

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).

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	15-0090	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 20:29

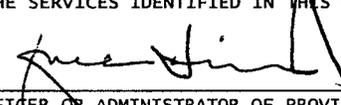
PART I - CERTIFICATION

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:  
ST. MARGARET MERCY HEALTHCARE-SOUTH 15-0090

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)

Regional CEO

TITLE

05/29/2009

DATE

ECR ENCRYPTION INFORMATION

DATE: 5/27/2009 TIME 20:29

08jy4dyQUGzj9fec5pd4b652T:91.0  
51Jwb0Qny3n11TMvgPgCqndRaCeE1E  
Vrte1z1u3H04B.G1

PI ENCRYPTION INFORMATION

DATE: 5/27/2009 TIME 20:29

f5F7OzeT0dhGceN6Z4r1112Frccjm0  
nGMUR0ZwJi6YDZ4Hnc6TpOX7HHbHRM  
7hPQ6rrrgwg0s2KXd

PART II - SETTLEMENT SUMMARY

	TITLE V	A	TITLE XVIII	B	TITLE XIX	
	1	2		3	4	
1	HOSPITAL	0	-91,619	19,367	0	
2	SUBPROVIDER	0	56,024	0	0	
100	TOTAL	0	-35,595	19,367	0	

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

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

HOSPITAL & HOSPITAL HEALTH CARE COMPLEX ADDRESS IDENTIFICATION DATA

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX ADDRESS  
 1 STREET: 24 JOLIET STREET  
 1 01 CITY: DYER P.O. BOX: STATE: IN ZIP CODE: 46311- COUNTY: LAKE

TAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION;				DATE CERTIFIED	PAYMENT SYSTEM (P,T,O OR N)		
COMPONENT	COMPONENT NAME	PROVIDER NO.	NPI NUMBER	3	V	XVIII	XIX
02.00 HOSPITAL	ST. MARGARET MERCY HEALTHCARE-SOUTH	15-0090	2.01	7/ 1/1966	4	5	6
03.00 SUBPROVIDER	ST. MARGARET MERCY HEALTHCARE REHAB	15-T090		1/ 1/2002	N	P	O
					N	P	T

17	COST REPORTING PERIOD (MM/DD/YYYY)	FROM: 1/ 1/2008	TO: 12/31/2008	1	2
18	TYPE OF CONTROL			1	
19	TYPE OF HOSPITAL/SUBPROVIDER			1	
20	HOSPITAL SUBPROVIDER			5	

OTHER INFORMATION

21	INDICATE IF YOUR HOSPITAL IS EITHER (1)URBAN OR (2)RURAL AT THE END OF THE COST REPORT PERIOD IN COLUMN 1. IF YOUR HOSPITAL IS GEOGRAPHICALLY CLASSIFIED OR LOCATED IN A RURAL AREA, IS YOUR BED SIZE IN ACCORDANCE WITH CFR 42 412.105 LESS THAN OR EQUAL TO 100 BEDS, ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO.				
21.01	DOES YOUR FACILITY QUALIFY AND IS CURRENTLY RECEIVING PAYMENT FOR DISPROPORTIONATE SHARE HOSPITAL ADJUSTMENT IN ACCORDANCE WITH 42 CFR 412.106?				N
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.				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
22.01	ARE YOU CLASSIFIED AS A REFERRAL CENTER?				N
23.01	DOES THIS FACILITY OPERATE A TRANSPLANT CENTER? IF YES, ENTER CERTIFICATION DATE(S) BELOW				/ /
23.02	IF THIS IS A MEDICARE CERTIFIED KIDNEY TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.				/ /
23.03	IF THIS IS A MEDICARE CERTIFIED HEART TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.				/ /
23.04	IF THIS IS A MEDICARE CERTIFIED LIVER TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.				/ /
23.05	IF THIS IS A MEDICARE CERTIFIED LUNG TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.				/ /
23.06	IF MEDICARE PANCREAS TRANSPLANTS ARE PERFORMED SEE INSTRUCTIONS FOR ENTERING CERTIFICATION AND TERMINATION DATE.				/ /
23.07	IF THIS IS A MEDICARE CERTIFIED INTESTINAL TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.				/ /
24	IF THIS IS A MEDICARE CERTIFIED ISLET TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.				/ /
24.01	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)				/ /
25	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).				/ /
25.01	IS THIS A TEACHING HOSPITAL OR AFFILIATED WITH A TEACHING HOSPITAL AND YOU ARE RECEIVING PAYMENTS FOR I&R?				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



TITLE XIX INPATIENT SERVICES

- 38 DO YOU HAVE TITLE XIX INPATIENT HOSPITAL SERVICES? Y
- 1 IS THIS HOSPITAL REIMBURSED FOR TITLE XIX THROUGH THE COST REPORT EITHER IN FULL OR IN PART? Y
- DOES THE TITLE XIX PROGRAM REDUCE CAPITAL FOLLOWING THE MEDICARE METHODOLOGY? N
- 36 ARE TITLE XIX NF PATIENTS OCCUPYING TITLE XVIII SNF BEDS (DUAL CERTIFICATION)? N
- 38 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? Y
- IF YES, AND THERE ARE HOME OFFICE COSTS, ENTER IN COL 2 THE HOME OFFICE PROVIDER NUMBER. 158014
- IF THIS FACILITY IS PART OF A CHAIN ORGANIZATION ENTER THE NAME AND ADDRESS OF THE HOME OFFICE Y
- 40.01 NAME: SISTERS OF ST. FRANCIS HEALTH SVC FI/CONTRACTOR NAME NATIONAL GOVERNMENT SERVICES FI/CONTRACTOR #
- 40.02 STREET: 1515 DRAGON TRAIL P.O. BOX:
- 40.03 CITY: MISHAWAKA STATE: IN ZIP CODE: 46546- Y
- 41 ARE PROVIDER BASED PHYSICIANS' COSTS INCLUDED IN WORKSHEET A? N
- 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? N
- 45 HAVE YOU CHANGED YOUR COST ALLOCATION METHODOLOGY FROM THE PREVIOUSLY FILED COST REPORT? N 00/00/0000
- 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?
- 45.02 WAS THERE A CHANGE IN THE ORDER OF ALLOCATION?
- 45.03 WAS THE CHANGE TO THE SIMPLIFIED COST FINDING METHOD?
- 46 IF YOU ARE PARTICIPATING IN THE NHCNQ 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

- 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 0
- 53.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES. BEGINNING: / / ENDING: / /

LIST AMOUNTS OF MALPRACTICE PREMIUMS AND PAID LOSSES:  
 PREMIUMS: 0  
 PAID LOSSES: 0  
 AND/OR SELF INSURANCE: 0

- 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. N
- 56.01 ENTER SUBSEQUENT AMBULANCE PAYMENT LIMIT AS REQUIRED. SUBSCRIPT IF MORE THAN 2 LIMITS APPLY. ENTER IN COLUMN 4 THE FEE SCHEDULES AMOUNTS FOR INITIAL OR SUBSEQUENT PERIOD AS APPLICABLE. 0.00 0
- 56.02 THIRD AMBULANCE LIMIT AND FEE SCHEDULE IF NECESSARY. 0.00 0
- 56.03 FOURTH AMBULANCE LIMIT AND FEE SCHEDULE IF NECESSARY.

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

60.01 IF LINE 60 COLUMN 1 IS Y, AND THE FACILITY IS AN IPF SUBPROVIDER, WERE RESIDENTS TRAINING IN THIS FACILITY IN ITS MOST RECENT COST 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)

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.

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).

/ /

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
ADULTS & PEDIATRICS	114	38,190				16,081 199	1,723
HMO							
01 HMO - (IRF PPS SUBPROVIDER)							
ADULTS & PED-SB SNF						16,081	1,723
ADULTS & PED-SB NF	114	38,190				1,637	212
TOTAL ADULTS AND PEDS	14	3,774					
INTENSIVE CARE UNIT						17,718	1,935
NURSERY	128	41,964					
TOTAL						3,412	183
RPCH VISITS	18	6,588					
SUBPROVIDER							
SKILLED NURSING FACILITY							
HOME HEALTH AGENCY							
TOTAL	146						103
OBSERVATION BED DAYS							
01 OBSERVATION BED DAYS-SUB I							
AMBULANCE TRIPS							
EMPLOYEE DISCOUNT DAYS							
01 EMP DISCOUNT DAYS -IRF							

COMPONENT	TITLE XIX OBSERVATION BEDS ADMITTED 5.01	I/P DAYS / NOT ADMITTED 5.02	O/P VISITS TOTAL ALL PATS 6	TRIPS TOTAL ADMITTED 6.01	O/P VISITS / NOT ADMITTED 6.02	INTERNS & RES. FTES TOTAL 7	RES. FTES LESS I&R REPL NON-PHYS ANES 8
ADULTS & PEDIATRICS			25,438				
HMO							
01 HMO - (IRF PPS SUBPROVIDER)							
ADULTS & PED-SB SNF			25,438				
ADULTS & PED-SB NF			3,131				
TOTAL ADULTS AND PEDS							
INTENSIVE CARE UNIT						7.70	
NURSERY			28,569				
TOTAL			3,909				
RPCH VISITS							
SUBPROVIDER							
SKILLED NURSING FACILITY							
HOME HEALTH AGENCY						7.70	
TOTAL	8	95	1,184	150	1,034		
OBSERVATION BED DAYS							
01 OBSERVATION BED DAYS-SUB I							
AMBULANCE TRIPS							
EMPLOYEE DISCOUNT DAYS							
01 EMP DISCOUNT DAYS -IRF							

COMPONENT	I & R FTES NET 9	FULL TIME EMPLOYEES ON PAYROLL 10	EQUIV NONPAID WORKERS 11	TITLE V 12	DISCHARGES TITLE XVIII 13	TITLE XIX 14	TOTAL ALL PATIENTS 15
ADULTS & PEDIATRICS							5,437
HMO							
01 HMO - (IRF PPS SUBPROVIDER)							
ADULTS & PED-SB SNF							
ADULTS & PED-SB NF							
TOTAL ADULTS AND PEDS							
INTENSIVE CARE UNIT							
NURSERY	7.70	852.58			2,879	403	5,437
TOTAL							
RPCH VISITS					269	14	333
SUBPROVIDER			19.43				
SKILLED NURSING FACILITY							
HOME HEALTH AGENCY	7.70	872.01					
TOTAL							
OBSERVATION BED DAYS							
01 OBSERVATION BED DAYS-SUB I							
AMBULANCE TRIPS							
EMPLOYEE DISCOUNT DAYS							
01 EMP DISCOUNT DAYS -IRF							

