERVICES	65	
49.50 MISC REV FROM MEDICINE CLINIC	B	-129,810	MEDICINE CLINIC	60.01	
49.51 NURSE PRACTITIONERS	A	-588,608	OB/GYN CLINIC	60.02	
50 TOTAL (SUM OF LINES 1 THRU 49)		-25,931,475			

(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 subscrippts thereof.
 Note: See instructions for column 5 referencing to Worksheet A-7

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

LINE NO.	COST CENTER	EXPENSE ITEMS	AMOUNT OF ALLOWABLE COST	AMOUNT	NET* ADJUSTMENTS	WKSHT A-7 COL. REF.
1	2	3	4	5	6	
1	3	NEW CAP REL COSTS-BLDG &	HQ CAPITAL COSTS	- 1,341,534	- 1,341,534	9
2	6	5 OTHER ADMINISTRATIVE AND	HQ OPERATING COSTS	17,757,809	17,757,809	
3						
4						
5		TOTALS		16,416,275	16,416,275	

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

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

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

SYMBOL (1)	NAME	PERCENTAGE OF OWNERSHIP	RELATED ORGANIZATION(S) NAME	PERCENTAGE OF OWNERSHIP	HOME OFFICE TYPE OF BUSINESS
1	2	3	4	5	6
1	G	HEALTH AND HOSPITAL CORP	100.00	0.00	
2			0.00	0.00	
3			0.00	0.00	
4			0.00	0.00	
5			0.00	0.00	

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

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
6	5 OTHER A&G	25,439,767	25,439,767					
37	OPERATING ROOM	21,913	21,913					
60	2 OB/GYN CLINIC	305,411	305,411					
60	18 PSYCH CLINIC	6,221,258	6,221,258					
61	EMERGENCY	537,500	537,500					
	TOTAL	32,525,849	32,525,849					

WKSHT A LINE NO.	COST CENTER/ PHYSICIAN IDENTIFIER	COST OF MEMBERSHIPS & CONTINUING EDUCATION	PROVIDER COMPONENT SHARE OF COL 12	PHYSICIAN COST OF MALPRACTICE INSURANCE	PROVIDER COMPONENT SHARE OF COL 14	ADJUSTED RCE LIMIT	RCE DIS- ALLOWANCE	ADJUSTMENT
10	11	12	13	14	15	16	17	18
6	5 OTHER A&G							25, 439, 767
37	OPERATING ROOM							21, 913
60	2 OB/GYN CLINIC							305, 411
60	18 PSYCH CLINIC							6, 221, 258
61	EMERGENCY							537, 500
	TOTAL							32, 525, 849

LINE NO.	COST CENTER DESCRIPTION	STATISTICS CODE	STATISTICS	DESCRIPTION	
	GENERAL SERVICE COST				
3	NEW CAP REL COSTS-BLDG & FIXT	1	SQUARE	FEET	ENTERED
3.01	NEW CAP REL COSTS-BLDG & FIXT	2	SQUARE	FT	ENTERED
5	EMPLOYEE BENEFITS	3	GROSS	SALARIES	ENTERED
6.01	NONPATIENT TELEPHONES	4	NO OF	PHONES	ENTERED
6.02	PURCHASING, RECEIVING AND STORES	5	COST	REQS	ENTERED
6.03	ADMITTING	6	GROSS	CHGS	ENTERED
6.04	CASHIERING/ACCOUNTS RECEIVABLE	7	GROSS	CHGS	ENTERED
6.05	OTHER ADMINISTRATIVE AND GENERAL	-8	ACCUM	COST	NOT ENTERED
7	MAINTENANCE & REPAIRS	9	SQUARE	FEET	ENTERED
8	OPERATION OF PLANT	9	SQUARE	FEET	ENTERED
9	LAUNDRY & LINEN SERVICE	10	POUNDS OF	LAUNDRY	ENTERED
10	HOUSEKEEPING	11	HOURS OF	SERVICE	ENTERED
11	DIETARY	12	MEALS	SERVED	ENTERED
12	CAFETERIA	13	PAID	HOURS	ENTERED
14	NURSING ADMINISTRATION	14	PAID	HOURS	ENTERED
15	CENTRAL SERVICES & SUPPLY	15	100%	ALLOC	ENTERED
16	PHARMACY	16	100%	ALLOC	ENTERED
17	MEDICAL RECORDS & LIBRARY	17	GROSS	CHARGES	ENTERED
22	I&R SERVICES-SALARY & FRINGES APPRVD	18	ASSIGNED	TIME	ENTERED
24	PARAMED PRGM	19	ASSIGNED	TIME	ENTERED
24.01	PARAMED PRGM PHARMACY	20	ASSIGNED	TIME	ENTERED

COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-BLDG &	EMPLOYEE BENE FITS	NONPATIENT TELEPHONES	PURCHASING RECEIVING AND	ADMINISTRATIVE
	0	3	3.01	5	6.01	6.02	6.03
GENERAL SERVICE COST CNTR							
003 NEW CAP REL COSTS-BLDG &	7,496,678	7,496,678					
005 01 NEW CAP REL COSTS-BLDG &	330,350		330,350				
005 EMPLOYEE BENEFITS	4,726,006	65,524		4,791,530			
006 01 NONPATIENT TELEPHONES	1,123,018	24,123		5,974	1,153,115		
006 02 PURCHASING, RECEIVING AND	3,147,720	76,609		33,972	12,563	3,270,864	
006 03 ADMINISTRATIVE	757,567	40,205		12,096	13,224	15,680	838,772
006 04 CASHIERING/ACCOUNTS RECEI	12,560,884	90,523		114,021	91,905	23,520	
006 05 OTHER ADMINISTRATIVE AND	49,265,470	613,362		312,329	215,546	142,974	
007 MAINTENANCE & REPAIRS	6,260,481	72,380		67,696	46,944	191,973	
008 OPERATION OF PLANT	9,551,913	1,116,977		65,452	25,786	35,486	
009 LAUNDRY & LINEN SERVICE	1,377,441	15,025		3,657	661	23,004	
010 HOUSEKEEPING	4,866,567	91,922		84,054	5,290	19,909	
011 DIETARY	1,937,433	82,327		27,867	12,563	29,606	
012 CAFETERIA	2,222,997	50,852		42,081		103	
014 NURSING ADMINISTRATION	1,660,472	62,636		35,675	24,464	4,745	
015 CENTRAL SERVICES & SUPPLY	2,304,611	53,073		10,197	7,934	50,443	
016 PHARMACY	43,239,466	86,166		260,937	30,415	172,683	
017 MEDICAL RECORDS & LIBRARY	3,759,070	151,974		53,409	33,721	21,353	
022 I&R SERVICES-SALARY & FRI	11,022,260						
024 PARAMED PRGM	268,701			6,491		2,373	
024 01 PARAMED PRGM PHARMACY	198,520	534		5,600			
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	23,319,698	678,876		476,541	78,020	159,788	41,841
026 INTENSIVE CARE UNIT	13,043,730	53,201		255,051	47,606	93,150	67,754
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
030 NEONATAL INTENSIVE CARE U	4,428,027	39,741		93,389	3,967	65,710	11,259
031 SUBPROVIDER	4,376,580	102,019		89,611	12,563	44,357	13,335
031 01 SUBPROVIDER 2	5,429,399	113,514		80,065	13,224	101,608	26,231
033 NURSERY	5,496,369	43,975		103,223	50,250	152,052	38,323
034 SKILLED NURSING FACILITY	3,371,956		42,655	58,464		25,479	
035 NURSING FACILITY	10,841,574		287,695	189,481		82,628	
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	18,900,184	240,345		165,021	68,764	418,712	110,327
037 01 AMBULATORY SURGERY	1,013,633	74,430		21,903	20,497	20,837	2,111
040 ANESTHESIOLOGY	1,822,361	26,905		3,472	12,563	82,318	12,018
041 RADIOLOGY-DIAGNOSTIC	8,664,832	242,865		111,360	56,862	130,802	84,068
041 01 NUCLEAR MEDICINE	909,974	29,900		8,780	17,191	9,181	6,879
041 02 CAT SCAN	2,098,882	9,600		30,546	2,645	11,760	85,529
044 LABORATORY	12,186,791	148,824		160,710	40,333	126,469	114,285
047 BLOOD STORING, PROCESSING	2,958,599	10,187		13,635	3,967	12,585	11,627
049 RESPIRATORY THERAPY	4,658,121	19,264		92,631	9,918	35,073	45,257
050 PHYSICAL THERAPY	2,565,151	38,828		54,855	14,546	51,268	13,837
051 OCCUPATIONAL THERAPY	1,413,747	28,256		28,154	3,967	12,791	7,499
052 SPEECH PATHOLOGY	416,166			9,498		1,754	1,528
052 01 PULMONARY FUNCTIONS	363,596	11,816		6,851	5,290	12,791	2,290
053 ELECTROCARDIOLOGY	1,125,164	20,551		23,450	113,063	13,307	12,013
055 MEDICAL SUPPLIES CHARGED							9,283
056 DRUGS CHARGED TO PATIENTS							123,378
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC							
060 01 MEDICINE CLINIC	2,047,217	246,389		49,025		37,239	
060 02 OB/GYN CLINIC	2,074,024	144,728		45,567		55,704	
060 03 ORTHO CLINIC	1,562,146	52,427		11,881		12,069	
060 04 PEDIATRICS CLINIC							
060 05 DENTISTRY CLINIC	8,169	57,585					
060 06 DERMATOLOGY CLINIC	439,081	41,327		8,594		11,966	
060 07 OPHTHALMOLOGY CLINIC	758,525	36,895		15,490		25,067	
060 08 ENT CLINIC	436,670	55,898		6,693		10,522	
060 09 GERIATRIC CLINIC	2,177			8		103	
060 10 SURGERY CLINIC	636,574	45,310		12,978		10,831	
060 11 NEUROLOGY CLINIC	707,461	52,416		13,469		11,141	
060 12 ENDOSCOPY CLINIC	1,837,004	31,459		31,128		40,128	
060 13 OCCUPATIONAL THERAPY	323,851	12,830		6,136		8,562	
060 14 URGENT VISIT CLINIC	1,536,644	5,580		33,704		9,593	
060 15 SENIOR CARE CLINIC	168,210	39,420		1,419		15,267	
060 16 WOMENS VISIT CLINIC	2,183,922	19,152		47,012		53,847	
060 17 CHC CLINICS	9,397,354	417,756		30,248		119,351	
060 18 PSYCH CLINIC	20,351,079	150,884		317,424		69,940	
060 19 ORAL SURGERY CLINIC	942,770	1,623				7,530	
060 20 DIETARY CLINIC	174,829			3,998		619	
060 21 CENTER OF EXCELLENCE	555,722			11,446		14,751	
060 22 OP BURN CLINIC	174,288	1,698		3,499		1,238	
060 23 BARIATRIC CLINIC	198,610	6,776		3,588		4,539	
060 24 PLASTIC CLINIC	133,823			2,108		4,951	
061 EMERGENCY	13,672,264	190,946		253,242	27,109	132,968	
062 OBSERVATION BEDS (NON-DIS							
063 OTHER OUTPATIENT SERVICE							
064 OTHER REIMBURS COST CNTRS							
064 HOME PROGRAM DIALYSIS							
065 AMBULANCE SERVICES	10,274,199			203,590	27,109	22,694	
066 DURABLE MEDICAL EQUIP-REN							
067 DURABLE MEDICAL EQUIP-SOL							
069 CORF							
070 I&R SERVICES-NOT APPRVD P							
071 HOME HEALTH AGENCY							
082 LUNG ACQUISITION							
SPEC PURPOSE COST CENTERS							
083 KIDNEY ACQUISITION							
084 LIVER ACQUISITION							
085 HEART ACQUISITION							
085 01 PANCREAS ACQUISITION							
086 OTHER ORGAN ACQUISITION							
092 AMBULATORY SURGICAL CENTE							

COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-BLDG &	EMPLOYEE BENE FITS	NONPATIENT TELEPHONES	PURCHASING RECEIVING AND	R ADMITTING
	0	3	3.01	5	6.01	6.02	6.03
093 SPEC PURPOSE COST CENTERS							
095 HOSPICE							
095 SUBTOTALS	368,078,772	6,238,408	330,350	4,330,446	1,150,470	3,078,892	838,772
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP	237,045	9,568		4,980			
097 RESEARCH	6,681	46,901				206	
098 PHYSICIANS' PRIVATE OFFIC							
099 NONPAID WORKERS							
100 OTHER NONREIMBURSABLE COS							
100 01 OTHER NONREIMBURSABLE COS							
100 02 RENTAL SPACE		439,850					
100 03 UNUSED SPACE		207,855					
100 04 NON REIMB PSYCH PROGRAMS	7,140,062	162,375		315,969		72,622	
100 05 SR CONNECTIONS-NRCC	108,857			2,095			
100 06 LV BEAUTY	34,082	1,191		745			
100 07 LV DAY CARE							
100 08 GRANT PROGRAMS	7,566,223			119,976		39,199	
100 09 BLANK							
100 10 DME	1,520,867			1,688		10,212	
100 11 FATHER RESOURCE		4,629					
100 12 NONREIMB HOUSE CALLS COST	281,819			2			
100 13 RENAL NONCERTIFIED	1,303,162	30,920		445	2,645	7,324	
100 14 NONREIMBURSEABLE FREESTAN	6,990,585	354,981		11,418		62,409	
100 15 OTHER NONREIMBURSABLE COS				3,766			
100 16 OTHER NONREIMBURSABLE COS							
100 17 OTHER NONREIMBURSABLE COS							
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	393,268,155	7,496,678	330,350	4,791,530	1,153,115	3,270,864	838,772

	COST CENTER DESCRIPTION	CASHIERING/AC COUNTS RECEI	SUBTOTAL	OTHER ADMINISTRATIVE AND	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING
		6. 04	6a. 04	6. 05	7	8	9	10
003	GENERAL SERVICE COST CNTR							
003	NEW CAP REL COSTS-BLDG &							
005	01 NEW CAP REL COSTS-BLDG & EMPLOYEE BENEFITS							
006	01 NONPATIENT TELEPHONES							
006	02 PURCHASING, RECEIVING AND ADMITTING							
006	04 CASHIERING/ACCOUNTS RECEI	12, 880, 853						
006	05 OTHER ADMINISTRATIVE AND MAINTENANCE & REPAIRS		50, 549, 681	50, 549, 681				
007	OPERATION OF PLANT		6, 639, 474		7, 618, 770			
009	LAUNDRY & LINEN SERVICE		10, 795, 614	1, 592, 310	1, 253, 127	13, 641, 051		
010	HOUSEKEEPING		1, 419, 788	209, 413	16, 856	36, 122	1, 682, 179	
011	DIETARY		5, 067, 742	747, 472	103, 127	220, 992		6, 139, 333
012	CAFETERIA		2, 089, 796	308, 237	92, 362	197, 925		
014	NURSING ADMINISTRATION		2, 316, 033	341, 606	57, 050	122, 254		8, 785
015	CENTRAL SERVICES & SUPPLY		1, 787, 992	263, 722	70, 271	150, 584		19, 580
016	PHARMACY		2, 426, 258	357, 863	59, 542	127, 594	74, 170	94, 210
017	PHARMACY		43, 789, 667	6, 458, 878	96, 669	207, 154		102, 434
022	I&R SERVICES-SALARY & FRI		4, 019, 527	452, 864	170, 498	365, 363		89, 163
024	PARAMED ED PRGM		11, 022, 260	1, 625, 739				
024	01 PARAMED ED PRGM PHARMACY		277, 565	40, 940				
024	INPAT ROUTINE SRVC CNTRS		204, 654	30, 186	599	1, 284		
025	ADULTS & PEDIATRICS	470, 744	25, 225, 508	3, 720, 662	761, 625	1, 632, 098	163, 552	984, 759
026	INTENSIVE CARE UNIT	762, 294	14, 322, 786	2, 112, 554	59, 686	127, 902	89, 385	253, 796
027	CORONARY CARE UNIT							
028	BURN INTENSIVE CARE UNIT							
029	SURGICAL INTENSIVE CARE U							
030	NEONATAL INTENSIVE CARE U	126, 679	4, 768, 772	703, 375	44, 585	95, 542	55, 152	123, 697
031	SUBPROVIDER	150, 028	4, 788, 493	706, 284	114, 454	245, 266	13, 312	431, 608
031	01 SUBPROVIDER 2	295, 120	6, 059, 161	893, 702	127, 351	272, 902	142, 637	251, 226
033	NURSERY	431, 163	6, 315, 355	931, 490	49, 335	105, 721		280, 760
034	SKILLED NURSING FACILITY		3, 498, 554	516, 023	40, 134	86, 004		
035	NURSING FACILITY		11, 401, 378	1, 681, 658	270, 690	580, 065		
037	ANCILLARY SRVC COST CNTRS							
037	OPERATING ROOM	1, 241, 273	21, 144, 626	3, 118, 748	269, 641	577, 819	829, 186	45, 423
037	01 AMBULATORY SURGERY	2, 378	1, 153, 889	170, 194	83, 503	178, 940	15, 215	
040	ANESTHESIOLOGY	135, 208	2, 094, 845	308, 981	30, 184	64, 683		13, 459
041	RADIOLOGY-DIAGNOSTIC	945, 839	10, 236, 628	1, 509, 862	272, 469	583, 878	5, 706	173, 279
041	01 NUCLEAR MEDICINE	77, 400	1, 059, 305	156, 243	33, 545	71, 884	3, 804	49, 348
041	02 CAT SCAN	962, 278	3, 201, 240	472, 170	10, 770	23, 080	1, 902	15, 141
044	LABORATORY	1, 285, 800	14, 063, 212	2, 074, 268	166, 964	357, 790		100, 939
047	BLOOD STORING, PROCESSING	130, 818	3, 141, 418	463, 347	11, 429	24, 492		7, 851
049	RESPIRATORY THERAPY	509, 185	5, 369, 449	791, 972	21, 613	46, 314		15, 702
050	PHYSICAL THERAPY	155, 682	2, 894, 167	426, 878	43, 560	93, 346	11, 412	22, 431
051	OCCUPATIONAL THERAPY	84, 374	1, 578, 788	232, 865	31, 700	67, 930		22, 431
052	SPEECH PATHOLOGY	17, 187	446, 133	65, 803				
052	01 PULMONARY FUNCTIONS	25, 759	428, 393	63, 186	13, 256	28, 407	2, 626	7, 851
053	ELECTROCARDIOLOGY	135, 152	1, 442, 700	212, 792	23, 056	49, 407		8, 972
055	MEDICAL SUPPLIES CHARGED	104, 443	113, 726	16, 774				
056	DRUGS CHARGED TO PATIENTS	1, 389, 358	1, 512, 736	223, 123				
060	OUTPAT SERVICE COST CNTRS							
060	CLINIC							
060	01 MEDICINE CLINIC	110, 076	2, 489, 946	367, 257	276, 422	592, 350	8, 529	311, 229
060	02 OB/GYN CLINIC	90, 659	2, 410, 682	355, 566	162, 369	347, 944	30, 832	230, 384
060	03 ORTHO CLINIC	27, 709	1, 666, 232	245, 763	58, 817	126, 041	2, 626	74, 910
060	04 PEDIATRICS CLINIC							
060	05 DENTISTRY CLINIC		65, 754	9, 698	64, 604	138, 441	2, 626	40, 282
060	06 DERMATOLOGY CLINIC	19, 807	520, 775	76, 812	46, 364	99, 354	1, 971	51, 825
060	07 OPHTHALMOLOGY CLINIC	44, 347	880, 324	129, 844	41, 392	88, 700	2, 626	46, 217
060	08 ENT CLINIC	20, 629	530, 412	78, 234	62, 711	134, 385	2, 626	55, 563
060	09 GERIATRIC CLINIC	19	2, 307	340				
060	10 SURGERY CLINIC	35, 061	740, 754	109, 258	50, 833	108, 930	12, 465	60, 750
060	11 NEUROLOGY CLINIC	23, 256	807, 743	119, 139	58, 805	126, 015	13, 123	59, 816
060	12 ENDOSCOPY CLINIC	92, 216	2, 031, 935	299, 702	35, 294	75, 632		
060	13 OCCUPATIONAL THERAPY	288	351, 667	51, 869	14, 394	30, 846		17, 150
060	14 URGENT VISIT CLINIC	94, 148	1, 679, 669	247, 744	6, 260	13, 414		72, 667
060	15 SENIOR CARE CLINIC	6, 899	231, 215	34, 103	44, 225	94, 771		
060	16 WOMENS VISIT CLINIC	104, 981	2, 408, 914	355, 305	21, 487	46, 044		
060	17 CHC CLINICS	187, 433	10, 152, 142	1, 497, 400	468, 676	1, 004, 335	28, 065	203, 327
060	18 PSYCH CLINIC	300, 626	21, 189, 953	3, 125, 433	169, 276	362, 745		172, 718
060	19 ORAL SURGERY CLINIC		951, 923	140, 405	1, 821	3, 902		
060	20 DIETARY CLINIC		179, 446	26, 468				
060	21 CENTER OF EXCELLENCE	18, 796	600, 715	88, 603				
060	22 OP BURN CLINIC	8, 587	189, 310	27, 922	1, 905	4, 082		
060	23 BARIATRIC CLINIC	1, 187	214, 700	31, 667	7, 602	16, 289		
060	24 PLASTIC CLINIC	1, 618	142, 500	21, 018				
061	EMERGENCY	844, 921	15, 121, 450	2, 230, 353	214, 220	459, 056	144, 539	754, 893
062	OBSERVATION BEDS (NON-DIS							
063	OTHER OUTPATIENT SERVICE							
064	OTHER REIMBURSE COST CNTRS							
064	HOME PROGRAM DIALYSIS							
065	AMBULANCE SERVICES	944, 565	11, 472, 157	1, 692, 097			9, 510	21, 309
066	DURABLE MEDICAL EQUIP-REN							
067	DURABLE MEDICAL EQUIP-SOL							
069	CORF							
070	I&R SERVICES-NOT APPRVD P							
071	HOME HEALTH AGENCY							
082	LUNG ACQUISITION							
082	SPEC PURPOSE COST CENTERS							
083	KIDNEY ACQUISITION							
084	LIVER ACQUISITION							
085	HEART ACQUISITION							
085	01 PANCREAS ACQUISITION							
086	OTHER ORGAN ACQUISITION							
092	AMBULATORY SURGICAL CENTE							

	COST CENTER DESCRIPTION	CASHIERING/AC COUNTS RECEI	SUBTOTAL	OTHER ADMINISTRATIVE AND	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING
		6.04	6a.04	6.05	7	8	9	10
093	SPEC PURPOSE COST CENTERS							
095	HOSPICE							
	SUBTOTALS	12,415,990	365,699,938	46,483,480	6,207,128	10,616,018	1,682,030	5,295,885
	NONREIMBURSABLE COST CENTERS							
096	GIFT, FLOWER, COFFEE SHOP		251,593	37,109	10,734	23,003		
097	RESEARCH		53,788	7,934	52,618	112,755		79,443
098	PHYSICIANS' PRIVATE OFFICE							
099	NONPAID WORKERS							
100	OTHER NONREIMBURSABLE COSTS							
100	01 OTHER NONREIMBURSABLE COSTS							
100	02 RENTAL SPACE		439,850	64,876	493,464	1,057,452		
100	03 UNUSED SPACE		207,855	30,658	233,191	499,709		
100	04 NON REIMB PSYCH PROGRAMS	433,343	8,124,371	1,198,312	182,167	390,369		
100	05 SR CONNECTIONS-NRCC		110,952	16,365				
100	06 LV BEAUTY		36,018	5,313	1,336	2,863		
100	07 LV DAY CARE							
100	08 GRANT PROGRAMS		7,725,398	1,139,465				
100	09 BLANK							
100	10 DME		1,532,767	226,077				
100	11 FATHER RESOURCE		4,629	683	5,193	11,129		
100	12 NONREIMB HOUSE CALLS COST		281,821	41,567				
100	13 RENAL NONCERTIFIED	30,520	1,375,016	202,809	34,689	74,336		50,469
100	14 NONREIMBURSEABLE FREESTAN	1,000	7,420,393	1,094,478	398,250	853,417	149	713,536
100	15 OTHER NONREIMBURSABLE COSTS		3,766	555				
100	16 OTHER NONREIMBURSABLE COSTS							
100	17 OTHER NONREIMBURSABLE COSTS							
101	CROSS FOOT ADJUSTMENT							
102	NEGATIVE COST CENTER							
103	TOTAL	12,880,853	393,268,155	50,549,681	7,618,770	13,641,051	1,682,179	6,139,333

COST CENTER DESCRIPTION		DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	I&R SERVICES SALARY & FRI
		11	12	14	15	16	17	22
003	GENERAL SERVICE COST CNTR							
003	NEW CAP REL COSTS-BLDG &							
005	01 NEW CAP REL COSTS-BLDG &							
006	EMPLOYEE BENEFITS							
006	01 NONPATIENT TELEPHONES							
006	02 PURCHASING, RECEIVING AND							
006	03 ADMITTING							
006	04 CASHIERING/ACCOUNTS RECEI							
006	05 OTHER ADMINISTRATIVE AND							
007	MAINTENANCE & REPAIRS							
008	OPERATION OF PLANT							
009	LAUNDRY & LINEN SERVICE							
010	HOUSEKEEPING							
011	DIETARY	2,688,320						
012	CAFETERIA		2,845,728					
014	NURSING ADMINISTRATION			24,161				
015	CENTRAL SERVICES & SUPPLY			15,869				
016	PHARMACY				3,155,506			
017	MEDICAL RECORDS & LIBRARY					50,830,329		
022	I&R SERVICES-SALARY & FRI						5,307,562	
024	PARAMED PRGM		6,021					12,647,999
024	01 PARAMED PRGM PHARMACY		3,693					
025	INPAT ROUTINE SRVC CNTRS							
025	ADULTS & PEDIATRICS	1,656,756	363,028	590,093			188,713	735,773
026	INTENSIVE CARE UNIT	516,782	167,957	273,006			305,591	
027	CORONARY CARE UNIT							
028	BURN INTENSIVE CARE UNIT							
029	SURGICAL INTENSIVE CARE U							
030	NEONATAL INTENSIVE CARE U		54,280	88,230			50,783	
031	SUBPROVIDER	341,635	78,111				60,144	303,104
031	01 SUBPROVIDER 2	173,147	57,542	93,532			118,309	8,545
033	NURSERY		65,259	106,076			172,846	
034	SKILLED NURSING FACILITY		70,389				58,767	
035	NURSING FACILITY		229,262				85,272	
037	ANCILLARY SRVC COST CNTRS							
037	OPERATING ROOM		129,391	210,319			497,606	75,740
037	01 AMBULATORY SURGERY		15,181	24,676			953	
040	ANESTHESIOLOGY		4,680	7,607			54,203	1,491,397
041	RADIOLOGY-DIAGNOSTIC		87,198				379,171	685,261
041	01 NUCLEAR MEDICINE		5,327				31,028	
041	02 CAT SCAN		20,734				385,762	
044	LABORATORY		135,601				515,456	140,958
047	BLOOD STORING, PROCESSING		10,495				52,443	
049	RESPIRATORY THERAPY		75,188				204,124	
050	PHYSICAL THERAPY		43,340				62,410	
051	OCCUPATIONAL THERAPY		23,768				33,824	
052	SPEECH PATHOLOGY		6,785				6,890	
052	01 PULMONARY FUNCTIONS		5,577				10,326	
053	ELECTROCARDIOLOGY		18,425	29,949			54,180	
055	MEDICAL SUPPLIES CHARGED				3,155,506		41,870	
056	DRUGS CHARGED TO PATIENTS					50,830,329	556,771	
060	OUTPAT SERVICE COST CNTRS							
060	CLINIC							
060	01 MEDICINE CLINIC		69,233				44,128	3,384,015
060	02 OB/GYN CLINIC		44,611				36,344	965,056
060	03 ORTHO CLINIC		13,915				11,108	395,497
060	04 PEDIATRICS CLINIC							235,967
060	05 DENTISTRY CLINIC							281,161
060	06 DERMATOLOGY CLINIC		8,392				7,941	281,161
060	07 OPHTHALMOLOGY CLINIC		16,969				17,778	329,639
060	08 ENT CLINIC		6,901				8,270	349,373
060	09 GERIATRIC CLINIC		5				8	53,739
060	10 SURGERY CLINIC		10,621				14,055	971,798
060	11 NEUROLOGY CLINIC		14,452				9,323	445,050
060	12 ENDOSCOPY CLINIC		25,570				36,968	
060	13 OCCUPATIONAL THERAPY		5,326				115	
060	14 URGENT VISIT CLINIC		21,006				37,742	
060	15 SENIOR CARE CLINIC		1,771				2,766	
060	16 WOMENS VISIT CLINIC		34,983				42,085	
060	17 CHC CLINICS		28,525				75,139	
060	18 PSYCH CLINIC						120,516	76,728
060	19 ORAL SURGERY CLINIC							442,842
060	20 DIETARY CLINIC		3,893					
060	21 CENTER OF EXCELLENCE		10,847				7,535	
060	22 OP BURN CLINIC		3,203				3,442	
060	23 BARIATRIC CLINIC		3,319				476	
060	24 PLASTIC CLINIC		1,740				649	
061	EMERGENCY		196,023	318,626			338,715	1,276,356
062	OBSERVATION BEDS (NON-DIS							
063	OTHER OUTPATIENT SERVICE							
064	OTHER REIMBURS COST CNTRS							
064	HOME PROGRAM DIALYSIS							
065	AMBULANCE SERVICES		225,781	366,996			378,661	
066	DURABLE MEDICAL EQUIP-REN							
067	DURABLE MEDICAL EQUIP-SOL							
069	CORF							
070	I&R SERVICES-NOT APPRVD P							
071	HOME HEALTH AGENCY							
082	LUNG ACQUISITION							
082	SPEC PURPOSE COST CENTERS							
083	KIDNEY ACQUISITION							
084	LIVER ACQUISITION							
085	HEART ACQUISITION							
085	01 PANCREAS ACQUISITION							
086	OTHER ORGAN ACQUISITION							
092	AMBULATORY SURGICAL CENTE							

COST CENTER DESCRIPTION		DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	I&R SERVICES SALARY & FRI
		11	12	14	15	16	17	22
093	SPEC PURPOSE COST CENTERS							
095	HOSPICE							
	SUBTOTALS	2,688,320	2,710,022	2,109,110	3,155,506	50,830,329	5,121,206	12,647,999
096	NONREIMBURSABLE COST CENTERS							
	GIFT, FLOWER, COFFEE SHOP		8,232					
097	RESEARCH							
098	PHYSICIANS' PRIVATE OFFICE							
099	NONPAID WORKERS							
100	OTHER NONREIMBURSABLE COSTS							
100	01 OTHER NONREIMBURSABLE COSTS							
100	02 RENTAL SPACE							
100	03 UNUSED SPACE							
100	04 NON REIMB PSYCH PROGRAMS						173,720	
100	05 SR CONNECTIONS-NRCC		2,718	4,418				
100	06 LV BEAUTY							
100	07 LV DAY CARE							
100	08 GRANT PROGRAMS		119,163	193,694				
100	09 BLANK							
100	10 DME		1,405	2,283				
100	11 FATHER RESOURCE							
100	12 NONREIMB HOUSE CALLS COST		3	4				
100	13 RENAL NONCERTIFIED		251	407			12,235	
100	14 NONREIMBURSEABLE FREESTAN						401	
100	15 OTHER NONREIMBURSABLE COSTS		3,934	6,394				
100	16 OTHER NONREIMBURSABLE COSTS							
100	17 OTHER NONREIMBURSABLE COSTS							
101	CROSS FOOT ADJUSTMENT							
102	NEGATIVE COST CENTER							
103	TOTAL	2,688,320	2,845,728	2,316,310	3,155,506	50,830,329	5,307,562	12,647,999

	COST CENTER DESCRPTION	PARAMED ED PR GM	PARAMED ED PR GM PHARMACY	SUBTOTAL	I&R COST POST STEP- DOWN ADJ	TOTAL
	GENERAL SERVICE COST CNTR	24	24.01	25	26	27
003	NEW CAP REL COSTS-BLDG &					
003 01	NEW CAP REL COSTS-BLDG &					
005	EMPLOYEE BENEFITS					
006	NONPATIENT TELEPHONES					
006 01	PURCHASING, RECEIVING AND					
006 03	ADMITTING					
006 04	CASHIERING/ACCOUNTS RECEI					
006 05	OTHER ADMINISTRATIVE AND					
007	MAINTENANCE & REPAIRS					
008	OPERATION OF PLANT					
009	LAUNDRY & LINEN SERVICE					
010	HOUSEKEEPING					
011	DIETARY					
012	CAFETERIA					
014	NURSING ADMINISTRATION					
015	CENTRAL SERVICES & SUPPLY					
016	PHARMACY					
017	MEDICAL RECORDS & LIBRARY					
022	I&R SERVICES-SALARY & FRI					
024	PARAMED ED PRGM	324,526				
024 01	PARAMED ED PRGM PHARMACY		240,416			
024	INPAT ROUTINE SRVC CNTRS					
025	ADULTS & PEDIATRICS			36,022,567	-735,773	35,286,794
026	INTENSIVE CARE UNIT			18,229,445		18,229,445
027	CORONARY CARE UNIT					
028	BURN INTENSIVE CARE UNIT					
029	SURGICAL INTENSIVE CARE U					
030	NEONATAL INTENSIVE CARE U			5,984,416		5,984,416
031	SUBPROVIDER			7,082,411	-303,104	6,779,307
031 01	SUBPROVIDER 2			8,198,054	-8,545	8,189,509
033	NURSERY			8,026,842		8,026,842
034	SKILLED NURSING FACILITY			4,269,871		4,269,871
035	NURSING FACILITY			14,248,325		14,248,325
	ANCILLARY SRVC COST CNTRS					
037	OPERATING ROOM			26,898,499	-75,740	26,822,759
037 01	AMBULATORY SURGERY			1,642,551		1,642,551
040	ANESTHESIOLOGY			4,070,039	-1,491,397	2,578,642
041	RADIOLOGY-DIAGNOSTIC			13,933,452	-685,261	13,248,191
041 01	NUCLEAR MEDICINE			1,410,484		1,410,484
041 02	CAT SCAN			4,130,799		4,130,799
044	LABORATORY			17,555,188	-140,958	17,414,230
047	BLOOD STORING, PROCESSING			3,711,475		3,711,475
049	RESPIRATORY THERAPY			6,524,362		6,524,362
050	PHYSICAL THERAPY			3,597,544		3,597,544
051	OCCUPATIONAL THERAPY			1,991,306		1,991,306
052	SPEECH PATHOLOGY			525,611		525,611
052 01	PULMONARY FUNCTIONS			559,622		559,622
053	ELECTROCARDIOLOGY			1,839,481		1,839,481
055	MEDICAL SUPPLIES CHARGED			3,327,876		3,327,876
056	DRUGS CHARGED TO PATIENTS		240,416	53,363,375		53,363,375
	OUTPAT SERVICE COST CNTRS					
060	CLINIC					
060 01	MEDICINE CLINIC			7,543,109	-3,384,015	4,159,094
060 02	OB/GYN CLINIC			4,583,788	-965,056	3,618,732
060 03	ORTHO CLINIC			2,594,909	-395,497	2,199,412
060 04	PEDIATRICS CLINIC					
060 05	DENTISTRY CLINIC			557,372	-235,967	321,405
060 06	DERMATOLOGY CLINIC			1,094,595	-281,161	813,434
060 07	OPHTHALMOLOGY CLINIC			1,553,489	-329,639	1,223,850
060 08	ENT CLINIC			1,228,475	-349,373	879,102
060 09	GERIATRIC CLINIC			56,399	-53,739	2,660
060 10	SURGERY CLINIC			2,079,464	-971,798	1,107,666
060 11	NEUROLOGY CLINIC			1,653,466	-445,050	1,208,416
060 12	ENDOSCOPY CLINIC			2,505,101		2,505,101
060 13	OCCUPATIONAL THERAPY			471,367		471,367
060 14	URGENT VISIT CLINIC			2,078,502		2,078,502
060 15	SENIOR CARE CLINIC			408,851		408,851
060 16	WOMENS VISIT CLINIC			2,908,818		2,908,818
060 17	CHC CLINICS			13,457,609		13,457,609
060 18	PSYCH CLINIC			25,217,369	-76,728	25,140,641
060 19	ORAL SURGERY CLINIC			1,555,326	-442,842	1,112,484
060 20	DIETARY CLINIC			209,807		209,807
060 21	CENTER OF EXCELLENCE			707,700		707,700
060 22	OP BURN CLINIC			229,864		229,864
060 23	BIARIATRIC CLINIC			274,053		274,053
060 24	PLASTIC CLINIC			165,907		165,907
061	EMERGENCY			21,054,231	-1,276,356	19,777,875
062	OBSERVATION BEDS (NON-DIS					
063	OTHER OUTPATIENT SERVICE					
	OTHER REIMBURS COST CNTRS					
064	HOME PROGRAM DIALYSIS					
065	AMBULANCE SERVICES	324,526		14,491,037		14,491,037
066	DURABLE MEDICAL EQUIP-REN					
067	DURABLE MEDICAL EQUIP-SOL					
069	CORF					
070	I&R SERVICES-NOT APPRVD P					
071	HOME HEALTH AGENCY					
082	LUNG ACQUISITION					
	SPEC PURPOSE COST CENTERS					
083	KIDNEY ACQUISITION					
084	LIVER ACQUISITION					
085	HEART ACQUISITION					
085 01	PANCREAS ACQUISITION					
086	OTHER ORGAN ACQUISITION					
092	AMBULATORY SURGICAL CENTE					

	COST CENTER DESCRIPTION	PARAMED ED PR GM	PARAMED ED PR GM PHARMACY	SUBTOTAL	I&R COST POST STEP- DOWN ADJ	TOTAL
		24	24.01	25	26	27
093	SPEC PURPOSE COST CENTERS					
	HOSPICE					
095	SUBTOTALS	324,526	240,416	355,824,203	-12,647,999	343,176,204
	NONREIMBURS COST CENTERS					
096	GIFT, FLOWER, COFFEE SHOP			330,671		330,671
097	RESEARCH			306,538		306,538
098	PHYSICIANS' PRIVATE OFFIC					
099	NONPAID WORKERS					
100	OTHER NONREIMBURSABLE COS					
100 01	OTHER NONREIMBURSABLE COS					
100 02	RENTAL SPACE			2,055,642		2,055,642
100 03	UNUSED SPACE			971,413		971,413
100 04	NON REIMB PSYCH PROGRAMS			10,068,939		10,068,939
100 05	SR CONNECTIONS-NRCC			134,453		134,453
100 06	LV BEAUTY			45,530		45,530
100 07	LV DAY CARE					
100 08	GRANT PROGRAMS			9,177,720		9,177,720
100 09	BLANK					
100 10	DME			1,762,532		1,762,532
100 11	FATHER RESOURCE			21,634		21,634
100 12	NONREIMB HOUSE CALLS COST			323,395		323,395
100 13	RENAL NONCERTIFIED			1,750,212		1,750,212
100 14	NONREIMBURSEABLE FREESTAN			10,480,624		10,480,624
100 15	OTHER NONREIMBURSABLE COS			14,649		14,649
100 16	OTHER NONREIMBURSABLE COS					
100 17	OTHER NONREIMBURSABLE COS					
101	CROSS FOOT ADJUSTMENT					
102	NEGATIVE COST CENTER					
103	TOTAL	324,526	240,416	393,268,155	-12,647,999	380,620,156

