

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

FORM APPROVED  
OMB NO. 0938-0050

WORKSHEET S  
PARTS I & II

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX	I	PROVIDER NO:	I	PERIOD	I	INTERMEDIARY USE ONLY	I	DATE RECEIVED:
COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	I	15-0074	I	FROM 1/ 1/2008	I	--AUDITED --DESK REVIEW	I	/ /
	I		I	TO 12/31/2008	I	--INITIAL --REOPENED	I	INTERMEDIARY NO:
	I		I		I	--FINAL 1-MCR CODE	I	
					I	00 - # OF REOPENINGS	I	

ELECTRONICALLY FILED COST REPORT DATE: 5/27/2009 TIME 17:08

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:

COMMUNITY HOSPITALS OF INDIANA, INC. 15-0074

FOR THE COST REPORTING PERIOD BEGINNING 1/ 1/2008 AND ENDING 12/31/2008 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.

ECR ENCRYPTION INFORMATION  
DATE: 5/27/2009 TIME 17:08

COG2r4BwIwzyBnUrSfdHmcy3gVsaR0  
TNUHU0SIm3Y9mAxv9Z3N:zJSBKSdgy  
ONey2Ei1ML0cppLN

PI ENCRYPTION INFORMATION  
DATE: 5/27/2009 TIME 17:08

uEY70sxi37vydskF0buZRndRG90cS0  
iPa1Z0zhxng7ySkN040c3hnqppySws  
mHUQ92ocx60ttYCP

*[Signature]*  
 OFFICER OR ADMINISTRATOR OF PROVIDER(S)  
 TITLE  
 5/28/09  
 DATE

PART II - SETTLEMENT SUMMARY

	TITLE V		TITLE XVIII		TITLE XIX
	1	A	B	3	4
1	HOSPITAL	0	1,558,487	29,348	9,804,698
2	SUBPROVIDER	0	66,838	0	1,334,492
2 .01	SUBPROVIDER II	0	48,869	0	204,397
5	HOSPITAL-BASED SNF	0	1,976	0	0
100	TOTAL	0	1,676,170	29,348	11,343,587

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.

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

FORM APPROVED OMB NO. 0938-0050

WORKSHEET S PARTS I & II

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX I PROVIDER NO: I PERIOD I INTERMEDIARY USE ONLY I DATE RECEIVED: COST REPORT CERTIFICATION I 15-0074 I FROM 1/ 1/2008 I --AUDITED --DESK REVIEW I / / AND SETTLEMENT SUMMARY I I TO 12/31/2008 I --INITIAL --REOPENED I INTERMEDIARY NO: I --FINAL 1-MCR CODE I I 00 - # OF REOPENINGS I

ELECTRONICALLY FILED COST REPORT DATE: 6/ 2/2009 TIME 17:08

PART I - CERTIFICATION

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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: COMMUNITY HOSPITALS OF INDIANA, INC. 15-0074 FOR THE COST REPORTING PERIOD BEGINNING 1/ 1/2008 AND ENDING 12/31/2008 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

Table with 4 columns: TITLE V, TITLE XVIII, TITLE XIX, and numerical values for HOSPITAL, SUBPROVIDER, SUBPROVIDER II, HOSPITAL-BASED SNF, and TOTAL.

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

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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX ADDRESS

1 STREET: 1500 NORTH RITTER AVENUE P.O. BOX:  
 1.01 CITY: INDIANAPOLIS STATE: IN ZIP CODE: 46219- COUNTY: MARION

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION;

COMPONENT	COMPONENT NAME	PROVIDER NO.	NPI NUMBER	DATE CERTIFIED	PAYMENT SYSTEM (P,T,O OR N)		
					V	XVIII	XIX
02.00	HOSPITAL	15-0074	2.01	7/ 1/1966	N	P	O
03.00	SUBPROVIDER	AUGUST F. HOOK REHAB CENTER	15-T074	9/27/1980	N	P	O
03.01	SUBPROVIDER 2	COMMUNITY MENTAL HEALTH	15-S074	10/ 1/1991	N	P	O
06.00	HOSPITAL-BASED SNF	COMMUNITY HOSPITAL SNF	15-5410	11/27/1991	N	P	N

17 COST REPORTING PERIOD (MM/DD/YYYY) FROM: 1/ 1/2008 TO: 12/31/2008  
 18 TYPE OF CONTROL

TYPE OF HOSPITAL/SUBPROVIDER

19 HOSPITAL  
 20 SUBPROVIDER  
 20.01 SUBPROVIDER II

OTHER INFORMATION

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

21.01 DOES YOUR FACILITY QUALIFY AND IS CURRENTLY RECEIVING PAYMENT FOR DISPROPORTIONATE SHARE HOSPITAL ADJUSTMENT IN ACCORDANCE WITH 42 CFR 412.106? 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 IN COL. 2 AND TERMINATION IN COL. 3. / / / /

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

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

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

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

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

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

24 IF THIS IS AN ORGAN PROCUREMENT ORGANIZATION (OPO), ENTER THE OPO NUMBER IN COLUMN 2 AND CERTIFICATION DATE OR RECERTIFICATION DATE (AFTER 12/26/2007) IN COLUMN 3 (mm/dd/yyyy) / /

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

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

25.01 IS THIS TEACHING PROGRAM APPROVED IN ACCORDANCE WITH CMS PUB. 15-I, 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-I, 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) Y Y



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 / /  
 28 IF THIS FACILITY CONTAINS A HOSPITAL-BASED SNF, ARE ALL PATIENTS UNDER MANAGED CARE OR THERE WERE NO MEDICARE UTILIZATION ENTER "Y", IF "N" COMPLETE LINES 28.01 AND 28.02 N  
 28.01 IF HOSPITAL BASED SNF, ENTER APPROPRIATE TRANSITION PERIOD 1, 2, 3, OR 100 IN COLUMN 1. 1 2 3 4  
 ENTER IN COLUMNS 2 AND 3 THE WAGE INDEX ADJUSTMENT FACTOR BEFORE AND ON OR AFTER THE OCTOBER 1ST (SEE INSTRUCTIONS) -----  
 100 0.9844 0.9908  
 28.02 ENTER IN COLUMN 1 THE HOSPITAL BASED SNF FACILITY SPECIFIC RATE(FROM YOUR FISCAL INTERMEDIARY) IF YOU HAVE NOT TRANSITIONED TO 100% PPS SNF PPS PAYMENT. IN COLUMN 2 ENTER THE FACILITY CLASSIFICATION URBAN(1) OR RURAL (2). IN COLUMN 3 ENTER THE SNF MSA CODE OR TWO CHARACTER STATE CODE IF A RURAL BASED FACILITY. IN COLUMN 4, ENTER THE SNF CBSA CODE OR TWO CHARACTER CODE IF RURAL BASED FACILITY 0.00 1 3480 26900

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

	%	Y/N
28.03 STAFFING	93.69%	Y
28.04 RECRUITMENT	0.00%	
28.05 RETENTION	0.00%	
28.06 TRAINING	0.36%	Y
28.07 PROFESSIONAL FEES	0.00%	N
28.08 SUPPLIES FEES	4.34%	Y
28.09 OTHERS	1.61%	Y
28.10	0.00%	
28.11	0.00%	
28.12	0.00%	
28.13	0.00%	
28.14	0.00%	
28.15	0.00%	
28.16	0.00%	
28.17	0.00%	
28.18	0.00%	
28.19	0.00%	
28.20	0.00%	

29 IS THIS A RURAL HOSPITAL WITH A CERTIFIED SNF WHICH HAS FEWER THAN 50 BEDS IN THE AGGREGATE FOR BOTH COMPONENTS, USING THE SWING BED OPTIONAL METHOD OF REIMBURSEMENT? N  
 30 DOES THIS HOSPITAL QUALIFY AS A RURAL PRIMARY CARE HOSPITAL (RPCH)/CRITICAL ACCESS HOSPITAL(CAH)? (SEE 42 CFR 485.606ff) N  
 30.01 IF SO, IS THIS THE INITIAL 12 MONTH PERIOD FOR THE FACILITY OPERATED AS AN RPCH/CAH? SEE 42 CFR 413.70  
 30.02 IF THIS FACILITY QUALIFIES AS AN RPCH/CAH, HAS IT ELECTED THE ALL-INCLUSIVE METHOD OF PAYMENT FOR OUTPATIENT SERVICES? (SEE INSTRUCTIONS) N  
 30.03 IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIBIBLE FOR COST REIMBURSEMENT FOR AMBULANCE SERVICES? IF YES, ENTER IN COLUMN 2 THE DATE OF ELIGIBILITY DETERMINATION (DATE MUST BE ON OR AFTER 12/21/2000). N  
 30.04 IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIBIBLE FOR COST REIMBURSEMENT FOR I&R TRAINING PROGRAMS? ENTER "Y" FOR YES AND "N" FOR NO. IF YES, THE GME ELIMINATION WOULD NOT BE ON WORKSHEET B, PART I, COLUMN 26 AND THE PROGRAM WOULD BE COST REIMBURSED. IF YES COMPLETE WORKSHEET D-2, PART II N  
 31 IS THIS A RURAL HOSPITAL QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c). N  
 31.01 IS THIS A RURAL SUBPROVIDER 1 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c). N  
 31.02 IS THIS A RURAL SUBPROVIDER 2 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c). N  
 31.03 IS THIS A RURAL SUBPROVIDER 3 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c). N  
 31.04 IS THIS A RURAL SUBPROVIDER 4 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c). N  
 31.05 IS THIS A RURAL SUBPROVIDER 5 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c). N

MISCELLANEOUS COST REPORT INFORMATION  
 32 IS THIS AN ALL-INCLUSIVE PROVIDER? IF YES, ENTER THE METHOD USED (A, B, OR E ONLY) COL 2. N  
 33 IS THIS A NEW HOSPITAL UNDER 42 CFR 412.300 PPS CAPITAL? ENTER "Y" FOR YES AND "N" FOR NO IN COLUMN 1. IF YES, FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 2002, DO YOU ELECT TO BE REIMBURSED AT 100% FEDERAL CAPITAL PAYMENT? ENTER "Y" FOR YES AND "N" FOR NO IN COLUMN 2 N  
 34 IS THIS A NEW HOSPITAL UNDER 42 CFR 413.40 (f)(1)(i) TEFRA? N  
 35 HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)? N  
 35.01 HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)? N  
 35.02 HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?  
 35.03 HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?  
 35.04 HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?

PROSPECTIVE PAYMENT SYSTEM (PPS)-CAPITAL V XVIII XIX  
 1 2 3  
 36 DO YOU ELECT FULLY PROSPECTIVE PAYMENT METHODOLOGY FOR CAPITAL COSTS? (SEE INSTRUCTIONS) N Y N  
 36.01 DOES YOUR FACILITY QUALIFY AND RECEIVE PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE WITH 42 CFR 412.320? (SEE INSTRUCTIONS) N Y N



37 DO YOU ELECT HOLD HARMLESS PAYMENT METHODOLOGY FOR CAPITAL COSTS? (SEE INSTRUCTIONS) N N N  
 37.01 IF YOU ARE A HOLD HARMLESS PROVIDER, ARE YOU FILING ON THE BASIS OF 100% OF THE FED RATE?

TITLE XIX INPATIENT SERVICES

38 DO YOU HAVE TITLE XIX INPATIENT HOSPITAL SERVICES? Y  
 38.01 IS THIS HOSPITAL REIMBURSED FOR TITLE XIX THROUGH THE COST REPORT EITHER IN FULL OR IN PART? N  
 38.02 DOES THE TITLE XIX PROGRAM REDUCE CAPITAL FOLLOWING THE MEDICARE METHODOLOGY? N  
 38.03 ARE TITLE XIX NF PATIENTS OCCUPYING TITLE XVIII SNF BEDS (DUAL CERTIFICATION)? N  
 38.04 DO YOU OPERATE AN ICF/MR FACILITY FOR PURPOSES OF TITLE XIX? N

40 ARE THERE ANY RELATED ORGANIZATION OR HOME OFFICE COSTS AS DEFINED IN CMS PUB 15-I, CHAP 10?  
 IF YES, AND THERE ARE HOME OFFICE COSTS, ENTER IN COL 2 THE HOME OFFICE PROVIDER NUMBER.  
 IF THIS FACILITY IS PART OF A CHAIN ORGANIZATION ENTER THE NAME AND ADDRESS OF THE HOME OFFICE Y H80040

40.01 NAME: FI/CONTRACTOR NAME FI/CONTRACTOR #  
 40.02 STREET: P.O. BOX:  
 40.03 CITY: STATE: ZIP CODE: -

41 ARE PROVIDER BASED PHYSICIANS' COSTS INCLUDED IN WORKSHEET A? Y  
 42 ARE PHYSICAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N  
 42.01 ARE OCCUPATIONAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N  
 42.02 ARE SPEECH PATHOLOGY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N  
 43 ARE RESPIRATORY THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N  
 44 IF YOU ARE CLAIMING COST FOR RENAL SERVICES ON WORKSHEET A, ARE THEY INPATIENT SERVICES ONLY? Y  
 45 HAVE YOU CHANGED YOUR COST ALLOCATION METHODOLOGY FROM THE PREVIOUSLY FILED COST REPORT? Y 06/19/2007  
 SEE CMS PUB. 15-II, SECTION 3617. IF YES, ENTER THE APPROVAL DATE IN COLUMN 2.  
 45.01 WAS THERE A CHANGE IN THE STATISTICAL BASIS? Y  
 45.02 WAS THERE A CHANGE IN THE ORDER OF ALLOCATION? N  
 45.03 WAS THE CHANGE TO THE SIMPLIFIED COST FINDING METHOD? N  
 46 IF YOU ARE PARTICIPATING IN THE NHCMQ DEMONSTRATION PROJECT (MUST HAVE A HOSPITAL-BASED SNF)  
 DURING THIS COST REPORTING PERIOD, ENTER THE PHASE (SEE INSTRUCTIONS).

IF THIS FACILITY CONTAINS A PROVIDER THAT QUALIFIES FOR AN EXEMPTION FROM THE APPLICATION OF THE LOWER OF COSTS OR CHARGES, ENTER "Y" FOR EACH COMPONENT AND TYPE OF SERVICE THAT QUALIFIES FOR THE EXEMPTION. ENTER "N" IF NOT EXEMPT. (SEE 42 CFR 413.13.)

	PART A	PART B	OUTPATIENT ASC	OUTPATIENT RADIOLOGY	OUTPATIENT DIAGNOSTIC
	1	2	3	4	5
47.00 HOSPITAL	N	N	N	N	N
48.00 SUBPROVIDER	N	N	N	N	N
48.01 SUBPROVIDER 2	N	N	N	N	N
49.00 SNF	N	N			

52 DOES THIS HOSPITAL CLAIM EXPENDITURES FOR EXTRAORDINARY CIRCUMSTANCES IN ACCORDANCE WITH 42 CFR 412.348(e)? (SEE INSTRUCTIONS) N  
 52.01 IF YOU ARE A FULLY PROSPECTIVE OR HOLD HARMLESS PROVIDER ARE YOU ELIGIBLE FOR THE SPECIAL EXCEPTIONS PAYMENT PURSUANT TO 42 CFR 412.348(g)? IF YES, COMPLETE WORKSHEET L, PART IV N  
 53 IF YOU ARE A MEDICARE DEPENDENT HOSPITAL (MDH), ENTER THE NUMBER OF PERIODS MDH STATUS IN EFFECT. ENTER BEGINNING AND ENDING DATES OF MDH STATUS ON LINE 53.01. SUBSCRIPT LINE 53.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES. 0  
 53.01 MDH PERIOD: BEGINNING: / / ENDING: / /

54 LIST AMOUNTS OF MALPRACTICE PREMIUMS AND PAID LOSSES:  
 PREMIUMS: 647,501  
 PAID LOSSES: 0  
 AND/OR SELF INSURANCE: 269,627  
 54.01 ARE MALPRACTICE PREMIUMS AND PAID LOSSES REPORTED IN OTHER THAN THE ADMINISTRATIVE AND GENERAL COST CENTER? IF YES, SUBMIT SUPPORTING SCHEDULE LISTING COST CENTERS AND AMOUNTS CONTAINED THEREIN. N

55 DOES YOUR FACILITY QUALIFY FOR ADDITIONAL PROSPECTIVE PAYMENT IN ACCORDANCE WITH 42 CFR 412.107. ENTER "Y" FOR YES AND "N" FOR NO. N

56 ARE YOU CLAIMING AMBULANCE COSTS? IF YES, ENTER IN COLUMN 2 THE PAYMENT LIMIT PROVIDED FROM YOUR FISCAL INTERMEDIARY AND THE APPLICABLE DATES FOR THOSE LIMITS IN COLUMN 0. IF THIS IS THE FIRST YEAR OF OPERATION NO ENTRY IS REQUIRED IN COLUMN 2. IF COLUMN 1 IS Y, ENTER Y OR N IN COLUMN 3 WHETHER THIS IS YOUR FIRST YEAR OF OPERATIONS FOR RENDERING AMBULANCE SERVICES. ENTER IN COLUMN 4, IF APPLICABLE, THE FEE SCHEDULES AMOUNTS FOR THE PERIOD BEGINNING ON OR AFTER 4/1/2002. DATE Y OR N LIMIT Y OR N FEES  
 0 1 2 3 4  
 56.01 ENTER SUBSEQUENT AMBULANCE PAYMENT LIMIT AS REQUIRED. SUBSCRIPT IF MORE THAN 2 LIMITS APPLY. ENTER IN COLUMN 4 THE FEE SCHEDULES AMOUNTS FOR INITIAL OR SUBSEQUENT PERIOD AS APPLICABLE. N 0.00 0  
 56.02 THIRD AMBULANCE LIMIT AND FEE SCHEDULE IF NECESSARY. 0.00 0  
 56.03 FOURTH AMBULANCE LIMIT AND FEE SCHEDULE IF NECESSARY. 0.00 0

57 ARE YOU CLAIMING NURSING AND ALLIED HEALTH COSTS? Y  
 58 ARE YOU AN INPATIENT REHABILITATION FACILITY(IRF), OR DO YOU CONTAIN AN IRF SUBPROVIDER? ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES HAVE YOU MADE THE ELECTION FOR 100% FEDERAL PPS REIMBURSEMENT? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. THIS OPTION IS ONLY AVAILABLE FOR COST REPORTING PERIODS BEGINNING ON OR AFTER 1/1/2002 AND BEFORE 10/1/2002. Y Y

58.01 IF LINE 58 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER "Y" FOR YES OR "N" FOR NO. IS THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR SEC. 412.424(d)(1)(iii)(2)? ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO. IF COLUMN 2 IS Y, ENTER 1, 2 OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS). IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5. (SEE INSTR). N

59 ARE YOU A LONG TERM CARE HOSPITAL (LTCH)? ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES, HAVE YOU MADE THE ELECTION FOR 100% FEDERAL PPS REIMBURSEMENT? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. (SEE INSTRUCTIONS) N

60 ARE YOU AN INPATIENT PSYCHIATRIC FACILITY (IPF), OR DO YOU CONTAIN AN IPF SUBPROVIDER? ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES, IS THE IPF OR IPF SUBPROVIDER A NEW FACILITY? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. (SEE INSTRUCTIONS) Y N



60.01 IF LINE 60 COLUMN 1 IS Y, AND THE FACILITY IS AN IPF SUBPROVIDER, WERE RESIDENTS TRAINING IN THIS FACILITY IN ITS MOST RECENT COST REPORT FILED BEFORE NOV. 15, 2004? ENTER "Y" FOR YES OR "N" FOR NO. IS THIS FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR SEC. 412.424(d)(1)(iii)(2)? ENTER IN COL. 2 "Y" FOR YES OR "N" FOR NO. IF COL. 2 IS Y, ENTER 1, 2 OR 3 RESPECTIVELY IN COL. 3. (SEE INSTRUCTIONS). IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5. (SEE INSTRUCTIONS)      N      0

MULTICAMPUS

61.00 IS THIS FACILITY PART OF A MULTICAMPUS HOSPITAL THAT HAS ONE OR MORE CAMPUSES IN DIFFERENT CBSA? ENTER "Y" FOR YES AND "N" FOR NO.      N

IF LINE 61 IS YES, ENTER THE NAME IN COL. 0, COUNTY IN COL. 1, STATE IN COL.2, ZIP IN COL 3, CBSA IN COL. 4 AND FTE/CAMPUS IN COL. 5.

NAME	COUNTY	STATE	ZIP CODE	CBSA	FTE/CAMPUS
62.00					0.00
62.01					0.00
62.02					0.00
62.03					0.00
62.04					0.00
62.05					0.00
62.06					0.00
62.07					0.00
62.08					0.00
62.09					0.00

SETTLEMENT DATA

63.00 WAS THE COST REPORT FILED USING THE PS&R (EITHER IN ITS ENTIRETY OR FOR TOTAL CHARGES AND DAYS ONLY)? ENTER "Y" FOR YES AND "N" FOR NO IN COL. 1. IF COL. 1 IS "Y", ENTER THE "PAID THROUGH" DATE OF THE PS&R IN COL. 2 (MM/DD/YYYY).      Y      3/31/2009



HOSPITAL AND HOSPITAL HEALTH CARE  
 COMPLEX STATISTICAL DATA

COMPONENT		NO. OF BEDS 1	BED DAYS AVAILABLE 2	CAH N/A 2.01	TITLE V 3	I/P DAYS / TITLE XVIII 4	O/P VISITS / NOT LTCH N/A 4.01	TRIPS TOTAL TITLE XIX 5
1	ADULTS & PEDIATRICS	339	124,074					7,940
2	HMO					24,645		5,377
2	01 HMO - (IRF PPS SUBPROVIDER)					942		
3	ADULTS & PED-SB SNF							
4	ADULTS & PED-SB NF							
5	TOTAL ADULTS AND PEDS	339	124,074			24,645		7,940
6	INTENSIVE CARE UNIT	14	5,124			1,890		439
6	01 NEONATAL INTENSIVE CARE UNIT	7	2,562					177
7	CORONARY CARE UNIT	29	10,614			3,280		626
11	NURSERY							2,583
12	TOTAL	389	142,374			29,815		11,765
13	RPCV VISITS							
14	SUBPROVIDER	60	21,960			5,297		1,978
14	01 SUBPROVIDER 2 - PSYCH DPU	42	15,372			3,356		196
15	SKILLED NURSING FACILITY	44	16,104			4,351		
25	TOTAL	535						
26	OBSERVATION BED DAYS							68
26	01 OBSERVATION BED DAYS-SUB I							
26	02 OBSERVATION BED DAYS-SUB II							
27	AMBULANCE TRIPS							
28	EMPLOYEE DISCOUNT DAYS							
28	01 EMP DISCOUNT DAYS -IRF							

COMPONENT		TITLE XIX ADMITTED 5.01	I/P DAYS / OBSERVATION BEDS NOT ADMITTED 5.02	O/P VISITS TOTAL ALL PATS 6	/ TRIPS TOTAL OBSERVATION BEDS ADMITTED 6.01	DISCHARGES / NOT ADMITTED 6.02	-- INTERNS & RES. FTES TOTAL 7	-- LESS I&R REPL NON-PHYS ANES 8
1	ADULTS & PEDIATRICS			61,626				
2	HMO							
2	01 HMO - (IRF PPS SUBPROVIDER)							
3	ADULTS & PED-SB SNF							
4	ADULTS & PED-SB NF							
5	TOTAL ADULTS AND PEDS			61,626				
6	INTENSIVE CARE UNIT			3,431				
6	01 NEONATAL INTENSIVE CARE UNIT			1,377				
7	CORONARY CARE UNIT			4,904				
11	NURSERY			3,220				
12	TOTAL			74,558			20.31	20.31
13	RPCV VISITS							
14	SUBPROVIDER			10,476				
14	01 SUBPROVIDER 2 - PSYCH DPU			4,145				
15	SKILLED NURSING FACILITY			7,463				
25	TOTAL						20.31	20.31
26	OBSERVATION BED DAYS	7	61	2,073	318	1,755		
26	01 OBSERVATION BED DAYS-SUB I							
26	02 OBSERVATION BED DAYS-SUB II							
27	AMBULANCE TRIPS							
28	EMPLOYEE DISCOUNT DAYS			889				
28	01 EMP DISCOUNT DAYS -IRF			137				

COMPONENT		I & R FTES NET 9	--- FULL TIME EMPLOYEES ON PAYROLL 10	EQUIV NONPAID WORKERS 11	DISCHARGES TITLE V 12	TITLE XVIII 13	TITLE XIX 14	TOTAL ALL PATIENTS 15
1	ADULTS & PEDIATRICS					6,057	807	13,738
2	HMO							
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							
6	01 NEONATAL INTENSIVE CARE UNIT							
7	CORONARY CARE UNIT							
11	NURSERY							
12	TOTAL		2,180.00			6,057	807	13,738
13	RPCV VISITS							
14	SUBPROVIDER		71.00			436	37	722
14	01 SUBPROVIDER 2 - PSYCH DPU		28.00			334	20	489
15	SKILLED NURSING FACILITY		35.00					
25	TOTAL		2,314.00					
26	OBSERVATION BED DAYS							
26	01 OBSERVATION BED DAYS-SUB I							
26	02 OBSERVATION BED DAYS-SUB II							
27	AMBULANCE TRIPS							
28	EMPLOYEE DISCOUNT DAYS							
28	01 EMP DISCOUNT DAYS -IRF							



HOSPITAL WAGE INDEX INFORMATION

PART II - WAGE DATA	AMOUNT REPORTED 1	RECLASS OF SALARIES 2	ADJUSTED SALARIES 3	PAID HOURS RELATED TO SALARY 4	AVERAGE HOURLY WAGE 5	DATA SOURCE 6
SALARIES						
1 TOTAL SALARY	131,693,274	1,236,011	132,929,285	4,813,150.00	27.62	
NON-PHYSICIAN ANESTHETIST						
2 PART A						
3 NON-PHYSICIAN ANESTHETIST PART B	850,341		850,341	11,297.00	75.27	
PHYSICIAN - PART A						
4.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)	1,634,000	-273,375	1,360,625	35,713.00	38.10	
PHYSICIAN - PART B						
5.01 NON-PHYSICIAN - PART B						
6 INTERNS & RESIDENTS (APPRVD)		1,406,718	1,406,718	42,245.00	33.30	
6.01 CONTRACT SERVICES, I&R						
7 HOME OFFICE PERSONNEL						
8 SNF	1,763,414	7,478	1,770,892	72,306.00	24.49	
8.01 EXCLUDED AREA SALARIES	23,458,043	101,897	23,559,940	791,895.00	29.75	
OTHER WAGES & RELATED COSTS						
CONTRACT LABOR:						
9.01 PHARMACY SERVICES UNDER CONTRACT						
9.02 LABORATORY SERVICES UNDER CONTRACT						
9.03 MANAGEMENT & ADMINISTRATIVE UNDER CONTRACT						
CONTRACT LABOR: PHYS PART A						
10.01 TEACHING PHYSICIAN UNDER CONTRACT (SEE INSTRUCTIONS)						
11 HOME OFFICE SALARIES & WAGE RELATED COSTS	20,170,716		20,170,716	642,592.00	31.39	Home Office Cost Report
HOME OFFICE: PHYS PART A						
12.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
WAGE RELATED COSTS						
13 WAGE-RELATED COSTS (CORE)	24,531,210		24,531,210			CMS 339
14 WAGE-RELATED COSTS (OTHER)						CMS 339
15 EXCLUDED AREAS	5,207,988		5,207,988			CMS 339
16 NON-PHYS ANESTHETIST PART A						CMS 339
17 NON-PHYS ANESTHETIST PART B	92,299		92,299			CMS 339
18 PHYSICIAN PART A						CMS 339
18.01 PART A TEACHING PHYSICIANS	336,220		336,220			CMS 339
19 PHYSICIAN PART B						CMS 339
19.01 WAGE-RELATD COSTS (RHC/FQHC)						CMS 339
20 INTERNS & RESIDENTS (APPRVD)	174,029		174,029			CMS 339
OVERHEAD COSTS - DIRECT SALARIES						
21 EMPLOYEE BENEFITS	1,046,050	12,556	1,058,606	40,171.00	26.35	
22 ADMINISTRATIVE & GENERAL	7,633,935	-1,306,111	6,327,824	150,697.00	41.99	
22.01 A & G UNDER CONTRACT						
23 MAINTENANCE & REPAIRS						
24 OPERATION OF PLANT	5,151,002	75,290	5,226,292	219,325.00	23.83	
25 LAUNDRY & LINEN SERVICE	14,808		14,808	1,257.00	11.78	
26 HOUSEKEEPING	2,554,639	31,454	2,586,093	186,515.00	13.87	
26.01 HOUSEKEEPING UNDER CONTRACT						
27 DIETARY	2,058,060	-883,790	1,174,270	84,572.00	13.88	
27.01 DIETARY UNDER CONTRACT						
28 CAFETERIA		905,924	905,924	65,245.00	13.88	
29 MAINTENANCE OF PERSONNEL						
30 NURSING ADMINISTRATION	5,982,978	142,988	6,125,966	189,335.00	32.36	
31 CENTRAL SERVICE AND SUPPLY						
32 PHARMACY	3,521,374	-37,963	3,483,411	97,927.00	35.57	
33 MEDICAL RECORDS & MEDICAL RECORDS LIBRARY	142,191	2,454	144,645	8,314.00	17.40	
34 SOCIAL SERVICE	2,240,406	18,799	2,259,205	74,494.00	30.33	
35 OTHER GENERAL SERVICE	653,637	5,338	658,975	53,251.00	12.37	
PART III - HOSPITAL WAGE INDEX SUMMARY						
1 NET SALARIES	129,208,933	102,668	129,311,601	4,723,895.00	27.37	
2 EXCLUDED AREA SALARIES	25,221,457	109,375	25,330,832	864,201.00	29.31	
3 SUBTOTAL SALARIES	103,987,476	-6,707	103,980,769	3,859,694.00	26.94	
4 SUBTOTAL OTHER WAGES & RELATED COSTS	20,170,716		20,170,716	642,592.00	31.39	
5 SUBTOTAL WAGE-RELATED COSTS	24,531,210		24,531,210		23.59	
6 TOTAL	148,689,402	-6,707	148,682,695	4,502,286.00	33.02	
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	30,999,080	-1,033,061	29,966,019	1,171,103.00	25.59	



PROSPECTIVE PAYMENT FOR SNF  
 STATISTICAL DATA

GROUP(1)	M3PI REVENUE CODE	SERVICES PRIOR TO 10/1 RATE	10/1 DAYS	SERVICES ON/AFTER 10/1 RATE	10/1 DAYS	SRVCS 4/1/01 TO 9/30/01 RATE	9/30/01 DAYS
1	2	3	3.01	4	4.01	4.02	4.03
1	RUC						
2	RUB						
3	RUA						
3 .01	RUX						
3 .02	RUL						
4	RVC		97				
5	RVB		4				
6	RVA		1				
6 .01	RVX		81				
6 .02	RVL		12				
7	RHC		513				
8	RHB		724				
9	RHA		235				
9 .01	RHX						
9 .02	RHL						
10	RMC		107				
11	RMB		196				
12	RMA		120				
12 .01	RMX		744				
12 .02	RML		1,466				
13	RLB						
14	RLA						
14 .01	RLX						
15	SE3						
16	SE2		29				
17	SE1						
18	SSC						
19	SSB						
20	SSA		11				
21	CC2						
22	CC1						
23	CB2						
24	CB1						
25	CA2						
26	CA1		8				
27	IB2						
28	IB1						
29	IA2						
30	IA1		1				
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		2				
45	Default						
46	TOTAL		4,351				

(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): 0.9844  
 Wage Index Factor (after 10/01) : 0.9908  
 SNF Facility Specific Rate : 0.00  
 Urban/Rural Designation : URBAN  
 SNF MSA Code : 3480  
 SNF CBSA Code : 26900



PROSPECTIVE PAYMENT FOR SNF  
 STATISTICAL DATA

	GROUP(1)	M3PI REVENUE CODE	HIGH COST(2)		SWING BED SNF DAYS	TOTAL
			RUGs	DAYS		
	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): 0.9844  
 Wage Index Factor (after 10/01) : 0.9908  
 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 COMPENSATED CARE?	
14.02	WHAT PERCENTAGE OF THE AMOUNT ON LINE 14.01 IS FROM GOVERNMENT FUNDING?	
15	DO YOU RECEIVE RESTRICTED GRANTS FOR RENDERING CARE TO CHARITY PATIENTS?	
16	ARE OTHER NON-RESTRICTED GRANTS USED TO SUBSIDIZE CHARITY CARE?	
UNCOMPENSATED CARE REVENUES		
17	REVENUE FROM UNCOMPENSATED CARE	
17.01	GROSS MEDICAID REVENUES	17,673,198
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	17,673,198
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)	.352285
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	103,966,363
29	TOTAL GROSS MEDICAID COST (LINE 24 * LINE 28)	36,625,790
30	OTHER UNCOMPENSATED CARE CHARGES FROM YOUR RECORDS	41,833,592
31	UNCOMPENSATED CARE COST (LINE 24 * LINE 30)	14,737,347



DESCRIPTION

32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL (SUM OF LINES 25, 27, AND 29)	36,625,790
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RECLASSIFICATION AND ADJUSTMENT OF  
TRIAL BALANCE OF EXPENSES

	COST CENTER	COST CENTER DESCRIPTION	SALARIES 1	OTHER 2	TOTAL 3	RECLASS- IFICATIONS 4	RECLASSIFIED TRIAL BALANCE 5
		GENERAL SERVICE COST CNTR					
1	0100	OLD CAP REL COSTS-BLDG & FIXT					
2	0200	OLD CAP REL COSTS-MVBLE EQUIP					
3	0300	NEW CAP REL COSTS-BLDG & FIXT				11,083,579	11,083,579
4	0400	NEW CAP REL COSTS-MVBLE EQUIP				11,153,924	11,153,924
5	0500	EMPLOYEE BENEFITS	1,046,050	20,495,066	21,541,116	2,330,974	23,872,090
6	0600	ADMINISTRATIVE & GENERAL	7,633,935	78,346,791	85,980,726	-17,028,495	68,952,231
8	0800	OPERATION OF PLANT	5,151,002	6,864,245	12,015,247	193,899	12,209,146
9	0900	LAUNDRY & LINEN SERVICE	14,808	1,030,599	1,045,407	-217	1,045,190
10	1000	HOUSEKEEPING	2,554,639	621,373	3,176,012	-12,853	3,163,159
11	1100	DIETARY	2,058,060	2,692,077	4,750,137	-1,812,497	2,937,640
12	1200	CAFETERIA				2,267,102	2,267,102
14	1400	NURSING ADMINISTRATION	5,982,978	-1,239,278	4,743,700	48,883	4,792,583
15	1500	CENTRAL SERVICES & SUPPLY		5,059,531	5,059,531	-2,985,992	2,073,539
16	1600	PHARMACY	3,521,374	7,577,886	11,099,260	-5,857,538	5,241,722
17	1700	MEDICAL RECORDS & LIBRARY	142,191	3,375,141	3,517,332	1,231	3,518,563
18	1800	SOCIAL SERVICE	2,240,406	39,827	2,280,233	15,845	2,296,078
19	1950	TRANSPORTATION	653,637	57,160	710,797	-1,931	708,866
20	2000	NONPHYSICIAN ANESTHETISTS	850,341	98,877	949,218	7,073	956,291
22	2200	I&R SERVICES-SALARY & FRINGES APPRVD				1,406,718	1,406,718
23	2300	I&R SERVICES-OTHER PRGM COSTS APPRVD	1,634,000	3,124,438	4,758,438	-2,087,345	2,671,093
24	2400	PARAMED ED PRGM-(SPECIFY)	201,108	432	201,540	-10,131	191,409
24.01	2401	RESPIRATORY SCHOOL				18,632	18,632
24.02	2402	RADIOLOGY EDUCATION	198,634	-124,380	74,254	-8,295	65,959
24.03	2403	PHARMACY RESIDENCY PROGRAM				107,716	107,716
		INPAT ROUTINE SRVC CNTRS					
25	2500	ADULTS & PEDIATRICS	27,208,087	2,667,683	29,875,770	-3,599,509	26,276,261
26	2600	INTENSIVE CARE UNIT	2,446,199	588,705	3,034,904	-97,519	2,937,385
26.01	2601	NEONATAL INTENSIVE CARE UNIT	596,273	182,982	779,255	-84,438	694,817
27	2700	CORONARY CARE UNIT	2,582,714	482,756	3,065,470	-2,067	3,063,403
31	3100	SUBPROVIDER	3,503,270	556,714	4,059,984	-21,886	4,038,098
31.01	3101	SUBPROVIDER 2 - PSYCH DPU	1,861,499	353,869	2,215,368	-393,778	1,821,590
33	3300	NURSERY				868,934	868,934
34	3400	SKILLED NURSING FACILITY	1,763,414	255,101	2,018,515	-5,927	2,012,588
		ANCILLARY SRVC COST CNTRS					
37	3700	OPERATING ROOM	144,570	71,770,920	71,915,490	-22,208,758	49,706,732
38	3800	RECOVERY ROOM		1,701,703	1,701,703	2,694,931	4,396,634
39	3900	DELIVERY ROOM & LABOR ROOM	6,574	53,924	60,498	2,789,735	2,850,233
41	4100	RADIOLOGY-DIAGNOSTIC	3,094,931	1,394,995	4,489,926	-1,921,990	2,567,936
41.01	3630	ULTRA SOUND	668,824	202,178	871,002	-14,300	856,702
41.02	3230	CAT SCAN	808,031	846,373	1,654,404	310,614	1,965,018
41.03	3430	MAGNETIC RESONANCE IMAGING (MRI)	741,518	833,828	1,575,346	-33,680	1,541,666
41.04	3450	NUCLEAR MEDICINE-DIAGNOSTIC	209,836	521,394	731,230	-119,939	611,291
41.05	3480	ONCOLOGY	2,831,773	14,769,413	17,601,186	-9,868,837	7,732,349
44	4400	LABORATORY		7,654,653	7,654,653	622,422	8,277,075
48	4800	INTRAVENOUS THERAPY	282,287	46,436	328,723	3,212	331,935
49	4900	RESPIRATORY THERAPY	2,448,711	541,257	2,989,968	-149,566	2,840,402
50	5000	PHYSICAL THERAPY	4,738,237	1,645,209	6,383,446	-3,111,611	3,271,835
51	5100	OCCUPATIONAL THERAPY				2,279,114	2,279,114
52	5200	SPEECH PATHOLOGY				759,705	759,705
53	5300	ELECTROCARDIOLOGY	392,988	1,166,268	1,559,256	-6,360	1,552,896
54	5400	ELECTROENCEPHALOGRAPHY	1,278,202	182,498	1,460,700	-156,230	1,304,470
55	5500	MEDICAL SUPPLIES CHARGED TO PATIENTS				24,505,575	24,505,575
56	5600	DRUGS CHARGED TO PATIENTS				16,473,892	16,473,892
57	5700	RENAL DIALYSIS		954,986	954,986	-920	954,066
59	3020	CARDIAC CATH LAB	478,658	4,249,682	4,728,340	-4,010,132	718,208
59.01	3021	ENDOSCOPY	118,668	475,073	593,741	-104,890	488,851
59.02	3022	MENTAL HEALTH OP	12,878,700	4,350,785	17,229,485	-88,351	17,141,134
59.03	3023	CNR	721,279	119,365	840,644	16,154	856,798
59.04	3550	PAIN MED PSYCH					
59.05	3025	LUTHERWOOD	395,623	65,993	461,616	1,104	462,720
		OUTPAT SERVICE COST CNTRS					
60	6000	CLINIC	22,403	24,120	46,523	-146	46,377
60.01	6001	HEALTHY HEARTS CENTER	140,004	-5,923	134,081	-1,342	132,739
60.02	6002	DIABETIC CARE CENTER	428,664	265,033	693,697	2,428	696,125
60.03	6003	PAIN REHAB ADMIN					
60.04	6004	FAMILY PRACTICE CENTER	1,202,440	811,973	2,014,413	-91,600	1,922,813
60.05	6005	PALLIATIVE CARE	278,276	-101,129	177,147	4,454	181,601
60.06	6006	SPINE CENTER	101,551	72,565	174,116	-17,051	157,065
60.07	6007	INFUSION CENTERS	65,397	1,176,830	1,242,227	-638,301	603,926
61	6100	EMERGENCY	5,676,978	1,644,688	7,321,666	-166,037	7,155,629
62	6200	OBSERVATION BEDS (NON-DISTINCT PART)					
		SPEC PURPOSE COST CENTERS					
95		SUBTOTALS	113,999,742	250,542,685	364,542,427	3,247,391	367,789,818
		NONREIMBURS COST CENTERS					
98	9800	PHYSICIANS' PRIVATE OFFICES	3,966,692	2,859,839	6,826,531	-83,694	6,742,837
98.01	9801	OCCUPATIONAL HEALTH	5,035,078	4,337,293	9,372,371	-1,166,098	8,206,273
98.02	9802	MEDCHECK FACILITIES	4,623,769	4,054,270	8,678,039	-1,651,436	7,026,603
98.03	9803	INFERTILITY SERVICES	25,796	11,916	37,712	-2,027	35,685
98.04	9804	BREAST DIAGNOSTIC		2,960,853	2,960,853	-13,756	2,947,097
98.05	9805	HAWTHORNE SCHOOL	634,781	150,704	785,485	-26,056	759,429
98.06	9806	INDIANA NEURORESTORATIVE CENTER					
98.07	9807	PRONET	347,486	35,839	383,325	-954	382,371
98.08	9808	DIAGNOSTIC TESTING FACILITY					
100	7950	OTHER NONREIMBURSABLE COST CENTERS	3,059,930	1,606,026	4,665,956	-303,370	4,362,586
101		TOTAL	131,693,274	266,559,425	398,252,699	-0-	398,252,699