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			46,181,535	1,859,285.23	24.84	
	TOTAL SALARY	46,181,535					
	NON-PHYSICIAN ANESTHETIST PART A						
3	NON-PHYSICIAN ANESTHETIST PART B						
4	PHYSICIAN - PART A						
4.01	TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
5	PHYSICIAN - PART B						
5.01	NON-PHYSICIAN - PART B						
6	INTERNS & RESIDENTS (APPRVD)		476,051	476,051	16,077.60	29.61	
6.01	CONTRACT SERVICES, I&R						
7	HOME OFFICE PERSONNEL						
8	SNF						
8.01	EXCLUDED AREA SALARIES	13,291,496	230	13,291,726	542,981.40	24.48	
	OTHER WAGES & RELATED COSTS						
9	CONTRACT LABOR:	75,906,128		75,906,128	15,240.25	4,980.64	
9.01	PHARMACY SERVICES UNDER CONTRACT						
9.02	LABORATORY SERVICES UNDER CONTRACT						
9.03	MANAGEMENT & ADMINISTRATIVE UNDER CONTRACT			529,211	16,552.60	31.97	
10	CONTRACT LABOR: PHYS PART A	529,211					
10.01	TEACHING PHYSICIAN UNDER CONTRACT (SEE INSTRUCTIONS)			3,110,348	68,714.00	45.27	
11	HOME OFFICE SALARIES & WAGE RELATED COSTS	3,110,348					
12	HOME OFFICE: PHYS PART A						
12.01	TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
	WAGE RELATED COSTS			8,592,341			CMS 339
13	WAGE-RELATED COSTS (CORE)	8,592,341					CMS 339
14	WAGE-RELATED COSTS (OTHER)			3,510,066			CMS 339
15	EXCLUDED AREAS	3,510,066					CMS 339
	NON-PHYS ANESTHETIST PART A						CMS 339
	NON-PHYS ANESTHETIST PART B						CMS 339
	PHYSICIAN PART A						CMS 339
18.01	PART A TEACHING PHYSICIANS						CMS 339
19	PHYSICIAN PART B						CMS 339
19.01	WAGE-RELATED COSTS (RHC/FQHC)						CMS 339
20	INTERNS & RESIDENTS (APPRVD)						CMS 339
	OVERHEAD COSTS - DIRECT SALARIES						
21	EMPLOYEE BENEFITS	360,953		360,953	12,094.60	29.84	
22	ADMINISTRATIVE & GENERAL	2,059,191	-19,169	2,040,022	102,108.80	19.98	
22.01	A & G UNDER CONTRACT	324,798		324,798	1,125.00	288.71	
23	MAINTENANCE & REPAIRS	840,896		840,896	33,858.40	24.84	
24	OPERATION OF PLANT	292,915		292,915	10,836.80	27.03	
25	LAUNDRY & LINEN SERVICE						
26	HOUSEKEEPING	1,138,165		1,138,165	90,824.00	12.53	
26.01	HOUSEKEEPING UNDER CONTRACT						
27	DIETARY	674,059	-361,036	313,023	27,730.85	11.29	
27.01	DIETARY UNDER CONTRACT						
28	CAFETERIA		361,036	361,036	31,984.35	11.29	
29	MAINTENANCE OF PERSONNEL						
30	NURSING ADMINISTRATION	416,897		416,897	9,862.40	42.27	
31	CENTRAL SERVICE AND SUPPLY	374,732		374,732	23,088.40	16.23	
32	PHARMACY	1,248,046		1,248,046	38,016.00	32.83	
33	MEDICAL RECORDS & MEDICAL RECORDS LIBRARY	1,409,779		1,409,779	106,507.20	13.24	
34	SOCIAL SERVICE						
35	OTHER GENERAL SERVICE						
PART III - HOSPITAL WAGE INDEX SUMMARY							
1	NET SALARIES	46,506,333	-476,051	46,030,282	1,844,332.63	24.96	
2	EXCLUDED AREA SALARIES	13,291,496	230	13,291,726	542,981.40	24.48	
3	SUBTOTAL SALARIES	33,214,837	-476,281	32,738,556	1,301,351.23	25.16	
4	SUBTOTAL OTHER WAGES & RELATED COSTS	79,545,687		79,545,687	100,506.85	791.45	
5	SUBTOTAL WAGE-RELATED COSTS	8,592,341		8,592,341		26.25	
6	TOTAL	121,352,865	-476,281	120,876,584	1,401,858.08	86.23	
7	NET SALARIES						
8	EXCLUDED AREA SALARIES						
9	SUBTOTAL SALARIES						
10	SUBTOTAL OTHER WAGES & RELATED COSTS						
11	SUBTOTAL WAGE-RELATED COSTS						
12	TOTAL	9,140,431	-19,169	9,121,262	488,036.80	18.69	
13	TOTAL OVERHEAD COSTS						

## 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	18,139,134
17.01	GROSS MEDICAID REVENUES	28,320
18	REVENUES FROM STATE AND LOCAL INDIGENT CARE PROGRAMS	
19	REVENUE RELATED TO SCHIP (SEE INSTRUCTIONS)	15,000
20	RESTRICTED GRANTS	
21	NON-RESTRICTED GRANTS	18,182,454
22	TOTAL GROSS UNCOMPENSATED CARE REVENUES	
UNCOMPENSATED CARE COST		
23	TOTAL CHARGES FOR PATIENTS COVERED BY STATE AND LOCAL INDIGENT CARE PROGRAMS	149,053
24	COST TO CHARGE RATIO (WKST C, PART I, COLUMN 3, LINE 103, DIVIDED BY COLUMN 8, LINE 103)	.337494
	TOTAL STATE AND LOCAL INDIGENT CARE PROGRAM COST (LINE 23 * LINE 24)	50,304
26	TOTAL SCHIP CHARGES FROM YOUR RECORDS	
27	TOTAL SCHIP COST, (LINE 24 * LINE 26)	24,232,832
28	TOTAL GROSS MEDICAID CHARGES FROM YOUR RECORDS	

DESCRIPTION

	TOTAL GROSS MEDICAID COST (LINE 24 * LINE 28)	8,178,435
30	OTHER UNCOMPENSATED CARE CHARGES FROM YOUR RECORDS	17,204,537
31	UNCOMPENSATED CARE COST (LINE 24 * LINE 30)	5,806,428
32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL (SUM OF LINES 25, 27, AND 29)	8,228,739

RECLASSIFICATION AND 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					789,642
0100	OLD CAP REL COSTS-BLDG & FIXT		6,905,846	6,905,846	-6,116,204	
0200	OLD CAP REL COSTS-MVBLE EQUIP				5,104,550	5,104,550
0300	NEW CAP REL COSTS-BLDG & FIXT				1,722,501	1,722,501
0400	NEW CAP REL COSTS-MVBLE EQUIP					12,507,199
0500	EMPLOYEE BENEFITS	360,953	12,146,246	12,507,199		108,161
6.01 0610	COMMUNICATIONS	105,498	2,663	108,161		613,688
6.02 0611	ADMITTING	588,180	25,508	613,688		827,064
6.03 0601	PATIENT ACCOUNTING		827,064	827,064		-2,485,417
6.04 0660	OTHER ADMINISTRATIVE AND GENERAL	1,365,513	-4,391,355	-3,025,842	540,425	2,608,870
7 0700	MAINTENANCE & REPAIRS	840,896	1,767,974	2,608,870		3,238,567
8 0800	OPERATION OF PLANT	292,915	2,945,652	3,238,567		
9 0900	LAUNDRY & LINEN SERVICE			1,346,256		1,346,256
10 1000	HOUSEKEEPING	1,138,165	208,091	1,346,256	-820,081	732,148
11 1100	DIETARY	674,059	878,170	1,552,229	820,081	820,081
12 1200	CAFETERIA				-1	413,084
14 1400	NURSING ADMINISTRATION	416,897	-3,812	413,085		11,313,580
15 1500	CENTRAL SERVICES & SUPPLY	374,732	3,283,236	3,657,968	7,655,612	3,085,564
16 1600	PHARMACY	1,248,046	5,174,606	6,422,652	-3,337,088	1,571,230
17 1700	MEDICAL RECORDS & LIBRARY	1,409,779	161,451	1,571,230		
18 1800	SOCIAL SERVICE				496,317	496,317
23 2300	I&R SERVICES-OTHER PRGM COSTS APPRVD					
	INPAT ROUTINE SRVC CNTRS					8,269,647
25 2500	ADULTS & PEDIATRICS	7,148,380	1,141,648	8,290,028	-20,381	2,057,377
26 2600	INTENSIVE CARE UNIT	1,761,227	340,950	2,102,177	-44,800	4,499,542
31 3100	SUBPROVIDER	1,081,159	3,433,369	4,514,528	-14,986	
33 3300	NURSERY					
34 3400	SKILLED NURSING FACILITY		17	17	-17	
	ANCILLARY SRVC COST CNTRS					2,434,588
37 3700	OPERATING ROOM	1,533,346	6,015,983	7,549,329	-5,114,741	255,592
37.01 3701	OUTPATIENT SURGERY	34,254	432,954	467,208	-211,616	948,929
38 3800	RECOVERY ROOM	919,429	31,547	950,976	-2,047	78,327
40 4000	ANESTHESIOLOGY	24,783	163,283	188,066	-109,739	3,861,322
41 4100	RADIOLOGY-DIAGNOSTIC	1,681,061	2,172,154	3,853,215	8,107	82,223
41.01 4101	RADIOLOGY-SPECIAL PROCEDURES	14,993	92,142	107,135	-24,912	730,866
42 4200	RADIOLOGY-THERAPEUTIC	357,774	374,859	732,633	-1,767	343,565
43 4300	RADIOISOTOPE	248,364	292,839	541,203	-197,638	4,288,492
44 4400	LABORATORY		4,288,492	4,288,492		555,929
47 4700	BLOOD STORING, PROCESSING & TRANS.		555,929	555,929		1,216,530
4900	RESPIRATORY THERAPY	851,179	415,531	1,266,710	-50,180	3,936,523
5000	PHYSICAL THERAPY	2,191,147	1,767,187	3,958,334	-21,811	1,696,938
5100	OCCUPATIONAL THERAPY	97,104	1,600,659	1,697,763	-825	236,013
5200	SPEECH PATHOLOGY	38,737	231,213	269,950	-33,937	672,269
5300	ELECTROCARDIOLOGY	566,209	105,321	671,530	739	272,011
5400	ELECTROENCEPHALOGRAPHY	232,103	42,878	274,981	-2,970	
55 5500	MEDICAL SUPPLIES CHARGED TO PATIENTS				3,336,010	3,336,010
56 5600	DRUGS CHARGED TO PATIENTS				-5,229	428,294
59 3020	ULTRASOUND	264,286	169,237	433,523	-41,590	278,531
59.01 3021	PAIN CLINIC	256,509	63,612	320,121	-1,586,507	906,303
59.02 3022	CATH LAB	645,981	1,846,829	2,492,810	-33	1,724,388
59.03 3023	ACTIVITY THERAPY	1,699,169	25,252	1,724,421	-42,456	222,449
59.04 3024	WOUND CARE CENTER	207,640	57,265	264,905	-798	199,912
59.05 3025	BIARIATRIC CLINIC	190,006	10,704	200,710		
61 6100	EMERGENCY					3,478,097
62 6200	OBSERVATION BEDS (NON-DISTINCT PART)	3,110,725	502,003	3,612,728	-134,631	
71 7100	HOME HEALTH AGENCY					1,408,956
	SPEC PURPOSE COST CENTERS		3,156,545	3,156,545	-1,747,589	
88 8800	INTEREST EXPENSE					
90 9000	OTHER CAPITAL RELATED COSTS					
94 6950	HHA SPACE	33,971,198	59,261,742	93,232,940	-232	93,232,708
95	SUBTOTALS					115,066
	NONREIMBURS COST CENTERS					13,032,222
96 9600	GIFT, FLOWER, COFFEE SHOP & CANTEEN	22,281	92,785	115,066		415,694
98 9800	PHYSICIANS' PRIVATE OFFICES	9,690,996	3,340,994	13,031,990	232	2,594,339
98.01 9801	WORKING WELL	292,032	123,662	415,694		
100 7950	RESIDENTIAL	2,205,028	389,311	2,594,339		
100.01 7951	OMNI					
100.02 7952	PSYCHIATRIC				-0-	109,390,029
101	TOTAL	46,181,535	63,208,494	109,390,029		

COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS 6	NET EXPENSES FOR ALLOC 7
	GENERAL SERVICE COST CNTR	-4,409	785,233
0100	OLD CAP REL COSTS-BLDG & FIXT		
0200	OLD CAP REL COSTS-MVBLE EQUIP	-1,065,981	4,038,569
0300	NEW CAP REL COSTS-BLDG & FIXT		1,722,501
0400	NEW CAP REL COSTS-MVBLE EQUIP	375,227	12,882,426
5	0500 EMPLOYEE BENEFITS		108,161
6.01	0610 COMMUNICATIONS		613,688
6.02	0611 ADMITTING	831,432	1,658,496
6.03	0601 PATIENT ACCOUNTING	9,044,764	6,559,347
6.04	0660 OTHER ADMINISTRATIVE AND GENERAL		2,608,870
7	0700 MAINTENANCE & REPAIRS		3,238,567
8	0800 OPERATION OF PLANT	1,040,113	1,040,113
9	0900 LAUNDRY & LINEN SERVICE		1,346,256
10	1000 HOUSEKEEPING	-247,846	484,302
11	1100 DIETARY	-429,881	390,200
12	1200 CAFETERIA		413,084
14	1400 NURSING ADMINISTRATION	-465,075	10,848,505
15	1500 CENTRAL SERVICES & SUPPLY	-1,277,269	1,808,295
16	1600 PHARMACY	-116	1,571,114
17	1700 MEDICAL RECORDS & LIBRARY		
18	1800 SOCIAL SERVICE		496,317
23	2300 I&R SERVICES-OTHER PRGM COSTS APPRVD		
	INPAT ROUTINE SRVC CNTRS	-91,305	8,178,342
25	2500 ADULTS & PEDIATRICS		2,057,377
26	2600 INTENSIVE CARE UNIT	6,769,860	11,269,402
31	3100 SUBPROVIDER		
33	3300 NURSERY		
34	3400 SKILLED NURSING FACILITY		
	ANCILLARY SRVC COST CNTRS	-8,255	2,426,333
37	3700 OPERATING ROOM	-64,662	190,930
37.01	3701 OUTPATIENT SURGERY		948,929
38	3800 RECOVERY ROOM	94	78,421
40	4000 ANESTHESIOLOGY	-134,903	3,726,419
41	4100 RADIOLOGY-DIAGNOSTIC	-53,372	28,851
41.01	4101 RADIOLOGY-SPECIAL PROCEDURES	-11,139	719,727
42	4200 RADIOLOGY-THERAPEUTIC	-2,697	340,868
43	4300 RADIOISOTOPE	-347,230	3,941,262
44	4400 LABORATORY	-19,956	535,973
47	4700 BLOOD STORING, PROCESSING & TRANS.	-153,740	1,062,790
	4900 RESPIRATORY THERAPY	-810,039	3,126,484
	5000 PHYSICAL THERAPY	-1,103,242	593,696
	5100 OCCUPATIONAL THERAPY	-58,671	177,342
	5200 SPEECH PATHOLOGY	-36,575	635,694
	5300 ELECTROCARDIOLOGY	-3,933	268,078
	5400 ELECTROENCEPHALOGRAPHY		
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS		3,336,010
56	5600 DRUGS CHARGED TO PATIENTS	-44,903	383,391
59	3020 ULTRASOUND	-690	277,841
59.01	3021 PAIN CLINIC		906,303
59.02	3022 CATH LAB		1,724,388
59.03	3023 ACTIVITY THERAPY		222,449
59.04	3024 WOUND CARE CENTER		199,912
59.05	3025 BARIATRIC CLINIC		
	OUTPAT SERVICE COST CNTRS	-833,051	2,645,046
61	6100 EMERGENCY		
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)		
	OTHER REIMBURS COST CNTRS		
71	7100 HOME HEALTH AGENCY		
	SPEC PURPOSE COST CENTERS	-1,408,956	-0-
88	8800 INTEREST EXPENSE		-0-
90	9000 OTHER CAPITAL RELATED COSTS		
94	6950 HHA SPACE	9,383,594	102,616,302
95	SUBTOTALS		
	NONREIMBURS COST CENTERS		115,066
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN		13,032,222
98	9800 PHYSICIANS' PRIVATE OFFICES		415,694
98.01	9801 WORKING WELL		2,594,339
100	7950 RESIDENTIAL		
100.01	7951 OMNI		
100.02	7952 PSYCHIATRIC	9,383,594	118,773,623
101	TOTAL		

LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
	GENERAL SERVICE COST	0100	
	OLD CAP REL COSTS-BLDG & FIXT	0200	
	OLD CAP REL COSTS-MVBLE EQUIP	0300	
	NEW CAP REL COSTS-BLDG & FIXT	0400	
	NEW CAP REL COSTS-MVBLE EQUIP	0500	
	EMPLOYEE BENEFITS	0610	
6.01	COMMUNICATIONS	0611	NONPATIENT TELEPHONES
6.02	ADMITTING	0601	NONPATIENT TELEPHONES
6.03	PATIENT ACCOUNTING	0660	NONPATIENT TELEPHONES
6.04	OTHER ADMINISTRATIVE AND GENERAL	0700	OTHER ADMINISTRATIVE AND GENERAL
7	MAINTENANCE & REPAIRS	0800	
8	OPERATION OF PLANT	0900	
9	LAUNDRY & LINEN SERVICE	1000	
10	HOUSEKEEPING	1100	
11	DIETARY	1200	
12	CAFETERIA	1400	
14	NURSING ADMINISTRATION	1500	
15	CENTRAL SERVICES & SUPPLY	1600	
16	PHARMACY	1700	
17	MEDICAL RECORDS & LIBRARY	1800	
18	SOCIAL SERVICE	2300	
23	I&R SERVICES-OTHER PRGM COSTS APPRVD		
	INPAT ROUTINE SRVC C	2500	
25	ADULTS & PEDIATRICS	2600	
26	INTENSIVE CARE UNIT	3100	
31	SUBPROVIDER	3300	
33	NURSERY	3400	
34	SKILLED NURSING FACILITY		
	ANCILLARY SRVC COST	3700	
37	OPERATING ROOM	3701	OPERATING ROOM
37.01	OUTPATIENT SURGERY	3800	
38	RECOVERY ROOM	4000	
40	ANESTHESIOLOGY	4100	
41	RADIOLOGY-DIAGNOSTIC	4101	RADIOLOGY-DIAGNOSTIC
41.01	RADIOLOGY-SPECIAL PROCEDURES	4200	
42	RADIOLOGY-THERAPEUTIC	4300	
43	RADIOISOTOPE	4400	
44	LABORATORY	4700	
47	BLOOD STORING, PROCESSING & TRANS.	4900	
49	RESPIRATORY THERAPY	5000	
	PHYSICAL THERAPY	5100	
	OCCUPATIONAL THERAPY	5200	
	SPEECH PATHOLOGY	5300	
	ELECTROCARDIOLOGY	5400	
	ELECTROENCEPHALOGRAPHY	5500	
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	5600	
56	DRUGS CHARGED TO PATIENTS	3020	ACUPUNCTURE
59	ULTRASOUND	3021	ACUPUNCTURE
59.01	PAIN CLINIC	3022	ACUPUNCTURE
59.02	CATH LAB	3023	ACUPUNCTURE
59.03	ACTIVITY THERAPY	3024	ACUPUNCTURE
59.04	WOUND CARE CENTER	3025	ACUPUNCTURE
59.05	BARIATRIC CLINIC		
	OUTPAT SERVICE COST	6100	
61	EMERGENCY	6200	
62	OBSERVATION BEDS (NON-DISTINCT PART)		
	OTHER REIMBURS COST	7100	
71	HOME HEALTH AGENCY		
	SPEC PURPOSE COST CE	8800	
88	INTEREST EXPENSE	9000	
90	OTHER CAPITAL RELATED COSTS	6950	OTHER SPECIAL PURPOSE (SPECIFY)
94	HHA SPACE	0000	
95	SUBTOTALS		
	NONREIMBURS COST CEN	9600	
96	GIFT, FLOWER, COFFEE SHOP & CANTEEN	9800	
98	PHYSICIANS' PRIVATE OFFICES	9801	PHYSICIANS' PRIVATE OFFICES
98.01	WORKING WELL	7950	OTHER NONREIMBURSABLE COST CENTERS
100	RESIDENTIAL	7951	OTHER NONREIMBURSABLE COST CENTERS
100.01	OMNI	7952	OTHER NONREIMBURSABLE COST CENTERS
100.02	PSYCHIATRIC	0000	
101	TOTAL		



EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER 6	DECREASE		SALARY 8	OTHER 9	A-7 REF 10
			LINE NO 7				
1 CAPITAL	A	OLD CAP REL COSTS-BLDG & FIXT	1			6,827,051	9
2 INTEREST EXPENSE	B	INTEREST EXPENSE	88			566,722	9
4 DIETARY	C	DIETARY	11		361,036	459,045	.11
5 INSURANCE EXPENSE	D	INTEREST EXPENSE	88			1,180,867	12
6 PATIENT TRANSPORT	E	EMERGENCY	61		77,506	705	
14 CHARGEABLE SUPPLIES	F	NURSING ADMINISTRATION	14			170,372	1
		CENTRAL SERVICES & SUPPLY	15			1,078	
		PHARMACY	16			28,394	
		ADULTS & PEDIATRICS	25			44,800	
		INTENSIVE CARE UNIT	26			14,986	
		SUBPROVIDER	31			17	
		SKILLED NURSING FACILITY	34			5,114,741	
		OPERATING ROOM	37			211,616	
		OUTPATIENT SURGERY	37.01			2,047	
		RECOVERY ROOM	38			109,739	
		ANESTHESIOLOGY	40			36,602	
		RADIOLOGY-DIAGNOSTIC	41			24,912	
		RADIOLOGY-SPECIAL PROCEDURES	41.01			1,767	
		RADIOLOGY-THERAPEUTIC	42			211,226	
		RADIOISOTOPE	43			50,180	
		RESPIRATORY THERAPY	49			21,811	
		PHYSICAL THERAPY	50			825	
		OCCUPATIONAL THERAPY	51			33,937	
		SPEECH PATHOLOGY	52			2,395	
		ELECTROCARDIOLOGY	53			2,970	
		ELECTROENCEPHALOGRAPHY	54			10,804	
		ULTRASOUND	59			41,590	
7 CHARGEABLE SUPPLIES	F	PAIN CLINIC	59.01			1,589,467	
		CATH LAB	59.02			33	
		ACTIVITY THERAPY	59.03			42,456	
		WOUND CARE CENTER	59.04			798	
		BARIATRIC CLINIC	59.05			56,420	
		EMERGENCY	61			3,336,010	
7 DRUGS CHARGED TO PATIENTS	G	PHARMACY	16		19,169	477,148	
8 INTERNS AND RESIDENTS	H	OTHER ADMINISTRATIVE AND GENERAL	6.04		457,711	20,673,532	
36 TOTAL RECLASSIFICATIONS							

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

RECLASS CODE: A  
EXPLANATION : CAPITAL

INCREASE			
LINE	COST CENTER	LINE	AMOUNT
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	5,104,550
2.00	NEW CAP REL COSTS-MVBLE EQUIP	4	1,722,501
TOTAL RECLASSIFICATIONS FOR CODE A			6,827,051

DECREASE		
COST CENTER	LINE	AMOUNT
OLD CAP REL COSTS-BLDG & FIXT	1	6,827,051
		0
		6,827,051

RECLASS CODE: B  
EXPLANATION : INTEREST EXPENSE

INCREASE			
LINE	COST CENTER	LINE	AMOUNT
1.00	OLD CAP REL COSTS-BLDG & FIXT	1	566,722
TOTAL RECLASSIFICATIONS FOR CODE B			566,722

DECREASE		
COST CENTER	LINE	AMOUNT
INTEREST EXPENSE	88	566,722
		566,722

RECLASS CODE: C  
EXPLANATION : DIETARY

INCREASE			
LINE	COST CENTER	LINE	AMOUNT
1.00	CAFETERIA	12	820,081
TOTAL RECLASSIFICATIONS FOR CODE C			820,081

DECREASE		
COST CENTER	LINE	AMOUNT
DIETARY	11	820,081
		820,081

RECLASS CODE: D  
EXPLANATION : INSURANCE EXPENSE

INCREASE			
LINE	COST CENTER	LINE	AMOUNT
1.00	OLD CAP REL COSTS-BLDG & FIXT	1	144,125
2.00	OTHER ADMINISTRATIVE AND GENER	6.04	1,036,742
TOTAL RECLASSIFICATIONS FOR CODE D			1,180,867