COST CENTER	DIR ASSGND NEW CAPITAL REL COSTS	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-BLDG &	SUBTOTAL	EMPLOYEE BENE FITS	NONPATIENT TE LEPHONES	PURCHASING, R ECEIVING AND
DESCRIPTION	0	3	3.01	4a	5	6.01	6.02
003 GENERAL SERVICE COST CNTR							
003 NEW CAP REL COSTS-BLDG &							
005 01 NEW CAP REL COSTS-BLDG &							
005 EMPLOYEE BENEFITS	4,072	65,524		69,596	69,596		
006 01 NONPATIENT TELEPHONES	1,427	24,123		25,550	87	25,637	
006 02 PURCHASING, RECEIVING AND	32,163	76,609		108,772	493	279	109,544
006 03 ADMITTING	1,371	40,205		41,576	176	294	525
006 04 CASHIERING/ACCOUNTS RECEI	148,465	90,523		238,988	1,656	2,043	4,788
006 05 OTHER ADMINISTRATIVE AND	769,733	613,362		1,383,095	4,535	4,792	4,788
007 MAINTENANCE & REPAIRS	159,416	72,380		231,796	983	1,044	6,429
008 OPERATION OF PLANT	70,751	1,116,977		1,187,728	950	573	1,188
009 LAUNDRY & LINEN SERVICE		15,025		15,025	53	15	770
010 HOUSEKEEPING	22,802	91,922		114,724	1,220	118	667
011 DIETARY	40,343	82,327		122,670	405	279	992
012 CAFETERIA		50,852		50,852	611		3
014 NURSING ADMINISTRATION	74,976	62,636		137,612	518	544	159
015 CENTRAL SERVICES & SUPPLY	193,896	53,073		246,969	148	176	1,689
016 PHARMACY	344,043	86,166		430,209	3,789	676	5,783
017 MEDICAL RECORDS & LIBRARY	19,743	151,974		171,717	775	750	715
022 I&R SERVICES-SALARY & FRI							
024 PARAMED ED PRGM	8,812			8,812	94		79
024 01 PARAMED PRGM PHARMACY		534		534	81		
025 ADULTS & PEDIATRICS	210,963	678,876		889,839	6,945	1,735	5,351
026 INTENSIVE CARE UNIT	83,190	53,201		136,391	3,703	1,058	3,120
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
030 NEONATAL INTENSIVE CARE U	91,845	39,741		131,586	1,356	88	2,201
031 SUBPROVIDER	8,726	102,019		110,745	1,301	279	1,486
031 01 SUBPROVIDER 2	228,854	113,514		342,368	1,162	294	3,403
033 NURSERY	105,654	43,975		149,629	1,499	1,117	5,092
034 SKILLED NURSING FACILITY			42,655	42,655	849		853
035 NURSING FACILITY	95,415		287,695	383,110	2,751		2,767
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	551,908	240,345		792,253	2,396	1,529	14,027
037 01 AMBULATORY SURGERY	31,218	74,430		105,648	318	456	698
040 ANESTHESIOLOGY	216,535	26,905		243,440	50	279	2,757
041 RADIOLOGY-DIAGNOSTIC	1,307,873	242,865		1,550,738	1,617	1,264	4,381
041 01 NUCLEAR MEDICINE	128,587	29,900		158,487	127	382	307
041 02 CAT SCAN	322,663	9,600		332,263	444	59	394
044 LABORATORY	116,852	148,824		265,676	2,333	897	4,236
047 BLOOD STORING, PROCESSING	5,783	10,187		15,970	198	88	421
049 RESPIRATORY THERAPY	101,829	19,264		121,093	1,345	221	1,175
050 PHYSICAL THERAPY	11,621	38,828		50,449	796	323	1,717
051 OCCUPATIONAL THERAPY	962	28,256		29,218	409	88	428
052 SPEECH PATHOLOGY	485			485	138		59
052 01 PULMONARY FUNCTIONS	13,614	11,816		25,430	99	118	428
053 ELECTROCARDIOLOGY	101,432	20,551		121,983	340	2,514	446
055 MEDICAL SUPPLIES CHARGED							
056 DRUGS CHARGED TO PATIENTS							
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC							
060 01 MEDICINE CLINIC	20,614	246,389		267,003	712		1,247
060 02 OB/GYN CLINIC	39,306	144,728		184,034	662		1,866
060 03 ORTHO CLINIC	5,817	52,427		58,244	173		404
060 04 PEDIATRICS CLINIC							
060 05 DENTISTRY CLINIC	8,164	57,585		65,749			
060 06 DERMATOLOGY CLINIC	5,902	41,327		47,229	125		401
060 07 OPHTHALMOLOGY CLINIC	27,981	36,895		64,876	225		840
060 08 ENT CLINIC	26,249	55,898		82,147	97		352
060 09 GERIATRIC CLINIC	1,237			1,237			3
060 10 SURGERY CLINIC	29,355	45,310		74,665	188		363
060 11 NEUROLOGY CLINIC	26,375	52,416		78,791	196		373
060 12 ENDOSCOPY CLINIC	102,281	31,459		133,740	452		1,344
060 13 OCCUPATIONAL THERAPY	1,388	12,830		14,218	89		287
060 14 URGENT VISIT CLINIC	2,377	5,580		7,957	489		321
060 15 SENIOR CARE CLINIC	6,643	39,420		46,063	21		511
060 16 WOMENS VISIT CLINIC	2,278	19,152		21,430	683		1,803
060 17 CHC CLINICS	122,129	417,756		539,885	439		3,997
060 18 PSYCH CLINIC	76,957	150,884		227,841	4,609		2,342
060 19 ORAL SURGERY CLINIC	3,104	1,623		4,727			252
060 20 DIETARY CLINIC					58		21
060 21 CENTER OF EXCELLENCE	11,018			11,018	166		494
060 22 OP BURN CLINIC		1,698		1,698	51		41
060 23 BARIATRIC CLINIC	5,609	6,776		12,385	52		152
060 24 PLASTIC CLINIC					31		166
061 EMERGENCY	73,796	190,946		264,742	3,677	603	4,453
062 OBSERVATION BEDS (NON-DIS							
063 OTHER OUTPATIENT SERVICE							
064 OTHER REIMBURS COST CNTRS							
064 HOME PROGRAM DIALYSIS							
065 AMBULANCE SERVICES	453,923			453,923	2,956	603	760
066 DURABLE MEDICAL EQUIP-REN							
067 DURABLE MEDICAL EQUIP-SOL							
069 CORF							
070 I&R SERVICES-NOT APPRVD P							
071 HOME HEALTH AGENCY							
082 LUNG ACQUISITION							
SPEC PURPOSE COST CENTERS							
083 KIDNEY ACQUISITION							
084 LIVER ACQUISITION							
085 HEART ACQUISITION							
085 01 PANCREAS ACQUISITION							
086 OTHER ORGAN ACQUISITION							
092 AMBULATORY SURGICAL CENTE							

	COST CENTER DESCRIPTION	DIR ASSGND NEW CAPITAL REL COSTS	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-BLDG &	SUBTOTAL	EMPLOYEE BENE FITS	NONPATIENT TELEPHONES	TE RECEIVING AND	PURCHASING R
		0	3	3.01	4a	5	6.01	6.02	
093	SPEC PURPOSE COST CENTERS								
095	HOSPICE								
	SUBTOTALS	6,680,525	6,238,408	330,350	13,249,283	62,901	25,578	103,115	
096	NONREIMBURS COST CENTERS								
097	GIFT, FLOWER, COFFEE SHOP	3,329	9,568		12,897	72			
098	RESEARCH		46,901		46,901			7	
099	PHYSICIANS' PRIVATE OFFIC								
100	NONPAID WORKERS								
100	OTHER NONREIMBURSABLE COS								
100	01 OTHER NONREIMBURSABLE COS								
100	02 RENTAL SPACE		439,850		439,850				
100	03 UNUSED SPACE		207,855		207,855				
100	04 NON REIMB PSYCH PROGRAMS		162,375		162,375	4,588		2,432	
100	05 SR CONNECTIONS-NRCC					30			
100	06 LV BEAUTY		1,191		1,191	11			
100	07 LV DAY CARE								
100	08 GRANT PROGRAMS	124,921			124,921	1,742		1,313	
100	09 BLANK								
100	10 DME	151			151	25		342	
100	11 FATHER RESOURCE		4,629		4,629				
100	12 NONREIMB HOUSE CALLS COST								
100	13 RENAL NONCERTIFIED	969	30,920		31,889	6	59	245	
100	14 NONREIMBURSEABLE FREESTAN		354,981		354,981	166		2,090	
100	15 OTHER NONREIMBURSABLE COS					55			
100	16 OTHER NONREIMBURSABLE COS								
100	17 OTHER NONREIMBURSABLE COS								
101	CROSS FOOT ADJUSTMENTS								
102	NEGATIVE COST CENTER								
103	TOTAL	6,809,895	7,496,678	330,350	14,636,923	69,596	25,637	109,544	

ALLOCATION OF NEW CAPITAL RELATED COSTS

	COST CENTER DESCRIPTION	ADMITTING	CASHIERING/AC COUNTS RECEI	OTHER ADMINIS TRATIVE AND	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LIN EN SERVICE	HOUSEKEEPING
		6. 03	6. 04	6. 05	7	8	9	10
003	GENERAL SERVICE COST CNTR							
003	NEW CAP REL COSTS-BLDG &							
005	01 NEW CAP REL COSTS-BLDG &							
006	EMPLOYEE BENEFITS							
006	01 NONPATIENT TELEPHONES							
006	02 PURCHASING, RECEIVING AND							
006	03 ADMITTING	42, 571						
006	04 CASHIERING/ACCOUNTS RECEI		243, 475					
006	05 OTHER ADMINIS TRATIVE AND			1, 397, 210				
007	MAINTENANCE & REPAIRS				27, 069	267, 321		
008	OPERATION OF PLANT				44, 014	43, 971	1, 278, 424	
009	LAUNDRY & LINEN SERVICE				5, 788	591	3, 385	25, 627
010	HOUSEKEEPING				20, 661	3, 618	20, 711	161, 719
011	DIETARY				8, 520	3, 241	18, 549	
012	CAFETERIA				9, 442	2, 002	11, 458	231
014	NURSING ADMINISTRATION				7, 290	2, 466	14, 113	516
015	CENTRAL SERVICES & SUPPLY				9, 892	2, 089	11, 958	1, 130
016	PHARMACY				178, 479	3, 392	19, 414	2, 698
017	MEDICAL RECORDS & LIBRARY				16, 388	5, 982	34, 241	2, 349
022	I&R SERVICES-SALARY & FRI				44, 938			
024	PARAMED PRGM				1, 132			
024	01 PARAMED PRGM PHARMACY				834			
025	INPAT ROUTINE SRVC CNTRS					21	120	
025	ADULTS & PEDIATRICS	2, 128	8, 894	102, 844	26, 723	152, 962	2, 492	25, 939
026	INTENSIVE CARE UNIT	3, 446	14, 403	58, 394	2, 094	11, 987	1, 362	6, 685
027	CORONARY CARE UNIT							
028	BURN INTENSIVE CARE UNIT							
029	SURGICAL INTENSIVE CARE U							
030	NEONATAL INTENSIVE CARE U	573	2, 393	19, 442	1, 564	8, 954	840	3, 258
031	SUBPROVIDER	678	2, 835	19, 523	4, 016	22, 986	203	11, 369
031	01 SUBPROVIDER 2	1, 334	5, 576	24, 703	4, 468	25, 576	2, 173	6, 618
033	NURSERY	1, 949	8, 146	25, 748	1, 731	9, 908		7, 396
034	SKILLED NURSING FACILITY			14, 264	1, 408	8, 060		
035	NURSING FACILITY			46, 483	9, 498	54, 363		
037	ANCILLARY SRVC COST CNTRS							
037	OPERATING ROOM	5, 611	23, 452	86, 207	9, 461	54, 153	12, 630	1, 196
037	01 AMBULATORY SURGERY	11	45	4, 704	2, 930	16, 770	232	
040	ANESTHESIOLOGY	611	2, 555	8, 541	1, 059	6, 072		355
041	RADIOLOGY-DIAGNOSTIC	4, 275	17, 870	41, 735	9, 560	54, 720	87	4, 564
041	01 NUCLEAR MEDICINE	350	1, 462	4, 319	1, 177	6, 737	58	1, 300
041	02 CAT SCAN	4, 350	18, 181	13, 051	3, 378	2, 163	29	399
044	LABORATORY	5, 812	24, 294	57, 336	5, 858	33, 532		2, 659
047	BLOOD STORING, PROCESSING	591	2, 472	12, 808	401	2, 295		207
049	RESPIRATORY THERAPY	2, 302	9, 620	21, 891	758	4, 340		414
050	PHYSICAL THERAPY	704	2, 941	11, 800	1, 528	8, 748	174	591
051	OCCUPATIONAL THERAPY	381	1, 594	6, 437	1, 112	6, 366		591
052	SPEECH PATHOLOGY	78	325	1, 819				
052	01 PULMONARY FUNCTIONS	116	487	1, 747	465	2, 662	40	207
053	ELECTROCARDIOLOGY	611	2, 554	5, 882	809	4, 630		236
055	MEDICAL SUPPLIES CHARGED	472	1, 973	464				
056	DRUGS CHARGED TO PATIENTS	6, 188	26, 359	6, 167				
060	OUTPAT SERVICE COST CNTRS							
060	CLINIC							
060	01 MEDICINE CLINIC		2, 080	10, 152	9, 699	55, 514	130	8, 198
060	02 OB/GYN CLINIC		1, 713	9, 828	5, 697	32, 609	470	6, 069
060	03 ORTHO CLINIC		524	6, 793	2, 064	11, 812	40	1, 973
060	04 PEDIATRICS CLINIC							
060	05 DENTISTRY CLINIC			268	2, 267	12, 975	40	1, 061
060	06 DERMATOLOGY CLINIC		374	2, 123	1, 627	9, 311	30	1, 365
060	07 OPHTHALMOLOGY CLINIC		838	3, 589	1, 452	8, 313	40	1, 217
060	08 ENT CLINIC		390	2, 162	2, 200	12, 594	40	1, 464
060	09 GERIATRIC CLINIC			9				
060	10 SURGERY CLINIC		662	3, 020	1, 784	10, 209	190	1, 600
060	11 NEUROLOGY CLINIC		439	3, 293	2, 063	11, 810	200	1, 576
060	12 ENDOSCOPY CLINIC		1, 742	8, 284	1, 238	7, 088		
060	13 OCCUPATIONAL THERAPY		5	1, 434	505	2, 891		452
060	14 URGENT VISIT CLINIC		1, 779	6, 848	220	1, 257		1, 914
060	15 SENIOR CARE CLINIC		130	943	1, 552	8, 882		
060	16 WOMENS VISIT CLINIC		1, 983	9, 821	754	4, 315		
060	17 CHC CLINICS		3, 541	41, 390	16, 445	94, 125	428	5, 356
060	18 PSYCH CLINIC		5, 680	86, 391	5, 939	33, 996		4, 550
060	19 ORAL SURGERY CLINIC			3, 881	64	366	220	
060	20 DIETARY CLINIC			732				
060	21 CENTER OF EXCELLENCE		355	2, 449				
060	22 OP BURN CLINIC		162	772	67	383		
060	23 BARIATRIC CLINIC		22	875	267	1, 527		
060	24 PLASTIC CLINIC		31	581				
061	EMERGENCY		15, 964	61, 650	7, 516	43, 022	2, 202	19, 885
062	OBSERVATION BEDS (NON-DIS							
063	OTHER OUTPATIENT SERVICE							
064	OTHER REIMBURS COST CNTRS							
064	HOME PROGRAM DIALYSIS							
065	AMBULANCE SERVICES		17, 846	46, 772			145	561
066	DURABLE MEDICAL EQUIP-REN							
067	DURABLE MEDICAL EQUIP-SOL							
069	CORF							
070	I&R SERVICES-NOT APPRVD P							
071	HOME HEALTH AGENCY							
082	LUNG ACQUISITION							
083	SPEC PURPOSE COST CENTERS							
084	KIDNEY ACQUISITION							
084	LIVER ACQUISITION							
085	HEART ACQUISITION							
085	01 PANCREAS ACQUISITION							
086	OTHER ORGAN ACQUISITION							
092	AMBULATORY SURGICAL CENTE							

ALLOCATION OF NEW CAPITAL RELATED COSTS

	COST CENTER DESCRIPTION	ADMITTING	CASHIERING/AC COUNTS RECEI	OTHER ADMINISTRATIVE AND	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING
		6.03	6.04	6.05	7	8	9	10
093	SPEC PURPOSE COST CENTERS							
	HOSPICE							
095	SUBTOTALS	42,571	234,691	1,284,816	217,791	994,922	25,625	139,501
	NONREIMBURSABLE COST CENTERS							
096	GIFT, FLOWER, COFFEE SHOP			1,026	377	2,156		
097	RESEARCH			219	1,846	10,567		2,093
098	PHYSICIANS' PRIVATE OFFIC							
099	NONPAID WORKERS							
100	OTHER NONREIMBURSABLE COS							
100	01 OTHER NONREIMBURSABLE COS							
100	02 RENTAL SPACE			1,793	17,314	99,103		
100	03 UNUSED SPACE			847	8,182	46,832		
100	04 NON REIMB PSYCH PROGRAMS		8,188	33,123	6,392	36,585		
100	05 SR CONNECTIONS-NRCC			452				
100	06 LV BEAUTY			147	47	268		
100	07 LV DAY CARE							
100	08 GRANT PROGRAMS			31,496				
100	09 BLANK							
100	10 DME			6,249				
100	11 FATHER RESOURCE			19	182	1,043		
100	12 NONREIMB HOUSE CALLS COST			1,149				
100	13 RENAL NONCERTIFIED		577	5,606	1,217	6,967		1,329
100	14 NONREIMBURSEABLE FREESTAN		19	30,253	13,973	79,981	2	18,796
100	15 OTHER NONREIMBURSABLE COS			15				
100	16 OTHER NONREIMBURSABLE COS							
100	17 OTHER NONREIMBURSABLE COS							
101	CROSS FOOT ADJUSTMENTS							
102	NEGATIVE COST CENTER							
103	TOTAL	42,571	243,475	1,397,210	267,321	1,278,424	25,627	161,719

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION		DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	I&R SERVICES-SALARY & FRI
		11	12	14	15	16	17	22
003	GENERAL SERVICE COST CNTR							
003	NEW CAP REL COSTS-BLDG &							
005	01 NEW CAP REL COSTS-BLDG &							
006	EMPLOYEE BENEFITS							
006	01 NONPATIENT TELEPHONES							
006	02 PURCHASING, RECEIVING AND							
006	03 ADMITTING							
006	04 CASHIERING/ACCOUNTS RECEI							
006	05 OTHER ADMINISTRATIVE AND							
007	MAINTENANCE & REPAIRS							
008	OPERATION OF PLANT							
009	LAUNDRY & LINEN SERVICE							
010	HOUSEKEEPING							
011	DIETARY	154,656						
012	CAFETERIA		74,599					
014	NURSING ADMINISTRATION			633				
015	CENTRAL SERVICES & SUPPLY			416				
016	PHARMACY				276,949			
017	MEDICAL RECORDS & LIBRARY					649,041		
022	I&R SERVICES-SALARY & FRI						234,756	
024	PARAMED PRGM		158					44,938
024	01 PARAMED PRGM PHARMACY		97					
025	INPAT ROUTINE SRVC CNTRS							
025	ADULTS & PEDIATRICS	95,311	9,514	41,740			8,344	
026	INTENSIVE CARE UNIT	29,730	4,403	19,312			13,512	
027	CORONARY CARE UNIT							
028	BURN INTENSIVE CARE UNIT							
029	SURGICAL INTENSIVE CARE U							
030	NEONATAL INTENSIVE CARE U		1,423	6,241			2,245	
031	SUBPROVIDER	19,654	2,048				2,659	
031	01 SUBPROVIDER 2	9,961	1,508	6,616			5,231	
033	NURSERY		1,711	7,504			7,643	
034	SKILLED NURSING FACILITY		1,845				2,598	
035	NURSING FACILITY		6,010				3,770	
037	ANCILLARY SRVC COST CNTRS							
037	OPERATING ROOM		3,392	14,878			22,002	
037	01 AMBULATORY SURGERY		398	1,745			42	
040	ANESTHESIOLOGY		123	538			2,397	
041	RADIOLOGY-DIAGNOSTIC		2,286				16,766	
041	01 NUCLEAR MEDICINE		140				1,372	
041	02 CAT SCAN		544				17,057	
044	LABORATORY		3,555				22,792	
047	BLOOD STORING, PROCESSING		275				2,319	
049	RESPIRATORY THERAPY		1,971				9,026	
050	PHYSICAL THERAPY		1,136				2,760	
051	OCCUPATIONAL THERAPY		623				1,496	
052	SPEECH PATHOLOGY		178				305	
052	01 PULMONARY FUNCTIONS		146				457	
053	ELECTROCARDIOLOGY		483	2,119			2,396	
055	MEDICAL SUPPLIES CHARGED				276,949		1,851	
056	DRUGS CHARGED TO PATIENTS					649,041	24,693	
060	OUTPAT SERVICE COST CNTRS							
060	CLINIC							
060	01 MEDICINE CLINIC		1,815				1,951	
060	02 OB/GYN CLINIC		1,169				1,607	
060	03 ORTHO CLINIC		365				491	
060	04 PEDIATRICS CLINIC							
060	05 DENTISTRY CLINIC							
060	06 DERMATOLOGY CLINIC		220				351	
060	07 OPHTHALMOLOGY CLINIC		445				786	
060	08 ENT CLINIC		181				366	
060	09 GERIATRIC CLINIC							
060	10 SURGERY CLINIC		278				621	
060	11 NEUROLOGY CLINIC		379				412	
060	12 ENDOSCOPY CLINIC		670				1,635	
060	13 OCCUPATIONAL THERAPY		140				5	
060	14 URGENT VISIT CLINIC		551				1,669	
060	15 SENIOR CARE CLINIC		46				122	
060	16 WOMENS VISIT CLINIC		917				1,861	
060	17 CHC CLINICS		748				3,322	
060	18 PSYCH CLINIC						5,329	
060	19 ORAL SURGERY CLINIC							
060	20 DIETARY CLINIC		102					
060	21 CENTER OF EXCELLENCE		284				333	
060	22 OP BURN CLINIC		84				152	
060	23 BARIATRIC CLINIC		87				21	
060	24 PLASTIC CLINIC		46				29	
061	EMERGENCY		5,139	22,539			14,977	
062	OBSERVATION BEDS (NON-DIS							
063	OTHER OUTPATIENT SERVICE							
063	OTHER REIMBURS COST CNTRS							
064	HOME PROGRAM DIALYSIS							
065	AMBULANCE SERVICES		5,919	25,961			16,743	
066	DURABLE MEDICAL EQUIP-REN							
067	DURABLE MEDICAL EQUIP-SOL							
069	CORF							
070	I&R SERVICES-NOT APPRVD P							
071	HOME HEALTH AGENCY							
082	LUNG ACQUISITION							
082	SPEC PURPOSE COST CENTERS							
083	KIDNEY ACQUISITION							
084	LIVER ACQUISITION							
085	HEART ACQUISITION							
085	01 PANCREAS ACQUISITION							
086	OTHER ORGAN ACQUISITION							
092	AMBULATORY SURGICAL CENTE							

COST CENTER DESCRIPTION		DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	I&R SERVICES-SALARY & FRI
		11	12	14	15	16	17	22
093	SPEC PURPOSE COST CENTERS							
095	HOSPICE							
	SUBTOTALS	154,656	71,041	149,193	276,949	649,041	226,516	
096	NONREIMBURSABLE COST CENTERS							
097	GIFT, FLOWER, COFFEE SHOP		216					
098	RESEARCH							
099	PHYSICIANS' PRIVATE OFFICE							
100	NONPAID WORKERS							
100	OTHER NONREIMBURSABLE COSTS							
100	01 OTHER NONREIMBURSABLE COSTS							
100	02 RENTAL SPACE							
100	03 UNUSED SPACE							
100	04 NON REIMB PSYCH PROGRAMS						7,681	
100	05 SR CONNECTIONS-NRCC		71	313				
100	06 LV BEAUTY							
100	07 LV DAY CARE							
100	08 GRANT PROGRAMS		3,124	13,702				
100	09 BLANK							
100	10 DME		37	162				
100	11 FATHER RESOURCE							
100	12 NONREIMB HOUSE CALLS COST							
100	13 RENAL NONCERTIFIED		7	29			541	
100	14 NONREIMBURSEABLE FREESTAN						18	
100	15 OTHER NONREIMBURSABLE COSTS		103	452				
100	16 OTHER NONREIMBURSABLE COSTS							
100	17 OTHER NONREIMBURSABLE COSTS							
101	CROSS FOOT ADJUSTMENTS							44,938
102	NEGATIVE COST CENTER							
103	TOTAL	154,656	74,599	163,851	276,949	649,041	234,756	44,938

	COST CENTER DESCRPTION	PARAMED ED PR GM	PARAMED ED PR GM PHARMACY	SUBTOTAL	POST STEPDOWN ADJUSTMENT	TOTAL
		24	24.01	25	26	27
003	GENERAL SERVICE COST CNTR					
003	NEW CAP REL COSTS-BLDG &					
005	01 NEW CAP REL COSTS-BLDG &					
006	EMPLOYEE BENEFITS					
006	01 NONPATIENT TELEPHONES					
006	02 PURCHASING, RECEIVING AND					
006	03 ADMITTING					
006	04 CASHIERING/ACCOUNTS RECEI					
006	05 OTHER ADMINISTRATIVE AND					
007	MAINTENANCE & REPAIRS					
008	OPERATION OF PLANT					
009	LAUNDRY & LINEN SERVICE					
010	HOUSEKEEPING					
011	DIETARY					
012	CAFETERIA					
014	NURSING ADMINISTRATION					
015	CENTRAL SERVICES & SUPPLY					
016	PHARMACY					
017	MEDICAL RECORDS & LIBRARY					
022	I&R SERVICES-SALARY & FRI					
024	PARAMED ED PRGM	10,275				
024	01 PARAMED ED PRGM PHARMACY		1,687			
	INPAT ROUTINE SRVC CNTRS					
025	ADULTS & PEDIATRICS			1,380,761		1,380,761
026	INTENSIVE CARE UNIT			309,600		309,600
027	CORONARY CARE UNIT					
028	BURN INTENSIVE CARE UNIT					
029	SURGICAL INTENSIVE CARE U					
030	NEONATAL INTENSIVE CARE U			182,164		182,164
031	SUBPROVIDER			199,782		199,782
031	01 SUBPROVIDER 2			440,991		440,991
033	NURSERY			229,073		229,073
034	SKILLED NURSING FACILITY			72,532		72,532
035	NURSING FACILITY			508,752		508,752
	ANCILLARY SRVC COST CNTRS					
037	OPERATING ROOM			1,043,187		1,043,187
037	01 AMBULATORY SURGERY			133,997		133,997
040	ANESTHESIOLOGY			268,767		268,767
041	RADIOLOGY-DIAGNOSTIC			1,709,863		1,709,863
041	01 NUCLEAR MEDICINE			176,218		176,218
041	02 CAT SCAN			389,312		389,312
044	LABORATORY			428,980		428,980
047	BLOOD STORING, PROCESSING			38,045		38,045
049	RESPIRATORY THERAPY			174,156		174,156
050	PHYSICAL THERAPY			83,667		83,667
051	OCCUPATIONAL THERAPY			48,743		48,743
052	SPEECH PATHOLOGY			3,387		3,387
052	01 PULMONARY FUNCTIONS			32,402		32,402
053	ELECTROCARDIOLOGY			145,003		145,003
055	MEDICAL SUPPLIES CHARGED			281,709		281,709
056	DRUGS CHARGED TO PATIENTS			712,448		712,448
	OUTPAT SERVICE COST CNTRS					
060	CLINIC					
060	01 MEDICINE CLINIC			358,501		358,501
060	02 OB/GYN CLINIC			245,724		245,724
060	03 ORTHO CLINIC			82,883		82,883
060	04 PEDIATRICS CLINIC					
060	05 DENTISTRY CLINIC			82,360		82,360
060	06 DERMATOLOGY CLINIC			63,156		63,156
060	07 OPHTHALMOLOGY CLINIC			82,621		82,621
060	08 ENT CLINIC			101,993		101,993
060	09 GERIATRIC CLINIC			1,249		1,249
060	10 SURGERY CLINIC			93,580		93,580
060	11 NEUROLOGY CLINIC			99,532		99,532
060	12 ENDOSCOPY CLINIC			156,193		156,193
060	13 OCCUPATIONAL THERAPY			20,026		20,026
060	14 URGENT VISIT CLINIC			23,005		23,005
060	15 SENIOR CARE CLINIC			58,270		58,270
060	16 WOMENS VISIT CLINIC			43,567		43,567
060	17 CHC CLINICS			709,676		709,676
060	18 PSYCH CLINIC			376,677		376,677
060	19 ORAL SURGERY CLINIC			9,510		9,510
060	20 DIETARY CLINIC			913		913
060	21 CENTER OF EXCELLENCE			15,099		15,099
060	22 OP BURN CLINIC			3,410		3,410
060	23 BARIATRIC CLINIC			15,388		15,388
060	24 PLASTIC CLINIC			884		884
061	EMERGENCY			466,369		466,369
062	OBSERVATION BEDS (NON-DIS					
063	OTHER OUTPATIENT SERVICE					
	OTHER REIMBURS COST CNTRS					
064	HOME PROGRAM DIALYSIS					
065	AMBULANCE SERVICES			572,189		572,189
066	DURABLE MEDICAL EQUIP-REN					
067	DURABLE MEDICAL EQUIP-SOL					
069	CORF					
070	I&R SERVICES-NOT APPRVD P					
071	HOME HEALTH AGENCY					
082	LUNG ACQUISITION					
	SPEC PURPOSE COST CENTERS					
083	KIDNEY ACQUISITION					
084	LIVER ACQUISITION					
085	HEART ACQUISITION					
085	01 PANCREAS ACQUISITION					
086	OTHER ORGAN ACQUISITION					
092	AMBULATORY SURGICAL CENTE					

	COST CENTER DESCRIPTION	PARAMED ED PR GM	PARAMED ED PR GM PHARMACY	SUBTOTAL	POST STEPDOWN ADJUSTMENT	TOTAL
		24	24.01	25	26	27
093	SPEC PURPOSE COST CENTERS					
	HOSPICE					
095	SUBTOTALS			12,676,314		12,676,314
	NONREIMBURS COST CENTERS					
096	GIFT, FLOWER, COFFEE SHOP			16,744		16,744
097	RESEARCH			61,633		61,633
098	PHYSICIANS' PRIVATE OFFIC					
099	NONPAID WORKERS					
100	OTHER NONREIMBURSABLE COS					
100 01	OTHER NONREIMBURSABLE COS					
100 02	RENTAL SPACE			558,060		558,060
100 03	UNUSED SPACE			263,716		263,716
100 04	NON REIMB PSYCH PROGRAMS			261,364		261,364
100 05	SR CONNECTIONS-NRCC			866		866
100 06	LV BEAUTY			1,664		1,664
100 07	LV DAY CARE					
100 08	GRANT PROGRAMS			176,298		176,298
100 09	BLANK					
100 10	DME			6,966		6,966
100 11	FATHER RESOURCE			5,873		5,873
100 12	NONREIMB HOUSE CALLS COST			1,149		1,149
100 13	RENAL NONCERTIFIED			48,472		48,472
100 14	NONREIMBURSEABLE FREESTAN			500,279		500,279
100 15	OTHER NONREIMBURSABLE COS			625		625
100 16	OTHER NONREIMBURSABLE COS					
100 17	OTHER NONREIMBURSABLE COS					
101	CROSS FOOT ADJUSTMENTS	10,275	1,687	56,900		56,900
102	NEGATIVE COST CENTER					
103	TOTAL	10,275	1,687	14,636,923		14,636,923

COST CENTER DESCRIPTION	NEW CAP REL C OSTS-BLDG & (SQUARE FEET	NEW CAP REL C OSTS-BLDG & (SQUARE) FT	EMPLOYEE BENE FITS (GROSS) SALARIES	NONPATIENT LEPHONES (NO OF) PHONES	PURCHASING, R ECEIVING AND (COST) REQS	ADMITTING (GROSS) CHGS
	3	3.01	5	6.01	6.02	6.03
003 GENERAL SERVICE COST						
003 NEW CAP REL COSTS-BLD	1,404,045					
005 01 NEW CAP REL COSTS-BLD		51,889				
006 EMPLOYEE BENEFITS	12,272		166,433,254			
006 01 NONPATIENT TELEPHONES	4,518		207,503	1,744		
006 02 PURCHASING, RECEIVING	14,348		1,180,027	19	31,708	
006 03 ADMITTING	7,530		420,147	20	152	479,360,696
006 04 CASHIERING/ACCOUNTS R	16,954		3,960,583	139	228	
006 05 OTHER ADMINISTRATIVE	114,876		10,848,906	326	1,386	
007 MAINTENANCE & REPAIRS	13,556		2,351,461	71	1,861	
008 OPERATION OF PLANT	209,197		2,273,512	39	344	
009 LAUNDRY & LINEN SERVI	2,814		127,034	1	223	
010 HOUSEKEEPING	17,216		2,919,647	8	193	
011 DIETARY	15,419		967,990	19	287	
012 CAFETERIA	9,524		1,461,708		1	
014 NURSING ADMINISTRATIO	11,731		1,239,177	37	46	
015 CENTRAL SERVICES & SU	9,940		354,207	12	489	
016 PHARMACY	16,138		9,063,765	46	1,674	
017 MEDICAL RECORDS & LIB	28,463		1,855,174	51	207	
022 I&R SERVICES-SALARY &						
024 PARAMED PRGM			225,461		23	
024 01 PARAMED PRGM PHARM	100		194,505			
025 INPAT ROUTINE SRVC CN						
025 ADULTS & PEDIATRICS	127,146		16,550,206	118	1,549	23,908,960
026 INTENSIVE CARE UNIT	9,964		8,859,320	72	903	38,716,749
027 CORONARY CARE UNIT						
028 BURN INTENSIVE CARE U						
029 SURGICAL INTENSIVE CA						
030 NEONATAL INTENSIVE CA	7,443		3,243,900	6	637	6,433,988
031 SUBPROVIDER	19,107		3,112,691	19	430	7,619,864
031 01 SUBPROVIDER 2	21,260		2,781,098	20	985	14,989,055
033 NURSERY	8,236		3,585,488	76	1,474	21,898,684
034 SKILLED NURSING FACIL		6,700	2,030,784		247	
035 NURSING FACILITY		45,189	6,581,701		801	
037 ANCILLARY SRVC COST C						
037 OPERATING ROOM	45,014		5,732,081	104	4,059	63,043,959
037 01 AMBULATORY SURGERY	13,940		760,812	31	202	120,782
040 ANESTHESIOLOGY	5,039		120,585	19	798	6,867,167
041 RADIOLOGY-DIAGNOSTIC	45,486		3,868,161	86	1,268	48,038,934
041 01 NUCLEAR MEDICINE	5,600		304,963	26	89	3,931,127
041 02 CAT SCAN	1,798		1,061,018	4	114	48,873,891
044 LABORATORY	27,873		5,582,324	61	1,226	65,305,517
047 BLOOD STORING, PROCES	1,908		473,621	6	122	6,644,196
049 RESPIRATORY THERAPY	3,608		3,217,590	15	340	25,861,376
050 PHYSICAL THERAPY	7,272		1,905,428	22	497	7,907,034
051 OCCUPATIONAL THERAPY	5,292		977,941	6	124	4,285,339
052 SPEECH PATHOLOGY			329,905		17	872,907
052 01 PULMONARY FUNCTIONS	2,213		237,985	8	124	1,308,306
053 ELECTROCARDIOLOGY	3,849		814,549	171	129	6,864,326
055 MEDICAL SUPPLIES CHAR						5,304,661
056 DRUGS CHARGED TO PATI						70,563,876
056 OUTPAT SERVICE COST C						
060 CLINIC						
060 01 MEDICINE CLINIC	46,146		1,702,912		361	
060 02 OB/GYN CLINIC	27,106		1,582,782		540	
060 03 ORTHO CLINIC	9,819		412,681		117	
060 04 PEDIATRICS CLINIC						
060 05 DENTISTRY CLINIC	10,785					
060 06 DERMATOLOGY CLINIC	7,740		298,503		116	
060 07 OPHTHALMOLOGY CLINIC	6,910		538,037		243	
060 08 ENT CLINIC	10,469		232,494		102	
060 09 GERIATRIC CLINIC			285		1	
060 10 SURGERY CLINIC	8,486		450,784		105	
060 11 NEUROLOGY CLINIC	9,817		467,835		108	
060 12 ENDOSCOPY CLINIC	5,892		1,081,259		389	
060 13 OCCUPATIONAL THERAPY	2,403		213,142		83	
060 14 URGENT VISIT CLINIC	1,045		1,170,724		93	
060 15 SENIOR CARE CLINIC	7,383		49,281		148	
060 16 WOMENS VISIT CLINIC	3,587		1,632,990		522	
060 17 CHC CLINICS	78,241		1,050,679		1,157	
060 18 PSYCH CLINIC	28,259		11,025,880		678	
060 19 ORAL SURGERY CLINIC	304				73	
060 20 DIETARY CLINIC			138,877		6	
060 21 CENTER OF EXCELLENCE			397,567		143	
060 22 OP BURN CLINIC	318		121,530		12	
060 23 BARIATRIC CLINIC	1,269		124,627		44	
060 24 PLASTIC CLINIC			73,214		48	
061 EMERGENCY	35,762		8,796,496	41	1,289	
062 OBSERVATION BEDS (NON						
063 OTHER OUTPATIENT SERV						
063 OTHER REIMBURS COST C						
064 HOME PROGRAM DIALYSIS						
065 AMBULANCE SERVICES			7,071,786	41	220	
066 DURABLE MEDICAL EQUIP						
067 DURABLE MEDICAL EQUIP						
069 CORF						
070 I&R SERVICES-NOT APPR						
071 HOME HEALTH AGENCY						
082 LUNG ACQUISITION						
082 SPEC PURPOSE COST CEN						
083 KIDNEY ACQUISITION						
084 LIVER ACQUISITION						

COST CENTER DESCRPTION	NEW CAP REL OSTS-BLDG & (SQUARE FEET	C NEW CAP REL OSTS-BLDG & (SQUARE) FT	C EMPLOYEE BENE FITS (GROSS) SALARIES	NONPATIENT TE LEPHONES (NO OF) PHONES	PURCHASING, R ECEIVING AND (COST) REQS	ADMITTING (GROSS) CHGS
	3	3.01	5	6.01	6.02	6.03
085 SPEC PURPOSE COST CEN						
085 HEART ACQUISITION						
085 01 PANCREAS ACQUISITION						
086 OTHER ORGAN ACQUISITI						
092 AMBULATORY SURGICAL C						
093 HOSPICE						
095 SUBTOTALS	1,168,385	51,889	150,417,323	1,740	29,847	479,360,696
NONREIMBURS COST CENT						
096 GIFT, FLOWER, COFFEE	1,792		172,974			
097 RESEARCH	8,784				2	
098 PHYSICIANS' PRIVATE O						
099 NONPAID WORKERS						
100 OTHER NONREIMBURSABLE						
100 01 OTHER NONREIMBURSABLE						
100 02 RENTAL SPACE	82,379					
100 03 UNUSED SPACE	38,929					
100 04 NON REIMB PSYCH PROGR	30,411		10,975,322		704	
100 05 SR CONNECTIONS-NRCC			72,778			
100 06 LV BEAUTY	223		25,865			
100 07 LV DAY CARE						
100 08 GRANT PROGRAMS			4,167,414		380	
100 09 BLANK						
100 10 DME			58,641		99	
100 11 FATHER RESOURCE	867					
100 12 NONREIMB HOUSE CALLS			83			
100 13 RENAL NONCERTIFIED	5,791		15,459	4	71	
100 14 NONREIMBURSEABLE FREE	66,484		396,595		605	
100 15 OTHER NONREIMBURSABLE			130,800			
100 16 OTHER NONREIMBURSABLE						
100 17 OTHER NONREIMBURSABLE						
101 CROSS FOOT ADJUSTMENT						
102 NEGATIVE COST CENTER						
103 COST TO BE ALLOCATED (WRKSHT B, PART I)	7,496,678	330,350	4,791,530	1,153,115	3,270,864	838,772
104 UNIT COST MULTIPLIER (WRKSHT B, PT I)	5.339343		.028789		103.155797	
105 COST TO BE ALLOCATED (WRKSHT B, PT I)		6.366475		661.189794		.001750
106 UNIT COST MULTIPLIER (WRKSHT B, PT II)						
107 COST TO BE ALLOCATED (WRKSHT B, PART III)			69,596	25,637	109,544	42,571
108 UNIT COST MULTIPLIER (WRKSHT B, PT III)			.000418	14.700115	3.454775	.000089

COST ALLOCATION - STATISTICAL BASIS

COST CENTER DESCRIPTION	CASHIERING/AC COUNTS RECEI (GROSS CHGS)	RECONCILIATION (6a.05)	OTHER ADMINIS TRATIVE AND (COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LIN EN SERVICE (LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)
	6.04	6a.05	6.05	7	8	9	10
003 GENERAL SERVICE COST							
003 01 NEW CAP REL COSTS-BLD							
005 EMPLOYEE BENEFITS							
006 01 NONPATIENT TELEPHONES							
006 02 PURCHASING, RECEIVING							
006 03 ADMITTING							
006 04 CASHIERING/ACCOUNTS R	654,214,172						
006 05 OTHER ADMINISTRATIVE		-50,549,681	342,718,474				
007 MAINTENANCE & REPAIRS			6,639,474	1,271,880			
008 OPERATION OF PLANT			10,795,614	209,197	1,062,683		
009 LAUNDRY & LINEN SERVI			1,419,788	2,814	2,814	880,865	
010 HOUSEKEEPING			5,067,742	17,216	17,216		131,376
011 DIETARY			2,089,796	15,419	15,419		
012 CAFETERIA			2,316,033	9,524	9,524		188
014 NURSING ADMINISTRATIO			1,787,992	11,731	11,731		419
015 CENTRAL SERVICES & SU			2,426,258	9,940	9,940	38,839	2,016
016 PHARMACY			43,789,667	16,138	16,138		2,192
017 MEDICAL RECORDS & LIB			4,019,527	28,463	28,463		1,908
022 I&R SERVICES-SALARY &			11,022,260				
024 PARAMED PRGM			277,655				
024 01 PARAMED PRGM PHARM			204,654	100	100		
025 INPAT ROUTINE SRVC CN							
025 ADULTS & PEDIATRICS	23,908,960		25,225,508	127,146	127,146	85,643	21,073
026 INTENSIVE CARE UNIT	38,716,749		14,322,786	9,964	9,964	46,806	5,431
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE U							
029 SURGICAL INTENSIVE CA							
030 NEONATAL INTENSIVE CA	6,433,988		4,768,772	7,443	7,443	28,880	2,647
031 SUBPROVIDER	7,619,864		4,788,493	19,107	19,107	6,971	9,236
031 01 SUBPROVIDER 2	14,989,055		6,059,161	21,260	21,260	74,691	5,376
033 NURSERY	21,898,684		6,315,355	8,236	8,236		6,008
034 SKILLED NURSING FACIL			3,498,554	6,700	6,700		
035 NURSING FACILITY			11,401,378	45,189	45,189		
037 ANCILLARY SRVC COST C							
037 OPERATING ROOM	63,043,959		21,144,626	45,014	45,014	434,200	972
037 01 AMBULATORY SURGERY	120,782		1,153,889	13,940	13,940	7,967	
040 ANESTHESIOLOGY	6,867,165		2,094,845	5,039	5,039		288
041 RADIOLOGY-DIAGNOSTIC	48,038,934		10,236,628	45,486	45,486	2,988	3,708
041 01 NUCLEAR MEDICINE	3,931,127		1,059,305	5,600	5,600	1,992	1,056
041 02 CAT SCAN	48,873,891		3,201,240	1,798	1,798	996	324
044 LABORATORY	65,305,517		14,063,212	27,873	27,873		2,160
047 BLOOD STORYNG, PROCES	6,644,196		3,141,418	1,908	1,908		168
049 RESPIRATORY THERAPY	25,861,376		5,369,449	3,608	3,608		336
050 PHYSICAL THERAPY	7,907,034		2,894,167	7,272	7,272	5,976	480
051 OCCUPATIONAL THERAPY	4,285,339		1,578,788	5,292	5,292		480
052 SPEECH PATHOLOGY	872,907		446,133				
052 01 PULMONARY FUNCTIONS	1,308,306		428,393	2,213	2,213	1,375	168
053 ELECTROCARDIOLOGY	6,864,326		1,442,700	3,849	3,849		192
055 MEDICAL SUPPLIES CHAR	5,304,661		113,726				
056 DRUGS CHARGED TO PATI	70,563,876		1,512,736				
060 OUTPAT SERVICE COST C							
060 CLINIC							
060 01 MEDICINE CLINIC	5,590,719		2,489,946	46,146	46,146	4,466	6,660
060 02 OB/GYN CLINIC	4,604,535		2,410,682	27,106	27,106	16,145	4,930
060 03 ORTHO CLINIC	1,407,353		1,666,232	9,819	9,819	1,375	1,603
060 04 PEDIATRICS CLINIC							
060 05 DENTISTRY CLINIC			65,754	10,785	10,785	1,375	862
060 06 DERMATOLOGY CLINIC	1,006,018		520,775	7,740	7,740	1,032	1,109
060 07 OPHTHALMOLOGY CLINIC	2,252,350		880,324	6,910	6,910	1,375	989
060 08 ENT CLINIC	1,047,740		530,412	10,469	10,469	1,375	1,189
060 09 GERIATRIC CLINIC	977		2,307				
060 10 SURGERY CLINIC	1,780,740		740,754	8,486	8,486	6,527	1,300
060 11 NEUROLOGY CLINIC	1,181,167		807,743	9,817	9,817	6,872	1,280
060 12 ENDOSCOPY CLINIC	4,683,640		2,031,935	5,892	5,892		
060 13 OCCUPATIONAL THERAPY	14,609		351,667	2,403	2,403		367
060 14 URGENT VISIT CLINIC	4,781,741		1,679,669	1,045	1,045		1,555
060 15 SENIOR CARE CLINIC	350,392		231,215	7,383	7,383		
060 16 WOMENS VISIT CLINIC	5,331,947		2,408,914	3,587	3,587		
060 17 CHC CLINICS	9,519,679		10,152,142	78,241	78,241	14,696	4,351
060 18 PSYCH CLINIC	15,268,711		21,189,953	28,259	28,259		3,696
060 19 ORAL SURGERY CLINIC			951,923	304	304	7,558	
060 20 DIETARY CLINIC			179,446				
060 21 CENTER OF EXCELLENCE	954,642		600,715				
060 22 OP BURN CLINIC	436,119		189,310	318	318		
060 23 BARIATRIC CLINIC	60,288		214,700	1,269	1,269		
060 24 PLASTIC CLINIC	82,195		142,500				
061 EMERGENCY	42,913,354		15,121,450	35,762	35,762	75,687	16,154
062 OBSERVATION BEDS (NON							
063 OTHER OUTPATIENT SERV							
064 OTHER REIMBURS COST C							
064 HOME PROGRAM DIALYSIS							
065 AMBULANCE SERVICES	47,974,269		11,472,157			4,980	456
066 DURABLE MEDICAL EQUIP							
067 DURABLE MEDICAL EQUIP							
069 CORF							
070 I&R SERVICES-NOT APPR							
071 HOME HEALTH AGENCY							
082 LUNG ACQUISITION							
083 SPEC PURPOSE COST CEN							
084 KIDNEY ACQUISITION							
084 LIVER ACQUISITION							