RECLASSIFICATION AND ADJUSTMENT OF  
TRIAL BALANCE OF EXPENSES

COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS 6	NET EXPENSES FOR ALLOC 7
	GENERAL SERVICE COST CNTR		
1	0100 OLD CAP REL COSTS-BLDG & FIXT		
2	0200 OLD CAP REL COSTS-MVBLE EQUIP		
3	0300 NEW CAP REL COSTS-BLDG & FIXT	-2,178,830	8,904,749
4	0400 NEW CAP REL COSTS-MVBLE EQUIP	-1,783,183	9,370,741
5	0500 EMPLOYEE BENEFITS	-10,030,960	13,841,130
6	0600 ADMINISTRATIVE & GENERAL	-30,188,179	38,764,052
8	0800 OPERATION OF PLANT	-1,285,933	10,923,213
9	0900 LAUNDRY & LINEN SERVICE		1,045,190
10	1000 HOUSEKEEPING	-2,231	3,160,928
11	1100 DIETARY		2,937,640
12	1200 CAFETERIA	-1,312,313	954,789
14	1400 NURSING ADMINISTRATION	-406,111	4,386,472
15	1500 CENTRAL SERVICES & SUPPLY	-1,410,504	663,035
16	1600 PHARMACY	-406,721	4,835,001
17	1700 MEDICAL RECORDS & LIBRARY	-1,296,827	2,221,736
18	1800 SOCIAL SERVICE	-19,917	2,276,161
19	1950 TRANSPORTATION		708,866
20	2000 NONPHYSICIAN ANESTHETISTS	-956,291	
22	2200 I&R SERVICES-SALARY & FRINGES APPRVD	-88,285	1,318,433
23	2300 I&R SERVICES-OTHER PRGM COSTS APPRVD	-1,173,094	1,497,999
24	2400 PARAMED ED PRGM-(SPECIFY)	-97,649	93,760
24.01	2401 RESPIRATORY SCHOOL		18,632
24.02	2402 RADIOLOGY EDUCATION	-57,894	8,065
24.03	2403 PHARMACY RESIDENCY PROGRAM	-64,252	43,464
	INPAT ROUTINE SRVC CNTRS		
25	2500 ADULTS & PEDIATRICS	-849,390	25,426,871
26	2600 INTENSIVE CARE UNIT	-9,356	2,928,029
26.01	2601 NEONATAL INTENSIVE CARE UNIT	-12,500	682,317
27	2700 CORONARY CARE UNIT		3,063,403
31	3100 SUBPROVIDER	-3,593	4,034,505
31.01	3101 SUBPROVIDER 2 - PSYCH DPU	-49,468	1,772,122
33	3300 NURSERY		868,934
34	3400 SKILLED NURSING FACILITY		2,012,588
	ANCILLARY SRVC COST CNTRS		
37	3700 OPERATING ROOM	-27,529,788	22,176,944
38	3800 RECOVERY ROOM		4,396,634
39	3900 DELIVERY ROOM & LABOR ROOM	-52,080	2,798,153
41	4100 RADIOLOGY-DIAGNOSTIC	-278,388	2,289,548
41.01	3630 ULTRA SOUND		856,702
41.02	3230 CAT SCAN		1,965,018
41.03	3430 MAGNETIC RESONANCE IMAGING (MRI)	-1,368	1,540,298
41.04	3450 NUCLEAR MEDICINE-DIAGNOSTIC		611,291
41.05	3480 ONCOLOGY	-1,195,354	6,536,995
44	4400 LABORATORY	-1,644,386	6,632,689
48	4800 INTRAVENOUS THERAPY		331,935
49	4900 RESPIRATORY THERAPY	-25,904	2,814,498
50	5000 PHYSICAL THERAPY	-129,929	3,141,906
51	5100 OCCUPATIONAL THERAPY		2,279,114
52	5200 SPEECH PATHOLOGY		759,705
53	5300 ELECTROCARDIOLOGY	-702	1,552,194
54	5400 ELECTROENCEPHALOGRAPHY	18,527	1,322,997
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS		24,505,575
56	5600 DRUGS CHARGED TO PATIENTS		16,473,892
57	5700 RENAL DIALYSIS		954,066
59	3020 CARDIAC CATH LAB		718,208
59.01	3021 ENDOSCOPY	-1,229	487,622
59.02	3022 MENTAL HEALTH OP	-27,750	17,113,384
59.03	3023 CNR	-755	856,043
59.04	3550 PAIN MED PSYCH		
59.05	3025 LUTHERWOOD	-6,287	456,433
	OUTPAT SERVICE COST CNTRS		
60	6000 CLINIC		46,377
60.01	6001 HEALTHY HEARTS CENTER	-396	132,343
60.02	6002 DIABETIC CARE CENTER	-25,733	670,392
60.03	6003 PAIN REHAB ADMIN		
60.04	6004 FAMILY PRACTICE CENTER	-383,330	1,539,483
60.05	6005 PALLIATIVE CARE		181,601
60.06	6006 SPINE CENTER	-7,231	149,834
60.07	6007 INFUSION CENTERS	-61,649	542,277
61	6100 EMERGENCY	-241,689	6,913,940
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)		
	SPEC PURPOSE COST CENTERS		
95	SUBTOTALS	-85,278,902	282,510,916
	NONREIMBURS COST CENTERS		
98	9800 PHYSICIANS' PRIVATE OFFICES	-135,522	6,607,315
98.01	9801 OCCUPATIONAL HEALTH	-453,775	7,752,498
98.02	9802 MEDCHECK FACILITIES	-683,183	6,343,420
98.03	9803 INFERTILITY SERVICES		35,685
98.04	9804 BREAST DIAGNOSTIC		2,947,097
98.05	9805 HAWTHORNE SCHOOL		759,429
98.06	9806 INDIANA NEURORESTORATIVE CENTER		
98.07	9807 PRONET		382,371
98.08	9808 DIAGNOSTIC TESTING FACILITY		
100	7950 OTHER NONREIMBURSABLE COST CENTERS	-2,273	4,360,313
101	TOTAL	-86,553,655	311,699,044



COST CENTERS USED IN COST REPORT

LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
	GENERAL SERVICE COST		
1	OLD CAP REL COSTS-BLDG & FIXT	0100	
2	OLD CAP REL COSTS-MVBLE EQUIP	0200	
3	NEW CAP REL COSTS-BLDG & FIXT	0300	
4	NEW CAP REL COSTS-MVBLE EQUIP	0400	
5	EMPLOYEE BENEFITS	0500	
6	ADMINISTRATIVE & GENERAL	0600	
8	OPERATION OF PLANT	0800	
9	LAUNDRY & LINEN SERVICE	0900	
10	HOUSEKEEPING	1000	
11	DIETARY	1100	
12	CAFETERIA	1200	
14	NURSING ADMINISTRATION	1400	
15	CENTRAL SERVICES & SUPPLY	1500	
16	PHARMACY	1600	
17	MEDICAL RECORDS & LIBRARY	1700	
18	SOCIAL SERVICE	1800	
19	TRANSPORTATION	1950	OTHER GENERAL SERVICE COST CENTERS
20	NONPHYSICIAN ANESTHETISTS	2000	
22	I&R SERVICES-SALARY & FRINGES APPRVD	2200	
23	I&R SERVICES-OTHER PRGM COSTS APPRVD	2300	
24	PARAMED ED PRGM-(SPECIFY)	2400	
24.01	RESPIRATORY SCHOOL	2401	PARAMED ED PRGM
24.02	RADIOLOGY EDUCATION	2402	PARAMED ED PRGM
24.03	PHARMACY RESIDENCY PROGRAM	2403	PARAMED ED PRGM
	INPAT ROUTINE SRVC C		
25	ADULTS & PEDIATRICS	2500	
26	INTENSIVE CARE UNIT	2600	
26.01	NEONATAL INTENSIVE CARE UNIT	2601	INTENSIVE CARE UNIT
27	CORONARY CARE UNIT	2700	
31	SUBPROVIDER	3100	
31.01	SUBPROVIDER 2 - PSYCH DPU	3101	SUBPROVIDER #####
33	NURSERY	3300	
34	SKILLED NURSING FACILITY	3400	
	ANCILLARY SRVC COST		
37	OPERATING ROOM	3700	
38	RECOVERY ROOM	3800	
39	DELIVERY ROOM & LABOR ROOM	3900	
41	RADIOLOGY-DIAGNOSTIC	4100	
41.01	ULTRA SOUND	3630	ULTRA SOUND
41.02	CAT SCAN	3230	CAT SCAN
41.03	MAGNETIC RESONANCE IMAGING (MRI)	3430	MAGNETIC RESONANCE IMAGING (MRI)
41.04	NUCLEAR MEDICINE-DIAGNOSTIC	3450	NUCLEAR MEDICINE-DIAGNOSTIC
41.05	ONCOLOGY	3480	ONCOLOGY
44	LABORATORY	4400	
48	INTRAVENOUS THERAPY	4800	
49	RESPIRATORY THERAPY	4900	
50	PHYSICAL THERAPY	5000	
51	OCCUPATIONAL THERAPY	5100	
52	SPEECH PATHOLOGY	5200	
53	ELECTROCARDIOLOGY	5300	
54	ELECTROENCEPHALOGRAPHY	5400	
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	5500	
56	DRUGS CHARGED TO PATIENTS	5600	
57	RENAL DIALYSIS	5700	
59	CARDIAC CATH LAB	3020	ACUPUNCTURE
59.01	ENDOSCOPY	3021	ACUPUNCTURE
59.02	MENTAL HEALTH OP	3022	ACUPUNCTURE
59.03	CNR	3023	ACUPUNCTURE
59.04	PAIN MED PSYCH	3550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES
59.05	LUTHERWOOD	3025	ACUPUNCTURE
	OUTPAT SERVICE COST		
60	CLINIC	6000	
60.01	HEALTHY HEARTS CENTER	6001	CLINIC
60.02	DIABETIC CARE CENTER	6002	CLINIC
60.03	PAIN REHAB ADMIN	6003	CLINIC
60.04	FAMILY PRACTICE CENTER	6004	CLINIC
60.05	PALLIATIVE CARE	6005	CLINIC
60.06	SPINE CENTER	6006	CLINIC
60.07	INFUSION CENTERS	6007	CLINIC
61	EMERGENCY	6100	
62	OBSERVATION BEDS (NON-DISTINCT PART)	6200	
95	SPEC PURPOSE COST CE	0000	
	NONREIMBURS COST CEN		
98	PHYSICIANS' PRIVATE OFFICES	9800	
98.01	OCCUPATIONAL HEALTH	9801	PHYSICIANS' PRIVATE OFFICES
98.02	MEDCHECK FACILITIES	9802	PHYSICIANS' PRIVATE OFFICES
98.03	INFERTILITY SERVICES	9803	PHYSICIANS' PRIVATE OFFICES
98.04	BREAST DIAGNOSTIC	9804	PHYSICIANS' PRIVATE OFFICES
98.05	HAWTHORNE SCHOOL	9805	PHYSICIANS' PRIVATE OFFICES
98.06	INDIANA NEURORESTORATIVE CENTER	9806	PHYSICIANS' PRIVATE OFFICES
98.07	PRONET	9807	PHYSICIANS' PRIVATE OFFICES
98.08	DIAGNOSTIC TESTING FACILITY	9808	PHYSICIANS' PRIVATE OFFICES
100	OTHER NONREIMBURSABLE COST CENTERS	7950	OTHER NONREIMBURSABLE COST CENTERS
101	TOTAL	0000	



RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION	----- INCREASE -----				
	CODE (1)	COST CENTER	LINE NO	SALARY	OTHER
	1	2	3	4	5
1 Labor & Delivery Salary	A	NURSERY	33	720,885	
2		DELIVERY ROOM & LABOR ROOM	39	2,314,420	
3					
4 Labor & Delivery Other	B	NURSERY	33		148,049
5		DELIVERY ROOM & LABOR ROOM	39		475,315
6					
7 Chargeable Medical Supplies	C	ADMINISTRATIVE & GENERAL	6		573,775
8		MEDICAL SUPPLIES CHARGED TO PATIENTS	55		16,545,588
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35					
1 Chargeable Medical Supplies	C				
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10					
11 Depreciation Expense	D	NEW CAP REL COSTS-MVBLE EQUIP	4		18,554,616
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35					
1 Depreciation Expense	D				
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6					



RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER 2	INCREASE		SALARY 4	OTHER 5
			LINE NO 3			
7						
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35 Radiology Salary	E	ULTRA SOUND	41.01		93,476	
1 Radiology Salary	E	CAT SCAN	41.02		489,895	
2		MAGNETIC RESONANCE IMAGING (MRI)	41.03		292,805	
3						
4 Radiology Other	F	ULTRA SOUND	41.01			3,240
5		CAT SCAN	41.02			16,980
6		MAGNETIC RESONANCE IMAGING (MRI)	41.03			10,149
7						
8 Capital Insurance Costs	G	NEW CAP REL COSTS-BLDG & FIXT	3			201,103
9		NEW CAP REL COSTS-MVBLE EQUIP	4			2,890
10						
11 Respiratory Therapy Ed	H	RESPIRATORY SCHOOL	24.01		18,632	
12						
13 Interest Expense	I	NEW CAP REL COSTS-BLDG & FIXT	3			3,478,894
14						
15 INTERNS AND RESIDENTS	J	ADMINISTRATIVE & GENERAL	6		21,949	
16		I&R SERVICES-SALARY & FRINGES APPRVD	22		1,406,718	
17 Surgery Center Reclss	L	RECOVERY ROOM	38			2,711,314
18		LABORATORY	44			630,937
19		MEDICAL SUPPLIES CHARGED TO PATIENTS	55			7,959,987
20		DRUGS CHARGED TO PATIENTS	56			673,544
21						
22 Depreciation by CC	M	NEW CAP REL COSTS-BLDG & FIXT	3			7,403,582
23						
24 Cafeteria Salary	N	CAFETERIA	12		905,924	
25						
26 Cafeteria Reclss	O	CAFETERIA	12			1,361,178
27						
28 Benefit Allocation	P	EMPLOYEE BENEFITS	5			2,427,318
29						
30						
31						
32						
33 PTO Allocation	Q	EMPLOYEE BENEFITS	5		12,556	
34		OPERATION OF PLANT	8		75,290	
35		HOUSEKEEPING	10		31,454	
1 PTO Allocation	Q	DIETARY	11		22,134	
2		NURSING ADMINISTRATION	14		117,391	
3		PHARMACY	16		58,834	
4		MEDICAL RECORDS & LIBRARY	17		2,454	
5		SOCIAL SERVICE	18		18,799	
6		TRANSPORTATION	19		5,338	
7		NONPHYSICIAN ANESTHETISTS	20		11,835	
8		I&R SERVICES-OTHER PRGM COSTS APPRVD	23		19,825	
9		PARAMED ED PRGM-(SPECIFY)	24		5,554	
10		RADIOLOGY EDUCATION	24.02		3,569	
11		ADULTS & PEDIATRICS	25		210,097	
12		INTENSIVE CARE UNIT	26		21,835	



RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION	----- INCREASE -----				
	CODE (1)	COST CENTER 2	LINE NO 3	SALARY 4	OTHER 5
13			27	22,024	
14			31	36,407	
15			31.01	19,131	
16			34	7,478	
17			37	1,780	
18			41	27,276	
19			41.01	5,555	
20			41.02	10,198	
21			41.03	7,945	
22			41.04	302	
23			41.05	20,816	
24			48	3,241	
25			49	14,776	
26			50	51,980	
27			53	1,403	
28			54	11,914	
29			59	5,448	
30			59.02	134,379	
31			59.03	17,129	
32			59.05	1,641	
33			60.01	2,765	
34			60.02	9,449	
35			60.04	15,862	
1	PTO Allocation	Q	PALLIATIVE CARE	60.05	4,454
2			INFUSION CENTERS	60.07	21
3			EMERGENCY	61	35,752
4			PHYSICIANS' PRIVATE OFFICES	98	96,810
5			OCCUPATIONAL HEALTH	98.01	56,748
6			MEDCHECK FACILITIES	98.02	41,829
7			HAWTHORNE SCHOOL	98.05	8,600
8			PRONET	98.07	1,875
9			OTHER NONREIMBURSABLE COST CENTERS	100	36,107
10					
11	Pharm Resident Costs	R	PHARMACY RESIDENCY PROGRAM	24.03	96,797
12					
13	Pharmacy Residency Reclasp	S	PHARMACY RESIDENCY PROGRAM	24.03	10,919
14					
15	Drugs Charges to Pat	T	DRUGS CHARGED TO PATIENTS	56	15,800,348
16					
17					
18					
19					
20					
21					
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26					
27					
28					
29					
30					
31					
32					
33					
34	Therapy Salary	U	OCCUPATIONAL THERAPY	51	1,721,724
35			SPEECH PATHOLOGY	52	573,908
1	Therapy Salary	U			
2	Therapy Other	V	OCCUPATIONAL THERAPY	51	557,390
3			SPEECH PATHOLOGY	52	185,797
4					
5	Plant Operations Expense	W	OPERATION OF PLANT	8	815,895
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					



RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION	----- INCREASE -----				
	CODE (1)	COST CENTER	LINE NO	SALARY	OTHER
	1	2	3	4	5
19					
20					
21					
22					
23					
24					
25					
26					
27					
28					
29					
30					
31					
32					
33					
34					
35					
1	Plant Operations Expense	W			
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13	Dietary Food Service Allocation	X ADMINISTRATIVE & GENERAL	6		57,356
14		DIETARY	11		575,393
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					
27					
28					
29					
30					
31					
32					
33					
34					
35					
1	Dietary Food Service Allocation	X			
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					



RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION	CODE		INCREASE		SALARY	OTHER
	(1)	COST CENTER	LINE NO			
	1	2	3		4	5
25 PSYCH NONEXEMPT RECLASS	Y	ADULTS & PEDIATRICS	25		335,522	
26						
27 Psych Non-Exempt Unit ReClass	Z	ADULTS & PEDIATRICS	25			42,326
28						
29 CONTRACT LABOR SALARY RECLASS	AA	NURSING ADMINISTRATION	14		25,597	
30		ADULTS & PEDIATRICS	25		39,762	
31		SUBPROVIDER 2 - PSYCH DPU	31.01		15,360	
36 TOTAL RECLASSIFICATIONS					10,401,434	81,223,883

(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	DECREASE			OTHER	A-7 REF
			LINE NO	SALARY			
1 Labor & Delivery Salary	A	6					10
2							
3		ADULTS & PEDIATRICS	25	3,035,305			
4 Labor & Delivery Other	B						
5							
6		ADULTS & PEDIATRICS	25		623,364		
7 Chargeable Medical Supplies	C						
8							
9		EMPLOYEE BENEFITS	5		4,197		
10		OPERATION OF PLANT	8		66,404		
11		DIETARY	11		66		
12		NURSING ADMINISTRATION	14		319		
13		CENTRAL SERVICES & SUPPLY	15		2,922,086		
14		PHARMACY	16		159,163		
15		TRANSPORTATION	19		910		
16		PARAMED ED PRGM-(SPECIFY)	24		1,869		
17		ADULTS & PEDIATRICS	25		1,989		
18		INTENSIVE CARE UNIT	26		485		
19		CORONARY CARE UNIT	27		298		
20		SUBPROVIDER	31		2,151		
21		SUBPROVIDER 2 - PSYCH DPU	31.01		621		
22		SKILLED NURSING FACILITY	34		1,402		
23		OPERATING ROOM	37		9,574,610		
24		RECOVERY ROOM	38		71		
25		RADIOLOGY-DIAGNOSTIC	41		5,130		
26		MAGNETIC RESONANCE IMAGING (MRI)	41.03		4		
27		ONCOLOGY	41.05		3,882		
28		RESPIRATORY THERAPY	49		3,397		
29		PHYSICAL THERAPY	50		4,621		
30		ELECTROENCEPHALOGRAPHY	54		142		
31		RENAL DIALYSIS	57		30		
32		CARDIAC CATH LAB	59		3,749,197		
33		ENDOSCOPY	59.01		1,544		
34		MENTAL HEALTH OP	59.02		1,280		
35		HEALTHY HEARTS CENTER	60.01		18		
1 Chargeable Medical Supplies	C	FAMILY PRACTICE CENTER	60.04		1,111		
2		INFUSION CENTERS	60.07		378,419		
3		EMERGENCY	61		1,294		
4		OCCUPATIONAL HEALTH	98.01		27,449		
5		MEDCHECK FACILITIES	98.02		51,829		
6		INFERTILITY SERVICES	98.03		506		
7		BREAST DIAGNOSTIC	98.04		154		
8		HAWTHORNE SCHOOL	98.05		408		
9		PRONET	98.07		208		
10		OTHER NONREIMBURSABLE COST CENTERS	100		152,099		
11 Depreciation Expense	D						9
12		EMPLOYEE BENEFITS	5		13,232		
13		ADMINISTRATIVE & GENERAL	6		12,253,651		
14		OPERATION OF PLANT	8		620,198		
15		LAUNDRY & LINEN SERVICE	9		217		
16		HOUSEKEEPING	10		31,957		
17		DIETARY	11		141,918		
18		NURSING ADMINISTRATION	14		48,635		
19		CENTRAL SERVICES & SUPPLY	15		55,666		
20		PHARMACY	16		85,095		
21		MEDICAL RECORDS & LIBRARY	17		1,223		
22		SOCIAL SERVICE	18		1,817		
23		TRANSPORTATION	19		5,977		
24		NONPHYSICIAN ANESTHETISTS	20		2,575		
25		I&R SERVICES-OTHER PRGM COSTS APPRVD	23		17,334		
26		PARAMED ED PRGM-(SPECIFY)	24		9,232		
27		RADIOLOGY EDUCATION	24.02		9,175		
28		ADULTS & PEDIATRICS	25		319,994		
29		INTENSIVE CARE UNIT	26		108,821		
30		NEONATAL INTENSIVE CARE UNIT	26.01		83,378		
31		CORONARY CARE UNIT	27		11,452		
32		SUBPROVIDER	31		43,589		
33		SUBPROVIDER 2 - PSYCH DPU	31.01		32,406		
34		SKILLED NURSING FACILITY	34		6,105		
35		OPERATING ROOM	37		603,162		
1 Depreciation Expense	D	RECOVERY ROOM	38		14,691		
2		RADIOLOGY-DIAGNOSTIC	41		981,741		
3		ULTRA SOUND	41.01		100,953		
4		CAT SCAN	41.02		177,486		
5		MAGNETIC RESONANCE IMAGING (MRI)	41.03		330,981		
6		NUCLEAR MEDICINE-DIAGNOSTIC	41.04		70,514		



RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER	DECREASE		SALARY	OTHER	A-7 REF
			6	LINE NO			
7		ONCOLOGY		41.05		1,064,553	
8		LABORATORY		44		8,515	
9		INTRAVENOUS THERAPY		48		29	
10		RESPIRATORY THERAPY		49		129,533	
11		PHYSICAL THERAPY		50		96,904	
12		ELECTROCARDIOLOGY		53		4,413	
13		ELECTROENCEPHALOGRAPHY		54		162,656	
14		RENAL DIALYSIS		57		274	
15		CARDIAC CATH LAB		59		255,469	
16		ENDOSCOPY		59.01		98,154	
17		MENTAL HEALTH OP		59.02		45,533	
18		CNR		59.03		745	
19		LUTHERWOOD		59.05		537	
20		CLINIC		60		146	
21		HEALTHY HEARTS CENTER		60.01		2,677	
22		DIABETIC CARE CENTER		60.02		6,204	
23		FAMILY PRACTICE CENTER		60.04		11,874	
24		SPINE CENTER		60.06		16,085	
25		INFUSION CENTERS		60.07		163	
26		EMERGENCY		61		182,583	
27		PHYSICIANS' PRIVATE OFFICES		98		100,546	
28		OCCUPATIONAL HEALTH		98.01		22,688	
29		MEDCHECK FACILITIES		98.02		85,661	
30		INFERTILITY SERVICES		98.03		1,521	
31		BREAST DIAGNOSTIC		98.04		11,020	
32		HAWTHORNE SCHOOL		98.05		2,833	
33		PRONET		98.07		2,531	
34		OTHER NONREIMBURSABLE COST CENTERS		100		57,594	
35 Radiology Salary	E						
1 Radiology Salary	E						
2							
3		RADIOLOGY-DIAGNOSTIC		41	876,176		
4 Radiology Other	F						
5							
6		RADIOLOGY-DIAGNOSTIC		41		30,369	
8 Capital Insurance Costs	G						12
9							12
10		ADMINISTRATIVE & GENERAL		6		203,993	
11 Respiratory Therapy Ed	H						
12		RESPIRATORY THERAPY		49	18,632		
13 Interest Expense	I						11
14		ADMINISTRATIVE & GENERAL		6		3,478,894	
15 INTERNS AND RESIDENTS	J	I&R SERVICES-OTHER PRGM COSTS APPRVD		23	273,375	1,155,292	
16							
17 Surgery Center Reclass	L						
18							
19							
20							
21		OPERATING ROOM		37		11,975,782	
22 Depreciation by CC	M						9
23		NEW CAP REL COSTS-MVBLE EQUIP		4		7,403,582	9
24 Cafeteria Salary	N						
25		DIETARY		11	905,924		
26 Cafeteria Reclass	O						
27		DIETARY		11		1,361,178	
28 Benefit Allocation	P						
29		ADMINISTRATIVE & GENERAL		6		28,943	
30		I&R SERVICES-OTHER PRGM COSTS APPRVD		23		611,620	
31		OCCUPATIONAL HEALTH		98.01		955,227	
32		MEDCHECK FACILITIES		98.02		831,528	
33 PTO Allocation	Q						
34							
35							
1 PTO Allocation	Q						
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							



RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER	DECREASE			OTHER	A-7 REF
			LINE NO	SALARY			
	1	6	7	8	9	10	
13							
14							
15							
16							
17							
18							
19							
20							
21							
22							
23							
24							
25							
26							
27							
28							
29							
30							
31							
32							
33							
34							
35							
1 PTO Allocation	Q						
2							
3							
4							
5							
6							
7							
8							
9							
10		ADMINISTRATIVE & GENERAL	6	1,328,060			
11 Pharm Resident Costs	R						
12		PHARMACY	16	96,797			
13 Pharmacy Residency Reclass	S						
14		PHARMACY	16		10,919		
15 Drugs Charges to Pat	T						
16		EMPLOYEE BENEFITS	5		91,185		
17		CENTRAL SERVICES & SUPPLY	15		4,028		
18		PHARMACY	16		5,563,710		
19		OPERATING ROOM	37		419		
20		RADIOLOGY-DIAGNOSTIC	41		549		
21		CAT SCAN	41.02		209		
22		NUCLEAR MEDICINE-DIAGNOSTIC	41.04		43,474		
23		ONCOLOGY	41.05		8,751,565		
24		RESPIRATORY THERAPY	49		762		
25		PHYSICAL THERAPY	50		6,393		
26		MENTAL HEALTH OP	59.02		67,689		
27		HEALTHY HEARTS CENTER	60.01		1,325		
28		FAMILY PRACTICE CENTER	60.04		88,436		
29		INFUSION CENTERS	60.07		259,245		
30		EMERGENCY	61		15		
31		OCCUPATIONAL HEALTH	98.01		207,664		
32		MEDCHECK FACILITIES	98.02		682,877		
33		HAWTHORNE SCHOOL	98.05		30,803		
34 Therapy Salary	U						
35							
1 Therapy Salary	U	PHYSICAL THERAPY	50	2,295,632			
2 Therapy Other	V						
3							
4		PHYSICAL THERAPY	50		743,187		
5 Plant Operations Expense	W						
6		EMPLOYEE BENEFITS	5		21		
7		ADMINISTRATIVE & GENERAL	6		388,034		
8		HOUSEKEEPING	10		8,658		
9		DIETARY	11		938		
10		CENTRAL SERVICES & SUPPLY	15		3,832		
11		NONPHYSICIAN ANESTHETISTS	20		2,031		
12		I&R SERVICES-OTHER PRGM COSTS APPRVD	23		1,114		
13		PARAMED ED PRGM-(SPECIFY)	24		2,603		
14		ADULTS & PEDIATRICS	25		32,787		
15		INTENSIVE CARE UNIT	26		4,087		
16		NEONATAL INTENSIVE CARE UNIT	26.01		1,054		
17		CORONARY CARE UNIT	27		5,466		
18		SUBPROVIDER	31		462		



RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER	DECREASE		SALARY	OTHER	A-7 REF 10
			LINE NO	7			
19		SUBPROVIDER 2 - PSYCH DPU	31.01			453	
20		SKILLED NURSING FACILITY	34			286	
21		OPERATING ROOM	37			54,858	
22		RECOVERY ROOM	38			676	
23		RADIOLOGY-DIAGNOSTIC	41			49,341	
24		ULTRA SOUND	41.01			15,386	
25		CAT SCAN	41.02			26,604	
26		MAGNETIC RESONANCE IMAGING (MRI)	41.03			11,629	
27		NUCLEAR MEDICINE-DIAGNOSTIC	41.04			6,125	
28		ONCOLOGY	41.05			53,594	
29		RESPIRATORY THERAPY	49			11,577	
30		PHYSICAL THERAPY	50			6,678	
31		ELECTROCARDIOLOGY	53			3,350	
32		ELECTROENCEPHALOGRAPHY	54			1,384	
33		RENAL DIALYSIS	57			14	
34		CARDIAC CATH LAB	59			5,670	
35		ENDOSCOPY	59.01			4,770	
1 Plant Operations Expense	W	MENTAL HEALTH OP	59.02			36,680	
2		HEALTHY HEARTS CENTER	60.01			20	
3		FAMILY PRACTICE CENTER	60.04			5,566	
4		SPINE CENTER	60.06			60	
5		INFUSION CENTERS	60.07			495	
6		EMERGENCY	61			5,056	
7		OCCUPATIONAL HEALTH	98.01			5,730	
8		MEDCHECK FACILITIES	98.02			39,737	
9		BREAST DIAGNOSTIC	98.04			2,582	
10		HAWTHORNE SCHOOL	98.05			603	
11		PRONET	98.07			90	
12		OTHER NONREIMBURSABLE COST CENTERS	100			15,794	
13 Dietary Food Service Allocation	X						
14		EMPLOYEE BENEFITS	5			265	
15		OPERATION OF PLANT	8			10,684	
16		HOUSEKEEPING	10			3,692	
17		NURSING ADMINISTRATION	14			19,554	
18		CENTRAL SERVICES & SUPPLY	15			380	
19		PHARMACY	16			688	
20		SOCIAL SERVICE	18			1,137	
21		TRANSPORTATION	19			382	
22		NONPHYSICIAN ANESTHETISTS	20			156	
23		I&R SERVICES-OTHER PRGM COSTS APPRVD	23			48,435	
24		PARAMED ED PRGM-(SPECIFY)	24			1,981	
25		RADIOLOGY EDUCATION	24.02			2,689	
26		ADULTS & PEDIATRICS	25			174,015	
27		INTENSIVE CARE UNIT	26			5,961	
28		NEONATAL INTENSIVE CARE UNIT	26.01			6	
29		CORONARY CARE UNIT	27			6,875	
30		SUBPROVIDER	31			12,091	
31		SUBPROVIDER 2 - PSYCH DPU	31.01			1,581	
32		SKILLED NURSING FACILITY	34			5,612	
33		OPERATING ROOM	37			1,707	
34		RECOVERY ROOM	38			945	
1 Dietary Food Service Allocation	X	RADIOLOGY-DIAGNOSTIC	41			5,960	
2		ULTRA SOUND	41.01			232	
3		CAT SCAN	41.02			2,160	
4		MAGNETIC RESONANCE IMAGING (MRI)	41.03			1,965	
5		NUCLEAR MEDICINE-DIAGNOSTIC	41.04			128	
6		ONCOLOGY	41.05			16,059	
7		RESPIRATORY THERAPY	49			441	
8		PHYSICAL THERAPY	50			10,176	
9		ELECTROENCEPHALOGRAPHY	54			3,962	
10		RENAL DIALYSIS	57			602	
11		CARDIAC CATH LAB	59			5,244	
12		ENDOSCOPY	59.01			422	
13		MENTAL HEALTH OP	59.02			71,548	
14		CNR	59.03			230	
15		HEALTHY HEARTS CENTER	60.01			67	
16		DIABETIC CARE CENTER	60.02			817	
17		FAMILY PRACTICE CENTER	60.04			475	
18		SPINE CENTER	60.06			906	
19		EMERGENCY	61			12,841	
20		PHYSICIANS' PRIVATE OFFICES	98			79,958	
21		OCCUPATIONAL HEALTH	98.01			4,088	
22		MEDCHECK FACILITIES	98.02			1,633	
23		HAWTHORNE SCHOOL	98.05			9	
24		OTHER NONREIMBURSABLE COST CENTERS	100			113,990	



RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER	DECREASE			A-7 REF 10
			LINE NO	SALARY	OTHER	
	1	6	7	8	9	
25 PSYCH NONEXEMPT RECLASS	Y					
26		SUBPROVIDER 2 - PSYCH DPU	31.01	335,522		
27 Psych Non-Exempt Unit Reclass	Z					
28		SUBPROVIDER 2 - PSYCH DPU	31.01		42,326	
29 CONTRACT LABOR SALARY RECLASS	AA	NURSING ADMINISTRATION	14		25,597	
30		ADULTS & PEDIATRICS	25		39,762	
31		SUBPROVIDER 2 - PSYCH DPU	31.01		15,360	
36 TOTAL RECLASSIFICATIONS				9,165,423	82,459,894	

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



RECLASSIFICATIONS

RECLASS CODE: A  
EXPLANATION : Labor & Delivery Salary

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NURSERY	33	720,885			0	
2.00	DELIVERY ROOM & LABOR ROOM	39	2,314,420			0	
3.00			0	ADULTS & PEDIATRICS	25	3,035,305	
TOTAL RECLASSIFICATIONS FOR CODE A			3,035,305				3,035,305

RECLASS CODE: B  
EXPLANATION : Labor & Delivery Other

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NURSERY	33	148,049			0	
2.00	DELIVERY ROOM & LABOR ROOM	39	475,315			0	
3.00			0	ADULTS & PEDIATRICS	25	623,364	
TOTAL RECLASSIFICATIONS FOR CODE B			623,364				623,364

RECLASS CODE: C  
EXPLANATION : Chargeable Medical Supplies

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	ADMINISTRATIVE & GENERAL	6	573,775			0	
2.00	MEDICAL SUPPLIES CHARGED TO PA	55	16,545,588			0	
3.00			0	EMPLOYEE BENEFITS	5	4,197	
4.00			0	OPERATION OF PLANT	8	66,404	
5.00			0	DIETARY	11	66	
6.00			0	NURSING ADMINISTRATION	14	319	
7.00			0	CENTRAL SERVICES & SUPPLY	15	2,922,086	
8.00			0	PHARMACY	16	159,163	
9.00			0	TRANSPORTATION	19	910	
10.00			0	PARAMED ED PRGM-(SPECIFY)	24	1,869	
11.00			0	ADULTS & PEDIATRICS	25	1,989	
12.00			0	INTENSIVE CARE UNIT	26	485	
13.00			0	CORONARY CARE UNIT	27	298	
14.00			0	SUBPROVIDER	31	2,151	
15.00			0	SUBPROVIDER 2 - PSYCH DPU	31.01	621	
16.00			0	SKILLED NURSING FACILITY	34	1,402	
17.00			0	OPERATING ROOM	37	9,574,610	
18.00			0	RECOVERY ROOM	38	71	
19.00			0	RADIOLOGY-DIAGNOSTIC	41	5,130	
20.00			0	MAGNETIC RESONANCE IMAGING (MR	41.03	4	
21.00			0	ONCOLOGY	41.05	3,882	
22.00			0	RESPIRATORY THERAPY	49	3,397	
23.00			0	PHYSICAL THERAPY	50	4,621	
24.00			0	ELECTROENCEPHALOGRAPHY	54	142	
25.00			0	RENAL DIALYSIS	57	30	
26.00			0	CARDIAC CATH LAB	59	3,749,197	
27.00			0	ENDOSCOPY	59.01	1,544	
28.00			0	MENTAL HEALTH OP	59.02	1,280	
29.00			0	HEALTHY HEARTS CENTER	60.01	18	
30.00			0	FAMILY PRACTICE CENTER	60.04	1,111	
31.00			0	INFUSION CENTERS	60.07	378,419	
32.00			0	EMERGENCY	61	1,294	
33.00			0	OCCUPATIONAL HEALTH	98.01	27,449	
34.00			0	MEDCHECK FACILITIES	98.02	51,829	
35.00			0	INFERTILITY SERVICES	98.03	506	
36.00			0	BREAST DIAGNOSTIC	98.04	154	
37.00			0	HAWTHORNE SCHOOL	98.05	408	
38.00			0	PRONET	98.07	208	
39.00			0	OTHER NONREIMBURSABLE COST CEN	100	152,099	
TOTAL RECLASSIFICATIONS FOR CODE C			17,119,363				17,119,363

RECLASS CODE: D  
EXPLANATION : Depreciation Expense

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CAP REL COSTS-MVBLE EQUIP	4	18,554,616			0	
2.00			0	EMPLOYEE BENEFITS	5	13,232	
3.00			0	ADMINISTRATIVE & GENERAL	6	12,253,651	
4.00			0	OPERATION OF PLANT	8	620,198	
5.00			0	LAUNDRY & LINEN SERVICE	9	217	
6.00			0	HOUSEKEEPING	10	31,957	
7.00			0	DIETARY	11	141,918	
8.00			0	NURSING ADMINISTRATION	14	48,635	
9.00			0	CENTRAL SERVICES & SUPPLY	15	55,666	



RECLASSIFICATIONS

RECLASS CODE: D  
EXPLANATION : Depreciation Expense

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	AMOUNT
10.00			0	PHARMACY	16	85,095	
11.00			0	MEDICAL RECORDS & LIBRARY	17	1,223	
12.00			0	SOCIAL SERVICE	18	1,817	
13.00			0	TRANSPORTATION	19	5,977	
14.00			0	NONPHYSICIAN ANESTHETISTS	20	2,575	
15.00			0	I&R SERVICES-OTHER PRGM COSTS	23	17,334	
16.00			0	PARAMED ED PRGM-(SPECIFY)	24	9,232	
17.00			0	RADIOLOGY EDUCATION	24.02	9,175	
18.00			0	ADULTS & PEDIATRICS	25	319,994	
19.00			0	INTENSIVE CARE UNIT	26	108,821	
20.00			0	NEONATAL INTENSIVE CARE UNIT	26.01	83,378	
21.00			0	CORONARY CARE UNIT	27	11,452	
22.00			0	SUBPROVIDER	31	43,589	
23.00			0	SUBPROVIDER 2 - PSYCH DPU	31.01	32,406	
24.00			0	SKILLED NURSING FACILITY	34	6,105	
25.00			0	OPERATING ROOM	37	603,162	
26.00			0	RECOVERY ROOM	38	14,691	
27.00			0	RADIOLOGY-DIAGNOSTIC	41	981,741	
28.00			0	ULTRA SOUND	41.01	100,953	
29.00			0	CAT SCAN	41.02	177,486	
30.00			0	MAGNETIC RESONANCE IMAGING (MR	41.03	330,981	
31.00			0	NUCLEAR MEDICINE-DIAGNOSTIC	41.04	70,514	
32.00			0	ONCOLOGY	41.05	1,064,553	
33.00			0	LABORATORY	44	8,515	
34.00			0	INTRAVENOUS THERAPY	48	29	
35.00			0	RESPIRATORY THERAPY	49	129,533	
36.00			0	PHYSICAL THERAPY	50	96,904	
37.00			0	ELECTROCARDIOLOGY	53	4,413	
38.00			0	ELECTROENCEPHALOGRAPHY	54	162,656	
39.00			0	RENAL DIALYSIS	57	274	
40.00			0	CARDIAC CATH LAB	59	255,469	
41.00			0	ENDOSCOPY	59.01	98,154	
42.00			0	MENTAL HEALTH OP	59.02	45,533	
43.00			0	CNR	59.03	745	
44.00			0	LUTHERWOOD	59.05	537	
45.00			0	CLINIC	60	146	
46.00			0	HEALTHY HEARTS CENTER	60.01	2,677	
47.00			0	DIABETIC CARE CENTER	60.02	6,204	
48.00			0	FAMILY PRACTICE CENTER	60.04	11,874	
49.00			0	SPINE CENTER	60.06	16,085	
50.00			0	INFUSION CENTERS	60.07	163	
51.00			0	EMERGENCY	61	182,583	
52.00			0	PHYSICIANS' PRIVATE OFFICES	98	100,546	
53.00			0	OCCUPATIONAL HEALTH	98.01	22,688	
54.00			0	MEDCHECK FACILITIES	98.02	85,661	
55.00			0	INFERTILITY SERVICES	98.03	1,521	
56.00			0	BREAST DIAGNOSTIC	98.04	11,020	
57.00			0	HAWTHORNE SCHOOL	98.05	2,833	
58.00			0	PRONET	98.07	2,531	
59.00			0	OTHER NONREIMBURSABLE COST CEN	100	57,594	
TOTAL RECLASSIFICATIONS FOR CODE D			18,554,616				18,554,616

RECLASS CODE: E  
EXPLANATION : Radiology Salary

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	AMOUNT
1.00	ULTRA SOUND	41.01	93,476			0	
2.00	CAT SCAN	41.02	489,895			0	
3.00	MAGNETIC RESONANCE IMAGING (MR	41.03	292,805			0	
4.00			0	RADIOLOGY-DIAGNOSTIC	41	876,176	
TOTAL RECLASSIFICATIONS FOR CODE E			876,176				876,176

RECLASS CODE: F  
EXPLANATION : Radiology Other

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	AMOUNT
1.00	ULTRA SOUND	41.01	3,240			0	
2.00	CAT SCAN	41.02	16,980			0	
3.00	MAGNETIC RESONANCE IMAGING (MR	41.03	10,149			0	
4.00			0	RADIOLOGY-DIAGNOSTIC	41	30,369	
TOTAL RECLASSIFICATIONS FOR CODE F			30,369				30,369

RECLASS CODE: G  
EXPLANATION : Capital Insurance Costs

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	AMOUNT
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	201,033			0	



RECLASSIFICATIONS

RECLASS CODE: G  
EXPLANATION : Capital Insurance Costs

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
2.00	NEW CAP REL COSTS-MVBLE EQUIP	4	2,890			0	
3.00			0	ADMINISTRATIVE & GENERAL	6	203,993	
TOTAL RECLASSIFICATIONS FOR CODE G			203,993			203,993	

RECLASS CODE: H  
EXPLANATION : Respiratory Therapy Ed

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	RESPIRATORY SCHOOL	24.01	18,632			0	
2.00			0	RESPIRATORY THERAPY	49	18,632	
TOTAL RECLASSIFICATIONS FOR CODE H			18,632			18,632	

RECLASS CODE: I  
EXPLANATION : Interest Expense

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	3,478,894			0	
2.00			0	ADMINISTRATIVE & GENERAL	6	3,478,894	
TOTAL RECLASSIFICATIONS FOR CODE I			3,478,894			3,478,894	

RECLASS CODE: J  
EXPLANATION : INTERNS AND RESIDENTS

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	ADMINISTRATIVE & GENERAL	6	21,949			0	
2.00	I&R SERVICES-SALARY & FRINGES	22	1,406,718	I&R SERVICES-OTHER PRGM COSTS	23	1,428,667	
TOTAL RECLASSIFICATIONS FOR CODE J			1,428,667			1,428,667	

RECLASS CODE: L  
EXPLANATION : Surgery Center ReClass

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	RECOVERY ROOM	38	2,711,314			0	
2.00	LABORATORY	44	630,937			0	
3.00	MEDICAL SUPPLIES CHARGED TO PA	55	7,959,987			0	
4.00	DRUGS CHARGED TO PATIENTS	56	673,544			0	
5.00			0	OPERATING ROOM	37	11,975,782	
TOTAL RECLASSIFICATIONS FOR CODE L			11,975,782			11,975,782	

RECLASS CODE: M  
EXPLANATION : Depreciation by CC

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	7,403,582			0	
2.00			0	NEW CAP REL COSTS-MVBLE EQUIP	4	7,403,582	
TOTAL RECLASSIFICATIONS FOR CODE M			7,403,582			7,403,582	

RECLASS CODE: N  
EXPLANATION : Cafeteria salary

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	CAFETERIA	12	905,924			0	
2.00			0	DIETARY	11	905,924	
TOTAL RECLASSIFICATIONS FOR CODE N			905,924			905,924	

RECLASS CODE: O  
EXPLANATION : Cafeteria ReClass

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	CAFETERIA	12	1,361,178			0	
2.00			0	DIETARY	11	1,361,178	
TOTAL RECLASSIFICATIONS FOR CODE O			1,361,178			1,361,178	

RECLASS CODE: P  
EXPLANATION : Benefit Allocation

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	EMPLOYEE BENEFITS	5	2,427,318			0	







RECLASS CODE: S  
 EXPLANATION : Pharmacy Residency ReClass

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	AMOUNT
2.00			0	PHARMACY	16	10,919	10,919
TOTAL RECLASSIFICATIONS FOR CODE S			10,919				

RECLASS CODE: T  
 EXPLANATION : Drugs Charges to Pat

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	AMOUNT
1.00	DRUGS CHARGED TO PATIENTS	56	15,800,348			0	
2.00			0	EMPLOYEE BENEFITS	5	91,185	
3.00			0	CENTRAL SERVICES & SUPPLY	15	4,028	
4.00			0	PHARMACY	16	5,563,710	
5.00			0	OPERATING ROOM	37	419	
6.00			0	RADIOLOGY-DIAGNOSTIC	41	549	
7.00			0	CAT SCAN	41.02	209	
8.00			0	NUCLEAR MEDICINE-DIAGNOSTIC	41.04	43,474	
9.00			0	ONCOLOGY	41.05	8,751,565	
10.00			0	RESPIRATORY THERAPY	49	762	
11.00			0	PHYSICAL THERAPY	50	6,393	
12.00			0	MENTAL HEALTH OP	59.02	67,689	
13.00			0	HEALTHY HEARTS CENTER	60.01	1,325	
14.00			0	FAMILY PRACTICE CENTER	60.04	88,436	
15.00			0	INFUSION CENTERS	60.07	259,245	
16.00			0	EMERGENCY	61	15	
17.00			0	OCCUPATIONAL HEALTH	98.01	207,664	
18.00			0	MEDCHECK FACILITIES	98.02	682,877	
19.00			0	HAWTHORNE SCHOOL	98.05	30,803	
TOTAL RECLASSIFICATIONS FOR CODE T			15,800,348	15,800,348			

RECLASS CODE: U  
 EXPLANATION : Therapy Salary

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	AMOUNT
1.00	OCCUPATIONAL THERAPY	51	1,721,724			0	
2.00	SPEECH PATHOLOGY	52	573,908			0	
3.00			0	PHYSICAL THERAPY	50	2,295,632	2,295,632
TOTAL RECLASSIFICATIONS FOR CODE U			2,295,632				

RECLASS CODE: V  
 EXPLANATION : Therapy Other

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	AMOUNT
1.00	OCCUPATIONAL THERAPY	51	557,390			0	
2.00	SPEECH PATHOLOGY	52	185,797			0	
3.00			0	PHYSICAL THERAPY	50	743,187	743,187
TOTAL RECLASSIFICATIONS FOR CODE V			743,187				