DECREASE		
COST CENTER	LINE	AMOUNT
INTEREST EXPENSE	88	1,180,867
		0
		1,180,867

RECLASS CODE: E  
EXPLANATION : PATIENT TRANSPORT

INCREASE			
LINE	COST CENTER	LINE	AMOUNT
1.00	ADULTS & PEDIATRICS	25	8,013
2.00	RADIOLOGY-DIAGNOSTIC	41	44,709
3.00	RADIOISOTOPE	43	13,588
4.00	ELECTROCARDIOLOGY	53	3,134
5.00	ULTRASOUND	59	5,575
6.00	CATH LAB	59.02	2,960
7.00	PHYSICIANS' PRIVATE OFFICES	98	232
TOTAL RECLASSIFICATIONS FOR CODE E			78,211

DECREASE		
COST CENTER	LINE	AMOUNT
EMERGENCY	61	78,211
		0
		0
		0
		0
		0
		0
		0
		78,211

RECLASS CODE: F  
EXPLANATION : CHARGEABLE SUPPLIES

INCREASE			
LINE	COST CENTER	LINE	AMOUNT
1.00	CENTRAL SERVICES & SUPPLY	15	7,825,984
2.00			0
3.00			0
4.00			0
5.00			0
6.00			0
7.00			0
8.00			0
9.00			0
10.00			0
11.00			0
12.00			0
13.00			0
14.00			0
15.00			0
16.00			0
17.00			0
18.00			0
19.00			0
20.00			0
21.00			0
22.00			0

DECREASE		
COST CENTER	LINE	AMOUNT
NURSING ADMINISTRATION	14	1
CENTRAL SERVICES & SUPPLY	15	170,372
PHARMACY	16	1,078
ADULTS & PEDIATRICS	25	28,394
INTENSIVE CARE UNIT	26	44,800
SUBPROVIDER	31	14,986
SKILLED NURSING FACILITY	34	17
OPERATING ROOM	37	5,114,741
OUTPATIENT SURGERY	37.01	211,616
RECOVERY ROOM	38	2,047
ANESTHESIOLOGY	40	109,739
RADIOLOGY-DIAGNOSTIC	41	36,602
RADIOLOGY-SPECIAL PROCEDURES	41.01	24,912
RADIOLOGY-THERAPEUTIC	42	1,767
RADIOISOTOPE	43	211,226
RESPIRATORY THERAPY	49	50,180
PHYSICAL THERAPY	50	21,811
OCCUPATIONAL THERAPY	51	825
SPEECH PATHOLOGY	52	33,937
ELECTROCARDIOLOGY	53	2,395
ELECTROENCEPHALOGRAPHY	54	2,970
ULTRASOUND	59	10,804

RECLASS CODE: F  
 EXPLANATION : CHARGEABLE SUPPLIES

		INCREASE	
LINE	COST CENTER	LINE	AMOUNT
23.00			0
24.00			0
25.00			0
26.00			0
27.00			0
28.00			0
TOTAL RECLASSIFICATIONS FOR CODE F			7,825,984

		DECREASE	
COST CENTER	LINE	LINE	AMOUNT
PAIN CLINIC	59.01		41,590
CATH LAB	59.02		1,589,467
ACTIVITY THERAPY	59.03		33
WOUND CARE CENTER	59.04		42,456
BARIATRIC CLINIC	59.05		798
EMERGENCY	61		56,420
			7,825,984

RECLASS CODE: G  
 EXPLANATION : DRUGS CHARGED TO PATIENTS

		INCREASE	
LINE	COST CENTER	LINE	AMOUNT
1.00	DRUGS CHARGED TO PATIENTS	56	3,336,010
TOTAL RECLASSIFICATIONS FOR CODE G			3,336,010

		DECREASE	
COST CENTER	LINE	LINE	AMOUNT
PHARMACY	16		3,336,010

RECLASS CODE: H  
 EXPLANATION : INTERNS AND RESIDENTS

		INCREASE	
LINE	COST CENTER	LINE	AMOUNT
1.00	I&R SERVICES-OTHER PRGM COSTS	23	496,317
TOTAL RECLASSIFICATIONS FOR CODE H			496,317

		DECREASE	
COST CENTER	LINE	LINE	AMOUNT
OTHER ADMINISTRATIVE AND GENER	6.04		496,317

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING BALANCES 1	ACQUISITIONS		TOTAL 4	DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7
		PURCHASES 2	DONATION 3				
1 LAND	282,475					282,475	
2 LAND IMPROVEMENTS	2,453,942					2,453,942	
3 BUILDINGS & FIXTURE	41,747,965					41,747,965	
4 BUILDING IMPROVEMEN					109,092	2,359,825	
5 FIXED EQUIPMENT	2,468,917				114,539	152,878	
6 MOVABLE EQUIPMENT	267,417				223,631	46,997,085	
7 SUBTOTAL	47,220,716						
8 RECONCILING ITEMS					223,631	46,997,085	
9 TOTAL	47,220,716						

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING BALANCES 1	ACQUISITIONS		TOTAL 4	DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7
		PURCHASES 2	DONATION 3				
1 LAND	299,497			206,149		299,497	
2 LAND IMPROVEMENTS	4,416,052	206,149				4,622,201	
3 BUILDINGS & FIXTURE	28,868,222					28,868,222	
4 BUILDING IMPROVEMEN	1,240,631	274,624		274,624		1,515,255	
5 FIXED EQUIPMENT	67,880,831	5,553,505		5,553,505		73,434,336	
6 MOVABLE EQUIPMENT	35,715,177	1,916,888		1,916,888		37,632,065	
7 SUBTOTAL	138,420,410	7,951,166		7,951,166		146,371,576	
8 RECONCILING ITEMS							
9 TOTAL	138,420,410	7,951,166		7,951,166		146,371,576	

PART III - RECONCILIATION OF CAPITAL COST CENTERS

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

DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL						TOTAL (1) 15
	DEPRECIATION 9	LEASE 10	INTEREST 11	INSURANCE 12	TAXES 13	OTHER CAPITAL RELATED COST 14	
* 1 OLD CAP REL COSTS-BL	74,386		566,722	144,125			785,233
2 OLD CAP REL COSTS-MV							4,038,569
3 NEW CAP REL COSTS-BL	4,038,569						1,722,501
4 NEW CAP REL COSTS-MV	1,722,501		566,722	144,125			6,546,303
5 TOTAL	5,835,456						

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

DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL						TOTAL (1) 15
	DEPRECIATION 9	LEASE 10	INTEREST 11	INSURANCE 12	TAXES 13	OTHER CAPITAL RELATED COST 14	
* 1 OLD CAP REL COSTS-BL	6,905,846						6,905,846
2 OLD CAP REL COSTS-MV							
3 NEW CAP REL COSTS-BL							
4 NEW CAP REL COSTS-MV							6,905,846
5 TOTAL	6,905,846						

\* All lines numbers except line 5 are to be consistent with workshcet 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).

DESCRIPTION (1)

(2)  
BASIS/CODE  
1

AMOUNT  
2

EXPENSE CLASSIFICATION ON  
WORKSHEET A TO/FROM WHICH THE  
AMOUNT IS TO BE ADJUSTED  
COST CENTER  
3

LINE NO  
4

WKST.  
A-7  
REF.  
5

LINE NO	DESCRIPTION	BASIS/CODE	AMOUNT	EXPENSE CLASSIFICATION	LINE NO	WKST. REF.
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	B	-7,225	INTEREST EXPENSE	88	
6	TRADE, QUANTITY AND TIME DISCOUNTS					
7	REFUNDS AND REBATES OF EXPENSES	B	-241,286	CENTRAL SERVICES & SUPPLY	15	
8	RENTAL OF PROVIDER SPACE BY SUPPLIERS					
9	TELEPHONE SERVICES					
10	TELEVISION AND RADIO SERVICE					
11	PARKING LOT					
12	PROVIDER BASED PHYSICIAN ADJUSTMENT	A-8-2	-906,415			
13	SALE OF SCRAP, WASTE, ETC.	B	-1,501	RADIOLOGY-DIAGNOSTIC	41	
14	RELATED ORGANIZATION TRANSACTIONS	A-8-1	9,199,948			
15	LAUNDRY AND LINEN SERVICE	B	-429,881	CAFETERIA	12	
16	CAFETERIA--EMPLOYEES AND GUESTS					
17	RENTAL OF QTRS TO EMPLOYEE AND OTHERS					
18	SALE OF MED AND SURG SUPPLIES					
19	SALE OF DRUGS TO OTHER THAN PATIENTS	B	-116	MEDICAL RECORDS & LIBRARY	17	
20	SALE OF MEDICAL RECORDS & ABSTRACTS					
21	NURSG SCHOOL(TUITN,FEES,BOOKS, ETC.)	B	-7,670	DIETARY	11	
22	VENDING MACHINES					
23	INCOME FROM IMPOSITION OF INTEREST					
24	INTRST EXP ON MEDICARE OVERPAYMENTS			RESPIRATORY THERAPY	49	
25	ADJUSTMENT FOR RESPIRATORY THERAPY	A-8-3/A-8-4		PHYSICAL THERAPY	50	
26	ADJUSTMENT FOR PHYSICAL THERAPY	A-8-3/A-8-4				
27	ADJUSTMENT FOR HHA PHYSICAL THERAPY	A-8-3		**COST CENTER DELETED**	89	
28	UTILIZATION REVIEW-PHYSIAN COMP			OLD CAP REL COSTS-BLDG &	1	
29	DEPRECIATION-OLD BLDGS AND FIXTURES			OLD CAP REL COSTS-MVBLE E	2	
30	DEPRECIATION-OLD MOVABLE EQUIP			NEW CAP REL COSTS-BLDG &	3	
31	DEPRECIATION-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-MVBLE E	4	
32	DEPRECIATION-NEW MOVABLE EQUIP			**COST CENTER DELETED**	20	
33	NON-PHYSICIAN ANESTHETIST					
34	PHYSICIANS' ASSISTANT			OCCUPATIONAL THERAPY	51	
35	ADJUSTMENT FOR OCCUPATIONAL THERAPY	A-8-4		SPEECH PATHOLOGY	52	
36	ADJUSTMENT FOR SPEECH PATHOLOGY	A-8-4		OTHER ADMINISTRATIVE AND	6.04	
37	RENTAL INCOME	B	-7,681	OLD CAP REL COSTS-BLDG &	1	9
38	MISC INCOME	B	-1,004	DIETARY	11	
39	DIETETIC INSTRUCTION	B	-1,791	DIETARY	11	
40	SPECIAL FUNCTIONS	B	-113,351	DIETARY	11	
41	FOOD SUPPLEMENTS	B	-103,909	DIETARY	11	
42	ADVERTISING EXPENSE	A	-718,414	OTHER ADMINISTRATIVE AND	6.04	
43	ADVERTISING EXPENSE	A	-153	PHYSICAL THERAPY	50	
44	SHARED SERVICES - HR	A	375,227	EMPLOYEE BENEFITS	5	
45	SHARED SERVICES - LAUNDRY	A	1,040,113	LAUNDRY & LINEN SERVICE	9	
46	SHARED SERVICES - RECEIVING & STORES	A	243,304	OTHER ADMINISTRATIVE AND	6.04	
47	SHARED SERVICES - A&G	A	2,811,737	OTHER ADMINISTRATIVE AND	6.04	
48	SHARED SERVICES - PUBLIC RELATIONS	A	-740,167	OTHER ADMINISTRATIVE AND	6.04	
49	UNNECESSARY BORROWING	A	-1,005,434	INTEREST EXPENSE	88	
49.01	LOBBYING FEES	A	-737	OTHER ADMINISTRATIVE AND	6.04	
50	TOTAL (SUM OF LINES 1 THRU 49)		9,383,594			