COST CENTER DESCRIPTION	CASHIERING/AC COUNTS RECEI		OTHER ADMINIS	MAINTENANCE &	OPERATION OF	LAUNDRY & LIN	HOUSEKEEPING
	(GROSS CHGS)	RECONCILIATION	(ACCUM COST)	(SQUARE FEET	(SQUARE FEET	(POUNDS OF LAUNDRY	(HOURS OF SERVICE)
	6.04	6a.05	6.05	7	8	9	10
085 SPEC PURPOSE COST CEN							
085 01 HEART ACQUISITION							
086 PANCREAS ACQUISITION							
092 OTHER ORGAN ACQUISITI							
093 AMBULATORY SURGICAL C							
095 HOSPICE							
095 SUBTOTALS	630,603,881	-50,549,681	315,150,257	1,036,220	827,023	880,787	113,327
096 NONREIMBURS COST CENT							
097 GIFT, FLOWER, COFFEE			251,593	1,792	1,792		
098 RESEARCH			53,788	8,784	8,784		1,700
098 PHYSICIANS' PRIVATE O							
099 NONPAID WORKERS							
100 OTHER NONREIMBURSABLE							
100 01 OTHER NONREIMBURSABLE							
100 02 RENTAL SPACE			439,850	82,379	82,379		
100 03 UNUSED SPACE			207,855	38,929	38,929		
100 04 NON REIMB PSYCH PROGR	22,009,411		8,124,371	30,411	30,411		
100 05 SR CONNECTIONS-NRCC			110,952				
100 06 LV BEAUTY			36,018	223	223		
100 07 LV DAY CARE							
100 08 GRANT PROGRAMS			7,725,398				
100 09 BLANK							
100 10 DME			1,532,767				
100 11 FATHER RESOURCE			4,629	867	867		
100 12 NONREIMB HOUSE CALLS			281,821				
100 13 RENAL NONCERTIFIED	1,550,091		1,375,016	5,791	5,791		1,080
100 14 NONREIMBURSEABLE FREE	50,789		7,420,393	66,484	66,484	78	15,269
100 15 OTHER NONREIMBURSABLE			3,766				
100 16 OTHER NONREIMBURSABLE							
100 17 OTHER NONREIMBURSABLE							
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 COST TO BE ALLOCATED	12,880,853		50,549,681	7,618,770	13,641,051	1,682,179	6,139,333
(WRKSHT B, PART I)							
104 UNIT COST MULTIPLIER	.019689		.147496	5.990164	12.836425	1.909690	46.731009
(WRKSHT B, PT I)							
105 COST TO BE ALLOCATED							
(WRKSHT B, PART II)							
106 UNIT COST MULTIPLIER							
(WRKSHT B, PT II)							
107 COST TO BE ALLOCATED	243,475		1,397,210	267,321	1,278,424	25,627	161,719
(WRKSHT B, PART III)							
108 UNIT COST MULTIPLIER	.000372		.004077	.210178	1.203015	.029093	1.230963
(WRKSHT B, PT III)							

COST CENTER DESCRIPTION	DIETARY	CAFETERIA	NURSING ADMIN ISTRATION	CENTRAL SERVI CES & SUPPLY	PHARMACY	MEDICAL RECOR I&R SERVI DS & LIBRARY SALARY & FRI	I&R SERVICES- (ASSIGNED TIME)
	(MEALS SERVED)	(PAID) HOURS	(PAID) HOURS	(100%) ALLOC	(100%) ALLOC	(GROSS) CHARGES	(ASSIGNED) TIME
	11	12	14	15	16	17	22
003 GENERAL SERVICE COST							
003 01 NEW CAP REL COSTS-BLD							
005 EMPLOYEE BENEFITS							
006 01 NONPATIENT TELEPHONES							
006 02 PURCHASING, RECEIVING							
006 03 ADMITTING							
006 04 CASHIERING/ACCOUNTS R							
006 05 OTHER ADMINISTRATIVE							
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVI							
010 HOUSEKEEPING							
011 DIETARY	224,447						
012 CAFETERIA		4,543,767					
014 NURSING ADMINISTRATIO		38,578	2,275,328				
015 CENTRAL SERVICES & SU		25,338		100			
016 PHARMACY		280,263			1,000		
017 MEDICAL RECORDS & LIB		112,003				672,463,091	
022 I&R SERVICES-SALARY &							435,184
024 01 PARAMED ED PRGM		9,614					
024 01 PARAMED ED PRGM PHARM		5,897					
025 INPAT ROUTINE SRVC CN							
025 ADULTS & PEDIATRICS	138,322	579,652	579,652			23,908,960	25,316
026 INTENSIVE CARE UNIT	43,146	268,176	268,176			38,716,749	
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE U							
029 SURGICAL INTENSIVE CA							
030 NEONATAL INTENSIVE CA		86,669	86,669			6,433,988	
031 SUBPROVIDER	28,523	124,720				7,619,864	10,429
031 01 SUBPROVIDER 2	14,456	91,877	91,877			14,989,055	294
033 NURSERY		104,199	104,199			21,898,684	
034 SKILLED NURSING FACIL		112,390				7,445,424	
035 NURSING FACILITY		366,062				10,803,495	
037 ANCILLARY SRVC COST C							
037 01 OPERATING ROOM		206,598	206,598			63,043,959	2,606
037 01 AMBULATORY SURGERY		24,239	24,239			120,782	
040 ANESTHESIOLOGY		7,472	7,472			6,867,165	51,315
041 RADIOLOGY-DIAGNOSTIC		139,229				48,038,934	23,578
041 01 NUCLEAR MEDICINE		8,505				3,931,127	
041 02 CAT SCAN		33,106				48,873,891	
044 LABORATORY		216,513				65,305,517	4,850
047 BLOOD STORING, PROCES		16,757				6,644,196	
049 RESPIRATORY THERAPY		120,052				25,861,376	
050 PHYSICAL THERAPY		69,201				7,907,034	
051 OCCUPATIONAL THERAPY		37,950				4,285,339	
052 SPEECH PATHOLOGY		10,834				872,907	
052 01 PULMONARY FUNCTIONS		8,905				1,308,306	
053 ELECTROCARDIOLOGY		29,419	29,419			6,864,326	
055 MEDICAL SUPPLIES CHAR				100		5,304,661	
056 DRUGS CHARGED TO PATI					1,000	70,563,876	
060 OUTPAT SERVICE COST C							
060 01 CLINIC							
060 01 MEDICINE CLINIC		110,544				5,590,719	116,435
060 02 OB/GYN CLINIC		71,231				4,604,535	33,205
060 03 ORTHO CLINIC		22,218				1,407,353	13,608
060 04 PEDIATRICS CLINIC							8,119
060 05 DENTISTRY CLINIC							9,674
060 06 DERMATOLOGY CLINIC		13,399				2,252,350	11,342
060 07 OPHTHALMOLOGY CLINIC		27,095				1,047,740	12,021
060 08 ENT CLINIC		11,019				977	1,849
060 09 GERIATRIC CLINIC		8				1,780,740	33,437
060 10 SURGERY CLINIC		16,958				1,181,167	15,313
060 11 NEUROLOGY CLINIC		23,076				4,683,640	
060 12 ENDOSCOPY CLINIC		40,828				14,609	
060 13 OCCUPATIONAL THERAPY		8,504				4,781,741	
060 14 URGENT VISIT CLINIC		33,540				350,392	
060 15 SENIOR CARE CLINIC		2,828				5,331,947	
060 16 WOMENS VISIT CLINIC		55,857				9,519,679	
060 17 CHC CLINICS		45,546				15,268,711	2,640
060 18 PSYCH CLINIC							15,237
060 19 ORAL SURGERY CLINIC		6,216					
060 20 DIETARY CLINIC		17,319				954,642	
060 21 CENTER OF EXCELLENCE		5,114				436,119	
060 22 OP BURN CLINIC		5,299				60,288	
060 23 BARIATRIC CLINIC		2,779				82,195	
060 24 PLASTIC CLINIC		312,989	312,989			42,913,354	43,916
061 EMERGENCY							
062 OBSERVATION BEDS (NON							
063 OTHER OUTPATIENT SERV							
063 OTHER REIMBURS COST C							
064 HOME PROGRAM DIALYSIS							
065 AMBULANCE SERVICES		360,503	360,503			47,974,269	
066 DURABLE MEDICAL EQUIP							
067 DURABLE MEDICAL EQUIP							
069 CORF							
070 I&R SERVICES-NOT APPR							
071 HOME HEALTH AGENCY							
082 LUNG ACQUISITION							
082 SPEC PURPOSE COST CEN							
083 KIDNEY ACQUISITION							
084 LIVER ACQUISITION							

COST ALLOCATION - STATISTICAL BASIS

COST CENTER DESCRIPTION	DIETARY	CAFETERIA	NURSING ADMIN ISTRATION	CENTRAL SERVI CES & SUPPLY	PHARMACY	MEDICAL RECOR DS & LIBRARY	I&R SERVI CES- SALARY & FRI
	(MEALS SERVED)	(PAID HOURS)	(PAID HOURS)	(100% ALOC)	(100% ALOC)	(GROSS CHARGES)	(ASSIGNED TIME)
	11	12	14	15	16	17	22
085 SPEC PURPOSE COST CEN							
085 HEART ACQUISITION							
085 01 PANCREAS ACQUISITION							
086 OTHER ORGAN ACQUISITI							
092 AMBULATORY SURGICAL C							
093 HOSPICE							
095 SUBTOTALS	224, 447	4, 327, 088	2, 071, 793	100	1, 000	648, 852, 800	435, 184
096 NONREIMBURS COST CENT							
096 GIFT, FLOWER, COFFEE		13, 144					
097 RESEARCH							
098 PHYSICIANS' PRIVATE O							
099 NONPAID WORKERS							
100 OTHER NONREIMBURSABLE							
100 01 OTHER NONREIMBURSABLE							
100 02 RENTAL SPACE							
100 03 UNUSED SPACE							
100 04 NON REIMB PSYCH PROGR						22, 009, 411	
100 05 SR CONNECTIONS-NRCC		4, 340	4, 340				
100 06 LV BEAUTY							
100 07 LV DAY CARE							
100 08 GRANT PROGRAMS		190, 267	190, 267				
100 09 BLANK							
100 10 DME		2, 243	2, 243				
100 11 FATHER RESOURCE							
100 12 NONREIMB HOUSE CALLS		4	4				
100 13 RENAL NONCERTIFIED		400	400			1, 550, 091	
100 14 NONREIMBURSEABLE FREE						50, 789	
100 15 OTHER NONREIMBURSABLE		6, 281	6, 281				
100 16 OTHER NONREIMBURSABLE							
100 17 OTHER NONREIMBURSABLE							
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 COST TO BE ALLOCATED	2, 688, 320	2, 845, 728	2, 316, 310	3, 155, 506	50, 830, 329	5, 307, 562	12, 647, 999
(WRKSHT B, PART I)							
104 UNIT COST MULTIPLIER	11. 977527	. 626293	1. 018011	31, 555. 060000	50, 830. 329000	. 007893	29. 063566
(WRKSHT B, PT I)							
105 COST TO BE ALLOCATED							
(WRKSHT B, PART II)							
106 UNIT COST MULTIPLIER							
(WRKSHT B, PT II)							
107 COST TO BE ALLOCATED	154, 656	74, 599	163, 851	276, 949	649, 041	234, 756	44, 938
(WRKSHT B, PART III)							
108 UNIT COST MULTIPLIER	. 689054	. 016418	. 072012	2, 769. 490000	649. 041000	. 000349	. 103262
(WRKSHT B, PT III)							

COST ALLOCATION - STATISTICAL BASIS

COST CENTER DESCRIPTION	PARAMED ED PR GM	PARAMED ED PR GM PHARMACY
	(ASSIGNED TIME)	(ASSIGNED TIME)
	24	24.01
003 GENERAL SERVICE COST		
003 01 NEW CAP REL COSTS- BLD		
005 EMPLOYEE BENEFITS		
006 01 NONPATIENT TELEPHONES		
006 02 PURCHASING, RECEIVING		
006 03 ADMITTING		
006 04 CASHIERING/ACCOUNTS R		
006 05 OTHER ADMINISTRATIVE		
007 MAINTENANCE & REPAIRS		
008 OPERATION OF PLANT		
009 LAUNDRY & LINEN SERVI		
010 HOUSEKEEPING		
011 DIETARY		
012 CAFETERIA		
014 NURSING ADMINISTRATIO		
015 CENTRAL SERVICES & SU		
016 PHARMACY		
017 MEDICAL RECORDS & LIB		
022 I&R SERVICES-SALARY &		
024 01 PARAMED ED PRGM PHARM	100	100
024 INPAT ROUTINE SRVC CN		
025 ADULTS & PEDIATRICS		
026 INTENSIVE CARE UNIT		
027 CORONARY CARE UNIT		
028 BURN INTENSIVE CARE U		
029 SURGICAL INTENSIVE CA		
030 NEONATAL INTENSIVE CA		
031 SUBPROVIDER		
031 01 SUBPROVIDER 2		
033 NURSERY		
034 SKILLED NURSING FACIL		
035 NURSING FACILITY		
037 ANCILLARY SRVC COST C		
037 01 OPERATING ROOM		
040 ANESTHESIOLOGY		
041 RADIOLOGY-DIAGNOSTIC		
041 01 NUCLEAR MEDICINE		
041 02 CAT SCAN		
044 LABORATORY		
049 BLOOD STORING, PROCES		
050 RESPIRATORY THERAPY		
051 PHYSICAL THERAPY		
051 OCCUPATIONAL THERAPY		
052 SPEECH PATHOLOGY		
052 01 PULMONARY FUNCTIONS		
053 ELECTROCARDIOLOGY		
055 MEDICAL SUPPLIES CHAR		
056 DRUGS CHARGED TO PATI		100
060 OUTPAT SERVICE COST C		
060 01 CLINIC		
060 02 MEDICINE CLINIC		
060 03 OB/GYN CLINIC		
060 04 ORTHO CLINIC		
060 05 PEDIATRICS CLINIC		
060 06 DENTISTRY CLINIC		
060 07 DERMATOLOGY CLINIC		
060 08 OPHTHALMOLOGY CLINIC		
060 09 ENT CLINIC		
060 10 GERIATRIC CLINIC		
060 11 SURGERY CLINIC		
060 12 NEUROLOGY CLINIC		
060 13 ENDOSCOPY CLINIC		
060 14 OCCUPATIONAL THERAPY		
060 15 URGENT VISIT CLINIC		
060 16 SENIOR CARE CLINIC		
060 17 WOMENS VISIT CLINIC		
060 18 CHC CLINICS		
060 19 PSYCH CLINIC		
060 20 ORAL SURGERY CLINIC		
060 21 DIETARY CLINIC		
060 22 CENTER OF EXCELLENCE		
060 23 OP BURN CLINIC		
060 24 BARIATRIC CLINIC		
061 PLASTIC CLINIC		
062 EMERGENCY		
063 OBSERVATION BEDS (NON		
064 OTHER OUTPATIENT SERV		
065 OTHER REIMBURS COST C		
066 HOME PROGRAM DIALYSIS		
067 01 AMBULANCE SERVICES	100	
067 DURABLE MEDICAL EQUIP		
069 DURABLE MEDICAL EQUIP		
070 CORF		
071 I&R SERVICES-NOT APPR		
082 HOME HEALTH AGENCY		
083 LUNG ACQUISITION		
084 SPEC PURPOSE COST CEN		
084 KIDNEY ACQUISITION		
084 LIVER ACQUISITION		

COST ALLOCATION - STATISTICAL BASIS

COST CENTER DESCRIPTION	PARAMED ED PR GM (ASSIGNED TIME	PARAMED ED PR GM PHARMACY (ASSIGNED TIME
	24	24.01
085 SPEC PURPOSE COST CEN		
085 HEART ACQUISITION		
085 01 PANCREAS ACQUISITION		
086 OTHER ORGAN ACQUISITI		
092 AMBULATORY SURGICAL C		
093 HOSPICE		
095 SUBTOTALS	100	100
NONREIMBURS COST CENT		
096 GIFT, FLOWER, COFFEE		
097 RESEARCH		
098 PHYSICIANS' PRIVATE O		
099 NONPAID WORKERS		
100 OTHER NONREIMBURSABLE		
100 01 OTHER NONREIMBURSABLE		
100 02 RENTAL SPACE		
100 03 UNUSED SPACE		
100 04 NON REIMB PSYCH PROGR		
100 05 SR CONNECTIONS-NRCC		
100 06 LV BEAUTY		
100 07 LV DAY CARE		
100 08 GRANT PROGRAMS		
100 09 BLANK		
100 10 DME		
100 11 FATHER RESOURCE		
100 12 NONREIMB HOUSE CALLS		
100 13 RENAL NONCERTIFIED		
100 14 NONREIMBURSEABLE FREE		
100 15 OTHER NONREIMBURSABLE		
100 16 OTHER NONREIMBURSABLE		
100 17 OTHER NONREIMBURSABLE		
101 CROSS FOOT ADJUSTMENT		
102 NEGATIVE COST CENTER		
103 COST TO BE ALLOCATED	324,526	240,416
(PER WRKSHT B, PART		
104 UNIT COST MULTIPLIER		2,404.160000
(WRKSHT B, PT I)	3,245.260000	
105 COST TO BE ALLOCATED		
(PER WRKSHT B, PART		
106 UNIT COST MULTIPLIER		
(WRKSHT B, PT II)		
107 COST TO BE ALLOCATED	10,275	1,687
(PER WRKSHT B, PART		
108 UNIT COST MULTIPLIER		16.870000
(WRKSHT B, PT III)	102.750000	

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, COL.	PT I 27	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5
	INPAT ROUTINE SRVC CNTRS		1				
25	ADULTS & PEDIATRICS	35,286,794			35,286,794		35,286,794
26	INTENSIVE CARE UNIT	18,229,445			18,229,445		18,229,445
27	CORONARY CARE UNIT						
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U						
30	NEONATAL INTENSIVE CARE U	5,984,416			5,984,416		5,984,416
31	SUBPROVIDER	6,779,307			6,779,307		6,779,307
31	01 SUBPROVIDER 2	8,189,509			8,189,509		8,189,509
33	NURSERY	8,026,842			8,026,842		8,026,842
34	SKILLED NURSING FACILITY	4,269,871			4,269,871		4,269,871
35	NURSING FACILITY	14,248,325			14,248,325		14,248,325
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	26,822,759			26,822,759		26,822,759
37	01 AMBULATORY SURGERY	1,642,551			1,642,551		1,642,551
40	ANESTHESIOLOGY	2,578,642			2,578,642		2,578,642
41	RADIOLOGY-DIAGNOSTIC	13,248,191			13,248,191		13,248,191
41	01 NUCLEAR MEDICINE	1,410,484			1,410,484		1,410,484
41	02 CAT SCAN	4,130,799			4,130,799		4,130,799
44	LABORATORY	17,414,230			17,414,230		17,414,230
47	BLOOD STORING, PROCESSING	3,711,475			3,711,475		3,711,475
49	RESPIRATORY THERAPY	6,524,362			6,524,362		6,524,362
50	PHYSICAL THERAPY	3,597,544			3,597,544		3,597,544
51	OCCUPATIONAL THERAPY	1,991,306			1,991,306		1,991,306
52	SPEECH PATHOLOGY	525,611			525,611		525,611
52	01 PULMONARY FUNCTIONS	559,622			559,622		559,622
53	ELECTROCARDIOLOGY	1,839,481			1,839,481		1,839,481
55	MEDICAL SUPPLIES CHARGED	3,327,876			3,327,876		3,327,876
56	DRUGS CHARGED TO PATIENTS	53,363,375			53,363,375		53,363,375
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60	01 MEDICINE CLINIC	4,159,094			4,159,094		4,159,094
60	02 OB/GYN CLINIC	3,618,732			3,618,732		3,618,732
60	03 ORTHO CLINIC	2,199,412			2,199,412		2,199,412
60	04 PEDIATRICS CLINIC						
60	05 DENTISTRY CLINIC	321,405			321,405		321,405
60	06 DERMATOLOGY CLINIC	813,434			813,434		813,434
60	07 OPHTHALMOLOGY CLINIC	1,223,850			1,223,850		1,223,850
60	08 ENT CLINIC	879,102			879,102		879,102
60	09 GERIATRIC CLINIC	2,660			2,660		2,660
60	10 SURGERY CLINIC	1,107,666			1,107,666		1,107,666
60	11 NEUROLOGY CLINIC	1,208,416			1,208,416		1,208,416
60	12 ENDOSCOPY CLINIC	2,505,101			2,505,101		2,505,101
60	13 OCCUPATIONAL THERAPY	471,367			471,367		471,367
60	14 URGENT VISIT CLINIC	2,078,502			2,078,502		2,078,502
60	15 SENIOR CARE CLINIC	408,851			408,851		408,851
60	16 WOMENS VISIT CLINIC	2,908,818			2,908,818		2,908,818
60	17 CHC CLINICS	13,457,609			13,457,609		13,457,609
60	18 PSYCH CLINIC	25,140,641			25,140,641		25,140,641
60	19 ORAL SURGERY CLINIC	1,112,484			1,112,484		1,112,484
60	20 DIETARY CLINIC	209,807			209,807		209,807
60	21 CENTER OF EXCELLENCE	707,700			707,700		707,700
60	22 OP BURN CLINIC	229,864			229,864		229,864
60	23 BARIATRIC CLINIC	274,053			274,053		274,053
60	24 PLASTIC CLINIC	165,907			165,907		165,907
61	EMERGENCY	19,777,875			19,777,875		19,777,875
62	OBSERVATION BEDS (NON-DIS	4,450,490			4,450,490		4,450,490
63	OTHER OUTPATIENT SERVICE						
	OTHER REIMBURS COST CNTRS						
64	HOME PROGRAM DIALYSIS						
65	AMBULANCE SERVICES	14,491,037			14,491,037		14,491,037
66	DURABLE MEDICAL EQUIP-REN						
67	DURABLE MEDICAL EQUIP-SOL						
101	SUBTOTAL	347,626,694			347,626,694		347,626,694
102	LESS OBSERVATION BEDS	4,450,490			4,450,490		4,450,490
103	TOTAL	343,176,204			343,176,204		343,176,204

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	23,908,960		23,908,960			
26	INTENSIVE CARE UNIT	38,716,749		38,716,749			
27	CORONARY CARE UNIT						
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U						
30	NEONATAL INTENSIVE CARE U	6,433,988		6,433,988			
31	SUBPROVIDER	7,619,864		7,619,864			
31	01 SUBPROVIDER 2	14,989,040		14,989,040			
33	NURSERY	21,898,684		21,898,684			
34	SKILLED NURSING FACILITY	7,445,424		7,445,424			
35	NURSING FACILITY	10,803,495		10,803,495			
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	34,391,216	28,652,743	63,043,959	.425461	.425461	.425461
37	01 AMBULATORY SURGERY	2,887	117,895	120,782	13.599303	13.599303	13.599303
40	ANESTHESIOLOGY	3,710,214	3,156,951	6,867,165	.375503	.375503	.375503
41	RADIOLOGY-DIAGNOSTIC	18,042,805	29,996,130	48,038,935	.275780	.275780	.275780
41	01 NUCLEAR MEDICINE	988,867	2,942,260	3,931,127	.358799	.358799	.358799
41	02 CAT SCAN	17,274,014	31,599,876	48,873,890	.084520	.084520	.084520
44	LABORATORY	24,727,979	40,577,538	65,305,517	.266658	.266658	.266658
47	BLOOD STORING, PROCESSING	5,535,200	1,108,997	6,644,197	.558604	.558604	.558604
49	RESPIRATORY THERAPY	23,878,997	1,982,379	25,861,376	.252282	.252282	.252282
50	PHYSICAL THERAPY	4,022,009	3,885,025	7,907,034	.454980	.454980	.454980
51	OCCUPATIONAL THERAPY	3,094,470	1,190,869	4,285,339	.464679	.464679	.464679
52	SPEECH PATHOLOGY	722,108	150,799	872,907	.602139	.602139	.602139
52	01 PULMONARY FUNCTIONS	745,607	562,699	1,308,306	.427745	.427745	.427745
53	ELECTROCARDIOLOGY	2,640,023	4,224,303	6,864,326	.267977	.267977	.267977
55	MEDICAL SUPPLIES CHARGED	4,430,066	874,595	5,304,661	.627349	.627349	.627349
56	DRUGS CHARGED TO PATIENTS	27,447,835	43,116,041	70,563,876	.756242	.756242	.756242
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60	01 MEDICINE CLINIC	58,320	5,532,400	5,590,720	.743928	.743928	.743928
60	02 OB/GYN CLINIC	146,787	4,457,748	4,604,535	.785906	.785906	.785906
60	03 ORTHO CLINIC	7,895	1,399,458	1,407,353	1.562801	1.562801	1.562801
60	04 PEDIATRICS CLINIC						
60	05 DENTISTRY CLINIC						
60	06 DERMATOLOGY CLINIC	912	1,005,106	1,006,018	.808568	.808568	.808568
60	07 OPHTHALMOLOGY CLINIC	29,338	2,223,012	2,252,350	.543366	.543366	.543366
60	08 ENT CLINIC	13,592	1,034,148	1,047,740	.839046	.839046	.839046
60	09 GERIATRIC CLINIC		977	977	2.722620	2.722620	2.722620
60	10 SURGERY CLINIC	379,416	1,401,324	1,780,740	.622026	.622026	.622026
60	11 NEUROLOGY CLINIC	64,088	1,117,079	1,181,167	1.023070	1.023070	1.023070
60	12 ENDOSCOPY CLINIC	804,551	3,879,089	4,683,640	.534862	.534862	.534862
60	13 OCCUPATIONAL THERAPY		14,609	14,609	32.265521	32.265521	32.265521
60	14 URGENT VISIT CLINIC	27,438	4,754,303	4,781,741	.434675	.434675	.434675
60	15 SENIOR CARE CLINIC	1,813	348,579	350,392	1.166839	1.166839	1.166839
60	16 WOMENS VISIT CLINIC	1,290,419	4,041,528	5,331,947	.545545	.545545	.545545
60	17 CHC CLINICS	33,783	9,536,175	9,569,958	1.406235	1.406235	1.406235
60	18 PSYCH CLINIC	121,170	15,147,541	15,268,711	1.646546	1.646546	1.646546
60	19 ORAL SURGERY CLINIC						
60	20 DIETARY CLINIC						
60	21 CENTER OF EXCELLENCE	1,711	952,932	954,643	.741324	.741324	.741324
60	22 OP BURN CLINIC	18,200	417,919	436,119	.527067	.527067	.527067
60	23 BARIATRIC CLINIC	105	60,183	60,288	4.545730	4.545730	4.545730
60	24 PLASTIC CLINIC	45,516	36,679	82,195	2.018456	2.018456	2.018456
61	EMERGENCY	10,610,912	32,302,442	42,913,354	.460879	.460879	.460879
62	OBSERVATION BEDS (NON-DIS	28,576	2,956,802	2,985,378	1.490763	1.490763	1.490763
63	OTHER OUTPATIENT SERVICE						
	OTHER REIMBURS COST CNTRS						
	HOME PROGRAM DIALYSIS						
64	AMBULANCE SERVICES	90,643	47,883,625	47,974,268	.302059	.302059	.302059
66	DURABLE MEDICAL EQUIP-REN						
67	DURABLE MEDICAL EQUIP-SOL						
101	SUBTOTAL	317,245,686	334,642,758	651,888,444			
102	LESS OBSERVATION BEDS						
103	TOTAL	317,245,686	334,642,758	651,888,444			

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, COL.	PT I 27	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5
	INPAT ROUTINE SRVC CNTRS		1				
25	ADULTS & PEDIATRICS	36,022,567			36,022,567		36,022,567
26	INTENSIVE CARE UNIT	18,229,445			18,229,445		18,229,445
27	CORONARY CARE UNIT						
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U						
30	NEONATAL INTENSIVE CARE U	5,984,416			5,984,416		5,984,416
31	SUBPROVIDER	7,082,411			7,082,411		7,082,411
31	01 SUBPROVIDER 2	8,198,054			8,198,054		8,198,054
33	NURSERY	8,026,842			8,026,842		8,026,842
34	SKILLED NURSING FACILITY	4,269,871			4,269,871		4,269,871
35	NURSING FACILITY	14,248,325			14,248,325		14,248,325
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	26,898,499			26,898,499		26,898,499
37	01 AMBULATORY SURGERY	1,642,551			1,642,551		1,642,551
40	ANESTHESIOLOGY	4,070,039			4,070,039		4,070,039
41	RADIOLOGY-DIAGNOSTIC	13,933,452			13,933,452		13,933,452
41	01 NUCLEAR MEDICINE	1,410,484			1,410,484		1,410,484
41	02 CAT SCAN	4,130,799			4,130,799		4,130,799
44	LABORATORY	17,555,188			17,555,188		17,555,188
47	BLOOD STORING, PROCESSING	3,711,475			3,711,475		3,711,475
49	RESPIRATORY THERAPY	6,524,362			6,524,362		6,524,362
50	PHYSICAL THERAPY	3,597,544			3,597,544		3,597,544
51	OCCUPATIONAL THERAPY	1,991,306			1,991,306		1,991,306
52	SPEECH PATHOLOGY	525,611			525,611		525,611
52	01 PULMONARY FUNCTIONS	559,622			559,622		559,622
53	ELECTROCARDIOLOGY	1,839,481			1,839,481		1,839,481
55	MEDICAL SUPPLIES CHARGED	3,327,876			3,327,876		3,327,876
56	DRUGS CHARGED TO PATIENTS	53,363,375			53,363,375		53,363,375
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60	01 MEDICINE CLINIC	7,543,109			7,543,109		7,543,109
60	02 OB/GYN CLINIC	4,583,788			4,583,788		4,583,788
60	03 ORTHO CLINIC	2,594,909			2,594,909		2,594,909
60	04 PEDIATRICS CLINIC						
60	05 DENTISTRY CLINIC	557,372			557,372		557,372
60	06 DERMATOLOGY CLINIC	1,094,595			1,094,595		1,094,595
60	07 OPHTHALMOLOGY CLINIC	1,553,489			1,553,489		1,553,489
60	08 ENT CLINIC	1,228,475			1,228,475		1,228,475
60	09 GERIATRIC CLINIC	56,399			56,399		56,399
60	10 SURGERY CLINIC	2,079,464			2,079,464		2,079,464
60	11 NEUROLOGY CLINIC	1,653,466			1,653,466		1,653,466
60	12 ENDOSCOPY CLINIC	2,505,101			2,505,101		2,505,101
60	13 OCCUPATIONAL THERAPY	471,367			471,367		471,367
60	14 URGENT VISIT CLINIC	2,078,502			2,078,502		2,078,502
60	15 SENIOR CARE CLINIC	408,851			408,851		408,851
60	16 WOMENS VISIT CLINIC	2,908,818			2,908,818		2,908,818
60	17 CHC CLINICS	13,457,609			13,457,609		13,457,609
60	18 PSYCH CLINIC	25,217,369			25,217,369		25,217,369
60	19 ORAL SURGERY CLINIC	1,555,326			1,555,326		1,555,326
60	20 DIETARY CLINIC	209,807			209,807		209,807
60	21 CENTER OF EXCELLENCE	707,700			707,700		707,700
60	22 OP BURN CLINIC	229,864			229,864		229,864
60	23 BARIATRIC CLINIC	274,053			274,053		274,053
60	24 PLASTIC CLINIC	165,907			165,907		165,907
61	EMERGENCY	21,054,231			21,054,231		21,054,231
62	OBSERVATION BEDS (NON-DIS	4,450,490			4,450,490		4,450,490
63	OTHER OUTPATIENT SERVICE						
	OTHER REIMBURS COST CNTRS						
64	HOME PROGRAM DIALYSIS						
65	AMBULANCE SERVICES	14,491,037			14,491,037		14,491,037
66	DURABLE MEDICAL EQUIP-REN						
67	DURABLE MEDICAL EQUIP-SOL						
101	SUBTOTAL	360,274,693			360,274,693		360,274,693
102	LESS OBSERVATION BEDS	4,450,490			4,450,490		4,450,490
103	TOTAL	355,824,203			355,824,203		355,824,203

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	23,908,960		23,908,960			
26	INTENSIVE CARE UNIT	38,716,749		38,716,749			
27	CORONARY CARE UNIT						
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U						
30	NEONATAL INTENSIVE CARE U	6,433,988		6,433,988			
31	SUBPROVIDER	7,619,864		7,619,864			
31	01 SUBPROVIDER 2	14,989,040		14,989,040			
33	NURSERY	21,898,684		21,898,684			
34	SKILLED NURSING FACILITY	7,445,424		7,445,424			
35	NURSING FACILITY	10,803,495		10,803,495			
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	34,391,216	28,652,743	63,043,959	.426663	.426663	.426663
37	01 AMBULATORY SURGERY	2,887	117,895	120,782	13.599303	13.599303	13.599303
40	ANESTHESIOLOGY	3,710,214	3,156,951	6,867,165	.592681	.592681	.592681
41	RADIOLOGY-DIAGNOSTIC	18,042,805	29,996,130	48,038,935	.290045	.290045	.290045
41	01 NUCLEAR MEDICINE	988,867	2,942,260	3,931,127	.358799	.358799	.358799
41	02 CAT SCAN	17,274,014	31,599,876	48,873,890	.084520	.084520	.084520
44	LABORATORY	24,727,979	40,577,538	65,305,517	.268816	.268816	.268816
47	BLOOD STORING, PROCESSING	5,535,200	1,108,997	6,644,197	.558604	.558604	.558604
49	RESPIRATORY THERAPY	23,878,997	1,982,379	25,861,376	.252282	.252282	.252282
50	PHYSICAL THERAPY	4,022,009	3,885,025	7,907,034	.454980	.454980	.454980
51	OCCUPATIONAL THERAPY	3,094,470	1,190,869	4,285,339	.464679	.464679	.464679
52	SPEECH PATHOLOGY	722,108	150,799	872,907	.602139	.602139	.602139
52	01 PULMONARY FUNCTIONS	745,607	562,699	1,308,306	.427745	.427745	.427745
53	ELECTROCARDIOLOGY	2,640,023	4,224,303	6,864,326	.267977	.267977	.267977
55	MEDICAL SUPPLIES CHARGED	4,430,066	874,595	5,304,661	.627349	.627349	.627349
56	DRUGS CHARGED TO PATIENTS	27,447,835	43,116,041	70,563,876	.756242	.756242	.756242
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60	01 MEDICINE CLINIC	58,320	5,532,400	5,590,720	1.349220	1.349220	1.349220
60	02 OB/GYN CLINIC	146,787	4,457,748	4,604,535	.995494	.995494	.995494
60	03 ORTHO CLINIC	7,895	1,399,458	1,407,353	1.843822	1.843822	1.843822
60	04 PEDIATRICS CLINIC						
60	05 DENTISTRY CLINIC						
60	06 DERMATOLOGY CLINIC	912	1,005,106	1,006,018	1.088047	1.088047	1.088047
60	07 OPHTHALMOLOGY CLINIC	29,338	2,223,012	2,252,350	.689719	.689719	.689719
60	08 ENT CLINIC	13,592	1,034,148	1,047,740	1.172500	1.172500	1.172500
60	09 GERIATRIC CLINIC		977	977	57.726714	57.726714	57.726714
60	10 SURGERY CLINIC	379,416	1,401,324	1,780,740	1.167753	1.167753	1.167753
60	11 NEUROLOGY CLINIC	64,088	1,117,079	1,181,167	1.399858	1.399858	1.399858
60	12 ENDOSCOPY CLINIC	804,551	3,879,089	4,683,640	.534862	.534862	.534862
60	13 OCCUPATIONAL THERAPY		14,609	14,609	32.265521	32.265521	32.265521
60	14 URGENT VISIT CLINIC	27,438	4,754,303	4,781,741	.434675	.434675	.434675
60	15 SENIOR CARE CLINIC	1,813	348,579	350,392	1.166839	1.166839	1.166839
60	16 WOMENS VISIT CLINIC	1,290,419	4,041,528	5,331,947	.545545	.545545	.545545
60	17 CHC CLINICS	33,783	9,536,175	9,569,958	1.406235	1.406235	1.406235
60	18 PSYCH CLINIC	121,170	15,147,541	15,268,711	1.651572	1.651572	1.651572
60	19 ORAL SURGERY CLINIC						
60	20 DIETARY CLINIC						
60	21 CENTER OF EXCELLENCE	1,711	952,932	954,643	.741324	.741324	.741324
60	22 OP BURN CLINIC	18,200	417,919	436,119	.527067	.527067	.527067
60	23 BARIATRIC CLINIC	105	60,183	60,288	4.545730	4.545730	4.545730
60	24 PLASTIC CLINIC	45,516	36,679	82,195	2.018456	2.018456	2.018456
61	EMERGENCY	10,610,912	32,302,442	42,913,354	.490622	.490622	.490622
62	OBSERVATION BEDS (NON-DIS	28,576	2,956,802	2,985,378	1.490763	1.490763	1.490763
63	OTHER OUTPATIENT SERVICE						
	OTHER REIMBURS COST CNTRS						
	HOME PROGRAM DIALYSIS						
64	AMBULANCE SERVICES	90,643	47,883,625	47,974,268	.302059	.302059	.302059
66	DURABLE MEDICAL EQUIP-REN						
67	DURABLE MEDICAL EQUIP-SOL						
101	SUBTOTAL	317,245,686	334,642,758	651,888,444			
102	LESS OBSERVATION BEDS						
103	TOTAL	317,245,686	334,642,758	651,888,444			