RECLASS CODE: W  
 EXPLANATION : Plant Operations Expense

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	AMOUNT
1.00	OPERATION OF PLANT	8	815,895			0	
2.00			0	EMPLOYEE BENEFITS	5	21	
3.00			0	ADMINISTRATIVE & GENERAL	6	388,034	
4.00			0	HOUSEKEEPING	10	8,658	
5.00			0	DIETARY	11	938	
6.00			0	CENTRAL SERVICES & SUPPLY	15	3,832	
7.00			0	NONPHYSICIAN ANESTHETISTS	20	2,031	
8.00			0	I&R SERVICES-OTHER PRGM COSTS	23	1,114	
9.00			0	PARAMED ED PRGM-(SPECIFY)	24	2,603	
10.00			0	ADULTS & PEDIATRICS	25	32,787	
11.00			0	INTENSIVE CARE UNIT	26	4,087	
12.00			0	NEONATAL INTENSIVE CARE UNIT	26.01	1,054	
13.00			0	CORONARY CARE UNIT	27	5,466	
14.00			0	SUBPROVIDER	31	462	
15.00			0	SUBPROVIDER 2 - PSYCH DPU	31.01	453	
16.00			0	SKILLED NURSING FACILITY	34	286	
17.00			0	OPERATING ROOM	37	54,858	
18.00			0	RECOVERY ROOM	38	676	
19.00			0	RADIOLOGY-DIAGNOSTIC	41	49,341	
20.00			0	ULTRA SOUND	41.01	15,386	



RECLASSIFICATIONS

RECLASS CODE: W  
 EXPLANATION : Plant Operations Expense

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
21.00			0	CAT SCAN	41.02	26,604	
22.00			0	MAGNETIC RESONANCE IMAGING (MR	41.03	11,629	
23.00			0	NUCLEAR MEDICINE-DIAGNOSTIC	41.04	6,125	
24.00			0	ONCOLOGY	41.05	53,594	
25.00			0	RESPIRATORY THERAPY	49	11,577	
26.00			0	PHYSICAL THERAPY	50	6,678	
27.00			0	ELECTROCARDIOLOGY	53	3,350	
28.00			0	ELECTROENCEPHALOGRAPHY	54	1,384	
29.00			0	RENAL DIALYSIS	57	14	
30.00			0	CARDIAC CATH LAB	59	5,670	
31.00			0	ENDOSCOPY	59.01	4,770	
32.00			0	MENTAL HEALTH OP	59.02	36,680	
33.00			0	HEALTHY HEARTS CENTER	60.01	20	
34.00			0	FAMILY PRACTICE CENTER	60.04	5,566	
35.00			0	SPINE CENTER	60.06	60	
36.00			0	INFUSION CENTERS	60.07	495	
37.00			0	EMERGENCY	61	5,056	
38.00			0	OCCUPATIONAL HEALTH	98.01	5,730	
39.00			0	MEDCHECK FACILITIES	98.02	39,737	
40.00			0	BREAST DIAGNOSTIC	98.04	2,582	
41.00			0	HAWTHORNE SCHOOL	98.05	603	
42.00			0	PRONET	98.07	90	
43.00			0	OTHER NONREIMBURSABLE COST CEN	100	15,794	
TOTAL RECLASSIFICATIONS FOR CODE W			815,895				815,895

RECLASS CODE: X  
 EXPLANATION : Dietary Food Service Allocation

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	ADMINISTRATIVE & GENERAL	6	57,356			0	
2.00	DIETARY	11	575,393			0	
3.00			0	EMPLOYEE BENEFITS	5	265	
4.00			0	OPERATION OF PLANT	8	10,684	
5.00			0	HOUSEKEEPING	10	3,692	
6.00			0	NURSING ADMINISTRATION	14	19,554	
7.00			0	CENTRAL SERVICES & SUPPLY	15	380	
8.00			0	PHARMACY	16	688	
9.00			0	SOCIAL SERVICE	18	1,137	
10.00			0	TRANSPORTATION	19	382	
11.00			0	NONPHYSICIAN ANESTHETISTS	20	156	
12.00			0	I&R SERVICES-OTHER PRGM COSTS	23	48,435	
13.00			0	PARAMED ED PRGM-(SPECIFY)	24	1,981	
14.00			0	RADIOLOGY EDUCATION	24.02	2,689	
15.00			0	ADULTS & PEDIATRICS	25	174,015	
16.00			0	INTENSIVE CARE UNIT	26	5,961	
17.00			0	NEONATAL INTENSIVE CARE UNIT	26.01	6	
18.00			0	CORONARY CARE UNIT	27	6,875	
19.00			0	SUBPROVIDER	31	12,091	
20.00			0	SUBPROVIDER 2 - PSYCH DPU	31.01	1,581	
21.00			0	SKILLED NURSING FACILITY	34	5,612	
22.00			0	OPERATING ROOM	37	1,707	
23.00			0	RECOVERY ROOM	38	945	
24.00			0	RADIOLOGY-DIAGNOSTIC	41	5,960	
25.00			0	ULTRA SOUND	41.01	232	
26.00			0	CAT SCAN	41.02	2,160	
27.00			0	MAGNETIC RESONANCE IMAGING (MR	41.03	1,965	
28.00			0	NUCLEAR MEDICINE-DIAGNOSTIC	41.04	128	
29.00			0	ONCOLOGY	41.05	16,059	
30.00			0	RESPIRATORY THERAPY	49	441	
31.00			0	PHYSICAL THERAPY	50	10,176	
32.00			0	ELECTROENCEPHALOGRAPHY	54	3,962	
33.00			0	RENAL DIALYSIS	57	602	
34.00			0	CARDIAC CATH LAB	59	5,244	
35.00			0	ENDOSCOPY	59.01	422	
36.00			0	MENTAL HEALTH OP	59.02	71,548	
37.00			0	CNR	59.03	230	
38.00			0	HEALTHY HEARTS CENTER	60.01	67	
39.00			0	DIABETIC CARE CENTER	60.02	817	
40.00			0	FAMILY PRACTICE CENTER	60.04	475	
41.00			0	SPINE CENTER	60.06	906	
42.00			0	EMERGENCY	61	12,841	
43.00			0	PHYSICIANS' PRIVATE OFFICES	98	79,958	
44.00			0	OCCUPATIONAL HEALTH	98.01	4,088	
45.00			0	MEDCHECK FACILITIES	98.02	1,633	
46.00			0	HAWTHORNE SCHOOL	98.05	9	
47.00			0	OTHER NONREIMBURSABLE COST CEN	100	113,990	
TOTAL RECLASSIFICATIONS FOR CODE X			632,749				632,749



RECLASSIFICATIONS

PROVIDER NO:	PERIOD:	PREPARED
150074	FROM 1/ 1/2008	6/ 2/2009
	TO 12/31/2008	WORKSHEET A-6
		NOT A CMS WORKSHEET

RECLASS CODE: Y  
 EXPLANATION : PSYCH NONEXEMPT RECLASS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	ADULTS & PEDIATRICS	25	335,522			0	
2.00			0	SUBPROVIDER 2 - PSYCH DPU	31.01	335,522	
TOTAL RECLASSIFICATIONS FOR CODE Y			335,522				335,522

RECLASS CODE: Z  
 EXPLANATION : Psych Non-Exempt Unit Reclass

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	ADULTS & PEDIATRICS	25	42,326			0	
2.00			0	SUBPROVIDER 2 - PSYCH DPU	31.01	42,326	
TOTAL RECLASSIFICATIONS FOR CODE Z			42,326				42,326

RECLASS CODE: AA  
 EXPLANATION : CONTRACT LABOR SALARY RECLASS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NURSING ADMINISTRATION	14	25,597	NURSING ADMINISTRATION	14	25,597	
2.00	ADULTS & PEDIATRICS	25	39,762	ADULTS & PEDIATRICS	25	39,762	
3.00	SUBPROVIDER 2 - PSYCH DPU	31.01	15,360	SUBPROVIDER 2 - PSYCH DPU	31.01	15,360	
TOTAL RECLASSIFICATIONS FOR CODE AA			80,719				80,719



PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

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

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

	DESCRIPTION	BEGINNING	ACQUISITIONS		TOTAL	DISPOSALS	ENDING	FULLY
		BALANCES	PURCHASES	DONATION		AND		
		1	2	3	4	5	6	7
1	LAND	2,210,933					2,210,933	
2	LAND IMPROVEMENTS	4,053,468					4,053,468	
3	BUILDINGS & FIXTURE	131,421,151	12,594,049		12,594,049		144,015,200	
4	BUILDING IMPROVEMEN	6,219,523	1,921,108		1,921,108	35	8,140,596	
5	FIXED EQUIPMENT	14,311,259				668	14,310,591	
6	MOVABLE EQUIPMENT	207,907,474	25,190,568		25,190,568	9,519,052	223,578,990	
7	SUBTOTAL	366,123,808	39,705,725		39,705,725	9,519,755	396,309,778	
8	RECONCILING ITEMS							
9	TOTAL	366,123,808	39,705,725		39,705,725	9,519,755	396,309,778	



PART III - RECONCILIATION OF CAPITAL COST CENTERS  
 DESCRIPTION

		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL			TOTAL	
DESCRIPTION		GROSS ASSETS	CAPITIALIZED LEASES	GROSS ASSETS FOR RATIO	RATIO	INSURANCE	TAXES	OTHER CAPITAL RELATED COSTS	
*		1	2	3	4	5	6	7	8
1	OLD CAP REL COSTS-BL								
2	OLD CAP REL COSTS-MV								
3	NEW CAP REL COSTS-BL	172,730,788		172,730,788	.435848				
4	NEW CAP REL COSTS-MV	223,578,990		223,578,990	.564152				
5	TOTAL	396,309,778		396,309,778	1.000000				

DESCRIPTION SUMMARY OF OLD AND NEW CAPITAL

		DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL RELATED COST	TOTAL (1)
*		9	10	11	12	13	14	15
1	OLD CAP REL COSTS-BL							
2	OLD CAP REL COSTS-MV							
3	NEW CAP REL COSTS-BL	7,655,848	-1,386,295	2,434,093	201,103			8,904,749
4	NEW CAP REL COSTS-MV	14,445,209	-5,077,358		2,890			9,370,741
5	TOTAL	22,101,057	-6,463,653	2,434,093	203,993			18,275,490

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

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

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



ADJUSTMENTS TO EXPENSES

DESCRIPTION (1)	(2) BASIS/CODE	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST. A-7 REF. 5
			COST CENTER	LINE NO	
	1	2	3	4	5
1 INVST INCOME-OLD BLDGS AND FIXTURES			OLD CAP REL COSTS-BLDG &	1	
2 INVESTMENT INCOME-OLD MOVABLE EQUIP			OLD CAP REL COSTS-MVBLE E	2	
3 INVST INCOME-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &	3	
4 INVESTMENT INCOME-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E	4	
5 INVESTMENT INCOME-OTHER					
6 TRADE, QUANTITY AND TIME DISCOUNTS					
7 REFUNDS AND REBATES OF EXPENSES					
8 RENTAL OF PRVIDER SPACE BY SUPPLIERS					
9 TELEPHONE SERVICES	A	-6,512	ADMINISTRATIVE & GENERAL	6	
10 TELEVISION AND RADIO SERVICE	A	-2,015	NEW CAP REL COSTS-MVBLE E	4	9
11 PARKING LOT					
12 PROVIDER BASED PHYSICIAN ADJUSTMENT	A-8-2	-3,813,335			
13 SALE OF SCRAP, WASTE, ETC.					
14 RELATED ORGANIZATION TRANSACTIONS	A-8-1	-45,637,756			
15 LAUNDRY AND LINEN SERVICE					
16 CAFETERIA--EMPLOYEES AND GUESTS	B	-1,290,126	CAFETERIA	12	
17 RENTAL OF QTRS TO EMPLOYEE AND OTHRS					
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 VENDING 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			**COST CENTER DELETED**	89	
29 DEPRECIATION-OLD BLDGS AND FIXTURES			OLD CAP REL COSTS-BLDG &	1	
30 DEPRECIATION-OLD MOVABLE EQUIP			OLD CAP REL COSTS-MVBLE E	2	
31 DEPRECIATION-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &	3	
32 DEPRECIATION-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E	4	
33 NON-PHYSICIAN ANESTHETIST	A	-956,291	NONPHYSICIAN ANESTHETISTS	20	
34 PHYSICIANS' ASSISTANT					
35 ADJUSTMENT FOR OCCUPATIONAL THERAPY	A-8-4		OCCUPATIONAL THERAPY	51	
36 ADJUSTMENT FOR SPEECH PATHOLOGY	A-8-4		SPEECH PATHOLOGY	52	
37 OTHER ADJUSTMENTS (SPECIFY)					
38 Bad Debt Expense	A	-17,123,178	ADMINISTRATIVE & GENERAL	6	
39 Bad Debt Expense	A	-3,119,444	OPERATING ROOM	37	
40 Bad Debt Expense	A	-61,649	INFUSION CENTERS	60.07	
41 Bad Debt Expense	A	-25,455	OCCUPATIONAL HEALTH	98.01	
42 Bad Debt Expense	A	-224,646	MEDCHECK FACILITIES	98.02	
43 Non Allow Marketing Expense	A	-135,571	ADMINISTRATIVE & GENERAL	6	
44 Non Allow Marketing Expense	A	-11,782	I&R SERVICES-OTHER PRGM C	23	
45 Non Allow Marketing Expense	A	-500	ADULTS & PEDIATRICS	25	
46 Non Allow Marketing Expense	A	-3,593	SUBPROVIDER	31	
47 Non Allow Marketing Expense	A	-206	RADIOLOGY-DIAGNOSTIC	41	
48 Non Allow Marketing Expense	A	-80	FAMILY PRACTICE CENTER	60.04	
49 Non Allow Marketing Expense	A	-75,000	PHYSICIANS' PRIVATE OFFIC	98	
49.01 Non Allow Marketing Expense	A	-5,386	OCCUPATIONAL HEALTH	98.01	
49.02 Non Allow Marketing Expense	A	-7,855	MEDCHECK FACILITIES	98.02	
49.03 Non Allow Marketing Expense	A	-2,273	OTHER NONREIMBURSABLE COS	100	
49.06 Patient Phone Cost - Depreciation	A	-660	NEW CAP REL COSTS-MVBLE E	4	9
49.07 Employee Drug Costs	A	-9,646	PHARMACY	16	
49.08 Meals on Wheels Cost	A	-41,399	CAFETERIA	12	
49.10 Pharmacy Residency	A	-38,002	PHARMACY	16	
49.11 Depreciation Carryforward	A	161,215	NEW CAP REL COSTS-BLDG &	3	9
49.12 Depreciation Carryforward	A	160,848	NEW CAP REL COSTS-MVBLE E	4	9
49.13 00 Non-Allow Interest Expense	A	-232,782	NEW CAP REL COSTS-BLDG &	3	11
49.14 00 Non-Allow Interest Expense	A	-67,589	ADMINISTRATIVE & GENERAL	6	
49.15 97 Non-Allow Interest Expense	A	-187,243	NEW CAP REL COSTS-BLDG &	3	11
49.16 97 Non-Allow Interest Expense	A	-11,062	ADMINISTRATIVE & GENERAL	6	
49.17 95 Non-Allow Interest Expense	A	-324,869	NEW CAP REL COSTS-BLDG &	3	11
49.18 95 Non-Allow Interest Expense	A	-32,819	ADMINISTRATIVE & GENERAL	6	
49.21 92 Non-Allow Interest Expense	A	-79,063	NEW CAP REL COSTS-BLDG &	3	11
49.22 92 Non-Allow Interest Expense	A	-42,246	ADMINISTRATIVE & GENERAL	6	
49.23 92A Non- Allow Interest Expense	A	-125,926	NEW CAP REL COSTS-BLDG &	3	11
49.24 92A Non- Allow Interest Expense	A	-21,687	ADMINISTRATIVE & GENERAL	6	
49.25 LOC Non-Allow Interest Expense	A	-73,886	NEW CAP REL COSTS-BLDG &	3	11
49.26 Bond Defeasance	A	-21,032	NEW CAP REL COSTS-BLDG &	3	11
49.30 Misc Revenue	B	-181,249	EMPLOYEE BENEFITS	5	
49.31 Misc Revenue	B	-94,791	ADMINISTRATIVE & GENERAL	6	
49.32 Misc Revenue	B	-977,325	OPERATION OF PLANT	8	
49.33 Misc Revenue	B	-2,231	HOUSEKEEPING	10	
49.34 Misc Revenue	B	-22,326	CAFETERIA	12	
49.35 Misc Revenue	B	-62,532	NURSING ADMINISTRATION	14	
49.36 Misc Revenue	B	-12,053	PHARMACY	16	
49.37 Misc Revenue	B	-309,423	I&R SERVICES-OTHER PRGM C	23	
49.38 Misc Revenue	B	-7,270	PARAMED ED PRGM-(SPECIFY)	24	
49.39 Misc Revenue	B	-18,665	RADIOLOGY EDUCATION	24.02	
49.40 Misc Revenue	B	-12,105	ADULTS & PEDIATRICS	25	
49.41 Misc Revenue	B	-3,780	OPERATING ROOM	37	
49.42 Misc Revenue	B	-95,595	RADIOLOGY-DIAGNOSTIC	41	
49.43 Misc Revenue	B	-157,519	ONCOLOGY	41.05	
49.44 Misc Revenue	B	-15,500	RESPIRATORY THERAPY	49	
49.45 Misc Revenue	B	-24,542	PHYSICAL THERAPY	50	
49.46 Misc Revenue	B	-702	ELECTROCARDIOLOGY	53	
49.47 Misc Revenue	B	-64,252	PHARMACY RESIDENCY PROGRA	24.03	



DESCRIPTION (1)	(2)		EXPENSE CLASSIFICATION ON		WKST. A-7 REF. 5
	BASIS/CODE 1	AMOUNT 2	WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED COST CENTER 3	LINE NO 4	
49.48 Misc Revenue	B	-755	CNR	59.03	
49.49 Misc Revenue	B	-725	DIABETIC CARE CENTER	60.02	
49.50 Misc Revenue	B	-355,714	FAMILY PRACTICE CENTER	60.04	
49.51 Misc Revenue	B	-23,701	EMERGENCY	61	
49.52 Misc Rev MACL	B	-68,000	OPERATION OF PLANT	8	
49.53 Misc Rev MACL	B	-30,578	I&R SERVICES-OTHER PRGM C	23	
49.54 Misc Rev MACL	B	-90,379	PARAMED ED PRGM-(SPECIFY)	24	
49.55 Misc Rev MACL	B	-124	RADIOLOGY EDUCATION	24.02	
49.56 Misc Rev MACL	B	-9,356	INTENSIVE CARE UNIT	26	
49.57 Misc Rev MACL	B	-27,725	MENTAL HEALTH OP	59.02	
49.58 Misc Rev MACL	B	-396	HEALTHY HEARTS CENTER	60.01	
49.59 Misc Revenue - Acct 35200	B	-23,262	CAFETERIA	12	
49.60 Misc Revenue - Acct 35200	B	-39,105	RADIOLOGY EDUCATION	24.02	
49.61 Misc Revenue - Acct 35200	B	-2,000	ADULTS & PEDIATRICS	25	
49.62 Misc Revenue - Acct 35200	B	-166,710	RADIOLOGY-DIAGNOSTIC	41	
49.63 Misc Revenue - Acct 35200	B	-15,308	DIABETIC CARE CENTER	60.02	
49.64 Misc Revenue - Acct 35300	B	101,037	CAFETERIA	12	
49.65 Misc Revenue - Acct 35300	B	-630	RADIOLOGY-DIAGNOSTIC	41	
49.66 Misc Revenue - Acct 35300	B	-25	MENTAL HEALTH OP	59.02	
49.67 Outside Corp Revenue	B	-585,387	LABORATORY	44	
49.68 Misc Revenue Intercompany	B	-237	CAFETERIA	12	
49.69 Leased Equipment CBI	B	-5,028,774	NEW CAP REL COSTS-MVBLE E	4	10
49.70 Space Rental Revenue CBI	B	-1,386,295	NEW CAP REL COSTS-BLDG &	3	10
49.71 IHH Leased Employees	B	-15,735	EMPLOYEE BENEFITS	5	
49.72 IHH Leased Employees	B	-221,374	ADMINISTRATIVE & GENERAL	6	
49.73 IHH Leased Employees	B	-248,831	OPERATION OF PLANT	8	
49.74 IHH Leased Employees	B	-133,169	NURSING ADMINISTRATION	14	
49.75 IHH Leased Employees	B	-347,020	PHARMACY	16	
49.76 IHH Leased Employees	B	-12,000	MEDICAL RECORDS & LIBRARY	17	
49.77 IHH Leased Employees	B	-19,317	SOCIAL SERVICE	18	
49.78 IHH Leased Employees	B	-6,360	OPERATING ROOM	37	
49.79 IHH Leased Employees	B	-2,891	RADIOLOGY-DIAGNOSTIC	41	
49.80 IHH Leased Employees	B	-1,368	MAGNETIC RESONANCE IMAGIN	41.03	
49.81 IHH Leased Employees	B	-112,631	PHYSICAL THERAPY	50	
49.82 IHH Leased Employees	B	-791	ELECTROENCEPHALOGRAPHY	54	
49.83 IHH Leased Employees	B	-1,229	ENDOSCOPY	59.01	
49.84 IHH Leased Employees	B	-60,522	PHYSICIANS' PRIVATE OFFIC	98	
49.85 IHH VCT Lease	B	-48,584	NEW CAP REL COSTS-MVBLE E	4	10
49.86 Purchased Discounts	B	-129,708	ADMINISTRATIVE & GENERAL	6	
49.87 Vending Revenue	B	-32	PHYSICAL THERAPY	50	
49.88 MISCELLANEOUS REVENUE ACCT 37597	B	-36,000	CAFETERIA	12	
49.89 MISCELLANEOUS REVENUE ACCT 37597	B	-7,750	RADIOLOGY-DIAGNOSTIC	41	
49.90 MISCELLANEOUS REVENUE ACCT 37597	B	-20,216	MEDCHECK FACILITIES	98.02	
49.91 OLIO ROAD POB	A	-222,655	NEW CAP REL COSTS-BLDG &	3	9
49.92 OLIO ROAD POB	A	-511,692	ADMINISTRATIVE & GENERAL	6	
49.93 CHN POB	A	-258,353	NEW CAP REL COSTS-BLDG &	3	9
49.94 CHN POB	A	-828,917	ADMINISTRATIVE & GENERAL	6	
50 TOTAL (SUM OF LINES 1 THRU 49)		-86,553,655			

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



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

LINE NO.	COST CENTER	EXPENSE ITEMS	AMOUNT OF ALLOWABLE COST	AMOUNT	NET* ADJUSTMENTS	WKSHT A-7 COL. REF.
1	2	3	4	5	6	
1	3	NEW CAP REL COSTS-BLDG & HOME OFFICE	6,808,640	6,017,287	791,353	9
2	4	NEW CAP REL COSTS-MVBLE E HOME OFFICE	3,136,002		3,136,002	9
3	5	EMPLOYEE BENEFITS Home Office	4,815,742	4,493,249	322,493	
4	6	ADMINISTRATIVE & GENERAL Home Office	20,612,654	29,811,181	-9,198,527	
4.01	15	CENTRAL SERVICES & SUPPLY Home Office		1,410,504	-1,410,504	
4.02	17	MEDICAL RECORDS & LIBRARY Home Office	2,003,042	3,287,869	-1,284,827	
4.03	23	I&R SERVICES-OTHER PRGM C Home Office		562,615	-562,615	
4.04	98	1 OCCUPATIONAL HEALTH Home Office		422,934	-422,934	
4.05	98	2 MEDCHECK FACILITIES Home Office		430,466	-430,466	
4.07	8	OPERATION OF PLANT 1400 North Ritter POB	129,689	121,466	8,223	
4.08	14	NURSING ADMINISTRATION 1400 North Ritter POB	24,029	22,827	1,202	
4.09	41	5 ONCOLOGY 1400 North Ritter POB	115,720	109,535	6,185	
4.10	54	ELECTROENCEPHALOGRAPHY 1400 North Ritter POB	76,207	44,751	31,456	
4.12	6	ADMINISTRATIVE & GENERAL 7250 Clearvista POB	56,911	31,753	25,158	
4.14	50	PHYSICAL THERAPY 8180 Clearvista POB	13,699	4,006	9,693	
4.15	5	EMPLOYEE BENEFITS 8180 Clearvista POB	4,042	15,058	-11,016	
4.17	37	OPERATING ROOM Surgery Centers	29,846,909	54,161,001	-24,314,092	
4.19	44	LABORATORY MACL Lab JV	4,659,821	5,572,982	-913,161	
4.21	5	EMPLOYEE BENEFITS SELF INSURANCE	3,066,493	13,175,946	-10,109,453	
4.30	3	NEW CAP REL COSTS-BLDG & IHH POB		219,294	-219,294	9
4.31	6	ADMINISTRATIVE & GENERAL IHH POB		904,038	-904,038	
4.34	22	I&R SERVICES-SALARY & FRI CHN Interns And Residents	1,318,433	1,406,718	-88,285	
4.35	23	I&R SERVICES-OTHER PRGM C CHN Interns And Residents	1,497,999	1,598,308	-100,309	
5		TOTALS	78,186,032	123,823,788	-45,637,756	

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

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

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

SYMBOL (1)	NAME	PERCENTAGE OF OWNERSHIP	RELATED ORGANIZATION(S) AND/OR HOME OFFICE NAME	PERCENTAGE OF OWNERSHIP	TYPE OF BUSINESS
1	2	3	4	5	6
1	B	COMMUNITY HEALTH NETWORK		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.



PROVIDER BASED PHYSICIAN ADJUSTMENTS

WKSHT A	COST CENTER/ PHYSICIAN	TOTAL REMUN- ERATION	PROFES- SIONAL COMPONENT	PROVIDER COMPONENT	RCE AMOUNT	PHYSICIAN/ PROVIDER COMPONENT HOURS	UNADJUSTED RCE LIMIT	5 PERCENT OF UNADJUSTED RCE LIMIT
LINE NO.	IDENTIFIER	3	4	5	6	7	8	9
1 5	EMPLOYEE BENEFITS	36,000	36,000					
2 6	ADMINISTRATIVE & GENERAL	883,626	883,626					
3 14	NURSING ADMINISTRATION	211,612	211,612					
4 18	SOCIAL SERVICE	600	600					
5								
6 23	I&R SERVICES-OTHER PRGM C	158,387	158,387					
7 25	ADULTS & PEDIATRICS	834,785	834,785					
8 26	1 NEONATAL INTENSIVE CARE U	12,500	12,500					
9 31	1 SUBPROVIDER 2 - PSYCH DPU	49,468	49,468					
10 37	OPERATING ROOM	86,112	86,112					
11 39	DELIVERY ROOM & LABOR ROO	52,080	52,080					
12 41	RADIOLOGY-DIAGNOSTIC	12,939	4,606	8,333	225,300	206	22,313	1,116
13 41	5 ONCOLOGY	1,044,020	1,044,020					
14 44	LABORATORY	145,838	145,838					
15 49	RESPIRATORY THERAPY	10,404	10,404					
16 50	PHYSICAL THERAPY	2,417	2,417					
17 54	ELECTROENCEPHALOGRAPHY	12,138	12,138					
18 59	2 MENTAL HEALTH OP							
19 59	5 LUTHERWOOD	6,287	6,287					
20 60	2 DIABETIC CARE CENTER	9,700	9,700					
21 60	4 FAMILY PRACTICE CENTER	27,536	27,536					
22 60	6 SPINE CENTER	7,231	7,231					
23 61	EMERGENCY	217,988	217,988					
24								
25								
26								
27								
28								
29								
30								
101	TOTAL	3,821,668	3,813,335	8,333		206	22,313	1,116



PROVIDER BASED PHYSICIAN ADJUSTMENTS

WKSHT A	COST CENTER/ PHYSICIAN	COST OF MEMBERSHIPS & CONTINUING EDUCATION	PROVIDER COMPONENT SHARE OF	PHYSICIAN COST OF MALPRACTICE INSURANCE	PROVIDER COMPONENT SHARE OF	ADJUSTED RCE LIMIT	RCE DIS- ALLOWANCE	ADJUSTMENT
LINE NO.	IDENTIFIER	COL 12	COL 13	COL 14	COL 15	COL 16	COL 17	COL 18
1	5							36,000
2	6							883,626
3	14							211,612
4	18							600
5								
6	23							158,387
7	25							834,785
8	26	1						12,500
9	31	1						49,468
10	37							86,112
11	39							52,080
12	41					22,313		4,606
13	41	5						1,044,020
14	44							145,838
15	49							10,404
16	50							2,417
17	54							12,138
18	59	2						
19	59	5						6,287
20	60	2						9,700
21	60	4						27,536
22	60	6						7,231
23	61							217,988
24								
25								
26								
27								
28								
29								
30								
101	TOTAL					22,313		3,813,335



COST ALLOCATION STATISTICS

LINE NO.	COST CENTER DESCRIPTION	STATISTICS CODE	STATISTICS DESCRIPTION		
	GENERAL SERVICE COST				
1	OLD CAP REL COSTS-BLDG & FIXT	1	SQUARE	FEET	NOT ENTERED
2	OLD CAP REL COSTS-MVBLE EQUIP	2	DOLLAR	VALUE	NOT ENTERED
3	NEW CAP REL COSTS-BLDG & FIXT	3	SQUARE	FEET	ENTERED
4	NEW CAP REL COSTS-MVBLE EQUIP	4	DOLLAR	VALUE	ENTERED
5	EMPLOYEE BENEFITS	S	GROSS	SALARIES	ENTERED
6	ADMINISTRATIVE & GENERAL	-10	ACCUM.	COST	NOT ENTERED
8	OPERATION OF PLANT	3	SQUARE	FEET	ENTERED
9	LAUNDRY & LINEN SERVICE	12	POUNDS OF	LAUNDRY	ENTERED
10	HOUSEKEEPING	3	SQUARE	FEET	ENTERED
11	DIETARY	14	MEALS	SERVED	ENTERED
12	CAFETERIA	15	FTE'S		ENTERED
14	NURSING ADMINISTRATION	16	FTE'S		ENTERED
15	CENTRAL SERVICES & SUPPLY	17	COSTED	REQUIS.	ENTERED
16	PHARMACY	18	COSTED	REQUIS.	ENTERED
17	MEDICAL RECORDS & LIBRARY	C	GROSS	CHARGES	NOT ENTERED
18	SOCIAL SERVICE	20	PATIENT DAYS		ENTERED
19	TRANSPORTATION	21	TIME	SPENT	ENTERED
20	NONPHYSICIAN ANESTHETISTS	22	ASSIGNED	TIME	ENTERED
22	I&R SERVICES-SALARY & FRINGES APPRVD	23	ASSIGNED	TIME	ENTERED
23	I&R SERVICES-OTHER PRGM COSTS APPRVD	23	ASSIGNED	TIME	ENTERED
24	PARAMED ED PRGM-(SPECIFY)	24	ASSIGNED	TIME	ENTERED
24.01	RESPIRATORY SCHOOL	25	TIME	SPENT	ENTERED
24.02	RADIOLOGY EDUCATION	26	TIME	SPENT	ENTERED
24.03	PHARMACY RESIDENCY PROGRAM	27	TIME	SPENT	ENTERED



COST ALLOCATION - GENERAL SERVICE COSTS

COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION	OLD CAP REL C OSTS-BLDG &	OLD CAP REL C OSTS-MVBLE E	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-MVBLE E	EMPLOYEE BENE FITS	SUBTOTAL
	0	1	2	3	4	5	5a.00
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &	8,904,749			8,904,749			
005 NEW CAP REL COSTS-MVBLE E	9,370,741				9,370,741		
006 EMPLOYEE BENEFITS	13,841,130				6,683	13,847,813	
008 ADMINISTRATIVE & GENERAL	38,764,052			645,354	6,188,528	664,491	46,262,425
009 OPERATION OF PLANT	10,923,213			1,355,823	313,222	548,818	13,141,076
010 LAUNDRY & LINEN SERVICE	1,045,190				110	1,555	1,046,855
011 HOUSEKEEPING	3,160,928			204,513	16,139	271,568	3,653,148
012 DIETARY	2,937,640			232,703	40,460	123,311	3,334,114
014 CAFETERIA	954,789			179,528	31,214	95,132	1,260,663
015 NURSING ADMINISTRATION	4,386,472			137,643	24,562	643,294	5,191,971
016 CENTRAL SERVICES & SUPPLY	663,035				28,113	691,148	
017 PHARMACY	4,835,001			113,828	42,976	365,796	5,357,601
018 MEDICAL RECORDS & LIBRARY	2,221,736			47,835	618	15,189	2,285,378
019 SOCIAL SERVICE	2,276,161			69,794	918	237,241	2,584,114
020 TRANSPORTATION	708,866			33,988	3,019	69,200	815,073
022 NONPHYSICIAN ANESTHETISTS					1,300	90,538	91,838
023 I&R SERVICES-SALARY & FRI	1,318,433					147,721	1,466,154
024 I&R SERVICES-OTHER PRGM C	1,497,999			15,818	8,754	144,962	1,667,533
024 01 PARAMED ED PRGM-(SPECIFY)	93,760			45,673	4,662	21,702	165,797
024 02 RESPIRATORY SCHOOL	18,632					1,957	20,589
024 03 RADIOLOGY EDUCATION	8,065					4,634	33,933
024 03 PHARMACY RESIDENCY PROGRA	43,464					21,234	33,933
025 INPAT ROUTINE SRVC CNTRS						10,165	53,629
026 ADULTS & PEDIATRICS	25,426,871			1,631,594	91,898	2,599,822	29,750,185
027 INTENSIVE CARE UNIT	2,928,029			152,533	54,959	259,171	3,394,692
027 01 NEONATAL INTENSIVE CARE U	682,317				42,109	62,615	787,041
031 CORONARY CARE UNIT	3,063,403			210,591	5,784	273,526	3,553,304
031 01 SUBPROVIDER	4,034,505			381,778	22,014	371,705	4,810,002
033 SUBPROVIDER 2 - PSYCH DPU	1,772,122			315,683	16,366	163,866	2,268,037
034 NURSERY	868,934			62,915	16,556	75,701	1,024,106
037 SKILLED NURSING FACILITY	2,012,588			212,994	3,083	185,963	2,414,628
038 ANCILLARY SRVC COST CNTRS							
038 OPERATING ROOM	22,176,944			421,958	304,619	15,368	22,918,889
039 RECOVERY ROOM	4,396,634			125,043	7,419		4,529,096
041 DELIVERY ROOM & LABOR ROO	2,798,153			204,221	53,155	243,730	3,299,259
041 RADIOLOGY-DIAGNOSTIC	2,289,548			365,947	494,145	235,858	3,385,498
041 01 ULTRA SOUND	856,702			35,781	51,163	80,633	1,024,279
041 02 CAT SCAN	1,965,018			40,104	90,570	137,367	2,233,059
041 03 MAGNETIC RESONANCE IMAGIN	1,540,298			69,121	167,715	109,450	1,886,584
041 04 NUCLEAR MEDICINE-DIAGNOST	611,291			85,218	35,612	22,067	754,188
041 05 ONCOLOGY	6,536,995			140,886	537,638	299,553	7,515,072
044 LABORATORY	6,632,689			112,925	4,300		6,749,914
048 INTRAVENOUS THERAPY	331,935			14,038	15	29,984	375,972
049 RESPIRATORY THERAPY	2,814,498			102,371	65,419	256,737	3,239,025
050 PHYSICAL THERAPY	3,141,906			203,903	25,449	261,959	3,633,217
051 OCCUPATIONAL THERAPY	2,279,114			126,378	17,618	180,800	2,603,910
052 SPEECH PATHOLOGY	759,705			42,126	5,873	60,267	867,971
053 ELECTROCARDIOLOGY	1,552,194			3,281	2,229	41,415	1,599,119
054 ELECTROENCEPHALOGRAPHY	1,322,997			32,513	82,147	135,476	1,573,133
055 MEDICAL SUPPLIES CHARGED	24,505,575						24,505,575
056 DRUGS CHARGED TO PATIENTS	16,473,892						16,473,892
057 RENAL DIALYSIS	954,066			54,333	138		1,008,537
059 CARDIAC CATH LAB	718,208			69,680	129,021	50,836	967,745
059 01 ENDOSCOPY	487,622				49,571	12,461	549,654
059 02 MENTAL HEALTH OP	17,113,384			40,308	22,996	1,366,516	18,543,204
059 03 CNR	856,043			14,724	376	77,541	948,684
059 04 PAIN MED PSYCH							
059 05 LUTHERWOOD	456,433				271	41,717	498,421
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC	46,377			4,145	74	2,353	52,949
060 01 HEALTHY HEARTS CENTER	132,343			33,645	1,352	14,992	182,332
060 02 DIABETIC CARE CENTER	670,392			3,954	3,133	46,007	723,486
060 03 PAIN REHAB ADMIN							
060 04 FAMILY PRACTICE CENTER	1,539,483				5,997	127,935	1,673,415
060 05 PALLIATIVE CARE	181,601					29,690	211,291
060 06 SPINE CENTER	149,834				8,124	10,664	168,622
060 07 INFUSION CENTERS	542,277				82	6,870	549,229
061 EMERGENCY	6,913,940			324,063	92,211	599,899	7,930,113
062 OBSERVATION BEDS (NON-DIS							
062 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	282,510,916			8,721,254	9,227,113	11,964,388	280,300,368
098 NONREIMBURS COST CENTERS							
098 PHYSICIANS' PRIVATE OFFIC	6,607,315			48,356	50,779	426,712	7,133,162
098 01 OCCUPATIONAL HEALTH	7,752,498			74,804	11,458	534,698	8,373,458
098 02 MEDCHECK FACILITIES	6,343,420				43,262	489,939	6,876,621
098 03 INFERTILITY SERVICES	35,685				768	2,709	39,162
098 04 BREAST DIAGNOSTIC	2,947,097			36,824	5,565		2,989,486
098 05 HAWTHORNE SCHOOL	759,429				1,431	67,562	828,422
098 06 INDIANA NEURORESTORATIVE							
098 07 PRONET	382,371				1,278	36,687	420,336
098 08 DIAGNOSTIC TESTING FACILI							
100 OTHER NONREIMBURSABLE COS	4,360,313			23,511	29,087	325,118	4,738,029
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	311,699,044			8,904,749	9,370,741	13,847,813	311,699,044



COST ALLOCATION - GENERAL SERVICE COSTS

COST CENTER DESCRIPTION	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION
	6	8	9	10	11	12	14
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
008 ADMINISTRATIVE & GENERAL	46,262,425						
009 OPERATION OF PLANT	2,290,332	15,431,408					
010 LAUNDRY & LINEN SERVICE	182,454		1,229,309				
011 HOUSEKEEPING	636,700	457,144		4,746,992			
012 DIETARY	581,096	520,157		164,895	4,600,262		
014 CAFETERIA	219,718	401,295		127,214		2,008,890	
015 NURSING ADMINISTRATION	904,898	307,671		97,535		138,178	6,640,253
016 CENTRAL SERVICES & SUPPLY	120,459		1,301				
017 PHARMACY	933,766	254,436		80,659		68,330	
018 MEDICAL RECORDS & LIBRARY	398,314	106,925		33,896		6,074	
019 SOCIAL SERVICE	450,380	156,010		49,457		54,664	
020 TRANSPORTATION	142,057	75,973	7,078	24,084		39,479	
022 NONPHYSICIAN ANESTHETISTS	16,006						
023 I&R SERVICES-SALARY & FRI	255,533					30,369	
024 I&R SERVICES-OTHER PRGM C	290,631	35,357	3,356	11,209		25,813	
024 01 PARAMED ED PRGM-(SPECIFY)	28,896	102,093		32,364		4,555	
024 02 RESPIRATORY SCHOOL	3,588						
024 03 RADIOLOGY EDUCATION	5,914					4,555	
024 03 PHARMACY RESIDENCY PROGRA	9,347					3,037	
025 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS	5,185,109	3,647,066	433,466	1,156,156	2,995,419	605,858	3,223,189
026 INTENSIVE CARE UNIT	591,654	340,954	47,328	108,086	168,952	56,182	298,892
026 01 NEONATAL INTENSIVE CARE U	137,172		7,462		67,806	13,666	72,704
027 CORONARY CARE UNIT	619,298	470,730	46,141	149,226	241,483	62,256	331,205
031 SUBPROVIDER	838,326	853,380	78,848	270,530	515,848	107,809	573,550
031 01 SUBPROVIDER 2 - PSYCH DPU	395,292	705,641	30,965	223,695	204,113	42,516	226,189
033 NURSERY	178,489	140,634	18,784	44,582		18,221	96,938
034 SKILLED NURSING FACILITY	420,841	476,102	55,814	150,929	367,492	53,145	282,736
037 ANCILLARY SRVC COST CNTRS							
038 OPERATING ROOM	3,994,487	943,194	52,812	299,002		3,037	16,156
038 RECOVERY ROOM	789,367	279,505	5,594	88,606			
039 DELIVERY ROOM & LABOR ROO	575,021	456,491	60,301	144,712		57,701	306,970
041 RADIOLOGY-DIAGNOSTIC	590,052	817,994	33,278	259,312		56,182	
041 01 ULTRA SOUND	178,520	79,980	28,628	25,355		18,221	
041 02 CAT SCAN	389,195	89,644	28,465	28,418		36,442	
041 03 MAGNETIC RESONANCE IMAGIN	328,809	154,504	11,664	48,979		28,850	
041 04 NUCLEAR MEDICINE-DIAGNOST	131,446	190,486	2,770	60,386		4,555	
041 05 ONCOLOGY	1,309,787	314,919	12,455	99,833		63,774	395,830
044 LABORATORY	1,176,429	252,418		80,019			
048 INTRAVENOUS THERAPY	65,527	31,378		9,947		6,074	
049 RESPIRATORY THERAPY	564,523	228,828		72,541		60,737	
050 PHYSICAL THERAPY	633,226	455,780	8,745	144,487		48,590	
051 OCCUPATIONAL THERAPY	453,830	282,489	6,054	89,552		45,553	
052 SPEECH PATHOLOGY	151,277	94,163	2,017	29,851		15,184	
053 ELECTROCARDIOLOGY	278,707	7,333		2,325		15,184	
054 ELECTROENCEPHALOGRAPHY	274,178	72,676	3,261	23,039		28,850	
055 MEDICAL SUPPLIES CHARGED	4,271,028						
056 DRUGS CHARGED TO PATIENTS	2,871,202						
057 RENAL DIALYSIS	175,776	121,449	6,005	38,500			
059 CARDIAC CATH LAB	168,666	155,754	6,854	49,376		10,629	56,547
059 01 ENDOSCOPY	95,798		7,466			3,037	16,156
059 02 MENTAL HEALTH OP	3,231,858	90,099		28,562			
059 03 CNR	165,344	32,913		10,434			
059 04 PAIN MED PSYCH							
059 05 LUTHERWOOD	86,869						
060 OUTPAT SERVICE COST CNTRS							
060 01 CLINIC	9,228	9,266		2,937			
060 01 HEALTHY HEARTS CENTER	31,778	75,205	1,066	23,841		3,037	
060 02 DIABETIC CARE CENTER	126,095	8,839		2,802			
060 03 PAIN REHAB ADMIN							
060 04 FAMILY PRACTICE CENTER	291,656						
060 05 PALLIATIVE CARE	36,825					6,074	
060 06 SPINE CENTER	29,389		932			1,518	
060 07 INFUSION CENTERS	95,724						
061 EMERGENCY	1,382,124	724,371	216,171	229,633	39,149	139,696	743,191
062 OBSERVATION BEDS (NON-DIS							
062 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	40,790,011	15,021,246	1,225,081	4,616,966	4,600,262	1,987,632	6,640,253
098 NONREIMBURS COST CENTERS							
098 PHYSICIANS' PRIVATE OFFIC	1,243,225	108,090	4,228	34,266			
098 01 OCCUPATIONAL HEALTH	1,459,393	167,208		53,007			
098 02 MEDCHECK FACILITIES	1,198,513						
098 03 INFERTILITY SERVICES	6,825						
098 04 BREAST DIAGNOSTIC	521,032	82,311		26,093			
098 05 HAWTHORNE SCHOOL	144,384						
098 06 INDIANA NEURORESTORATIVE							
098 07 PRONET	73,260						
098 08 DIAGNOSTIC TESTING FACILI							
100 OTHER NONREIMBURSABLE COS	825,782	52,553		16,660		21,258	
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	46,262,425	15,431,408	1,229,309	4,746,992	4,600,262	2,008,890	6,640,253