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

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

LINE NO.	COST CENTER	EXPENSE ITEMS	AMOUNT OF ALLOWABLE COST	AMOUNT	NET* ADJUSTMENTS	WKSHT A-7 COL. REF.
1	2	3	4	5	6	
				3,405	-3,405	9
1	1	OLD CAP REL COSTS-BLDG & NEW CAPITAL RELATED COST		1,065,981	-1,065,981	9
2	3	NEW CAP REL COSTS-BLDG & NEW CAPITAL RELATED COST	831,432		831,432	
3	6	3 PATIENT ACCOUNTING	2,914,534	4,608,302	-1,693,768	
4	6	4 OTHER ADMINISTRATIVE AND PURCHASING	156,155	336,937	-180,782	
4.01	16	PHARMACY	1,975,715	2,372,012	-396,297	
4.02	88	INTEREST EXPENSE		-9,150,490	9,150,490	
4.03	6	4 OTHER ADMINISTRATIVE AND INTEREST		21,125	-21,125	
4.04	11	DIETARY	86,966	310,755	-223,789	
4.05	15	CENTRAL SERVICES & SUPPLY	366,696	1,463,183	-1,096,487	
4.06	16	PHARMACY		583	-583	
4.07	25	ADULTS & PEDIATRICS		90,722	-90,722	
4.08	25	ADULTS & PEDIATRICS		2,886,673	-2,886,673	
4.09	31	SUBPROVIDER	2,635	5,285	-2,650	
4.10	37	OPERATING ROOM	5,576	11,181	-5,605	
4.11	37	OPERATING ROOM	2,819	8,360	-5,541	
4.12	37	1 OUTPATIENT SURGERY	366	272	94	
4.13	40	ANESTHESIOLOGY	19,192	73,414	-54,222	
4.14	41	RADIOLOGY-DIAGNOSTIC	18,151	69,431	-51,280	
4.15	41	RADIOLOGY-DIAGNOSTIC	9,876	37,776	-27,900	
4.16	41	RADIOLOGY-DIAGNOSTIC	10,502	63,874	-53,372	
4.17	41	1 RADIOLOGY-SPECIAL PROCEDU	3,943	15,082	-11,139	
4.18	42	RADIOLOGY-THERAPEUTIC	954	3,651	-2,697	
4.19	43	RADIOISOTOPE	48,963	249,857	-200,894	
4.20	44	LABORATORY	9,785	49,932	-40,147	
4.21	44	LABORATORY	376	1,919	-1,543	
4.22	44	LABORATORY	24,815	126,628	-101,813	
4.23	44	LABORATORY	690	3,523	-2,833	
4.24	44	LABORATORY	11,241	31,197	-19,956	
4.25	47	BLOOD STORING, PROCESSING	53,578	200,410	-146,832	
4.26	49	RESPIRATORY THERAPY	729,339	1,535,002	-805,663	
4.27	50	PHYSICAL THERAPY	478,780	1,582,022	-1,103,242	
4.28	51	OCCUPATIONAL THERAPY	131,391	190,062	-58,671	
4.29	52	SPEECH PATHOLOGY	1,736	13,512	-11,776	
4.30	53	ELECTROCARDIOLOGY	3,655	28,454	-24,799	
4.31	53	ELECTROCARDIOLOGY	397	1,218	-821	
4.32	54	ELECTROENCEPHALOGRAPHY	4,270	11,127	-6,857	
4.33	59	ULTRASOUND	23,696	61,742	-38,046	
4.34	59	ULTRASOUND	1,828	2,518	-690	
4.35	59	1 PAIN CLINIC	9,656,533		9,656,533	
4.36	31	SUBPROVIDER				
4.37						
4.38						
4.39						
4.40						
4.41						
4.42						
4.43						
4.44						
5		TOTALS	17,586,585	8,386,637	9,199,948	

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

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

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

SYMBOL (1)	NAME	PERCENTAGE OF OWNERSHIP	RELATED ORGANIZATION(S) AND/OR HOME OFFICE		TYPE OF BUSINESS
			NAME	PERCENTAGE OF OWNERSHIP	
1	2	3	4	5	6
B	ST MARGARET MERCY	100.00	SISTERS OF ST. FRANCIS	0.00	HOME OFFICE
2		0.00		0.00	
3		0.00		0.00	
4		0.00		0.00	
5		0.00		0.00	

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.



WKSHT A LINE NO.	COST CENTER/ PHYSICIAN IDENTIFIER	TOTAL REMUN- ERATION	PROFES- SIONAL COMPONENT	PROVIDER COMPONENT	RCE AMOUNT	PHYSICIAN/ PROVIDER COMPONENT HOURS	UNADJUSTED RCE LIMIT	5 PERCENT OF UNADJUSTED RCE LIMIT
		3	4	5	6	7	8	9
1	1	59,121	59,121		204,100			
3	50	14,160		14,160	171,400	88	7,252	363
4	54	24,000		24,000	171,400	240	19,777	989
5	59	13,000		13,000	171,400	120	9,888	494
6	61	2,000		2,000	171,400	27	2,225	111
7	61	18,000	18,000		171,400			
8		815,051	815,051		171,400			
9								
10								
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
101	TOTAL	945,332	892,172	53,160		475	39,142	1,957

WKSHT A LINE NO.	COST CENTER/ PHYSICIAN IDENTIFIER	COST OF MEMBERSHIPS & CONTINUING EDUCATION 12	PROVIDER COMPONENT SHARE OF COL 12 13	PHYSICIAN COST OF MALPRACTICE INSURANCE 14	PROVIDER COMPONENT SHARE OF COL 14 15	ADJUSTED RCE LIMIT 16	RCE DIS- ALLOWANCE 17	ADJUSTMENT 18
10								59,121
1	OUTPATIENT SURGERY					7,252	6,908	6,908
3	RESPIRATORY THERAPY					19,777	4,223	4,223
30	OSTEOPOROSIS SERVICES					9,888	3,112	3,112
4	SLEEP LAB					2,225		
54								
5	4 WOUND CARE CENTER							18,000
59								
6	ER PHYSICIAN							815,051
61								
7	ER PHYSICIAN							
61								
8								
9								
10								
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
101	TOTAL					39,142	14,243	906,415

LINE NO.	COST CENTER DESCRIPTION	STATISTICS CODE	STATISTICS DESCRIPTION		
	GENERAL SERVICE COST				ENTERED
1	OLD CAP REL COSTS-BLDG & FIXT	1	SQUARE	FEET	NOT ENTERED
	OLD CAP REL COSTS-MVBLE EQUIP	2	DOLLAR	VALUE	ENTERED
	NEW CAP REL COSTS-BLDG & FIXT	1	SQUARE	FEET	ENTERED
4	NEW CAP REL COSTS-MVBLE EQUIP	3	DOLLAR	VALUE	ENTERED
	EMPLOYEE BENEFITS	4	GROSS	SALARIES	ENTERED
	COMMUNICATIONS	5	NUMBER	OF PHONES	ENTERED
	ADMITTING	6	GROSS	CHARGES	ENTERED
	PATIENT ACCOUNTING	6	GROSS	CHARGES	ENTERED
6.03	OTHER ADMINISTRATIVE AND GENERAL	-7	ACCUM.	COST	NOT ENTERED
6.04	MAINTENANCE & REPAIRS	1	SQUARE	FEET	ENTERED
7	OPERATION OF PLANT	18	SQUARE FEET		ENTERED
8	LAUNDRY & LINEN SERVICE	9	POUNDS OF	LAUNDRY	ENTERED
9	HOUSEKEEPING	18	SQUARE FEET		ENTERED
10	DIETARY	11	PATIENT	MEALS	ENTERED
11	CAFETERIA	12	HOURS	WORKED	ENTERED
12	NURSING ADMINISTRATION	13	DIRECT	NRSING HRS	ENTERED
14	CENTRAL SERVICES & SUPPLY	14	COSTED	REQUIS.	ENTERED
15	PHARMACY	15	COSTED	REQUISITIO	ENTERED
16	MEDICAL RECORDS & LIBRARY	6	GROSS	CHARGES	ENTERED
17	SOCIAL SERVICE	6	GROSS	CHARGES	ENTERED
18	I&R SERVICES-OTHER PRGM COSTS APPRVD	16	ASSIGNED	TIME	ENTERED
23					

COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION	OLD CAP REL C OSTS-BLDG & OSTS-MVBLE E		NEW CAP REL C OSTS-BLDG & OSTS-MVBLE E		EMPLOYEE BENE FITS	COMMUNICATION S
		1	2	3	4		
001 GENERAL SERVICE COST CNTR							
001 OLD CAP REL COSTS-BLDG &	785,233	785,233					
001 OLD CAP REL COSTS-MVBLE E							
001 NEW CAP REL COSTS-BLDG &	4,038,569			4,038,569			
001 NEW CAP REL COSTS-MVBLE E	1,722,501				1,722,501		
005 EMPLOYEE BENEFITS	12,882,426	3,538		18,197		12,904,161	177,612
006 01 COMMUNICATIONS	108,161	8,868		45,610		1,552	2,901
006 02 ADMITTING	613,688	3,706		19,060		1,391	20,630
006 03 PATIENT ACCOUNTING	1,658,496					2,528	19,502
006 04 OTHER ADMINISTRATIVE AND	6,559,347	20,663		106,275		142,480	6,930
007 MAINTENANCE & REPAIRS	2,608,870	45,665		234,860		35,298	1,612
008 OPERATION OF PLANT	3,238,567	96,096		494,235		5,117	
009 LAUNDRY & LINEN SERVICE	1,040,113					2,165	1,773
010 HOUSEKEEPING	1,346,256	10,846		55,785		321,236	2,901
011 DIETARY	484,302	28,065		144,342		11,731	
012 CAFETERIA	390,200						101,899
014 NURSING ADMINISTRATION	413,084	2,049		10,537			117,665
015 CENTRAL SERVICES & SUPPLY	10,848,505	15,493		79,682		48,574	1,773
016 PHARMACY	1,808,295	7,161		36,831		721	4,674
017 MEDICAL RECORDS & LIBRARY	1,571,114	14,818		76,209		795	22,727
018 SOCIAL SERVICE							5,410
023 I&R SERVICES-OTHER PRGM C	496,317						1,451
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	8,178,342	111,761		574,803		248,446	2,019,800
026 INTENSIVE CARE UNIT	2,057,377	18,797		96,676		19,218	497,089
031 SUBPROVIDER	11,269,402					504	305,146
033 NURSERY							
034 SKILLED NURSING FACILITY							
034 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	2,426,333	50,452		259,482		145,596	432,772
037 01 OUTPATIENT SURGERY	190,930					1,036	9,668
038 RECOVERY ROOM	948,929	6,432		33,081		13,829	259,500
040 ANESTHESIOLOGY	78,421					32,550	6,995
041 RADIOLOGY-DIAGNOSTIC	3,726,419	21,956		112,923		353,880	486,968
041 01 RADIOLOGY-SPECIAL PROCEDU	28,851					1,136	4,232
042 RADIOLOGY-THERAPEUTIC	719,727					66,324	100,978
043 RADIOISOTOPE	340,868	11,427		58,768		34,297	73,899
044 LABORATORY	3,941,262	19,636		100,991		4,095	
051 BLOOD STORING, PROCESSING	535,973						240,237
051 RESPIRATORY THERAPY	1,062,790	5,951		30,609		15,564	618,429
051 PHYSICAL THERAPY	3,126,484	6,569		33,784		17,700	27,407
051 OCCUPATIONAL THERAPY	593,696	1,427		7,341		26	10,933
051 SPEECH PATHOLOGY	177,342	472		2,429		2,379	160,683
051 ELECTROCARDIOLOGY	635,694	14,969		76,987		26,730	65,509
051 ELECTROENCEPHALOGRAPHY	268,078	2,710		13,936		30,054	
055 MEDICAL SUPPLIES CHARGED							
056 DRUGS CHARGED TO PATIENTS	3,336,010					58,156	76,151
059 ULTRASOUND	383,391					2,602	72,397
059 01 PAIN CLINIC	277,841	4,957		25,495			
059 02 CATH LAB	906,303	11,323		58,236		209,171	183,149
059 03 ACTIVITY THERAPY	1,724,388					16	479,573
059 04 WOUND CARE CENTER	222,449	4,402		22,640		6,144	58,604
059 05 BARIATRIC CLINIC	199,912	6,948		35,734		1,292	53,627
061 OUTPAT SERVICE COST CNTRS							
061 EMERGENCY	2,645,046	27,970		143,852		16,057	856,096
062 OBSERVATION BEDS (NON-DIS							
062 OTHER REIMBURS COST CNTRS							
071 HOME HEALTH AGENCY							
071 SPEC PURPOSE COST CENTERS							
094 HHA SPACE							
095 SUBTOTALS	102,616,302	585,127		3,009,390		1,571,023	9,457,867
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP	115,066	1,545		7,948			6,289
098 PHYSICIANS' PRIVATE OFFIC	13,032,222	42,561		218,900		135,254	2,735,235
098 01 WORKING WELL	415,694					2,658	82,423
100 RESIDENTIAL	2,594,339	70,220		361,154		6,560	622,347
100 01 OMNI							
100 02 PSYCHIATRIC		85,780		441,177		7,006	
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	118,773,623	785,233		4,038,569		1,722,501	12,904,161