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	26,822,759	1,043,187	25,779,572			26,822,759
37 01	AMBULATORY SURGERY	1,642,551	133,997	1,508,554			1,642,551
40	ANESTHESIOLOGY	2,578,642	268,767	2,309,875			2,578,642
41	RADIOLOGY-DIAGNOSTIC	13,248,191	1,709,863	11,538,328			13,248,191
41 01	NUCLEAR MEDICINE	1,410,484	176,218	1,234,266			1,410,484
41 02	CAT SCAN	4,130,799	389,312	3,741,487			4,130,799
44	LABORATORY	17,414,230	428,980	16,985,250			17,414,230
47	BLOOD STORING, PROCESSING	3,711,475	38,045	3,673,430			3,711,475
49	RESPIRATORY THERAPY	6,524,362	174,156	6,350,206			6,524,362
50	PHYSICAL THERAPY	3,597,544	83,667	3,513,877			3,597,544
51	OCCUPATIONAL THERAPY	1,991,306	48,743	1,942,563			1,991,306
52	SPEECH PATHOLOGY	525,611	3,387	522,224			525,611
52 01	PULMONARY FUNCTIONS	559,622	32,402	527,220			559,622
53	ELECTROCARDIOLOGY	1,839,481	145,003	1,694,478			1,839,481
55	MEDICAL SUPPLIES CHARGED	3,327,876	281,709	3,046,167			3,327,876
56	DRUGS CHARGED TO PATIENTS	53,363,375	712,448	52,650,927			53,363,375
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60 01	MEDICINE CLINIC	4,159,094	358,501	3,800,593			4,159,094
60 02	OB/GYN CLINIC	3,618,732	245,724	3,373,008			3,618,732
60 03	ORTHO CLINIC	2,199,412	82,883	2,116,529			2,199,412
60 04	PEDIATRICS CLINIC						
60 05	DENTISTRY CLINIC	321,405	82,360	239,045			321,405
60 06	DERMATOLOGY CLINIC	813,434	63,156	750,278			813,434
60 07	OPHTHALMOLOGY CLINIC	1,223,850	82,621	1,141,229			1,223,850
60 08	ENT CLINIC	879,102	101,993	777,109			879,102
60 09	GERIATRIC CLINIC	2,660	1,249	1,411			2,660
60 10	SURGERY CLINIC	1,107,666	93,580	1,014,086			1,107,666
60 11	NEUROLOGY CLINIC	1,208,416	99,532	1,108,884			1,208,416
60 12	ENDOSCOPY CLINIC	2,505,101	156,193	2,348,908			2,505,101
60 13	OCCUPATIONAL THERAPY	471,367	20,026	451,341			471,367
60 14	URGENT VISIT CLINIC	2,078,502	23,005	2,055,497			2,078,502
60 15	SENIOR CARE CLINIC	408,851	58,270	350,581			408,851
60 16	WOMENS VISIT CLINIC	2,908,818	43,567	2,865,251			2,908,818
60 17	CHC CLINICS	13,457,609	709,676	12,747,933			13,457,609
60 18	PSYCH CLINIC	25,140,641	376,677	24,763,964			25,140,641
60 19	ORAL SURGERY CLINIC	1,112,484	9,510	1,102,974			1,112,484
60 20	DIETARY CLINIC	209,807	913	208,894			209,807
60 21	CENTER OF EXCELLENCE	707,700	15,099	692,601			707,700
60 22	OP BURN CLINIC	229,864	3,410	226,454			229,864
60 23	BARIATRIC CLINIC	274,053	15,388	258,665			274,053
60 24	PLASTIC CLINIC	165,907	884	165,023			165,907
61	EMERGENCY	19,777,875	466,369	19,311,506			19,777,875
62	OBSERVATION BEDS (NON-DIS	4,450,490	175,655	4,274,835			4,450,490
63	OTHER OUTPATIENT SERVICE						
	OTHER REIMBURS COST CNTRS						
64	HOME PROGRAM DIALYSIS						
65	AMBULANCE SERVICES	14,491,037	572,189	13,918,848			14,491,037
66	DURABLE MEDICAL EQUIP-REN						
67	DURABLE MEDICAL EQUIP-SOL						
101	SUBTOTAL	246,612,185	9,528,314	237,083,871			246,612,185
102	LESS OBSERVATION BEDS	4,450,490	175,655	4,274,835			4,450,490
103	TOTAL	242,161,695	9,352,659	232,809,036			242,161,695

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			
	OPERATING ROOM	63,043,959	.425461	.425461
37	01 AMBULATORY SURGERY	120,782	13.599303	13.599303
40	ANESTHESIOLOGY	6,867,165	.375503	.375503
41	RADIOLOGY-DIAGNOSTIC	48,038,935	.275780	.275780
41	01 NUCLEAR MEDICINE	3,931,127	.358799	.358799
41	02 CAT SCAN	48,873,890	.084520	.084520
44	LABORATORY	65,305,517	.266658	.266658
47	BLOOD STORING, PROCESSING	6,644,197	.558604	.558604
49	RESPIRATORY THERAPY	25,861,376	.252282	.252282
50	PHYSICAL THERAPY	7,907,034	.454980	.454980
51	OCCUPATIONAL THERAPY	4,285,339	.464679	.464679
52	SPEECH PATHOLOGY	872,907	.602139	.602139
52	01 PULMONARY FUNCTIONS	1,308,306	.427745	.427745
53	ELECTROCARDIOLOGY	6,864,326	.267977	.267977
55	MEDICAL SUPPLIES CHARGED	5,304,661	.627349	.627349
56	DRUGS CHARGED TO PATIENTS	70,563,876	.756242	.756242
	OUTPAT SERVICE COST CNTRS			
	CLINIC			
60	01 MEDICINE CLINIC	5,590,720	.743928	.743928
60	02 OB/GYN CLINIC	4,604,535	.785906	.785906
60	03 ORTHO CLINIC	1,407,353	1.562801	1.562801
60	04 PEDIATRICS CLINIC			
60	05 DENTISTRY CLINIC			
60	06 DERMATOLOGY CLINIC	1,006,018	.808568	.808568
60	07 OPHTHALMOLOGY CLINIC	2,252,350	.543366	.543366
60	08 ENT CLINIC	1,047,740	.839046	.839046
60	09 GERIATRIC CLINIC	977	2.722620	2.722620
60	10 SURGERY CLINIC	1,780,740	.622026	.622026
60	11 NEUROLOGY CLINIC	1,181,167	1.023070	1.023070
60	12 ENDOSCOPY CLINIC	4,683,640	.534862	.534862
60	13 OCCUPATIONAL THERAPY	14,609	32.265521	32.265521
60	14 URGENT VISIT CLINIC	4,781,741	.434675	.434675
60	15 SENIOR CARE CLINIC	350,392	1.166839	1.166839
60	16 WOMENS VISIT CLINIC	5,331,947	.545545	.545545
60	17 CHC CLINICS	9,569,958	1.406235	1.406235
60	18 PSYCH CLINIC	15,268,711	1.646546	1.646546
60	19 ORAL SURGERY CLINIC			
60	20 DIETARY CLINIC			
60	21 CENTER OF EXCELLENCE	954,643	.741324	.741324
60	22 OP BURN CLINIC	436,119	.527067	.527067
60	23 BARIATRIC CLINIC	60,288	4.545730	4.545730
60	24 PLASTIC CLINIC	82,195	2.018456	2.018456
61	EMERGENCY	42,913,354	.460879	.460879
62	OBSERVATION BEDS (NON-DIS	2,985,378	1.490763	1.490763
63	OTHER OUTPATIENT SERVICE			
	OTHER REIMBURS COST CNTRS			
64	HOME PROGRAM DIALYSIS			
65	AMBULANCE SERVICES	47,974,268	.302059	.302059
66	DURABLE MEDICAL EQUIP-REN			
67	DURABLE MEDICAL EQUIP-SOL			
101	SUBTOTAL	520,072,240		
102	LESS OBSERVATION BEDS	2,985,378		
103	TOTAL	517,086,862		

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						
37	OPERATING ROOM	26,898,499	1,043,187	25,855,312	104,319	1,499,608	25,294,572
40	01 AMBULATORY SURGERY	1,642,551	133,997	1,508,554	13,400	87,496	1,541,655
37	ANESTHESIOLOGY	4,070,039	268,767	3,801,272	26,877	220,474	3,822,688
41	RADIOLOGY-DIAGNOSTIC	13,933,452	1,709,863	12,223,589	170,986	708,968	13,053,498
41	01 NUCLEAR MEDICINE	1,410,484	176,218	1,234,266	17,622	71,587	1,321,275
41	02 CAT SCAN	4,130,799	389,312	3,741,487	38,931	217,006	3,874,862
44	LABORATORY	17,555,188	428,980	17,126,208	42,898	993,320	16,518,970
47	BLOOD STORING, PROCESSING	3,711,475	38,045	3,673,430	3,805	213,059	3,494,611
49	RESPIRATORY THERAPY	6,524,362	174,156	6,350,206	17,416	368,312	6,138,634
50	PHYSICAL THERAPY	3,597,544	83,667	3,513,877	8,367	203,805	3,385,372
51	OCCUPATIONAL THERAPY	1,991,306	48,743	1,942,563	4,874	112,669	1,873,763
52	SPEECH PATHOLOGY	525,611	3,387	522,224	339	30,289	494,983
52	01 PULMONARY FUNCTIONS	559,622	32,402	527,220	3,240	30,579	525,803
53	ELECTROCARDIOLOGY	1,839,481	145,003	1,694,478	14,500	98,280	1,726,701
55	MEDICAL SUPPLIES CHARGED	3,327,876	281,709	3,046,167	28,171	176,678	3,123,027
56	DRUGS CHARGED TO PATIENTS	53,363,375	712,448	52,650,927	71,245	3,053,754	50,238,376
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60	01 MEDICINE CLINIC	7,543,109	358,501	7,184,608	35,850	416,707	7,090,552
60	02 OB/GYN CLINIC	4,583,788	245,724	4,338,064	24,572	251,608	4,307,608
60	03 ORTHO CLINIC	2,594,909	82,883	2,512,026	8,288	145,698	2,440,923
60	04 PEDIATRICS CLINIC						
60	05 DENTISTRY CLINIC	557,372	82,360	475,012	8,236	27,551	521,585
60	06 DERMATOLOGY CLINIC	1,094,595	63,156	1,031,439	6,316	59,823	1,028,456
60	07 OPHTHALMOLOGY CLINIC	1,553,489	82,621	1,470,868	8,262	85,310	1,459,917
60	08 ENT CLINIC	1,228,475	101,993	1,126,482	10,199	65,336	1,152,940
60	09 GERIATRIC CLINIC	56,399	1,249	55,150	125	3,199	53,075
60	10 SURGERY CLINIC	2,079,464	93,580	1,985,884	9,358	115,181	1,954,925
60	11 NEUROLOGY CLINIC	1,653,466	99,532	1,553,934	9,953	90,128	1,553,385
60	12 ENDOSCOPY CLINIC	2,505,101	156,193	2,348,908	15,619	136,237	2,353,245
60	13 OCCUPATIONAL THERAPY	471,367	20,026	451,341	2,003	26,178	443,186
60	14 URGENT VISIT CLINIC	2,078,502	23,005	2,055,497	2,301	119,219	1,956,982
60	15 SENIOR CARE CLINIC	408,851	58,270	350,581	5,827	20,334	382,690
60	16 WOMENS VISIT CLINIC	2,908,818	43,567	2,865,251	4,357	166,185	2,738,276
60	17 CHC CLINICS	13,457,609	709,676	12,747,933	70,968	739,380	12,647,261
60	18 PSYCH CLINIC	25,217,369	376,677	24,840,692	37,668	1,440,760	23,738,941
60	19 ORAL SURGERY CLINIC	1,555,326	9,510	1,545,816	951	89,657	1,464,718
60	20 DIETARY CLINIC	209,807	913	208,894	91	12,116	197,600
60	21 CENTER OF EXCELLENCE	707,700	15,099	692,601	1,510	40,171	666,019
60	22 OP BURN CLINIC	229,864	3,410	226,454	341	13,134	216,389
60	23 BARIATRIC CLINIC	274,053	15,388	258,665	1,539	15,003	257,511
60	24 PLASTIC CLINIC	165,907	884	165,023	88	9,571	156,248
61	EMERGENCY	21,054,231	466,369	20,587,862	46,637	1,194,096	19,813,498
62	OBSERVATION BEDS (NON-DIS	4,450,490	175,655	4,274,835	17,566	247,940	4,184,984
63	OTHER OUTPATIENT SERVICE						
64	OTHER REIMBURS COST CNTRS						
64	HOME PROGRAM DIALYSIS						
65	AMBULANCE SERVICES	14,491,037	572,189	13,918,848	57,219	807,293	13,626,525
66	DURABLE MEDICAL EQUIP-REN						
67	DURABLE MEDICAL EQUIP-SOL						
101	SUBTOTAL	258,212,762	9,528,314	248,684,448	952,834	14,423,699	242,836,229
102	LESS OBSERVATION BEDS	4,450,490	175,655	4,274,835	17,566	247,940	4,184,984
103	TOTAL	253,762,272	9,352,659	244,409,613	935,268	14,175,759	238,651,245

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	63,043,959	.401221	.425008
37 01	AMBULATORY SURGERY	120,782	12.763947	13.488359
40	ANESTHESIOLOGY	6,867,165	.556662	.588767
41	RADIOLOGY-DIAGNOSTIC	48,038,935	.271727	.286486
41 01	NUCLEAR MEDICINE	3,931,127	.336106	.354316
41 02	CAT SCAN	48,873,890	.079283	.083723
44	LABORATORY	65,305,517	.252949	.268159
47	BLOOD STORING, PROCESSING	6,644,197	.525964	.558031
49	RESPIRATORY THERAPY	25,861,376	.237367	.251609
50	PHYSICAL THERAPY	7,907,034	.428147	.453922
51	OCCUPATIONAL THERAPY	4,285,339	.437250	.463541
52	SPEECH PATHOLOGY	872,907	.567051	.601750
52 01	PULMONARY FUNCTIONS	1,308,306	.401896	.425269
53	ELECTROCARDIOLOGY	6,864,326	.251547	.265865
55	MEDICAL SUPPLIES CHARGED	5,304,661	.588733	.622039
56	DRUGS CHARGED TO PATIENTS	70,563,876	.711956	.755232
	OUTPAT SERVICE COST CNTRS			
60	CLINIC			
60 01	MEDICINE CLINIC	5,590,720	1.268272	1.342807
60 02	OB/GYN CLINIC	4,604,535	.935514	.990158
60 03	ORTHO CLINIC	1,407,353	1.734407	1.837933
60 04	PEDIATRICS CLINIC			
60 05	DENTISTRY CLINIC			
60 06	DERMATOLOGY CLINIC	1,006,018	1.022304	1.081769
60 07	OPHTHALMOLOGY CLINIC	2,252,350	.648175	.686051
60 08	ENT CLINIC	1,047,740	1.100407	1.162766
60 09	GERIATRIC CLINIC	977	54.324463	57.598772
60 10	SURGERY CLINIC	1,780,740	1.097816	1.162498
60 11	NEUROLOGY CLINIC	1,181,167	1.315127	1.391432
60 12	ENDOSCOPY CLINIC	4,683,640	.502439	.531527
60 13	OCCUPATIONAL THERAPY	14,609	30.336505	32.128414
60 14	URGENT VISIT CLINIC	4,781,741	.409261	.434194
60 15	SENIOR CARE CLINIC	350,392	1.092177	1.150209
60 16	WOMENS VISIT CLINIC	5,331,947	.513560	.544728
60 17	CHC CLINICS	9,569,958	1.321559	1.398819
60 18	PSYCH CLINIC	15,268,711	1.554744	1.649105
60 19	ORAL SURGERY CLINIC			
60 20	DIETARY CLINIC			
60 21	CENTER OF EXCELLENCE	954,643	.697663	.739743
60 22	OP BURN CLINIC	436,119	.496170	.526285
60 23	BIARIATRIC CLINIC	60,288	4.271348	4.520203
60 24	PLASTIC CLINIC	82,195	1.900943	2.017385
61	EMERGENCY	42,913,354	.461709	.489535
62	OBSERVATION BEDS (NON-DIS	2,985,378	1.401827	1.484879
63	OTHER OUTPATIENT SERVICE			
	OTHER REIMBURS COST CNTRS			
64	HOME PROGRAM DIALYSIS			
65	AMBULANCE SERVICES	47,974,268	.284038	.300866
66	DURABLE MEDICAL EQUIP-REN			
67	DURABLE MEDICAL EQUIP-SOL			
101	SUBTOTAL	520,072,240		
102	LESS OBSERVATION BEDS	2,985,378		
103	TOTAL	517,086,862		

WKST A LINE NO.	COST CENTER DESCRIPTION	CAPITAL REL COST (B, I I) 1	OLD CAPITAL SWING BED ADJUSTMENT 2	REDUCED CAP RELATED COST 3	CAPITAL REL COST (B, I I I) 4	NEW CAPITAL SWING BED ADJUSTMENT 5	REDUCED CAP RELATED COST 6
25	INPAT ROUTINE SRVC CNTRS						
26	ADULTS & PEDIATRICS				1,380,761		1,380,761
27	INTENSIVE CARE UNIT				309,600		309,600
28	CORONARY CARE UNIT						
29	BURN INTENSIVE CARE UNIT						
30	SURGICAL INTENSIVE CARE U						
31	NEONATAL INTENSIVE CARE U				182,164		182,164
31	SUBPROVIDER				199,782		199,782
31	01 SUBPROVIDER 2				440,991		440,991
33	NURSERY				229,073		229,073
101	TOTAL				2,742,371		2,742,371

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL PATIENT DAYS 7	INPATIENT PROGRAM DAYS 8	OLD CAPITAL PER DIEM 9	INPAT PROGRAM OLD CAP CST 10	NEW CAPITAL PER DIEM 11	INPAT PROGRAM NEW CAP CST 12
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS	52,865	10,271			26.12	268,279
26	INTENSIVE CARE UNIT	16,490	4,925			18.78	92,492
27	CORONARY CARE UNIT						
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U						
30	NEONATAL INTENSIVE CARE U	8,137				22.39	
31	SUBPROVIDER	10,901	3,714			18.33	68,078
31 01	SUBPROVIDER 2	5,595	1,065			78.82	83,943
33	NURSERY	5,300				43.22	
101	TOTAL	99,288	19,975				512,792

TITLE XVIII, PART A		HOSPITAL		PPS			
WKST A	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST	NEW CAPITAL RELATED COST	TOTAL CHARGES	INPAT PROGRAM CHARGES	OLD CAPITAL COST/CHRG RATIO	CAPITAL COSTS
LINE NO.		1	2	3	4	5	6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM		1,043,187	63,043,959	7,486,451		
37 01	AMBULATORY SURGERY		133,997	120,782			
40	ANESTHESIOLOGY		268,767	6,867,165	681,009		
41	RADIOLOGY-DIAGNOSTIC		1,709,863	48,038,935	3,776,777		
41 01	NUCLEAR MEDICINE		176,218	3,931,127	295,161		
41 02	CAT SCAN		389,312	48,873,890	3,992,972		
44	LABORATORY		428,980	65,305,517	6,471,642		
47	BLOOD STORING, PROCESSING		38,045	6,644,197	863,721		
49	RESPIRATORY THERAPY		174,156	25,861,376	5,534,906		
50	PHYSICAL THERAPY		83,667	7,907,034	585,865		
51	OCCUPATIONAL THERAPY		48,743	4,285,339	319,708		
52	SPEECH PATHOLOGY		3,387	872,907	152,979		
52 01	PULMONARY FUNCTIONS		32,402	1,308,306	41,018		
53	ELECTROCARDIOLOGY		145,003	6,864,326	1,056,065		
55	MEDICAL SUPPLIES CHARGED		281,709	5,304,661	672,395		
56	DRUGS CHARGED TO PATIENTS		712,448	70,563,876	6,203,240		
	OUTPUT SERVICE COST CNTRS						
60	CLINIC						
60 01	MEDICINE CLINIC		358,501	5,590,720	5,752		
60 02	OB/GYN CLINIC		245,724	4,604,535	121		
60 03	ORTHO CLINIC		82,883	1,407,353	1,173		
60 04	PEDIATRICS CLINIC						
60 05	DENTISTRY CLINIC		82,360				
60 06	DERMATOLOGY CLINIC		63,156	1,006,018	393		
60 07	OPHTHALMOLOGY CLINIC		82,621	2,252,350	6,111		
60 08	ENT CLINIC		101,993	1,047,740	669		
60 09	GERIATRIC CLINIC		1,249	977			
60 10	SURGERY CLINIC		93,580	1,780,740	175,941		
60 11	NEUROLOGY CLINIC		99,532	1,181,167	26,212		
60 12	ENDOSCOPY CLINIC		156,193	4,683,640	181,734		
60 13	OCCUPATIONAL THERAPY		20,026	14,609			
60 14	URGENT VISIT CLINIC		23,005	4,781,741	1,340		
60 15	SENIOR CARE CLINIC		58,270	350,392	1,601		
60 16	WOMENS VISIT CLINIC		43,567	5,331,947	5,425		
60 17	CHC CLINICS		709,676	9,569,958	5,561		
60 18	PSYCH CLINIC		376,677	15,268,711	1,074		
60 19	ORAL SURGERY CLINIC		9,510				
60 20	DIETARY CLINIC		913				
60 21	CENTER OF EXCELLENCE		15,099	954,643	1,170		
60 22	OP BURN CLINIC		3,410	436,119	356		
60 23	BARIATRIC CLINIC		15,388	60,288			
60 24	PLASTIC CLINIC		884	82,195			
61	EMERGENCY		466,369	42,913,354	2,412,879		
62	OBSERVATION BEDS (NON-DIS		175,655	2,985,378			
63	OTHER OUTPATIENT SERVICE						
	OTHER REIMBURS COST CNTRS						
64	HOME PROGRAM DIALYSIS						
65	AMBULANCE SERVICES						
66	DURABLE MEDICAL EQUIP-REN						
67	DURABLE MEDICAL EQUIP-SOL						
101	TOTAL		8,956,125	472,097,972	40,961,421		

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	.016547	123,878
37 01	AMBULATORY SURGERY	1.109412	
40	ANESTHESIOLOGY	.039138	26,653
41	RADIOLOGY-DIAGNOSTIC	.035593	134,427
41 01	NUCLEAR MEDICINE	.044826	13,231
41 02	CAT SCAN	.007966	31,808
44	LABORATORY	.006569	42,512
47	BLOOD STORING, PROCESSING	.005726	4,946
49	RESPIRATORY THERAPY	.006734	37,272
50	PHYSICAL THERAPY	.010581	6,199
51	OCCUPATIONAL THERAPY	.011374	3,636
52	SPEECH PATHOLOGY	.003880	594
52 01	PULMONARY FUNCTIONS	.024766	1,016
53	ELECTROCARDIOLOGY	.021124	22,308
55	MEDICAL SUPPLIES CHARGED	.053106	35,708
56	DRUGS CHARGED TO PATIENTS	.010096	62,628
	OUTPAT SERVICE COST CNTRS		
60	CLINIC		
60 01	MEDICINE CLINIC	.064124	369
60 02	OB/GYN CLINIC	.053366	6
60 03	ORTHO CLINIC	.058893	69
60 04	PEDIATRICS CLINIC		
60 05	DENTISTRY CLINIC		
60 06	DERMATOLOGY CLINIC	.062778	25
60 07	OPHTHALMOLOGY CLINIC	.036682	224
60 08	ENT CLINIC	.097346	65
60 09	GERIATRIC CLINIC	1.278403	
60 10	SURGERY CLINIC	.052551	9,246
60 11	NEUROLOGY CLINIC	.084266	2,209
60 12	ENDOSCOPY CLINIC	.033349	6,061
60 13	OCCUPATIONAL THERAPY	1.370799	
60 14	URGENT VISIT CLINIC	.004811	6
60 15	SENIOR CARE CLINIC	.166299	266
60 16	WOMENS VISIT CLINIC	.008171	44
60 17	CHC CLINICS	.074157	412
60 18	PSYCH CLINIC	.024670	26
60 19	ORAL SURGERY CLINIC		
60 20	DIETARY CLINIC		
60 21	CENTER OF EXCELLENCE	.015816	19
60 22	OP BURN CLINIC	.007819	3
60 23	BARIATRIC CLINIC	.255242	
60 24	PLASTIC CLINIC	.010755	
61	EMERGENCY	.010868	26,223
62	OBSERVATION BEDS (NON-DIS	.058838	
63	OTHER OUTPATIENT SERVICE		
	OTHER REIMBURS COST CNTRS		
64	HOME PROGRAM DIALYSIS		
65	AMBULANCE SERVICES		
66	DURABLE MEDICAL EQUIP-REN		
67	DURABLE MEDICAL EQUIP-SOL		
101	TOTAL		592,089

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST 1	MED EDUCATN COST 2	SWING BED ADJ AMOUNT 3	TOTAL COSTS 4	TOTAL PATIENT DAYS 5	PER DIEM 6
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS					52,865	
26	INTENSIVE CARE UNIT					16,490	
27	CORONARY CARE UNIT						
28	BURN INTENSIVE CARE UNIT						
29	SURGI CAL INTENSIVE CARE U					8,137	
30	NEONATAL INTENSIVE CARE U					10,901	
31	SUBPROVI DER					5,595	
31	01 SUBPROVI DER 2					5,300	
33	NURSERY					16,189	
34	SKILLED NURSING FACILITY					52,468	
35	NURSING FACILITY					167,945	
101	TOTAL						

WKST LINE NO.	A COST CENTER DESCRIPTION	INPATIENT PROG DAYS	INPAT PROGRAM PASS THRU COST
		7	8
25	ADULTS & PEDIATRICS	10,271	
26	INTENSIVE CARE UNIT	4,925	
27	CORONARY CARE UNIT		
28	BURN INTENSIVE CARE UNIT		
29	SURGICAL INTENSIVE CARE U		
30	NEONATAL INTENSIVE CARE U		
31	SUBPROVIDER	3,714	
31	01 SUBPROVIDER 2	1,065	
33	NURSERY		
34	SKILLED NURSING FACILITY	6,521	
35	NURSING FACILITY		
101	TOTAL	26,496	

TITLE XVIII, PART A		HOSPITAL		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					
37	01 AMBULATORY SURGERY					
40	ANESTHESIOLOGY					
41	RADIOLOGY-DIAGNOSTIC					
41	01 NUCLEAR MEDICINE					
41	02 CAT SCAN					
44	LABORATORY					
47	BLOOD STORING, PROCESSING					
49	RESPIRATORY THERAPY					
50	PHYSICAL THERAPY					
51	OCCUPATIONAL THERAPY					
52	SPEECH PATHOLOGY					
52	01 PULMONARY FUNCTIONS					
53	ELECTROCARDIOLOGY					
55	MEDICAL SUPPLIES CHARGED					
56	DRUGS CHARGED TO PATIENTS			240,416		
	OUTPAT SERVICE COST CNTRS					
60	CLINIC					
60	01 MEDICINE CLINIC					
60	02 OB/GYN CLINIC					
60	03 ORTHO CLINIC					
60	04 PEDIATRICS CLINIC					
60	05 DENTISTRY CLINIC					
60	06 DERMATOLOGY CLINIC					
60	07 OPHTHALMOLOGY CLINIC					
60	08 ENT CLINIC					
60	09 GERIATRIC CLINIC					
60	10 SURGERY CLINIC					
60	11 NEUROLOGY CLINIC					
60	12 ENDOSCOPY CLINIC					
60	13 OCCUPATIONAL THERAPY					
60	14 URGENT VISIT CLINIC					
60	15 SENIOR CARE CLINIC					
60	16 WOMENS VISIT CLINIC					
60	17 CHC CLINICS					
60	18 PSYCH CLINIC					
60	19 ORAL SURGERY CLINIC					
60	20 DIETARY CLINIC					
60	21 CENTER OF EXCELLENCE					
60	22 OP BURN CLINIC					
60	23 BARIATRIC CLINIC					
60	24 PLASTIC CLINIC					
61	EMERGENCY					
62	OBSERVATION BEDS (NON-DIS					
63	OTHER OUTPATIENT SERVICE					
	OTHER REIMBURS COST CNTRS					
64	HOME PROGRAM DIALYSIS					
65	AMBULANCE SERVICES					
66	DURABLE MEDICAL EQUIP-REN					
67	DURABLE MEDICAL EQUIP-SOL					
101	TOTAL			240,416		

TITLE XVIII, PART A		HOSPITAL		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							
		OPERATING ROOM			63,043,959			7,486,451	
37	01	AMBULATORY SURGERY			120,782				
40		ANESTHESIOLOGY			6,867,165			681,009	
41		RADIOLOGY-DIAGNOSTIC			48,038,935			3,776,777	
41	01	NUCLEAR MEDICINE			3,931,127			295,161	
41	02	CAT SCAN			48,873,890			3,992,972	
44		LABORATORY			65,305,517			6,471,642	
47		BLOOD STORING, PROCESSING			6,644,197			863,721	
49		RESPIRATORY THERAPY			25,861,376			5,534,906	
50		PHYSICAL THERAPY			7,907,034			585,865	
51		OCCUPATIONAL THERAPY			4,285,339			319,708	
52		SPEECH PATHOLOGY			872,907			152,979	
52	01	PULMONARY FUNCTIONS			1,308,306			41,018	
53		ELECTROCARDIOLOGY			6,864,326			1,056,065	
55		MEDICAL SUPPLIES CHARGED			5,304,661			672,395	
56		DRUGS CHARGED TO PATIENTS OUTPAT SERVICE COST CNTRS	240,416	240,416	70,563,876	.003407	.003407	6,203,240	21,134
60		CLINIC							
60	01	MEDICINE CLINIC			5,590,720			5,752	
60	02	OB/GYN CLINIC			4,604,535			121	
60	03	ORTHO CLINIC			1,407,353			1,173	
60	04	PEDIATRICS CLINIC							
60	05	DENTISTRY CLINIC							
60	06	DERMATOLOGY CLINIC			1,006,018			393	
60	07	OPHTHALMOLOGY CLINIC			2,252,350			6,111	
60	08	ENT CLINIC			1,047,740			669	
60	09	GERIATRIC CLINIC			977				
60	10	SURGERY CLINIC			1,780,740			175,941	
60	11	NEUROLOGY CLINIC			1,181,167			26,212	
60	12	ENDOSCOPY CLINIC			4,683,640			181,734	
60	13	OCCUPATIONAL THERAPY			14,609				
60	14	URGENT VISIT CLINIC			4,781,741			1,340	
60	15	SENIOR CARE CLINIC			350,392			1,601	
60	16	WOMENS VISIT CLINIC			5,331,947			5,425	
60	17	CHC CLINICS			9,569,958			5,561	
60	18	PSYCH CLINIC			15,268,711			1,074	
60	19	ORAL SURGERY CLINIC							
60	20	DIETARY CLINIC							
60	21	CENTER OF EXCELLENCE			954,643			1,170	
60	22	OP BURN CLINIC			436,119			356	
60	23	BIARIATRIC CLINIC			60,288				
60	24	PLASTIC CLINIC			82,195				
61		EMERGENCY			42,913,354			2,412,879	
62		OBSERVATION BEDS (NON-DIS			2,985,378				
63		OTHER OUTPATIENT SERVICE							
64		OTHER REIMBURS COST CNTRS							
64		HOME PROGRAM DIALYSIS							
65		AMBULANCE SERVICES		324,526					
66		DURABLE MEDICAL EQUIP-REN							
67		DURABLE MEDICAL EQUIP-SOL							
101		TOTAL	240,416	564,942	472,097,972			40,961,421	21,134

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	COL 8.01	COL 8.02		
LINE NO.		CHARGES	D, V COL 5.03	D, V COL 5.04	PASS THRU COST	* COL 5	* COL 5		
		8	8.01	8.02	9	9.01	9.02		
	ANCILLARY SRVC COST CNTRS								
37	OPERATING ROOM	7,119,790							
37 01	AMBULATORY SURGERY	24,174							
40	ANESTHESIOLOGY	433,560							
41	RADIOLOGY-DIAGNOSTIC	4,083,037							
41 01	NUCLEAR MEDICINE	627,848							
41 02	CAT SCAN	3,915,439							
44	LABORATORY	430,571							
47	BLOOD STORING, PROCESSING	104,652							
49	RESPIRATORY THERAPY	284,621							
50	PHYSICAL THERAPY	57,196							
51	OCCUPATIONAL THERAPY	1,500							
52	SPEECH PATHOLOGY	422							
52 01	PULMONARY FUNCTIONS	106,270							
53	ELECTROCARDIOLOGY	1,223,169							
55	MEDICAL SUPPLIES CHARGED	15,668							
56	DRUGS CHARGED TO PATIENTS	4,785,137				16,303			
	OUTPAT SERVICE COST CNTRS								
60	CLINIC								
60 01	MEDICINE CLINIC	579,428							
60 02	OB/GYN CLINIC	3,356							
60 03	ORTHO CLINIC	177,417							
60 04	PEDIATRICS CLINIC								
60 05	DENTISTRY CLINIC								
60 06	DERMATOLOGY CLINIC	130,448							
60 07	OPHTHALMOLOGY CLINIC	617,690							
60 08	ENT CLINIC	134,743							
60 09	GERIATRIC CLINIC								
60 10	SURGERY CLINIC	379,019							
60 11	NEUROLOGY CLINIC	144,195							
60 12	ENDOSCOPY CLINIC	605,459							
60 13	OCCUPATIONAL THERAPY								
60 14	URGENT VISIT CLINIC	134,210							
60 15	SENIOR CARE CLINIC	240,890							
60 16	WOMENS VISIT CLINIC	297,977							
60 17	CHC CLINICS	888,868							
60 18	PSYCH CLINIC	393,816							
60 19	ORAL SURGERY CLINIC								
60 20	DIETARY CLINIC								
60 21	CENTER OF EXCELLENCE	170,427							
60 22	OP BURN CLINIC	16,782							
60 23	BIATRIC CLINIC	8,915							
60 24	PLASTIC CLINIC	389							
61	EMERGENCY	3,265,183							
62	OBSERVATION BEDS (NON-DIS	1,028,557							
63	OTHER OUTPATIENT SERVICE								
	OTHER REIMBURS COST CNTRS								
64	HOME PROGRAM DIALYSIS								
65	AMBULANCE SERVICES								
66	DURABLE MEDICAL EQUIP-REN								
67	DURABLE MEDICAL EQUIP-SOL								
101	TOTAL	32,430,823				16,303			

TITLE XVIII, PART B

HOSPITAL

Cost Center Description	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
	1	1.02	2	3	4
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM	.425461	.425461			
37 01 AMBULATORY SURGERY	13.599303	13.599303			
40 ANESTHESIOLOGY	.375503	.375503			
41 RADIOLOGY-DIAGNOSTIC	.275780	.275780			
41 01 NUCLEAR MEDICINE	.358799	.358799			
41 02 CAT SCAN	.084520	.084520			
44 LABORATORY	.266658	.266658			
47 BLOOD STORING, PROCESSING & TRANS.	.558604	.558604			
49 RESPIRATORY THERAPY	.252282	.252282			
50 PHYSICAL THERAPY	.454980	.454980			
51 OCCUPATIONAL THERAPY	.464679	.464679			
52 SPEECH PATHOLOGY	.602139	.602139			
52 01 PULMONARY FUNCTIONS	.427745	.427745			
53 ELECTROCARDIOLOGY	.267977	.267977			
55 MEDICAL SUPPLIES CHARGED TO PATIENTS	.627349	.627349			
56 DRUGS CHARGED TO PATIENTS	.756242	.756242			
60 OUTPAT SERVICE COST CNTRS					
60 CLINIC					
60 01 MEDICINE CLINIC	.743928	.743928			
60 02 OB/GYN CLINIC	.785906	.785906			
60 03 ORTHO CLINIC	1.562801	1.562801			
60 04 PEDIATRICS CLINIC					
60 05 DENTISTRY CLINIC					
60 06 DERMATOLOGY CLINIC	.808568	.808568			
60 07 OPHTHALMOLOGY CLINIC	.543366	.543366			
60 08 ENT CLINIC	.839046	.839046			
60 09 GERIATRIC CLINIC	2.722620	2.722620			
60 10 SURGERY CLINIC	.622026	.622026			
60 11 NEUROLOGY CLINIC	1.023070	1.023070			
60 12 ENDOSCOPY CLINIC	.534862	.534862			
60 13 OCCUPATIONAL THERAPY	32.265521	32.265521			
60 14 URGENT VISIT CLINIC	.434675	.434675			
60 15 SENIOR CARE CLINIC	1.166839	1.166839			
60 16 WOMENS VISIT CLINIC	.545545	.545545			
60 17 CHC CLINICS	1.406235	1.406235			
60 18 PSYCH CLINIC	1.646546	1.646546			
60 19 ORAL SURGERY CLINIC					
60 20 DIETARY CLINIC					
60 21 CENTER OF EXCELLENCE	.741324	.741324			
60 22 OP BURN CLINIC	.527067	.527067			
60 23 BARIATRIC CLINIC	4.545730	4.545730			
60 24 PLASTIC CLINIC	2.018456	2.018456			
61 EMERGENCY	.460879	.460879			
62 OBSERVATION BEDS (NON-DISTINCT PART)	1.490763	1.490763			
63 OTHER OUTPATIENT SERVICE COST CENTER					
63 OTHER REIMBURS COST CNTRS					
64 HOME PROGRAM DIALYSIS					
65 AMBULANCE SERVICES	.302059	.302059			
66 DURABLE MEDICAL EQUIP-RENTED					
67 DURABLE MEDICAL EQUIP-SOLD					
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		7,119,790	61		
37	01 AMBULATORY SURGERY		24,174			
40	ANESTHESIOLOGY		433,560			
41	RADIOLOGY-DIAGNOSTIC		4,083,037	15		
41	01 NUCLEAR MEDICINE		627,848			
41	02 CAT SCAN		3,915,439			
44	LABORATORY		430,571			
47	BLOOD STORING, PROCESSING & TRANS.		104,652			
49	RESPIRATORY THERAPY		284,621	7		
50	PHYSICAL THERAPY		57,196			
51	OCCUPATIONAL THERAPY		1,500			
52	SPEECH PATHOLOGY		422			
52	01 PULMONARY FUNCTIONS		106,270			
53	ELECTROCARDIOLOGY		1,223,169			
55	MEDICAL SUPPLIES CHARGED TO PATIENTS		15,668	1,843		
56	DRUGS CHARGED TO PATIENTS		4,785,137	4,722		
	OUTPAT SERVICE COST CNTRS					
60	CLINIC					
60	01 MEDICINE CLINIC		579,428			
60	02 OB/GYN CLINIC		3,356			
60	03 ORTHO CLINIC		177,417			
60	04 PEDIATRICS CLINIC					
60	05 DENTISTRY CLINIC					
60	06 DERMATOLOGY CLINIC		130,448			
60	07 OPHTHALMOLOGY CLINIC		617,690			
60	08 ENT CLINIC		134,743			
60	09 GERIATRIC CLINIC					
60	10 SURGERY CLINIC		379,019			
60	11 NEUROLOGY CLINIC		144,195			
60	12 ENDOSCOPY CLINIC		605,459	2		
60	13 OCCUPATIONAL THERAPY					
60	14 URGENT VISIT CLINIC		134,210			
60	15 SENIOR CARE CLINIC		240,890			
60	16 WOMENS VISIT CLINIC		297,977			
60	17 CHC CLINICS		888,868			
60	18 PSYCH CLINIC		393,816			
60	19 ORAL SURGERY CLINIC					
60	20 DIETARY CLINIC					
60	21 CENTER OF EXCELLENCE		170,427	1		
60	22 OP BURN CLINIC		16,782			
60	23 BARIATRIC CLINIC		8,915			
60	24 PLASTIC CLINIC		389			
61	EMERGENCY		3,265,183			
62	OBSERVATION BEDS (NON-DISTINCT PART)		1,028,557			
63	OTHER OUTPATIENT SERVICE COST CENTER					
	OTHER REIMBURS COST CNTRS					
64	HOME PROGRAM DIALYSIS					
65	AMBULANCE SERVICES					
66	DURABLE MEDICAL EQUIP-RENTED					
67	DURABLE MEDICAL EQUIP-SOLD					
101	SUBTOTAL		32,430,823	6,651		
102	CRNA CHARGES					
103	LESS PBP CLINIC LAB SVCS-					
	PROGRAM ONLY CHARGES					
104	NET CHARGES		32,430,823	6,651		

(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

		Outpatient Radiology	Other Outpatient Diagnostic	All Other	PPS Services FYB to 12/31	Non-PPS Services
Cost Center Description		7	8	9	9.01	9.02
(A)	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM				3,029,193	26
37	01 AMBULATORY SURGERY				328,750	
40	ANESTHESIOLOGY				162,803	
41	RADIOLOGY-DIAGNOSTIC				1,126,020	4
41	01 NUCLEAR MEDICINE				225,271	
41	02 CAT SCAN				330,933	
44	LABORATORY				114,815	
47	BLOOD STORING, PROCESSING & TRANS.				58,459	
49	RESPIRATORY THERAPY				71,805	2
50	PHYSICAL THERAPY				26,023	
51	OCCUPATIONAL THERAPY				697	
52	SPEECH PATHOLOGY				254	
52	01 PULMONARY FUNCTIONS				45,456	
53	ELECTROCARDIOLOGY				327,781	
55	MEDICAL SUPPLIES CHARGED TO PATIENTS				9,829	1,156
56	DRUGS CHARGED TO PATIENTS				3,618,722	3,571
	OUTPAT SERVICE COST CNTRS					
60	CLINIC					
60	01 MEDICINE CLINIC				431,053	
60	02 OB/GYN CLINIC				2,638	
60	03 ORTHO CLINIC				277,267	
60	04 PEDIATRICS CLINIC					
60	05 DENTISTRY CLINIC					
60	06 DERMATOLOGY CLINIC				105,476	
60	07 OPHTHALMOLOGY CLINIC				335,632	
60	08 ENT CLINIC				113,056	
60	09 GERIATRIC CLINIC					
60	10 SURGERY CLINIC				235,760	
60	11 NEUROLOGY CLINIC				147,522	
60	12 ENDOSCOPY CLINIC				323,837	1
60	13 OCCUPATIONAL THERAPY					
60	14 URGENT VISIT CLINIC				58,338	
60	15 SENIOR CARE CLINIC				281,080	
60	16 WOMENS VISIT CLINIC				162,560	
60	17 CHC CLINICS				1,249,957	
60	18 PSYCH CLINIC				648,436	
60	19 ORAL SURGERY CLINIC					
60	20 DIETARY CLINIC					
60	21 CENTER OF EXCELLENCE				126,342	1
60	22 OP BURN CLINIC				8,845	
60	23 BARIATRIC CLINIC				40,525	
60	24 PLASTIC CLINIC				785	
61	EMERGENCY				1,504,854	
62	OBSERVATION BEDS (NON-DISTINCT PART)				1,533,335	
63	OTHER OUTPATIENT SERVICE COST CENTER					
	OTHER REIMBURS COST CNTRS					
64	HOME PROGRAM DIALYSIS					
65	AMBULANCE SERVICES					
66	DURABLE MEDICAL EQUIP-RENTED					
67	DURABLE MEDICAL EQUIP-SOLD					
101	SUBTOTAL				17,064,109	4,761
102	CRNA CHARGES					
103	LESS PBP CLINIC LAB SVCS-					
	PROGRAM ONLY CHARGES					
104	NET CHARGES				17,064,109	4,761