COST ALLOCATION - GENERAL SERVICE COSTS

COST CENTER DESCRIPTION	CENTRAL SERVI	PHARMACY	MEDICAL RECOR	SOCIAL SERVIC	TRANSPORTATIO	NONPHYSICIAN	I&R SERVICES-
	CES & SUPPLY		DS & LIBRARY	E	N	ANESTHETISTS	SALARY & FRI
	15	16	17	18	19	20	22
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
008 ADMINISTRATIVE & GENERAL							
009 OPERATION OF PLANT							
010 LAUNDRY & LINEN SERVICE							
011 HOUSEKEEPING							
012 DIETARY							
014 CAFETERIA							
014 NURSING ADMINISTRATION							
015 CENTRAL SERVICES & SUPPLY	812,908						
016 PHARMACY	17,805	6,712,597					
017 MEDICAL RECORDS & LIBRARY	51		2,830,638				
018 SOCIAL SERVICE	138			3,294,763			
019 TRANSPORTATION	75				1,103,819		
020 NONPHYSICIAN ANESTHETISTS	1,555					109,399	
022 I&R SERVICES-SALARY & FRI							1,752,056
023 I&R SERVICES-OTHER PRGM C	198						
024 PARAMED ED PRGM-(SPECIFY)	1,072						
024 01 RESPIRATORY SCHOOL							
024 02 RADIOLOGY EDUCATION	199						
024 03 PHARMACY RESIDENCY PROGRA							
025 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS	37,984		248,818	2,100,982	168,148	109,399	180,635
026 INTENSIVE CARE UNIT	7,538		26,501	116,971			5,554
026 01 NEONATAL INTENSIVE CARE U	1,209		15,885	46,945			
027 CORONARY CARE UNIT	6,356		27,879	167,189			
031 SUBPROVIDER	4,438		34,967	357,153	380,719		
031 01 SUBPROVIDER 2 - PSYCH DPU	2,495		18,144	141,313			
033 NURSERY	2,763		13,036	109,778			
034 SKILLED NURSING FACILITY	3,414		14,126	254,432	214,051		
037 ANCILLARY SRVC COST CNTRS							
038 OPERATING ROOM	296,384	179	271,299				15,709
038 RECOVERY ROOM	3,530		117,097				
039 DELIVERY ROOM & LABOR ROO	8,870		42,305				103,374
041 RADIOLOGY-DIAGNOSTIC	51,078	235	90,212		119,941		6,590
041 01 ULTRA SOUND	1,058		27,471		36,690		
041 02 CAT SCAN	10,325	89	144,704		26,055		
041 03 MAGNETIC RESONANCE IMAGIN	6,141		84,987		12,773		
041 04 NUCLEAR MEDICINE-DIAGNOST	10,020	18,577	11,035		16,453		
041 05 ONCOLOGY	6,967	3,739,580	91,739		16,946		
044 LABORATORY	41,859		219,881				
048 INTRAVENOUS THERAPY	1,963		3,002				
049 RESPIRATORY THERAPY	7,163	326	83,755		14,643		
050 PHYSICAL THERAPY	4,403	2,732	44,111				
051 OCCUPATIONAL THERAPY	3,048		32,189				
052 SPEECH PATHOLOGY	1,016		12,071				
053 ELECTROCARDIOLOGY	345		31,330		7,897		14,756
054 ELECTROENCEPHALOGRAPHY	2,164		30,096		22,869		22,838
055 MEDICAL SUPPLIES CHARGED	52,149	1,721	311,583				
056 DRUGS CHARGED TO PATIENTS	4	2,377,401	345,754				
057 RENAL DIALYSIS	1,486		8,054		58,243		
059 CARDIAC CATH LAB	112,106		42,851				
059 01 ENDOSCOPY	5,924		10,105				6,342
059 02 MENTAL HEALTH OP	8,127	28,924	126,481				59,355
059 03 CNR	793		5,366				
059 04 PAIN MED PSYCH							
059 05 LUTHERWOOD	68		3,056				
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC	627		846				
060 01 HEALTHY HEARTS CENTER	69	566	633				
060 02 DIABETIC CARE CENTER	167		2,987				32,994
060 03 PAIN REHAB ADMIN							
060 04 FAMILY PRACTICE CENTER	2,259	37,789	14,924				1,273,030
060 05 PALLIATIVE CARE	171		484				
060 06 SPINE CENTER	21		683				
060 07 INFUSION CENTERS	15,901	110,777	14,528				
061 EMERGENCY	26,011	6	205,663				20,973
062 OBSERVATION BEDS (NON-DIS							
095 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	769,507	6,318,902	2,830,638	3,294,763	1,095,428	109,399	1,742,150
098 NONREIMBURS COST CENTERS							
098 PHYSICIANS' PRIVATE OFFIC	1,355				8,391		
098 01 OCCUPATIONAL HEALTH	6,015	88,736					
098 02 MEDCHECK FACILITIES	24,818	291,797					9,906
098 03 INFERTILITY SERVICES	196						
098 04 BREAST DIAGNOSTIC	237						
098 05 HAWTHORNE SCHOOL	738	13,162					
098 06 INDIANA NEURORESTORATIVE							
098 07 PRONET	72						
098 08 DIAGNOSTIC TESTING FACILI							
100 OTHER NONREIMBURSABLE COS	9,970						
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	812,908	6,712,597	2,830,638	3,294,763	1,103,819	109,399	1,752,056



COST CENTER DESCRIPTION	I&R SERVICES- OTHER PRGM C	PARAMED ED PR GM-(SPECIFY)	RESPIRATORY S CHOO L	RADIOLOGY EDU CATION	PHARMACY RESI DENCY PROGRA	SUBTOTAL	I&R COST POST STEP-DOWN ADJ 26
	23	24	24.01	24.02	24.03	25	
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
008 ADMINISTRATIVE & GENERAL							
009 OPERATION OF PLANT							
010 LAUNDRY & LINEN SERVICE							
011 HOUSEKEEPING							
012 DIETARY							
014 CAFETERIA							
014 NURSING ADMINISTRATION							
015 CENTRAL SERVICES & SUPPLY							
016 PHARMACY							
017 MEDICAL RECORDS & LIBRARY							
018 SOCIAL SERVICE							
019 TRANSPORTATION							
020 NONPHYSICIAN ANESTHETISTS							
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C	2,034,097						
024 PARAMED ED PRGM-(SPECIFY)		334,777					
024 01 RESPIRATORY SCHOOL			24,177				
024 02 RADIOLOGY EDUCATION				44,601			
024 03 PHARMACY RESIDENCY PROGRA					66,013		
025 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS	209,714					50,052,128	-390,349
026 INTENSIVE CARE UNIT	6,448					5,169,752	-12,002
026 01 NEONATAL INTENSIVE CARE U						1,149,890	
027 CORONARY CARE UNIT						5,675,067	
031 SUBPROVIDER						8,825,570	
031 01 SUBPROVIDER 2 - PSYCH DPU						4,258,400	
033 NURSERY						1,647,331	
034 SKILLED NURSING FACILITY						4,707,710	
037 ANCILLARY SRVC COST CNTRS							
038 OPERATING ROOM	18,238					28,829,386	-33,947
038 RECOVERY ROOM						5,812,795	
039 DELIVERY ROOM & LABOR ROO	120,015					5,175,019	-223,389
041 RADIOLOGY-DIAGNOSTIC	7,651			44,601		5,462,624	-14,241
041 01 ULTRA SOUND						1,420,202	
041 02 CAT SCAN						2,986,396	
041 03 MAGNETIC RESONANCE IMAGIN						2,563,291	
041 04 NUCLEAR MEDICINE-DIAGNOST						1,199,916	
041 05 ONCOLOGY						13,566,902	
044 LABORATORY						8,520,520	
048 INTRAVENOUS THERAPY						493,863	
049 RESPIRATORY THERAPY			24,177			4,295,718	
050 PHYSICAL THERAPY						4,975,291	
051 OCCUPATIONAL THERAPY						3,516,625	
052 SPEECH PATHOLOGY						1,173,550	
053 ELECTROCARDIOLOGY	17,131					1,974,127	-31,887
054 ELECTROENCEPHALOGRAPHY	26,515					2,079,619	-49,353
055 MEDICAL SUPPLIES CHARGED						29,142,056	
056 DRUGS CHARGED TO PATIENTS					66,013	22,134,266	
057 RENAL DIALYSIS						1,418,050	
059 CARDIAC CATH LAB						1,570,528	
059 01 ENDOSCOPY	7,363					701,845	-13,705
059 02 MENTAL HEALTH OP	68,910					22,185,520	-128,265
059 03 CNR						1,163,534	
059 04 PAIN MED PSYCH							
059 05 LUTHERWOOD						588,414	
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC						75,853	
060 01 HEALTHY HEARTS CENTER						318,527	
060 02 DIABETIC CARE CENTER	38,305					935,675	-71,299
060 03 PAIN REHAB ADMIN							
060 04 FAMILY PRACTICE CENTER	1,477,957					4,771,030	-2,750,987
060 05 PALLIATIVE CARE						254,845	
060 06 SPINE CENTER						201,165	
060 07 INFUSION CENTERS						786,159	
061 EMERGENCY	24,349	334,777				12,016,227	-45,322
062 OBSERVATION BEDS (NON-DIS							
095 SPEC PURPOSE COST CENTERS	2,022,596	334,777	24,177	44,601	66,013	273,795,386	-3,764,746
098 SUBTOTALS							
098 NONREIMBURS COST CENTERS							
098 PHYSICIANS' PRIVATE OFFIC						8,532,717	
098 01 OCCUPATIONAL HEALTH						10,147,817	
098 02 MEDCHECK FACILITIES	11,501					8,413,156	-21,407
098 03 INFERTILITY SERVICES						46,183	
098 04 BREAST DIAGNOSTIC						3,619,159	
098 05 HAWTHORNE SCHOOL						986,706	
098 06 INDIANA NEURORESTORATIVE							
098 07 PRONET						493,668	
098 08 DIAGNOSTIC TESTING FACILI							
100 OTHER NONREIMBURSABLE COS						5,664,252	
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	2,034,097	334,777	24,177	44,601	66,013	311,699,044	-3,786,153



COST ALLOCATION - GENERAL SERVICE COSTS

COST CENTER DESCRIPTION		TOTAL
		27
001	GENERAL SERVICE COST CNTR	
002	OLD CAP REL COSTS-BLDG &	
003	OLD CAP REL COSTS-MVBLE E	
004	NEW CAP REL COSTS-BLDG &	
005	NEW CAP REL COSTS-MVBLE E	
006	EMPLOYEE BENEFITS	
008	ADMINISTRATIVE & GENERAL	
009	OPERATION OF PLANT	
010	LAUNDRY & LINEN SERVICE	
011	HOUSEKEEPING	
012	DIETARY	
014	CAFETERIA	
015	NURSING ADMINISTRATION	
016	CENTRAL SERVICES & SUPPLY	
017	PHARMACY	
018	MEDICAL RECORDS & LIBRARY	
019	SOCIAL SERVICE	
020	TRANSPORTATION	
022	NONPHYSICIAN ANESTHETISTS	
023	I&R SERVICES-SALARY & FRI	
024	I&R SERVICES-OTHER PRGM C	
024	PARAMED ED PRGM-(SPECIFY)	
024	01 RESPIRATORY SCHOOL	
024	02 RADIOLOGY EDUCATION	
024	03 PHARMACY RESIDENCY PROGRA	
025	INPAT ROUTINE SRVC CNTRS	
026	ADULTS & PEDIATRICS	49,661,779
026	INTENSIVE CARE UNIT	5,157,750
026	01 NEONATAL INTENSIVE CARE U	1,149,890
027	CORONARY CARE UNIT	5,675,067
031	SUBPROVIDER	8,825,570
031	01 SUBPROVIDER 2 - PSYCH DPU	4,258,400
033	NURSERY	1,647,331
034	SKILLED NURSING FACILITY	4,707,710
037	ANCILLARY SRVC COST CNTRS	
038	OPERATING ROOM	28,795,439
039	RECOVERY ROOM	5,812,795
041	DELIVERY ROOM & LABOR ROO	4,951,630
041	RADIOLOGY-DIAGNOSTIC	5,448,383
041	01 ULTRA SOUND	1,420,202
041	02 CAT SCAN	2,986,396
041	03 MAGNETIC RESONANCE IMAGIN	2,563,291
041	04 NUCLEAR MEDICINE-DIAGNOST	1,199,916
041	05 ONCOLOGY	13,566,902
044	LABORATORY	8,520,520
048	INTRAVENOUS THERAPY	493,863
049	RESPIRATORY THERAPY	4,295,718
050	PHYSICAL THERAPY	4,975,291
051	OCCUPATIONAL THERAPY	3,516,625
052	SPEECH PATHOLOGY	1,173,550
053	ELECTROCARDIOLOGY	1,942,240
054	ELECTROENCEPHALOGRAPHY	2,030,266
055	MEDICAL SUPPLIES CHARGED	29,142,056
056	DRUGS CHARGED TO PATIENTS	22,134,266
057	RENAL DIALYSIS	1,418,050
059	CARDIAC CATH LAB	1,570,528
059	01 ENDOSCOPY	688,140
059	02 MENTAL HEALTH OP	22,057,255
059	03 CNR	1,163,534
059	04 PAIN MED PSYCH	
059	05 LUTHERWOOD	588,414
060	OUTPAT SERVICE COST CNTRS	
060	CLINIC	75,853
060	01 HEALTHY HEARTS CENTER	318,527
060	02 DIABETIC CARE CENTER	864,376
060	03 PAIN REHAB ADMIN	
060	04 FAMILY PRACTICE CENTER	2,020,043
060	05 PALLIATIVE CARE	254,845
060	06 SPINE CENTER	201,165
060	07 INFUSION CENTERS	786,159
061	EMERGENCY	11,970,905
062	OBSERVATION BEDS (NON-DIS	
062	SPEC PURPOSE COST CENTERS	
095	SUBTOTALS	270,030,640
098	NONREIMBURS COST CENTERS	
098	PHYSICIANS' PRIVATE OFFIC	8,532,717
098	01 OCCUPATIONAL HEALTH	10,147,817
098	02 MEDCHECK FACILITIES	8,391,749
098	03 INFERTILITY SERVICES	46,183
098	04 BREAST DIAGNOSTIC	3,619,159
098	05 HAWTHORNE SCHOOL	986,706
098	06 INDIANA NEURORESTORATIVE	
098	07 PRONET	493,668
098	08 DIAGNOSTIC TESTING FACILI	
100	OTHER NONREIMBURSABLE COS	5,664,252
101	CROSS FOOT ADJUSTMENT	
102	NEGATIVE COST CENTER	
103	TOTAL	307,912,891



ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	DIR ASSGND	OLD CAP REL C	OLD CAP REL C	NEW CAP REL C	NEW CAP REL C	SUBTOTAL	EMPLOYEE BENE FITS
	NEW CAPITAL REL COSTS	OSTS-BLDG &	OSTS-MVBLE E	OSTS-BLDG &	OSTS-MVBLE E		
	0	1	2	3	4	4a	5
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS	78,695				6,683	85,378	85,378
006 ADMINISTRATIVE & GENERAL	1,300,390			645,354	6,188,528	8,134,272	4,094
008 OPERATION OF PLANT	140,353			1,355,823	313,222	1,809,398	3,381
009 LAUNDRY & LINEN SERVICE	74				110	184	10
010 HOUSEKEEPING	2,048			204,513	16,139	222,700	1,673
011 DIETARY	5,552			232,703	40,460	278,715	760
012 CAFETERIA				179,528	31,214	210,742	586
014 NURSING ADMINISTRATION	28,054			137,643	24,562	190,259	3,964
015 CENTRAL SERVICES & SUPPLY	879,591				28,113	907,704	
016 PHARMACY	426,697			113,828	42,976	583,501	2,254
017 MEDICAL RECORDS & LIBRARY	12,147			47,835	618	60,600	94
018 SOCIAL SERVICE	2,531			69,794	918	73,243	1,462
019 TRANSPORTATION	593			33,988	3,019	37,600	426
020 NONPHYSICIAN ANESTHETISTS					1,300	1,300	558
022 I&R SERVICES-SALARY & FRI							910
023 I&R SERVICES-OTHER PRGM C	3,385			15,818	8,754	27,957	893
024 PARAMED ED PRGM-(SPECIFY)	222			45,673	4,662	50,557	134
024 01 RESPIRATORY SCHOOL							12
024 02 RADIOLOGY EDUCATION					4,634	4,634	131
024 03 PHARMACY RESIDENCY PROGRA							63
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	9,603			1,631,594	91,898	1,733,095	16,076
026 INTENSIVE CARE UNIT	119,988			152,533	54,959	327,480	1,597
026 01 NEONATAL INTENSIVE CARE U	150				42,109	42,259	386
027 CORONARY CARE UNIT	100,045			210,591	5,784	316,420	1,685
031 SUBPROVIDER	735			381,778	22,014	404,527	2,290
031 01 SUBPROVIDER 2 - PSYCH DPU	386			315,683	16,366	332,435	1,010
033 NURSERY				62,915	16,556	79,471	466
034 SKILLED NURSING FACILITY				212,994	3,083	216,077	1,146
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	32,868			421,958	304,619	759,445	95
038 RECOVERY ROOM	841			125,043	7,419	133,303	
039 DELIVERY ROOM & LABOR ROO				204,221	53,155	257,376	1,502
041 RADIOLOGY-DIAGNOSTIC	24,109			365,947	494,145	884,201	1,453
041 01 ULTRA SOUND	317			35,781	51,163	87,261	497
041 02 CAT SCAN	363			40,104	90,570	131,037	846
041 03 MAGNETIC RESONANCE IMAGIN	310			69,121	167,715	237,146	674
041 04 NUCLEAR MEDICINE-DIAGNOST	88			85,218	35,612	120,918	136
041 05 ONCOLOGY	189,411			140,886	537,638	867,935	1,846
044 LABORATORY	335			112,925	4,300	117,560	
048 INTRAVENOUS THERAPY	501			14,038	15	14,554	185
049 RESPIRATORY THERAPY	2,816			102,371	65,419	170,606	1,582
050 PHYSICAL THERAPY	230,868			203,903	25,449	460,220	1,614
051 OCCUPATIONAL THERAPY	159,832			126,378	17,618	303,828	1,114
052 SPEECH PATHOLOGY	53,277			42,126	5,873	101,276	371
053 ELECTROCARDIOLOGY	130			3,281	2,229	5,640	255
054 ELECTROENCEPHALOGRAPHY	74,625			32,513	82,147	189,285	835
055 MEDICAL SUPPLIES CHARGED							
056 DRUGS CHARGED TO PATIENTS							
057 RENAL DIALYSIS	459			54,333	138	54,930	
059 CARDIAC CATH LAB	1,351			69,680	129,021	200,052	313
059 01 ENDOSCOPY	288				49,571	49,859	77
059 02 MENTAL HEALTH OP	921,936			40,308	22,996	985,240	8,419
059 03 CNR	34,078			14,724	376	49,178	478
059 04 PAIN MED PSYCH							
059 05 LUTHERWOOD	13,281				271	13,552	257
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC				4,145	74	4,219	14
060 01 HEALTHY HEARTS CENTER	207			33,645	1,352	35,204	92
060 02 DIABETIC CARE CENTER	62,256			3,954	3,133	69,343	283
060 03 PAIN REHAB ADMIN							
060 04 FAMILY PRACTICE CENTER	475,858				5,997	481,855	788
060 05 PALLIATIVE CARE							183
060 06 SPINE CENTER	25,128				8,124	33,252	66
060 07 INFUSION CENTERS					82	82	42
061 EMERGENCY	67,513			324,063	92,211	483,787	3,696
062 OBSERVATION BEDS (NON-DIS							
062 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	5,484,285			8,721,254	9,227,113	23,432,652	73,774
098 NONREIMBURS COST CENTERS							
098 PHYSICIANS' PRIVATE OFFIC	53,135			48,356	50,779	152,270	2,629
098 01 OCCUPATIONAL HEALTH	181,911			74,804	11,458	268,173	3,294
098 02 MEDCHECK FACILITIES	227,102				43,262	270,364	3,019
098 03 INFERTILITY SERVICES	604				768	1,372	17
098 04 BREAST DIAGNOSTIC	75,862			36,824	5,565	118,251	
098 05 HAWTHORNE SCHOOL	591				1,431	2,022	416
098 06 INDIANA NEURORESTORATIVE							
098 07 PRONET	158				1,278	1,436	226
098 08 DIAGNOSTIC TESTING FACILI							
100 OTHER NONREIMBURSABLE COS	250,982			23,511	29,087	303,580	2,003
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	6,274,630			8,904,749	9,370,741	24,550,120	85,378



ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION
	6	8	9	10	11	12	14
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
008 ADMINISTRATIVE & GENERAL	8,138,366						
009 OPERATION OF PLANT	402,905	2,215,684					
010 LAUNDRY & LINEN SERVICE	32,097		32,291				
011 HOUSEKEEPING	112,006	65,638		402,017			
012 DIETARY	102,224	74,686		13,965	470,350		
014 CAFETERIA	38,652	57,619		10,774		318,373	
015 NURSING ADMINISTRATION	159,186	44,176		8,260		21,899	427,744
016 CENTRAL SERVICES & SUPPLY	21,191		34				
017 PHARMACY	164,264	36,533		6,831		10,829	
018 MEDICAL RECORDS & LIBRARY	70,070	15,353		2,871		963	
019 SOCIAL SERVICE	79,229	22,400		4,188		8,663	
020 TRANSPORTATION	24,990	10,908	186	2,040		6,257	
022 NONPHYSICIAN ANESTHETISTS	2,816						
023 I&R SERVICES-SALARY & FRI	44,952					4,813	
024 I&R SERVICES-OTHER PRGM C	51,127	5,077	88	949		4,091	
024 PHARMED ED PRGM-(SPECIFY)	5,083	14,659		2,741		722	
024 01 RESPIRATORY SCHOOL	631						
024 02 RADIOLOGY EDUCATION	1,040					722	
024 03 PHARMACY RESIDENCY PROGRA	1,644					481	
025 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS	912,221	523,654	11,388	97,912	306,265	96,016	207,628
026 INTENSIVE CARE UNIT	104,081	48,955	1,243	9,154	17,274	8,904	19,254
026 01 NEONATAL INTENSIVE CARE U	24,131		196		6,933	2,166	4,683
027 CORONARY CARE UNIT	108,944	67,589	1,212	12,638	24,690	9,866	21,335
031 SUBPROVIDER	147,475	122,531	2,071	22,911	52,742	17,086	36,946
031 01 SUBPROVIDER 2 - PSYCH DPU	69,538	101,318	813	18,944	20,869	6,738	14,570
033 NURSERY	31,399	20,193	493	3,776		2,888	6,244
034 SKILLED NURSING FACILITY	74,032	68,360	1,466	12,782	37,574	8,423	18,213
037 ANCILLARY SRVC COST CNTRS							
038 OPERATING ROOM	702,693	135,426	1,387	25,322		481	1,041
038 RECOVERY ROOM	138,862	40,132	147	7,504			
039 DELIVERY ROOM & LABOR ROO	101,155	65,544	1,584	12,255		9,145	19,774
041 RADIOLOGY-DIAGNOSTIC	103,799	117,450	874	21,961		8,904	
041 01 ULTRA SOUND	31,404	11,484	752	2,147		2,888	
041 02 CAT SCAN	68,466	12,871	748	2,407		5,775	
041 03 MAGNETIC RESONANCE IMAGIN	57,843	22,184	306	4,148		4,572	
041 04 NUCLEAR MEDICINE-DIAGNOST	23,123	27,351	73	5,114		722	
041 05 ONCOLOGY	230,412	45,217	327	8,455		10,107	25,498
044 LABORATORY	206,952	36,243		6,777			
048 INTRAVENOUS THERAPY	11,527	4,505		842		963	
049 RESPIRATORY THERAPY	99,309	32,856		6,143		9,626	
050 PHYSICAL THERAPY	111,394	65,442	230	12,236		7,701	
051 OCCUPATIONAL THERAPY	79,836	40,561	159	7,584		7,219	
052 SPEECH PATHOLOGY	26,612	13,520	53	2,528		2,406	
053 ELECTROCARDIOLOGY	49,029	1,053		197		2,406	
054 ELECTROENCEPHALOGRAPHY	48,232	10,435	86	1,951		4,572	
055 MEDICAL SUPPLIES CHARGED	751,341						
056 DRUGS CHARGED TO PATIENTS	505,090						
057 RENAL DIALYSIS	30,922	17,438	158	3,261			
059 CARDIAC CATH LAB	29,671	22,364	180	4,182		1,685	3,643
059 01 ENDOSCOPY	16,852		196			481	1,041
059 02 MENTAL HEALTH OP	568,535	12,937		2,419			
059 03 CNR	29,087	4,726		884			
059 04 PAIN MED PSYCH							
059 05 LUTHERWOOD	15,282						
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC	1,623	1,330		249			
060 01 HEALTHY HEARTS CENTER	5,590	10,798	28	2,019		481	
060 02 DIABETIC CARE CENTER	22,182	1,269		237			
060 03 PAIN REHAB ADMIN							
060 04 FAMILY PRACTICE CENTER	51,307						
060 05 PALLIATIVE CARE	6,478					963	
060 06 SPINE CENTER	5,170		24			241	
060 07 INFUSION CENTERS	16,839						
061 EMERGENCY	243,137	104,007	5,678	19,447	4,003	22,139	47,874
062 OBSERVATION BEDS (NON-DIS							
062 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	7,175,682	2,156,792	32,180	391,005	470,350	315,004	427,744
098 NONREIMBURS COST CENTERS							
098 PHYSICIANS' PRIVATE OFFIC	218,703	15,520	111	2,902			
098 01 OCCUPATIONAL HEALTH	256,730	24,008		4,489			
098 02 MEDCHECK FACILITIES	210,837						
098 03 INFERTILITY SERVICES	1,201						
098 04 BREAST DIAGNOSTIC	91,658	11,818		2,210			
098 05 HAWTHORNE SCHOOL	25,399						
098 06 INDIANA NEURORESTORATIVE							
098 07 PRONET	12,888						
098 08 DIAGNOSTIC TESTING FACILI							
100 OTHER NONREIMBURSABLE COS	145,268	7,546		1,411		3,369	
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	8,138,366	2,215,684	32,291	402,017	470,350	318,373	427,744



ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	CENTRAL SERVI	PHARMACY	MEDICAL RECOR	SOCIAL SERVIC	TRANSPORTATIO	NONPHYSICIAN	I&R SERVICES-
	CES & SUPPLY		DS & LIBRARY	E	N	ANESTHETISTS	SALARY & FRI
	15	16	17	18	19	20	22
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
008 ADMINISTRATIVE & GENERAL							
009 OPERATION OF PLANT							
010 LAUNDRY & LINEN SERVICE							
011 HOUSEKEEPING							
012 DIETARY							
014 CAFETERIA							
014 NURSING ADMINISTRATION							
015 CENTRAL SERVICES & SUPPLY	928,929						
016 PHARMACY	20,346	824,558					
017 MEDICAL RECORDS & LIBRARY	58		150,009				
018 SOCIAL SERVICE	158			189,343			
019 TRANSPORTATION	85				82,492		
020 NONPHYSICIAN ANESTHETISTS	1,777					6,451	
022 I&R SERVICES-SALARY & FRI							50,675
023 I&R SERVICES-OTHER PRGM C	227						
024 PARAMED ED PRGM-(SPECIFY)	1,225						
024 01 RESPIRATORY SCHOOL							
024 02 RADIOLOGY EDUCATION	227						
024 03 PHARMACY RESIDENCY PROGRA							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	43,405		13,206	120,738	12,566		
026 INTENSIVE CARE UNIT	8,613		1,406	6,722			
026 01 NEONATAL INTENSIVE CARE U	1,382		843	2,698			
027 CORONARY CARE UNIT	7,263		1,480	9,608			
031 SUBPROVIDER	5,072		1,856	20,525	28,452		
031 01 SUBPROVIDER 2 - PSYCH DPU	2,851		963	8,121			
033 NURSERY	3,157		692	6,309			
034 SKILLED NURSING FACILITY	3,901		750	14,622	15,997		
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	338,693	22	14,399				
038 RECOVERY ROOM	4,034		6,215				
039 DELIVERY ROOM & LABOR ROO	10,135		2,245				
041 RADIOLOGY-DIAGNOSTIC	58,367	29	4,788		8,964		
041 01 ULTRA SOUND	1,209		1,458		2,742		
041 02 CAT SCAN	11,799	11	7,680		1,947		
041 03 MAGNETIC RESONANCE IMAGIN	7,018		4,511		955		
041 04 NUCLEAR MEDICINE-DIAGNOST	11,450	2,282	586		1,230		
041 05 ONCOLOGY	7,961	459,358	4,869		1,266		
044 LABORATORY	47,832		11,670				
048 INTRAVENOUS THERAPY	2,244		159				
049 RESPIRATORY THERAPY	8,185	40	4,445		1,094		
050 PHYSICAL THERAPY	5,031	336	2,341				
051 OCCUPATIONAL THERAPY	3,483		1,708				
052 SPEECH PATHOLOGY	1,161		641				
053 ELECTROCARDIOLOGY	394		1,663		590		
054 ELECTROENCEPHALOGRAPHY	2,473		1,597		1,709		
055 MEDICAL SUPPLIES CHARGED	59,590	211	16,537				
056 DRUGS CHARGED TO PATIENTS	4	292,034	18,126				
057 RENAL DIALYSIS	1,698		427		4,353		
059 CARDIAC CATH LAB	128,104		2,274				
059 01 ENDOSCOPY	6,770		536				
059 02 MENTAL HEALTH OP	9,287	3,553	6,713				
059 03 CNR	906		285				
059 04 PAIN MED PSYCH							
059 05 LUTHERWOOD	78		162				
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC	717		45				
060 01 HEALTHY HEARTS CENTER	79	70	34				
060 02 DIABETIC CARE CENTER	191		159				
060 03 PAIN REHAB ADMIN							
060 04 FAMILY PRACTICE CENTER	2,582	4,642	792				
060 05 PALLIATIVE CARE	195		26				
060 06 SPINE CENTER	24		36				
060 07 INFUSION CENTERS	18,170	13,608	771				
061 EMERGENCY	29,723	1	10,915				
062 OBSERVATION BEDS (NON-DIS							
062 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	879,334	776,197	150,009	189,343	81,865		
098 NONREIMBURS COST CENTERS							
098 PHYSICIANS' PRIVATE OFFIC	1,548				627		
098 01 OCCUPATIONAL HEALTH	6,874						
098 02 MEDCHECK FACILITIES	28,359	10,900	35,844				
098 03 INFERTILITY SERVICES	224						
098 04 BREAST DIAGNOSTIC	271						
098 05 HAWTHORNE SCHOOL	844	1,617					
098 06 INDIANA NEURORESTORATIVE							
098 07 PRONET	82						
098 08 DIAGNOSTIC TESTING FACILI							
100 OTHER NONREIMBURSABLE COS	11,393						
101 CROSS FOOT ADJUSTMENTS						6,451	50,675
102 NEGATIVE COST CENTER							
103 TOTAL	928,929	824,558	150,009	189,343	82,492	6,451	50,675



ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	I&R SERVICES- PARAMED ED PR RESPIRATORY S RADIOLOGY EDU PHARMACY RESI						SUBTOTAL	POST STEPDOWN ADJUSTMENT
	OTHER PRGM C	GM-(SPECIFY)	SCHOOL	CATION	DENCY PROGRA			
	23	24	24.01	24.02	24.03	25	26	
001 GENERAL SERVICE COST CNTR								
002 OLD CAP REL COSTS-BLDG &								
003 OLD CAP REL COSTS-MVBLE E								
004 NEW CAP REL COSTS-BLDG &								
005 NEW CAP REL COSTS-MVBLE E								
006 EMPLOYEE BENEFITS								
008 ADMINISTRATIVE & GENERAL								
009 OPERATION OF PLANT								
010 LAUNDRY & LINEN SERVICE								
011 HOUSEKEEPING								
012 DIETARY								
014 CAFETERIA								
015 NURSING ADMINISTRATION								
016 CENTRAL SERVICES & SUPPLY								
017 PHARMACY								
018 MEDICAL RECORDS & LIBRARY								
019 SOCIAL SERVICE								
020 TRANSPORTATION								
022 NONPHYSICIAN ANESTHETISTS								
023 I&R SERVICES-SALARY & FRI	90,409							
024 I&R SERVICES-OTHER PRGM C		75,121						
024 01 PARAMED ED PRGM-(SPECIFY)								
024 02 RESPIRATORY SCHOOL			643					
024 03 RADIOLOGY EDUCATION				6,754				
024 03 PHARMACY RESIDENCY PROGRA					2,188			
025 INPAT ROUTINE SRVC CNTRS								
026 ADULTS & PEDIATRICS						4,094,170		
026 01 INTENSIVE CARE UNIT						554,683		
027 NEONATAL INTENSIVE CARE U						85,677		
031 CORONARY CARE UNIT						582,730		
031 01 SUBPROVIDER						864,484		
033 SUBPROVIDER 2 - PSYCH DPU						578,170		
034 NURSERY						155,088		
037 SKILLED NURSING FACILITY						473,343		
038 ANCILLARY SRVC COST CNTRS								
039 OPERATING ROOM						1,979,004		
041 RECOVERY ROOM						330,197		
041 01 DELIVERY ROOM & LABOR ROO						480,715		
041 02 RADIOLOGY-DIAGNOSTIC						1,210,790		
041 03 ULTRA SOUND						141,842		
041 04 CAT SCAN						243,587		
041 05 MAGNETIC RESONANCE IMAGIN						339,357		
044 NUCLEAR MEDICINE-DIAGNOST						192,985		
048 ONCOLOGY						1,663,251		
049 LABORATORY						427,034		
050 INTRAVENOUS THERAPY						34,979		
051 RESPIRATORY THERAPY						333,886		
052 PHYSICAL THERAPY						666,545		
053 OCCUPATIONAL THERAPY						445,492		
054 SPEECH PATHOLOGY						148,568		
055 ELECTROCARDIOLOGY						61,227		
056 ELECTROENCEPHALOGRAPHY						261,175		
057 MEDICAL SUPPLIES CHARGED						827,679		
059 DRUGS CHARGED TO PATIENTS						815,254		
059 01 RENAL DIALYSIS						113,187		
059 02 CARDIAC CATH LAB						392,468		
059 03 ENDOSCOPY						75,812		
059 04 MENTAL HEALTH OP						1,597,103		
059 05 CNR						85,544		
059 06 PAIN MED PSYCH								
059 07 LUTHERWOOD						29,331		
060 OUTPAT SERVICE COST CNTRS								
060 01 CLINIC						8,197		
060 02 HEALTHY HEARTS CENTER						54,395		
060 03 DIABETIC CARE CENTER						93,664		
060 04 PAIN REHAB ADMIN								
060 05 FAMILY PRACTICE CENTER						541,966		
060 06 PALLIATIVE CARE						7,845		
060 07 SPINE CENTER						38,813		
061 INFUSION CENTERS						49,512		
062 EMERGENCY						974,407		
095 OBSERVATION BEDS (NON-DIS SPEC PURPOSE COST CENTERS)								
098 SUBTOTALS						22,054,156		
098 NONREIMBURS COST CENTERS								
098 01 PHYSICIANS' PRIVATE OFFIC						394,310		
098 02 OCCUPATIONAL HEALTH						574,468		
098 03 MEDCHECK FACILITIES						548,423		
098 04 INFERTILITY SERVICES						2,814		
098 05 BREAST DIAGNOSTIC						224,208		
098 06 HAWTHORNE SCHOOL						30,298		
098 07 INDIANA NEURORESTORATIVE								
098 08 PRONET						14,632		
100 DIAGNOSTIC TESTING FACILI								
101 OTHER NONREIMBURSABLE COS						474,570		
102 CROSS FOOT ADJUSTMENTS	90,409	75,121	643	6,754	2,188	232,241		
103 NEGATIVE COST CENTER								
TOTAL	90,409	75,121	643	6,754	2,188	24,550,120		



ALLOCATION OF NEW CAPITAL RELATED COSTS

TOTAL

27

001	GENERAL SERVICE COST CNTR	
002	OLD CAP REL COSTS-BLDG &	
003	OLD CAP REL COSTS-MVBLE E	
004	NEW CAP REL COSTS-BLDG &	
005	NEW CAP REL COSTS-MVBLE E	
006	EMPLOYEE BENEFITS	
008	ADMINISTRATIVE & GENERAL	
009	OPERATION OF PLANT	
010	LAUNDRY & LINEN SERVICE	
011	HOUSEKEEPING	
012	DIETARY	
014	CAFETERIA	
015	NURSING ADMINISTRATION	
016	CENTRAL SERVICES & SUPPLY	
017	PHARMACY	
018	MEDICAL RECORDS & LIBRARY	
019	SOCIAL SERVICE	
020	TRANSPORTATION	
022	NONPHYSICIAN ANESTHETISTS	
023	I&R SERVICES-SALARY & FRI	
024	I&R SERVICES-OTHER PRGM C	
024	PARAMED ED PRGM-(SPECIFY)	
024	01 RESPIRATORY SCHOOL	
024	02 RADIOLOGY EDUCATION	
024	03 PHARMACY RESIDENCY PROGRA	
025	INPAT ROUTINE SRVC CNTRS	
026	ADULTS & PEDIATRICS	4,094,170
026	INTENSIVE CARE UNIT	554,683
026	01 NEONATAL INTENSIVE CARE U	85,677
027	CORONARY CARE UNIT	582,730
031	SUBPROVIDER	864,484
031	01 SUBPROVIDER 2 - PSYCH DPU	578,170
033	NURSERY	155,088
034	SKILLED NURSING FACILITY	473,343
037	ANCILLARY SRVC COST CNTRS	
038	OPERATING ROOM	1,979,004
039	RECOVERY ROOM	330,197
041	DELIVERY ROOM & LABOR ROO	480,715
041	RADIOLOGY-DIAGNOSTIC	1,210,790
041	01 ULTRA SOUND	141,842
041	02 CAT SCAN	243,587
041	03 MAGNETIC RESONANCE IMAGIN	339,357
041	04 NUCLEAR MEDICINE-DIAGNOST	192,985
041	05 ONCOLOGY	1,663,251
044	LABORATORY	427,034
048	INTRAVENOUS THERAPY	34,979
049	RESPIRATORY THERAPY	333,886
050	PHYSICAL THERAPY	666,545
051	OCCUPATIONAL THERAPY	445,492
052	SPEECH PATHOLOGY	148,568
053	ELECTROCARDIOLOGY	61,227
054	ELECTROENCEPHALOGRAPHY	261,175
055	MEDICAL SUPPLIES CHARGED	827,679
056	DRUGS CHARGED TO PATIENTS	815,254
057	RENAL DIALYSIS	113,187
059	CARDIAC CATH LAB	392,468
059	01 ENDOSCOPY	75,812
059	02 MENTAL HEALTH OP	1,597,103
059	03 CNR	85,544
059	04 PAIN MED PSYCH	
059	05 LUTHERWOOD	29,331
060	OUTPAT SERVICE COST CNTRS	
060	CLINIC	8,197
060	01 HEALTHY HEARTS CENTER	54,395
060	02 DIABETIC CARE CENTER	93,664
060	03 PAIN REHAB ADMIN	
060	04 FAMILY PRACTICE CENTER	541,966
060	05 PALLIATIVE CARE	7,845
060	06 SPINE CENTER	38,813
060	07 INFUSION CENTERS	49,512
061	EMERGENCY	974,407
062	OBSERVATION BEDS (NON-DIS	
062	SPEC PURPOSE COST CENTERS	
095	SUBTOTALS	22,054,156
098	NONREIMBURS COST CENTERS	
098	PHYSICIANS' PRIVATE OFFIC	394,310
098	01 OCCUPATIONAL HEALTH	574,468
098	02 MEDCHECK FACILITIES	548,423
098	03 INFERTILITY SERVICES	2,814
098	04 BREAST DIAGNOSTIC	224,208
098	05 HAWTHORNE SCHOOL	30,298
098	06 INDIANA NEURORESTORATIVE	
098	07 PRONET	14,632
098	08 DIAGNOSTIC TESTING FACILI	
100	OTHER NONREIMBURSABLE COS	474,570
101	CROSS FOOT ADJUSTMENTS	232,241
102	NEGATIVE COST CENTER	
103	TOTAL	24,550,120



COST CENTER DESCRIPTION	OLD CAP REL C	OLD CAP REL C	NEW CAP REL C	NEW CAP REL C	EMPLOYEE BENE	RECONCILIATION
	OSTS-BLDG &	OSTS-MVBLE	OSTS-BLDG &	OSTS-MVBLE	FITS	
	(SQUARE FEET	(DOLLAR VALUE	(SQUARE FEET	(DOLLAR VALUE	( GROSS SALARIES	
	1	2	3	4	5	6a.00
GENERAL SERVICE COST						
001 OLD CAP REL COSTS-BLD						
002 OLD CAP REL COSTS-MVB						
003 NEW CAP REL COSTS-BLD			700,316			
004 NEW CAP REL COSTS-MVB				18,554,614		
005 EMPLOYEE BENEFITS				13,232	131,870,679	
006 ADMINISTRATIVE & GENE			50,754	12,253,651	6,327,824	-46,262,425
008 OPERATION OF PLANT			106,629	620,198	5,226,292	
009 LAUNDRY & LINEN SERVI				217	14,808	
010 HOUSEKEEPING			16,084	31,957	2,586,093	
011 DIETARY			18,301	80,113	1,174,270	
012 CAFETERIA			14,119	61,805	905,924	
014 NURSING ADMINISTRATIO			10,825	48,635	6,125,966	
015 CENTRAL SERVICES & SU				55,666		
016 PHARMACY			8,952	85,095	3,483,411	
017 MEDICAL RECORDS & LIB			3,762	1,223	144,645	
018 SOCIAL SERVICE			5,489	1,817	2,259,205	
019 TRANSPORTATION			2,673	5,977	658,975	
020 NONPHYSICIAN ANESTHET				2,575	862,176	
022 I&R SERVICES-SALARY &					1,406,718	
023 I&R SERVICES-OTHER PR			1,244	17,334	1,380,450	
024 PARAMED ED PRGM-(SPEC			3,592	9,232	206,662	
024 01 RESPIRATORY SCHOOL					18,632	
024 02 RADIOLOGY EDUCATION				9,175	202,203	
024 03 PHARMACY RESIDENCY PR					96,797	
025 ADULTS & PEDIATRICS			128,317	181,963	24,758,163	
026 INTENSIVE CARE UNIT			11,996	108,821	2,468,034	
026 01 NEONATAL INTENSIVE CA				83,378	596,273	
027 CORONARY CARE UNIT			16,562	11,452	2,604,738	
031 SUBPROVIDER			30,025	43,589	3,539,677	
031 01 SUBPROVIDER 2 - PSYCH			24,827	32,406	1,560,468	
033 NURSERY			4,948	32,782	720,885	
034 SKILLED NURSING FACIL			16,751	6,105	1,770,892	
037 ANCILLARY SRVC COST C						
038 OPERATING ROOM			33,185	603,162	146,350	
038 RECOVERY ROOM			9,834	14,691		
039 DELIVERY ROOM & LABOR			16,061	105,249	2,320,994	
041 RADIOLOGY-DIAGNOSTIC			28,780	978,436	2,246,031	
041 01 ULTRA SOUND			2,814	101,306	767,855	
041 02 CAT SCAN			3,154	179,333	1,308,124	
041 03 MAGNETIC RESONANCE IM			5,436	332,085	1,042,268	
041 04 NUCLEAR MEDICINE-DIAG			6,702	70,514	210,138	
041 05 ONCOLOGY			11,080	1,064,553	2,852,589	
044 LABORATORY			8,881	8,515		
048 INTRAVENOUS THERAPY			1,104	29	285,528	
049 RESPIRATORY THERAPY			8,051	129,533	2,444,855	
050 PHYSICAL THERAPY			16,036	50,390	2,494,585	
051 OCCUPATIONAL THERAPY			9,939	34,885	1,721,724	
052 SPEECH PATHOLOGY			3,313	11,628	573,908	
053 ELECTROCARDIOLOGY			258	4,413	394,391	
054 ELECTROENCEPHALOGRAPH			2,557	162,656	1,290,116	
055 MEDICAL SUPPLIES CHAR						
056 DRUGS CHARGED TO PATI						
057 RENAL DIALYSIS			4,273	274		
059 CARDIAC CATH LAB			5,480	255,469	484,106	
059 01 ENDOSCOPY				98,154	118,668	
059 02 MENTAL HEALTH OP			3,170	45,533	13,013,079	
059 03 CNR			1,158	745	738,408	
059 04 PAIN MED PSYCH						
059 05 LUTHERWOOD				537	397,264	
060 OUTPAT SERVICE COST C						
060 CLINIC			326	146	22,403	
060 01 HEALTHY HEARTS CENTER			2,646	2,677	142,769	
060 02 DIABETIC CARE CENTER			311	6,204	438,113	
060 03 PAIN REHAB ADMIN						
060 04 FAMILY PRACTICE CENTE				11,874	1,218,302	
060 05 PALLIATIVE CARE					282,730	
060 06 SPINE CENTER				16,085	101,551	
060 07 INFUSION CENTERS				163	65,418	
061 EMERGENCY			25,486	182,583	5,712,730	
062 OBSERVATION BEDS (NON						
062 SPEC PURPOSE COST CEN						
095 SUBTOTALS			685,885	18,270,220	113,935,178	-46,262,425
NONREIMBURS COST CENT						
098 PHYSICIANS' PRIVATE O			3,803	100,546	4,063,502	
098 01 OCCUPATIONAL HEALTH			5,883	22,688	5,091,826	
098 02 MEDCHECK FACILITIES				85,661	4,665,598	
098 03 INFERTILITY SERVICES				1,521	25,796	
098 04 BREAST DIAGNOSTIC			2,896	11,020		
098 05 HAWTHORNE SCHOOL				2,833	643,381	
098 06 INDIANA NEURORESTORAT						
098 07 PRONET				2,531	349,361	
098 08 DIAGNOSTIC TESTING FA						
100 OTHER NONREIMBURSABLE			1,849	57,594	3,096,037	