6.01

COST CENTER DESCRIPTION	ADMITTING	PATIENT ACCOUNTING	SUBTOTAL	OTHER ADMINISTRATIVE AND	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE
	6.02	6.03	6a.03	6.04	7	8	9
GENERAL SERVICE COST CNTR							
001 OLD CAP REL COSTS-BLDG &							
001 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS							
006 01 COMMUNICATIONS							
006 02 ADMITTING	806,754						
006 03 PATIENT ACCOUNTING		1,681,654					
006 04 OTHER ADMINISTRATIVE AND			7,228,259	7,228,259			
007 MAINTENANCE & REPAIRS			3,168,957	205,352	3,374,309		
008 OPERATION OF PLANT			3,918,299	253,910	461,384	4,633,593	
009 LAUNDRY & LINEN SERVICE			1,040,113	67,400			1,107,513
010 HOUSEKEEPING			1,738,061	112,628	52,077		
011 DIETARY			759,689	49,229	134,748		
012 CAFETERIA			492,099	31,889			
014 NURSING ADMINISTRATION			545,108	35,324	9,837		
015 CENTRAL SERVICES & SUPPLY			11,099,791	719,278	74,386		
016 PHARMACY			2,209,931	143,206	34,383		
017 MEDICAL RECORDS & LIBRARY			2,083,559	135,017	71,144		
018 SOCIAL SERVICE							
023 I&R SERVICES-OTHER PRGM C			503,178	32,606			
025 INPAT ROUTINE SRVC CNTRS	61,084	127,327	11,332,684	734,369	536,592	1,251,040	862,705
026 ADULTS & PEDIATRICS	13,260	27,640	2,731,185	176,984	90,250	210,412	106,186
031 INTENSIVE CARE UNIT	16,698	34,807	11,626,557	753,413			
033 SUBPROVIDER							
034 NURSERY							
037 SKILLED NURSING FACILITY							
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	32,778	68,325	3,421,057	221,688	242,234	564,756	
037 01 OUTPATIENT SURGERY	2,162	4,507	208,303	13,498			
038 RECOVERY ROOM	8,128	16,942	1,288,130	83,472	30,882	72,000	
040 ANESTHESIOLOGY	6,898	14,379	139,565	9,044			
041 RADIOLOGY-DIAGNOSTIC	115,310	240,360	5,064,585	328,190	105,417	245,775	
041 01 RADIOLOGY-SPECIAL PROCEDU	909	1,895	37,023	2,399			
042 RADIOLOGY-THERAPEUTIC	10,539	21,969	919,537	59,587			
043 RADIOISOTOPE	16,992	35,420	573,766	37,181	54,862	127,908	
044 LABORATORY	95,702	199,488	4,367,299	283,005	94,278	219,804	
047 BLOOD STORING, PROCESSING	5,771	12,029	553,773	35,885			
RESPIRATORY THERAPY	14,425	30,069	1,401,418	90,813	28,575	66,621	
PHYSICAL THERAPY	28,537	59,484	3,892,760	252,255	31,539	73,531	
OCCUPATIONAL THERAPY	6,454	13,454	649,966	42,118	6,853	15,977	
SPEECH PATHOLOGY	975	2,032	196,723	12,748	2,268	5,287	
ELECTROCARDIOLOGY	20,628	42,999	982,236	63,650	71,870	167,560	
ELECTROENCEPHALOGRAPHY	7,004	14,600	403,180	26,126	13,009	30,331	
054 MEDICAL SUPPLIES CHARGED	117,242	244,386	361,628	23,434			
056 DRUGS CHARGED TO PATIENTS	101,990	212,595	3,650,595	236,562			
059 ULTRASOUND	15,568	32,451	565,717	36,659			
059 01 PAIN CLINIC	7,645	15,935	407,194	26,387	23,801	55,490	
059 02 CATH LAB	42,705	89,017	1,499,904	97,195	54,365	126,748	
059 03 ACTIVITY THERAPY	9,000	18,759	2,232,864	144,692			
059 04 WOUND CARE CENTER	3,177	6,623	325,328	21,082	21,135	49,276	
059 05 BARIATRIC CLINIC	491	1,023	300,316	19,461	33,359	77,774	
061 OUTPAT SERVICE COST CNTRS	44,682	93,139	3,830,710	248,234	134,290	313,091	
062 EMERGENCY							
071 OBSERVATION BEDS (NON-DIS							
OTHER REIMBURS COST CNTRS							
094 HOME HEALTH AGENCY							
094 SPEC PURPOSE COST CENTERS							
095 HHA SPACE	806,754	1,681,654	97,751,047	5,865,970	2,413,538	3,673,381	968,891
095 SUBTOTALS							
NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP			131,654	8,531	7,420		
098 PHYSICIANS' PRIVATE OFFIC			16,179,000	1,048,420	204,350		
098 01 WORKING WELL			500,775	32,451	337,148		
100 RESIDENTIAL			3,662,195	237,314			
100 01 OMNI			548,952	35,573	411,853	960,212	138,622
100 02 PSYCHIATRIC							
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	806,754	1,681,654	118,773,623	7,228,259	3,374,309	4,633,593	1,107,513

COST CENTER DESCRIPTION	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY
	10	11	12	14	15	16	17
GENERAL SERVICE COST CNTR							
OLD CAP REL COSTS-BLDG &							
OLD CAP REL COSTS-MVBLE E							
NEW CAP REL COSTS-BLDG &							
NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS							
006 01 COMMUNICATIONS							
006 02 ADMITTING							
006 03 PATIENT ACCOUNTING							
006 04 OTHER ADMINISTRATIVE AND							
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING	1,902,766						
011 DIETARY		943,666					
012 CAFETERIA			523,988				
014 NURSING ADMINISTRATION			4,703	594,972			
015 CENTRAL SERVICES & SUPPLY			11,050	14,472	11,918,977		
016 PHARMACY			18,154		80,090	2,485,764	
017 MEDICAL RECORDS & LIBRARY			50,517	3,575	1,888		2,345,700
018 SOCIAL SERVICE							
023 I&R SERVICES-OTHER PRGM C							
025 INPAT ROUTINE SRVC CNTRS	513,734	762,077	109,508	292,544	174,373	379	177,614
026 ADULTS & PEDIATRICS	86,405	93,796	30,907	67,644	59,853	156	38,555
031 INTENSIVE CARE UNIT					20,776	35	48,554
033 SUBPROVIDER							
034 NURSERY							
034 SKILLED NURSING FACILITY							
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	231,915		26,046	57,005	303,410	173	95,309
037 01 OUTPATIENT SURGERY			561	1,228	7,567	66	6,287
038 RECOVERY ROOM	29,567		38,149	26,855	17,288	64	23,633
040 ANESTHESIOLOGY			905	1,981	41,460		20,057
041 RADIOLOGY-DIAGNOSTIC	100,926		30,553		134,612	489	335,286
041 01 RADIOLOGY-SPECIAL PROCEDU			207		2,662	96	2,643
042 RADIOLOGY-THERAPEUTIC			5,107		7,363	129	30,645
043 RADIOISOTOPE	52,525		2,883		2,650	1	49,409
044 LABORATORY	90,261						278,273
044 BLOOD STORING, PROCESSING							16,779
044 RESPIRATORY THERAPY	27,357		14,504		21,779	22	41,944
044 PHYSICAL THERAPY	30,195		19,375		8,485		82,976
044 OCCUPATIONAL THERAPY	6,561		1,210		43		18,767
044 SPEECH PATHOLOGY	2,171		590		451		2,834
044 ELECTROCARDIOLOGY	68,808		10,292	22,527	16,728		59,981
044 ELECTROENCEPHALOGRAPHY	12,455		4,211	4,286	8,929		20,366
054 MEDICAL SUPPLIES CHARGED					10,738,449		340,808
054 DRUGS CHARGED TO PATIENTS						2,477,336	296,556
059 ULTRASOUND						170	45,267
059 01 PAIN CLINIC	22,787					69	22,229
059 02 CATH LAB	52,049					2,695	124,172
059 03 ACTIVITY THERAPY							26,168
059 04 WOUND CARE CENTER	20,235					2,792	9,238
059 05 BARIATRIC CLINIC	31,938						1,427
061 OUTPAT SERVICE COST CNTRS							
061 EMERGENCY	128,570		47,162	86,014	70,251	1,092	129,923
062 OBSERVATION BEDS (NON-DIS							
062 OTHER REIMBURS COST CNTRS							
071 HOME HEALTH AGENCY							
071 SPEC PURPOSE COST CENTERS							
094 HHA SPACE							
095 SUBTOTALS	1,508,459	855,873	478,705	594,972	11,918,977	2,485,764	2,345,700
096 NONREIMBURS COST CENTERS							
098 GIFT, FLOWER, COFFEE SHOP							
098 PHYSICIANS' PRIVATE OFFIC							
098 01 WORKING WELL							
100 RESIDENTIAL							
100 01 OMNI	394,307	87,793	45,283				
100 02 PSYCHIATRIC							
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	1,902,766	943,666	523,988	594,972	11,918,977	2,485,764	2,345,700