(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
- 37 01 AMBULATORY SURGERY
- 40 ANESTHESIOLOGY
- 41 RADIOLOGY-DIAGNOSTIC
- 41 01 NUCLEAR MEDICINE
- 41 02 CAT SCAN
- 44 LABORATORY
- 47 BLOOD STORING, PROCESSING & TRANS.
- 49 RESPIRATORY THERAPY
- 50 PHYSICAL THERAPY
- 51 OCCUPATIONAL THERAPY
- 52 SPEECH PATHOLOGY
- 52 01 PULMONARY FUNCTIONS
- 53 ELECTROCARDIOLOGY
- 55 MEDICAL SUPPLIES CHARGED TO PATIENTS
- 56 DRUGS CHARGED TO PATIENTS
- OUTPAT SERVICE COST CNTRS
- 60 CLINIC
- 60 01 MEDICINE CLINIC
- 60 02 OB/GYN CLINIC
- 60 03 ORTHO CLINIC
- 60 04 PEDIATRICS CLINIC
- 60 05 DENTISTRY CLINIC
- 60 06 DERMATOLOGY CLINIC
- 60 07 OPHTHALMOLOGY CLINIC
- 60 08 ENT CLINIC
- 60 09 GERIATRIC CLINIC
- 60 10 SURGERY CLINIC
- 60 11 NEUROLOGY CLINIC
- 60 12 ENDOSCOPY CLINIC
- 60 13 OCCUPATIONAL THERAPY
- 60 14 URGENT VISIT CLINIC
- 60 15 SENIOR CARE CLINIC
- 60 16 WOMENS VISIT CLINIC
- 60 17 CHC CLINICS
- 60 18 PSYCH CLINIC
- 60 19 ORAL SURGERY CLINIC
- 60 20 DIETARY CLINIC
- 60 21 CENTER OF EXCELLENCE
- 60 22 OP BURN CLINIC
- 60 23 BARIATRIC CLINIC
- 60 24 PLASTIC CLINIC
- 61 EMERGENCY
- 62 OBSERVATION BEDS (NON-DISTINCT PART)
- 63 OTHER OUTPATIENT SERVICE COST CENTER
- OTHER REIMBURS COST CNTRS
- 64 HOME PROGRAM DIALYSIS
- 65 AMBULANCE SERVICES
- 66 DURABLE MEDICAL EQUIP-RENTED
- 67 DURABLE MEDICAL EQUIP-SOLD
- 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	.756242
2	PROGRAM VACCINE CHARGES		32,024
3	PROGRAM COSTS		24,218

TITLE XVIII, PART A		SUBPROVIDER 1		TEFRA			
WKST A	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST	NEW CAPITAL RELATED COST	TOTAL CHARGES	INPAT PROGRAM CHARGES	OLD CAPITAL COST/CHRG RATIO	CAPITAL COSTS
LINE NO.		1	2	3	4	5	6
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM		1,043,187	63,043,959			
37	01 AMBULATORY SURGERY		133,997	120,782			
40	ANESTHESIOLOGY		268,767	6,867,165			
41	RADIOLOGY-DIAGNOSTIC		1,709,863	48,038,935	17,275		
41	01 NUCLEAR MEDICINE		176,218	3,931,127			
41	02 CAT SCAN		389,312	48,873,890	35,556		
44	LABORATORY		428,980	65,305,517	134,738		
47	BLOOD STORING, PROCESSING		38,045	6,644,197			
49	RESPIRATORY THERAPY		174,156	25,861,376	11,407		
50	PHYSICAL THERAPY		83,667	7,907,034	4,825		
51	OCCUPATIONAL THERAPY		48,743	4,285,339	165		
52	SPEECH PATHOLOGY		3,387	872,907	374		
52	01 PULMONARY FUNCTIONS		32,402	1,308,306			
53	ELECTROCARDIOLOGY		145,003	6,864,326	3,701		
55	MEDICAL SUPPLIES CHARGED		281,709	5,304,661	828		
56	DRUGS CHARGED TO PATIENTS		712,448	70,563,876	212,094		
	OUTPUT SERVICE COST CNTRS						
60	CLINIC						
60	01 MEDICINE CLINIC		358,501	5,590,720			
60	02 OB/GYN CLINIC		245,724	4,604,535			
60	03 ORTHO CLINIC		82,883	1,407,353			
60	04 PEDIATRICS CLINIC						
60	05 DENTISTRY CLINIC		82,360				
60	06 DERMATOLOGY CLINIC		63,156	1,006,018			
60	07 OPHTHALMOLOGY CLINIC		82,621	2,252,350			
60	08 ENT CLINIC		101,993	1,047,740			
60	09 GERIATRIC CLINIC		1,249	977			
60	10 SURGERY CLINIC		93,580	1,780,740			
60	11 NEUROLOGY CLINIC		99,532	1,181,167	432		
60	12 ENDOSCOPY CLINIC		156,193	4,683,640			
60	13 OCCUPATIONAL THERAPY		20,026	14,609			
60	14 URGENT VISIT CLINIC		23,005	4,781,741			
60	15 SENIOR CARE CLINIC		58,270	350,392			
60	16 WOMENS VISIT CLINIC		43,567	5,331,947			
60	17 CHC CLINICS		709,676	9,569,958			
60	18 PSYCH CLINIC		376,677	15,268,711	13,825		
60	19 ORAL SURGERY CLINIC		9,510				
60	20 DIETARY CLINIC		913				
60	21 CENTER OF EXCELLENCE		15,099	954,643			
60	22 OP BURN CLINIC		3,410	436,119			
60	23 BARIATRIC CLINIC		15,388	60,288			
60	24 PLASTIC CLINIC		884	82,195			
61	EMERGENCY		466,369	42,913,354	54,408		
62	OBSERVATION BEDS (NON-DIS		175,655	2,985,378			
63	OTHER OUTPATIENT SERVICE						
	OTHER REIMBURS COST CNTRS						
64	HOME PROGRAM DIALYSIS						
65	AMBULANCE SERVICES						
66	DURABLE MEDICAL EQUIP-REN						
67	DURABLE MEDICAL EQUIP-SOL						
101	TOTAL		8,956,125	472,097,972	489,628		

TITLE XVIII, PART A SUBPROVIDER 1

WKST A	COST CENTER	DESCRIPTION	NEW CAPITAL	
LINE NO.			CST/CHRG	RATIO COSTS
			7	8
		ANCILLARY SRVC COST CNTRS		
37		OPERATING ROOM	.016547	
37	01	AMBULATORY SURGERY	1.109412	
40		ANESTHESIOLOGY	.039138	
41		RADIOLOGY-DIAGNOSTIC	.035593	615
41	01	NUCLEAR MEDICINE	.044826	
41	02	CAT SCAN	.007966	283
44		LABORATORY	.006569	885
47		BLOOD STORING, PROCESSING	.005726	
49		RESPIRATORY THERAPY	.006734	77
50		PHYSICAL THERAPY	.010581	51
51		OCCUPATIONAL THERAPY	.011374	2
52		SPEECH PATHOLOGY	.003880	1
52	01	PULMONARY FUNCTIONS	.024766	
53		ELECTROCARDIOLOGY	.021124	78
55		MEDICAL SUPPLIES CHARGED	.053106	44
56		DRUGS CHARGED TO PATIENTS	.010096	2,141
		OUTPAT SERVICE COST CNTRS		
60		CLINIC		
60	01	MEDICINE CLINIC	.064124	
60	02	OB/GYN CLINIC	.053366	
60	03	ORTHO CLINIC	.058893	
60	04	PEDIATRICS CLINIC		
60	05	DENTISTRY CLINIC		
60	06	DERMATOLOGY CLINIC	.062778	
60	07	OPHTHALMOLOGY CLINIC	.036682	
60	08	ENT CLINIC	.097346	
60	09	GERIATRIC CLINIC	1.278403	
60	10	SURGERY CLINIC	.052551	
60	11	NEUROLOGY CLINIC	.084266	36
60	12	ENDOSCOPY CLINIC	.033349	
60	13	OCCUPATIONAL THERAPY	1.370799	
60	14	URGENT VISIT CLINIC	.004811	
60	15	SENIOR CARE CLINIC	.166299	
60	16	WOMENS VISIT CLINIC	.008171	
60	17	CHC CLINICS	.074157	
60	18	PSYCH CLINIC	.024670	341
60	19	ORAL SURGERY CLINIC		
60	20	DIETARY CLINIC		
60	21	CENTER OF EXCELLENCE	.015816	
60	22	OP BURN CLINIC	.007819	
60	23	BARIATRIC CLINIC	.255242	
60	24	PLASTIC CLINIC	.010755	
61		EMERGENCY	.010868	591
62		OBSERVATION BEDS (NON-DIS	.058838	
63		OTHER OUTPATIENT SERVICE		
63		OTHER REIMBURS COST CNTRS		
64		HOME PROGRAM DIALYSIS		
65		AMBULANCE SERVICES		
66		DURABLE MEDICAL EQUIP-REN		
67		DURABLE MEDICAL EQUIP-SOL		
101		TOTAL		5,145

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	2	2.01	2.02	2.03
		ANCILLARY SRVC COST CNTRS	1.01				
		OPERATING ROOM					
37	01	AMBULATORY SURGERY					
40		ANESTHESIOLOGY					
41		RADIOLOGY-DIAGNOSTIC					
41	01	NUCLEAR MEDICINE					
41	02	CAT SCAN					
44		LABORATORY					
47		BLOOD STORING, PROCESSING					
49		RESPIRATORY THERAPY					
50		PHYSICAL THERAPY					
51		OCCUPATIONAL THERAPY					
52		SPEECH PATHOLOGY					
52	01	PULMONARY FUNCTIONS					
53		ELECTROCARDIOLOGY					
55		MEDICAL SUPPLIES CHARGED					
56		DRUGS CHARGED TO PATIENTS		240,416			
		OUTPAT SERVICE COST CNTRS					
60		CLINIC					
60	01	MEDICINE CLINIC					
60	02	OB/GYN CLINIC					
60	03	ORTHO CLINIC					
60	04	PEDIATRICS CLINIC					
60	05	DENTISTRY CLINIC					
60	06	DERMATOLOGY CLINIC					
60	07	OPHTHALMOLOGY CLINIC					
60	08	ENT CLINIC					
60	09	GERIATRIC CLINIC					
60	10	SURGERY CLINIC					
60	11	NEUROLOGY CLINIC					
60	12	ENDOSCOPY CLINIC					
60	13	OCCUPATIONAL THERAPY					
60	14	URGENT VISIT CLINIC					
60	15	SENIOR CARE CLINIC					
60	16	WOMENS VISIT CLINIC					
60	17	CHC CLINICS					
60	18	PSYCH CLINIC					
60	19	ORAL SURGERY CLINIC					
60	20	DIETARY CLINIC					
60	21	CENTER OF EXCELLENCE					
60	22	OP BURN CLINIC					
60	23	BIARIATRIC CLINIC					
60	24	PLASTIC CLINIC					
61		EMERGENCY					
62		OBSERVATION BEDS (NON-DIS					
63		OTHER OUTPATIENT SERVICE					
		OTHER REIMBURS COST CNTRS					
64		HOME PROGRAM DIALYSIS					
65		AMBULANCE SERVICES					
66		DURABLE MEDICAL EQUIP-REN					
67		DURABLE MEDICAL EQUIP-SOL					
101		TOTAL		240,416			

TITLE XVIII, PART A		SUBPROVIDER 1			TEFRA				
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							
		OPERATING ROOM			63,043,959				
37	01	AMBULATORY SURGERY			120,782				
40		ANESTHESIOLOGY			6,867,165				
41		RADIOLOGY-DIAGNOSTIC			48,038,935			17,275	
41	01	NUCLEAR MEDICINE			3,931,127				
41	02	CAT SCAN			48,873,890			35,556	
44		LABORATORY			65,305,517			134,738	
47		BLOOD STORING, PROCESSING			6,644,197				
49		RESPIRATORY THERAPY			25,861,376			11,407	
50		PHYSICAL THERAPY			7,907,034			4,825	
51		OCCUPATIONAL THERAPY			4,285,339			165	
52		SPEECH PATHOLOGY			872,907			374	
52	01	PULMONARY FUNCTIONS			1,308,306				
53		ELECTROCARDIOLOGY			6,864,326			3,701	
55		MEDICAL SUPPLIES CHARGED			5,304,661			828	
56		DRUGS CHARGED TO PATIENTS	240,416	240,416	70,563,876	.003407	.003407	212,094	723
		OUTPAT SERVICE COST CNTRS							
60		CLINIC							
60	01	MEDICINE CLINIC			5,590,720				
60	02	OB/GYN CLINIC			4,604,535				
60	03	ORTHO CLINIC			1,407,353				
60	04	PEDIATRICS CLINIC							
60	05	DENTISTRY CLINIC							
60	06	DERMATOLOGY CLINIC			1,006,018				
60	07	OPHTHALMOLOGY CLINIC			2,252,350				
60	08	ENT CLINIC			1,047,740				
60	09	GERIATRIC CLINIC			977				
60	10	SURGERY CLINIC			1,780,740				
60	11	NEUROLOGY CLINIC			1,181,167			432	
60	12	ENDOSCOPY CLINIC			4,683,640				
60	13	OCCUPATIONAL THERAPY			14,609				
60	14	URGENT VISIT CLINIC			4,781,741				
60	15	SENIOR CARE CLINIC			350,392				
60	16	WOMENS VISIT CLINIC			5,331,947				
60	17	CHC CLINICS			9,569,958				
60	18	PSYCH CLINIC			15,268,711			13,825	
60	19	ORAL SURGERY CLINIC							
60	20	DIETARY CLINIC							
60	21	CENTER OF EXCELLENCE			954,643				
60	22	OP BURN CLINIC			436,119				
60	23	BIARIATRIC CLINIC			60,288				
60	24	PLASTIC CLINIC			82,195				
61		EMERGENCY			42,913,354			54,408	
62		OBSERVATION BEDS (NON-DIS			2,985,378				
63		OTHER OUTPATIENT SERVICE							
		OTHER REIMBURS COST CNTRS							
64		HOME PROGRAM DIALYSIS							
65		AMBULANCE SERVICES		324,526					
66		DURABLE MEDICAL EQUIP-REN							
67		DURABLE MEDICAL EQUIP-SOL							
101		TOTAL	240,416	564,942	472,097,972			489,628	723

TITLE XVIII, PART A

SUBPROVIDER 1

TEFRA

WKST A	COST CENTER	DESCRIPTION	OUTPAT PROG	OUTPAT PROG	OUTPAT PROG	OUTPAT PROG	COL 8.01	COL 8.02
LINE NO.			CHARGES	D, V COL 5.03	D, V COL 5.04	PASS THRU COST	* COL 5	* COL 5
			8	8.01	8.02	9	9.01	9.02
		ANCILLARY SRVC COST CNTRS						
		OPERATING ROOM						
37	01	AMBULATORY SURGERY						
40		ANESTHESIOLOGY						
41		RADIOLOGY-DIAGNOSTIC						
41	01	NUCLEAR MEDICINE						
41	02	CAT SCAN						
44		LABORATORY						
47		BLOOD STORING, PROCESSING						
49		RESPIRATORY THERAPY						
50		PHYSICAL THERAPY						
51		OCCUPATIONAL THERAPY						
52		SPEECH PATHOLOGY						
52	01	PULMONARY FUNCTIONS						
53		ELECTROCARDIOLOGY						
55		MEDICAL SUPPLIES CHARGED						
56		DRUGS CHARGED TO PATIENTS						
		OUTPAT SERVICE COST CNTRS						
60		CLINIC						
60	01	MEDICINE CLINIC						
60	02	OB/GYN CLINIC						
60	03	ORTHO CLINIC						
60	04	PEDIATRICS CLINIC						
60	05	DENTISTRY CLINIC						
60	06	DERMATOLOGY CLINIC						
60	07	OPHTHALMOLOGY CLINIC						
60	08	ENT CLINIC						
60	09	GERIATRIC CLINIC						
60	10	SURGERY CLINIC						
60	11	NEUROLOGY CLINIC						
60	12	ENDOSCOPY CLINIC						
60	13	OCCUPATIONAL THERAPY						
60	14	URGENT VISIT CLINIC						
60	15	SENIOR CARE CLINIC						
60	16	WOMENS VISIT CLINIC						
60	17	CHC CLINICS						
60	18	PSYCH CLINIC						
60	19	ORAL SURGERY CLINIC						
60	20	DIETARY CLINIC						
60	21	CENTER OF EXCELLENCE						
60	22	OP BURN CLINIC						
60	23	BARIATRIC CLINIC						
60	24	PLASTIC CLINIC						
61		EMERGENCY						
62		OBSERVATION BEDS (NON-DIS						
63		OTHER OUTPATIENT SERVICE						
		OTHER REIMBURS COST CNTRS						
64		HOME PROGRAM DIALYSIS						
65		AMBULANCE SERVICES						
66		DURABLE MEDICAL EQUIP-REN						
67		DURABLE MEDICAL EQUIP-SOL						
101		TOTAL						

TITLE XVIII, PART A

SUBPROVIDER 2

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
37		ANCILLARY SRVC COST CNTRS						
		OPERATING ROOM		1,043,187	63,043,959	332,538		
37	01	AMBULATORY SURGERY		133,997	120,782			
40		ANESTHESIOLOGY		268,767	6,867,165	40,644		
41		RADIOLOGY-DIAGNOSTIC		1,709,863	48,038,935	53,565		
41	01	NUCLEAR MEDICINE		176,218	3,931,127			
41	02	CAT SCAN		389,312	48,873,890	24,477		
44		LABORATORY		428,980	65,305,517	234,564		
47		BLOOD STORING, PROCESSING		38,045	6,644,197			
49		RESPIRATORY THERAPY		174,156	25,861,376	174,635		
50		PHYSICAL THERAPY		83,667	7,907,034	136,421		
51		OCCUPATIONAL THERAPY		48,743	4,285,339	142,654		
52		SPEECH PATHOLOGY		3,387	872,907	22,851		
52	01	PULMONARY FUNCTIONS		32,402	1,308,306	1,073		
53		ELECTROCARDIOLOGY		145,003	6,864,326	6,708		
55		MEDICAL SUPPLIES CHARGED		281,709	5,304,661	95,065		
56		DRUGS CHARGED TO PATIENTS		712,448	70,563,876	375,837		
		OUTPUT SERVICE COST CNTRS						
60		CLINIC						
60	01	MEDICINE CLINIC		358,501	5,590,720			
60	02	OB/GYN CLINIC		245,724	4,604,535			
60	03	ORTHO CLINIC		82,883	1,407,353	1,343		
60	04	PEDIATRICS CLINIC						
60	05	DENTISTRY CLINIC		82,360				
60	06	DERMATOLOGY CLINIC		63,156	1,006,018			
60	07	OPHTHALMOLOGY CLINIC		82,621	2,252,350			
60	08	ENT CLINIC		101,993	1,047,740			
60	09	GERIATRIC CLINIC		1,249	977			
60	10	SURGERY CLINIC		93,580	1,780,740			
60	11	NEUROLOGY CLINIC		99,532	1,181,167			
60	12	ENDOSCOPY CLINIC		156,193	4,683,640	1,208		
60	13	OCCUPATIONAL THERAPY		20,026	14,609			
60	14	URGENT VISIT CLINIC		23,005	4,781,741			
60	15	SENIOR CARE CLINIC		58,270	350,392			
60	16	WOMENS VISIT CLINIC		43,567	5,331,947			
60	17	CHC CLINICS		709,676	9,569,958			
60	18	PSYCH CLINIC		376,677	15,268,711	170		
60	19	ORAL SURGERY CLINIC		9,510				
60	20	DIETARY CLINIC		913				
60	21	CENTER OF EXCELLENCE		15,099	954,643			
60	22	OP BURN CLINIC		3,410	436,119	305		
60	23	BARIATRIC CLINIC		15,388	60,288			
60	24	PLASTIC CLINIC		884	82,195	3,500		
61		EMERGENCY		466,369	42,913,354	39,950		
62		OBSERVATION BEDS (NON-DIS		175,655	2,985,378			
63		OTHER OUTPATIENT SERVICE						
		OTHER REIMBURS COST CNTRS						
64		HOME PROGRAM DIALYSIS						
65		AMBULANCE SERVICES						
66		DURABLE MEDICAL EQUIP-REN						
67		DURABLE MEDICAL EQUIP-SOL						
101		TOTAL		8,956,125	472,097,972	1,772,540		

TITLE XVIII, PART A SUBPROVIDER 2

WKST A	COST CENTER	DESCRIPTION	NEW CAPITAL	
LINE NO.			CST/CHRG	RATIO COSTS
			7	8
37		ANCILLARY SRVC COST CNTRS		
		OPERATING ROOM	.016547	5,503
37	01	AMBULATORY SURGERY	1.109412	
40		ANESTHESIOLOGY	.039138	1,591
41		RADIOLOGY-DIAGNOSTIC	.035593	1,907
41	01	NUCLEAR MEDICINE	.044826	
41	02	CAT SCAN	.007966	195
44		LABORATORY	.006569	1,541
47		BLOOD STORING, PROCESSING	.005726	487
49		RESPIRATORY THERAPY	.006734	1,176
50		PHYSICAL THERAPY	.010581	1,443
51		OCCUPATIONAL THERAPY	.011374	1,623
52		SPEECH PATHOLOGY	.003880	89
52	01	PULMONARY FUNCTIONS	.024766	27
53		ELECTROCARDIOLOGY	.021124	142
55		MEDICAL SUPPLIES CHARGED	.053106	5,049
56		DRUGS CHARGED TO PATIENTS	.010096	3,794
		OUTPAT SERVICE COST CNTRS		
60		CLINIC		
60	01	MEDICINE CLINIC	.064124	
60	02	OB/GYN CLINIC	.053366	
60	03	ORTHO CLINIC	.058893	79
60	04	PEDIATRICS CLINIC		
60	05	DENTISTRY CLINIC		
60	06	DERMATOLOGY CLINIC	.062778	
60	07	OPHTHALMOLOGY CLINIC	.036682	
60	08	ENT CLINIC	.097346	
60	09	GERIATRIC CLINIC	1.278403	
60	10	SURGERY CLINIC	.052551	
60	11	NEUROLOGY CLINIC	.084266	
60	12	ENDOSCOPY CLINIC	.033349	40
60	13	OCCUPATIONAL THERAPY	1.370799	
60	14	URGENT VISIT CLINIC	.004811	
60	15	SENIOR CARE CLINIC	.166299	
60	16	WOMENS VISIT CLINIC	.008171	
60	17	CHC CLINICS	.074157	
60	18	PSYCH CLINIC	.024670	4
60	19	ORAL SURGERY CLINIC		
60	20	DIETARY CLINIC		
60	21	CENTER OF EXCELLENCE	.015816	
60	22	OP BURN CLINIC	.007819	2
60	23	BIARIATRIC CLINIC	.255242	
60	24	PLASTIC CLINIC	.010755	38
61		EMERGENCY	.010868	434
62		OBSERVATION BEDS (NON-DIS	.058838	
63		OTHER OUTPATIENT SERVICE		
63		OTHER REIMBURS COST CNTRS		
64		HOME PROGRAM DIALYSIS		
65		AMBULANCE SERVICES		
66		DURABLE MEDICAL EQUIP-REN		
67		DURABLE MEDICAL EQUIP-SOL		
101		TOTAL		25,164

TITLE XVIII, PART A SUBPROVIDER 2 PPS

WKST A LINE NO.	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	2.01	2.02	2.03
	1.01					
37	ANCILLARY SRVC COST CNTRS					
	OPERATING ROOM					
37	01 AMBULATORY SURGERY					
40	ANESTHESIOLOGY					
41	RADIOLOGY-DIAGNOSTIC					
41	01 NUCLEAR MEDICINE					
41	02 CAT SCAN					
44	LABORATORY					
47	BLOOD STORING, PROCESSING					
49	RESPIRATORY THERAPY					
50	PHYSICAL THERAPY					
51	OCCUPATIONAL THERAPY					
52	SPEECH PATHOLOGY					
52	01 PULMONARY FUNCTIONS					
53	ELECTROCARDIOLOGY					
55	MEDICAL SUPPLIES CHARGED					
56	DRUGS CHARGED TO PATIENTS		240,416			
	OUTPAT SERVICE COST CNTRS					
60	CLINIC					
60	01 MEDICINE CLINIC					
60	02 OB/GYN CLINIC					
60	03 ORTHO CLINIC					
60	04 PEDIATRICS CLINIC					
60	05 DENTISTRY CLINIC					
60	06 DERMATOLOGY CLINIC					
60	07 OPHTHALMOLOGY CLINIC					
60	08 ENT CLINIC					
60	09 GERIATRIC CLINIC					
60	10 SURGERY CLINIC					
60	11 NEUROLOGY CLINIC					
60	12 ENDOSCOPY CLINIC					
60	13 OCCUPATIONAL THERAPY					
60	14 URGENT VISIT CLINIC					
60	15 SENIOR CARE CLINIC					
60	16 WOMENS VISIT CLINIC					
60	17 CHC CLINICS					
60	18 PSYCH CLINIC					
60	19 ORAL SURGERY CLINIC					
60	20 DIETARY CLINIC					
60	21 CENTER OF EXCELLENCE					
60	22 OP BURN CLINIC					
60	23 BARIATRIC CLINIC					
60	24 PLASTIC CLINIC					
61	EMERGENCY					
62	OBSERVATION BEDS (NON-DIS					
63	OTHER OUTPATIENT SERVICE					
	OTHER REIMBURS COST CNTRS					
64	HOME PROGRAM DIALYSIS					
65	AMBULANCE SERVICES					
66	DURABLE MEDICAL EQUIP-REN					
67	DURABLE MEDICAL EQUIP-SOL					
101	TOTAL		240,416			

TITLE XVIII, PART A

SUBPROVIDER 2

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			63,043,959			332,538	
37	01	AMBULATORY SURGERY			120,782				
40		ANESTHESIOLOGY			6,867,165			40,644	
41		RADIOLOGY-DIAGNOSTIC			48,038,935			53,565	
41	01	NUCLEAR MEDICINE			3,931,127				
41	02	CAT SCAN			48,873,890			24,477	
44		LABORATORY			65,305,517			234,564	
47		BLOOD STORING, PROCESSING			6,644,197			85,032	
49		RESPIRATORY THERAPY			25,861,376			174,635	
50		PHYSICAL THERAPY			7,907,034			136,421	
51		OCCUPATIONAL THERAPY			4,285,339			142,654	
52		SPEECH PATHOLOGY			872,907			22,851	
52	01	PULMONARY FUNCTIONS			1,308,306			1,073	
53		ELECTROCARDIOLOGY			6,864,326			6,708	
55		MEDICAL SUPPLIES CHARGED			5,304,661			95,065	
56		DRUGS CHARGED TO PATIENTS	240,416	240,416	70,563,876	.003407	.003407	375,837	1,280
		OUTPAT SERVICE COST CNTRS							
60		CLINIC							
60	01	MEDICINE CLINIC			5,590,720				
60	02	OB/GYN CLINIC			4,604,535				
60	03	ORTHO CLINIC			1,407,353			1,343	
60	04	PEDIATRICS CLINIC							
60	05	DENTISTRY CLINIC							
60	06	DERMATOLOGY CLINIC			1,006,018				
60	07	OPHTHALMOLOGY CLINIC			2,252,350				
60	08	ENT CLINIC			1,047,740				
60	09	GERIATRIC CLINIC			977				
60	10	SURGERY CLINIC			1,780,740				
60	11	NEUROLOGY CLINIC			1,181,167				
60	12	ENDOSCOPY CLINIC			4,683,640			1,208	
60	13	OCCUPATIONAL THERAPY			14,609				
60	14	URGENT VISIT CLINIC			4,781,741				
60	15	SENIOR CARE CLINIC			350,392				
60	16	WOMENS VISIT CLINIC			5,331,947				
60	17	CHC CLINICS			9,569,958				
60	18	PSYCH CLINIC			15,268,711			170	
60	19	ORAL SURGERY CLINIC							
60	20	DIETARY CLINIC							
60	21	CENTER OF EXCELLENCE			954,643				
60	22	OP BURN CLINIC			436,119			305	
60	23	BIARIATRIC CLINIC			60,288				
60	24	PLASTIC CLINIC			82,195			3,500	
61		EMERGENCY			42,913,354			39,950	
62		OBSERVATION BEDS (NON-DIS			2,985,378				
63		OTHER OUTPATIENT SERVICE							
		OTHER REIMBURS COST CNTRS							
64		HOME PROGRAM DIALYSIS							
65		AMBULANCE SERVICES		324,526					
66		DURABLE MEDICAL EQUIP-REN							
67		DURABLE MEDICAL EQUIP-SOL							
101		TOTAL	240,416	564,942	472,097,972			1,772,540	1,280

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						
		OPERATING ROOM						
37	01	AMBULATORY SURGERY						
40		ANESTHESIOLOGY						
41		RADIOLOGY-DIAGNOSTIC						
41	01	NUCLEAR MEDICINE						
41	02	CAT SCAN						
44		LABORATORY						
47		BLOOD STORING, PROCESSING						
49		RESPIRATORY THERAPY						
50		PHYSICAL THERAPY						
51		OCCUPATIONAL THERAPY						
52		SPEECH PATHOLOGY						
52	01	PULMONARY FUNCTIONS						
53		ELECTROCARDIOLOGY						
55		MEDICAL SUPPLIES CHARGED						
56		DRUGS CHARGED TO PATIENTS						
		OUTPAT SERVICE COST CNTRS						
60		CLINIC						
60	01	MEDICINE CLINIC						
60	02	OB/GYN CLINIC						
60	03	ORTHO CLINIC						
60	04	PEDIATRICS CLINIC						
60	05	DENTISTRY CLINIC						
60	06	DERMATOLOGY CLINIC						
60	07	OPHTHALMOLOGY CLINIC						
60	08	ENT CLINIC						
60	09	GERIATRIC CLINIC						
60	10	SURGERY CLINIC						
60	11	NEUROLOGY CLINIC						
60	12	ENDOSCOPY CLINIC						
60	13	OCCUPATIONAL THERAPY						
60	14	URGENT VISIT CLINIC						
60	15	SENIOR CARE CLINIC						
60	16	WOMENS VISIT CLINIC						
60	17	CHC CLINICS						
60	18	PSYCH CLINIC						
60	19	ORAL SURGERY CLINIC						
60	20	DIETARY CLINIC						
60	21	CENTER OF EXCELLENCE						
60	22	OP BURN CLINIC						
60	23	BARIATRIC CLINIC						
60	24	PLASTIC CLINIC						
61		EMERGENCY						
62		OBSERVATION BEDS (NON-DIS						
63		OTHER OUTPATIENT SERVICE						
		OTHER REIMBURS COST CNTRS						
64		HOME PROGRAM DIALYSIS						
65		AMBULANCE SERVICES						
66		DURABLE MEDICAL EQUIP-REN						
67		DURABLE MEDICAL EQUIP-SOL						
101		TOTAL						

TITLE XVIII, PART A 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	01	AMBULATORY SURGERY	
40		ANESTHESIOLOGY	
41		RADIOLOGY-DIAGNOSTIC	
41	01	NUCLEAR MEDICINE	
41	02	CAT SCAN	
44		LABORATORY	
47		BLOOD STORING, PROCESSING	
49		RESPIRATORY THERAPY	
50		PHYSICAL THERAPY	
51		OCCUPATIONAL THERAPY	
52		SPEECH PATHOLOGY	
52	01	PULMONARY FUNCTIONS	
53		ELECTROCARDIOLOGY	
55		MEDICAL SUPPLIES CHARGED	
56		DRUGS CHARGED TO PATIENTS	
		OUTPAT SERVICE COST CNTRS	
60		CLINIC	
60	01	MEDICINE CLINIC	
60	02	OB/GYN CLINIC	
60	03	ORTHO CLINIC	
60	04	PEDIATRICS CLINIC	
60	05	DENTISTRY CLINIC	
60	06	DERMATOLOGY CLINIC	
60	07	OPHTHALMOLOGY CLINIC	
60	08	ENT CLINIC	
60	09	GERIATRIC CLINIC	
60	10	SURGERY CLINIC	
60	11	NEUROLOGY CLINIC	
60	12	ENDOSCOPY CLINIC	
60	13	OCCUPATIONAL THERAPY	
60	14	URGENT VISIT CLINIC	
60	15	SENIOR CARE CLINIC	
60	16	WOMENS VISIT CLINIC	
60	17	CHC CLINICS	
60	18	PSYCH CLINIC	
60	19	ORAL SURGERY CLINIC	
60	20	DIETARY CLINIC	
60	21	CENTER OF EXCELLENCE	
60	22	OP BURN CLINIC	
60	23	BARIATRIC CLINIC	
60	24	PLASTIC CLINIC	
61		EMERGENCY	
62		OBSERVATION BEDS (NON-DIS	
63		OTHER OUTPATIENT SERVICE	
		OTHER REIMBURS COST CNTRS	
64		HOME PROGRAM DIALYSIS	
65		AMBULANCE SERVICES	
66		DURABLE MEDICAL EQUIP-REN	
67		DURABLE MEDICAL EQUIP-SOL	
101		TOTAL	

TITLE XVIII, PART A 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	2.01	2.02	2.03
		1.01					
		2					
		2.01					
		2.02					
		2.03					
37	01	ANCILLARY SRVC COST CNTRS OPERATING ROOM					
37	01	AMBULATORY SURGERY					
40		ANESTHESIOLOGY					
41		RADIOLOGY-DIAGNOSTIC					
41	01	NUCLEAR MEDICINE					
41	02	CAT SCAN					
44		LABORATORY					
47		BLOOD STORING, PROCESSING					
49		RESPIRATORY THERAPY					
50		PHYSICAL THERAPY					
51		OCCUPATIONAL THERAPY					
52		SPEECH PATHOLOGY					
52	01	PULMONARY FUNCTIONS					
53		ELECTROCARDIOLOGY					
55		MEDICAL SUPPLIES CHARGED					
56		DRUGS CHARGED TO PATIENTS		240,416			
		OUTPAT SERVICE COST CNTRS					
60		CLINIC					
60	01	MEDICINE CLINIC					
60	02	OB/GYN CLINIC					
60	03	ORTHO CLINIC					
60	04	PEDIATRICS CLINIC					
60	05	DENTISTRY CLINIC					
60	06	DERMATOLOGY CLINIC					
60	07	OPHTHALMOLOGY CLINIC					
60	08	ENT CLINIC					
60	09	GERIATRIC CLINIC					
60	10	SURGERY CLINIC					
60	11	NEUROLOGY CLINIC					
60	12	ENDOSCOPY CLINIC					
60	13	OCCUPATIONAL THERAPY					
60	14	URGENT VISIT CLINIC					
60	15	SENIOR CARE CLINIC					
60	16	WOMENS VISIT CLINIC					
60	17	CHC CLINICS					
60	18	PSYCH CLINIC					
60	19	ORAL SURGERY CLINIC					
60	20	DIETARY CLINIC					
60	21	CENTER OF EXCELLENCE					
60	22	OP BURN CLINIC					
60	23	BIARIATRIC CLINIC					
60	24	PLASTIC CLINIC					
61		EMERGENCY					
62		OBSERVATION BEDS (NON-DIS					
63		OTHER OUTPATIENT SERVICE					
		OTHER REIMBURS COST CNTRS					
64		HOME PROGRAM DIALYSIS					
65		AMBULANCE SERVICES					
66		DURABLE MEDICAL EQUIP-REN					
67		DURABLE MEDICAL EQUIP-SOL					
101		TOTAL		240,416			

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							
		OPERATING ROOM			63,043,959				
37	01	AMBULATORY SURGERY			120,782				
40		ANESTHESIOLOGY			6,867,165				
41		RADIOLOGY-DIAGNOSTIC			48,038,935				
41	01	NUCLEAR MEDICINE			3,931,127			1,949	
41	02	CAT SCAN			48,873,890				
44		LABORATORY			65,305,517			137,336	
47		BLOOD STORING, PROCESSING			6,644,197				
49		RESPIRATORY THERAPY			25,861,376			128,130	
50		PHYSICAL THERAPY			7,907,034			378,420	
51		OCCUPATIONAL THERAPY			4,285,339			339,000	
52		SPEECH PATHOLOGY			872,907			9,240	
52	01	PULMONARY FUNCTIONS			1,308,306				
53		ELECTROCARDIOLOGY			6,864,326			3,278	
55		MEDICAL SUPPLIES CHARGED			5,304,661			96,293	
56		DRUGS CHARGED TO PATIENTS	240,416	240,416	70,563,876	.003407	.003407	695,518	2,370
		OUTPAT SERVICE COST CNTRS							
		CLINIC							
60	01	MEDICINE CLINIC			5,590,720				
60	02	OB/GYN CLINIC			4,604,535				
60	03	ORTHO CLINIC			1,407,353				
60	04	PEDIATRICS CLINIC							
60	05	DENTISTRY CLINIC							
60	06	DERMATOLOGY CLINIC			1,006,018				
60	07	OPHTHALMOLOGY CLINIC			2,252,350				
60	08	ENT CLINIC			1,047,740				
60	09	GERIATRIC CLINIC			977				
60	10	SURGERY CLINIC			1,780,740				
60	11	NEUROLOGY CLINIC			1,181,167				
60	12	ENDOSCOPY CLINIC			4,683,640				
60	13	OCCUPATIONAL THERAPY			14,609				
60	14	URGENT VISIT CLINIC			4,781,741			3,827	
60	15	SENIOR CARE CLINIC			350,392				
60	16	WOMENS VISIT CLINIC			5,331,947				
60	17	CHC CLINICS			9,569,958				
60	18	PSYCH CLINIC			15,268,711				
60	19	ORAL SURGERY CLINIC							
60	20	DIETARY CLINIC							
60	21	CENTER OF EXCELLENCE			954,643				
60	22	OP BURN CLINIC			436,119				
60	23	BIARIATRIC CLINIC			60,288				
60	24	PLASTIC CLINIC			82,195				
61		EMERGENCY			42,913,354			29,189	
62		OBSERVATION BEDS (NON-DIS			2,985,378				
63		OTHER OUTPATIENT SERVICE							
		OTHER REIMBURS COST CNTRS							
64		HOME PROGRAM DIALYSIS							
65		AMBULANCE SERVICES		324,526					
66		DURABLE MEDICAL EQUIP-REN							
67		DURABLE MEDICAL EQUIP-SOL							
101		TOTAL	240,416	564,942	472,097,972			1,822,180	2,370

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						
	OPERATING ROOM						
37	01 AMBULATORY SURGERY						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
41	01 NUCLEAR MEDICINE						
41	02 CAT SCAN						
44	LABORATORY						
47	BLOOD STORING, PROCESSING						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
52	01 PULMONARY FUNCTIONS						
53	ELECTROCARDIOLOGY						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60	01 MEDICINE CLINIC						
60	02 OB/GYN CLINIC						
60	03 ORTHO CLINIC						
60	04 PEDIATRICS CLINIC						
60	05 DENTISTRY CLINIC						
60	06 DERMATOLOGY CLINIC						
60	07 OPHTHALMOLOGY CLINIC						
60	08 ENT CLINIC						
60	09 GERIATRIC CLINIC						
60	10 SURGERY CLINIC						
60	11 NEUROLOGY CLINIC						
60	12 ENDOSCOPY CLINIC						
60	13 OCCUPATIONAL THERAPY						
60	14 URGENT VISIT CLINIC						
60	15 SENIOR CARE CLINIC						
60	16 WOMENS VISIT CLINIC						
60	17 CHC CLINICS						
60	18 PSYCH CLINIC						
60	19 ORAL SURGERY CLINIC						
60	20 DIETARY CLINIC						
60	21 CENTER OF EXCELLENCE						
60	22 OP BURN CLINIC						
60	23 BARIATRIC CLINIC						
60	24 PLASTIC CLINIC						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
63	OTHER OUTPATIENT SERVICE						
	OTHER REIMBURS COST CNTRS						
64	HOME PROGRAM DIALYSIS						
65	AMBULANCE SERVICES						
66	DURABLE MEDICAL EQUIP-REN						
67	DURABLE MEDICAL EQUIP-SOL						
101	TOTAL						

WKST A LINE NO.	COST CENTER DESCRIPTION	CAPITAL REL COST (B, I I) 1	OLD CAPITAL SWING BED ADJUSTMENT 2	REDUCED CAP RELATED COST 3	CAPITAL REL COST (B, I I I) 4	NEW CAPITAL SWING BED ADJUSTMENT 5	REDUCED CAP RELATED COST 6
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS				1,380,761		1,380,761
26	INTENSIVE CARE UNIT				309,600		309,600
27	CORONARY CARE UNIT						
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U						
30	NEONATAL INTENSIVE CARE U				182,164		182,164
31	SUBPROVIDER				199,782		199,782
31	01 SUBPROVIDER 2				440,991		440,991
33	NURSERY				229,073		229,073
101	TOTAL				2,742,371		2,742,371

TITLE XIX

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL PATIENT DAYS 7	INPATIENT PROGRAM DAYS 8	OLD CAPITAL PER DIEM 9	INPAT PROGRAM OLD CAP CST 10	NEW CAPITAL PER DIEM 11	INPAT PROGRAM NEW CAP CST 12
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS	52,865	11,689			26.12	305,317
26	INTENSIVE CARE UNIT	16,490	7,337			18.78	137,789
27	CORONARY CARE UNIT						
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U						
30	NEONATAL INTENSIVE CARE U	8,137	4,094			22.39	91,665
31	SUBPROVIDER	10,901	2,932			18.33	53,744
31	01 SUBPROVIDER 2	5,595	1,496			78.82	117,915
33	NURSERY	5,300	3,313			43.22	143,188
101	TOTAL	99,288	30,861				849,618