COST ALLOCATION - STATISTICAL BASIS

I PROVIDER NO: I PERIOD: I PREPARED 6/ 2/2009  
 I 15-0074 I FROM 1/ 1/2008 I WORKSHEET B-1  
 I I TO 12/31/2008 I

COST CENTER DESCRIPTION	OLD CAP REL C	OLD CAP REL C	NEW CAP REL C	NEW CAP REL C	EMPLOYEE BENE	RECONCIL- IATION
	OSTS-BLDG &	OSTS-MVBLE E	OSTS-BLDG &	OSTS-MVBLE E	FITS	
	(SQUARE FEET	(DOLLAR )VALUE	(SQUARE )FEET	(DOLLAR )VALUE	( GROSS SALARIES )	
	1	2	3	4	5	6a.00
NONREIMBURS COST CENT						
101 CROSS FOOT ADJUSTMENT						
102 NEGATIVE COST CENTER						
103 COST TO BE ALLOCATED (WRKSH T B, PART I)			8,904,749	9,370,741	13,847,813	
104 UNIT COST MULTIPLIER (WRKSH T B, PT I)			12.715330	.505036	.105011	
105 COST TO BE ALLOCATED (WRKSH T B, PART II)						
106 UNIT COST MULTIPLIER (WRKSH T B, PT II)						
107 COST TO BE ALLOCATED (WRKSH T B, PART III)					85,378	
108 UNIT COST MULTIPLIER (WRKSH T B, PT III)					.000647	



COST ALLOCATION - STATISTICAL BASIS

	COST CENTER DESCRIPTION	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION
		( ACCUM. COST )	(SQUARE FEET )	(POUNDS OF )LAUNDRY	(SQUARE FEET )	(MEALS SERVED )	(FTE'S )	(FTE'S )
		6	8	9	10	11	12	14
	GENERAL SERVICE COST							
001	OLD CAP REL COSTS-BLD							
002	OLD CAP REL COSTS-MVB							
003	NEW CAP REL COSTS-BLD							
004	NEW CAP REL COSTS-MVB							
005	EMPLOYEE BENEFITS							
006	ADMINISTRATIVE & GENE	265,436,619						
008	OPERATION OF PLANT	13,141,076	542,933					
009	LAUNDRY & LINEN SERVI	1,046,855		323,041				
010	HOUSEKEEPING	3,653,148	16,084		526,849			
011	DIETARY	3,334,114	18,301			331,013		
012	CAFETERIA	1,260,663	14,119				1,323	
014	NURSING ADMINISTRATIO	5,191,971	10,825		10,825		91	822
015	CENTRAL SERVICES & SU	691,148		342				
016	PHARMACY	5,357,601	8,952		8,952		45	
017	MEDICAL RECORDS & LIB	2,285,378	3,762		3,762		4	
018	SOCIAL SERVICE	2,584,114	5,489		5,489		36	
019	TRANSPORTATION	815,073	2,673	1,860	2,673		26	
020	NONPHYSICIAN ANESTHET	91,838						
022	I&R SERVICES-SALARY &	1,466,154					20	
023	I&R SERVICES-OTHER PR	1,667,533	1,244	882	1,244		17	
024	PARAMED ED PRGM-(SPEC	165,797	3,592		3,592		3	
024	01 RESPIRATORY SCHOOL	20,589						
024	02 RADIOLOGY EDUCATION	33,933					3	
024	03 PHARMACY RESIDENCY PR	53,629					2	
	INPAT ROUTINE SRVC CN							
025	ADULTS & PEDIATRICS	29,750,185	128,317	113,907	128,317	215,536	399	399
026	INTENSIVE CARE UNIT	3,394,692	11,996	12,437	11,996	12,157	37	37
026	01 NEONATAL INTENSIVE CA	787,041		1,961		4,879	9	9
027	CORONARY CARE UNIT	3,553,304	16,562	12,125	16,562	17,376	41	41
031	SUBPROVIDER	4,810,002	30,025	20,720	30,025	37,118	71	71
031	01 SUBPROVIDER 2 - PSYCH	2,268,037	24,827	8,137	24,827	14,687	28	28
033	NURSERY	1,024,106	4,948	4,936	4,948		12	12
034	SKILLED NURSING FACIL	2,414,628	16,751	14,667	16,751	26,443	35	35
	ANCILLARY SRVC COST C							
037	OPERATING ROOM	22,918,889	33,185	13,878	33,185		2	2
038	RECOVERY ROOM	4,529,096	9,834	1,470	9,834			
039	DELIVERY ROOM & LABOR	3,299,259	16,061	15,846	16,061		38	38
041	RADIOLOGY-DIAGNOSTIC	3,385,498	28,780	8,745	28,780		37	
041	01 ULTRA SOUND	1,024,279	2,814	7,523	2,814		12	
041	02 CAT SCAN	2,233,059	3,154	7,480	3,154		24	
041	03 MAGNETIC RESONANCE IM	1,886,584	5,436	3,065	5,436		19	
041	04 NUCLEAR MEDICINE-DIAG	754,188	6,702	728	6,702		3	
041	05 ONCOLOGY	7,515,072	11,080	3,273	11,080		42	49
044	LABORATORY	6,749,914	8,881		8,881			
048	INTRAVENOUS THERAPY	375,972	1,104		1,104		4	
049	RESPIRATORY THERAPY	3,239,025	8,051		8,051		40	
050	PHYSICAL THERAPY	3,633,217	16,036	2,298	16,036		32	
051	OCCUPATIONAL THERAPY	2,603,910	9,939	1,591	9,939		30	
052	SPEECH PATHOLOGY	867,971	3,313	530	3,313		10	
053	ELECTROCARDIOLOGY	1,599,119	258		258		10	
054	ELECTROENCEPHALOGRAPH	1,573,133	2,557	857	2,557		19	
055	MEDICAL SUPPLIES CHAR	24,505,575						
056	DRUGS CHARGED TO PATI	16,473,892						
057	RENAL DIALYSIS	1,008,537	4,273	1,578	4,273			
059	CARDIAC CATH LAB	967,745	5,480	1,801	5,480		7	7
059	01 ENDOSCOPY	549,654		1,962			2	2
059	02 MENTAL HEALTH OP	18,543,204	3,170		3,170			
059	03 CNR	948,684	1,158		1,158			
059	04 PAIN MED PSYCH							
059	05 LUTHERWOOD	498,421						
	OUTPAT SERVICE COST C							
060	CLINIC	52,949	326		326			
060	01 HEALTHY HEARTS CENTER	182,332	2,646	280	2,646		2	
060	02 DIABETIC CARE CENTER	723,486	311		311			
060	03 PAIN REHAB ADMIN							
060	04 FAMILY PRACTICE CENTE	1,673,415						
060	05 PALLIATIVE CARE	211,291					4	
060	06 SPINE CENTER	168,622		245			1	
060	07 INFUSION CENTERS	549,229						
061	EMERGENCY	7,930,113	25,486	56,806	25,486	2,817	92	92
062	OBSERVATION BEDS (NON							
	SPEC PURPOSE COST CEN							
095	SUBTOTALS	234,037,943	528,502	321,930	512,418	331,013	1,309	822
	NONREIMBURS COST CENT							
098	PHYSICIANS' PRIVATE O	7,133,162	3,803	1,111	3,803			
098	01 OCCUPATIONAL HEALTH	8,373,458	5,883		5,883			
098	02 MEDCHECK FACILITIES	6,876,621						
098	03 INFERTILITY SERVICES	39,162						
098	04 BREAST DIAGNOSTIC	2,989,486	2,896		2,896			
098	05 HAWTHORNE SCHOOL	828,422						
098	06 INDIANA NEURORESTORAT							
098	07 PRONET	420,336						
098	08 DIAGNOSTIC TESTING FA							
100	OTHER NONREIMBURSABLE	4,738,029	1,849		1,849		14	



COST ALLOCATION - STATISTICAL BASIS

	COST CENTER DESCRIPTION	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION
		( ACCUM. COST )	(SQUARE FEET )	(POUNDS OF )LAUNDRY	(SQUARE )FEET	(MEALS )SERVED	(FTE'S )	(FTE'S )
		6	8	9	10	11	12	14
101	NONREIMBURS COST CENT							
102	CROSS FOOT ADJUSTMENT							
103	NEGATIVE COST CENTER							
	COST TO BE ALLOCATED (WRKSHT B, PART I)	46,262,425	15,431,408	1,229,309	4,746,992	4,600,262	2,008,890	6,640,253
104	UNIT COST MULTIPLIER (WRKSHT B, PT I)	.174288	28.422306	3.805427	9.010157	13.897527	1,518.435374	8,078.166667
105	COST TO BE ALLOCATED (WRKSHT B, PART II)							
106	UNIT COST MULTIPLIER (WRKSHT B, PT II)							
107	COST TO BE ALLOCATED (WRKSHT B, PART III)	8,138,366	2,215,684	32,291	402,017	470,350	318,373	427,744
108	UNIT COST MULTIPLIER (WRKSHT B, PT III)	.030660	4.080953	.099959	.763059	1.420941	240.644747	520.369830



COST ALLOCATION - STATISTICAL BASIS

COST CENTER DESCRIPTION	CENTRAL SERVI CES & SUPPLY	PHARMACY	MEDICAL RECOR DS & LIBRARY	SOCIAL SERVIC E	TRANSPORTATIO N	NONPHYSICIAN ANESTHETISTS	I&R SERVICES- SALARY & FRI
	(COSTED REQUIS.	(COSTED )REQUIS.	( GROSS ) CHARGES	(PATIENT DAYS )	(TIME )SPENT	(ASSIGNED )TIME	(ASSIGNED )TIME
	15	16	17	18	19	20	22
GENERAL SERVICE COST							
001 OLD CAP REL COSTS-BLD							
002 OLD CAP REL COSTS-MVB							
003 NEW CAP REL COSTS-BLD							
004 NEW CAP REL COSTS-MVB							
005 EMPLOYEE BENEFITS							
006 ADMINISTRATIVE & GENE							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVI							
010 HOUSEKEEPING							
011 DIETARY							
012 CAFETERIA							
014 NURSING ADMINISTRATIO							
015 CENTRAL SERVICES & SU	28,418,852						
016 PHARMACY	622,446	15,709,163					
017 MEDICAL RECORDS & LIB	1,788		766,511,678				
018 SOCIAL SERVICE	4,841			96,642			
019 TRANSPORTATION	2,607				147,598		
020 NONPHYSICIAN ANESTHET	54,373					100	
022 I&R SERVICES-SALARY &							42,270
023 I&R SERVICES-OTHER PR	6,937						
024 PARAMED ED PRGM-(SPEC	37,486						
024 01 RESPIRATORY SCHOOL							
024 02 RADIOLOGY EDUCATION	6,953						
024 03 PHARMACY RESIDENCY PR							
025 INPAT ROUTINE SRVC CN							
025 ADULTS & PEDIATRICS	1,327,889		67,375,518	61,626	22,484	100	4,358
026 INTENSIVE CARE UNIT	263,514		7,175,914	3,431			134
026 01 NEONATAL INTENSIVE CA	42,274		4,301,362	1,377			
027 CORONARY CARE UNIT	222,188		7,549,192	4,904			
031 SUBPROVIDER	155,155		9,468,579	10,476	50,908		
031 01 SUBPROVIDER 2 - PSYCH	87,230		4,913,013	4,145			
033 NURSERY	96,580		3,529,828	3,220			
034 SKILLED NURSING FACIL	119,333		3,825,016	7,463	28,622		
037 OPERATING ROOM	10,361,689	419	73,463,112				379
038 RECOVERY ROOM	123,408		31,707,740				
039 DELIVERY ROOM & LABOR	310,072		11,455,483				2,494
041 RADIOLOGY-DIAGNOSTIC	1,785,620	549	24,427,866		16,038		159
041 01 ULTRA SOUND	36,990		7,438,639		4,906		
041 02 CAT SCAN	360,964	209	39,183,367		3,484		
041 03 MAGNETIC RESONANCE IM	214,688		23,013,084		1,708		
041 04 NUCLEAR MEDICINE-DIAG	350,299	43,474	2,987,993		2,200		
041 05 ONCOLOGY	243,544	8,751,565	24,841,398		2,266		
044 LABORATORY	1,463,343		59,540,038				
048 INTRAVENOUS THERAPY	68,641		813,023				
049 RESPIRATORY THERAPY	250,419	762	22,679,485		1,958		
050 PHYSICAL THERAPY	153,915	6,393	11,944,612				
051 OCCUPATIONAL THERAPY	106,557		8,716,154				
052 SPEECH PATHOLOGY	35,519		3,268,572				
053 ELECTROCARDIOLOGY	12,059		8,483,737		1,056		356
054 ELECTROENCEPHALOGRAPH	75,662		8,149,404		3,058		551
055 MEDICAL SUPPLIES CHAR	1,823,064	4,028	84,371,350				
056 DRUGS CHARGED TO PATI	129	5,563,710	93,648,091				
057 RENAL DIALYSIS	51,936		2,180,807		7,788		
059 CARDIAC CATH LAB	3,919,120		11,603,405				
059 01 ENDOSCOPY	207,101		2,736,168				153
059 02 MENTAL HEALTH OP	284,107	67,689	34,248,809				1,432
059 03 CNR	27,715		1,453,077				
059 04 PAIN MED PSYCH							
059 05 LUTHERWOOD	2,371		827,455				
060 OUTPAT SERVICE COST C							
060 CLINIC	21,921		229,116				
060 01 HEALTHY HEARTS CENTER	2,424	1,325	171,502				
060 02 DIABETIC CARE CENTER	5,850		808,809				796
060 03 PAIN REHAB ADMIN							
060 04 FAMILY PRACTICE CENTE	78,978	88,436	4,041,110				30,713
060 05 PALLIATIVE CARE	5,970		130,971				
060 06 SPINE CENTER	732		184,963				
060 07 INFUSION CENTERS	555,888	259,245	3,933,838				
061 EMERGENCY	909,314	15	55,690,078				506
062 OBSERVATION BEDS (NON							
095 SUBTOTALS	26,901,603	14,787,819	766,511,678	96,642	146,476	100	42,031
098 NONREIMBURS COST CENT							
098 PHYSICIANS' PRIVATE O	47,369				1,122		
098 01 OCCUPATIONAL HEALTH	210,289	207,664					
098 02 MEDCHECK FACILITIES	867,603	682,877					239
098 03 INFERTILITY SERVICES	6,850						
098 04 BREAST DIAGNOSTIC	8,277						
098 05 HAWTHORNE SCHOOL	25,812	30,803					
098 06 INDIANA NEURORESTORAT							
098 07 PRONET	2,500						
098 08 DIAGNOSTIC TESTING FA							
100 OTHER NONREIMBURSABLE	348,549						



COST ALLOCATION - STATISTICAL BASIS

	COST CENTER DESCRIPTION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	TRANSPORTATION	NONPHYSICIAN ANESTHETISTS	I&R SERVICES-SALARY & FRI
		(COSTED REQUIS.	(COSTED )REQUIS.	( GROSS ) CHARGES	(PATIENT DAYS )	(TIME )SPENT	(ASSIGNED )TIME	(ASSIGNED )TIME
		15	16	17	18	19	20	22
101	NONREIMBURS COST CENT							
102	CROSS FOOT ADJUSTMENT							
103	NEGATIVE COST CENTER							
103	COST TO BE ALLOCATED	812,908	6,712,597	2,830,638	3,294,763	1,103,819	109,399	1,752,056
104	(WRKSHT B, PART I)							
104	UNIT COST MULTIPLIER		.427305		34.092455		1,093.990000	
104	(WRKSHT B, PT I)	.028605		.003693		7.478550		41.449160
105	COST TO BE ALLOCATED							
105	(WRKSHT B, PART II)							
106	UNIT COST MULTIPLIER							
106	(WRKSHT B, PT II)							
107	COST TO BE ALLOCATED	928,929	824,558	150,009	189,343	82,492	6,451	50,675
107	(WRKSHT B, PART III)							
108	UNIT COST MULTIPLIER		.052489		1.959221		64.510000	
108	(WRKSHT B, PT III)	.032687		.000196		.558896		1.198841



COST ALLOCATION - STATISTICAL BASIS

COST CENTER DESCRIPTION	I&R SERVICES- OTHER PRGM C	PARAMED ED PR GM-(SPECIFY)	RESPIRATORY S CHOO L	RADIOLOGY EDU CATION	PHARMACY RESI DENCY PROGRA
	(ASSIGNED TIME	(ASSIGNED )TIME	(TIME )SPENT	(TIME )SPENT	(TIME )SPENT
GENERAL SERVICE COST	23	24	24.01	24.02	24.03
001 OLD CAP REL COSTS-BLD					
002 OLD CAP REL COSTS-MVB					
003 NEW CAP REL COSTS-BLD					
004 NEW CAP REL COSTS-MVB					
005 EMPLOYEE BENEFITS					
006 ADMINISTRATIVE & GENE					
008 OPERATION OF PLANT					
009 LAUNDRY & LINEN SERVI					
010 HOUSEKEEPING					
011 DIETARY					
012 CAFETERIA					
014 NURSING ADMINISTRATIO					
015 CENTRAL SERVICES & SU					
016 PHARMACY					
017 MEDICAL RECORDS & LIB					
018 SOCIAL SERVICE					
019 TRANSPORTATION					
020 NONPHYSICIAN ANESTHET					
022 I&R SERVICES-SALARY &					
023 I&R SERVICES-OTHER PR	42,270				
024 PARAMED ED PRGM-(SPEC		100			
024 01 RESPIRATORY SCHOOL			100		
024 02 RADIOLOGY EDUCATION				100	
024 03 PHARMACY RESIDENCY PR					100
025 ADULTS & PEDIATRICS	4,358				
026 INTENSIVE CARE UNIT	134				
026 01 NEONATAL INTENSIVE CA					
027 CORONARY CARE UNIT					
031 SUBPROVIDER					
031 01 SUBPROVIDER 2 - PSYCH					
033 NURSERY					
034 SKILLED NURSING FACIL					
037 ANCILLARY SRVC COST C	379				
038 OPERATING ROOM					
039 RECOVERY ROOM	2,494				
041 DELIVERY ROOM & LABOR	159				
041 RADIOLOGY-DIAGNOSTIC				100	
041 01 ULTRA SOUND					
041 02 CAT SCAN					
041 03 MAGNETIC RESONANCE IM					
041 04 NUCLEAR MEDICINE-DIAG					
041 05 ONCOLOGY					
044 LABORATORY					
048 INTRAVENOUS THERAPY					
049 RESPIRATORY THERAPY			100		
050 PHYSICAL THERAPY					
051 OCCUPATIONAL THERAPY					
052 SPEECH PATHOLOGY					
053 ELECTROCARDIOLOGY	356				
054 ELECTROENCEPHALOGRAPH	551				
055 MEDICAL SUPPLIES CHAR					
056 DRUGS CHARGED TO PATI					100
057 RENAL DIALYSIS					
059 CARDIAC CATH LAB					
059 01 ENDOSCOPY	153				
059 02 MENTAL HEALTH OP	1,432				
059 03 CNR					
059 04 PAIN MED PSYCH					
059 05 LUTHERWOOD					
060 OUTPAT SERVICE COST C					
060 CLINIC					
060 01 HEALTHY HEARTS CENTER					
060 02 DIABETIC CARE CENTER	796				
060 03 PAIN REHAB ADMIN					
060 04 FAMILY PRACTICE CENTE	30,713				
060 05 PALLIATIVE CARE					
060 06 SPINE CENTER					
060 07 INFUSION CENTERS					
061 EMERGENCY	506	100			
062 OBSERVATION BEDS (NON					
095 SPEC PURPOSE COST CEN	42,031	100	100	100	100
098 SUBTOTALS					
098 NONREIMBURS COST CENT					
098 PHYSICIANS' PRIVATE O					
098 01 OCCUPATIONAL HEALTH	239				
098 02 MEDCHECK FACILITIES					
098 03 INFERTILITY SERVICES					
098 04 BREAST DIAGNOSTIC					
098 05 HAWTHORNE SCHOOL					
098 06 INDIANA NEURORESTORAT					
098 07 PRONET					
098 08 DIAGNOSTIC TESTING FA					
100 OTHER NONREIMBURSABLE					



COST ALLOCATION - STATISTICAL BASIS

COST CENTER DESCRIPTION	I&R SERVICES- OTHER PRGM C	PARAMED ED PR GM-(SPECIFY)	RESPIRATORY S CHOO	RADIOLOGY EDU CATION	PHARMACY RESI DENCY PROGRA
	(ASSIGNED TIME	(ASSIGNED )TIME	(TIME )SPENT	(TIME )SPENT	(TIME )SPENT )
NONREIMBURS COST CENT	23	24	24.01	24.02	24.03
101 CROSS FOOT ADJUSTMENT					
102 NEGATIVE COST CENTER					
103 COST TO BE ALLOCATED (PER WRKSHT B, PART	2,034,097	334,777	24,177	44,601	66,013
104 UNIT COST MULTIPLIER (WRKSHT B, PT I)	48.121528	3,347.770000	241.770000	446.010000	660.130000
105 COST TO BE ALLOCATED (PER WRKSHT B, PART					
106 UNIT COST MULTIPLIER (WRKSHT B, PT II)					
107 COST TO BE ALLOCATED (PER WRKSHT B, PART	90,409	75,121	643	6,754	2,188
108 UNIT COST MULTIPLIER (WRKSHT B, PT III)	2.138846	751.210000	6.430000	67.540000	21.880000



WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5
	INPAT ROUTINE SRVC CNTRS					
25	ADULTS & PEDIATRICS	49,661,779		49,661,779		49,661,779
26	INTENSIVE CARE UNIT	5,157,750		5,157,750		5,157,750
26	01 NEONATAL INTENSIVE CARE U	1,149,890		1,149,890		1,149,890
27	CORONARY CARE UNIT	5,675,067		5,675,067		5,675,067
31	SUBPROVIDER	8,825,570		8,825,570		8,825,570
31	01 SUBPROVIDER 2 - PSYCH DPU	4,258,400		4,258,400		4,258,400
33	NURSERY	1,647,331		1,647,331		1,647,331
34	SKILLED NURSING FACILITY ANCILLARY SRVC COST CNTRS	4,707,710		4,707,710		4,707,710
37	OPERATING ROOM	28,795,439		28,795,439		28,795,439
38	RECOVERY ROOM	5,812,795		5,812,795		5,812,795
39	DELIVERY ROOM & LABOR ROO	4,951,630		4,951,630		4,951,630
41	RADIOLOGY-DIAGNOSTIC	5,448,383		5,448,383		5,448,383
41	01 ULTRA SOUND	1,420,202		1,420,202		1,420,202
41	02 CAT SCAN	2,986,396		2,986,396		2,986,396
41	03 MAGNETIC RESONANCE IMAGIN	2,563,291		2,563,291		2,563,291
41	04 NUCLEAR MEDICINE-DIAGNOST	1,199,916		1,199,916		1,199,916
41	05 ONCOLOGY	13,566,902		13,566,902		13,566,902
44	LABORATORY	8,520,520		8,520,520		8,520,520
48	INTRAVENOUS THERAPY	493,863		493,863		493,863
49	RESPIRATORY THERAPY	4,295,718		4,295,718		4,295,718
50	PHYSICAL THERAPY	4,975,291		4,975,291		4,975,291
51	OCCUPATIONAL THERAPY	3,516,625		3,516,625		3,516,625
52	SPEECH PATHOLOGY	1,173,550		1,173,550		1,173,550
53	ELECTROCARDIOLOGY	1,942,240		1,942,240		1,942,240
54	ELECTROENCEPHALOGRAPHY	2,030,266		2,030,266		2,030,266
55	MEDICAL SUPPLIES CHARGED	29,142,056		29,142,056		29,142,056
56	DRUGS CHARGED TO PATIENTS	22,134,266		22,134,266		22,134,266
57	RENAL DIALYSIS	1,418,050		1,418,050		1,418,050
59	CARDIAC CATH LAB	1,570,528		1,570,528		1,570,528
59	01 ENDOSCOPY	688,140		688,140		688,140
59	02 MENTAL HEALTH OP	22,057,255		22,057,255		22,057,255
59	03 CNR	1,163,534		1,163,534		1,163,534
59	04 PAIN MED PSYCH					
59	05 LUTHERWOOD	588,414		588,414		588,414
60	OUTPAT SERVICE COST CNTRS CLINIC	75,853		75,853		75,853
60	01 HEALTHY HEARTS CENTER	318,527		318,527		318,527
60	02 DIABETIC CARE CENTER	864,376		864,376		864,376
60	03 PAIN REHAB ADMIN					
60	04 FAMILY PRACTICE CENTER	2,020,043		2,020,043		2,020,043
60	05 PALLIATIVE CARE	254,845		254,845		254,845
60	06 SPINE CENTER	201,165		201,165		201,165
60	07 INFUSION CENTERS	786,159		786,159		786,159
61	EMERGENCY	11,970,905		11,970,905		11,970,905
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	1,616,173		1,616,173		1,616,173
101	SUBTOTAL	271,646,813		271,646,813		271,646,813
102	LESS OBSERVATION BEDS	1,616,173		1,616,173		1,616,173
103	TOTAL	270,030,640		270,030,640		270,030,640



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	58,598,988		58,598,988			
26	INTENSIVE CARE UNIT	7,175,914		7,175,914			
26	01 NEONATAL INTENSIVE CARE U	4,301,362		4,301,362			
27	CORONARY CARE UNIT	7,549,192		7,549,192			
31	SUBPROVIDER	9,468,579		9,468,579			
31	01 SUBPROVIDER 2 - PSYCH DPU	4,913,013		4,913,013			
33	NURSERY	3,529,828		3,529,828			
34	SKILLED NURSING FACILITY ANCILLARY SRVC COST CNTRS	3,825,016		3,825,016			
37	OPERATING ROOM	17,135,362	56,327,750	73,463,112	.391971	.391971	.391971
38	RECOVERY ROOM	5,989,127	25,718,613	31,707,740	.183324	.183324	.183324
39	DELIVERY ROOM & LABOR ROO	11,455,483		11,455,483	.432250	.432250	.432250
41	RADIOLOGY-DIAGNOSTIC	6,878,298	17,549,568	24,427,866	.223040	.223040	.223040
41	01 ULTRA SOUND	2,052,730	5,385,909	7,438,639	.190922	.190922	.190922
41	02 CAT SCAN	9,799,000	29,384,367	39,183,367	.076216	.076216	.076216
41	03 MAGNETIC RESONANCE IMAGIN	4,799,402	18,213,682	23,013,084	.111384	.111384	.111384
41	04 NUCLEAR MEDICINE-DIAGNOST	581,303	2,406,690	2,987,993	.401579	.401579	.401579
41	05 ONCOLOGY	357,267	24,484,131	24,841,398	.546141	.546141	.546141
44	LABORATORY	32,405,482	27,134,556	59,540,038	.143106	.143106	.143106
48	INTRAVENOUS THERAPY	795,347	17,676	813,023	.607440	.607440	.607440
49	RESPIRATORY THERAPY	19,914,861	2,764,624	22,679,485	.189410	.189410	.189410
50	PHYSICAL THERAPY	6,839,403	5,105,209	11,944,612	.416530	.416530	.416530
51	OCCUPATIONAL THERAPY	6,266,465	2,449,689	8,716,154	.403461	.403461	.403461
52	SPEECH PATHOLOGY	1,578,843	1,689,729	3,268,572	.359041	.359041	.359041
53	ELECTROCARDIOLOGY	6,101,358	2,382,379	8,483,737	.228937	.228937	.228937
54	ELECTROENCEPHALOGRAPHY	876,711	7,272,693	8,149,404	.249131	.249131	.249131
55	MEDICAL SUPPLIES CHARGED	40,732,831	43,638,519	84,371,350	.345402	.345402	.345402
56	DRUGS CHARGED TO PATIENTS	44,976,066	48,672,025	93,648,091	.236356	.236356	.236356
57	RENAL DIALYSIS	2,070,310	110,497	2,180,807	.650241	.650241	.650241
59	CARDIAC CATH LAB	7,878,830	3,724,575	11,603,405	.135351	.135351	.135351
59	01 ENDOSCOPY	1,077,555	1,658,613	2,736,168	.251498	.251498	.251498
59	02 MENTAL HEALTH OP		34,248,809	34,248,809	.644030	.644030	.644030
59	03 CNR	318,285	1,134,792	1,453,077	.800738	.800738	.800738
59	04 PAIN MED PSYCH						
59	05 LUTHERWOOD		827,455	827,455	.711113	.711113	.711113
60	OUTPAT SERVICE COST CNTRS CLINIC	2,018	227,098	229,116	.331068	.331068	.331068
60	01 HEALTHY HEARTS CENTER	1,661	169,841	171,502	1.857279	1.857279	1.857279
60	02 DIABETIC CARE CENTER	163,107	645,702	808,809	1.068702	1.068702	1.068702
60	03 PAIN REHAB ADMIN						
60	04 FAMILY PRACTICE CENTER	1,218,643	2,822,467	4,041,110	.499873	.499873	.499873
60	05 PALLIATIVE CARE	130,971		130,971	1.945812	1.945812	1.945812
60	06 SPINE CENTER		184,963	184,963	1.087596	1.087596	1.087596
60	07 INFUSION CENTERS		3,933,838	3,933,838	.199845	.199845	.199845
61	EMERGENCY	14,918,993	40,771,085	55,690,078	.214956	.214956	.214956
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	445,707	8,330,823	8,776,530	.184147	.184147	.184147
101	SUBTOTAL	347,123,311	419,388,367	766,511,678			
102	LESS OBSERVATION BEDS						
103	TOTAL	347,123,311	419,388,367	766,511,678			



COMPUTATION OF RATIO OF COSTS TO CHARGES  
 SPECIAL TITLE XIX WORKSHEET

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS	50,052,128		50,052,128		50,052,128
26	INTENSIVE CARE UNIT	5,169,752		5,169,752		5,169,752
26	01 NEONATAL INTENSIVE CARE U	1,149,890		1,149,890		1,149,890
27	CORONARY CARE UNIT	5,675,067		5,675,067		5,675,067
31	SUBPROVIDER	8,825,570		8,825,570		8,825,570
31	01 SUBPROVIDER 2 - PSYCH DPU	4,258,400		4,258,400		4,258,400
33	NURSERY	1,647,331		1,647,331		1,647,331
34	SKILLED NURSING FACILITY ANCILLARY SRVC COST CNTRS	4,707,710		4,707,710		4,707,710
37	OPERATING ROOM	28,829,386		28,829,386		28,829,386
38	RECOVERY ROOM	5,812,795		5,812,795		5,812,795
39	DELIVERY ROOM & LABOR ROO	5,175,019		5,175,019		5,175,019
41	RADIOLOGY-DIAGNOSTIC	5,462,624		5,462,624		5,462,624
41	01 ULTRA SOUND	1,420,202		1,420,202		1,420,202
41	02 CAT SCAN	2,986,396		2,986,396		2,986,396
41	03 MAGNETIC RESONANCE IMAGIN	2,563,291		2,563,291		2,563,291
41	04 NUCLEAR MEDICINE-DIAGNOST	1,199,916		1,199,916		1,199,916
41	05 ONCOLOGY	13,566,902		13,566,902		13,566,902
44	LABORATORY	8,520,520		8,520,520		8,520,520
48	INTRAVENOUS THERAPY	493,863		493,863		493,863
49	RESPIRATORY THERAPY	4,295,718		4,295,718		4,295,718
50	PHYSICAL THERAPY	4,975,291		4,975,291		4,975,291
51	OCCUPATIONAL THERAPY	3,516,625		3,516,625		3,516,625
52	SPEECH PATHOLOGY	1,173,550		1,173,550		1,173,550
53	ELECTROCARDIOLOGY	1,974,127		1,974,127		1,974,127
54	ELECTROENCEPHALOGRAPHY	2,079,619		2,079,619		2,079,619
55	MEDICAL SUPPLIES CHARGED	29,142,056		29,142,056		29,142,056
56	DRUGS CHARGED TO PATIENTS	22,134,266		22,134,266		22,134,266
57	RENAL DIALYSIS	1,418,050		1,418,050		1,418,050
59	CARDIAC CATH LAB	1,570,528		1,570,528		1,570,528
59	01 ENDOSCOPY	701,845		701,845		701,845
59	02 MENTAL HEALTH OP	22,185,520		22,185,520		22,185,520
59	03 CNR	1,163,534		1,163,534		1,163,534
59	04 PAIN MED PSYCH					
59	05 LUTHERWOOD	588,414		588,414		588,414
60	OUTPAT SERVICE COST CNTRS CLINIC	75,853		75,853		75,853
60	01 HEALTHY HEARTS CENTER	318,527		318,527		318,527
60	02 DIABETIC CARE CENTER	935,675		935,675		935,675
60	03 PAIN REHAB ADMIN					
60	04 FAMILY PRACTICE CENTER	4,771,030		4,771,030		4,771,030
60	05 PALLIATIVE CARE	254,845		254,845		254,845
60	06 SPINE CENTER	201,165		201,165		201,165
60	07 INFUSION CENTERS	786,159		786,159		786,159
61	EMERGENCY	12,016,227		12,016,227		12,016,227
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	1,616,173		1,616,173		1,616,173
101	SUBTOTAL	275,411,559		275,411,559		275,411,559
102	LESS OBSERVATION BEDS	1,616,173		1,616,173		1,616,173
103	TOTAL	273,795,386		273,795,386		273,795,386



COMPUTATION OF RATIO OF COSTS TO CHARGES  
 SPECIAL TITLE XIX WORKSHEET

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT CHARGES 6	OUTPATIENT CHARGES 7	TOTAL CHARGES 8	COST OR OTHER RATIO 9	TEFRA INPAT- IENT RATIO 10	PPS INPAT- IENT RATIO 11
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	58,598,988		58,598,988			
26	INTENSIVE CARE UNIT	7,175,914		7,175,914			
26 01	NEONATAL INTENSIVE CARE U	4,301,362		4,301,362			
27	CORONARY CARE UNIT	7,549,192		7,549,192			
31	SUBPROVIDER	9,468,579		9,468,579			
31 01	SUBPROVIDER 2 - PSYCH DPU	4,913,013		4,913,013			
33	NURSERY	3,529,828		3,529,828			
34	SKILLED NURSING FACILITY ANCILLARY SRVC COST CNTRS	3,825,016		3,825,016			
37	OPERATING ROOM	17,135,362	56,327,750	73,463,112	.392433	.392433	.392433
38	RECOVERY ROOM	5,989,127	25,718,613	31,707,740	.183324	.183324	.183324
39	DELIVERY ROOM & LABOR ROO	11,455,483		11,455,483	.451750	.451750	.451750
41	RADIOLOGY-DIAGNOSTIC	6,878,298	17,549,568	24,427,866	.223623	.223623	.223623
41 01	ULTRA SOUND	2,052,730	5,385,909	7,438,639	.190922	.190922	.190922
41 02	CAT SCAN	9,799,000	29,384,367	39,183,367	.076216	.076216	.076216
41 03	MAGNETIC RESONANCE IMAGIN	4,799,402	18,213,682	23,013,084	.111384	.111384	.111384
41 04	NUCLEAR MEDICINE-DIAGNOST	581,303	2,406,690	2,987,993	.401579	.401579	.401579
41 05	ONCOLOGY	357,267	24,484,131	24,841,398	.546141	.546141	.546141
44	LABORATORY	32,405,482	27,134,556	59,540,038	.143106	.143106	.143106
48	INTRAVENOUS THERAPY	795,347	17,676	813,023	.607440	.607440	.607440
49	RESPIRATORY THERAPY	19,914,861	2,764,624	22,679,485	.189410	.189410	.189410
50	PHYSICAL THERAPY	6,839,403	5,105,209	11,944,612	.416530	.416530	.416530
51	OCCUPATIONAL THERAPY	6,266,465	2,449,689	8,716,154	.403461	.403461	.403461
52	SPEECH PATHOLOGY	1,578,843	1,689,729	3,268,572	.359041	.359041	.359041
53	ELECTROCARDIOLOGY	6,101,358	2,382,379	8,483,737	.232695	.232695	.232695
54	ELECTROENCEPHALOGRAPHY	876,711	7,272,693	8,149,404	.255187	.255187	.255187
55	MEDICAL SUPPLIES CHARGED	40,732,831	43,638,519	84,371,350	.345402	.345402	.345402
56	DRUGS CHARGED TO PATIENTS	44,976,066	48,672,025	93,648,091	.236356	.236356	.236356
57	RENAL DIALYSIS	2,070,310	110,497	2,180,807	.650241	.650241	.650241
59	CARDIAC CATH LAB	7,878,830	3,724,575	11,603,405	.135351	.135351	.135351
59 01	ENDOSCOPY	1,077,555	1,658,613	2,736,168	.256507	.256507	.256507
59 02	MENTAL HEALTH OP		34,248,809	34,248,809	.647775	.647775	.647775
59 03	CNR	318,285	1,134,792	1,453,077	.800738	.800738	.800738
59 04	PAIN MED PSYCH						
59 05	LUTHERWOOD		827,455	827,455	.711113	.711113	.711113
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	2,018	227,098	229,116	.331068	.331068	.331068
60 01	HEALTHY HEARTS CENTER	1,661	169,841	171,502	1.857279	1.857279	1.857279
60 02	DIABETIC CARE CENTER	163,107	645,702	808,809	1.156855	1.156855	1.156855
60 03	PAIN REHAB ADMIN						
60 04	FAMILY PRACTICE CENTER	1,218,643	2,822,467	4,041,110	1.180624	1.180624	1.180624
60 05	PALLIATIVE CARE	130,971		130,971	1.945812	1.945812	1.945812
60 06	SPINE CENTER		184,963	184,963	1.087596	1.087596	1.087596
60 07	INFUSION CENTERS		3,933,838	3,933,838	.199845	.199845	.199845
61	EMERGENCY	14,918,993	40,771,085	55,690,078	.215770	.215770	.215770
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	445,707	8,330,823	8,776,530	.184147	.184147	.184147
101	SUBTOTAL	347,123,311	419,388,367	766,511,678			
102	LESS OBSERVATION BEDS						
103	TOTAL	347,123,311	419,388,367	766,511,678			



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	28,795,439	1,979,004	26,816,435			28,795,439
38	RECOVERY ROOM	5,812,795	330,197	5,482,598			5,812,795
39	DELIVERY ROOM & LABOR ROO	4,951,630	480,715	4,470,915			4,951,630
41	RADIOLOGY-DIAGNOSTIC	5,448,383	1,210,790	4,237,593			5,448,383
41 01	ULTRA SOUND	1,420,202	141,842	1,278,360			1,420,202
41 02	CAT SCAN	2,986,396	243,587	2,742,809			2,986,396
41 03	MAGNETIC RESONANCE IMAGIN	2,563,291	339,357	2,223,934			2,563,291
41 04	NUCLEAR MEDICINE-DIAGNOST	1,199,916	192,985	1,006,931			1,199,916
41 05	ONCOLOGY	13,566,902	1,663,251	11,903,651			13,566,902
44	LABORATORY	8,520,520	427,034	8,093,486			8,520,520
48	INTRAVENOUS THERAPY	493,863	34,979	458,884			493,863
49	RESPIRATORY THERAPY	4,295,718	333,886	3,961,832			4,295,718
50	PHYSICAL THERAPY	4,975,291	666,545	4,308,746			4,975,291
51	OCCUPATIONAL THERAPY	3,516,625	445,492	3,071,133			3,516,625
52	SPEECH PATHOLOGY	1,173,550	148,568	1,024,982			1,173,550
53	ELECTROCARDIOLOGY	1,942,240	61,227	1,881,013			1,942,240
54	ELECTROENCEPHALOGRAPHY	2,030,266	261,175	1,769,091			2,030,266
55	MEDICAL SUPPLIES CHARGED	29,142,056	827,679	28,314,377			29,142,056
56	DRUGS CHARGED TO PATIENTS	22,134,266	815,254	21,319,012			22,134,266
57	RENAL DIALYSIS	1,418,050	113,187	1,304,863			1,418,050
59	CARDIAC CATH LAB	1,570,528	392,468	1,178,060			1,570,528
59 01	ENDOSCOPY	688,140	75,812	612,328			688,140
59 02	MENTAL HEALTH OP	22,057,255	1,597,103	20,460,152			22,057,255
59 03	CNR	1,163,534	85,544	1,077,990			1,163,534
59 04	PAIN MED PSYCH						
59 05	LUTHERWOOD	588,414	29,331	559,083			588,414
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	75,853	8,197	67,656			75,853
60 01	HEALTHY HEARTS CENTER	318,527	54,395	264,132			318,527
60 02	DIABETIC CARE CENTER	864,376	93,664	770,712			864,376
60 03	PAIN REHAB ADMIN						
60 04	FAMILY PRACTICE CENTER	2,020,043	541,966	1,478,077			2,020,043
60 05	PALLIATIVE CARE	254,845	7,845	247,000			254,845
60 06	SPINE CENTER	201,165	38,813	162,352			201,165
60 07	INFUSION CENTERS	786,159	49,512	736,647			786,159
61	EMERGENCY	11,970,905	974,407	10,996,498			11,970,905
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	1,616,173	133,239	1,482,934			1,616,173
101	SUBTOTAL	190,563,316	14,799,050	175,764,266			190,563,316
102	LESS OBSERVATION BEDS	1,616,173	133,239	1,482,934			1,616,173
103	TOTAL	188,947,143	14,665,811	174,281,332			188,947,143



WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRGRATIO	I/P PT B COST TO CHRGRATIO
		7	8	9
37	ANCILLARY SRVC COST CNTRS			
	OPERATING ROOM	73,463,112	.391971	.391971
38	RECOVERY ROOM	31,707,740	.183324	.183324
39	DELIVERY ROOM & LABOR ROO	11,455,483	.432250	.432250
41	RADIOLOGY-DIAGNOSTIC	24,427,866	.223040	.223040
41 01	ULTRA SOUND	7,438,639	.190922	.190922
41 02	CAT SCAN	39,183,367	.076216	.076216
41 03	MAGNETIC RESONANCE IMAGIN	23,013,084	.111384	.111384
41 04	NUCLEAR MEDICINE-DIAGNOST	2,987,993	.401579	.401579
41 05	ONCOLOGY	24,841,398	.546141	.546141
44	LABORATORY	59,540,038	.143106	.143106
48	INTRAVENOUS THERAPY	813,023	.607440	.607440
49	RESPIRATORY THERAPY	22,679,485	.189410	.189410
50	PHYSICAL THERAPY	11,944,612	.416530	.416530
51	OCCUPATIONAL THERAPY	8,716,154	.403461	.403461
52	SPEECH PATHOLOGY	3,268,572	.359041	.359041
53	ELECTROCARDIOLOGY	8,483,737	.228937	.228937
54	ELECTROENCEPHALOGRAPHY	8,149,404	.249131	.249131
55	MEDICAL SUPPLIES CHARGED	84,371,350	.345402	.345402
56	DRUGS CHARGED TO PATIENTS	93,648,091	.236356	.236356
57	RENAL DIALYSIS	2,180,807	.650241	.650241
59	CARDIAC CATH LAB	11,603,405	.135351	.135351
59 01	ENDOSCOPY	2,736,168	.251498	.251498
59 02	MENTAL HEALTH OP	34,248,809	.644030	.644030
59 03	CNR	1,453,077	.800738	.800738
59 04	PAIN MED PSYCH			
59 05	LUTHERWOOD	827,455	.711113	.711113
60	OUTPAT SERVICE COST CNTRS			
	CLINIC	229,116	.331068	.331068
60 01	HEALTHY HEARTS CENTER	171,502	1.857279	1.857279
60 02	DIABETIC CARE CENTER	808,809	1.068702	1.068702
60 03	PAIN REHAB ADMIN			
60 04	FAMILY PRACTICE CENTER	4,041,110	.499873	.499873
60 05	PALLIATIVE CARE	130,971	1.945812	1.945812
60 06	SPINE CENTER	184,963	1.087596	1.087596
60 07	INFUSION CENTERS	3,933,838	.199845	.199845
61	EMERGENCY	55,690,078	.214956	.214956
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	8,776,530	.184147	.184147
101	SUBTOTAL	667,149,786		
102	LESS OBSERVATION BEDS	8,776,530		
103	TOTAL	658,373,256		



WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27	CAPITAL COST WKST B PT II & III,COL. 27	OPERATING COST NET OF CAPITAL COST	CAPITAL REDUCTION	OPERATING COST REDUCTION AMOUNT	COST NET OF CAP AND OPER COST REDUCTION
		1	2	3	4	5	6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM	28,829,386	1,979,004	26,850,382	197,900	1,557,322	27,074,164
38	RECOVERY ROOM	5,812,795	330,197	5,482,598	33,020	317,991	5,461,784
39	DELIVERY ROOM & LABOR ROO	5,175,019	480,715	4,694,304	48,072	272,270	4,854,677
41	RADIOLOGY-DIAGNOSTIC	5,462,624	1,210,790	4,251,834	121,079	246,606	5,094,939
41 01	ULTRA SOUND	1,420,202	141,842	1,278,360	14,184	74,145	1,331,873
41 02	CAT SCAN	2,986,396	243,587	2,742,809	24,359	159,083	2,802,954
41 03	MAGNETIC RESONANCE IMAGIN	2,563,291	339,357	2,223,934	33,936	128,988	2,400,367
41 04	NUCLEAR MEDICINE-DIAGNOST	1,199,916	192,985	1,006,931	19,299	58,402	1,122,215
41 05	ONCOLOGY	13,566,902	1,663,251	11,903,651	166,325	690,412	12,710,165
44	LABORATORY	8,520,520	427,034	8,093,486	42,703	469,422	8,008,395
48	INTRAVENOUS THERAPY	493,863	34,979	458,884	3,498	26,615	463,750
49	RESPIRATORY THERAPY	4,295,718	333,886	3,961,832	33,389	229,786	4,032,543
50	PHYSICAL THERAPY	4,975,291	666,545	4,308,746	66,655	249,907	4,658,729
51	OCCUPATIONAL THERAPY	3,516,625	445,492	3,071,133	44,549	178,126	3,293,950
52	SPEECH PATHOLOGY	1,173,550	148,568	1,024,982	14,857	59,449	1,099,244
53	ELECTROCARDIOLOGY	1,974,127	61,227	1,912,900	6,123	110,948	1,857,056
54	ELECTROENCEPHALOGRAPHY	2,079,619	261,175	1,818,444	26,118	105,470	1,948,031
55	MEDICAL SUPPLIES CHARGED	29,142,056	827,679	28,314,377	82,768	1,642,234	27,417,054
56	DRUGS CHARGED TO PATIENTS	22,134,266	815,254	21,319,012	81,525	1,236,503	20,816,238
57	RENAL DIALYSIS	1,418,050	113,187	1,304,863	11,319	75,682	1,331,049
59	CARDIAC CATH LAB	1,570,528	392,468	1,178,060	39,247	68,327	1,462,954
59 01	ENDOSCOPY	701,845	75,812	626,033	7,581	36,310	657,954
59 02	MENTAL HEALTH OP	22,185,520	1,597,103	20,588,417	159,710	1,194,128	20,831,682
59 03	CNR	1,163,534	85,544	1,077,990	8,554	62,523	1,092,457
59 04	PAIN MED PSYCH						
59 05	LUTHERWOOD	588,414	29,331	559,083	2,933	32,427	553,054
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	75,853	8,197	67,656	820	3,924	71,109
60 01	HEALTHY HEARTS CENTER	318,527	54,395	264,132	5,440	15,320	297,767
60 02	DIABETIC CARE CENTER	935,675	93,664	842,011	9,366	48,837	877,472
60 03	PAIN REHAB ADMIN						
60 04	FAMILY PRACTICE CENTER	4,771,030	541,966	4,229,064	54,197	245,286	4,471,547
60 05	PALLIATIVE CARE	254,845	7,845	247,000	785	14,326	239,734
60 06	SPINE CENTER	201,165	38,813	162,352	3,881	9,416	187,868
60 07	INFUSION CENTERS	786,159	49,512	736,647	4,951	42,726	738,482
61	EMERGENCY	12,016,227	974,407	11,041,820	97,441	640,426	11,278,360
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	1,616,173	133,239	1,482,934	13,324	86,010	1,516,839
101	SUBTOTAL	193,925,711	14,799,050	179,126,661	1,479,908	10,389,347	182,056,456
102	LESS OBSERVATION BEDS	1,616,173	133,239	1,482,934	13,324	86,010	1,516,839
103	TOTAL	192,309,538	14,665,811	177,643,727	1,466,584	10,303,337	180,539,617



WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRGRATIO	I/P PT B COST TO CHRGRATIO
		7	8	9
37	ANCILLARY SRVC COST CNTRS			
	OPERATING ROOM	73,463,112	.368541	.389740
38	RECOVERY ROOM	31,707,740	.172254	.182283
39	DELIVERY ROOM & LABOR ROO	11,455,483	.423786	.447554
41	RADIOLOGY-DIAGNOSTIC	24,427,866	.208571	.218666
41 01	ULTRA SOUND	7,438,639	.179048	.189015
41 02	CAT SCAN	39,183,367	.071534	.075594
41 03	MAGNETIC RESONANCE IMAGIN	23,013,084	.104304	.109909
41 04	NUCLEAR MEDICINE-DIAGNOST	2,987,993	.375575	.395120
41 05	ONCOLOGY	24,841,398	.511653	.539445
44	LABORATORY	59,540,038	.134504	.142389
48	INTRAVENOUS THERAPY	813,023	.570402	.603138
49	RESPIRATORY THERAPY	22,679,485	.177806	.187938
50	PHYSICAL THERAPY	11,944,612	.390028	.410950
51	OCCUPATIONAL THERAPY	8,716,154	.377913	.398350
52	SPEECH PATHOLOGY	3,268,572	.336307	.354495
53	ELECTROCARDIOLOGY	8,483,737	.218896	.231974
54	ELECTROENCEPHALOGRAPHY	8,149,404	.239040	.251982
55	MEDICAL SUPPLIES CHARGED	84,371,350	.324957	.344421
56	DRUGS CHARGED TO PATIENTS	93,648,091	.222281	.235485
57	RENAL DIALYSIS	2,180,807	.610347	.645051
59	CARDIAC CATH LAB	11,603,405	.126080	.131968
59 01	ENDOSCOPY	2,736,168	.240465	.253736
59 02	MENTAL HEALTH OP	34,248,809	.608245	.643112
59 03	CNR	1,453,077	.751823	.794851
59 04	PAIN MED PSYCH			
59 05	LUTHERWOOD	827,455	.668380	.707568
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	229,116	.310362	.327489
60 01	HEALTHY HEARTS CENTER	171,502	1.736230	1.825559
60 02	DIABETIC CARE CENTER	808,809	1.084894	1.145275
60 03	PAIN REHAB ADMIN			
60 04	FAMILY PRACTICE CENTER	4,041,110	1.106515	1.167212
60 05	PALLIATIVE CARE	130,971	1.830436	1.939819
60 06	SPINE CENTER	184,963	1.015706	1.066613
60 07	INFUSION CENTERS	3,933,838	.187726	.198587
61	EMERGENCY	55,690,078	.202520	.214020
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	8,776,530	.172829	.182629
101	SUBTOTAL	667,149,786		
102	LESS OBSERVATION BEDS	8,776,530		
103	TOTAL	658,373,256		



WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL			NEW CAPITAL		
		CAPITAL REL COST (B, II) 1	SWING BED ADJUSTMENT 2	REDUCED CAP RELATED COST 3	CAPITAL REL COST (B, III) 4	SWING BED ADJUSTMENT 5	REDUCED CAP RELATED COST 6
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS				4,094,170		4,094,170
26	INTENSIVE CARE UNIT				554,683		554,683
26	01 NEONATAL INTENSIVE CARE U				85,677		85,677
27	CORONARY CARE UNIT				582,730		582,730
31	SUBPROVIDER				864,484		864,484
31	01 SUBPROVIDER 2 - PSYCH DPU				578,170		578,170
33	NURSERY				155,088		155,088
101	TOTAL				6,915,002		6,915,002



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	63,699	24,645			64.27	1,583,934
26	INTENSIVE CARE UNIT	3,431	1,890			161.67	305,556
26	01 NEONATAL INTENSIVE CARE U	1,377				62.22	
27	CORONARY CARE UNIT	4,904	3,280			118.83	389,762
31	SUBPROVIDER	10,476	5,297			82.52	437,108
31	01 SUBPROVIDER 2 - PSYCH DPU	4,145	3,356			139.49	468,128
33	NURSERY	3,220				48.16	
101	TOTAL	91,252	38,468				3,184,488



TITLE XVIII, PART A HOSPITAL PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2	TOTAL CHARGES 3	INPAT PROGRAM CHARGES 4	OLD CAPITAL CST/CHRG RATIO 5	COSTS 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM		1,979,004	73,463,112	11,172,554		
38	RECOVERY ROOM		330,197	31,707,740	3,332,826		
39	DELIVERY ROOM & LABOR ROO		480,715	11,455,483	64,527		
41	RADIOLOGY-DIAGNOSTIC		1,210,790	24,427,866	5,525,972		
41 01	ULTRA SOUND		141,842	7,438,639	1,365,411		
41 02	CAT SCAN		243,587	39,183,367	7,353,520		
41 03	MAGNETIC RESONANCE IMAGIN		339,357	23,013,084	3,208,972		
41 04	NUCLEAR MEDICINE-DIAGNOST		192,985	2,987,993	418,735		
41 05	ONCOLOGY		1,663,251	24,841,398	295,982		
44	LABORATORY		427,034	59,540,038	21,229,382		
48	INTRAVENOUS THERAPY		34,979	813,023	551,710		
49	RESPIRATORY THERAPY		333,886	22,679,485	13,992,245		
50	PHYSICAL THERAPY		666,545	11,944,612	1,717,668		
51	OCCUPATIONAL THERAPY		445,492	8,716,154	1,079,685		
52	SPEECH PATHOLOGY		148,568	3,268,572	192,065		
53	ELECTROCARDIOLOGY		61,227	8,483,737	4,381,678		
54	ELECTROENCEPHALOGRAPHY		261,175	8,149,404	532,153		
55	MEDICAL SUPPLIES CHARGED		827,679	84,371,350	25,430,510		
56	DRUGS CHARGED TO PATIENTS		815,254	93,648,091	23,801,924		
57	RENAL DIALYSIS		113,187	2,180,807	1,623,647		
59	CARDIAC CATH LAB		392,468	11,603,405	5,074,474		
59 01	ENDOSCOPY		75,812	2,736,168	856,744		
59 02	MENTAL HEALTH OP		1,597,103	34,248,809			
59 03	CNR		85,544	1,453,077	17,329		
59 04	PAIN MED PSYCH						
59 05	LUTHERWOOD		29,331	827,455			
60	OUTPAT SERVICE COST CNTRS						
	CLINIC		8,197	229,116	1,781		
60 01	HEALTHY HEARTS CENTER		54,395	171,502	1,445		
60 02	DIABETIC CARE CENTER		93,664	808,809	353		
60 03	PAIN REHAB ADMIN						
60 04	FAMILY PRACTICE CENTER		541,966	4,041,110			
60 05	PALLIATIVE CARE		7,845	130,971			
60 06	SPINE CENTER		38,813	184,963			
60 07	INFUSION CENTERS		49,512	3,933,838			
61	EMERGENCY		974,407	55,690,078	11,609,241		
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS		133,239	8,776,530			
101	TOTAL		14,799,050	667,149,786	144,832,533		



TITLE XVIII, PART A HOSPITAL PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NEW CAPITAL CST/CHRG RATIO	COSTS
		7	8
37	ANCILLARY SRVC COST CNTRS		
	OPERATING ROOM	.026939	300,977
38	RECOVERY ROOM	.010414	34,708
39	DELIVERY ROOM & LABOR ROO	.041964	2,708
41	RADIOLOGY-DIAGNOSTIC	.049566	273,900
41 01	ULTRA SOUND	.019068	26,036
41 02	CAT SCAN	.006217	45,717
41 03	MAGNETIC RESONANCE IMAGIN	.014746	47,320
41 04	NUCLEAR MEDICINE-DIAGNOST	.064587	27,045
41 05	ONCOLOGY	.066955	19,817
44	LABORATORY	.007172	152,257
48	INTRAVENOUS THERAPY	.043023	23,736
49	RESPIRATORY THERAPY	.014722	205,994
50	PHYSICAL THERAPY	.055803	95,851
51	OCCUPATIONAL THERAPY	.051111	55,184
52	SPEECH PATHOLOGY	.045453	8,730
53	ELECTROCARDIOLOGY	.007217	31,623
54	ELECTROENCEPHALOGRAPHY	.032048	17,054
55	MEDICAL SUPPLIES CHARGED	.009810	249,473
56	DRUGS CHARGED TO PATIENTS	.008706	207,220
57	RENAL DIALYSIS	.051901	84,269
59	CARDIAC CATH LAB	.033824	171,639
59 01	ENDOSCOPY	.027707	23,738
59 02	MENTAL HEALTH OP	.046632	
59 03	CNR	.058871	1,020
59 04	PAIN MED PSYCH		
59 05	LUTHERWOOD	.035447	
60	OUTPAT SERVICE COST CNTRS		
	CLINIC	.035777	64
60 01	HEALTHY HEARTS CENTER	.317168	458
60 02	DIABETIC CARE CENTER	.115805	41
60 03	PAIN REHAB ADMIN		
60 04	FAMILY PRACTICE CENTER	.134113	
60 05	PALLIATIVE CARE	.059899	
60 06	SPINE CENTER	.209842	
60 07	INFUSION CENTERS	.012586	
61	EMERGENCY	.017497	203,127
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	.015181	
101	TOTAL		2,309,706



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

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST 1	MED ED NRS SCHOOL COST 2	MED ED ALLIED HEALTH COST 2.01	MED ED ALL OTHER COSTS 2.02	SWING BED ADJ AMOUNT 3	TOTAL COSTS 4
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS						
26	INTENSIVE CARE UNIT						
26	01 NEONATAL INTENSIVE CARE U						
27	CORONARY CARE UNIT						
31	SUBPROVIDER						
31	01 SUBPROVIDER 2 - PSYCH DPU						
33	NURSERY						
34	SKILLED NURSING FACILITY						
101	TOTAL						



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

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL PATIENT DAYS	PER DIEM	INPAT PROG DAYS	INPAT PROG PASS THRU COST
		5	6	7	8
25	ADULTS & PEDIATRICS	63,699		24,645	
26	INTENSIVE CARE UNIT	3,431		1,890	
26	01 NEONATAL INTENSIVE CARE U	1,377			
27	CORONARY CARE UNIT	4,904		3,280	
31	SUBPROVIDER	10,476		5,297	
31	01 SUBPROVIDER 2 - PSYCH DPU	4,145		3,356	
33	NURSERY	3,220			
34	SKILLED NURSING FACILITY	7,463		4,351	
101	TOTAL	98,715		42,819	



TITLE XVIII, PART A		HOSPITAL		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	1.01	2	2.01	2.02	2.03
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM						
38	RECOVERY ROOM						
39	DELIVERY ROOM & LABOR ROO						
41	RADIOLOGY-DIAGNOSTIC				44,601		
41	01 ULTRA SOUND						
41	02 CAT SCAN						
41	03 MAGNETIC RESONANCE IMAGIN						
41	04 NUCLEAR MEDICINE-DIAGNOST						
41	05 ONCOLOGY						
44	LABORATORY						
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY				24,177		
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS				66,013		
57	RENAL DIALYSIS						
59	CARDIAC CATH LAB						
59	01 ENDOSCOPY						
59	02 MENTAL HEALTH OP						
59	03 CNR						
59	04 PAIN MED PSYCH						
59	05 LUTHERWOOD						
60	OUTPAT SERVICE COST CNTRS						
	CLINIC						
60	01 HEALTHY HEARTS CENTER						
60	02 DIABETIC CARE CENTER						
60	03 PAIN REHAB ADMIN						
60	04 FAMILY PRACTICE CENTER						
60	05 PALLIATIVE CARE						
60	06 SPINE CENTER						
60	07 INFUSION CENTERS						
61	EMERGENCY				334,777		
62	OBSERVATION BEDS (NON-DIS						
	OTHER REIMBURS COST CNTRS						
101	TOTAL				469,568		



TITLE XVIII, PART A		HOSPITAL		PPS				
WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF CST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
37	ANCILLARY SRVC COST CNTRS			73,463,112			11,172,554	
38	OPERATING ROOM			31,707,740			3,332,826	
39	RECOVERY ROOM			11,455,483			64,527	
41	DELIVERY ROOM & LABOR ROO			24,427,866	.001826	.001826	5,525,972	10,090
41	RADIOLOGY-DIAGNOSTIC	44,601	44,601	24,427,866				
41 01	ULTRA SOUND			7,438,639			1,365,411	
41 02	CAT SCAN			39,183,367			7,353,520	
41 03	MAGNETIC RESONANCE IMAGIN			23,013,084			3,208,972	
41 04	NUCLEAR MEDICINE-DIAGNOST			2,987,993			418,735	
41 05	ONCOLOGY			24,841,398			295,982	
44	LABORATORY			59,540,038			21,229,382	
48	INTRAVENOUS THERAPY			813,023			551,710	
49	RESPIRATORY THERAPY	24,177	24,177	22,679,485	.001066	.001066	13,992,245	14,916
50	PHYSICAL THERAPY			11,944,612			1,717,668	
51	OCCUPATIONAL THERAPY			8,716,154			1,079,685	
52	SPEECH PATHOLOGY			3,268,572			192,065	
53	ELECTROCARDIOLOGY			8,483,737			4,381,678	
54	ELECTROENCEPHALOGRAPHY			8,149,404			532,153	
55	MEDICAL SUPPLIES CHARGED			84,371,350			25,430,510	
56	DRUGS CHARGED TO PATIENTS	66,013	66,013	93,648,091	.000705	.000705	23,801,924	16,780
57	RENAL DIALYSIS			2,180,807			1,623,647	
59	CARDIAC CATH LAB			11,603,405			5,074,474	
59 01	ENDOSCOPY			2,736,168			856,744	
59 02	MENTAL HEALTH OP			34,248,809				
59 03	CNR			1,453,077			17,329	
59 04	PAIN MED PSYCH							
59 05	LUTHERWOOD			827,455				
60	OUTPAT SERVICE COST CNTRS							
60	CLINIC			229,116			1,781	
60 01	HEALTHY HEARTS CENTER			171,502			1,445	
60 02	DIABETIC CARE CENTER			808,809			353	
60 03	PAIN REHAB ADMIN							
60 04	FAMILY PRACTICE CENTER			4,041,110				
60 05	PALLIATIVE CARE			130,971				
60 06	SPINE CENTER			184,963				
60 07	INFUSION CENTERS			3,933,838				
61	EMERGENCY	334,777	334,777	55,690,078	.006011	.006011	11,609,241	69,783
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS			8,776,530				
101	TOTAL	469,568	469,568	667,149,786			144,832,533	111,569



TITLE XVIII, PART A

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES 8	OUTPAT PROG D,V COL 5.03 8.01	OUTPAT PROG D,V COL 5.04 8.02	OUTPAT PROG PASS THRU COST 9	COL 8.01 * COL 5 9.01	COL 8.02 * COL 5 9.02
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM	14,900,572					
38	RECOVERY ROOM	5,388,652					
39	DELIVERY ROOM & LABOR ROO						
41	RADIOLOGY-DIAGNOSTIC	5,626,925			10,275		
41 01	ULTRA SOUND	1,216,628					
41 02	CAT SCAN	7,607,772					
41 03	MAGNETIC RESONANCE IMAGIN	5,076,294					
41 04	NUCLEAR MEDICINE-DIAGNOST	547,286					
41 05	ONCOLOGY	16,364,494					
44	LABORATORY	7,567,771					
48	INTRAVENOUS THERAPY	5,768					
49	RESPIRATORY THERAPY	923,868			985		
50	PHYSICAL THERAPY	1,598,224					
51	OCCUPATIONAL THERAPY	385,408					
52	SPEECH PATHOLOGY	311,668					
53	ELECTROCARDIOLOGY	666,983					
54	ELECTROENCEPHALOGRAPHY	1,327,236					
55	MEDICAL SUPPLIES CHARGED	12,866,828					
56	DRUGS CHARGED TO PATIENTS	10,352,506			7,299		
57	RENAL DIALYSIS	33,324					
59	CARDIAC CATH LAB	1,622,427					
59 01	ENDOSCOPY	535,722					
59 02	MENTAL HEALTH OP						
59 03	CNR	176,276					
59 04	PAIN MED PSYCH						
59 05	LUTHERWOOD						
60	OUTPAT SERVICE COST CNTRS						
	CLINIC	129,241					
60 01	HEALTHY HEARTS CENTER	121,048					
60 02	DIABETIC CARE CENTER	150,221					
60 03	PAIN REHAB ADMIN						
60 04	FAMILY PRACTICE CENTER						
60 05	PALLIATIVE CARE						
60 06	SPINE CENTER	2,825					
60 07	INFUSION CENTERS	1,519,949					
61	EMERGENCY	6,374,245			38,316		
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	1,826,994					
101	TOTAL	105,227,155			56,875		



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	.391971	.391971			
38 RECOVERY ROOM	.183324	.183324			
39 DELIVERY ROOM & LABOR ROOM	.432250	.432250			
41 RADIOLOGY-DIAGNOSTIC	.223040	.223040			
41 01 ULTRA SOUND	.190922	.190922			
41 02 CAT SCAN	.076216	.076216			
41 03 MAGNETIC RESONANCE IMAGING (MRI)	.111384	.111384			
41 04 NUCLEAR MEDICINE-DIAGNOSTIC	.401579	.401579			
41 05 ONCOLOGY	.546141	.546141			
44 LABORATORY	.143106	.143106			
48 INTRAVENOUS THERAPY	.607440	.607440			
49 RESPIRATORY THERAPY	.189410	.189410			
50 PHYSICAL THERAPY	.416530	.416530			
51 OCCUPATIONAL THERAPY	.403461	.403461			
52 SPEECH PATHOLOGY	.359041	.359041			
53 ELECTROCARDIOLOGY	.228937	.228937			
54 ELECTROENCEPHALOGRAPHY	.249131	.249131			
55 MEDICAL SUPPLIES CHARGED TO PATIENTS	.345402	.345402			
56 DRUGS CHARGED TO PATIENTS	.236356	.236356			
57 RENAL DIALYSIS	.650241	.650241			
59 CARDIAC CATH LAB	.135351	.135351			
59 01 ENDOSCOPY	.251498	.251498			
59 02 MENTAL HEALTH OP	.644030	.644030			
59 03 CNR	.800738	.800738			
59 04 PAIN MED PSYCH					
59 05 LUTHERWOOD	.711113	.711113			
60 OUTPAT SERVICE COST CNTRS					
60 CLINIC	.331068	.331068			
60 01 HEALTHY HEARTS CENTER	1.857279	1.857279			
60 02 DIABETIC CARE CENTER	1.068702	1.068702			
60 03 PAIN REHAB ADMIN					
60 04 FAMILY PRACTICE CENTER	.499873	.499873			
60 05 PALLIATIVE CARE	1.945812	1.945812			
60 06 SPINE CENTER	1.087596	1.087596			
60 07 INFUSION CENTERS	.199845	.199845			
61 EMERGENCY	.214956	.214956			
62 OBSERVATION BEDS (NON-DISTINCT PART)	.184147	.184147			
101 SUBTOTAL					
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES					
104 NET CHARGES					



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		14,900,572			
38	RECOVERY ROOM		5,388,652			
39	DELIVERY ROOM & LABOR ROOM					
41	RADIOLOGY-DIAGNOSTIC		5,626,925			
41	01 ULTRA SOUND		1,216,628			
41	02 CAT SCAN		7,607,772			
41	03 MAGNETIC RESONANCE IMAGING (MRI)		5,076,294			
41	04 NUCLEAR MEDICINE-DIAGNOSTIC		547,286			
41	05 ONCOLOGY		16,364,494			
44	LABORATORY		7,567,771			
48	INTRAVENOUS THERAPY		5,768			
49	RESPIRATORY THERAPY		923,868			
50	PHYSICAL THERAPY		1,598,224			
51	OCCUPATIONAL THERAPY		385,408			
52	SPEECH PATHOLOGY		311,668			
53	ELECTROCARDIOLOGY		666,983			
54	ELECTROENCEPHALOGRAPHY		1,327,236			
55	MEDICAL SUPPLIES CHARGED TO PATIENTS		12,866,828			
56	DRUGS CHARGED TO PATIENTS		10,352,506			
57	RENAL DIALYSIS		33,324			
59	CARDIAC CATH LAB		1,622,427			
59	01 ENDOSCOPY		535,722			
59	02 MENTAL HEALTH OP					
59	03 CNR		176,276			
59	04 PAIN MED PSYCH					
59	05 LUTHERWOOD					
60	OUTPAT SERVICE COST CNTRS					
60	CLINIC		129,241			
60	01 HEALTHY HEARTS CENTER		121,048			
60	02 DIABETIC CARE CENTER		150,221			
60	03 PAIN REHAB ADMIN					
60	04 FAMILY PRACTICE CENTER					
60	05 PALLIATIVE CARE					
60	06 SPINE CENTER		2,825			
60	07 INFUSION CENTERS		1,519,949			
61	EMERGENCY		6,374,245			
62	OBSERVATION BEDS (NON-DISTINCT PART)		1,826,994			
101	SUBTOTAL		105,227,155			
102	CRNA CHARGES					
103	LESS PBP CLINIC LAB SVCS- PROGRAM ONLY CHARGES					
104	NET CHARGES		105,227,155			



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				5,840,592	
38	RECOVERY ROOM				987,869	
39	DELIVERY ROOM & LABOR ROOM					
41	RADIOLOGY-DIAGNOSTIC				1,255,029	
41	01 ULTRA SOUND				232,281	
41	02 CAT SCAN				579,834	
41	03 MAGNETIC RESONANCE IMAGING (MRI)				565,418	
41	04 NUCLEAR MEDICINE-DIAGNOSTIC				219,779	
41	05 ONCOLOGY				8,937,321	
44	LABORATORY				1,082,993	
48	INTRAVENOUS THERAPY				3,504	
49	RESPIRATORY THERAPY				174,990	
50	PHYSICAL THERAPY				665,708	
51	OCCUPATIONAL THERAPY				155,497	
52	SPEECH PATHOLOGY				111,902	
53	ELECTROCARDIOLOGY				152,697	
54	ELECTROENCEPHALOGRAPHY				330,656	
55	MEDICAL SUPPLIES CHARGED TO PATIENTS				4,444,228	
56	DRUGS CHARGED TO PATIENTS				2,446,877	
57	RENAL DIALYSIS				21,669	
59	CARDIAC CATH LAB				219,597	
59	01 ENDOSCOPY				134,733	
59	02 MENTAL HEALTH OP					
59	03 CNR				141,151	
59	04 PAIN MED PSYCH					
59	05 LUTHERWOOD					
60	OUTPAT SERVICE COST CNTRS					
60	CLINIC				42,788	
60	01 HEALTHY HEARTS CENTER				224,820	
60	02 DIABETIC CARE CENTER				160,541	
60	03 PAIN REHAB ADMIN					
60	04 FAMILY PRACTICE CENTER					
60	05 PALLIATIVE CARE					
60	06 SPINE CENTER				3,072	
60	07 INFUSION CENTERS				303,754	
61	EMERGENCY				1,370,182	
62	OBSERVATION BEDS (NON-DISTINCT PART)				336,435	
101	SUBTOTAL				31,145,917	
102	CRNA CHARGES					
103	LESS PBP CLINIC LAB SVCS-					
104	PROGRAM ONLY CHARGES					
104	NET CHARGES				31,145,917	



TITLE XVIII, PART B

HOSPITAL

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

Cost Center Description 9.03 10 11

- (A) ANCILLARY SRVC COST CNTRS
- 37 OPERATING ROOM
- 38 RECOVERY ROOM
- 39 DELIVERY ROOM & LABOR ROOM
- 41 RADIOLOGY-DIAGNOSTIC
- 41 01 ULTRA SOUND
- 41 02 CAT SCAN
- 41 03 MAGNETIC RESONANCE IMAGING (MRI)
- 41 04 NUCLEAR MEDICINE-DIAGNOSTIC
- 41 05 ONCOLOGY
- 44 LABORATORY
- 48 INTRAVENOUS THERAPY
- 49 RESPIRATORY THERAPY
- 50 PHYSICAL THERAPY
- 51 OCCUPATIONAL THERAPY
- 52 SPEECH PATHOLOGY
- 53 ELECTROCARDIOLOGY
- 54 ELECTROENCEPHALOGRAPHY
- 55 MEDICAL SUPPLIES CHARGED TO PATIENTS
- 56 DRUGS CHARGED TO PATIENTS
- 57 RENAL DIALYSIS
- 59 CARDIAC CATH LAB
- 59 01 ENDOSCOPY
- 59 02 MENTAL HEALTH OP
- 59 03 CNR
- 59 04 PAIN MED PSYCH
- 59 05 LUTHERWOOD
- 60 OUTPAT SERVICE COST CNTRS
- 60 CLINIC
- 60 01 HEALTHY HEARTS CENTER
- 60 02 DIABETIC CARE CENTER
- 60 03 PAIN REHAB ADMIN
- 60 04 FAMILY PRACTICE CENTER
- 60 05 PALLIATIVE CARE
- 60 06 SPINE CENTER
- 60 07 INFUSION CENTERS
- 61 EMERGENCY
- 62 OBSERVATION BEDS (NON-DISTINCT PART)
- 101 SUBTOTAL
- 102 CRNA CHARGES
- 103 LESS PBP CLINIC LAB SVCS-
- PROGRAM ONLY CHARGES
- 104 NET CHARGES



TITLE XVIII, PART B HOSPITAL

PART VI - VACCINE COST APPORTIONMENT

1	DRUGS CHARGED TO PATIENTS-RATIO OF COST TO CHARGES	1
2	PROGRAM VACCINE CHARGES	.236356
3	PROGRAM COSTS	37,220
		8,797



TITLE XVIII, PART A SUBPROVIDER 1 PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2	TOTAL CHARGES 3	INPAT PROGRAM CHARGES 4	OLD CAPITAL CST/CHRG RATIO 5	COSTS 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM		1,979,004	73,463,112	40,317		
38	RECOVERY ROOM		330,197	31,707,740	11,669		
39	DELIVERY ROOM & LABOR ROO		480,715	11,455,483			
41	RADIOLOGY-DIAGNOSTIC		1,210,790	24,427,866	168,834		
41 01	ULTRA SOUND		141,842	7,438,639	63,790		
41 02	CAT SCAN		243,587	39,183,367	139,953		
41 03	MAGNETIC RESONANCE IMAGIN		339,357	23,013,084	78,046		
41 04	NUCLEAR MEDICINE-DIAGNOST		192,985	2,987,993	19,104		
41 05	ONCOLOGY		1,663,251	24,841,398	564		
44	LABORATORY		427,034	59,540,038	473,805		
48	INTRAVENOUS THERAPY		34,979	813,023	1,787		
49	RESPIRATORY THERAPY		333,886	22,679,485	602,571		
50	PHYSICAL THERAPY		666,545	11,944,612	2,006,499		
51	OCCUPATIONAL THERAPY		445,492	8,716,154	1,856,214		
52	SPEECH PATHOLOGY		148,568	3,268,572	316,377		
53	ELECTROCARDIOLOGY		61,227	8,483,737	45,316		
54	ELECTROENCEPHALOGRAPHY		261,175	8,149,404	35,761		
55	MEDICAL SUPPLIES CHARGED		827,679	84,371,350	158,022		
56	DRUGS CHARGED TO PATIENTS		815,254	93,648,091	1,587,110		
57	RENAL DIALYSIS		113,187	2,180,807			
59	CARDIAC CATH LAB		392,468	11,603,405			
59 01	ENDOSCOPY		75,812	2,736,168	17,035		
59 02	MENTAL HEALTH OP		1,597,103	34,248,809			
59 03	CNR		85,544	1,453,077	9,962		
59 04	PAIN MED PSYCH						
59 05	LUTHERWOOD		29,331	827,455			
60	OUTPAT SERVICE COST CNTRS						
	CLINIC		8,197	229,116	64		
60 01	HEALTHY HEARTS CENTER		54,395	171,502			
60 02	DIABETIC CARE CENTER		93,664	808,809	318		
60 03	PAIN REHAB ADMIN						
60 04	FAMILY PRACTICE CENTER		541,966	4,041,110			
60 05	PALLIATIVE CARE		7,845	130,971			
60 06	SPINE CENTER		38,813	184,963			
60 07	INFUSION CENTERS		49,512	3,933,838			
61	EMERGENCY		974,407	55,690,078	51,925		
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS		133,239	8,776,530			
101	TOTAL		14,799,050	667,149,786	7,685,043		



TITLE XVIII, PART A SUBPROVIDER 1 PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NEW CAPITAL CST/CHRG 7	RATIO	COSTS 8
37	ANCILLARY SRVC COST CNTRS			
	OPERATING ROOM	.026939		1,086
38	RECOVERY ROOM	.010414		122
39	DELIVERY ROOM & LABOR ROO	.041964		
41	RADIOLOGY-DIAGNOSTIC	.049566		8,368
41 01	ULTRA SOUND	.019068		1,216
41 02	CAT SCAN	.006217		870
41 03	MAGNETIC RESONANCE IMAGIN	.014746		1,151
41 04	NUCLEAR MEDICINE-DIAGNOST	.064587		1,234
41 05	ONCOLOGY	.066955		38
44	LABORATORY	.007172		3,398
48	INTRAVENOUS THERAPY	.043023		77
49	RESPIRATORY THERAPY	.014722		8,871
50	PHYSICAL THERAPY	.055803		111,969
51	OCCUPATIONAL THERAPY	.051111		94,873
52	SPEECH PATHOLOGY	.045453		14,380
53	ELECTROCARDIOLOGY	.007217		327
54	ELECTROENCEPHALOGRAPHY	.032048		1,146
55	MEDICAL SUPPLIES CHARGED	.009810		1,550
56	DRUGS CHARGED TO PATIENTS	.008706		13,817
57	RENAL DIALYSIS	.051901		
59	CARDIAC CATH LAB	.033824		
59 01	ENDOSCOPY	.027707		472
59 02	MENTAL HEALTH OP	.046632		
59 03	CNR	.058871		586
59 04	PAIN MED PSYCH			
59 05	LUTHERWOOD	.035447		
60	OUTPAT SERVICE COST CNTRS			
	CLINIC	.035777		2
60 01	HEALTHY HEARTS CENTER	.317168		
60 02	DIABETIC CARE CENTER	.115805		37
60 03	PAIN REHAB ADMIN			
60 04	FAMILY PRACTICE CENTER	.134113		
60 05	PALLIATIVE CARE	.059899		
60 06	SPINE CENTER	.209842		
60 07	INFUSION CENTERS	.012586		
61	EMERGENCY	.017497		909
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	.015181		
101	TOTAL			266,499



TITLE XVIII, PART A

SUBPROVIDER 1

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST	1.01	MED ED NRS SCHOOL COST	2	MED ED ALLIED HEALTH COST	2.01	MED ED ALL OTHER COSTS	2.02	BLOOD CLOT FOR HEMOPHILIACS	2.03
37	ANCILLARY SRVC COST CNTRS										
	OPERATING ROOM										
38	RECOVERY ROOM										
39	DELIVERY ROOM & LABOR ROO										
41	RADIOLOGY-DIAGNOSTIC						44,601				
41	01 ULTRA SOUND										
41	02 CAT SCAN										
41	03 MAGNETIC RESONANCE IMAGIN										
41	04 NUCLEAR MEDICINE-DIAGNOST										
41	05 ONCOLOGY										
44	LABORATORY										
48	INTRAVENOUS THERAPY										
49	RESPIRATORY THERAPY						24,177				
50	PHYSICAL THERAPY										
51	OCCUPATIONAL THERAPY										
52	SPEECH PATHOLOGY										
53	ELECTROCARDIOLOGY										
54	ELECTROENCEPHALOGRAPHY										
55	MEDICAL SUPPLIES CHARGED										
56	DRUGS CHARGED TO PATIENTS						66,013				
57	RENAL DIALYSIS										
59	CARDIAC CATH LAB										
59	01 ENDOSCOPY										
59	02 MENTAL HEALTH OP										
59	03 CNR										
59	04 PAIN MED PSYCH										
59	05 LUTHERWOOD										
60	OUTPAT SERVICE COST CNTRS										
	CLINIC										
60	01 HEALTHY HEARTS CENTER										
60	02 DIABETIC CARE CENTER										
60	03 PAIN REHAB ADMIN										
60	04 FAMILY PRACTICE CENTER										
60	05 PALLIATIVE CARE										
60	06 SPINE CENTER										
60	07 INFUSION CENTERS										
61	EMERGENCY						334,777				
62	OBSERVATION BEDS (NON-DIS										
	OTHER REIMBURS COST CNTRS										
101	TOTAL						469,568				



TITLE XVIII, PART A

SUBPROVIDER 1

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF CST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
37	ANCILLARY SRVC COST CNTRS			73,463,112			40,317	
38	OPERATING ROOM			31,707,740			11,669	
39	RECOVERY ROOM			11,455,483				
41	DELIVERY ROOM & LABOR ROO			24,427,866	.001826	.001826	168,834	308
41	RADIOLOGY-DIAGNOSTIC	44,601	44,601	7,438,639			63,790	
41 01	ULTRA SOUND			39,183,367			139,953	
41 02	CAT SCAN			23,013,084			78,046	
41 03	MAGNETIC RESONANCE IMAGIN			2,987,993			19,104	
41 04	NUCLEAR MEDICINE-DIAGNOST			24,841,398			564	
41 05	ONCOLOGY			59,540,038			473,805	
44	LABORATORY			813,023			1,787	
48	INTRAVENOUS THERAPY			22,679,485	.001066	.001066	602,571	642
49	RESPIRATORY THERAPY	24,177	24,177	11,944,612			2,006,499	
50	PHYSICAL THERAPY			8,716,154			1,856,214	
51	OCCUPATIONAL THERAPY			3,268,572			316,377	
52	SPEECH PATHOLOGY			8,483,737			45,316	
53	ELECTROCARDIOLOGY			8,149,404			35,761	
54	ELECTROENCEPHALOGRAPHY			84,371,350			158,022	
55	MEDICAL SUPPLIES CHARGED			93,648,091	.000705	.000705	1,587,110	1,119
56	DRUGS CHARGED TO PATIENTS	66,013	66,013	2,180,807				
57	RENAL DIALYSIS			11,603,405				
59	CARDIAC CATH LAB			2,736,168			17,035	
59 01	ENDOSCOPY			34,248,809			9,962	
59 02	MENTAL HEALTH OP			1,453,077				
59 03	CNR			827,455				
59 04	PAIN MED PSYCH							
59 05	LUTHERWOOD							
60	OUTPAT SERVICE COST CNTRS			229,116			64	
60	CLINIC			171,502				
60 01	HEALTHY HEARTS CENTER			808,809			318	
60 02	DIABETIC CARE CENTER							
60 03	PAIN REHAB ADMIN			4,041,110				
60 04	FAMILY PRACTICE CENTER			130,971				
60 05	PALLIATIVE CARE			184,963				
60 06	SPINE CENTER			3,933,838				
60 07	INFUSION CENTERS			55,690,078	.006011	.006011	51,925	312
61	EMERGENCY	334,777	334,777	8,776,530				
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS							
101	TOTAL	469,568	469,568	667,149,786			7,685,043	2,381



TITLE XVIII, PART A

SUBPROVIDER 1

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES 8	OUTPAT PROG D,V COL 5.03 8.01	OUTPAT PROG D,V COL 5.04 8.02	OUTPAT PROG PASS THRU COST 9	COL 8.01 * COL 5 9.01	COL 8.02 * COL 5 9.02
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM						
38	RECOVERY ROOM						
39	DELIVERY ROOM & LABOR ROO						
41	RADIOLOGY-DIAGNOSTIC						
41 01	ULTRA SOUND						
41 02	CAT SCAN						
41 03	MAGNETIC RESONANCE IMAGIN						
41 04	NUCLEAR MEDICINE-DIAGNOST						
41 05	ONCOLOGY						
44	LABORATORY						
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
57	RENAL DIALYSIS						
59	CARDIAC CATH LAB						
59 01	ENDOSCOPY						
59 02	MENTAL HEALTH OP						
59 03	CNR						
59 04	PAIN MED PSYCH						
59 05	LUTHERWOOD						
60	OUTPAT SERVICE COST CNTRS						
	CLINIC						
60 01	HEALTHY HEARTS CENTER						
60 02	DIABETIC CARE CENTER						
60 03	PAIN REHAB ADMIN						
60 04	FAMILY PRACTICE CENTER						
60 05	PALLIATIVE CARE						
60 06	SPINE CENTER						
60 07	INFUSION CENTERS						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
	OTHER REIMBURS COST CNTRS						
101	TOTAL						



TITLE XVIII, PART A SUBPROVIDER 2 PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2	TOTAL CHARGES 3	INPAT PROGRAM CHARGES 4	OLD CAPITAL CST/CHRG RATIO 5	COSTS 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM		1,979,004	73,463,112	175,700		
38	RECOVERY ROOM		330,197	31,707,740	118,912		
39	DELIVERY ROOM & LABOR ROO		480,715	11,455,483			
41	RADIOLOGY-DIAGNOSTIC		1,210,790	24,427,866	37,365		
41 01	ULTRA SOUND		141,842	7,438,639	12,492		
41 02	CAT SCAN		243,587	39,183,367	73,592		
41 03	MAGNETIC RESONANCE IMAGIN		339,357	23,013,084	46,973		
41 04	NUCLEAR MEDICINE-DIAGNOST		192,985	2,987,993	3,378		
41 05	ONCOLOGY		1,663,251	24,841,398			
44	LABORATORY		427,034	59,540,038	446,875		
48	INTRAVENOUS THERAPY		34,979	813,023	9,726		
49	RESPIRATORY THERAPY		333,886	22,679,485	114,677		
50	PHYSICAL THERAPY		666,545	11,944,612	59,000		
51	OCCUPATIONAL THERAPY		445,492	8,716,154	181		
52	SPEECH PATHOLOGY		148,568	3,268,572			
53	ELECTROCARDIOLOGY		61,227	8,483,737	42,709		
54	ELECTROENCEPHALOGRAPHY		261,175	8,149,404	12,376		
55	MEDICAL SUPPLIES CHARGED		827,679	84,371,350	9,627		
56	DRUGS CHARGED TO PATIENTS		815,254	93,648,091	921,794		
57	RENAL DIALYSIS		113,187	2,180,807	1,920		
59	CARDIAC CATH LAB		392,468	11,603,405			
59 01	ENDOSCOPY		75,812	2,736,168	3,939		
59 02	MENTAL HEALTH OP		1,597,103	34,248,809			
59 03	CNR		85,544	1,453,077	8,891		
59 04	PAIN MED PSYCH						
59 05	LUTHERWOOD		29,331	827,455			
60	OUTPAT SERVICE COST CNTRS						
	CLINIC		8,197	229,116			
60 01	HEALTHY HEARTS CENTER		54,395	171,502			
60 02	DIABETIC CARE CENTER		93,664	808,809			
60 03	PAIN REHAB ADMIN						
60 04	FAMILY PRACTICE CENTER		541,966	4,041,110			
60 05	PALLIATIVE CARE		7,845	130,971			
60 06	SPINE CENTER		38,813	184,963			
60 07	INFUSION CENTERS		49,512	3,933,838			
61	EMERGENCY		974,407	55,690,078	60,220		
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS		133,239	8,776,530			
101	TOTAL		14,799,050	667,149,786	2,160,347		