COST CENTER DESCRIPTION	SOCIAL SERVIC I&R SERVICES- SUBTOTAL			I&R COST POST STEP- DOWN ADJ 26	TOTAL 27
	E	OTHER PRGM C			
	18	23	25		
GENERAL SERVICE COST CNTR					
001 OLD CAP REL COSTS-BLDG &					
002 OLD CAP REL COSTS-MVBLE E					
003 NEW CAP REL COSTS-BLDG &					
004 NEW CAP REL COSTS-MVBLE E					
005 EMPLOYEE BENEFITS					
006 01 COMMUNICATIONS					
006 02 ADMITTING					
006 03 PATIENT ACCOUNTING					
006 04 OTHER ADMINISTRATIVE AND					
007 MAINTENANCE & REPAIRS					
008 OPERATION OF PLANT					
009 LAUNDRY & LINEN SERVICE					
010 HOUSEKEEPING					
011 DIETARY					
012 CAFETERIA					
014 NURSING ADMINISTRATION					
015 CENTRAL SERVICES & SUPPLY					
016 PHARMACY					
017 MEDICAL RECORDS & LIBRARY					
018 SOCIAL SERVICE					
023 I&R SERVICES-OTHER PRGM C		535,784			
INPAT ROUTINE SRVC CNTRS					
025 ADULTS & PEDIATRICS		515,489	17,263,108	-515,489	16,747,619
026 INTENSIVE CARE UNIT			3,692,333		3,692,333
031 SUBPROVIDER			12,449,335		12,449,335
033 NURSERY					
034 SKILLED NURSING FACILITY					
ANCILLARY SRVC COST CNTRS					
037 OPERATING ROOM		7,103	5,170,696	-7,103	5,163,593
037 01 OUTPATIENT SURGERY			237,510		237,510
038 RECOVERY ROOM			1,610,040		1,610,040
040 ANESTHESIOLOGY			213,012		213,012
041 RADIOLOGY-DIAGNOSTIC			6,345,833		6,345,833
041 01 RADIOLOGY-SPECIAL PROCEDU			45,030		45,030
042 RADIOLOGY-THERAPEUTIC			1,022,368		1,022,368
043 RADIOISOTOPE			901,185		901,185
044 LABORATORY			5,332,920		5,332,920
047 BLOOD STORING, PROCESSING			606,437		606,437
RESPIRATORY THERAPY			1,693,033		1,693,033
PHYSICAL THERAPY			4,391,116		4,391,116
051 OCCUPATIONAL THERAPY			741,495		741,495
SPEECH PATHOLOGY			223,072		223,072
ELECTROCARDIOLOGY			1,463,652		1,463,652
ELECTROENCEPHALOGRAPHY			522,893		522,893
055 MEDICAL SUPPLIES CHARGED			11,464,319		11,464,319
056 DRUGS CHARGED TO PATIENTS			6,661,049		6,661,049
059 ULTRASOUND			656,397		656,397
059 01 PAIN CLINIC			572,703		572,703
059 02 CATH LAB			2,155,178		2,155,178
059 03 ACTIVITY THERAPY			2,436,104		2,436,104
059 04 WOUND CARE CENTER			459,584		459,584
059 05 BARIATRIC CLINIC			468,839		468,839
OUTPAT SERVICE COST CNTRS					
061 EMERGENCY		13,192	5,002,529	-13,192	4,989,337
062 OBSERVATION BEDS (NON-DIS					
OTHER REIMBURS COST CNTRS					
071 HOME HEALTH AGENCY					
SPEC PURPOSE COST CENTERS					
094 HHA SPACE		535,784	93,801,770	-535,784	93,265,986
095 SUBTOTALS					
NONREIMBURS COST CENTERS					
096 GIFT, FLOWER, COFFEE SHOP			147,605		147,605
098 PHYSICIANS' PRIVATE OFFIC			17,431,770		17,431,770
098 01 WORKING WELL			533,226		533,226
100 RESIDENTIAL			4,236,657		4,236,657
100 01 OMNI					
100 02 PSYCHIATRIC			2,622,595		2,622,595
101 CROSS FOOT ADJUSTMENT					
102 NEGATIVE COST CENTER					
103 TOTAL		535,784	118,773,623	-535,784	118,237,839

COST CENTER DESCRIPTION	DIR ASSIGNED OLD CAPITAL REL COSTS 0	OLD CAP REL C	OLD CAP REL C	NEW CAP REL C	NEW CAP REL C	SUBTOTAL 4a	EMPLOYEE BENE FITS
		OSTS-BLDG &	OSTS-MVBLE E	OSTS-BLDG &	OSTS-MVBLE E		5
		1	2	3	4		
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						3,538	3,538
006 01 EMPLOYEE BENEFITS		3,538				8,868	
006 02 COMMUNICATIONS		8,868				3,706	45
006 03 ADMITTING		3,706					
006 04 PATIENT ACCOUNTING						20,663	104
007 OTHER ADMINISTRATIVE AND		20,663				45,665	65
008 MAINTENANCE & REPAIRS		45,665				96,096	23
009 OPERATION OF PLANT		96,096					
010 LAUNDRY & LINEN SERVICE						10,846	88
011 HOUSEKEEPING		10,846				28,065	24
012 DIETARY		28,065					28
014 CAFETERIA						2,049	32
015 NURSING ADMINISTRATION		2,049				15,493	29
016 CENTRAL SERVICES & SUPPLY		15,493				7,161	96
017 PHARMACY		7,161				14,818	109
018 MEDICAL RECORDS & LIBRARY		14,818					
023 SOCIAL SERVICE							1
025 I&R SERVICES-OTHER PRGM C							
026 INPAT ROUTINE SRVC CNTRS		111,761				111,761	551
031 ADULTS & PEDIATRICS		18,797				18,797	136
033 INTENSIVE CARE UNIT							83
034 SUBPROVIDER							
037 NURSERY							
037 SKILLED NURSING FACILITY						50,452	118
037 01 ANCILLARY SRVC COST CNTRS		50,452					3
038 OPERATING ROOM						6,432	71
040 OUTPATIENT SURGERY		6,432					2
041 RECOVERY ROOM						21,956	133
041 01 ANESTHESIOLOGY		21,956					1
042 RADIOLOGY-DIAGNOSTIC							28
042 01 RADIOLOGY-SPECIAL PROCEDU							20
043 RADIOLOGY-THERAPEUTIC						11,427	
044 RADIOISOTOPE		11,427				19,636	
051 LABORATORY		19,636					
051 BLOOD STORING, PROCESSING						5,951	66
055 RESPIRATORY THERAPY		5,951				6,569	169
056 PHYSICAL THERAPY		6,569				1,427	7
059 OCCUPATIONAL THERAPY		1,427				472	3
051 SPEECH PATHOLOGY		472				14,969	44
055 ELECTROCARDIOLOGY		14,969				2,710	18
056 ELECTROENCEPHALOGRAPHY		2,710					
059 MEDICAL SUPPLIES CHARGED							
059 DRUGS CHARGED TO PATIENTS						4,957	21
059 ULTRASOUND						11,323	20
059 01 PAIN CLINIC		4,957					50
059 02 CATH LAB		11,323					131
059 03 ACTIVITY THERAPY						4,402	16
059 04 WOUND CARE CENTER		4,402				6,948	15
059 05 BARIATRIC CLINIC		6,948					
061 OUTPAT SERVICE COST CNTRS						27,970	234
062 EMERGENCY		27,970					
071 OBSERVATION BEDS (NON-DIS							
094 OTHER REIMBURS COST CNTRS							
095 HOME HEALTH AGENCY							
094 SPEC PURPOSE COST CENTERS							
095 HHA SPACE						585,127	2,584
096 SUBTOTALS		585,127					
098 NONREIMBURS COST CENTERS						1,545	2
100 GIFT, FLOWER, COFFEE SHOP		1,545				42,561	760
101 PHYSICIANS' PRIVATE OFFIC		42,561					22
100 01 WORKING WELL						70,220	170
100 02 RESIDENTIAL		70,220					
101 01 OMNI						85,780	
101 02 PSYCHIATRIC		85,780					
102 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL		785,233				785,233	3,538

COST CENTER DESCRIPTION	COMMUNICATIONS		ADMITTING	PATIENT ACCOUNTING	OTHER ADMINISTRATIVE AND	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE
	6.01	6.02	6.03	6.04	7	8	9	
GENERAL SERVICE COST CNTR								
001 OLD CAP REL COSTS-BLDG &								
002 OLD CAP REL COSTS-MVBLE E								
004 NEW CAP REL COSTS-BLDG &								
005 NEW CAP REL COSTS-MVBLE E								
006 EMPLOYEE BENEFITS	8,868							
006 01 COMMUNICATIONS	145	3,896						
006 02 ADMITTING	1,030		1,030					
006 03 PATIENT ACCOUNTING	974			21,741				
006 04 OTHER ADMINISTRATIVE AND	346			618	46,694			
007 MAINTENANCE & REPAIRS	80			764	6,385	103,348		203
008 OPERATION OF PLANT				203				
009 LAUNDRY & LINEN SERVICE	89			339	721			
010 HOUSEKEEPING	145			148	1,865			
011 DIETARY				96				
012 CAFETERIA				106	136			
014 NURSING ADMINISTRATION	89			2,164	1,029			
015 CENTRAL SERVICES & SUPPLY	89			431	476			
016 PHARMACY	233			406	984			
017 MEDICAL RECORDS & LIBRARY	1,136							
018 SOCIAL SERVICE				98				
023 I&R SERVICES-OTHER PRGM C	72							
025 INPAT ROUTINE SRVC CNTRS	555	291	83	2,210	7,427	27,903	159	19
026 ADULTS & PEDIATRICS	56	63	18	533	1,249	4,693		
031 INTENSIVE CARE UNIT		80	23	2,267				
033 SUBPROVIDER								
034 NURSERY								
037 SKILLED NURSING FACILITY								
037 01 ANCILLARY SRVC COST CNTRS	266	156	45	667	3,352	12,596		
037 01 OPERATING ROOM		10	3	41				
038 OUTPATIENT SURGERY	64	39	11	251	427	1,606		
040 RECOVERY ROOM	16	33	9	27				
041 ANESTHESIOLOGY	338	550	157	988	1,459	5,482		
041 01 RADIOLOGY-DIAGNOSTIC		4	1	7				
042 RADIOLOGY-SPECIAL PROCEDU		50	14	179				
043 RADIOLOGY-THERAPEUTIC	105	81	23	112	759	2,853		
044 RADIOISOTOPE	306	456	130	852	1,305	4,903		
054 LABORATORY		28	8	108				
055 BLOOD STORING, PROCESSING	89	69	20	273	395	1,486		
056 RESPIRATORY THERAPY	89	136	39	759	436	1,640		
059 PHYSICAL THERAPY	8	31	9	127	95	356		
059 OCCUPATIONAL THERAPY	8	5	1	38	31	118		
059 SPEECH PATHOLOGY	177	98	28	192	995	3,737		
059 ELECTROCARDIOLOGY	64	33	10	79	180	676		
059 ELECTROENCEPHALOGRAPHY		610	92	71				
059 MEDICAL SUPPLIES CHARGED		486	139	712				
059 DRUGS CHARGED TO PATIENTS		74	21	110				
059 ULTRASOUND	16	36	10	79	329	1,238		
059 01 PAIN CLINIC		204	58	292	752	2,827		
059 02 CATH LAB	56	43	12	435				
059 03 ACTIVITY THERAPY	64	15	4	63	292	1,099		
059 04 WOUND CARE CENTER	64	2	1	59	462	1,735		
059 05 BARIATRIC CLINIC								
061 OUTPAT SERVICE COST CNTRS	193	213	61	747	1,858	6,983		
062 EMERGENCY								
071 OBSERVATION BEDS (NON-DIS								
071 OTHER REIMBURS COST CNTRS								
094 HOME HEALTH AGENCY								
094 SPEC PURPOSE COST CENTERS								
095 HHA SPACE	6,962	3,896	1,030	17,651	33,399	81,931	178	
095 SUBTOTALS								
096 NONREIMBURS COST CENTERS	40			26	103			
098 GIFT, FLOWER, COFFEE SHOP	740			3,145	2,828			
098 PHYSICIANS' PRIVATE OFFIC				98				
100 01 WORKING WELL	378			714	4,665			
100 RESIDENTIAL								
100 01 OMNI	748			107	5,699	21,417	25	
100 02 PSYCHIATRIC								
101 CROSS FOOT ADJUSTMENTS								
102 NEGATIVE COST CENTER								
103 TOTAL	8,868	3,896	1,030	21,741	46,694	103,348	203	