TITLE XIX		HOSPITAL		PPS			
WKST A	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST	NEW CAPITAL RELATED COST	TOTAL CHARGES	INPAT PROGRAM CHARGES	OLD CAPITAL COST/CHRG RATIO	CAPITAL COSTS
LINE NO.		1	2	3	4	5	6
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM		1,043,187	63,043,959	7,299,213		
37 01	AMBULATORY SURGERY		133,997	120,782	882		
40	ANESTHESIOLOGY		268,767	6,867,165	845,678		
41	RADIOLOGY-DIAGNOSTIC		1,709,863	48,038,935	4,791,680		
41 01	NUCLEAR MEDICINE		176,218	3,931,127	253,160		
41 02	CAT SCAN		389,312	48,873,890	3,671,465		
44	LABORATORY		428,980	65,305,517	8,347,673		
47	BLOOD STORING, PROCESSING		38,045	6,644,197	1,737,332		
49	RESPIRATORY THERAPY		174,156	25,861,376	9,355,898		
50	PHYSICAL THERAPY		83,667	7,907,034	823,679		
51	OCCUPATIONAL THERAPY		48,743	4,285,339	655,491		
52	SPEECH PATHOLOGY		3,387	872,907	252,626		
52 01	PULMONARY FUNCTIONS		32,402	1,308,306	246,617		
53	ELECTROCARDIOLOGY		145,003	6,864,326	599,412		
55	MEDICAL SUPPLIES CHARGED		281,709	5,304,661	1,627,187		
56	DRUGS CHARGED TO PATIENTS		712,448	70,563,876	9,082,254		
	OUTPUT SERVICE COST CNTRS						
60	CLINIC						
60 01	MEDICINE CLINIC		358,501	5,590,720	20,117		
60 02	OB/GYN CLINIC		245,724	4,604,535	128,419		
60 03	ORTHO CLINIC		82,883	1,407,353	2,770		
60 04	PEDIATRICS CLINIC						
60 05	DENTISTRY CLINIC		82,360				
60 06	DERMATOLOGY CLINIC		63,156	1,006,018	210		
60 07	OPHTHALMOLOGY CLINIC		82,621	2,252,350	10,346		
60 08	ENT CLINIC		101,993	1,047,740	650		
60 09	GERIATRIC CLINIC		1,249	977			
60 10	SURGERY CLINIC		93,580	1,780,740	106,299		
60 11	NEUROLOGY CLINIC		99,532	1,181,167	18,786		
60 12	ENDOSCOPY CLINIC		156,193	4,683,640	197,734		
60 13	OCCUPATIONAL THERAPY		20,026	14,609			
60 14	URGENT VISIT CLINIC		23,005	4,781,741	4,945		
60 15	SENIOR CARE CLINIC		58,270	350,392	88		
60 16	WOMENS VISIT CLINIC		43,567	5,331,947	1,046,717		
60 17	CHC CLINICS		709,676	9,569,958	28,222		
60 18	PSYCH CLINIC		376,677	15,268,711	35,499		
60 19	ORAL SURGERY CLINIC		9,510				
60 20	DIETARY CLINIC		913				
60 21	CENTER OF EXCELLENCE		15,099	954,643	105		
60 22	OP BURN CLINIC		3,410	436,119	5,576		
60 23	BARIATRIC CLINIC		15,388	60,288	105		
60 24	PLASTIC CLINIC		884	82,195	12,128		
61	EMERGENCY		466,369	42,913,354	2,249,061		
62	OBSERVATION BEDS (NON-DIS		175,655	2,985,378			
63	OTHER OUTPATIENT SERVICE						
	OTHER REIMBURS COST CNTRS						
64	HOME PROGRAM DIALYSIS						
65	AMBULANCE SERVICES						
66	DURABLE MEDICAL EQUIP-REN						
67	DURABLE MEDICAL EQUIP-SOL						
101	TOTAL		8,956,125	472,097,972	53,458,024		

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	.016547	120,780
37 01	AMBULATORY SURGERY	1.109412	979
40	ANESTHESIOLOGY	.039138	33,098
41	RADIOLOGY-DIAGNOSTIC	.035593	170,550
41 01	NUCLEAR MEDICINE	.044826	11,348
41 02	CAT SCAN	.007966	29,247
44	LABORATORY	.006569	54,836
47	BLOOD STORING, PROCESSING	.005726	9,948
49	RESPIRATORY THERAPY	.006734	63,003
50	PHYSICAL THERAPY	.010581	8,715
51	OCCUPATIONAL THERAPY	.011374	7,456
52	SPEECH PATHOLOGY	.003880	980
52 01	PULMONARY FUNCTIONS	.024766	6,108
53	ELECTROCARDIOLOGY	.021124	12,662
55	MEDICAL SUPPLIES CHARGED	.053106	86,413
56	DRUGS CHARGED TO PATIENTS	.010096	91,694
	OUTPAT SERVICE COST CNTRS		
60	CLINIC		
60 01	MEDICINE CLINIC	.064124	1,290
60 02	OB/GYN CLINIC	.053366	6,853
60 03	ORTHO CLINIC	.058893	163
60 04	PEDIATRICS CLINIC		
60 05	DENTISTRY CLINIC		
60 06	DERMATOLOGY CLINIC	.062778	13
60 07	OPHTHALMOLOGY CLINIC	.036682	380
60 08	ENT CLINIC	.097346	63
60 09	GERIATRIC CLINIC	1.278403	
60 10	SURGERY CLINIC	.052551	5,586
60 11	NEUROLOGY CLINIC	.084266	1,583
60 12	ENDOSCOPY CLINIC	.033349	6,594
60 13	OCCUPATIONAL THERAPY	1.370799	
60 14	URGENT VISIT CLINIC	.004811	24
60 15	SENIOR CARE CLINIC	.166299	15
60 16	WOMENS VISIT CLINIC	.008171	8,553
60 17	CHC CLINICS	.074157	2,093
60 18	PSYCH CLINIC	.024670	876
60 19	ORAL SURGERY CLINIC		
60 20	DIETARY CLINIC		
60 21	CENTER OF EXCELLENCE	.015816	2
60 22	OP BURN CLINIC	.007819	44
60 23	BIARIATRIC CLINIC	.255242	27
60 24	PLASTIC CLINIC	.010755	130
61	EMERGENCY	.010868	24,443
62	OBSERVATION BEDS (NON-DIS	.058838	
63	OTHER OUTPATIENT SERVICE		
	OTHER REIMBURS COST CNTRS		
64	HOME PROGRAM DIALYSIS		
65	AMBULANCE SERVICES		
66	DURABLE MEDICAL EQUIP-REN		
67	DURABLE MEDICAL EQUIP-SOL		
101	TOTAL		766,549

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST 1	MED EDUCATN COST 2	SWING BED ADJ AMOUNT 3	TOTAL COSTS 4	TOTAL PATIENT DAYS 5	PER DIEM 6
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS		735,773		735,773	52,865	13.92
26	INTENSIVE CARE UNIT					16,490	
27	CORONARY CARE UNIT						
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U						
30	NEONATAL INTENSIVE CARE U					8,137	
31	SUBPROVIDER		303,104		303,104	10,901	27.81
31	01 SUBPROVIDER 2		8,545		8,545	5,595	1.53
33	NURSERY					5,300	
34	SKILLED NURSING FACILITY					16,189	
35	NURSING FACILITY					52,468	
101	TOTAL		1,047,422		1,047,422	167,945	

WKST LINE	A NO.	COST CENTER DESCRIPTION	INPATIENT PROG DAYS	INPAT PROGRAM PASS THRU COST
			7	8
25		ADULTS & PEDIATRICS	11,689	162,711
26		INTENSIVE CARE UNIT	7,337	
27		CORONARY CARE UNIT		
28		BURN INTENSIVE CARE UNIT		
29		SURGICAL INTENSIVE CARE U		
30		NEONATAL INTENSIVE CARE U	4,094	
31		SUBPROVIDER	2,932	81,539
31	01	SUBPROVIDER 2	1,496	2,289
33		NURSERY	3,313	
34		SKILLED NURSING FACILITY		
35		NURSING FACILITY		
101		TOTAL	30,861	246,539

TITLE XIX		HOSPITAL		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
LINE NO.			1	2	2.01	2.02	2.03
		ANCILLARY SRVC COST CNTRS	1.01				
		OPERATING ROOM		75,740			
37	01	AMBULATORY SURGERY					
40		ANESTHESIOLOGY		1,491,397			
41		RADIOLOGY-DIAGNOSTIC		685,261			
41	01	NUCLEAR MEDICINE					
41	02	CAT SCAN					
44		LABORATORY		140,958			
47		BLOOD STORING, PROCESSING					
49		RESPIRATORY THERAPY					
50		PHYSICAL THERAPY					
51		OCCUPATIONAL THERAPY					
52		SPEECH PATHOLOGY					
52	01	PULMONARY FUNCTIONS					
53		ELECTROCARDIOLOGY					
55		MEDICAL SUPPLIES CHARGED					
56		DRUGS CHARGED TO PATIENTS		240,416			
		OUTPAT SERVICE COST CNTRS					
60		CLINIC					
60	01	MEDICINE CLINIC		3,384,015			
60	02	OB/GYN CLINIC		965,056			
60	03	ORTHO CLINIC		395,497			
60	04	PEDIATRICS CLINIC					
60	05	DENTISTRY CLINIC		235,967			
60	06	DERMATOLOGY CLINIC		281,161			
60	07	OPHTHALMOLOGY CLINIC		329,639			
60	08	ENT CLINIC		349,373			
60	09	GERIATRIC CLINIC		53,739			
60	10	SURGERY CLINIC		971,798			
60	11	NEUROLOGY CLINIC		445,050			
60	12	ENDOSCOPY CLINIC					
60	13	OCCUPATIONAL THERAPY					
60	14	URGENT VISIT CLINIC					
60	15	SENIOR CARE CLINIC					
60	16	WOMENS VISIT CLINIC					
60	17	CHC CLINICS					
60	18	PSYCH CLINIC		76,728			
60	19	ORAL SURGERY CLINIC		442,842			
60	20	DIETARY CLINIC					
60	21	CENTER OF EXCELLENCE					
60	22	OP BURN CLINIC					
60	23	BIATRIC CLINIC					
60	24	PLASTIC CLINIC					
61		EMERGENCY		1,276,356			
62		OBSERVATION BEDS (NON-DIS					
63		OTHER OUTPATIENT SERVICE					
		OTHER REIMBURS COST CNTRS					
64		HOME PROGRAM DIALYSIS					
65		AMBULANCE SERVICES					
66		DURABLE MEDICAL EQUIP-REN					
67		DURABLE MEDICAL EQUIP-SOL					
101		TOTAL		11,840,993			

TITLE XIX		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
37		ANCILLARY SRVC COST CNTRS							
37	01	OPERATING ROOM	75,740	75,740	63,043,959	.001201	.001201	7,299,213	8,766
40		AMBULATORY SURGERY			120,782			882	
41		ANESTHESIOLOGY	1,491,397	1,491,397	6,867,165	.217178	.217178	845,678	183,663
41	01	RADIOLOGY-DIAGNOSTIC	685,261	685,261	48,038,935	.014265	.014265	4,791,680	68,353
41	02	NUCLEAR MEDICINE			3,931,127			253,160	
44		CAT SCAN			48,873,890			3,671,465	
44		LABORATORY	140,958	140,958	65,305,517	.002158	.002158	8,347,673	18,014
47		BLOOD STORING, PROCESSING			6,644,197			1,737,332	
49		RESPIRATORY THERAPY			25,861,376			9,355,898	
50		PHYSICAL THERAPY			7,907,034			823,679	
51		OCCUPATIONAL THERAPY			4,285,339			655,491	
52		SPEECH PATHOLOGY			872,907			252,626	
52	01	PULMONARY FUNCTIONS			1,308,306			246,617	
53		ELECTROCARDIOLOGY			6,864,326			599,412	
55		MEDICAL SUPPLIES CHARGED			5,304,661			1,627,187	
56		DRUGS CHARGED TO PATIENTS	240,416	240,416	70,563,876	.003407	.003407	9,082,254	30,943
60		OUTPAT SERVICE COST CNTRS							
60		CLINIC							
60	01	MEDICINE CLINIC	3,384,015	3,384,015	5,590,720	.605291	.605291	20,117	12,177
60	02	OB/GYN CLINIC	965,056	965,056	4,604,535	.209588	.209588	128,419	26,915
60	03	ORTHO CLINIC	395,497	395,497	1,407,353	.281022	.281022	2,770	778
60	04	PEDIATRICS CLINIC							
60	05	DENTISTRY CLINIC	235,967	235,967					
60	06	DERMATOLOGY CLINIC	281,161	281,161	1,006,018	.279479	.279479	210	59
60	07	OPHTHALMOLOGY CLINIC	329,639	329,639	2,252,350	.146353	.146353	10,346	1,514
60	08	ENT CLINIC	349,373	349,373	1,047,740	.333454	.333454	650	217
60	09	GERIATRIC CLINIC	53,739	53,739	977	55.004094	55.004094		
60	10	SURGERY CLINIC	971,798	971,798	1,780,740	.545727	.545727	106,299	58,010
60	11	NEUROLOGY CLINIC	445,050	445,050	1,181,167	.376788	.376788	18,786	7,078
60	12	ENDOSCOPY CLINIC			4,683,640			197,734	
60	13	OCCUPATIONAL THERAPY			14,609				
60	14	URGENT VISIT CLINIC			4,781,741			4,945	
60	15	SENIOR CARE CLINIC			350,392			88	
60	16	WOMENS VISIT CLINIC			5,331,947			1,046,717	
60	17	CHC CLINICS			9,569,958			28,222	
60	18	PSYCH CLINIC	76,728	76,728	15,268,711	.005025	.005025	35,499	178
60	19	ORAL SURGERY CLINIC	442,842	442,842					
60	20	DIETARY CLINIC							
60	21	CENTER OF EXCELLENCE			954,643			105	
60	22	OP BURN CLINIC			436,119			5,576	
60	23	BARIATRIC CLINIC			60,288			105	
60	24	PLASTIC CLINIC			82,195			12,128	
61		EMERGENCY	1,276,356	1,276,356	42,913,354	.029743	.029743	2,249,061	66,894
62		OBSERVATION BEDS (NON-DIS			2,985,378				
63		OTHER OUTPATIENT SERVICE							
64		OTHER REIMBURS COST CNTRS							
64		HOME PROGRAM DIALYSIS							
65		AMBULANCE SERVICES		324,526					
66		DURABLE MEDICAL EQUIP-REN							
67		DURABLE MEDICAL EQUIP-SOL							
101		TOTAL	11,840,993	12,165,519	472,097,972			53,458,024	483,559

TITLE XIX		HOSPITAL				PPS		COL 8.01	COL 8.02
WKST	A	COST CENTER	DESCRIPTION	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		4,118,448			4,946		
37	01	AMBULATORY SURGERY		19,279					
40		ANESTHESIOLOGY		508,217			110,374		
41		RADIOLOGY-DIAGNOSTIC		4,045,086			57,703		
41	01	NUCLEAR MEDICINE		337,173					
41	02	CAT SCAN		4,163,930					
44		LABORATORY		8,553,352			18,458		
47		BLOOD STORING, PROCESSING		271,826					
49		RESPIRATORY THERAPY		377,952					
50		PHYSICAL THERAPY		529,964					
51		OCCUPATIONAL THERAPY		155,000					
52		SPEECH PATHOLOGY		27,061					
52	01	PULMONARY FUNCTIONS		72,169					
53		ELECTROCARDIOLOGY		415,799					
55		MEDICAL SUPPLIES CHARGED		112,718					
56		DRUGS CHARGED TO PATIENTS		3,467,719			11,815		
		OUTPAT SERVICE COST CNTRS							
60		CLINIC							
60	01	MEDICINE CLINIC		647,428			391,882		
60	02	OB/GYN CLINIC		1,525,444			319,715		
60	03	ORTHO CLINIC		254,278			71,458		
60	04	PEDIATRICS CLINIC							
60	05	DENTISTRY CLINIC							
60	06	DERMATOLOGY CLINIC		172,485			48,206		
60	07	OPHTHALMOLOGY CLINIC		216,383			31,668		
60	08	ENT CLINIC		242,248			80,779		
60	09	GERIATRIC CLINIC		119			6,545		
60	10	SURGERY CLINIC		196,223			107,084		
60	11	NEUROLOGY CLINIC		166,051			62,566		
60	12	ENDOSCOPY CLINIC		397,330					
60	13	OCCUPATIONAL THERAPY							
60	14	URGENT VISIT CLINIC		448,216					
60	15	SENIOR CARE CLINIC		9,615					
60	16	WOMENS VISIT CLINIC		1,872,992					
60	17	CHC CLINICS		5,348,623					
60	18	PSYCH CLINIC		14,753,725			74,137		
60	19	ORAL SURGERY CLINIC							
60	20	DIETARY CLINIC							
60	21	CENTER OF EXCELLENCE		113,457					
60	22	OP BURN CLINIC		32,052					
60	23	BARIATRIC CLINIC		17,849					
60	24	PLASTIC CLINIC		1,385					
61		EMERGENCY		5,179,327			154,049		
62		OBSERVATION BEDS (NON-DIS							
63		OTHER OUTPATIENT SERVICE							
		OTHER REIMBURS COST CNTRS							
64		HOME PROGRAM DIALYSIS							
65		AMBULANCE SERVICES		10,713,873					
66		DURABLE MEDICAL EQUIP-REN							
67		DURABLE MEDICAL EQUIP-SOL							
101		TOTAL		69,484,796			1,551,385		

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	. 401221				4, 118, 448
37 01 AMBULATORY SURGERY	12. 763947				19, 279
40 ANESTHESIOLOGY	. 556662				508, 217
41 RADIOLOGY-DIAGNOSTIC	. 271727				4, 045, 086
41 01 NUCLEAR MEDICINE	. 336106				337, 173
41 02 CAT SCAN	. 079283				4, 163, 930
44 LABORATORY	. 252949				8, 553, 352
47 BLOOD STORING, PROCESSING & TRANS.	. 525964				271, 826
49 RESPIRATORY THERAPY	. 237367				377, 952
50 PHYSICAL THERAPY	. 428147				529, 964
51 OCCUPATIONAL THERAPY	. 437250				155, 000
52 SPEECH PATHOLOGY	. 567051				27, 061
52 01 PULMONARY FUNCTIONS	. 401896				72, 169
53 ELECTROCARDIOLOGY	. 251547				415, 799
55 MEDICAL SUPPLIES CHARGED TO PATIENTS	. 588733				112, 718
56 DRUGS CHARGED TO PATIENTS	. 711956				3, 467, 719
60 OUTPAT SERVICE COST CNTRS					
60 CLINIC					
60 01 MEDICINE CLINIC	1. 268272				647, 428
60 02 OB/GYN CLINIC	. 935514				1, 525, 444
60 03 ORTHO CLINIC	1. 734407				254, 278
60 04 PEDIATRICS CLINIC					
60 05 DENTISTRY CLINIC					
60 06 DERMATOLOGY CLINIC	1. 022304				172, 485
60 07 OPHTHALMOLOGY CLINIC	. 648175				216, 383
60 08 ENT CLINIC	1. 100407				242, 248
60 09 GERIATRIC CLINIC	54. 324463				119
60 10 SURGERY CLINIC	1. 097816				196, 223
60 11 NEUROLOGY CLINIC	1. 315127				166, 051
60 12 ENDOSCOPY CLINIC	. 502439				397, 330
60 13 OCCUPATIONAL THERAPY	30. 336505				
60 14 URGENT VISIT CLINIC	. 409261				448, 216
60 15 SENIOR CARE CLINIC	1. 092177				9, 615
60 16 WOMENS VISIT CLINIC	. 513560				1, 872, 992
60 17 CHC CLINICS	1. 321559				5, 348, 623
60 18 PSYCH CLINIC	1. 554744				14, 753, 725
60 19 ORAL SURGERY CLINIC					
60 20 DIETARY CLINIC					
60 21 CENTER OF EXCELLENCE	. 697663				113, 457
60 22 OP BURN CLINIC	. 496170				32, 052
60 23 BARIATRIC CLINIC	4. 271348				17, 849
60 24 PLASTIC CLINIC	1. 900943				1, 385
61 EMERGENCY	. 461709				5, 179, 327
62 OBSERVATION BEDS (NON-DISTINCT PART)	1. 401827				
63 OTHER OUTPATIENT SERVICE COST CENTER					
63 OTHER REIMBURS COST CNTRS					
64 HOME PROGRAM DIALYSIS					
65 AMBULANCE SERVICES	. 284038				10, 713, 873
66 DURABLE MEDICAL EQUIP-RENTED					
67 DURABLE MEDICAL EQUIP-SOLD					
101 SUBTOTAL					69, 484, 796
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES					
104 NET CHARGES					69, 484, 796

(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	5.01	5.02	5.03	6	7
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM					
37 01 AMBULATORY SURGERY					
40 ANESTHESIOLOGY					
41 RADIOLOGY-DIAGNOSTIC					
41 01 NUCLEAR MEDICINE					
41 02 CAT SCAN					
44 LABORATORY					
47 BLOOD STORING, PROCESSING & TRANS.					
49 RESPIRATORY THERAPY					
50 PHYSICAL THERAPY					
51 OCCUPATIONAL THERAPY					
52 SPEECH PATHOLOGY					
52 01 PULMONARY FUNCTIONS					
53 ELECTROCARDIOLOGY					
55 MEDICAL SUPPLIES CHARGED TO PATIENTS					
56 DRUGS CHARGED TO PATIENTS					
OUTPAT SERVICE COST CNTRS					
60 CLINIC					
60 01 MEDICINE CLINIC					
60 02 OB/GYN CLINIC					
60 03 ORTHO CLINIC					
60 04 PEDIATRICS CLINIC					
60 05 DENTISTRY CLINIC					
60 06 DERMATOLOGY CLINIC					
60 07 OPHTHALMOLOGY CLINIC					
60 08 ENT CLINIC					
60 09 GERIATRIC CLINIC					
60 10 SURGERY CLINIC					
60 11 NEUROLOGY CLINIC					
60 12 ENDOSCOPY CLINIC					
60 13 OCCUPATIONAL THERAPY					
60 14 URGENT VISIT CLINIC					
60 15 SENIOR CARE CLINIC					
60 16 WOMENS VISIT CLINIC					
60 17 CHC CLINICS					
60 18 PSYCH CLINIC					
60 19 ORAL SURGERY CLINIC					
60 20 DIETARY CLINIC					
60 21 CENTER OF EXCELLENCE					
60 22 OP BURN CLINIC					
60 23 BARIATRIC CLINIC					
60 24 PLASTIC CLINIC					
61 EMERGENCY					
62 OBSERVATION BEDS (NON-DISTINCT PART)					
63 OTHER OUTPATIENT SERVICE COST CENTER					
OTHER REIMBURS COST CNTRS					
64 HOME PROGRAM DIALYSIS					
65 AMBULANCE SERVICES					
66 DURABLE MEDICAL EQUIP-RENTED					
67 DURABLE MEDICAL EQUIP-SOLD					
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

	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		1,652,408			
37 01 AMBULATORY SURGERY		246,076			
40 ANESTHESIOLOGY		282,905			
41 RADIOLOGY-DIAGNOSTIC		1,099,159			
41 01 NUCLEAR MEDICINE		113,326			
41 02 CAT SCAN		330,129			
44 LABORATORY		2,163,562			
47 BLOOD STORING, PROCESSING & TRANS.		142,971			
49 RESPIRATORY THERAPY		89,713			
50 PHYSICAL THERAPY		226,902			
51 OCCUPATIONAL THERAPY		67,774			
52 SPEECH PATHOLOGY		15,345			
52 01 PULMONARY FUNCTIONS		29,004			
53 ELECTROCARDIOLOGY		104,593			
55 MEDICAL SUPPLIES CHARGED TO PATIENTS		66,361			
56 DRUGS CHARGED TO PATIENTS		2,468,863			
60 OUTPAT SERVICE COST CNTRS					
60 CLINIC					
60 01 MEDICINE CLINIC		821,115			
60 02 OB/GYN CLINIC		1,427,074			
60 03 ORTHO CLINIC		441,022			
60 04 PEDIATRICS CLINIC					
60 05 DENTISTRY CLINIC					
60 06 DERMATOLOGY CLINIC		176,332			
60 07 OPHTHALMOLOGY CLINIC		140,254			
60 08 ENT CLINIC		266,571			
60 09 GERIATRIC CLINIC		6,465			
60 10 SURGERY CLINIC		215,417			
60 11 NEUROLOGY CLINIC		218,378			
60 12 ENDOSCOPY CLINIC		199,634			
60 13 OCCUPATIONAL THERAPY					
60 14 URGENT VISIT CLINIC		183,437			
60 15 SENIOR CARE CLINIC		10,501			
60 16 WOMENS VISIT CLINIC		961,894			
60 17 CHC CLINICS		7,068,521			
60 18 PSYCH CLINIC		22,938,265			
60 19 ORAL SURGERY CLINIC					
60 20 DIETARY CLINIC					
60 21 CENTER OF EXCELLENCE		79,155			
60 22 OP BURN CLINIC		15,903			
60 23 BARIATRIC CLINIC		76,239			
60 24 PLASTIC CLINIC		2,633			
61 EMERGENCY		2,391,342			
62 OBSERVATION BEDS (NON-DISTINCT PART)					
63 OTHER OUTPATIENT SERVICE COST CENTER					
63 OTHER REIMBURS COST CNTRS					
64 HOME PROGRAM DIALYSIS					
65 AMBULANCE SERVICES		3,043,147			
66 DURABLE MEDICAL EQUIP-RENTED					
67 DURABLE MEDICAL EQUIP-SOLD					
101 SUBTOTAL		49,782,390			
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-					
PROGRAM ONLY CHARGES					
104 NET CHARGES		49,782,390			

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

TITLE XIX		SUBPROVIDER 1		PPS			
WKST A	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST	NEW CAPITAL RELATED COST	TOTAL CHARGES	INPAT PROGRAM CHARGES	OLD CAPITAL COST/CHRG RATIO	CAPITAL COSTS
LINE NO.		1	2	3	4	5	6
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM		1,043,187	63,043,959			
37 01	AMBULATORY SURGERY		133,997	120,782			
40	ANESTHESIOLOGY		268,767	6,867,165			
41	RADIOLOGY-DIAGNOSTIC		1,709,863	48,038,935	26,001		
41 01	NUCLEAR MEDICINE		176,218	3,931,127			
41 02	CAT SCAN		389,312	48,873,890	35,829		
44	LABORATORY		428,980	65,305,517	128,446		
47	BLOOD STORING, PROCESSING		38,045	6,644,197	376		
49	RESPIRATORY THERAPY		174,156	25,861,376	10,568		
50	PHYSICAL THERAPY		83,667	7,907,034	1,012		
51	OCCUPATIONAL THERAPY		48,743	4,285,339			
52	SPEECH PATHOLOGY		3,387	872,907			
52 01	PULMONARY FUNCTIONS		32,402	1,308,306			
53	ELECTROCARDIOLOGY		145,003	6,864,326	3,357		
55	MEDICAL SUPPLIES CHARGED		281,709	5,304,661	551		
56	DRUGS CHARGED TO PATIENTS		712,448	70,563,876	198,323		
	OUTPUT SERVICE COST CNTRS						
60	CLINIC						
60 01	MEDICINE CLINIC		358,501	5,590,720	105		
60 02	OB/GYN CLINIC		245,724	4,604,535			
60 03	ORTHO CLINIC		82,883	1,407,353	316		
60 04	PEDIATRICS CLINIC						
60 05	DENTISTRY CLINIC		82,360				
60 06	DERMATOLOGY CLINIC		63,156	1,006,018			
60 07	OPHTHALMOLOGY CLINIC		82,621	2,252,350	264		
60 08	ENT CLINIC		101,993	1,047,740			
60 09	GERIATRIC CLINIC		1,249	977			
60 10	SURGERY CLINIC		93,580	1,780,740	105		
60 11	NEUROLOGY CLINIC		99,532	1,181,167	825		
60 12	ENDOSCOPY CLINIC		156,193	4,683,640			
60 13	OCCUPATIONAL THERAPY		20,026	14,609			
60 14	URGENT VISIT CLINIC		23,005	4,781,741			
60 15	SENIOR CARE CLINIC		58,270	350,392			
60 16	WOMENS VISIT CLINIC		43,567	5,331,947	487		
60 17	CHC CLINICS		709,676	9,569,958			
60 18	PSYCH CLINIC		376,677	15,268,711	35,013		
60 19	ORAL SURGERY CLINIC		9,510				
60 20	DIETARY CLINIC		913				
60 21	CENTER OF EXCELLENCE		15,099	954,643			
60 22	OP BURN CLINIC		3,410	436,119			
60 23	BARIATRIC CLINIC		15,388	60,288			
60 24	PLASTIC CLINIC		884	82,195			
61	EMERGENCY		466,369	42,913,354	38,111		
62	OBSERVATION BEDS (NON-DIS		175,655	2,985,378			
63	OTHER OUTPATIENT SERVICE						
	OTHER REIMBURS COST CNTRS						
64	HOME PROGRAM DIALYSIS						
65	AMBULANCE SERVICES						
66	DURABLE MEDICAL EQUIP-REN						
67	DURABLE MEDICAL EQUIP-SOL						
101	TOTAL		8,956,125	472,097,972	479,689		

TITLE XIX		SUBPROVIDER 1	
WKST A	COST CENTER DESCRIPTION	NEW CAPITAL	
LINE NO.		CST/CHRG RATIO	COSTS
		7	8
	ANCILLARY SRVC COST CNTRS		
37	OPERATING ROOM	.016547	
37 01	AMBULATORY SURGERY	1.109412	
40	ANESTHESIOLOGY	.039138	
41	RADIOLOGY-DIAGNOSTIC	.035593	925
41 01	NUCLEAR MEDICINE	.044826	
41 02	CAT SCAN	.007966	285
44	LABORATORY	.006569	844
47	BLOOD STORING, PROCESSING	.005726	2
49	RESPIRATORY THERAPY	.006734	71
50	PHYSICAL THERAPY	.010581	11
51	OCCUPATIONAL THERAPY	.011374	
52	SPEECH PATHOLOGY	.003880	
52 01	PULMONARY FUNCTIONS	.024766	
53	ELECTROCARDIOLOGY	.021124	71
55	MEDICAL SUPPLIES CHARGED	.053106	29
56	DRUGS CHARGED TO PATIENTS	.010096	2,002
	OUTPAT SERVICE COST CNTRS		
60	CLINIC		
60 01	MEDICINE CLINIC	.064124	7
60 02	OB/GYN CLINIC	.053366	
60 03	ORTHO CLINIC	.058893	19
60 04	PEDIATRICS CLINIC		
60 05	DENTISTRY CLINIC		
60 06	DERMATOLOGY CLINIC	.062778	
60 07	OPHTHALMOLOGY CLINIC	.036682	10
60 08	ENT CLINIC	.097346	
60 09	GERIATRIC CLINIC	1.278403	
60 10	SURGERY CLINIC	.052551	6
60 11	NEUROLOGY CLINIC	.084266	70
60 12	ENDOSCOPY CLINIC	.033349	
60 13	OCCUPATIONAL THERAPY	1.370799	
60 14	URGENT VISIT CLINIC	.004811	
60 15	SENIOR CARE CLINIC	.166299	
60 16	WOMENS VISIT CLINIC	.008171	4
60 17	CHC CLINICS	.074157	
60 18	PSYCH CLINIC	.024670	864
60 19	ORAL SURGERY CLINIC		
60 20	DIETARY CLINIC		
60 21	CENTER OF EXCELLENCE	.015816	
60 22	OP BURN CLINIC	.007819	
60 23	BIARIATRIC CLINIC	.255242	
60 24	PLASTIC CLINIC	.010755	
61	EMERGENCY	.010868	414
62	OBSERVATION BEDS (NON-DIS	.058838	
63	OTHER OUTPATIENT SERVICE		
	OTHER REIMBURS COST CNTRS		
64	HOME PROGRAM DIALYSIS		
65	AMBULANCE SERVICES		
66	DURABLE MEDICAL EQUIP-REN		
67	DURABLE MEDICAL EQUIP-SOL		
101	TOTAL		5,634

TITLE XIX		SUBPROVIDER 1		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
LINE NO.			1	2	2.01	2.02	2.03
		ANCILLARY SRVC COST CNTRS	1.01				
		OPERATING ROOM		75,740			
37	01	AMBULATORY SURGERY					
40		ANESTHESIOLOGY		1,491,397			
41		RADIOLOGY-DIAGNOSTIC		685,261			
41	01	NUCLEAR MEDICINE					
41	02	CAT SCAN					
44		LABORATORY		140,958			
47		BLOOD STORING, PROCESSING					
49		RESPIRATORY THERAPY					
50		PHYSICAL THERAPY					
51		OCCUPATIONAL THERAPY					
52		SPEECH PATHOLOGY					
52	01	PULMONARY FUNCTIONS					
53		ELECTROCARDIOLOGY					
55		MEDICAL SUPPLIES CHARGED					
56		DRUGS CHARGED TO PATIENTS		240,416			
		OUTPAT SERVICE COST CNTRS					
60		CLINIC					
60	01	MEDICINE CLINIC		3,384,015			
60	02	OB/GYN CLINIC		965,056			
60	03	ORTHO CLINIC		395,497			
60	04	PEDIATRICS CLINIC					
60	05	DENTISTRY CLINIC		235,967			
60	06	DERMATOLOGY CLINIC		281,161			
60	07	OPHTHALMOLOGY CLINIC		329,639			
60	08	ENT CLINIC		349,373			
60	09	GERIATRIC CLINIC		53,739			
60	10	SURGERY CLINIC		971,798			
60	11	NEUROLOGY CLINIC		445,050			
60	12	ENDOSCOPY CLINIC					
60	13	OCCUPATIONAL THERAPY					
60	14	URGENT VISIT CLINIC					
60	15	SENIOR CARE CLINIC					
60	16	WOMENS VISIT CLINIC					
60	17	CHC CLINICS					
60	18	PSYCH CLINIC		76,728			
60	19	ORAL SURGERY CLINIC		442,842			
60	20	DIETARY CLINIC					
60	21	CENTER OF EXCELLENCE					
60	22	OP BURN CLINIC					
60	23	BIARIATRIC CLINIC					
60	24	PLASTIC CLINIC					
61		EMERGENCY		1,276,356			
62		OBSERVATION BEDS (NON-DIS					
63		OTHER OUTPATIENT SERVICE					
		OTHER REIMBURS COST CNTRS					
64		HOME PROGRAM DIALYSIS					
65		AMBULANCE SERVICES					
66		DURABLE MEDICAL EQUIP-REN					
67		DURABLE MEDICAL EQUIP-SOL					
101		TOTAL		11,840,993			

TITLE XIX		SUBPROVIDER 1			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	
37		ANCILLARY SRVC COST CNTRS								
	01	OPERATING ROOM	75,740	75,740	63,043,959	.001201	.001201			
37		AMBULATORY SURGERY			120,782					
40		ANESTHESIOLOGY	1,491,397	1,491,397	6,867,165	.217178	.217178			
41		RADIOLOGY-DIAGNOSTIC	685,261	685,261	48,038,935	.014265	.014265	26,001	371	
41	01	NUCLEAR MEDICINE			3,931,127					
41	02	CAT SCAN			48,873,890			35,829		
44		LABORATORY	140,958	140,958	65,305,517	.002158	.002158	128,446	277	
47		BLOOD STORING, PROCESSING			6,644,197			376		
49		RESPIRATORY THERAPY			25,861,376			10,568		
50		PHYSICAL THERAPY			7,907,034			1,012		
51		OCCUPATIONAL THERAPY			4,285,339					
52		SPEECH PATHOLOGY			872,907					
52	01	PULMONARY FUNCTIONS			1,308,306					
53		ELECTROCARDIOLOGY			6,864,326			3,357		
55		MEDICAL SUPPLIES CHARGED			5,304,661			551		
56		DRUGS CHARGED TO PATIENTS OUTPAT SERVICE COST CNTRS	240,416	240,416	70,563,876	.003407	.003407	198,323	676	
60		CLINIC								
60	01	MEDICINE CLINIC	3,384,015	3,384,015	5,590,720	.605291	.605291	105	64	
60	02	OB/GYN CLINIC	965,056	965,056	4,604,535	.209588	.209588			
60	03	ORTHO CLINIC	395,497	395,497	1,407,353	.281022	.281022	316	89	
60	04	PEDIATRICS CLINIC								
60	05	DENTISTRY CLINIC	235,967	235,967						
60	06	DERMATOLOGY CLINIC	281,161	281,161	1,006,018	.279479	.279479			
60	07	OPHTHALMOLOGY CLINIC	329,639	329,639	2,252,350	.146353	.146353	264	39	
60	08	ENT CLINIC	349,373	349,373	1,047,740	.333454	.333454			
60	09	GERIATRIC CLINIC	53,739	53,739	977	55.004094	55.004094			
60	10	SURGERY CLINIC	971,798	971,798	1,780,740	.545727	.545727	105	57	
60	11	NEUROLOGY CLINIC	445,050	445,050	1,181,167	.376788	.376788	825	311	
60	12	ENDOSCOPY CLINIC			4,683,640					
60	13	OCCUPATIONAL THERAPY			14,609					
60	14	URGENT VISIT CLINIC			4,781,741					
60	15	SENIOR CARE CLINIC			350,392					
60	16	WOMENS VISIT CLINIC			5,331,947			487		
60	17	CHC CLINICS			9,569,958					
60	18	PSYCH CLINIC	76,728	76,728	15,268,711	.005025	.005025	35,013	176	
60	19	ORAL SURGERY CLINIC	442,842	442,842						
60	20	DIETARY CLINIC								
60	21	CENTER OF EXCELLENCE			954,643					
60	22	OP BURN CLINIC			436,119					
60	23	BARIATRIC CLINIC			60,288					
60	24	PLASTIC CLINIC			82,195					
61		EMERGENCY	1,276,356	1,276,356	42,913,354	.029743	.029743	38,111	1,134	
62		OBSERVATION BEDS (NON-DIS OTHER OUTPATIENT SERVICE			2,985,378					
63		OTHER REIMBURS COST CNTRS								
64		HOME PROGRAM DIALYSIS								
65		AMBULANCE SERVICES		324,526						
66		DURABLE MEDICAL EQUIP-REN								
67		DURABLE MEDICAL EQUIP-SOL								
101		TOTAL	11,840,993	12,165,519	472,097,972			479,689	3,194	

TITLE XIX		SUBPROVIDER 1				PPS		COL 8.01	COL 8.02
WKST A	COST CENTER DESCRIPTION	OUTPAT PROG	OUTPAT PROG	OUTPAT PROG	OUTPAT PROG	COL 8.01	COL 8.02		
LINE NO.		CHARGES	D, V COL 5.03	D, V COL 5.04	PASS THRU COST	* COL 5	* COL 5		
		8	8.01	8.02	9	9.01	9.02		
	ANCILLARY SRVC COST CNTRS								
	OPERATING ROOM								
37	01 AMBULATORY SURGERY								
40	ANESTHESIOLOGY								
41	RADIOLOGY-DIAGNOSTIC								
41	01 NUCLEAR MEDICINE								
41	02 CAT SCAN								
44	LABORATORY								
47	BLOOD STORING, PROCESSING								
49	RESPIRATORY THERAPY								
50	PHYSICAL THERAPY								
51	OCCUPATIONAL THERAPY								
52	SPEECH PATHOLOGY								
52	01 PULMONARY FUNCTIONS								
53	ELECTROCARDIOLOGY								
55	MEDICAL SUPPLIES CHARGED								
56	DRUGS CHARGED TO PATIENTS								
	OUTPAT SERVICE COST CNTRS								
60	CLINIC								
60	01 MEDICINE CLINIC								
60	02 OB/GYN CLINIC								
60	03 ORTHO CLINIC								
60	04 PEDIATRICS CLINIC								
60	05 DENTISTRY CLINIC								
60	06 DERMATOLOGY CLINIC								
60	07 OPHTHALMOLOGY CLINIC								
60	08 ENT CLINIC								
60	09 GERIATRIC CLINIC								
60	10 SURGERY CLINIC								
60	11 NEUROLOGY CLINIC								
60	12 ENDOSCOPY CLINIC								
60	13 OCCUPATIONAL THERAPY								
60	14 URGENT VISIT CLINIC								
60	15 SENIOR CARE CLINIC								
60	16 WOMENS VISIT CLINIC								
60	17 CHC CLINICS								
60	18 PSYCH CLINIC								
60	19 ORAL SURGERY CLINIC								
60	20 DIETARY CLINIC								
60	21 CENTER OF EXCELLENCE								
60	22 OP BURN CLINIC								
60	23 BARIATRIC CLINIC								
60	24 PLASTIC CLINIC								
61	EMERGENCY								
62	OBSERVATION BEDS (NON-DIS								
63	OTHER OUTPATIENT SERVICE								
	OTHER REIMBURS COST CNTRS								
64	HOME PROGRAM DIALYSIS								
65	AMBULANCE SERVICES								
66	DURABLE MEDICAL EQUIP-REN								
67	DURABLE MEDICAL EQUIP-SOL								
101	TOTAL								