TITLE XVIII, PART A SUBPROVIDER 2 PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NEW CAPITAL	
		CST/CHRG 7	RATIO COSTS 8
37	ANCILLARY SRVC COST CNTRS		
	OPERATING ROOM	.026939	4,733
38	RECOVERY ROOM	.010414	1,238
39	DELIVERY ROOM & LABOR ROO	.041964	
41	RADIOLOGY-DIAGNOSTIC	.049566	1,852
41 01	ULTRA SOUND	.019068	238
41 02	CAT SCAN	.006217	458
41 03	MAGNETIC RESONANCE IMAGIN	.014746	693
41 04	NUCLEAR MEDICINE-DIAGNOST	.064587	218
41 05	ONCOLOGY	.066955	
44	LABORATORY	.007172	3,205
48	INTRAVENOUS THERAPY	.043023	418
49	RESPIRATORY THERAPY	.014722	1,688
50	PHYSICAL THERAPY	.055803	3,292
51	OCCUPATIONAL THERAPY	.051111	9
52	SPEECH PATHOLOGY	.045453	
53	ELECTROCARDIOLOGY	.007217	308
54	ELECTROENCEPHALOGRAPHY	.032048	397
55	MEDICAL SUPPLIES CHARGED	.009810	94
56	DRUGS CHARGED TO PATIENTS	.008706	8,025
57	RENAL DIALYSIS	.051901	100
59	CARDIAC CATH LAB	.033824	
59 01	ENDOSCOPY	.027707	109
59 02	MENTAL HEALTH OP	.046632	
59 03	CNR	.058871	523
59 04	PAIN MED PSYCH		
59 05	LUTHERWOOD	.035447	
60	OUTPAT SERVICE COST CNTRS		
	CLINIC	.035777	
60 01	HEALTHY HEARTS CENTER	.317168	
60 02	DIABETIC CARE CENTER	.115805	
60 03	PAIN REHAB ADMIN		
60 04	FAMILY PRACTICE CENTER	.134113	
60 05	PALLIATIVE CARE	.059899	
60 06	SPINE CENTER	.209842	
60 07	INFUSION CENTERS	.012586	
61	EMERGENCY	.017497	1,054
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	.015181	
101	TOTAL		28,652



TITLE XVIII, PART A SUBPROVIDER 2 PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST	1.01	MED ED NRS SCHOOL COST	2	MED ED ALLIED HEALTH COST	2.01	MED ED ALL OTHER COSTS	2.02	BLOOD CLOT FOR HEMOPHILIACS	2.03
37	ANCILLARY SRVC COST CNTRS										
	OPERATING ROOM										
38	RECOVERY ROOM										
39	DELIVERY ROOM & LABOR ROO										
41	RADIOLOGY-DIAGNOSTIC						44,601				
41	01 ULTRA SOUND										
41	02 CAT SCAN										
41	03 MAGNETIC RESONANCE IMAGIN										
41	04 NUCLEAR MEDICINE-DIAGNOST										
41	05 ONCOLOGY										
44	LABORATORY										
48	INTRAVENOUS THERAPY										
49	RESPIRATORY THERAPY						24,177				
50	PHYSICAL THERAPY										
51	OCCUPATIONAL THERAPY										
52	SPEECH PATHOLOGY										
53	ELECTROCARDIOLOGY										
54	ELECTROENCEPHALOGRAPHY										
55	MEDICAL SUPPLIES CHARGED										
56	DRUGS CHARGED TO PATIENTS						66,013				
57	RENAL DIALYSIS										
59	CARDIAC CATH LAB										
59	01 ENDOSCOPY										
59	02 MENTAL HEALTH OP										
59	03 CNR										
59	04 PAIN MED PSYCH										
59	05 LUTHERWOOD										
60	OUTPAT SERVICE COST CNTRS										
	CLINIC										
60	01 HEALTHY HEARTS CENTER										
60	02 DIABETIC CARE CENTER										
60	03 PAIN REHAB ADMIN										
60	04 FAMILY PRACTICE CENTER										
60	05 PALLIATIVE CARE										
60	06 SPINE CENTER										
60	07 INFUSION CENTERS										
61	EMERGENCY						334,777				
62	OBSERVATION BEDS (NON-DIS										
	OTHER REIMBURS COST CNTRS										
101	TOTAL						469,568				



TITLE XVIII, PART A

SUBPROVIDER 2

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF CST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
37	ANCILLARY SRVC COST CNTRS			73,463,112			175,700	
38	OPERATING ROOM			31,707,740			118,912	
39	RECOVERY ROOM			11,455,483				
41	DELIVERY ROOM & LABOR ROO			24,427,866	.001826	.001826	37,365	68
41	RADIOLOGY-DIAGNOSTIC	44,601	44,601	24,427,866				
41 01	ULTRA SOUND			7,438,639			12,492	
41 02	CAT SCAN			39,183,367			73,592	
41 03	MAGNETIC RESONANCE IMAGIN			23,013,084			46,973	
41 04	NUCLEAR MEDICINE-DIAGNOST			2,987,993			3,378	
41 05	ONCOLOGY			24,841,398				
44	LABORATORY			59,540,038			446,875	
48	INTRAVENOUS THERAPY			813,023			9,726	
49	RESPIRATORY THERAPY	24,177	24,177	22,679,485	.001066	.001066	114,677	122
50	PHYSICAL THERAPY			11,944,612			59,000	
51	OCCUPATIONAL THERAPY			8,716,154			181	
52	SPEECH PATHOLOGY			3,268,572				
53	ELECTROCARDIOLOGY			8,483,737			42,709	
54	ELECTROENCEPHALOGRAPHY			8,149,404			12,376	
55	MEDICAL SUPPLIES CHARGED			84,371,350			9,627	
56	DRUGS CHARGED TO PATIENTS	66,013	66,013	93,648,091	.000705	.000705	921,794	650
57	RENAL DIALYSIS			2,180,807			1,920	
59	CARDIAC CATH LAB			11,603,405				
59 01	ENDOSCOPY			2,736,168			3,939	
59 02	MENTAL HEALTH OP			34,248,809				
59 03	CNR			1,453,077			8,891	
59 04	PAIN MED PSYCH							
59 05	LUTHERWOOD			827,455				
60	OUTPAT SERVICE COST CNTRS							
60	CLINIC			229,116				
60 01	HEALTHY HEARTS CENTER			171,502				
60 02	DIABETIC CARE CENTER			808,809				
60 03	PAIN REHAB ADMIN							
60 04	FAMILY PRACTICE CENTER			4,041,110				
60 05	PALLIATIVE CARE			130,971				
60 06	SPINE CENTER			184,963				
60 07	INFUSION CENTERS			3,933,838				
61	EMERGENCY	334,777	334,777	55,690,078	.006011	.006011	60,220	362
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS			8,776,530				
101	TOTAL	469,568	469,568	667,149,786			2,160,347	1,202



TITLE XVIII, PART A

SUBPROVIDER 2

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES 8	OUTPAT PROG D,V COL 5.03 8.01	OUTPAT PROG D,V COL 5.04 8.02	OUTPAT PROG PASS THRU COST 9	COL 8.01 * COL 5 9.01	COL 8.02 * COL 5 9.02
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM						
38	RECOVERY ROOM						
39	DELIVERY ROOM & LABOR ROO						
41	RADIOLOGY-DIAGNOSTIC						
41	01 ULTRA SOUND						
41	02 CAT SCAN						
41	03 MAGNETIC RESONANCE IMAGIN						
41	04 NUCLEAR MEDICINE-DIAGNOST						
41	05 ONCOLOGY						
44	LABORATORY						
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
57	RENAL DIALYSIS						
59	CARDIAC CATH LAB						
59	01 ENDOSCOPY						
59	02 MENTAL HEALTH OP						
59	03 CNR						
59	04 PAIN MED PSYCH						
59	05 LUTHERWOOD						
60	OUTPAT SERVICE COST CNTRS						
	CLINIC						
60	01 HEALTHY HEARTS CENTER						
60	02 DIABETIC CARE CENTER						
60	03 PAIN REHAB ADMIN						
60	04 FAMILY PRACTICE CENTER						
60	05 PALLIATIVE CARE						
60	06 SPINE CENTER						
60	07 INFUSION CENTERS						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
	OTHER REIMBURS COST CNTRS						
101	TOTAL						



TITLE XVIII, PART A SKILLED NURSING FACILITY PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2	TOTAL CHARGES 3	INPAT PROGRAM CHARGES 4	OLD CAPITAL CST/CHRG RATIO 5	COSTS 6
37	ANCILLARY SRVC COST CNTRS						
38	OPERATING ROOM						
39	RECOVERY ROOM						
41	DELIVERY ROOM & LABOR ROO						
41	RADIOLOGY-DIAGNOSTIC						
41	01 ULTRA SOUND						
41	02 CAT SCAN						
41	03 MAGNETIC RESONANCE IMAGIN						
41	04 NUCLEAR MEDICINE-DIAGNOST						
41	05 ONCOLOGY						
44	LABORATORY						
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
57	RENAL DIALYSIS						
59	CARDIAC CATH LAB						
59	01 ENDOSCOPY						
59	02 MENTAL HEALTH OP						
59	03 CNR						
59	04 PAIN MED PSYCH						
59	05 LUTHERWOOD						
60	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60	01 HEALTHY HEARTS CENTER						
60	02 DIABETIC CARE CENTER						
60	03 PAIN REHAB ADMIN						
60	04 FAMILY PRACTICE CENTER						
60	05 PALLIATIVE CARE						
60	06 SPINE CENTER						
60	07 INFUSION CENTERS						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
62	OTHER REIMBURS COST CNTRS						
101	TOTAL						



TITLE XVIII, PART A SKILLED NURSING FACILITY PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NEW CAPITAL CST/CHRG RATIO	COSTS
		7	8
37	ANCILLARY SRVC COST CNTRS		
	OPERATING ROOM		
38	RECOVERY ROOM		
39	DELIVERY ROOM & LABOR ROO		
41	RADIOLOGY-DIAGNOSTIC		
41 01	ULTRA SOUND		
41 02	CAT SCAN		
41 03	MAGNETIC RESONANCE IMAGIN		
41 04	NUCLEAR MEDICINE-DIAGNOST		
41 05	ONCOLOGY		
44	LABORATORY		
48	INTRAVENOUS THERAPY		
49	RESPIRATORY THERAPY		
50	PHYSICAL THERAPY		
51	OCCUPATIONAL THERAPY		
52	SPEECH PATHOLOGY		
53	ELECTROCARDIOLOGY		
54	ELECTROENCEPHALOGRAPHY		
55	MEDICAL SUPPLIES CHARGED		
56	DRUGS CHARGED TO PATIENTS		
57	RENAL DIALYSIS		
59	CARDIAC CATH LAB		
59 01	ENDOSCOPY		
59 02	MENTAL HEALTH OP		
59 03	CNR		
59 04	PAIN MED PSYCH		
59 05	LUTHERWOOD		
60	OUTPAT SERVICE COST CNTRS		
	CLINIC		
60 01	HEALTHY HEARTS CENTER		
60 02	DIABETIC CARE CENTER		
60 03	PAIN REHAB ADMIN		
60 04	FAMILY PRACTICE CENTER		
60 05	PALLIATIVE CARE		
60 06	SPINE CENTER		
60 07	INFUSION CENTERS		
61	EMERGENCY		
62	OBSERVATION BEDS (NON-DIS		
	OTHER REIMBURS COST CNTRS		
101	TOTAL		



TITLE XVIII, PART A SKILLED NURSING FACILITY PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST	1	1.01	MED ED NRS SCHOOL	2	MED ED ALLIED HEALTH COST	2.01	MED ED ALL OTHER COSTS	2.02	BLOOD CLOT FOR HEMOPHILIACS	2.03
37	ANCILLARY SRVC COST CNTRS											
	OPERATING ROOM											
38	RECOVERY ROOM											
39	DELIVERY ROOM & LABOR ROO											
41	RADIOLOGY-DIAGNOSTIC							44,601				
41	01 ULTRA SOUND											
41	02 CAT SCAN											
41	03 MAGNETIC RESONANCE IMAGIN											
41	04 NUCLEAR MEDICINE-DIAGNOST											
41	05 ONCOLOGY											
44	LABORATORY											
48	INTRAVENOUS THERAPY											
49	RESPIRATORY THERAPY							24,177				
50	PHYSICAL THERAPY											
51	OCCUPATIONAL THERAPY											
52	SPEECH PATHOLOGY											
53	ELECTROCARDIOLOGY											
54	ELECTROENCEPHALOGRAPHY											
55	MEDICAL SUPPLIES CHARGED											
56	DRUGS CHARGED TO PATIENTS							66,013				
57	RENAL DIALYSIS											
59	CARDIAC CATH LAB											
59	01 ENDOSCOPY											
59	02 MENTAL HEALTH OP											
59	03 CNR											
59	04 PAIN MED PSYCH											
59	05 LUTHERWOOD											
60	OUTPAT SERVICE COST CNTRS											
	CLINIC											
60	01 HEALTHY HEARTS CENTER											
60	02 DIABETIC CARE CENTER											
60	03 PAIN REHAB ADMIN											
60	04 FAMILY PRACTICE CENTER											
60	05 PALLIATIVE CARE											
60	06 SPINE CENTER											
60	07 INFUSION CENTERS											
61	EMERGENCY							334,777				
62	OBSERVATION BEDS (NON-DIS											
	OTHER REIMBURS COST CNTRS											
101	TOTAL							469,568				



TITLE XVIII, PART A SKILLED NURSING FACILITY PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF CST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
37	ANCILLARY SRVC COST CNTRS			73,463,112			18,563	
38	OPERATING ROOM			31,707,740				
39	RECOVERY ROOM			11,455,483				
41	DELIVERY ROOM & LABOR ROO			24,427,866	.001826	.001826	50,135	92
41	RADIOLOGY-DIAGNOSTIC	44,601	44,601	24,427,866				
41 01	ULTRA SOUND			7,438,639			20,690	
41 02	CAT SCAN			39,183,367				
41 03	MAGNETIC RESONANCE IMAGIN			23,013,084				
41 04	NUCLEAR MEDICINE-DIAGNOST			2,987,993			3,541	
41 05	ONCOLOGY			24,841,398			13,836	
44	LABORATORY			59,540,038			306,131	
48	INTRAVENOUS THERAPY			813,023			8,737	
49	RESPIRATORY THERAPY	24,177	24,177	22,679,485	.001066	.001066	833,476	888
50	PHYSICAL THERAPY			11,944,612			705,220	
51	OCCUPATIONAL THERAPY			8,716,154			628,107	
52	SPEECH PATHOLOGY			3,268,572			91,108	
53	ELECTROCARDIOLOGY			8,483,737			18,569	
54	ELECTROENCEPHALOGRAPHY			8,149,404			2,790	
55	MEDICAL SUPPLIES CHARGED			84,371,350			51,464	
56	DRUGS CHARGED TO PATIENTS	66,013	66,013	93,648,091	.000705	.000705	1,411,485	995
57	RENAL DIALYSIS			2,180,807				
59	CARDIAC CATH LAB			11,603,405			4,277	
59 01	ENDOSCOPY			2,736,168				
59 02	MENTAL HEALTH OP			34,248,809				
59 03	CNR			1,453,077				
59 04	PAIN MED PSYCH							
59 05	LUTHERWOOD			827,455				
60	OUTPAT SERVICE COST CNTRS							
60	CLINIC			229,116				
60 01	HEALTHY HEARTS CENTER			171,502				
60 02	DIABETIC CARE CENTER			808,809				
60 03	PAIN REHAB ADMIN							
60 04	FAMILY PRACTICE CENTER			4,041,110				
60 05	PALLIATIVE CARE			130,971				
60 06	SPINE CENTER			184,963				
60 07	INFUSION CENTERS			3,933,838				
61	EMERGENCY	334,777	334,777	55,690,078	.006011	.006011		
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS			8,776,530				
101	TOTAL	469,568	469,568	667,149,786			4,168,129	1,975



TITLE XVIII, PART A SKILLED NURSING FACILITY PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES	OUTPAT PROG D,V COL 5.03 8.01	OUTPAT PROG D,V COL 5.04 8.02	OUTPAT PROG PASS THRU COST 9	COL 8.01 * COL 5 9.01	COL 8.02 * COL 5 9.02
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM						
38	RECOVERY ROOM						
39	DELIVERY ROOM & LABOR ROO						
41	RADIOLOGY-DIAGNOSTIC						
41	01 ULTRA SOUND						
41	02 CAT SCAN						
41	03 MAGNETIC RESONANCE IMAGIN						
41	04 NUCLEAR MEDICINE-DIAGNOST						
41	05 ONCOLOGY						
44	LABORATORY						
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
57	RENAL DIALYSIS						
59	CARDIAC CATH LAB						
59	01 ENDOSCOPY						
59	02 MENTAL HEALTH OP						
59	03 CNR						
59	04 PAIN MED PSYCH						
59	05 LUTHERWOOD						
60	OUTPAT SERVICE COST CNTRS						
	CLINIC						
60	01 HEALTHY HEARTS CENTER						
60	02 DIABETIC CARE CENTER						
60	03 PAIN REHAB ADMIN						
60	04 FAMILY PRACTICE CENTER						
60	05 PALLIATIVE CARE						
60	06 SPINE CENTER						
60	07 INFUSION CENTERS						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
	OTHER REIMBURS COST CNTRS						
101	TOTAL						



TITLE XIX - O/P		HOSPITAL				
		Cost/Charge Ratio (C, Pt I, col. 9)	Outpatient Ambulatory Surgical Ctr	Outpatient Radiology	Other Outpatient Diagnostic	All Other (1)
Cost Center Description		1	2	3	4	5
(A)	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	.368541				2,068,992
38	RECOVERY ROOM	.172254				1,114,938
39	DELIVERY ROOM & LABOR ROOM	.423786				
41	RADIOLOGY-DIAGNOSTIC	.208571				823,155
41 01	ULTRA SOUND	.179048				296,872
41 02	CAT SCAN	.071534				1,334,959
41 03	MAGNETIC RESONANCE IMAGING (MRI)	.104304				399,798
41 04	NUCLEAR MEDICINE-DIAGNOSTIC	.375575				20,590
41 05	ONCOLOGY	.511653				15,078
44	LABORATORY	.134504				1,385,367
48	INTRAVENOUS THERAPY	.570402				365
49	RESPIRATORY THERAPY	.177806				132,269
50	PHYSICAL THERAPY	.390028				101,962
51	OCCUPATIONAL THERAPY	.377913				11,649
52	SPEECH PATHOLOGY	.336307				35,785
53	ELECTROCARDIOLOGY	.218896				83,290
54	ELECTROENCEPHALOGRAPHY	.239040				245,360
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.324957				1,305,722
56	DRUGS CHARGED TO PATIENTS	.222281				551,839
57	RENAL DIALYSIS	.610347				
59	CARDIAC CATH LAB	.126080				
59 01	ENDOSCOPY	.240465				78,727
59 02	MENTAL HEALTH OP	.608245				
59 03	CNR	.751823				
59 04	PAIN MED PSYCH					
59 05	LUTHERWOOD	.668380				
60	OUTPAT SERVICE COST CNTRS					
60	CLINIC	.310362				
60 01	HEALTHY HEARTS CENTER	1.736230				
60 02	DIABETIC CARE CENTER	1.084894				
60 03	PAIN REHAB ADMIN					
60 04	FAMILY PRACTICE CENTER	1.106515				
60 05	PALLIATIVE CARE	1.830436				
60 06	SPINE CENTER	1.015706				8,345
60 07	INFUSION CENTERS	.187726				
61	EMERGENCY	.202520				3,885,353
62	OBSERVATION BEDS (NON-DISTINCT PART)	.172829				1,247,500
101	SUBTOTAL					15,147,915
102	CRNA CHARGES					
103	LESS PBP CLINIC LAB SVCS- PROGRAM ONLY CHARGES					
104	NET CHARGES					15,147,915



TITLE XIX - O/P	HOSPITAL	PPS Services FYB to 12/31	Non-PPS Services	PPS Services 1/1 to FYE	Outpatient Ambulatory Surgical Ctr	Outpatient Radiology
Cost Center Description		5.01	5.02	5.03	6	7
(A) ANCILLARY SRVC COST CNTRS						
37 OPERATING ROOM						
38 RECOVERY ROOM						
39 DELIVERY ROOM & LABOR ROOM						
41 RADIOLOGY-DIAGNOSTIC						
41 01 ULTRA SOUND						
41 02 CAT SCAN						
41 03 MAGNETIC RESONANCE IMAGING (MRI)						
41 04 NUCLEAR MEDICINE-DIAGNOSTIC						
41 05 ONCOLOGY						
44 LABORATORY						
48 INTRAVENOUS THERAPY						
49 RESPIRATORY THERAPY						
50 PHYSICAL THERAPY						
51 OCCUPATIONAL THERAPY						
52 SPEECH PATHOLOGY						
53 ELECTROCARDIOLOGY						
54 ELECTROENCEPHALOGRAPHY						
55 MEDICAL SUPPLIES CHARGED TO PATIENTS						
56 DRUGS CHARGED TO PATIENTS						
57 RENAL DIALYSIS						
59 CARDIAC CATH LAB						
59 01 ENDOSCOPY						
59 02 MENTAL HEALTH OP						
59 03 CNR						
59 04 PAIN MED PSYCH						
59 05 LUTHERWOOD						
60 OUTPAT SERVICE COST CNTRS						
60 CLINIC						
60 01 HEALTHY HEARTS CENTER						
60 02 DIABETIC CARE CENTER						
60 03 PAIN REHAB ADMIN						
60 04 FAMILY PRACTICE CENTER						
60 05 PALLIATIVE CARE						
60 06 SPINE CENTER						
60 07 INFUSION CENTERS						
61 EMERGENCY						
62 OBSERVATION BEDS (NON-DISTINCT PART)						
101 SUBTOTAL						
102 CRNA CHARGES						
103 LESS PBP CLINIC LAB SVCS-						
PROGRAM ONLY CHARGES						
104 NET CHARGES						



TITLE XIX - O/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		762,508				
38 RECOVERY ROOM		192,053				
39 DELIVERY ROOM & LABOR ROOM						
41 RADIOLOGY-DIAGNOSTIC		171,686				
41 01 ULTRA SOUND		53,154				
41 02 CAT SCAN		95,495				
41 03 MAGNETIC RESONANCE IMAGING (MRI)		41,701				
41 04 NUCLEAR MEDICINE-DIAGNOSTIC		7,733				
41 05 ONCOLOGY		7,715				
44 LABORATORY		186,337				
48 INTRAVENOUS THERAPY		208				
49 RESPIRATORY THERAPY		23,518				
50 PHYSICAL THERAPY		39,768				
51 OCCUPATIONAL THERAPY		4,402				
52 SPEECH PATHOLOGY		12,035				
53 ELECTROCARDIOLOGY		18,232				
54 ELECTROENCEPHALOGRAPHY		58,651				
55 MEDICAL SUPPLIES CHARGED TO PATIENTS		424,304				
56 DRUGS CHARGED TO PATIENTS		122,663				
57 RENAL DIALYSIS						
59 CARDIAC CATH LAB						
59 01 ENDOSCOPY		18,931				
59 02 MENTAL HEALTH OP						
59 03 CNR						
59 04 PAIN MED PSYCH						
59 05 LUTHERWOOD						
60 OUTPAT SERVICE COST CNTRS						
60 CLINIC						
60 01 HEALTHY HEARTS CENTER						
60 02 DIABETIC CARE CENTER						
60 03 PAIN REHAB ADMIN						
60 04 FAMILY PRACTICE CENTER						
60 05 PALLIATIVE CARE						
60 06 SPINE CENTER		8,476				
60 07 INFUSION CENTERS						
61 EMERGENCY		786,862				
62 OBSERVATION BEDS (NON-DISTINCT PART)		215,604				
101 SUBTOTAL		3,252,036				
102 CRNA CHARGES						
103 LESS PBP CLINIC LAB SVCS-						
PROGRAM ONLY CHARGES						
104 NET CHARGES		3,252,036				



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)	63,699
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	63,699
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	63,699
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)	24,645
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	49,661,779
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	49,661,779

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	93,538,289
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	93,538,289
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.530925
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	1,468.44
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	49,661,779



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					779.63
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST					19,213,981
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM					
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST					19,213,981

	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	5,157,750	3,431	1,503.28	1,890	2,841,199
43.01	1,149,890	1,377	835.07		
44	5,675,067	4,904	1,157.23	3,280	3,795,714
45	BURN INTENSIVE CARE UNIT				
46	SURGICAL INTENSIVE CARE UNIT				
47	OTHER SPECIAL CARE				
					1
48	PROGRAM INPATIENT ANCILLARY SERVICE COST				
49	TOTAL PROGRAM INPATIENT COSTS				

35,018,817  
 60,869,711

PASS THROUGH COST ADJUSTMENTS

50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES				2,279,252
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES				2,421,275
52	TOTAL PROGRAM EXCLUDABLE COST				4,700,527
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST, AND MEDICAL EDUCATION COSTS				56,169,184

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 2,073  
 84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM 779.63  
 85 OBSERVATION BED COST 1,616,173

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		49,661,779		1,616,173	
87 NEW CAPITAL-RELATED COST	4,094,170	49,661,779	.082441	1,616,173	133,239
88 NON PHYSICIAN ANESTHETIST		49,661,779		1,616,173	
89 MEDICAL EDUCATION		49,661,779		1,616,173	
89.01 MEDICAL EDUCATION - ALLIED HEA		49,661,779		1,616,173	
89.02 MEDICAL EDUCATION - ALL OTHER		49,661,779		1,616,173	



TITLE XVIII PART A SUBPROVIDER I PPS

PART I - ALL PROVIDER COMPONENTS

1

INPATIENT DAYS

1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	10,476
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	10,476
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	10,476
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)	5,297
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	8,825,570
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	8,825,570

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	9,468,579
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	9,468,579
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.932090
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	903.84
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	8,825,570



TITLE XVIII PART A 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 842.46  
 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST 4,462,511  
 40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM  
 41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST 4,462,511

	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					
43.01 NEONATAL INTENSIVE CARE UNIT					
44 CORONARY CARE UNIT					
45 BURN INTENSIVE CARE UNIT					
46 SURGICAL INTENSIVE CARE UNIT					
47 OTHER SPECIAL CARE					1
48 PROGRAM INPATIENT ANCILLARY SERVICE COST					2,449,181
49 TOTAL PROGRAM INPATIENT COSTS					6,911,692

PASS THROUGH COST ADJUSTMENTS

50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES 437,108  
 51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES 268,880  
 52 TOTAL PROGRAM EXCLUDABLE COST 705,988  
 53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN  
 ANESTHETIST, AND MEDICAL EDUCATION COSTS 6,205,704

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 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	842.46
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	8,825,570			
87	NEW CAPITAL-RELATED COST	864,484	.097952		
88	NON PHYSICIAN ANESTHETIST	8,825,570			
89	MEDICAL EDUCATION	8,825,570			
89.01	MEDICAL EDUCATION - ALLIED HEA	8,825,570			
89.02	MEDICAL EDUCATION - ALL OTHER	8,825,570			



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)	4,145
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	4,145
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	4,145
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)	3,356
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	4,258,400
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	4,258,400

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	4,913,013
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	4,913,013
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.866759
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	1,185.29
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	4,258,400



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 1,027.36  
 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST 3,447,820  
 40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM  
 41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST 3,447,820

	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					
43.01 NEONATAL INTENSIVE CARE UNIT					
44 CORONARY CARE UNIT					
45 BURN INTENSIVE CARE UNIT					
46 SURGICAL INTENSIVE CARE UNIT					
47 OTHER SPECIAL CARE					1
48 PROGRAM INPATIENT ANCILLARY SERVICE COST					486,173
49 TOTAL PROGRAM INPATIENT COSTS					3,933,993

PASS THROUGH COST ADJUSTMENTS

50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES 468,128  
 51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES 29,854  
 52 TOTAL PROGRAM EXCLUDABLE COST 497,982  
 53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN  
 ANESTHETIST, AND MEDICAL EDUCATION COSTS 3,436,011

TARGET AMOUNT AND LIMIT COMPUTATION

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

PROGRAM INPATIENT ROUTINE SWING BED COST

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



TITLE XVIII PART A SUBPROVIDER II PPS

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

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

PART IV - COMPUTATION OF OBSERVATION BED COST

83	TOTAL OBSERVATION BED DAYS	
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	1,027.36
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	4,258,400			
87	NEW CAPITAL-RELATED COST	578,170	.135772		
88	NON PHYSICIAN ANESTHETIST	4,258,400			
89	MEDICAL EDUCATION	4,258,400			
89.01	MEDICAL EDUCATION - ALLIED HEA	4,258,400			
89.02	MEDICAL EDUCATION - ALL OTHER	4,258,400			



TITLE XVIII PART A SNF PPS

PART I - ALL PROVIDER COMPONENTS

1

INPATIENT DAYS

1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	7,463
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	7,463
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	7,463
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)	4,351
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	4,707,710
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	4,707,710

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	3,825,016
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	3,825,016
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	1.230769
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	512.53
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	4,707,710



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	4,707,710
67	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	630.81
68	PROGRAM ROUTINE SERVICE COST	2,744,654
69	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO PROGRAM	
70	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COSTS	2,744,654
71	CAPITAL-RELATED COST ALLOCATED TO INPATIENT ROUTINE SERVICE COSTS	473,343
72	PER DIEM CAPITAL-RELATED COSTS	63.43
73	PROGRAM CAPITAL-RELATED COSTS	275,984
74	INPATIENT ROUTINE SERVICE COST	2,468,670
75	AGGREGATE CHARGES TO BENEFICIARIES FOR EXCESS COSTS	
76	TOTAL PROGRAM ROUTINE SERVICE COSTS FOR COMPARISON TO THE COST LIMITATION	2,468,670
77	INPATIENT ROUTINE SERVICE COST PER DIEM LIMITATION	
78	INPATIENT ROUTINE SERVICE COST LIMITATION	
79	REASONABLE INPATIENT ROUTINE SERVICE COSTS	2,744,654
80	PROGRAM INPATIENT ANCILLARY SERVICES	1,175,159
81	UTILIZATION REVIEW - PHYSICIAN COMPENSATION	
82	TOTAL PROGRAM INPATIENT OPERATING COSTS	3,919,813

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 OTHER

PART I - ALL PROVIDER COMPONENTS

1

INPATIENT DAYS

1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	63,699
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	63,699
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	63,699
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)	7,940
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)	3,220
16	NURSERY DAYS (TITLE V OR XIX ONLY)	2,583

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	50,052,128
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	50,052,128

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	93,538,289
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	93,538,289
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.535098
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	1,468.44
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	50,052,128



TITLE XIX - I/P HOSPITAL OTHER

PART II - HOSPITAL AND SUBPROVIDERS ONLY

1

PROGRAM INPATIENT OPERATING COST BEFORE  
 PASS THROUGH COST ADJUSTMENTS

38 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM 785.76  
 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST 6,238,934  
 40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM  
 41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST 6,238,934

	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	1,647,331	3,220	511.59	2,583	1,321,437
43 INTENSIVE CARE UNIT	5,169,752	3,431	1,506.78	439	661,476
43.01 NEONATAL INTENSIVE CARE UNIT	1,149,890	1,377	835.07	177	147,807
44 CORONARY CARE UNIT	5,675,067	4,904	1,157.23	626	724,426
45 BURN INTENSIVE CARE UNIT					
46 SURGICAL INTENSIVE CARE UNIT					
47 OTHER SPECIAL CARE					
48 PROGRAM INPATIENT ANCILLARY SERVICE COST					1 3,175,967
49 TOTAL PROGRAM INPATIENT COSTS					12,270,047

PASS THROUGH COST ADJUSTMENTS

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

TARGET AMOUNT AND LIMIT COMPUTATION

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

PROGRAM INPATIENT ROUTINE SWING BED COST

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



TITLE XIX - I/P HOSPITAL OTHER

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

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

PART IV - COMPUTATION OF OBSERVATION BED COST

83	TOTAL OBSERVATION BED DAYS	2,073
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	785.76
85	OBSERVATION BED COST	1,628,880

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

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



TITLE XIX - I/P SUBPROVIDER I OTHER

PART I - ALL PROVIDER COMPONENTS

1

INPATIENT DAYS

1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	10,476
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	10,476
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	10,476
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)	1,978
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	8,825,570
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	8,825,570

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	9,468,579
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	9,468,579
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.932090
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	903.84
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	8,825,570



TITLE XIX - I/P SUBPROVIDER I OTHER

PART II - HOSPITAL AND SUBPROVIDERS ONLY

1

PROGRAM INPATIENT OPERATING COST BEFORE  
 PASS THROUGH COST ADJUSTMENTS

38 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM 842.46  
 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST 1,666,386  
 40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM  
 41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST 1,666,386

	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					
43.01 NEONATAL INTENSIVE CARE UNIT					
44 CORONARY CARE UNIT					
45 BURN INTENSIVE CARE UNIT					
46 SURGICAL INTENSIVE CARE UNIT					
47 OTHER SPECIAL CARE					
					1
48 PROGRAM INPATIENT ANCILLARY SERVICE COST					668,169
49 TOTAL PROGRAM INPATIENT COSTS					2,334,555

PASS THROUGH COST ADJUSTMENTS

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

TARGET AMOUNT AND LIMIT COMPUTATION

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

PROGRAM INPATIENT ROUTINE SWING BED COST

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



TITLE XIX - I/P SUBPROVIDER I OTHER

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

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	842.46
85	OBSERVATION BED COST	

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

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



TITLE XIX - I/P SUBPROVIDER II OTHER

PART I - ALL PROVIDER COMPONENTS

1

INPATIENT DAYS

1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	4,145
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	4,145
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	4,145
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)	196
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	4,258,400
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	4,258,400

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	4,913,013
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	4,913,013
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.866759
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	1,185.29
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	4,258,400



TITLE XIX - I/P SUBPROVIDER II OTHER

PART II - HOSPITAL AND SUBPROVIDERS ONLY

1

PROGRAM INPATIENT OPERATING COST BEFORE  
 PASS THROUGH COST ADJUSTMENTS

38 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM 1,027.36  
 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST 201,363  
 40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM  
 41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST 201,363

	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					
43.01 NEONATAL INTENSIVE CARE UNIT					
44 CORONARY CARE UNIT					
45 BURN INTENSIVE CARE UNIT					
46 SURGICAL INTENSIVE CARE UNIT					
47 OTHER SPECIAL CARE					
48 PROGRAM INPATIENT ANCILLARY SERVICE COST					1
49 TOTAL PROGRAM INPATIENT COSTS					25,625 226,988

PASS THROUGH COST ADJUSTMENTS

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

TARGET AMOUNT AND LIMIT COMPUTATION

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

PROGRAM INPATIENT ROUTINE SWING BED COST

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



TITLE XIX - I/P SUBPROVIDER II OTHER

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

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

PART IV - COMPUTATION OF OBSERVATION BED COST

83	TOTAL OBSERVATION BED DAYS	
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	1,027.36
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				



INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

TITLE XVIII, PART A HOSPITAL 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		24,413,394	
26	INTENSIVE CARE UNIT		4,025,897	
26	01 NEONATAL INTENSIVE CARE UNIT			
27	CORONARY CARE UNIT		5,130,750	
31	SUBPROVIDER			
31	01 SUBPROVIDER 2 - PSYCH DPU			
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.391971	11,172,554	4,379,317
38	RECOVERY ROOM	.183324	3,332,826	610,987
39	DELIVERY ROOM & LABOR ROOM	.432250	64,527	27,892
41	RADIOLOGY-DIAGNOSTIC	.223040	5,525,972	1,232,513
41	01 ULTRA SOUND	.190922	1,365,411	260,687
41	02 CAT SCAN	.076216	7,353,520	560,456
41	03 MAGNETIC RESONANCE IMAGING (MRI)	.111384	3,208,972	357,428
41	04 NUCLEAR MEDICINE-DIAGNOSTIC	.401579	418,735	168,155
41	05 ONCOLOGY	.546141	295,982	161,648
44	LABORATORY	.143106	21,229,382	3,038,052
48	INTRAVENOUS THERAPY	.607440	551,710	335,131
49	RESPIRATORY THERAPY	.189410	13,992,245	2,650,271
50	PHYSICAL THERAPY	.416530	1,717,668	715,460
51	OCCUPATIONAL THERAPY	.403461	1,079,685	435,611
52	SPEECH PATHOLOGY	.359041	192,065	68,959
53	ELECTROCARDIOLOGY	.228937	4,381,678	1,003,128
54	ELECTROENCEPHALOGRAPHY	.249131	532,153	132,576
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.345402	25,430,510	8,783,749
56	DRUGS CHARGED TO PATIENTS	.236356	23,801,924	5,625,728
57	RENAL DIALYSIS	.650241	1,623,647	1,055,762
59	CARDIAC CATH LAB	.135351	5,074,474	686,835
59	01 ENDOSCOPY	.251498	856,744	215,469
59	02 MENTAL HEALTH OP	.644030		
59	03 CNR	.800738	17,329	13,876
59	04 PAIN MED PSYCH			
59	05 LUTHERWOOD	.711113		
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	.331068	1,781	590
60	01 HEALTHY HEARTS CENTER	1.857279	1,445	2,684
60	02 DIABETIC CARE CENTER	1.068702	353	377
60	03 PAIN REHAB ADMIN			
60	04 FAMILY PRACTICE CENTER	.499873		
60	05 PALLIATIVE CARE	1.945812		
60	06 SPINE CENTER	1.087596		
60	07 INFUSION CENTERS	.199845		
61	EMERGENCY	.214956	11,609,241	2,495,476
62	OBSERVATION BEDS (NON-DISTINCT PART) OTHER REIMBURS COST CNTRS	.184147		
101	TOTAL		144,832,533	35,018,817
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		144,832,533	



TITLE XVIII, PART A SUBPROVIDER 1 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			
26	01 NEONATAL INTENSIVE CARE UNIT			
27	CORONARY CARE UNIT			
31	SUBPROVIDER		4,774,241	
31	01 SUBPROVIDER 2 - PSYCH DPU ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.391971	40,317	15,803
38	RECOVERY ROOM	.183324	11,669	2,139
39	DELIVERY ROOM & LABOR ROOM	.432250		
41	RADIOLOGY-DIAGNOSTIC	.223040	168,834	37,657
41	01 ULTRA SOUND	.190922	63,790	12,179
41	02 CAT SCAN	.076216	139,953	10,667
41	03 MAGNETIC RESONANCE IMAGING (MRI)	.111384	78,046	8,693
41	04 NUCLEAR MEDICINE-DIAGNOSTIC	.401579	19,104	7,672
41	05 ONCOLOGY	.546141	564	308
44	LABORATORY	.143106	473,805	67,804
48	INTRAVENOUS THERAPY	.607440	1,787	1,085
49	RESPIRATORY THERAPY	.189410	602,571	114,133
50	PHYSICAL THERAPY	.416530	2,006,499	835,767
51	OCCUPATIONAL THERAPY	.403461	1,856,214	748,910
52	SPEECH PATHOLOGY	.359041	316,377	113,592
53	ELECTROCARDIOLOGY	.228937	45,316	10,375
54	ELECTROENCEPHALOGRAPHY	.249131	35,761	8,909
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.345402	158,022	54,581
56	DRUGS CHARGED TO PATIENTS	.236356	1,587,110	375,123
57	RENAL DIALYSIS	.650241		
59	CARDIAC CATH LAB	.135351		
59	01 ENDOSCOPY	.251498	17,035	4,284
59	02 MENTAL HEALTH OP	.644030		
59	03 CNR	.800738	9,962	7,977
59	04 PAIN MED PSYCH			
59	05 LUTHERWOOD	.711113		
60	OUTPAT SERVICE COST CNTRS CLINIC	.331068	64	21
60	01 HEALTHY HEARTS CENTER	1.857279		
60	02 DIABETIC CARE CENTER	1.068702	318	340
60	03 PAIN REHAB ADMIN			
60	04 FAMILY PRACTICE CENTER	.499873		
60	05 PALLIATIVE CARE	1.945812		
60	06 SPINE CENTER	1.087596		
60	07 INFUSION CENTERS	.199845		
61	EMERGENCY	.214956	51,925	11,162
62	OBSERVATION BEDS (NON-DISTINCT PART) OTHER REIMBURS COST CNTRS	.184147		
101	TOTAL		7,685,043	2,449,181
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		7,685,043	



TITLE XVIII, PART A SUBPROVIDER 2 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			
26	01 NEONATAL INTENSIVE CARE UNIT			
27	CORONARY CARE UNIT			
31	SUBPROVIDER			
31	01 SUBPROVIDER 2 - PSYCH DPU		3,970,488	
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.391971	175,700	68,869
38	RECOVERY ROOM	.183324	118,912	21,799
39	DELIVERY ROOM & LABOR ROOM	.432250		
41	RADIOLOGY-DIAGNOSTIC	.223040	37,365	8,334
41	01 ULTRA SOUND	.190922	12,492	2,385
41	02 CAT SCAN	.076216	73,592	5,609
41	03 MAGNETIC RESONANCE IMAGING (MRI)	.111384	46,973	5,232
41	04 NUCLEAR MEDICINE-DIAGNOSTIC	.401579	3,378	1,357
41	05 ONCOLOGY	.546141		
44	LABORATORY	.143106	446,875	63,950
48	INTRAVENOUS THERAPY	.607440	9,726	5,908
49	RESPIRATORY THERAPY	.189410	114,677	21,721
50	PHYSICAL THERAPY	.416530	59,000	24,575
51	OCCUPATIONAL THERAPY	.403461	181	73
52	SPEECH PATHOLOGY	.359041		
53	ELECTROCARDIOLOGY	.228937	42,709	9,778
54	ELECTROENCEPHALOGRAPHY	.249131	12,376	3,083
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.345402	9,627	3,325
56	DRUGS CHARGED TO PATIENTS	.236356	921,794	217,872
57	RENAL DIALYSIS	.650241	1,920	1,248
59	CARDIAC CATH LAB	.135351		
59	01 ENDOSCOPY	.251498	3,939	991
59	02 MENTAL HEALTH OP	.644030		
59	03 CNR	.800738	8,891	7,119
59	04 PAIN MED PSYCH			
59	05 LUTHERWOOD	.711113		
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	.331068		
60	01 HEALTHY HEARTS CENTER	1.857279		
60	02 DIABETIC CARE CENTER	1.068702		
60	03 PAIN REHAB ADMIN			
60	04 FAMILY PRACTICE CENTER	.499873		
60	05 PALLIATIVE CARE	1.945812		
60	06 SPINE CENTER	1.087596		
60	07 INFUSION CENTERS	.199845		
61	EMERGENCY	.214956	60,220	12,945
62	OBSERVATION BEDS (NON-DISTINCT PART) OTHER REIMBURS COST CNTRS	.184147		
101	TOTAL		2,160,347	486,173
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		2,160,347	



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	01 INTENSIVE CARE UNIT			
26	01 NEONATAL INTENSIVE CARE UNIT			
27	CORONARY CARE UNIT			
31	SUBPROVIDER			
31	01 SUBPROVIDER 2 - PSYCH DPU			
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.391971	18,563	7,276
38	RECOVERY ROOM	.183324		
39	DELIVERY ROOM & LABOR ROOM	.432250		
41	RADIOLOGY-DIAGNOSTIC	.223040	50,135	11,182
41	01 ULTRA SOUND	.190922	20,690	3,950
41	02 CAT SCAN	.076216		
41	03 MAGNETIC RESONANCE IMAGING (MRI)	.111384		
41	04 NUCLEAR MEDICINE-DIAGNOSTIC	.401579	3,541	1,422
41	05 ONCOLOGY	.546141	13,836	7,556
44	LABORATORY	.143106	306,131	43,809
48	INTRAVENOUS THERAPY	.607440	8,737	5,307
49	RESPIRATORY THERAPY	.189410	833,476	157,869
50	PHYSICAL THERAPY	.416530	705,220	293,745
51	OCCUPATIONAL THERAPY	.403461	628,107	253,417
52	SPEECH PATHOLOGY	.359041	91,108	32,712
53	ELECTROCARDIOLOGY	.228937	18,569	4,251
54	ELECTROENCEPHALOGRAPHY	.249131	2,790	695
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.345402	51,464	17,776
56	DRUGS CHARGED TO PATIENTS	.236356	1,411,485	333,613
57	RENAL DIALYSIS	.650241		
59	CARDIAC CATH LAB	.135351	4,277	579
59	01 ENDOSCOPY	.251498		
59	02 MENTAL HEALTH OP	.644030		
59	03 CNR	.800738		
59	04 PAIN MED PSYCH			
59	05 LUTHERWOOD	.711113		
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	.331068		
60	01 HEALTHY HEARTS CENTER	1.857279		
60	02 DIABETIC CARE CENTER	1.068702		
60	03 PAIN REHAB ADMIN			
60	04 FAMILY PRACTICE CENTER	.499873		
60	05 PALLIATIVE CARE	1.945812		
60	06 SPINE CENTER	1.087596		
60	07 INFUSION CENTERS	.199845		
61	EMERGENCY	.214956		
62	OBSERVATION BEDS (NON-DISTINCT PART) OTHER REIMBURS COST CNTRS	.184147		
101	TOTAL		4,168,129	1,175,159
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		4,168,129	



INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

TITLE XIX		HOSPITAL	OTHER	
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		8,843,473	
26	INTENSIVE CARE UNIT		366,902	
26	01 NEONATAL INTENSIVE CARE UNIT		860,688	
27	CORONARY CARE UNIT		237,269	
31	SUBPROVIDER			
31	01 SUBPROVIDER 2 - PSYCH DPU			
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.392433	473,794	185,932
38	RECOVERY ROOM	.183324	207,097	37,966
39	DELIVERY ROOM & LABOR ROOM	.451750	1,825,132	824,503
41	RADIOLOGY-DIAGNOSTIC	.223623	279,703	62,548
41	01 ULTRA SOUND	.190922	171,700	32,781
41	02 CAT SCAN	.076216	502,749	38,318
41	03 MAGNETIC RESONANCE IMAGING (MRI)	.111384	242,580	27,020
41	04 NUCLEAR MEDICINE-DIAGNOSTIC	.401579	29,124	11,696
41	05 ONCOLOGY	.546141	23,849	13,025
44	LABORATORY	.143106	2,114,877	302,652
48	INTRAVENOUS THERAPY	.607440	33,860	20,568
49	RESPIRATORY THERAPY	.189410	825,306	156,321
50	PHYSICAL THERAPY	.416530	63,450	26,429
51	OCCUPATIONAL THERAPY	.403461	44,894	18,113
52	SPEECH PATHOLOGY	.359041	11,033	3,961
53	ELECTROCARDIOLOGY	.232695	269,544	62,722
54	ELECTROENCEPHALOGRAPHY	.255187	38,840	9,911
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.345402	919,220	317,500
56	DRUGS CHARGED TO PATIENTS	.236356	3,219,459	760,938
57	RENAL DIALYSIS	.650241	48,150	31,309
59	CARDIAC CATH LAB	.135351	240,242	32,517
59	01 ENDOSCOPY	.256507	42,763	10,969
59	02 MENTAL HEALTH OP	.647775		
59	03 CNR	.800738	1,256	1,006
59	04 PAIN MED PSYCH			
59	05 LUTHERWOOD	.711113		
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	.331068		
60	01 HEALTHY HEARTS CENTER	1.857279		
60	02 DIABETIC CARE CENTER	1.156855		
60	03 PAIN REHAB ADMIN			
60	04 FAMILY PRACTICE CENTER	1.180624		
60	05 PALLIATIVE CARE	1.945812		
60	06 SPINE CENTER	1.087596		
60	07 INFUSION CENTERS	.199845		
61	EMERGENCY	.215770	867,880	187,262
62	OBSERVATION BEDS (NON-DISTINCT PART)	.184147		
	OTHER REIMBURS COST CNTRS			
101	TOTAL		12,496,502	3,175,967
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		12,496,502	



INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

TITLE XIX SUBPROVIDER 1 OTHER

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS			
26	INTENSIVE CARE UNIT			
26	01 NEONATAL INTENSIVE CARE UNIT			
27	CORONARY CARE UNIT			
31	SUBPROVIDER		1,190,827	
31	01 SUBPROVIDER 2 - PSYCH DPU ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.392433	2,255	885
38	RECOVERY ROOM	.183324		
39	DELIVERY ROOM & LABOR ROOM	.451750		
41	RADIOLOGY-DIAGNOSTIC	.223623	16,768	3,750
41	01 ULTRA SOUND	.190922	7,622	1,455
41	02 CAT SCAN	.076216	25,838	1,969
41	03 MAGNETIC RESONANCE IMAGING (MRI)	.111384	12,164	1,355
41	04 NUCLEAR MEDICINE-DIAGNOSTIC	.401579	683	274
41	05 ONCOLOGY	.546141	11,352	6,200
44	LABORATORY	.143106	85,861	12,287
48	INTRAVENOUS THERAPY	.607440	1,673	1,016
49	RESPIRATORY THERAPY	.189410	97,810	18,526
50	PHYSICAL THERAPY	.416530	511,009	212,851
51	OCCUPATIONAL THERAPY	.403461	488,133	196,943
52	SPEECH PATHOLOGY	.359041	221,084	79,378
53	ELECTROCARDIOLOGY	.232695	9,107	2,119
54	ELECTROENCEPHALOGRAPHY	.255187	10,956	2,796
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.345402	39,565	13,666
56	DRUGS CHARGED TO PATIENTS	.236356	441,510	104,354
57	RENAL DIALYSIS	.650241		
59	CARDIAC CATH LAB	.135351		
59	01 ENDOSCOPY	.256507	6,378	1,636
59	02 MENTAL HEALTH OP	.647775		
59	03 CNR	.800738	8,378	6,709
59	04 PAIN MED PSYCH			
59	05 LUTHERWOOD	.711113		
60	OUTPAT SERVICE COST CNTRS CLINIC	.331068		
60	01 HEALTHY HEARTS CENTER	1.857279		
60	02 DIABETIC CARE CENTER	1.156855		
60	03 PAIN REHAB ADMIN			
60	04 FAMILY PRACTICE CENTER	1.180624		
60	05 PALLIATIVE CARE	1.945812		
60	06 SPINE CENTER	1.087596		
60	07 INFUSION CENTERS	.199845		
61	EMERGENCY	.215770		
62	OBSERVATION BEDS (NON-DISTINCT PART) OTHER REIMBURS COST CNTRS	.184147		
101	TOTAL		1,998,146	668,169
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		1,998,146	



TITLE XIX SUBPROVIDER 2 OTHER

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS			
26	INTENSIVE CARE UNIT			
26	01 NEONATAL INTENSIVE CARE UNIT			
27	CORONARY CARE UNIT			
31	SUBPROVIDER			
31	01 SUBPROVIDER 2 - PSYCH DPU		92,059	
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.392433	12,273	4,816
38	RECOVERY ROOM	.183324	7,596	1,393
39	DELIVERY ROOM & LABOR ROOM	.451750		
41	RADIOLOGY-DIAGNOSTIC	.223623	1,565	350
41	01 ULTRA SOUND	.190922		
41	02 CAT SCAN	.076216	2,378	181
41	03 MAGNETIC RESONANCE IMAGING (MRI)	.111384		
41	04 NUCLEAR MEDICINE-DIAGNOSTIC	.401579	3,138	1,260
41	05 ONCOLOGY	.546141		
44	LABORATORY	.143106	27,408	3,922
48	INTRAVENOUS THERAPY	.607440		
49	RESPIRATORY THERAPY	.189410	4,919	932
50	PHYSICAL THERAPY	.416530	787	328
51	OCCUPATIONAL THERAPY	.403461	257	104
52	SPEECH PATHOLOGY	.359041	463	166
53	ELECTROCARDIOLOGY	.232695	3,307	770
54	ELECTROENCEPHALOGRAPHY	.255187		
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.345402		
56	DRUGS CHARGED TO PATIENTS	.236356	48,247	11,403
57	RENAL DIALYSIS	.650241		
59	CARDIAC CATH LAB	.135351		
59	01 ENDOSCOPY	.256507		
59	02 MENTAL HEALTH OP	.647775		
59	03 CNR	.800738		
59	04 PAIN MED PSYCH			
59	05 LUTHERWOOD	.711113		
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	.331068		
60	01 HEALTHY HEARTS CENTER	1.857279		
60	02 DIABETIC CARE CENTER	1.156855		
60	03 PAIN REHAB ADMIN			
60	04 FAMILY PRACTICE CENTER	1.180624		
60	05 PALLIATIVE CARE	1.945812		
60	06 SPINE CENTER	1.087596		
60	07 INFUSION CENTERS	.199845		
61	EMERGENCY	.215770		
62	OBSERVATION BEDS (NON-DISTINCT PART) OTHER REIMBURS COST CNTRS	.184147		
101	TOTAL		112,338	25,625
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		112,338	







PART A - INPATIENT HOSPITAL SERVICES UNDER PPS HOSPITAL

DESCRIPTION	1	1.01
5.03 TOTAL MEDICARE ESRD INPATIENT DAYS EXCLUDING DRGS 302, 316, 317, OR MS-DRGS 652, 682-685. (SEE INSTRUCTIONS)		
5.04 RATIO OF AVERAGE LENGTH OF STAY TO ONE WEEK		
5.05 AVERAGE WEEKLY COST FOR DIALYSIS TREATMENTS (SEE INSTRU		
5.06 TOTAL ADDITIONAL PAYMENT		
6 SUBTOTAL (SEE INSTRUCTIONS)	45,569,049	
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)		
8 TOTAL PAYMENT FOR INPATIENT OPERATING COSTS SCH AND MDH ONLY (SEE INSTRUCTIONS)	45,569,049	
9 PAYMENT FOR INPATIENT PROGRAM CAPITAL	3,625,492	
10 EXCEPTION PAYMENT FOR INPATIENT PROGRAM CAPITAL (WORKSHEET L, PART IV, SEE INSTRUCTIONS)		
11 DIRECT GRADUATE MEDICAL EDUCATION PAYMENT (FROM WORKSHEET E-3, PART IV, SEE INSTRUCTIONS)	489,813	
11.01 NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT		
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	111,569	
16 TOTAL	49,795,923	
17 PRIMARY PAYER PAYMENTS	20,870	
18 TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES	49,775,053	
19 DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	3,753,504	
20 COINSURANCE BILLED TO PROGRAM BENEFICIARIES	229,176	
21 REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	1,107,710	
21.01 ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	775,397	
21.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	851,951	
22 SUBTOTAL	46,567,770	
23 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION		
24 OTHER ADJUSTMENTS (SPECIFY)		
24.98 CREDIT FOR MANUFACTURER REPLACED MEDICAL DEVICES		
24.99 OUTLIER RECONCILIATION ADJUSTMENT		
25 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS		
26 AMOUNT DUE PROVIDER	46,567,770	
27 SEQUESTRATION ADJUSTMENT		
28 INTERIM PAYMENTS	45,009,283	
28.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
29 BALANCE DUE PROVIDER (PROGRAM)	1,558,487	
30 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2.		
----- FI ONLY -----		
50 OPERATING OUTLIER AMOUNT FROM WKS E, A, L2.01		
51 CAPITAL OUTLIER AMOUNT FROM WKS L, I, L3.01		
52 OPERATING OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)		
53 CAPITAL OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)		
54 THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY		
55 TIME VALUE OF MONEY (SEE INSTRUCTIONS)		
56 CAPITAL TIME VALUE OF MONEY (SEE INSTRUCTIONS)		



CALCULATION OF REIMBURSEMENT SETTLEMENT

PART B - MEDICAL AND OTHER HEALTH SERVICES

HOSPITAL

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)	8,797
1.01	MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER APRIL 1, 2001 (SEE INSTRUCTIONS).	31,089,042
1.02	PPS PAYMENTS RECEIVED INCLUDING OUTLIERS.	24,640,918
1.03	ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO.	.845
1.04	LINE 1.01 TIMES LINE 1.03.	26,270,240
1.05	LINE 1.02 DIVIDED BY LINE 1.04.	93.80
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.	56,875
2	INTERNS AND RESIDENTS	
3	ORGAN ACQUISITIONS	
4	COST OF TEACHING PHYSICIANS	
5	TOTAL COST (SEE INSTRUCTIONS)	8,797
COMPUTATION OF LESSER OF COST OR CHARGES		
REASONABLE CHARGES		
6	ANCILLARY SERVICE CHARGES	37,220
7	INTERNS AND RESIDENTS SERVICE CHARGES	
8	ORGAN ACQUISITION CHARGES	
9	CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS.	
10	TOTAL REASONABLE CHARGES	37,220
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)	37,220
15	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	28,423
16	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	
17	LESSER OF COST OR CHARGES (FOR CAH SEE INSTRUC)	8,797
17.01	TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 1.02, 1.06 AND 1.07)	24,697,793
COMPUTATION OF REIMBURSEMENT SETTLEMENT		
18	DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)	840
18.01	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 17.01 (SEE INSTRUCTIONS)	5,982,267
19	SUBTOTAL (SEE INSTRUCTIONS)	18,723,483
20	SUM OF AMOUNTS FROM WORKSHEET E PARTS C, D & E (SEE INSTR.)	
21	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	204,942
22	ESRD DIRECT MEDICAL EDUCATION COSTS	
23	SUBTOTAL	18,928,425
24	PRIMARY PAYER PAYMENTS	10,184
25	SUBTOTAL	18,918,241
REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)		
26	COMPOSITE RATE ESRD	
27	BAD DEBTS (SEE INSTRUCTIONS)	499,303
27.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	349,512
27.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	453,421
28	SUBTOTAL	19,267,753
29	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION.	
30	OTHER ADJUSTMENTS (SPECIFY)	
30.99	OTHER ADJUSTMENTS (MSP-LCC RECONCILIATION AMOUNT)	
31	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS.	
32	SUBTOTAL	19,267,753
33	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
34	INTERIM PAYMENTS	19,238,405
34.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
35	BALANCE DUE PROVIDER/PROGRAM	29,348
36	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, 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		45,095,624		19,284,118
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	7/15/2008	86,341	7/15/2008	45,713
ADJUSTMENTS TO PROGRAM .51				
ADJUSTMENTS TO PROGRAM .52				
ADJUSTMENTS TO PROGRAM .53				
ADJUSTMENTS TO PROGRAM .54				
SUBTOTAL .99		-86,341		-45,713
4 TOTAL INTERIM PAYMENTS		45,009,283		19,238,405
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)		1,558,487		29,348
7 TOTAL MEDICARE PROGRAM LIABILITY		46,567,770		19,267,753

NAME OF INTERMEDIARY:  
 INTERMEDIARY NO:

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

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

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



TITLE XVIII SUBPROVIDER 1

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		6,246,322		
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		NONE		NONE
		6,246,322		
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)		NONE		NONE
SETTLEMENT TO PROVIDER		.01		
SETTLEMENT TO PROGRAM		.02		
		66,838		
7 TOTAL MEDICARE PROGRAM LIABILITY		6,313,160		

NAME OF INTERMEDIARY:  
 INTERMEDIARY NO:

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

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

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



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		2,370,353		
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		NONE		NONE
		2,370,353		
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)		NONE		NONE
SETTLEMENT TO PROVIDER		.01		
SETTLEMENT TO PROGRAM		.02		
7 TOTAL MEDICARE PROGRAM LIABILITY		48,869		
		2,419,222		

NAME OF INTERMEDIARY:  
 INTERMEDIARY NO:

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

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

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



TITLE XVIII SNF

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		1,570,624		
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.		NONE		NONE
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
ADJUSTMENTS TO PROVIDER .01				
ADJUSTMENTS TO PROVIDER .02				
ADJUSTMENTS TO PROVIDER .03				
ADJUSTMENTS TO PROVIDER .04				
ADJUSTMENTS TO PROVIDER .05				
ADJUSTMENTS TO PROGRAM .50				
ADJUSTMENTS TO PROGRAM .51				
ADJUSTMENTS TO PROGRAM .52				
ADJUSTMENTS TO PROGRAM .53				
ADJUSTMENTS TO PROGRAM .54				
SUBTOTAL .99		NONE		NONE
4 TOTAL INTERIM PAYMENTS		1,570,624		
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)		1,976		
7 TOTAL MEDICARE PROGRAM LIABILITY		1,572,600		

NAME OF INTERMEDIARY:  
 INTERMEDIARY NO:

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

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

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



CALCULATION OF REIMBURSEMENT SETTLEMENT

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

1	INPATIENT HOSPITAL SERVICES (SEE INSTRUCTIONS)	
1.01	HOSPITAL SPECIFIC AMOUNT (SEE INSTRUCTIONS)	
1.02	ENTER FROM THE PS&R, THE IRF PPS PAYMENT	5,520,598
1.03	MEDICARE SSI RATIO (IRF PPS ONLY) (SEE INSTR.)	.0234
1.04	INPATIENT REHABILITATION FACILITY LIP PAYMENTS (SEE INSTRUCTIONS)	695,286
1.05	OUTLIER PAYMENTS	286,782
1.06	TOTAL PPS PAYMENTS (SUM OF LINES 1.01, (1.02, 1.04 FOR COLUMNS 1 & 1.01), 1.05 AND 1.42)	6,502,666
1.07	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT (SEE INSTRUCTIONS)	
	INPATIENT PSYCHIATRIC FACILITY (IPF)	
1.08	NET FEDERAL IPF PPS PAYMENTS (EXCLUDING OUTLIER, ECT, STOP-LOSS, AND MEDICAL EDUCATION PAYMENTS)	
1.09	NET IPF PPS OUTLIER PAYMENTS	
1.10	NET IPF PPS ECT PAYMENTS	
1.11	UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR LATEST COST REPORT FILED PRIOR TO NOVEMBER 15, 2004 (SEE INSTRUCTIONS)	
1.12	NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTRUCTIONS)	
1.13	CURRENT YEARS UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.14	CURRENT YEARS UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.15	INTERN AND RESIDENT COUNT FOR IPF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)	
1.16	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)	
1.17	MEDICAL EDUCATION ADJUSTMENT FACTOR $\{(1 + (LINE 1.15/1.16))\}$ RAISED TO THE POWER OF $.5150 - 1$ .	
1.18	MEDICAL EDUCATION ADJUSTMENT (LINE 1.08 MULTIPLIED BY LINE 1.17).	
1.19	ADJUSTED NET IPF PPS PAYMENTS (SUM OF LINES 1.08, 1.09, 1.10 AND 1.18)	
1.20	STOP LOSS PAYMENT FLOOR (LINE 1 x 70%)	
1.21	ADJUSTED NET PAYMENT FLOOR (LINE 1.20 x THE APPROPRIATE FEDERAL BLEND PERCENTAGE)	
1.22	STOP LOSS ADJUSTMENT (IF LINE 1.21 IS GREATER THAN LINE 1.19 ENTER THE AMOUNT ON LINE 1.21 LESS LINE 1.19 OTHERWISE ENTER -0-)	
1.23	TOTAL IPF PPS PAYMENTS (SUM OF LINES 1.01, 1.19 AND 1.22)	
	INPATIENT REHABILITATION FACILITY (IRF)	
1.35	UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR COST REPORT PERIODS ENDING ON/OR PRIOR TO NOVEMBER 15, 2004. (SEE INST.)	
1.36	NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTRUCTIONS)	
1.37	CURRENT YEAR'S UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.38	CURRENT YEAR'S UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.39	INTERN AND RESIDENT COUNT FOR IRF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)	
1.40	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)	28.622951
1.41	MEDICAL EDUCATION ADJUSTMENT FACTOR $\{(1 + (LINE 1.39/1.40))\}$ 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)	6,502,666
5	PRIMARY PAYER PAYMENTS	
6	SUBTOTAL	6,502,666
7	DEDUCTIBLES	104,384
8	SUBTOTAL	6,398,282
9	COINSURANCE	103,168
10	SUBTOTAL	6,295,114
11	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROF SERV)	22,379
11.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	15,665
11.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	20,163
12	SUBTOTAL	6,310,779
13	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	
13.01	OTHER PASS THROUGH COSTS (SEE INSTRUCTIONS)	2,381
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)	6,313,160
18	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	



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

19	INTERIM PAYMENTS	6,246,322
19.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
20	BALANCE DUE PROVIDER/PROGRAM	66,838
21	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2.	

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

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



CALCULATION OF REIMBURSEMENT SETTLEMENT

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	
1.03	MEDICARE 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)	
	INPATIENT PSYCHIATRIC FACILITY (IPF)	
1.08	NET FEDERAL IPF PPS PAYMENTS (EXCLUDING OUTLIER, ECT, STOP-LOSS, AND MEDICAL EDUCATION PAYMENTS)	2,527,342
1.09	NET IPF PPS OUTLIER PAYMENTS	24,496
1.10	NET IPF PPS ECT PAYMENTS	31,859
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)	11.325137
1.17	MEDICAL EDUCATION ADJUSTMENT FACTOR $\{(1 + (LINE 1.15/1.16)) \text{ RAISED TO THE POWER OF } .5150 - 1\}$ .	
1.18	MEDICAL EDUCATION ADJUSTMENT (LINE 1.08 MULTIPLIED BY LINE 1.17).	
1.19	ADJUSTED NET IPF PPS PAYMENTS (SUM OF LINES 1.08, 1.09, 1.10 AND 1.18)	2,583,697
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)	2,583,697
	INPATIENT REHABILITATION FACILITY (IRF)	
1.35	UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR COST REPORT PERIODS ENDING ON/OR PRIOR TO NOVEMBER 15, 2004. (SEE INST.)	
1.36	NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTRUCTIONS)	
1.37	CURRENT YEAR'S UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.38	CURRENT YEAR'S UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.39	INTERN AND RESIDENT COUNT FOR IRF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)	
1.40	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)	
1.41	MEDICAL EDUCATION ADJUSTMENT FACTOR $\{(1 + (LINE 1.39/1.40)) \text{ RAISED TO THE POWER OF } .9012 - 1\}$ .	
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)	2,583,697
5	PRIMARY PAYER PAYMENTS	
6	SUBTOTAL	2,583,697
7	DEDUCTIBLES	200,544
8	SUBTOTAL	2,383,153
9	COINSURANCE	12,800
10	SUBTOTAL	2,370,353
11	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROF SERV)	68,096
11.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	47,667
11.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	54,500
12	SUBTOTAL	2,418,020
13	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	
13.01	OTHER PASS THROUGH COSTS (SEE INSTRUCTIONS)	1,202
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)	2,419,222
18	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	



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

19	INTERIM PAYMENTS	2,370,353
19.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
20	BALANCE DUE PROVIDER/PROGRAM	48,869
21	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2.	

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

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



CALCULATION OF REIMBURSEMENT SETTLEMENT

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

	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				
8				3,699
9				-3,699
	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				
17				
18				
19				
20				
21				3,699
22				
23				-3,699
	CUSTOMARY CHARGES			
24				
25				
26				
27				
28				
29				1,975
30				1,658,616
31				
32				1,658,616
33				
	COMPUTATION OF REIMBURSEMENT SETTLEMENT			
34				
35				1,658,616
36				86,016
37				
38				
38.01				
38.02				
38.03				
39				
40				1,572,600
41				
42				
43				
44				
45				
46				
47				
48				
49				
50				
51				
52				1,572,600
53				
54				
55				1,572,600
56				
57				1,570,624
57.01				
58				1,976
59				



CALCULATION OF REIMBURSEMENT SETTLEMENT

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

	TITLE XIX	HOSPITAL	OTHER TITLE V OR TITLE XIX	TITLE XVIII SNF PPS
			1	2
	COMPUTATION OF NET COST OF COVERED SERVICE			
1		INPATIENT HOSPITAL/SNF/NF SERVICES	12,270,047	
2		MEDICAL AND OTHER SERVICES	3,252,036	
3		INTERNS AND RESIDENTS (SEE INSTRUCTIONS)		
4		ORGAN ACQUISITION (CERT TRANSPLANT CENTERS ONLY)		
5		COST OF TEACHING PHYSICIANS (SEE INSTRUCTIONS)		
6		SUBTOTAL	15,522,083	
7		INPATIENT PRIMARY PAYER PAYMENTS		
8		OUTPATIENT PRIMARY PAYER PAYMENTS		
9		SUBTOTAL	15,522,083	
	COMPUTATION OF LESSER OF COST OR CHARGES			
	REASONABLE CHARGES			
10		ROUTINE SERVICE CHARGES	10,908,077	
11		ANCILLARY SERVICE CHARGES	27,644,417	
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	38,552,494	
	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)	38,552,494	
21		EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	23,030,411	
22		EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES		
23		COST OF COVERED SERVICES	15,522,083	
	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	15,522,083	
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	15,522,083	
33		DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)		
	COMPUTATION OF REIMBURSEMENT SETTLEMENT			
34		EXCESS OF REASONABLE COST		
35		SUBTOTAL	15,522,083	
36		COINSURANCE	226,041	
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)	15,296,042	
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	15,296,042	
53		INDIRECT MEDICAL EDUCATION ADJUSTMENT (PPS ONLY)		
54		DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS		
55		TOTAL AMOUNT PAYABLE TO THE PROVIDER	15,296,042	
56		SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)		
57		INTERIM PAYMENTS	5,491,344	
57.01		TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
58		BALANCE DUE PROVIDER/PROGRAM	9,804,698	
59		PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2.		



CALCULATION OF REIMBURSEMENT SETTLEMENT

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

	TITLE XIX	SUBPROVIDER 1	OTHER TITLE V OR TITLE XIX 1	TITLE XVIII SNF PPS 2
1	COMPUTATION OF NET COST OF COVERED SERVICE			
1	INPATIENT HOSPITAL/SNF/NF SERVICES		2,334,555	
2	MEDICAL AND OTHER SERVICES			
3	INTERNS AND RESIDENTS (SEE INSTRUCTIONS)			
4	ORGAN ACQUISITION (CERT TRANSPLANT CENTERS ONLY)			
5	COST OF TEACHING PHYSICIANS (SEE INSTRUCTIONS)			
6	SUBTOTAL		2,334,555	
7	INPATIENT PRIMARY PAYER PAYMENTS			
8	OUTPATIENT PRIMARY PAYER PAYMENTS			
9	SUBTOTAL		2,334,555	
	COMPUTATION OF LESSER OF COST OR CHARGES			
	REASONABLE CHARGES			
10	ROUTINE SERVICE CHARGES		1,190,827	
11	ANCILLARY SERVICE CHARGES		1,998,146	
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		3,188,973	
	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)		3,188,973	
21	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST		854,418	
22	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			
23	COST OF COVERED SERVICES		2,334,555	
	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		2,334,555	
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		2,334,555	
33	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)			
	COMPUTATION OF REIMBURSEMENT SETTLEMENT			
34	EXCESS OF REASONABLE COST			
35	SUBTOTAL		2,334,555	
36	COINSURANCE		80,308	
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)		2,254,247	
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		2,254,247	
53	INDIRECT MEDICAL EDUCATION ADJUSTMENT (PPS ONLY)			
54	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS			
55	TOTAL AMOUNT PAYABLE TO THE PROVIDER		2,254,247	
56	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)			
57	INTERIM PAYMENTS		919,755	
57.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)			
58	BALANCE DUE PROVIDER/PROGRAM		1,334,492	
59	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2.			



CALCULATION OF REIMBURSEMENT SETTLEMENT

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

	TITLE XIX	SUBPROVIDER 2	OTHER TITLE V OR TITLE XIX 1	TITLE XVIII SNF PPS 2
1	COMPUTATION OF NET COST OF COVERED SERVICE			
1	INPATIENT HOSPITAL/SNF/NF SERVICES		226,988	
2	MEDICAL AND OTHER SERVICES			
3	INTERNS AND RESIDENTS (SEE INSTRUCTIONS)			
4	ORGAN ACQUISITION (CERT TRANSPLANT CENTERS ONLY)			
5	COST OF TEACHING PHYSICIANS (SEE INSTRUCTIONS)			
6	SUBTOTAL		226,988	
7	INPATIENT PRIMARY PAYER PAYMENTS			
8	OUTPATIENT PRIMARY PAYER PAYMENTS			
9	SUBTOTAL		226,988	
	COMPUTATION OF LESSER OF COST OR CHARGES			
	REASONABLE CHARGES			
10	ROUTINE SERVICE CHARGES		92,059	
11	ANCILLARY SERVICE CHARGES		112,338	
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		204,397	
	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)		204,397	
21	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST			
22	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES		22,591	
23	COST OF COVERED SERVICES		226,988	
	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		226,988	
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		226,988	
33	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)			
	COMPUTATION OF REIMBURSEMENT SETTLEMENT			
34	EXCESS OF REASONABLE COST		22,591	
35	SUBTOTAL		204,397	
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)		204,397	
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		204,397	
53	INDIRECT MEDICAL EDUCATION ADJUSTMENT (PPS ONLY)			
54	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS			
55	TOTAL AMOUNT PAYABLE TO THE PROVIDER		204,397	
56	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)			
57	INTERIM PAYMENTS			
57.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)			
58	BALANCE DUE PROVIDER/PROGRAM		204,397	
59	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, 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 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		25.06
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	22.99	-1.14
3.04	FTE ADJUSTMENT CAP (SUM OF LINES 3.01 THRU 3.03)		21.85
3.05	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR THE CURRENT YEAR FROM YOUR RECORDS		20.31
3.06	ENTER THE LESSER OF LINE 3.04 OR LINE 3.05.		20.31
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.		20.31
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.		
3.09	ENTER THE SUM OF LINES 3.07 AND 3.08.		20.31
3.10	SEE INSTRUCTIONS		20.31
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.		
3.12	SEE INSTRUCTIONS		
3.13	TOTAL WEIGHTED RESIDENT FTE COUNT FOR NONPRIMARY CARE RESIDENTS FOR THE PRIOR COST REPORTING YEAR (SEE INSTRUCTIONS)		
3.14	TOTAL WEIGHTED RESIDENT FTE COUNT FOR NONPRIMARY CARE RESIDENTS FOR THE PENULTIMATE COST REPORTING YEAR (SEE INSTRUCTIONS)		
3.15	ROLLING AVERAGE FTE COUNT (SEE INSTRUCTIONS)		RES INIT YEARS
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)		
3.17	ENTER THE NONPRIMARY CARE PER RESIDENT AMOUNT.		70,687.87
3.18	SEE INSTRUCTIONS		
3.19	ENTER THE WEIGHTED FTE RESIDENT COUNT FOR PRIMARY CARE AND OB/GYN RESIDENTS FOR THE PRIOR YEAR (SEE INSTRUCTIONS)		22.74
3.20	ENTER THE WEIGHTED FTE RESIDENT COUNT FOR PRIMARY CARE AND OB/GYN RESIDENTS FOR THE PENULTIMATE YEAR (SEE INSTRUCTIONS)		21.47
3.21	SEE INSTRUCTIONS		RES INIT YEARS
3.22	SEE INSTRUCTIONS		21.51
3.23	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001		70,687.87
3.24	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001		1,520,496
3.25	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001		1,520,496

COMPUTATION OF PROGRAM PATIENT LOAD

4	PROGRAM PART A INPATIENT DAYS		38,468
5	TOTAL INPATIENT DAYS		85,959
6	RATIO OF PROGRAM INPATIENT DAYS TO TOTAL INPATIENT DAYS.	LN 6 * LN 3.25 + E-3, 6 L 11	.447516
6.01	TOTAL GME PAYMENT FOR NON-MANAGED CARE DAYS	680,446	680,446
6.02	PROGRAM MANAGED CARE DAYS OCCURRING ON OR AFTER JANUARY 1 OF THIS COST REPORTING PERIOD (SEE INSTRUCTIONS)		942
6.03	ENTER THE TOTAL INPATIENT DAYS FROM LINE 5 ABOVE.		85,959
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.		14,309
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		2,180,807
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)		74,460,050
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TITLE XVIII

13	ORGAN ACQUISITION COSTS	
14	COST OF TEACHING PHYSICIANS	
15	PRIMARY PAYER PAYMENTS	24,569
16	TOTAL PART A REASONABLE COST	74,435,481
PART B REASONABLE COST		
17	REASONABLE COST	31,154,714
18	PRIMARY PAYER PAYMENTS	10,184
19	TOTAL PART B REASONABLE COST	31,144,530
20	TOTAL REASONABLE COST	105,580,011
21	RATIO OF PART A REASONABLE COST TO TOTAL REASONABLE COST	.705015
22	RATIO OF PART B REASONABLE COST TO TOTAL REASONABLE COST	.294985
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)	694,755
24	PART A MEDICARE GME PAYMENT--TITLE XVIII ONLY	489,813
25	PART B MEDICARE GME PAYMENT--TITLE XVIII ONLY	204,942



TITLE XVIII

CALCULATION OF REDUCED DIRECT GME CAP UNDER SECTION 422 OF MMA

	COLUMN 1	COLUMN 1.01
1 RATIO OF DAYS OCCURRING ON OR AFTER 7/1/2005 TO TOTAL DAYS IN THE COST REPORTING PERIOD.	1.000000	
2 REDUCED DIRECT GME FTE CAP (SEE INSTRUCTIONS)	22.99	
3 UNADJUSTED DIRECT GME FTE CAP (WKST E-3, PART IV, SUM OF LINES 3.01 AND 3.02)	25.06	
4 PRORATED REDUCED DIRECT GME FTE CAP (SEE INSTRUCTIONS)	22.99	

CALCULATION OF ADDITIONAL DIRECT GME PAYMENT ATTRIBUTABLE TO SECTION 422 OF MMA

5 ADDITIONAL UNWEIGHTED ALLOPATHIC AND OSTEOPATHIC DIRECT GME FTE RESIDENT CAP SLOTS RECEIVED UNDER 42 SEC. 413.79(c)(4)		
5.01 PRORATED ADDITIONAL UNWEIGHTED DIRECT GME FTE RESIDENT CAP SLOTS (COST REPORTING PERIODS OVERLAPPING 7/1/2005 ONLY)		
6 GME FTE WEIGHTED RESIDENT COUNT OVER CAP (SEE INSTRUCTIONS)		
7 ALLOWABLE DIRECT GME FTE RESIDENT COUNT (SEE INSTRUCTIONS)		
8 ENTER THE LOCALITY ADJUSTMENT NATIONAL AVERAGE PER RESIDENT AMOUNT (SEE INSTRUCTIONS)		
9 MULTIPLY LINE 7 TIMES LINE 8		
10 MEDICARE PROGRAM PATIENT LOAD FROM WKST E-3, PART IV, LINE 6.		
11 DIRECT GME PAYMENT FOR NON-MANAGED CARE DAYS (MULTIPLY LN 9 * LN 10)		
12 DIRECT GME PAYMENT FOR MANAGED CARE DAYS (MULTIPLY LINE 9 BY WKST E-3, PART IV [(LINE 6.02+6.06)/LINE 5] )		

CALCULATION OF REDUCED IME CAP UNDER SECTION 422 OF MMA

13 REDUCED IME FTE CAP (SEE INSTRUCTIONS)	20.88
14 UNADJUSTED IME FTE CAP (WKST E, PART A, SUM OF LINES 3.04 AND 3.05)	23.09
15 PRORATED REDUCED ALLOWABLE IME FTE CAP	20.88

CALCULATION OF ADDITIONAL IME PAYMENTS ATTRIBUTABLE TO SECTION 422 OF MMA

16 NUMBER OF ADDITIONAL ALLOPATHIC AND OSTEOPATHIC IME FTE RESIDENT CAP SLOTS UNDER 42 SEC. 412.105(f)(1)(iv)(C).	
17 IME FTE RESIDENT COUNT OVER CAP (SEE INSTRUCTIONS)	
18 IF THE AMOUNT ON LINE 17 IS GREATER THAN -0-, THEN ENTER THE LOWER OF LINE 16 OR LINE 17 (SEE INSTRUCTIONS FOR COST REPORTING PERIODS STRADDLING 7/1/2005)	
19 RESIDENT TO BED COUNT (DIVIDE LINE 18 BY LINE 3 OF WKST E, PART A)	
20 IME ADJUSTMENT FACTOR (SEE INSTRUCTIONS)	
21 DRG OTHER THAN OUTLIER PAYMENTS FOR DISCHARGES ON OR AFTER JULY 1, 2005.	
22 SIMULATED MEDICARE MANAGED CARE PAYMENTS FOR DISCHARGES ON OR AFTER JULY 1, 2005	
23 ADDITIONAL IME PAYMENTS ATTRIBUTABLE TO SECTION 422 OF MMA	



BALANCE SHEET

ASSETS		GENERAL FUND	SPECIFIC FUND PURPOSE	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
CURRENT ASSETS					
1	CASH ON HAND AND IN BANKS	30,500,630			
2	TEMPORARY INVESTMENTS				
3	NOTES RECEIVABLE	5,677,492			
4	ACCOUNTS RECEIVABLE	-7,905,622			
5	OTHER RECEIVABLES	9,465,737			
6	LESS: ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE	24,037,135			
7	INVENTORY	4,873,457			
8	PREPAID EXPENSES	10,311,154			
9	OTHER CURRENT ASSETS	1,612,677			
10	DUE FROM OTHER FUNDS				
11	TOTAL CURRENT ASSETS	78,572,660			
FIXED ASSETS					
12	LAND	2,210,932			
12.01	LAND IMPROVEMENTS	4,053,468			
13.01	LESS ACCUMULATED DEPRECIATION				
14	BUILDINGS	151,732,532			
14.01	LESS ACCUMULATED DEPRECIATION				
15	LEASEHOLD IMPROVEMENTS	8,140,596			
15.01	LESS ACCUMULATED DEPRECIATION				
16	FIXED EQUIPMENT	14,310,591			
16.01	LESS ACCUMULATED DEPRECIATION				
17	AUTOMOBILES AND TRUCKS				
17.01	LESS ACCUMULATED DEPRECIATION				
18	MAJOR MOVABLE EQUIPMENT	215,861,659			
18.01	LESS ACCUMULATED DEPRECIATION	-236,499,063			
19	MINOR EQUIPMENT DEPRECIABLE				
19.01	LESS ACCUMULATED DEPRECIATION				
20	MINOR EQUIPMENT-NONDEPRECIABLE				
21	TOTAL FIXED ASSETS	159,810,715			
OTHER ASSETS					
22	INVESTMENTS	97,471,317			
23	DEPOSITS ON LEASES				
24	DUE FROM OWNERS/OFFICERS				
25	OTHER ASSETS	170,786,366			
26	TOTAL OTHER ASSETS	268,257,683			
27	TOTAL ASSETS	506,641,058			



## BALANCE SHEET

	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
LIABILITIES AND FUND BALANCE	1	2	3	4
CURRENT LIABILITIES				
28 ACCOUNTS PAYABLE	24,288,901			
29 SALARIES, WAGES & FEES PAYABLE	16,694,553			
30 PAYROLL TAXES PAYABLE	1,601,824			
31 NOTES AND LOANS PAYABLE (SHORT TERM)	25,320,756			
32 DEFERRED INCOME				
33 ACCELERATED PAYMENTS				
34 DUE TO OTHER FUNDS				
35 OTHER CURRENT LIABILITIES	27,253,124			
36 TOTAL CURRENT LIABILITIES	95,159,158			
LONG TERM LIABILITIES				
37 MORTGAGE PAYABLE				
38 NOTES PAYABLE	331,571,387			
39 UNSECURED LOANS				
40.01 LOANS PRIOR TO 7/1/66				
40.02 ON OR AFTER 7/1/66				
41 OTHER LONG TERM LIABILITIES	143,711,175			
42 TOTAL LONG-TERM LIABILITIES	475,282,562			
43 TOTAL LIABILITIES	570,441,720			
CAPITAL ACCOUNTS				
44 GENERAL FUND BALANCE	-63,800,662			
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	-63,800,662			
52 TOTAL LIABILITIES AND FUND BALANCES	506,641,058			



	GENERAL FUND		SPECIFIC PURPOSE FUND	
	1	2	3	4
1 FUND BALANCE AT BEGINNING		157,857,083		
2 OF PERIOD				
2 NET INCOME (LOSS)		-89,761,102		
3 TOTAL		68,095,981		
4 ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
5 OTHER	845,600			
6				
7				
8				
9				
10 TOTAL ADDITIONS		845,600		
11 SUBTOTAL		68,941,581		
12 DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
13 DEDUCTIONS (DEBIT ADJUSTM	5,400,807			
14 PENSION SFAS158	127,341,436			
15				
16				
17				
18 TOTAL DEDUCTIONS		132,742,243		
19 FUND BALANCE AT END OF		-63,800,662		
PERIOD PER BALANCE SHEET				

	ENDOWMENT FUND		PLANT FUND	
	5	6	7	8
1 FUND BALANCE AT BEGINNING				
2 OF PERIOD				
2 NET INCOME (LOSS)				
3 TOTAL				
4 ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
5 OTHER				
6				
7				
8				
9				
10 TOTAL ADDITIONS				
11 SUBTOTAL				
12 DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
13 DEDUCTIONS (DEBIT ADJUSTM				
14 PENSION SFAS158				
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	77,963,373		77,963,373
2 00 SUBPROVIDER	9,591,907		9,591,907
2 01 SUBPROVIDER 2 - PSYCH DPU	2,138,025		2,138,025
4 00 SWING BED - SNF			
5 00 SWING BED - NF			
6 00 SKILLED NURSING FACILITY	3,844,984		3,844,984
9 00 TOTAL GENERAL INPATIENT ROUTINE CARE	93,538,289		93,538,289
INTENSIVE CARE TYPE INPATIENT HOSPITAL SVCS			
10 00 INTENSIVE CARE UNIT	7,223,479		7,223,479
10 01 NEONATAL INTENSIVE CARE UNIT	4,356,888		4,356,888
11 00 CORONARY CARE UNIT	7,589,192		7,589,192
15 00 TOTAL INTENSIVE CARE TYPE INPAT HOSP	19,169,559		19,169,559
16 00 TOTAL INPATIENT ROUTINE CARE SERVICE	112,707,848		112,707,848
17 00 ANCILLARY SERVICES	241,651,259	465,365,875	707,017,134
18 00 OUTPATIENT SERVICES			
24 00			
25 00 TOTAL PATIENT REVENUES	354,359,107	465,365,875	819,724,982

PART II-OPERATING EXPENSES

26 00 OPERATING EXPENSES	398,252,699		
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		398,252,699	



DESCRIPTION

1	TOTAL PATIENT REVENUES	819,724,982
2	LESS: ALLOWANCES AND DISCOUNTS ON PATIENT'S ACCTS	482,651,453
3	NET PATIENT REVENUES	337,073,529
4	LESS: TOTAL OPERATING EXPENSES	398,252,699
5	NET INCOME FROM SERVICE TO PATIENTS	-61,179,170
	OTHER INCOME	
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.	
7	INCOME FROM INVESTMENTS	37,003,477
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	1,234,913
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 OTHR THAN PATIENTS	12,053
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	3,066,223
23	GOVERNMENTAL APPROPRIATIONS	
24	OTHER (SPECIFY)	-69,898,598
24.01	TOTAL OTHER INCOME	
24.02	TOTAL OTHER INCOME	-28,581,932
26	TOTAL	-89,761,102
	OTHER EXPENSES	
27	OTHER EXPENSES (SPECIFY)	
28		
29		
30	TOTAL OTHER EXPENSES	
31	NET INCOME (OR LOSS) FOR THE PERIOD	-89,761,102



PART I - FULLY PROSPECTIVE METHOD

1	CAPITAL HOSPITAL SPECIFIC RATE PAYMENTS	
	CAPITAL FEDERAL AMOUNT	
2	CAPITAL DRG OTHER THAN OUTLIER	3,200,845
3	CAPITAL DRG OUTLIER PAYMENTS PRIOR TO 10/01/1997	
3 .01	CAPITAL DRG OUTLIER PAYMENTS AFTER 10/01/1997	126,969
	INDIRECT MEDICAL EDUCATION ADJUSTMENT	
4	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS	197.34
	IN THE COST REPORTING PERIOD	
4 .01	NUMBER OF INTERNS AND RESIDENTS	20.50
	(SEE INSTRUCTIONS)	
4 .02	INDIRECT MEDICAL EDUCATION PERCENTAGE	2.97
4 .03	INDIRECT MEDICAL EDUCATION ADJUSTMENT	95,065
	(SEE INSTRUCTIONS)	
5	PERCENTAGE OF SSI RECEIPT PATIENT DAYS TO	7.69
	MEDICARE PART A PATIENT DAYS	
5 .01	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL	22.63
	DAYS REPORTED ON S-3, PART I	
5 .02	SUM OF 5 AND 5.01	30.32
5 .03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE	6.33
5 .04	DISPROPORTIONATE SHARE ADJUSTMENT	202,613
6	TOTAL PROSPECTIVE CAPITAL PAYMENTS	3,625,492
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)	