TITLE XIX		SUBPROVIDER 2		PPS			
WKST A	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST	NEW CAPITAL RELATED COST	TOTAL CHARGES	INPAT PROGRAM CHARGES	OLD CAPITAL COST/CHRG RATIO	CAPITAL COSTS
LINE NO.		1	2	3	4	5	6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM		1,043,187	63,043,959	795,468		
37	01 AMBULATORY SURGERY		133,997	120,782			
40	ANESTHESIOLOGY		268,767	6,867,165	14,872		
41	RADIOLOGY-DIAGNOSTIC		1,709,863	48,038,935	73,439		
41	01 NUCLEAR MEDICINE		176,218	3,931,127	847		
41	02 CAT SCAN		389,312	48,873,890	28,942		
44	LABORATORY		428,980	65,305,517	320,693		
47	BLOOD STORING, PROCESSING		38,045	6,644,197	179,047		
49	RESPIRATORY THERAPY		174,156	25,861,376	339,848		
50	PHYSICAL THERAPY		83,667	7,907,034	226,300		
51	OCCUPATIONAL THERAPY		48,743	4,285,339	280,660		
52	SPEECH PATHOLOGY		3,387	872,907	70,754		
52	01 PULMONARY FUNCTIONS		32,402	1,308,306	32,022		
53	ELECTROCARDIOLOGY		145,003	6,864,326	3,171		
55	MEDICAL SUPPLIES CHARGED		281,709	5,304,661	161,435		
56	DRUGS CHARGED TO PATIENTS		712,448	70,563,876	542,580		
	OUTPUT SERVICE COST CNTRS						
60	CLINIC						
60	01 MEDICINE CLINIC		358,501	5,590,720	817		
60	02 OB/GYN CLINIC		245,724	4,604,535			
60	03 ORTHO CLINIC		82,883	1,407,353	630		
60	04 PEDIATRICS CLINIC						
60	05 DENTISTRY CLINIC		82,360				
60	06 DERMATOLOGY CLINIC		63,156	1,006,018			
60	07 OPHTHALMOLOGY CLINIC		82,621	2,252,350	824		
60	08 ENT CLINIC		101,993	1,047,740	265		
60	09 GERIATRIC CLINIC		1,249	977			
60	10 SURGERY CLINIC		93,580	1,780,740	3,377		
60	11 NEUROLOGY CLINIC		99,532	1,181,167	567		
60	12 ENDOSCOPY CLINIC		156,193	4,683,640	16,024		
60	13 OCCUPATIONAL THERAPY		20,026	14,609			
60	14 URGENT VISIT CLINIC		23,005	4,781,741			
60	15 SENIOR CARE CLINIC		58,270	350,392			
60	16 WOMENS VISIT CLINIC		43,567	5,331,947			
60	17 CHC CLINICS		709,676	9,569,958			
60	18 PSYCH CLINIC		376,677	15,268,711			
60	19 ORAL SURGERY CLINIC		9,510				
60	20 DIETARY CLINIC		913				
60	21 CENTER OF EXCELLENCE		15,099	954,643			
60	22 OP BURN CLINIC		3,410	436,119	5,246		
60	23 BARIATRIC CLINIC		15,388	60,288			
60	24 PLASTIC CLINIC		884	82,195	12,128		
61	EMERGENCY		466,369	42,913,354	30,907		
62	OBSERVATION BEDS (NON-DIS		175,655	2,985,378			
63	OTHER OUTPATIENT SERVICE						
	OTHER REIMBURS COST CNTRS						
64	HOME PROGRAM DIALYSIS						
65	AMBULANCE SERVICES						
66	DURABLE MEDICAL EQUIP-REN						
67	DURABLE MEDICAL EQUIP-SOL						
101	TOTAL		8,956,125	472,097,972	3,140,863		

TITLE XIX SUBPROVIDER 2 PPS

WKST LINE	A NO.	COST CENTER DESCRIPTION	NEW CAPITAL CST/CHRG RATIO	COSTS
			7	8
37		ANCILLARY SRVC COST CNTRS		
		OPERATING ROOM	.016547	13,163
37	01	AMBULATORY SURGERY	1.109412	
40		ANESTHESIOLOGY	.039138	582
41		RADIOLOGY-DIAGNOSTIC	.035593	2,614
41	01	NUCLEAR MEDICINE	.044826	38
41	02	CAT SCAN	.007966	231
44		LABORATORY	.006569	2,107
47		BLOOD STORING, PROCESSING	.005726	1,025
49		RESPIRATORY THERAPY	.006734	2,289
50		PHYSICAL THERAPY	.010581	2,394
51		OCCUPATIONAL THERAPY	.011374	3,192
52		SPEECH PATHOLOGY	.003880	275
52	01	PULMONARY FUNCTIONS	.024766	793
53		ELECTROCARDIOLOGY	.021124	67
55		MEDICAL SUPPLIES CHARGED	.053106	8,573
56		DRUGS CHARGED TO PATIENTS	.010096	5,478
		OUTPAT SERVICE COST CNTRS		
60		CLINIC		
60	01	MEDICINE CLINIC	.064124	52
60	02	OB/GYN CLINIC	.053366	
60	03	ORTHO CLINIC	.058893	37
60	04	PEDIATRICS CLINIC		
60	05	DENTISTRY CLINIC		
60	06	DERMATOLOGY CLINIC	.062778	
60	07	OPHTHALMOLOGY CLINIC	.036682	30
60	08	ENT CLINIC	.097346	26
60	09	GERIATRIC CLINIC	1.278403	
60	10	SURGERY CLINIC	.052551	177
60	11	NEUROLOGY CLINIC	.084266	48
60	12	ENDOSCOPY CLINIC	.033349	534
60	13	OCCUPATIONAL THERAPY	1.370799	
60	14	URGENT VISIT CLINIC	.004811	
60	15	SENIOR CARE CLINIC	.166299	
60	16	WOMENS VISIT CLINIC	.008171	
60	17	CHC CLINICS	.074157	
60	18	PSYCH CLINIC	.024670	
60	19	ORAL SURGERY CLINIC		
60	20	DIETARY CLINIC		
60	21	CENTER OF EXCELLENCE	.015816	
60	22	OP BURN CLINIC	.007819	41
60	23	BIARIATRIC CLINIC	.255242	
60	24	PLASTIC CLINIC	.010755	130
61		EMERGENCY	.010868	336
62		OBSERVATION BEDS (NON-DIS	.058838	
63		OTHER OUTPATIENT SERVICE		
		OTHER REIMBURS COST CNTRS		
64		HOME PROGRAM DIALYSIS		
65		AMBULANCE SERVICES		
66		DURABLE MEDICAL EQUIP-REN		
67		DURABLE MEDICAL EQUIP-SOL		
101		TOTAL		44,232

TITLE XIX		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
LINE NO.			1	2	2.01	2.02	2.03
		ANCILLARY SRVC COST CNTRS	1.01				
		OPERATING ROOM		75,740			
37	01	AMBULATORY SURGERY					
40		ANESTHESIOLOGY		1,491,397			
41		RADIOLOGY-DIAGNOSTIC		685,261			
41	01	NUCLEAR MEDICINE					
41	02	CAT SCAN					
44		LABORATORY		140,958			
47		BLOOD STORING, PROCESSING					
49		RESPIRATORY THERAPY					
50		PHYSICAL THERAPY					
51		OCCUPATIONAL THERAPY					
52		SPEECH PATHOLOGY					
52	01	PULMONARY FUNCTIONS					
53		ELECTROCARDIOLOGY					
55		MEDICAL SUPPLIES CHARGED					
56		DRUGS CHARGED TO PATIENTS		240,416			
		OUTPAT SERVICE COST CNTRS					
60		CLINIC					
60	01	MEDICINE CLINIC		3,384,015			
60	02	OB/GYN CLINIC		965,056			
60	03	ORTHO CLINIC		395,497			
60	04	PEDIATRICS CLINIC					
60	05	DENTISTRY CLINIC		235,967			
60	06	DERMATOLOGY CLINIC		281,161			
60	07	OPHTHALMOLOGY CLINIC		329,639			
60	08	ENT CLINIC		349,373			
60	09	GERIATRIC CLINIC		53,739			
60	10	SURGERY CLINIC		971,798			
60	11	NEUROLOGY CLINIC		445,050			
60	12	ENDOSCOPY CLINIC					
60	13	OCCUPATIONAL THERAPY					
60	14	URGENT VISIT CLINIC					
60	15	SENIOR CARE CLINIC					
60	16	WOMENS VISIT CLINIC					
60	17	CHC CLINICS					
60	18	PSYCH CLINIC		76,728			
60	19	ORAL SURGERY CLINIC		442,842			
60	20	DIETARY CLINIC					
60	21	CENTER OF EXCELLENCE					
60	22	OP BURN CLINIC					
60	23	BIATRIC CLINIC					
60	24	PLASTIC CLINIC					
61		EMERGENCY		1,276,356			
62		OBSERVATION BEDS (NON-DIS					
63		OTHER OUTPATIENT SERVICE					
		OTHER REIMBURS COST CNTRS					
64		HOME PROGRAM DIALYSIS					
65		AMBULANCE SERVICES					
66		DURABLE MEDICAL EQUIP-REN					
67		DURABLE MEDICAL EQUIP-SOL					
101		TOTAL		11,840,993			

TITLE XIX		SUBPROVIDER 2			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
37		ANCILLARY SRVC COST CNTRS							
37	01	OPERATING ROOM	75,740	75,740	63,043,959	.001201	.001201	795,468	955
40		AMBULATORY SURGERY			120,782				
41		ANESTHESIOLOGY	1,491,397	1,491,397	6,867,165	.217178	.217178	14,872	3,230
41	01	RADIOLOGY-DIAGNOSTIC	685,261	685,261	48,038,935	.014265	.014265	73,439	1,048
41	02	NUCLEAR MEDICINE			3,931,127			847	
44		CAT SCAN			48,873,890			28,942	
44		LABORATORY	140,958	140,958	65,305,517	.002158	.002158	320,693	692
47		BLOOD STORING, PROCESSING			6,644,197			179,047	
49		RESPIRATORY THERAPY			25,861,376			339,848	
50		PHYSICAL THERAPY			7,907,034			226,300	
51		OCCUPATIONAL THERAPY			4,285,339			280,660	
52		SPEECH PATHOLOGY			872,907			70,754	
52	01	PULMONARY FUNCTIONS			1,308,306			32,022	
53		ELECTROCARDIOLOGY			6,864,326			3,171	
55		MEDICAL SUPPLIES CHARGED			5,304,661			161,435	
56		DRUGS CHARGED TO PATIENTS OUTPAT SERVICE COST CNTRS	240,416	240,416	70,563,876	.003407	.003407	542,580	1,849
60		CLINIC							
60	01	MEDICINE CLINIC	3,384,015	3,384,015	5,590,720	.605291	.605291	817	495
60	02	OB/GYN CLINIC	965,056	965,056	4,604,535	.209588	.209588		
60	03	ORTHO CLINIC	395,497	395,497	1,407,353	.281022	.281022	630	177
60	04	PEDIATRICS CLINIC							
60	05	DENTISTRY CLINIC	235,967	235,967					
60	06	DERMATOLOGY CLINIC	281,161	281,161	1,006,018	.279479	.279479		
60	07	OPHTHALMOLOGY CLINIC	329,639	329,639	2,252,350	.146353	.146353	824	121
60	08	ENT CLINIC	349,373	349,373	1,047,740	.333454	.333454	265	88
60	09	GERIATRIC CLINIC	53,739	53,739	977	55.004094	55.004094		
60	10	SURGERY CLINIC	971,798	971,798	1,780,740	.545727	.545727	3,377	1,843
60	11	NEUROLOGY CLINIC	445,050	445,050	1,181,167	.376788	.376788	567	214
60	12	ENDOSCOPY CLINIC			4,683,640			16,024	
60	13	OCCUPATIONAL THERAPY			14,609				
60	14	URGENT VISIT CLINIC			4,781,741				
60	15	SENIOR CARE CLINIC			350,392				
60	16	WOMENS VISIT CLINIC			5,331,947				
60	17	CHC CLINICS			9,569,958				
60	18	PSYCH CLINIC	76,728	76,728	15,268,711	.005025	.005025		
60	19	ORAL SURGERY CLINIC	442,842	442,842					
60	20	DIETARY CLINIC							
60	21	CENTER OF EXCELLENCE			954,643				
60	22	OP BURN CLINIC			436,119			5,246	
60	23	BARIATRIC CLINIC			60,288				
60	24	PLASTIC CLINIC			82,195			12,128	
61		EMERGENCY	1,276,356	1,276,356	42,913,354	.029743	.029743	30,907	919
62		OBSERVATION BEDS (NON-DIS			2,985,378				
63		OTHER OUTPATIENT SERVICE							
64		OTHER REIMBURS COST CNTRS							
64		HOME PROGRAM DIALYSIS							
65		AMBULANCE SERVICES		324,526					
66		DURABLE MEDICAL EQUIP-REN							
67		DURABLE MEDICAL EQUIP-SOL							
101		TOTAL	11,840,993	12,165,519	472,097,972			3,140,863	11,631

TITLE XIX

SUBPROVIDER 2

PPS

WKST A	COST CENTER	DESCRIPTION	OUTPAT PROG	OUTPAT PROG	OUTPAT PROG	OUTPAT PROG	COL 8.01	COL 8.02
LINE NO.			CHARGES	D, V COL 5.03	D, V COL 5.04	PASS THRU COST	* COL 5	* COL 5
			8	8.01	8.02	9	9.01	9.02
		ANCILLARY SRVC COST CNTRS						
		OPERATING ROOM						
37	01	AMBULATORY SURGERY						
40		ANESTHESIOLOGY						
41		RADIOLOGY-DIAGNOSTIC						
41	01	NUCLEAR MEDICINE						
41	02	CAT SCAN						
44		LABORATORY						
47		BLOOD STORING, PROCESSING						
49		RESPIRATORY THERAPY						
50		PHYSICAL THERAPY						
51		OCCUPATIONAL THERAPY						
52		SPEECH PATHOLOGY						
52	01	PULMONARY FUNCTIONS						
53		ELECTROCARDIOLOGY						
55		MEDICAL SUPPLIES CHARGED						
56		DRUGS CHARGED TO PATIENTS						
		OUTPAT SERVICE COST CNTRS						
60		CLINIC						
60	01	MEDICINE CLINIC						
60	02	OB/GYN CLINIC						
60	03	ORTHO CLINIC						
60	04	PEDIATRICS CLINIC						
60	05	DENTISTRY CLINIC						
60	06	DERMATOLOGY CLINIC						
60	07	OPHTHALMOLOGY CLINIC						
60	08	ENT CLINIC						
60	09	GERIATRIC CLINIC						
60	10	SURGERY CLINIC						
60	11	NEUROLOGY CLINIC						
60	12	ENDOSCOPY CLINIC						
60	13	OCCUPATIONAL THERAPY						
60	14	URGENT VISIT CLINIC						
60	15	SENIOR CARE CLINIC						
60	16	WOMENS VISIT CLINIC						
60	17	CHC CLINICS						
60	18	PSYCH CLINIC						
60	19	ORAL SURGERY CLINIC						
60	20	DIETARY CLINIC						
60	21	CENTER OF EXCELLENCE						
60	22	OP BURN CLINIC						
60	23	BARIATRIC CLINIC						
60	24	PLASTIC CLINIC						
61		EMERGENCY						
62		OBSERVATION BEDS (NON-DIS						
63		OTHER OUTPATIENT SERVICE						
		OTHER REIMBURS COST CNTRS						
64		HOME PROGRAM DIALYSIS						
65		AMBULANCE SERVICES						
66		DURABLE MEDICAL EQUIP-REN						
67		DURABLE MEDICAL EQUIP-SOL						
101		TOTAL						

TITLE XVIII PART A HOSPITAL PPS

PART I - ALL PROVIDER COMPONENTS

1

INPATIENT DAYS

1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	52,865
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	52,865
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	52,865
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)	10,271
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	35,286,794
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	35,286,794

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	23,908,960
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	23,908,960
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	1.475882
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	452.26
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	35,286,794

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					667.49
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST					6,855,790
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM					
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST					6,855,790

		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	18,229,445	16,490	1,105.48	4,925	5,444,489
44	CORONARY CARE UNIT					
45	BURN INTENSIVE CARE UNIT					
46	SURGICAL INTENSIVE CARE UNIT					
47	NEONATAL INTENSIVE CARE UNIT	5,984,416	8,137	735.46		
48	PROGRAM INPATIENT ANCILLARY SERVICE COST					15,823,135
49	TOTAL PROGRAM INPATIENT COSTS					28,123,414

PASS THROUGH COST ADJUSTMENTS

50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES					360,771
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES					613,223
52	TOTAL PROGRAM EXCLUDABLE COST					973,994
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST, AND MEDICAL EDUCATION COSTS					27,149,420

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 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 6,514
- 84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM 667.49
- 85 OBSERVATION BED COST 4,348,030

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		35,286,794		4,348,030	
87 NEW CAPITAL-RELATED COST	1,380,761	35,286,794	.039130	4,348,030	170,138
88 NON PHYSICIAN ANESTHETIST		35,286,794		4,348,030	
89 MEDICAL EDUCATION		35,286,794		4,348,030	
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)	10,901
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	10,901
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	10,901
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)	3,714
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLE V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)	
15	TOTAL NURSERY DAYS (TITLE V OR XIX ONLY)	
16	NURSERY DAYS (TITLE V OR XIX ONLY)	

SWING-BED ADJUSTMENT

17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	6,779,307
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)	
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	6,779,307

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	7,619,864
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	7,619,864
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.889689
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	699.01
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL	
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL	
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT	
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	6,779,307

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 621.90
 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST 2,309,737
 40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM
 41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST 2,309,737

	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 NEONATAL INTENSIVE CARE UNIT					
48 PROGRAM INPATIENT ANCILLARY SERVICE COST					1 259,259
49 TOTAL PROGRAM INPATIENT COSTS					2,568,996

PASS THROUGH COST ADJUSTMENTS

50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES 68,078
 51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES 5,868
 52 TOTAL PROGRAM EXCLUDABLE COST 73,946
 53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN
 ANESTHETIST, AND MEDICAL EDUCATION COSTS 2,495,050

TARGET AMOUNT AND LIMIT COMPUTATION

54 PROGRAM DISCHARGES 367
 55 TARGET AMOUNT PER DISCHARGE 12,960.34
 56 TARGET AMOUNT 4,756,445
 57 DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT 2,261,395
 58 BONUS PAYMENT 95,129
 58.01 LESSER OF LINES 53/54 OR 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED
 AND COMPOUNDED BY THE MARKET BASKET 7,740.39
 58.02 LESSER OF LINES 53/54 OR 55 FROM PRIOR YEAR COST REPORT, UPDATED BY THE MARKET
 BASKET 9,927.12
 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. 47,564
 58.04 RELIEF PAYMENT
 59 ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT 2,711,689
 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	621.90
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	6,779,307			
87	NEW CAPITAL-RELATED COST	199,782	6,779,307		
88	NON PHYSICIAN ANESTHETIST		6,779,307	.029469	
89	MEDICAL EDUCATION		6,779,307		
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)	5,595
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	5,595
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	5,595
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)	1,065
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	8,189,509
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	8,189,509

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	14,989,040
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	14,989,040
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.546366
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	2,679.01
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	8,189,509

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 1,463.72
 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST 1,558,862
 40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM
 41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST 1,558,862

	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 NEONATAL INTENSIVE CARE UNIT					
48 PROGRAM INPATIENT ANCILLARY SERVICE COST					1 844,588
49 TOTAL PROGRAM INPATIENT COSTS					2,403,450

PASS THROUGH COST ADJUSTMENTS

50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES 83,943
 51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES 26,444
 52 TOTAL PROGRAM EXCLUDABLE COST 110,387
 53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN
 ANESTHETIST, AND MEDICAL EDUCATION COSTS 2,293,063

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	70
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	1,463.72
85	OBSERVATION BED COST	102,460

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	8,189,509		102,460	
87	NEW CAPITAL-RELATED COST	440,991	.053848	102,460	5,517
88	NON PHYSICIAN ANESTHETIST	8,189,509		102,460	
89	MEDICAL EDUCATION	8,189,509		102,460	
89.01	MEDICAL EDUCATION - ALLIED HEA				
89.02	MEDICAL EDUCATION - ALL OTHER				

TITLE XVIII PART A SNF PPS

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

		1
66	SKILLED NURSING FACILITY/OTHER NURSING FACILITY/ICF/MR ROUTINE SERVICE COST	4,269,871
67	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	263.75
68	PROGRAM ROUTINE SERVICE COST	1,719,914
69	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO PROGRAM	
70	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COSTS	1,719,914
71	CAPITAL-RELATED COST ALLOCATED TO INPATIENT ROUTINE SERVICE COSTS	72,532
72	PER DIEM CAPITAL-RELATED COSTS	4.48
73	PROGRAM CAPITAL-RELATED COSTS	29,214
74	INPATIENT ROUTINE SERVICE COST	1,690,700
75	AGGREGATE CHARGES TO BENEFICIARIES FOR EXCESS COSTS	
76	TOTAL PROGRAM ROUTINE SERVICE COSTS FOR COMPARISON TO THE COST LIMITATION	1,690,700
77	INPATIENT ROUTINE SERVICE COST PER DIEM LIMITATION	
78	INPATIENT ROUTINE SERVICE COST LIMITATION	
79	REASONABLE INPATIENT ROUTINE SERVICE COSTS	1,719,914
80	PROGRAM INPATIENT ANCILLARY SERVICES	1,007,294
81	UTILIZATION REVIEW - PHYSICIAN COMPENSATION	
82	TOTAL PROGRAM INPATIENT OPERATING COSTS	2,727,208

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 PPS

PART I - ALL PROVIDER COMPONENTS

1

INPATIENT DAYS

1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	52,865
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	52,865
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	52,865
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)	11,689
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)	5,300
16	NURSERY DAYS (TITLE V OR XIX ONLY)	3,313

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	36,022,567
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	36,022,567

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	23,908,960
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	23,908,960
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	1.506656
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	452.26
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	36,022,567

TITLE XIX - I/P HOSPITAL PPS

PART II - HOSPITAL AND SUBPROVIDERS ONLY

PROGRAM INPATIENT OPERATING COST BEFORE
 PASS THROUGH COST ADJUSTMENTS

38	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM					681.41
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST					7,965,001
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM					
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST					7,965,001

		TOTAL I/P COST	TOTAL I/P DAYS	AVERAGE PER DIEM	PROGRAM DAYS	PROGRAM COST
42	NURSERY (TITLE V & XIX ONLY) INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS	8,026,842	5,300	1,514.50	3,313	5,017,539
43	INTENSIVE CARE UNIT	18,229,445	16,490	1,105.48	7,337	8,110,907
44	CORONARY CARE UNIT					
45	BURN INTENSIVE CARE UNIT					
46	SURGICAL INTENSIVE CARE UNIT					
47	NEONATAL INTENSIVE CARE UNIT	5,984,416	8,137	735.46	4,094	3,010,973
48	PROGRAM INPATIENT ANCILLARY SERVICE COST					22,207,455
49	TOTAL PROGRAM INPATIENT COSTS					46,311,875

PASS THROUGH COST ADJUSTMENTS

50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES					840,670
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES					1,250,108
52	TOTAL PROGRAM EXCLUDABLE COST					2,090,778
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST, AND MEDICAL EDUCATION COSTS					44,221,097

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 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	6,514
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	681,41
85	OBSERVATION BED COST	4,438,705

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	1,380,761		4,438,705	
88	NON PHYSICIAN ANESTHETIST		.038330	4,438,705	170,136
89	MEDICAL EDUCATION	735,773		4,438,705	
89.01	MEDICAL EDUCATION - ALLIED HEA		.020425	4,438,705	90,661
89.02	MEDICAL EDUCATION - ALL OTHER				

TITLE XIX - I/P SUBPROVIDER I PPS

PART I - ALL PROVIDER COMPONENTS

1

INPATIENT DAYS

1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	10,901
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	10,901
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	10,901
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS)	
6	THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
7	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)	
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)	2,932
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	7,082,411
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	7,082,411

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	7,619,864
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	7,619,864
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.929467
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	699.01
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	7,082,411

TITLE XIX - I/P

SUBPROVIDER I

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 649.70
 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST 1,904,920
 40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM
 41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST 1,904,920

	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 NEONATAL INTENSIVE CARE UNIT					
48 PROGRAM INPATIENT ANCILLARY SERVICE COST					1
49 TOTAL PROGRAM INPATIENT COSTS					278,634

PASS THROUGH COST ADJUSTMENTS

50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES 135,283
 51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES 8,828
 52 TOTAL PROGRAM EXCLUDABLE COST 144,111
 53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN
 ANESTHETIST, AND MEDICAL EDUCATION COSTS 2,039,443

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 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	649.70
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	7,082,411			
87	NEW CAPITAL-RELATED COST	7,082,411	.028208		
88	NON PHYSICIAN ANESTHETIST	7,082,411			
89	MEDICAL EDUCATION	7,082,411			
89.01	MEDICAL EDUCATION - ALLIED HEA				
89.02	MEDICAL EDUCATION - ALL OTHER				

TITLE XIX - I/P SUBPROVIDER II PPS

PART I - ALL PROVIDER COMPONENTS

1

INPATIENT DAYS

1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	5,595
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	5,595
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	5,595
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)	1,496
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	8,198,054
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	8,198,054

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	14,989,040
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	14,989,040
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.546937
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	2,679.01
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	8,198,054

TITLE XIX - I/P 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					1,465.25
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST					2,192,014
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM					
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST					2,192,014

		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	NEONATAL INTENSIVE CARE UNIT					
48	PROGRAM INPATIENT ANCILLARY SERVICE COST					1,505,212
49	TOTAL PROGRAM INPATIENT COSTS					3,697,226

PASS THROUGH COST ADJUSTMENTS

50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES					120,204
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES					55,863
52	TOTAL PROGRAM EXCLUDABLE COST					176,067
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST, AND MEDICAL EDUCATION COSTS					3,521,159

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 PPS

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	70
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	1,465.25
85	OBSERVATION BED COST	102,568

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		8,198,054		102,568	
87 NEW CAPITAL-RELATED COST	440,991	8,198,054	.053792	102,568	5,517
88 NON PHYSICIAN ANESTHETIST		8,198,054		102,568	
89 MEDICAL EDUCATION		8,198,054		102,568	
89.01 MEDICAL EDUCATION - ALLIED HEA					
89.02 MEDICAL EDUCATION - ALL OTHER					

TITLE XIX - I/P SNF 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	72,532
72	PER DIEM CAPITAL-RELATED COSTS	4.48
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		
WKST A	COST CENTER DESCRIPTION	RATIO COST	INPATIENT	INPATIENT	
LINE NO.		TO CHARGES	CHARGES	COST	
		1	2	3	
25	INPAT ROUTINE SRVC CNTRS				
	ADULTS & PEDIATRICS		6,685,520		
26	INTENSIVE CARE UNIT		10,335,158		
27	CORONARY CARE UNIT				
28	BURN INTENSIVE CARE UNIT				
29	SURGICAL INTENSIVE CARE UNIT				
30	NEONATAL INTENSIVE CARE UNIT				
31	SUBPROVIDER				
31	01 SUBPROVIDER 2				
	ANCILLARY SRVC COST CNTRS				
37	OPERATING ROOM	.425461	7,486,451	3,185,193	
37	01 AMBULATORY SURGERY	13.599303			
40	ANESTHESIOLOGY	.375503	681,009	255,721	
41	RADIOLOGY-DIAGNOSTIC	.275780	3,776,777	1,041,560	
41	01 NUCLEAR MEDICINE	.358799	295,161	105,903	
41	02 CAT SCAN	.084520	3,992,972	337,486	
44	LABORATORY	.266658	6,471,642	1,725,715	
47	BLOOD STORING, PROCESSING & TRANS.	.558604	863,721	482,478	
49	RESPIRATORY THERAPY	.252282	5,534,906	1,396,357	
50	PHYSICAL THERAPY	.454980	585,865	266,557	
51	OCCUPATIONAL THERAPY	.464679	319,708	148,562	
52	SPEECH PATHOLOGY	.602139	152,979	92,115	
52	01 PULMONARY FUNCTIONS	.427745	41,018	17,545	
53	ELECTROCARDIOLOGY	.267977	1,056,065	283,001	
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.627349	672,395	421,826	
56	DRUGS CHARGED TO PATIENTS	.756242	6,203,240	4,691,151	
	OUTPAT SERVICE COST CNTRS				
60	CLINIC				
60	01 MEDICINE CLINIC	.743928	5,752	4,279	
60	02 OB/GYN CLINIC	.785906	121	95	
60	03 ORTHO CLINIC	1.562801	1,173	1,833	
60	04 PEDIATRICS CLINIC				
60	05 DENTISTRY CLINIC				
60	06 DERMATOLOGY CLINIC	.808568	393	318	
60	07 OPHTHALMOLOGY CLINIC	.543366	6,111	3,321	
60	08 ENT CLINIC	.839046	669	561	
60	09 GERIATRIC CLINIC	2.722620			
60	10 SURGERY CLINIC	.622026	175,941	109,440	
60	11 NEUROLOGY CLINIC	1.023070	26,212	26,817	
60	12 ENDOSCOPY CLINIC	.534862	181,734	97,203	
60	13 OCCUPATIONAL THERAPY	32.265521			
60	14 URGENT VISIT CLINIC	.434675	1,340	582	
60	15 SENIOR CARE CLINIC	1.166839	1,601	1,868	
60	16 WOMENS VISIT CLINIC	.545545	5,425	2,960	
60	17 CHC CLINICS	1.406235	5,561	7,820	
60	18 PSYCH CLINIC	1.646546	1,074	1,768	
60	19 ORAL SURGERY CLINIC				
60	20 DIETARY CLINIC				
60	21 CENTER OF EXCELLENCE	.741324	1,170	867	
60	22 OP BURN CLINIC	.527067	356	188	
60	23 BARIATRIC CLINIC	4.545730			
60	24 PLASTIC CLINIC	2.018456			
61	EMERGENCY	.460879	2,412,879	1,112,045	
62	OBSERVATION BEDS (NON-DISTINCT PART)	1.490763			
63	OTHER OUTPATIENT SERVICE COST CENTER				
	OTHER REIMBURS COST CNTRS				
64	HOME PROGRAM DIALYSIS				
65	AMBULANCE SERVICES				
66	DURABLE MEDICAL EQUIP-RENTED				
67	DURABLE MEDICAL EQUIP-SOLD				
101	TOTAL		40,961,421	15,823,135	
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES				
103	NET CHARGES		40,961,421		

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	
25	INPAT ROUTINE SRVC CNTRS				
26	ADULTS & PEDIATRICS				
27	INTENSIVE CARE UNIT				
28	CORONARY CARE UNIT				
29	BURN INTENSIVE CARE UNIT				
30	SURGICAL INTENSIVE CARE UNIT				
31	NEONATAL INTENSIVE CARE UNIT				
31	SUBPROVIDER		1,437,280		
31	01 SUBPROVIDER 2				
	ANCILLARY SRVC COST CNTRS				
37	OPERATING ROOM	.425461			
37	01 AMBULATORY SURGERY	13.599303			
40	ANESTHESIOLOGY	.375503			
41	RADIOLOGY-DIAGNOSTIC	.275780	17,275	4,764	
41	01 NUCLEAR MEDICINE	.358799			
41	02 CAT SCAN	.084520	35,556	3,005	
44	LABORATORY	.266658	134,738	35,929	
47	BLOOD STORING, PROCESSING & TRANS.	.558604			
49	RESPIRATORY THERAPY	.252282	11,407	2,878	
50	PHYSICAL THERAPY	.454980	4,825	2,195	
51	OCCUPATIONAL THERAPY	.464679	165	77	
52	SPEECH PATHOLOGY	.602139	374	225	
52	01 PULMONARY FUNCTIONS	.427745			
53	ELECTROCARDIOLOGY	.267977	3,701	992	
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.627349	828	519	
56	DRUGS CHARGED TO PATIENTS	.756242	212,094	160,394	
	OUTPAT SERVICE COST CNTRS				
60	CLINIC				
60	01 MEDICINE CLINIC	.743928			
60	02 OB/GYN CLINIC	.785906			
60	03 ORTHO CLINIC	1.562801			
60	04 PEDIATRICS CLINIC				
60	05 DENTISTRY CLINIC				
60	06 DERMATOLOGY CLINIC	.808568			
60	07 OPHTHALMOLOGY CLINIC	.543366			
60	08 ENT CLINIC	.839046			
60	09 GERIATRIC CLINIC	2.722620			
60	10 SURGERY CLINIC	.622026			
60	11 NEUROLOGY CLINIC	1.023070	432	442	
60	12 ENDOSCOPY CLINIC	.534862			
60	13 OCCUPATIONAL THERAPY	32.265521			
60	14 URGENT VISIT CLINIC	.434675			
60	15 SENIOR CARE CLINIC	1.166839			
60	16 WOMENS VISIT CLINIC	.545545			
60	17 CHC CLINICS	1.406235			
60	18 PSYCH CLINIC	1.646546	13,825	22,763	
60	19 ORAL SURGERY CLINIC				
60	20 DIETARY CLINIC				
60	21 CENTER OF EXCELLENCE	.741324			
60	22 OP BURN CLINIC	.527067			
60	23 BARIATRIC CLINIC	4.545730			
60	24 PLASTIC CLINIC	2.018456			
61	EMERGENCY	.460879	54,408	25,076	
62	OBSERVATION BEDS (NON-DISTINCT PART)	1.490763			
63	OTHER OUTPATIENT SERVICE COST CENTER				
	OTHER REIMBURS COST CNTRS				
64	HOME PROGRAM DIALYSIS				
65	AMBULANCE SERVICES				
66	DURABLE MEDICAL EQUIP-RENTED				
67	DURABLE MEDICAL EQUIP-SOLD				
101	TOTAL		489,628	259,259	
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES				
103	NET CHARGES		489,628		

TITLE XVIII, PART A		SUBPROVIDER 2		PPS	
WKST A	COST CENTER DESCRIPTION	RATIO COST	INPATIENT	INPATIENT	
LINE NO.		TO CHARGES	CHARGES	COST	
		1	2	3	
25	INPAT ROUTINE SRVC CNTRS				
26	ADULTS & PEDIATRICS				
27	INTENSIVE CARE UNIT				
28	CORONARY CARE UNIT				
29	BURN INTENSIVE CARE UNIT				
30	SURGICAL INTENSIVE CARE UNIT				
31	NEONATAL INTENSIVE CARE UNIT				
31	SUBPROVIDER				
31	01 SUBPROVIDER 2		2,036,828		
	ANCILLARY SRVC COST CNTRS				
37	OPERATING ROOM	.425461	332,538	141,482	
37	01 AMBULATORY SURGERY	13.599303			
40	ANESTHESIOLOGY	.375503	40,644	15,262	
41	RADIOLOGY-DIAGNOSTIC	.275780	53,565	14,772	
41	01 NUCLEAR MEDICINE	.358799			
41	02 CAT SCAN	.084520	24,477	2,069	
44	LABORATORY	.266658	234,564	62,548	
47	BLOOD STORING, PROCESSING & TRANS.	.558604	85,032	47,499	
49	RESPIRATORY THERAPY	.252282	174,635	44,057	
50	PHYSICAL THERAPY	.454980	136,421	62,069	
51	OCCUPATIONAL THERAPY	.464679	142,654	66,288	
52	SPEECH PATHOLOGY	.602139	22,851	13,759	
52	01 PULMONARY FUNCTIONS	.427745	1,073	459	
53	ELECTROCARDIOLOGY	.267977	6,708	1,798	
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.627349	95,065	59,639	
56	DRUGS CHARGED TO PATIENTS	.756242	375,837	284,224	
	OUTPAT SERVICE COST CNTRS				
60	CLINIC				
60	01 MEDICINE CLINIC	.743928			
60	02 OB/GYN CLINIC	.785906			
60	03 ORTHO CLINIC	1.562801	1,343	2,099	
60	04 PEDIATRICS CLINIC				
60	05 DENTISTRY CLINIC				
60	06 DERMATOLOGY CLINIC	.808568			
60	07 OPHTHALMOLOGY CLINIC	.543366			
60	08 ENT CLINIC	.839046			
60	09 GERIATRIC CLINIC	2.722620			
60	10 SURGERY CLINIC	.622026			
60	11 NEUROLOGY CLINIC	1.023070			
60	12 ENDOSCOPY CLINIC	.534862	1,208	646	
60	13 OCCUPATIONAL THERAPY	32.265521			
60	14 URGENT VISIT CLINIC	.434675			
60	15 SENIOR CARE CLINIC	1.166839			
60	16 WOMENS VISIT CLINIC	.545545			
60	17 CHC CLINICS	1.406235			
60	18 PSYCH CLINIC	1.646546	170	280	
60	19 ORAL SURGERY CLINIC				
60	20 DIETARY CLINIC				
60	21 CENTER OF EXCELLENCE	.741324			
60	22 OP BURN CLINIC	.527067	305	161	
60	23 BARIATRIC CLINIC	4.545730			
60	24 PLASTIC CLINIC	2.018456	3,500	7,065	
61	EMERGENCY	.460879	39,950	18,412	
62	OBSERVATION BEDS (NON-DISTINCT PART)	1.490763			
63	OTHER OUTPATIENT SERVICE COST CENTER				
	OTHER REIMBURS COST CNTRS				
64	HOME PROGRAM DIALYSIS				
65	AMBULANCE SERVICES				
66	DURABLE MEDICAL EQUIP-RENTED				
67	DURABLE MEDICAL EQUIP-SOLD				
101	TOTAL		1,772,540	844,588	
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES				
103	NET CHARGES		1,772,540		

TITLE XVIII, PART A SKILLED NURSING FACILITY PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS			
26	INTENSIVE CARE UNIT			
27	CORONARY CARE UNIT			
28	BURN INTENSIVE CARE UNIT			
29	SURGICAL INTENSIVE CARE UNIT			
30	NEONATAL INTENSIVE CARE UNIT			
31	SUBPROVIDER			
31	01 SUBPROVIDER 2			
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	. 425461		
37	01 AMBULATORY SURGERY	13. 599303		
40	ANESTHESIOLOGY	. 375503		
41	RADIOLOGY-DIAGNOSTIC	. 275780		
41	01 NUCLEAR MEDICINE	. 358799	1,949	699
41	02 CAT SCAN	. 084520		
44	LABORATORY	. 266658	137,336	36,622
47	BLOOD STORING, PROCESSING & TRANS.	. 558604		
49	RESPIRATORY THERAPY	. 252282	128,130	32,325
50	PHYSICAL THERAPY	. 454980	378,420	172,174
51	OCCUPATIONAL THERAPY	. 464679	339,000	157,526
52	SPEECH PATHOLOGY	. 602139	9,240	5,564
52	01 PULMONARY FUNCTIONS	. 427745		
53	ELECTROCARDIOLOGY	. 267977	3,278	878
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	. 627349	96,293	60,409
56	DRUGS CHARGED TO PATIENTS	. 756242	695,518	525,980
	OUTPAT SERVICE COST CNTRS			
60	CLINIC			
60	01 MEDICINE CLINIC	. 743928		
60	02 OB/GYN CLINIC	. 785906		
60	03 ORTHO CLINIC	1. 562801		
60	04 PEDIATRICS CLINIC			
60	05 DENTISTRY CLINIC			
60	06 DERMATOLOGY CLINIC	. 808568		
60	07 OPHTHALMOLOGY CLINIC	. 543366		
60	08 ENT CLINIC	. 839046		
60	09 GERIATRIC CLINIC	2. 722620		
60	10 SURGERY CLINIC	. 622026		
60	11 NEUROLOGY CLINIC	1. 023070		
60	12 ENDOSCOPY CLINIC	. 534862		
60	13 OCCUPATIONAL THERAPY	32. 265521		
60	14 URGENT VISIT CLINIC	. 434675	3,827	1,664
60	15 SENIOR CARE CLINIC	1. 166839		
60	16 WOMENS VISIT CLINIC	. 545545		
60	17 CHC CLINICS	1. 406235		
60	18 PSYCH CLINIC	1. 646546		
60	19 ORAL SURGERY CLINIC			
60	20 DIETARY CLINIC			
60	21 CENTER OF EXCELLENCE	. 741324		
60	22 OP BURN CLINIC	. 527067		
60	23 BARIATRIC CLINIC	4. 545730		
60	24 PLASTIC CLINIC	2. 018456		
61	EMERGENCY	. 460879	29,189	13,453
62	OBSERVATION BEDS (NON-DISTINCT PART)	1. 490763		
63	OTHER OUTPATIENT SERVICE COST CENTER			
	OTHER REIMBURS COST CNTRS			
64	HOME PROGRAM DIALYSIS			
65	AMBULANCE SERVICES			
66	DURABLE MEDICAL EQUIP-RENTED			
67	DURABLE MEDICAL EQUIP-SOLD			
101	TOTAL		1,822,180	1,007,294
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		1,822,180	

TITLE XIX		HOSPITAL	PPS		
WKST A	COST CENTER DESCRIPTION	RATIO COST	INPATIENT	INPATIENT	
LINE NO.		TO CHARGES	CHARGES	COST	
		1	2	3	
25	INPAT ROUTINE SRVC CNTRS				
	ADULTS & PEDIATRICS		7,442,738		
26	INTENSIVE CARE UNIT		12,763,968		
27	CORONARY CARE UNIT				
28	BURN INTENSIVE CARE UNIT				
29	SURGICAL INTENSIVE CARE UNIT				
30	NEONATAL INTENSIVE CARE UNIT		5,233,697		
31	SUBPROVIDER				
31	01 SUBPROVIDER 2				
	ANCILLARY SRVC COST CNTRS				
37	OPERATING ROOM	.426663	7,299,213	3,114,304	
37	01 AMBULATORY SURGERY	13.599303	882	11,995	
40	ANESTHESIOLOGY	.592681	845,678	501,217	
41	RADIOLOGY-DIAGNOSTIC	.290045	4,791,680	1,389,803	
41	01 NUCLEAR MEDICINE	.358799	253,160	90,834	
41	02 CAT SCAN	.084520	3,671,465	310,312	
44	LABORATORY	.268816	8,347,673	2,243,988	
47	BLOOD STORING, PROCESSING & TRANS.	.558604	1,737,332	970,481	
49	RESPIRATORY THERAPY	.252282	9,355,898	2,360,325	
50	PHYSICAL THERAPY	.454980	823,679	374,757	
51	OCCUPATIONAL THERAPY	.464679	655,491	304,593	
52	SPEECH PATHOLOGY	.602139	252,626	152,116	
52	01 PULMONARY FUNCTIONS	.427745	246,617	105,489	
53	ELECTROCARDIOLOGY	.267977	599,412	160,629	
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.627349	1,627,187	1,020,814	
56	DRUGS CHARGED TO PATIENTS	.756242	9,082,254	6,868,382	
	OUTPAT SERVICE COST CNTRS				
60	CLINIC				
60	01 MEDICINE CLINIC	1.349220	20,117	27,142	
60	02 OB/GYN CLINIC	.995494	128,419	127,840	
60	03 ORTHO CLINIC	1.843822	2,770	5,107	
60	04 PEDIATRICS CLINIC				
60	05 DENTISTRY CLINIC				
60	06 DERMATOLOGY CLINIC	1.088047	210	228	
60	07 OPHTHALMOLOGY CLINIC	.689719	10,346	7,136	
60	08 ENT CLINIC	1.172500	650	762	
60	09 GERIATRIC CLINIC	57.726714			
60	10 SURGERY CLINIC	1.167753	106,299	124,131	
60	11 NEUROLOGY CLINIC	1.399858	18,786	26,298	
60	12 ENDOSCOPY CLINIC	.534862	197,734	105,760	
60	13 OCCUPATIONAL THERAPY	32.265521			
60	14 URGENT VISIT CLINIC	.434675	4,945	2,149	
60	15 SENIOR CARE CLINIC	1.166839	88	103	
60	16 WOMENS VISIT CLINIC	.545545	1,046,717	571,031	
60	17 CHC CLINICS	1.406235	28,222	39,687	
60	18 PSYCH CLINIC	1.651572	35,499	58,629	
60	19 ORAL SURGERY CLINIC				
60	20 DIETARY CLINIC				
60	21 CENTER OF EXCELLENCE	.741324	105	78	
60	22 OP BURN CLINIC	.527067	5,576	2,939	
60	23 BARIATRIC CLINIC	4.545730	105	477	
60	24 PLASTIC CLINIC	2.018456	12,128	24,480	
61	EMERGENCY	.490622	2,249,061	1,103,439	
62	OBSERVATION BEDS (NON-DISTINCT PART)	1.490763			
63	OTHER OUTPATIENT SERVICE COST CENTER				
	OTHER REIMBURS COST CNTRS				
64	HOME PROGRAM DIALYSIS				
65	AMBULANCE SERVICES				
66	DURABLE MEDICAL EQUIP-RENTED				
67	DURABLE MEDICAL EQUIP-SOLD				
101	TOTAL		53,458,024	22,207,455	
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES				
103	NET CHARGES		53,458,024		

TITLE XIX		SUBPROVIDER 1		PPS	
WKST A	COST CENTER DESCRIPTION	RATIO COST	INPATIENT	INPATIENT	
LINE NO.		TO CHARGES	CHARGES	COST	
		1	2	3	
25	INPAT ROUTINE SRVC CNTRS				
26	ADULTS & PEDIATRICS				
27	INTENSIVE CARE UNIT				
28	CORONARY CARE UNIT				
29	BURN INTENSIVE CARE UNIT				
30	SURGICAL INTENSIVE CARE UNIT				
31	NEONATAL INTENSIVE CARE UNIT				
31	SUBPROVIDER				
31	01 SUBPROVIDER 2		1,733,230		
	ANCILLARY SRVC COST CNTRS				
37	OPERATING ROOM	.426663			
37	01 AMBULATORY SURGERY	13.599303			
40	ANESTHESIOLOGY	.592681			
41	RADIOLOGY-DIAGNOSTIC	.290045	26,001	7,541	
41	01 NUCLEAR MEDICINE	.358799			
41	02 CAT SCAN	.084520	35,829	3,028	
44	LABORATORY	.268816	128,446	34,528	
47	BLOOD STORING, PROCESSING & TRANS.	.558604	376	210	
49	RESPIRATORY THERAPY	.252282	10,568	2,666	
50	PHYSICAL THERAPY	.454980	1,012	460	
51	OCCUPATIONAL THERAPY	.464679			
52	SPEECH PATHOLOGY	.602139			
52	01 PULMONARY FUNCTIONS	.427745			
53	ELECTROCARDIOLOGY	.267977	3,357	900	
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.627349	551	346	
56	DRUGS CHARGED TO PATIENTS	.756242	198,323	149,980	
	OUTPAT SERVICE COST CNTRS				
60	CLINIC				
60	01 MEDICINE CLINIC	1.349220	105	142	
60	02 OB/GYN CLINIC	.995494			
60	03 ORTHO CLINIC	1.843822	316	583	
60	04 PEDIATRICS CLINIC				
60	05 DENTISTRY CLINIC				
60	06 DERMATOLOGY CLINIC	1.088047			
60	07 OPHTHALMOLOGY CLINIC	.689719	264	182	
60	08 ENT CLINIC	1.172500			
60	09 GERIATRIC CLINIC	57.726714			
60	10 SURGERY CLINIC	1.167753	105	123	
60	11 NEUROLOGY CLINIC	1.399858	825	1,155	
60	12 ENDOSCOPY CLINIC	.534862			
60	13 OCCUPATIONAL THERAPY	32.265521			
60	14 URGENT VISIT CLINIC	.434675			
60	15 SENIOR CARE CLINIC	1.166839			
60	16 WOMENS VISIT CLINIC	.545545	487	266	
60	17 CHC CLINICS	1.406235			
60	18 PSYCH CLINIC	1.651572	35,013	57,826	
60	19 ORAL SURGERY CLINIC				
60	20 DIETARY CLINIC				
60	21 CENTER OF EXCELLENCE	.741324			
60	22 OP BURN CLINIC	.527067			
60	23 BARIATRIC CLINIC	4.545730			
60	24 PLASTIC CLINIC	2.018456			
61	EMERGENCY	.490622	38,111	18,698	
62	OBSERVATION BEDS (NON-DISTINCT PART)	1.490763			
63	OTHER OUTPATIENT SERVICE COST CENTER				
	OTHER REIMBURS COST CNTRS				
64	HOME PROGRAM DIALYSIS				
65	AMBULANCE SERVICES				
66	DURABLE MEDICAL EQUIP-RENTED				
67	DURABLE MEDICAL EQUIP-SOLD				
101	TOTAL		479,689	278,634	
102	LESS PBP CLINIC LABORATORY SERVICES -				
	PROGRAM ONLY CHARGES				
103	NET CHARGES		479,689		

TITLE XIX		SUBPROVIDER 2		PPS	
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				
27	CORONARY CARE UNIT				
28	BURN INTENSIVE CARE UNIT				
29	SURGICAL INTENSIVE CARE UNIT				
30	NEONATAL INTENSIVE CARE UNIT				
31	SUBPROVIDER				
31	01 SUBPROVIDER 2		2,403,005		
	ANCILLARY SRVC COST CNTRS				
37	OPERATING ROOM	.426663	795,468	339,397	
37	01 AMBULATORY SURGERY	13.599303			
40	ANESTHESIOLOGY	.592681	14,872	8,814	
41	RADIOLOGY-DIAGNOSTIC	.290045	73,439	21,301	
41	01 NUCLEAR MEDICINE	.358799	847	304	
41	02 CAT SCAN	.084520	28,942	2,446	
44	LABORATORY	.268816	320,693	86,207	
47	BLOOD STORING, PROCESSING & TRANS.	.558604	179,047	100,016	
49	RESPIRATORY THERAPY	.252282	339,848	85,738	
50	PHYSICAL THERAPY	.454980	226,300	102,962	
51	OCCUPATIONAL THERAPY	.464679	280,660	130,417	
52	SPEECH PATHOLOGY	.602139	70,754	42,604	
52	01 PULMONARY FUNCTIONS	.427745	32,022	13,697	
53	ELECTROCARDIOLOGY	.267977	3,171	850	
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.627349	161,435	101,276	
56	DRUGS CHARGED TO PATIENTS	.756242	542,580	410,322	
	OUTPAT SERVICE COST CNTRS				
60	CLINIC				
60	01 MEDICINE CLINIC	1.349220	817	1,102	
60	02 OB/GYN CLINIC	.995494			
60	03 ORTHO CLINIC	1.843822	630	1,162	
60	04 PEDIATRICS CLINIC				
60	05 DENTISTRY CLINIC				
60	06 DERMATOLOGY CLINIC	1.088047			
60	07 OPHTHALMOLOGY CLINIC	.689719	824	568	
60	08 ENT CLINIC	1.172500	265	311	
60	09 GERIATRIC CLINIC	57.726714			
60	10 SURGERY CLINIC	1.167753	3,377	3,944	
60	11 NEUROLOGY CLINIC	1.399858	567	794	
60	12 ENDOSCOPY CLINIC	.534862	16,024	8,571	
60	13 OCCUPATIONAL THERAPY	32.265521			
60	14 URGENT VISIT CLINIC	.434675			
60	15 SENIOR CARE CLINIC	1.166839			
60	16 WOMENS VISIT CLINIC	.545545			
60	17 CHC CLINICS	1.406235			
60	18 PSYCH CLINIC	1.651572			
60	19 ORAL SURGERY CLINIC				
60	20 DIETARY CLINIC				
60	21 CENTER OF EXCELLENCE	.741324			
60	22 OP BURN CLINIC	.527067	5,246	2,765	
60	23 BARIATRIC CLINIC	4.545730			
60	24 PLASTIC CLINIC	2.018456	12,128	24,480	
61	EMERGENCY	.490622	30,907	15,164	
62	OBSERVATION BEDS (NON-DISTINCT PART)	1.490763			
63	OTHER OUTPATIENT SERVICE COST CENTER				
	OTHER REIMBURS COST CNTRS				
64	HOME PROGRAM DIALYSIS				
65	AMBULANCE SERVICES				
66	DURABLE MEDICAL EQUIP-RENTED				
67	DURABLE MEDICAL EQUIP-SOLD				
101	TOTAL		3,140,863	1,505,212	
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES				
103	NET CHARGES		3,140,863		

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS HOSPITAL

DESCRIPTION 1 1.01

DRG AMOUNT
 1 OTHER THAN OUTLIER PAYMENTS OCCURRING PRIOR TO OCTOBER 1 14,847,937
 1.01 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER OCTOBER 1 AND BEFORE JANUARY 1 4,988,566
 1.02 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER JAN 1

MANAGED CARE PATIENTS
 1.03 PAYMENTS PRIOR TO MARCH 1ST OR OCTOBER 1ST
 1.04 PAYMENTS ON OR AFTER OCTOBER 1 AND PRIOR TO JANUARY 1
 1.05 PAYMENTS ON OR AFTER JANUARY 1ST BUT BEFORE 4/1 / 10/1
 1.06 ADDITIONAL AMOUNT RECEIVED OR TO BE RECEIVED (SEE INSTR)
 1.07 PAYMENTS FOR DISCHARGES ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001.
 1.08 SIMULATED PAYMENTS FROM PS&R ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001.
 2 OUTLIER PAYMENTS FOR DISCHARGES OCCURRING PRIOR TO 10/1/97
 2.01 OUTLIER PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER OCTOBER 1, 1997 (SEE INSTRUCTIONS) 942,689
 3 BED DAYS AVAILABLE DIVIDED BY # DAYS IN COST RPTG PERIOD 257.66

INDIRECT MEDICAL EDUCATION ADJUSTMENT
 3.01 NUMBER OF INTERNS & RESIDENTS FROM WKST S-3, PART I
 3.02 INDIRECT MEDICAL EDUCATION PERCENTAGE (SEE INSTRUCTIONS)
 3.03 INDIRECT MEDICAL EDUCATION ADJUSTMENT
 3.04 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE 12/31/1996. 149.07
 3.05 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS WHICH MEET THE CRITERIA FOR AN ADD-ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii)
 3.06 ADJUSTED FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR AFFILIATED PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii)

FOR CR PERIODS ENDING ON OR AFTER 7/1/2005
 E-3 PT 6 LN 15 PLUS LN 3.06

3.07 SUM OF LINES 3.04 THROUGH 3.06 (SEE INSTRUCTIONS) 149.07
 3.08 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS IN THE CURRENT YEAR FROM YOUR RECORDS 198.69
 3.09 FOR COST REPORTING PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING PRIOR TO OCTOBER 1.
 3.10 FOR COST REPORTING PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING ON OR AFTER OCTOBER 1
 3.11 FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.09
 3.12 FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.10
 3.13 FTE COUNT FOR RESIDENTS IN DENTAL AND PODIATRIC PROGRAMS. 10.53
 3.14 CURRENT YEAR ALLOWABLE FTE (SEE INSTRUCTIONS) 159.60
 3.15 TOTAL ALLOWABLE FTE COUNT FOR THE PRIOR YEAR, IF NONE BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE 160.38
 3.16 TOTAL ALLOWABLE FTE COUNT FOR THE PENULTIMATE YEAR IF THAT YEAR ENDED ON OR AFTER SEPTEMBER 30, 1997, OTHERWISE ENTER ZERO. IF THERE WAS NO FTE COUNT IN THIS PERIOD BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE 161.61
 3.17 SUM OF LINES 3.14 THRU 3.16 DIVIDED BY THE NUMBER OF THOSE LINES IN EXCESS OF ZERO (SEE INSTRUCTIONS). 160.53
 3.18 CURRENT YEAR RESIDENT TO BED RATIO (LN 3.17 DIVIDED BY LN 3) .623030
 3.19 PRIOR YEAR RESIDENT TO BED RATIO (SEE INSTRUCTIONS) .652084
 3.20 FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 1997, ENTER THE LESSER OF LINES 3.18 OR 3.19 .623030
 3.21 IME PAYMENTS FOR DISCHARGES OCCURRING PRIOR TO OCT 1 4,247,089
 3.22 IME PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER OCT 1, BUT BEFORE JANUARY 1 (SEE INSTRUCTIONS) 1,459,355
 3.23 IME PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER JANUARY 1

SUM OF LINES PLUS E-3, PT
 3.21 - 3.23 VI, LINE 23
 5,706,444

3.24 SUM OF LINES 3.21 THROUGH 3.23 (SEE INSTRUCTIONS). 5,706,444
 DISPROPORTIONATE SHARE ADJUSTMENT
 4 PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS (SEE INSTRUCTIONS) 15.74
 4.01 PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS REPORTED ON WORKSHEET S-3, PART I 46.31
 4.02 SUM OF LINES 4 AND 4.01 62.05
 4.03 ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTRUC) 40.41
 4.04 DISPROPORTIONATE SHARE ADJUSTMENT (SEE INSTRUCTIONS) 8,015,931

ADDITIONAL PAYMENT FOR HIGH PERCENTAGE OF ESRD BENEFICIARY DISCHARGES
 5 TOTAL MEDICARE DISCHARGES ON WKST S-3, PART I EXCLUDING DISCHARGES FOR DRGs 302, 316, AND 317.
 5.01 TOTAL ESRD MEDICARE DISCHARGES EXCLUDING DRGs 302, 316 & 317
 5.02 DIVIDE LINE 5.01 BY LINE 5 (IF LESS THAN 10%, YOU DO NOT QUALIFY FOR ADJUSTMENT)
 5.03 TOTAL MEDICARE ESRD INPATIENT DAYS EXCLUDING DRGs 302, 316, AND 317.
 5.04 RATIO OF AVERAGE LENGTH OF STAY TO ONE WEEK
 5.05 AVERAGE WEEKLY COST FOR DIALYSIS TREATMENTS (SEE INSTRUC) 335.00
 5.06 TOTAL ADDITIONAL PAYMENT
 6 SUBTOTAL (SEE INSTRUCTIONS) 34,501,567
 7 HOSPITAL SPECIFIC PAYMENTS (TO BE COMPLETED BY SCH AND MDH, SMALL RURAL HOSPITALS ONLY, SEE INSTRUCTIONS)
 7.01 HOSPITAL SPECIFIC PAYMENTS (TO BE COMPLETED BY SCH AND MDH, SMALL RURAL HOSPITALS ONLY, SEE INSTRUCTIONS)
 FY BEG. 10/1/2000

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)	34,501,567	
9 PAYMENT FOR INPATIENT PROGRAM CAPITAL	2,473,675	
10 EXCEPTION PAYMENT FOR INPATIENT PROGRAM CAPITAL		
11 DIRECT GRADUATE MEDICAL EDUCATION PAYMENT	1,836,093	
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		21,134
16 TOTAL	38,832,469	
17 PRIMARY PAYER PAYMENTS		33,180
18 TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES	38,799,289	
19 DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	2,050,181	
20 COINSURANCE BILLED TO PROGRAM BENEFICIARIES	107,818	
21 REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	1,315,188	
21.01 ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)		920,632
21.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES		638,738
22 SUBTOTAL	37,561,922	
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	37,561,922	
27 SEQUESTRATION ADJUSTMENT		
28 INTERIM PAYMENTS	37,517,936	
28.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
29 BALANCE DUE PROVIDER (PROGRAM)		43,986
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)

PART B - MEDICAL AND OTHER HEALTH SERVICES

HOSPITAL

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)	28,979	
1.01	MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER APRIL 1, 2001 (SEE INSTRUCTIONS)	17,047,806	
1.02	PPS PAYMENTS RECEIVED INCLUDING OUTLIERS	11,263,178	
1.03	ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO.	.892	.892
1.04	LINE 1.01 TIMES LINE 1.03.	15,206,643	
1.05	LINE 1.02 DIVIDED BY LINE 1.04.	74.07	
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.	16,303	
2	INTERNS AND RESIDENTS		
3	ORGAN ACQUISITIONS		
4	COST OF TEACHING PHYSICIANS		
5	TOTAL COST (SEE INSTRUCTIONS)	28,979	
	COMPUTATION OF LESSER OF COST OR CHARGES		
	REASONABLE CHARGES		
6	ANCILLARY SERVICE CHARGES	38,675	
7	INTERNS AND RESIDENTS SERVICE CHARGES		
8	ORGAN ACQUISITION CHARGES		
9	CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS.		
10	TOTAL REASONABLE CHARGES	38,675	
	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)	38,675	
15	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	9,696	
16	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES		
17	LESSER OF COST OR CHARGES (FOR CAH SEE INSTRUC)	28,979	
17.01	TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 1.02, 1.06 AND 1.07)	11,279,481	
	COMPUTATION OF REIMBURSEMENT SETTLEMENT		
18	DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)	1,249	
18.01	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 17.01 (SEE INSTRUCTIONS)	3,080,584	
19	SUBTOTAL (SEE INSTRUCTIONS)	8,226,627	
20	SUM OF AMOUNTS FROM WORKSHEET E PARTS C, D & E (SEE INSTR.)		
21	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	902,297	
22	ESRD DIRECT MEDICAL EDUCATION COSTS		
23	SUBTOTAL	9,128,924	
24	PRIMARY PAYER PAYMENTS	125	
25	SUBTOTAL	9,128,799	
	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)		
26	COMPOSITE RATE ESRD		
27	BAD DEBTS (SEE INSTRUCTIONS)	2,016,020	
27.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	1,411,214	
27.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	884,027	
28	SUBTOTAL	10,540,013	
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)	-27	
31	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS.		
32	SUBTOTAL	10,540,040	
33	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)		
34	INTERIM PAYMENTS	10,141,621	
34.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
35	BALANCE DUE PROVIDER/PROGRAM	398,419	
36	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2		

TITLE XVIII HOSPITAL

DESCRIPTION	INPATIENT- PART A		P A R T B	
	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		37,316,846		10,393,822
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.		NONE		NONE
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
ADJUSTMENTS TO PROVIDER .01	8/14/2007	201,090	8/14/2007	
ADJUSTMENTS TO PROVIDER .02	2/28/2006		2/28/2006	
ADJUSTMENTS TO PROVIDER .03				
ADJUSTMENTS TO PROVIDER .04				
ADJUSTMENTS TO PROVIDER .05				
ADJUSTMENTS TO PROGRAM .50			8/14/2007	252,201
ADJUSTMENTS TO PROGRAM .51				
ADJUSTMENTS TO PROGRAM .52			8/14/2007	
ADJUSTMENTS TO PROGRAM .53				
ADJUSTMENTS TO PROGRAM .54				
ADJUSTMENTS TO PROGRAM .55				
ADJUSTMENTS TO PROGRAM .99				
4 TOTAL INTERIM PAYMENTS		37,517,936		10,141,621
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 DETERMINED NET SETTLEMENT		NONE		NONE
AMOUNT (BALANCE DUE)				
BASED ON COST REPORT (1)				
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.

TITLE XVIII SUBPROVIDER 1

DESCRIPTION	INPATIENT- PART A		PART B	
	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		2,169,371		NONE
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.		NONE		NONE
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
ADJUSTMENTS TO PROVIDER .01	8/14/2007	33,882		
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		33,882		NONE
4 TOTAL INTERIM PAYMENTS		2,203,253		NONE
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.

TITLE XVIII SUBPROVIDER 2

DESCRIPTION	INPATIENT- PART A		P A R T B	
	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		2,632,442		NONE
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		2,632,442		NONE
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.

TITLE XVIII SNF

DESCRIPTION	INPATIENT- PART A		PART B	
	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		1,624,569		NONE
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		
4 TOTAL INTERIM PAYMENTS		1,624,569		NONE
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		
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)	2,711,689
1.01	HOSPITAL SPECIFIC AMOUNT (SEE INSTRUCTIONS)	677,922
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)	1,366,343
1.09	NET IPF PPS OUTLIER PAYMENTS	448
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)	4.96
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.)	5.06
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)	4.96
1.16	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)	29,865,753
1.17	MEDICAL EDUCATION ADJUSTMENT FACTOR $\{(1 + (\text{LINE } 1.15 / 1.16)) \text{ RAISED TO THE POWER OF } .5150 - 1\}$.082342
1.18	MEDICAL EDUCATION ADJUSTMENT (LINE 1.08 MULTIPLIED BY LINE 1.17)	112,507
1.19	ADJUSTED NET IPF PPS PAYMENTS (SUM OF LINES 1.08, 1.09, 1.10 AND 1.18)	1,479,298
1.20	STOP LOSS PAYMENT FLOOR (LINE 1 x 70%)	1,898,182
1.21	ADJUSTED NET PAYMENT FLOOR (LINE 1.20 x THE APPROPRIATE FEDERAL BLEND PERCENTAGE)	1,423,637
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)	2,157,220
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)	2,157,220
5	PRIMARY PAYER PAYMENTS	
6	SUBTOTAL	2,157,220
7	DEDUCTIBLES	209,997
8	SUBTOTAL	1,947,223
9	COINSURANCE	38,688
10	SUBTOTAL	1,908,535
11	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROF SERV)	85,046
11.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	59,532
11.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	
12	SUBTOTAL	1,968,067
13	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	
13.01	OTHER PASS THROUGH COSTS (SEE INSTRUCTIONS)	542
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)	1,968,609
18	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
19	INTERIM PAYMENTS	2,203,253
19.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
20	BALANCE DUE PROVIDER/PROGRAM	-234,644
21	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2.	

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.

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	1,128,428
1.03	MEDICAID SSI RATIO (IRF PPS ONLY) (SEE INSTR.)	.1278
1.04	INPATIENT REHABILITATION FACILITY LIP PAYMENTS (SEE INSTRUCTIONS)	262,230
1.05	OUTLIER PAYMENTS	1,241,361
1.06	TOTAL PPS PAYMENTS (SUM OF LINES 1.01, (1.02, 1.04 FOR COLUMNS 1 & 1.01), 1.05 AND 1.42)	2,640,749
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.)	.30
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.)	.13
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)	.13
1.40	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)	15.136986
1.41	MEDICAL EDUCATION ADJUSTMENT FACTOR $\{(1 + (\text{LINE } 1.39/1.40)) \text{ RAISED TO THE POWER OF } .9012 - 1\}$.007736
1.42	MEDICAL EDUCATION ADJUSTMENT (LINE 1.02 MULTIPLIED BY LINE 1.41)	8,730
2	ORGAN ACQUISITION	
3	COST OF TEACHING PHYSICIANS	
4	SUBTOTAL (SEE INSTRUCTIONS)	2,640,749
5	PRIMARY PAYER PAYMENTS	
6	SUBTOTAL	2,640,749
7	DEDUCTIBLES	34,680
8	SUBTOTAL	2,606,069
9	COINSURANCE	2,976
10	SUBTOTAL	2,603,093
11	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROF SERV)	14,276
11.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	9,993
11.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	
12	SUBTOTAL	2,613,086
13	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	
13.01	OTHER PASS THROUGH COSTS (SEE INSTRUCTIONS)	1,280
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)	2,614,366
18	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
19	INTERIM PAYMENTS	2,632,442
19.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
20	BALANCE DUE PROVIDER/PROGRAM	-18,076
21	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2.	

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.

	TITLE XVIII	SNF	PPS 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			
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. 15-11, SECTION 115.2.			

	TITLE XIX	HOSPITAL	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			
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-II, SECTION 115.2.			

TITLE XIX SUBPROVIDER 2 PPS TITLE V OR TITLE XIX TITLE XVIII SNF PPS

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	2,403,005
11	ANCILLARY SERVICE CHARGES	3,140,863
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	5,543,868
	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)	5,543,868
21	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	5,543,868
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	2,289
29	ANCILLARY SERVICE OTHER PASS THROUGH COSTS	11,631
30	SUBTOTAL	13,920
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	
33	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	2,317,779
57.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
58	BALANCE DUE PROVIDER/PROGRAM	-2,317,779
59	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.	

TITLE XVIII

COMPUTATION OF TOTAL DIRECT GME AMOUNT

1	NUMBER OF FTE RESIDENTS FOR OB/GYN & PRIMARY CARE		
1.01	NUMBER OF FTE RESIDENTS FOR ALL OTHER (SEE INSTR)		
2	UPDATED PER RESIDENT AMOUNT FOR OB/GYN & PRIMARY		
2.01	UPDATED PER RESIDENT AMOUNT FOR ALL OTHER (SEE INSTR)		
3	AGGREGATE APPROVED AMOUNT		
3.01	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR COST REPTG PERIODS ENDING ON OR BEFORE 12/31/96		149.29
3.02	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS WHICH MEET THE CRITERIA FOR AN ADD ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH 42 CFR 413.86(g)(6)		
3.03	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGS FOR AFFILIATED PROGS IN ACCORD W/ 42 CFR 413.86(g)(4).	E-3, PT 6 LN 4 + LINE 3.03	
3.04	FTE ADJUSTMENT CAP (SUM OF LINES 3.01 THRU 3.03)		149.29
3.05	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR THE CURRENT YEAR FROM YOUR RECORDS		198.69
3.06	ENTER THE LESSER OF LINE 3.04 OR LINE 3.05.		149.29
3.07	WEIGHTED FTE COUNT FOR PRIMARY CARE PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR IN COLUMN 1. IF CURRENT YEAR IS ZERO AND TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COL. ZERO.		81.26
3.08	WEIGHTED FTE COUNT FOR ALL OTHER PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR IN COLUMN 1. IF CURRENT YEAR IS ZERO AND TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COL. ZERO.		105.71
3.09	ENTER THE SUM OF LINES 3.07 AND 3.08.		186.97
3.10	SEE INSTRUCTIONS		140.49
3.11	WEIGHTED DENTAL & PODIATRIC RESIDENT FTE COUNT FOR CUR YEAR IN COLUMN 1. IF CURRENT YEAR IS ZERO & TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COL. ZERO.		10.40
3.12	SEE INSTRUCTIONS		89.83
3.13	TOTAL WEIGHTED RESIDENT FTE COUNT FOR NONPRIMARY CARE RESIDENTS FOR THE PRIOR COST REPORTING YEAR (SEE INSTRUCTIONS)		90.17
3.14	TOTAL WEIGHTED RESIDENT FTE COUNT FOR NONPRIMARY CARE RESIDENTS FOR THE PENULTIMATE COST REPORTING YEAR (SEE INSTRUCTIONS)		92.17
3.15	ROLLING AVERAGE FTE COUNT (SEE INSTRUCTIONS)	RES INIT YEARS	90.72
3.16	ENTER THE SUM OF LINE 3.15 PLUS THE WEIGHTED NUMBER OF NONPRIMARY CARE FTE RESIDENTS IN THE INITIAL YEAR OF NEW ALLOPATHIC AND OSTEOPATHIC PROGRAMS. (SEE INSTRUCTIONS)		90.72
3.17	ENTER THE NONPRIMARY CARE PER RESIDENT AMOUNT.		77,989.38
3.18	SEE INSTRUCTIONS		7,075,197
3.19	ENTER THE WEIGHTED FTE RESIDENT COUNT FOR PRIMARY CARE AND OB/GYN RESIDENTS FOR THE PRIOR YEAR (SEE INSTRUCTIONS)		59.15
3.20	ENTER THE WEIGHTED FTE RESIDENT COUNT FOR PRIMARY CARE AND OB/GYN RESIDENTS FOR THE PENULTIMATE YEAR (SEE INSTRUCTIONS)		58.52
3.21	SEE INSTRUCTIONS	RES INIT YEARS	59.58
3.22	SEE INSTRUCTIONS		59.58
3.23	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001		82,361.81
3.24	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001		4,907,117
3.25	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001		11,982,314

COMPUTATION OF PROGRAM PATIENT LOAD

4	PROGRAM PART A INPATIENT DAYS		19,975
5	TOTAL INPATIENT DAYS		87,404
6	RATIO OF PROGRAM INPATIENT DAYS TO TOTAL INPATIENT DAYS.	LN 6 * LN 3.25 + E-3, 6 L 11	.228536
6.01	TOTAL GME PAYMENT FOR NON-MANAGED CARE DAYS	2,738,390	2,738,390
6.02	PROGRAM MANAGED CARE DAYS OCCURRING ON OR AFTER JANUARY 1 OF THIS COST REPORTING PERIOD (SEE INSTRUCTIONS)		
6.03	ENTER THE TOTAL INPATIENT DAYS FROM LINE 5 ABOVE.		87,404
6.04	ENTER THE APPROPRIATE PERCENTAGE FOR INCLUSION OF THE MANAGED CARE DAYS (SEE INSTRUCTIONS)		100.00
6.05	GRADUATE MEDICAL EDUCATION PAYMENT FOR MANAGED CARE DAYS ON OR AFTER JAN 1 THROUGH THE END OF THE COST REPORTING PERIOD.		
6.06	PROGRAM MANAGED CARE DAYS OCCURRING BEFORE JAN 1 OF THIS COST REPORTING YEAR (SEE INSTRUCTIONS)		
6.07	ENTER THE APPROPRIATE PERCENTAGE USING THE CRITERIA IDENTIFIED ON LINE 6.04 ABOVE. (SEE INSTRUCTIONS)	PRIOR TO 422 E-3, 6 LN 12	100.00
6.08	GRADUATE MEDICAL EDUCATION PAYMENT FOR MANAGED CARE DAYS PRIOR TO JANUARY 1 OF THIS COST REPORTING PERIOD		

DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY

7	RENAL DIALYSIS DIRECT MEDICAL EDUCATION COSTS		
8	RENAL DIALYSIS AND HOME DIALYSIS TOTAL CHARGES		
9	RATIO OF DIRECT MEDICAL EDUCATION COSTS TO TOTAL CHARGES		
10	MEDICARE OUTPATIENT ESRD CHARGES		
11	MEDICARE OUTPATIENT ESRD DIRECT MEDICAL EDUCATION COSTS		

APPORTIONMENT BASED ON MEDICARE REASONABLE COST TITLE XVIII ONLY PART A REASONABLE COST

12	REASONABLE COST (SEE INSTRUCTIONS)		34,815,774
13	ORGAN ACQUISITION COSTS		
14	COST OF TEACHING PHYSICIANS		
15	PRIMARY PAYER PAYMENTS		33,180
16	TOTAL PART A REASONABLE COST		34,782,594

TITLE XVIII

PART B REASONABLE COST		
17	REASONABLE COST	17,093,088
18	PRIMARY PAYER PAYMENTS	125
19	TOTAL PART B REASONABLE COST	17,092,963
20	TOTAL REASONABLE COST	51,875,557
21	RATIO OF PART A REASONABLE COST TO TOTAL REASONABLE COST	.670501
22	RATIO OF PART B REASONABLE COST TO TOTAL REASONABLE COST	.329499
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B		
23	TOTAL PROGRAM GME PAYMENT	
23.01	FOR COST REPORTING PERIODS BEGINNING ON OR AFTER 10/1/97 (SUM OF LINES 6.01, 6.05, & 6.08)	2,738,390
24	PART A MEDICARE GME PAYMENT--TITLE XVIII ONLY	1,836,093
25	PART B MEDICARE GME PAYMENT--TITLE XVIII ONLY	902,297

BALANCE SHEET

ASSETS		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
CURRENT ASSETS					
1	CASH ON HAND AND IN BANKS	66,806,916			
2	TEMPORARY INVESTMENTS				
3	NOTES RECEIVABLE				
4	ACCOUNTS RECEIVABLE	43,433,873			
5	OTHER RECEIVABLES	8,517,031			
6	LESS: ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE				
7	INVENTORY	4,620,358			
8	PREPAID EXPENSES				
9	OTHER CURRENT ASSETS				
10	DUE FROM OTHER FUNDS				
11	TOTAL CURRENT ASSETS	123,378,178			
FIXED ASSETS					
12	LAND	1,189,878			
12.01	LAND IMPROVEMENTS	5,354,328			
13	LESS ACCUMULATED DEPRECIATION	-4,039,652			
14	BUILDINGS	178,730,790			
14.01	LESS ACCUMULATED DEPRECIATION	-85,124,453			
15	LEASEHOLD IMPROVEMENTS				
15.01	LESS ACCUMULATED DEPRECIATION				
16	FIXED EQUIPMENT	62,385,442			
16.01	LESS ACCUMULATED DEPRECIATION	-48,161,786			
17	AUTOMOBILES AND TRUCKS	5,232,032			
17.01	LESS ACCUMULATED DEPRECIATION	-4,551,527			
18	MAJOR MOVABLE EQUIPMENT	101,123,724			
18.01	LESS ACCUMULATED DEPRECIATION	-78,730,527			
19	MINOR EQUIPMENT DEPRECIABLE	37,268,070			
19.01	LESS ACCUMULATED DEPRECIATION	-20,617,968			
20	MINOR EQUIPMENT-NONDEPRECIABLE				
21	TOTAL FIXED ASSETS	150,058,351			
OTHER ASSETS					
22	INVESTMENTS				
23	DEPOSITS ON LEASES				
24	DUE FROM OWNERS/OFFICERS				
25	OTHER ASSETS	22,317,392			
26	TOTAL OTHER ASSETS	22,317,392			
27	TOTAL ASSETS	295,753,921			

	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
	1	2	3	4
LIABILITIES AND FUND BALANCE				
CURRENT LIABILITIES				
28 ACCOUNTS PAYABLE	24,722,324			
29 SALARIES, WAGES & FEES PAYABLE	35,142,927			
30 PAYROLL TAXES PAYABLE				
31 NOTES AND LOANS PAYABLE (SHORT TERM)				
32 DEFERRED INCOME				
33 ACCELERATED PAYMENTS				
34 DUE TO OTHER FUNDS				
35 OTHER CURRENT LIABILITIES	23,869,663			
36 TOTAL CURRENT LIABILITIES	83,734,914			
LONG TERM LIABILITIES				
37 MORTGAGE PAYABLE				
38 NOTES PAYABLE				
39 UNSECURED LOANS				
40.01 LOANS PRIOR TO 7/1/66				
40.02 ON OR AFTER 7/1/66				
41 OTHER LONG TERM LIABILITIES				
42 TOTAL LONG-TERM LIABILITIES				
43 TOTAL LIABILITIES	83,734,914			
CAPITAL ACCOUNTS				
44 GENERAL FUND BALANCE	212,019,007			
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	212,019,007			
52 TOTAL LIABILITIES AND FUND BALANCES	295,753,921			

	GENERAL FUND		SPECIFIC PURPOSE FUND	
	1	2	3	4
1 FUND BALANCE AT BEGINNING		227,837,049		
2 OF PERIOD				
3 NET INCOME (LOSS)		861,482		
4 TOTAL		228,698,531		
5 ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
6				
7				
8				
9				
10 TOTAL ADDITIONS				
11 SUBTOTAL		228,698,531		
12 DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
13 RECONCILE BEGINNING FUND	16,679,524			
14				
15				
16				
17				
18 TOTAL DEDUCTIONS		16,679,524		
19 FUND BALANCE AT END OF PERIOD PER BALANCE SHEET		212,019,007		

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

PART I - PATIENT REVENUES

REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3
GENERAL INPATIENT ROUTINE CARE SERVICES			
1 00 HOSPITAL	23,908,960		23,908,960
2 00 SUBPROVIDER	7,619,864		7,619,864
2 01 SUBPROVIDER 2	14,989,040		14,989,040
4 00 SWING BED - SNF			
5 00 SWING BED - NF			
6 00 SKILLED NURSING FACILITY	7,445,424		7,445,424
7 00 NURSING FACILITY	10,803,495		10,803,495
9 00 TOTAL GENERAL INPATIENT ROUTINE CARE INTENSIVE CARE TYPE INPATIENT HOSPITAL SVCS	64,766,783		64,766,783
10 00 INTENSIVE CARE UNIT	38,716,749		38,716,749
11 00 CORONARY CARE UNIT			
12 00 BURN INTENSIVE CARE UNIT			
13 00 SURGICAL INTENSIVE CARE UNIT			
14 00 NEONATAL INTENSIVE CARE UNIT	6,433,988		6,433,988
15 00 TOTAL INTENSIVE CARE TYPE INPAT HOSP	45,150,737		45,150,737
16 00 TOTAL INPATIENT ROUTINE CARE SERVICE	109,917,520		109,917,520
17 00 ANCILLARY SERVICES	207,328,166		207,328,166
18 00 OUTPATIENT SERVICES		334,642,756	334,642,756
19 00 HOME HEALTH AGENCY			
20 00 AMBULANCE SERVICES			
21 00 CORF			
22 00 AMBULATORY SURGICAL CENTER (D. P.)			
23 00 HOSPICE			
24 00			
25 00 TOTAL PATIENT REVENUES	317,245,686	334,642,756	651,888,442

PART II - OPERATING EXPENSES

26 00 OPERATING EXPENSES		419,199,630	
ADD (SPECIFY)			
27 00			
28 00			
29 00			
30 00			
31 00			
32 00			
33 00 TOTAL ADDITIONS			
DEDUCT (SPECIFY)			
34 00			
35 00			
36 00			
37 00			
38 00			
39 00 TOTAL DEDUCTIONS			
40 00 TOTAL OPERATING EXPENSES		419,199,630	

DESCRIPTION		
1	TOTAL PATIENT REVENUES	651,888,442
2	LESS: ALLOWANCES AND DISCOUNTS ON PATIENT'S ACCTS	466,427,996
3	NET PATIENT REVENUES	185,460,446
4	LESS: TOTAL OPERATING EXPENSES	419,199,630
5	NET INCOME FROM SERVICE TO PATIENTS	-233,739,184
	OTHER INCOME	
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.	
7	INCOME FROM INVESTMENTS	
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE	
9	REVENUE FROM TELEVISION AND RADIO SERVICE	
10	PURCHASE DISCOUNTS	
11	REBATES AND REFUNDS OF EXPENSES	
12	PARKING LOT RECEIPTS	
13	REVENUE FROM LAUNDRY AND LINEN SERVICE	
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS	
15	REVENUE FROM RENTAL OF LIVING QUARTERS	
16	REVENUE FROM SALE OF MEDICAL & SURGICAL SUPPLIES TO OTHER THAN PATIENTS	
17	REVENUE FROM SALE OF DRUGS TO OTHER THAN PATIENTS	
18	REVENUE FROM SALE OF MEDICAL RECORDS & ABSTRACTS	
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC)	
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOP & CANTEEN	
21	RENTAL OF VENDING MACHINES	
22	RENTAL OF HOSPITAL SPACE	
23	GOVERNMENTAL APPROPRIATIONS	
24	OTHER REVENUE	33,183,885
24.01	HHC SUPPORT	157,000,000
24.02	PRO FEES	3,588,488
24.03	RECONCILE REVENUE TO AFS	364,765
24.04	OP ROUTINE CHARGES	664,895
24.05	NR CC	23,757,051
25	TOTAL OTHER INCOME	218,559,084
26	TOTAL	-15,180,100
	OTHER EXPENSES	
27	DEPRECIATION ON WS A NOT ON IS	-15,986,316
28	UNMAPPED EXPENSES	-55,266
29		
30	TOTAL OTHER EXPENSES	-16,041,582
31	NET INCOME (OR LOSS) FOR THE PERIOD	861,482

PART I - FULLY PROSPECTIVE METHOD		
1	CAPITAL HOSPITAL SPECIFIC RATE PAYMENTS	
	CAPITAL FEDERAL AMOUNT	
2	CAPITAL DRG OTHER THAN OUTLIER	1,762,763
3	CAPITAL DRG OUTLIER PAYMENTS PRIOR TO 10/01/1997	
3.01	CAPITAL DRG OUTLIER PAYMENTS AFTER 10/01/1997	12,505
	INDIRECT MEDICAL EDUCATION ADJUSTMENT	
4	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS	194.46
	IN THE COST REPORTING PERIOD	
4.01	NUMBER OF INTERNS AND RESIDENTS	160.53
	(SEE INSTRUCTIONS)	
4.02	INDIRECT MEDICAL EDUCATION PERCENTAGE	26.23
4.03	INDIRECT MEDICAL EDUCATION ADJUSTMENT	462,373
	(SEE INSTRUCTIONS)	
5	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO	15.74
	MEDI CARE PART A PATIENT DAYS	
5.01	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL	46.31
	DAYS REPORTED ON S-3, PART I	
5.02	SUM OF 5 AND 5.01	62.05
5.03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE	13.39
5.04	DISPROPORTIONATE SHARE ADJUSTMENT	236,034
6	TOTAL PROSPECTIVE CAPITAL PAYMENTS	2,473,675
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)	

TITLE XIX HOSPITAL

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	.00
	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	.00
	(SEE INSTRUCTIONS)	
5	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO	.00
	MEDICARE PART A PATIENT DAYS	
5 .01	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL	.00
	DAYS REPORTED ON S-3, PART I	
5 .02	SUM OF 5 AND 5.01	.00
5 .03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE	.00
5 .04	DISPROPORTIONATE SHARE ADJUSTMENT	.00
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)	