COST CENTER DESCRIPTION	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMIN ISTRATION	CENTRAL SERVI CES & SUPPLY	PHARMACY	MEDICAL RECOR DS & LIBRARY
	10	11	12	14	15	16	17
GENERAL SERVICE COST CNTR							
001 OLD CAP REL COSTS-BLDG &							
002 OLD CAP REL COSTS-MVBLE E							
003 NEW CAP REL COSTS-BLDG &							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS							
006 01 COMMUNICATIONS							
006 02 ADMITTING							
006 03 PATIENT ACCOUNTING							
006 04 OTHER ADMINISTRATIVE AND							
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING	12,083						
011 DIETARY		30,247					
012 CAFETERIA			124				
014 NURSING ADMINISTRATION			1	2,413			
015 CENTRAL SERVICES & SUPPLY			3	59	18,866		
016 PHARMACY			4		127	8,528	
017 MEDICAL RECORDS & LIBRARY			12	14	3		17,482
018 SOCIAL SERVICE							
023 I&R SERVICES-OTHER PRGM C							
025 INPUT ROUTINE SRVC CNTRS	3,260	24,427	27	1,188	276	1	1,332
026 ADULTS & PEDIATRICS	549	3,006	7	274	95	1	289
031 INTENSIVE CARE UNIT					33		364
033 SUBPROVIDER							
034 NURSERY							
034 SKILLED NURSING FACILITY							
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	1,473		6	231	480	1	715
037 01 OUTPATIENT SURGERY				5	12		47
038 RECOVERY ROOM	188		9	109	27		177
040 ANESTHESIOLOGY				8	66		150
041 RADIOLOGY-DIAGNOSTIC	641		7		213	2	2,514
041 01 RADIOLOGY-SPECIAL PROCEDU					4		20
042 RADIOLOGY-THERAPEUTIC			1		12		230
043 RADIOISOTOPE	334		1		4		370
044 LABORATORY	573						2,086
047 BLOOD STORING, PROCESSING							126
051 RESPIRATORY THERAPY	174		3		34		314
051 PHYSICAL THERAPY	192		5		13		622
051 OCCUPATIONAL THERAPY	42				1		141
051 SPEECH PATHOLOGY	14				26		21
051 ELECTROCARDIOLOGY	437		2	91	14		450
054 ELECTROENCEPHALOGRAPHY	79		1	17	14		153
055 MEDICAL SUPPLIES CHARGED					16,999		2,451
056 DRUGS CHARGED TO PATIENTS						8,499	2,223
059 ULTRASOUND						9	339
059 01 PAIN CLINIC	145		1		17		167
059 02 CATH LAB	331		2	68	275	9	931
059 03 ACTIVITY THERAPY			7		2		196
059 04 WOUND CARE CENTER	128		1		11	10	69
059 05 BARIATRIC CLINIC	203		1		2		11
061 OUTPAT SERVICE COST CNTRS							
062 EMERGENCY	816		11	349	111	4	974
071 OBSERVATION BEDS (NON-DIS							
094 OTHER REIMBURS COST CNTRS							
094 HOME HEALTH AGENCY							
094 SPEC PURPOSE COST CENTERS							
095 HHA SPACE	9,579	27,433	113	2,413	18,866	8,528	17,482
096 SUBTOTALS							
096 NONREIMBURS COST CENTERS							
098 GIFT, FLOWER, COFFEE SHOP							
098 PHYSICIANS' PRIVATE OFFIC							
100 01 WORKING WELL							
100 RESIDENTIAL							
100 01 OMNI							
100 02 PSYCHIATRIC	2,504	2,814	11				
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	12,083	30,247	124	2,413	18,866	8,528	17,482

COST CENTER DESCRIPTION	SOCIAL SERVICE E	SUBTOTAL	POST STEPDOWN ADJUSTMENT	TOTAL
	18	25	26	27
GENERAL SERVICE COST CNTR				
OLD CAP REL COSTS-BLDG &				
OLD CAP REL COSTS-MVBLE E				
NEW CAP REL COSTS-BLDG &				
NEW CAP REL COSTS-MVBLE E				
005 EMPLOYEE BENEFITS				
006 01 COMMUNICATIONS				
006 02 ADMITTING				
006 03 PATIENT ACCOUNTING				
006 04 OTHER ADMINISTRATIVE AND				
007 MAINTENANCE & REPAIRS				
008 OPERATION OF PLANT				
009 LAUNDRY & LINEN SERVICE				
010 HOUSEKEEPING				
011 DIETARY				
012 CAFETERIA				
014 NURSING ADMINISTRATION				
015 CENTRAL SERVICES & SUPPLY				
016 PHARMACY				
017 MEDICAL RECORDS & LIBRARY				
018 SOCIAL SERVICE	171			
023 I&R SERVICES-OTHER PRGM C				
INPAT ROUTINE SRVC CNTRS		181,451		181,451
025 ADULTS & PEDIATRICS		29,785		29,785
026 INTENSIVE CARE UNIT		2,850		2,850
031 SUBPROVIDER				
033 NURSERY				
034 SKILLED NURSING FACILITY				
ANCILLARY SRVC COST CNTRS				
037 OPERATING ROOM		70,558		70,558
037 01 OUTPATIENT SURGERY		121		121
038 RECOVERY ROOM		9,411		9,411
040 ANESTHESIOLOGY		311		311
041 RADIOLOGY-DIAGNOSTIC		34,440		34,440
041 01 RADIOLOGY-SPECIAL PROCEDU		37		37
042 RADIOLOGY-THERAPEUTIC		514		514
043 RADIOISOTOPE		16,089		16,089
044 LABORATORY		30,247		30,247
BLOOD STORING, PROCESSING		270		270
RESPIRATORY THERAPY		8,874		8,874
PHYSICAL THERAPY		10,669		10,669
OCCUPATIONAL THERAPY		2,243		2,243
SPEECH PATHOLOGY		712		712
ELECTROCARDIOLOGY		21,246		21,246
ELECTROENCEPHALOGRAPHY		4,034		4,034
MEDICAL SUPPLIES CHARGED		20,223		20,223
DRUGS CHARGED TO PATIENTS		12,059		12,059
ULTRASOUND		576		576
059 01 PAIN CLINIC		7,015		7,015
059 02 CATH LAB		17,122		17,122
059 03 ACTIVITY THERAPY		882		882
059 04 WOUND CARE CENTER		6,174		6,174
059 05 BARIATRIC CLINIC		9,503		9,503
OUTPAT SERVICE COST CNTRS				
061 EMERGENCY		40,524		40,524
062 OBSERVATION BEDS (NON-DIS				
OTHER REIMBURS COST CNTRS				
071 HOME HEALTH AGENCY				
SPEC PURPOSE COST CENTERS				
094 HHA SPACE		537,940		537,940
095 SUBTOTALS				
NONREIMBURS COST CENTERS				
096 GIFT, FLOWER, COFFEE SHOP		1,716		1,716
098 PHYSICIANS' PRIVATE OFFIC		50,034		50,034
098 01 WORKING WELL		120		120
100 RESIDENTIAL		76,147		76,147
100 01 OMNI				
100 02 PSYCHIATRIC	171	119,105	171	119,105
101 CROSS FOOT ADJUSTMENTS				
102 NEGATIVE COST CENTER	171	785,233		785,233
103 TOTAL				

COST CENTER DESCRIPTION	DIR ASSGND	OLD CAP REL C	OLD CAP REL C	NEW CAP REL C	NEW CAP REL C	SUBTOTAL	EMPLOYEE BENE
	NEW CAPITAL	OSTS-BLDG &	OSTS-MVBLE E	OSTS-BLDG &	OSTS-MVBLE E		FITS
	REL COSTS	1	2	3	4	4a	5
	0						
GENERAL SERVICE COST CNTR							
004 OLD CAP REL COSTS-BLDG &							
004 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
004 NEW CAP REL COSTS-MVBLE E				18,197		18,197	18,197
005 EMPLOYEE BENEFITS				45,610	13,421	59,031	2
006 01 COMMUNICATIONS				19,060	1,391	20,451	234
006 02 ADMITTING					2,528	2,528	
006 03 PATIENT ACCOUNTING				106,275	142,480	248,755	536
006 04 OTHER ADMINISTRATIVE AND				234,860	35,298	270,158	335
007 MAINTENANCE & REPAIRS				494,235	5,117	499,352	117
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE				55,785	2,165	57,950	453
010 HOUSEKEEPING				144,342	11,731	156,073	125
011 DIETARY							144
012 CAFETERIA				10,537		10,537	166
014 NURSING ADMINISTRATION				79,682	48,574	128,256	149
015 CENTRAL SERVICES & SUPPLY				36,831	721	37,552	497
016 PHARMACY				76,209	795	77,004	561
017 MEDICAL RECORDS & LIBRARY							
018 SOCIAL SERVICE							8
023 I&R SERVICES-OTHER PRGM C							
025 INPAT ROUTINE SRVC CNTRS				574,803	248,446	823,249	2,848
026 ADULTS & PEDIATRICS				96,676	19,218	115,894	701
031 INTENSIVE CARE UNIT					504	504	430
033 SUBPROVIDER							
034 NURSERY							
037 SKILLED NURSING FACILITY							
037 ANCILLARY SRVC COST CNTRS				259,482	145,596	405,078	610
037 OPERATING ROOM					1,036	1,036	14
037 01 OUTPATIENT SURGERY				33,081	13,829	46,910	366
038 RECOVERY ROOM					32,550	32,550	10
040 ANESTHESIOLOGY				112,923	353,880	466,803	687
041 RADIOLOGY-DIAGNOSTIC					1,136	1,136	6
041 01 RADIOLOGY-SPECIAL PROCEDU					66,324	66,324	142
042 RADIOLOGY-THERAPEUTIC				58,768	34,297	93,065	104
043 RADIOISOTOPE				100,991	4,095	105,086	
044 LABORATORY							
044 BLOOD STORING, PROCESSING				30,609	15,564	46,173	339
054 RESPIRATORY THERAPY				33,784	17,700	51,484	872
054 PHYSICAL THERAPY				7,341	26	7,367	39
054 OCCUPATIONAL THERAPY				2,429	2,379	4,808	15
054 SPEECH PATHOLOGY				76,987	26,730	103,717	227
054 ELECTROCARDIOLOGY				13,936	30,054	43,990	92
054 ELECTROENCEPHALOGRAPHY							
055 MEDICAL SUPPLIES CHARGED							
056 DRUGS CHARGED TO PATIENTS					58,156	58,156	107
059 ULTRASOUND				25,495	2,602	28,097	102
059 01 PAIN CLINIC				58,236	209,171	267,407	258
059 02 CATH LAB					16	16	676
059 03 ACTIVITY THERAPY				22,640	6,144	28,784	83
059 04 WOUND CARE CENTER				35,734	1,292	37,026	76
059 05 BARIATRIC CLINIC							
061 OUTPAT SERVICE COST CNTRS				143,852	16,057	159,909	1,207
062 EMERGENCY							
062 OBSERVATION BEDS (NON-DIS							
062 OTHER REIMBURS COST CNTRS							
071 HOME HEALTH AGENCY							
094 SPEC PURPOSE COST CENTERS							
094 HHA SPACE				3,009,390	1,571,023	4,580,413	13,338
095 SUBTOTALS							
095 NONREIMBURS COST CENTERS				7,948		7,948	9
096 GIFT, FLOWER, COFFEE SHOP				218,900	135,254	354,154	3,856
098 PHYSICIANS' PRIVATE OFFIC					2,658	2,658	116
098 01 WORKING WELL				361,154	6,560	367,714	878
100 RESIDENTIAL							
100 01 OMNI				441,177	7,006	448,183	
100 02 PSYCHIATRIC							
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER				4,038,569	1,722,501	5,761,070	18,197
103 TOTAL							

COST CENTER DESCRIPTION	COMMUNICATIONS		PATIENT ACCOUNTING	OTHER ADMINISTRATIVE AND	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE
	6.01	6.02	6.03	6.04	7	8	9
GENERAL SERVICE COST CNTR							
OLD CAP REL COSTS-BLDG &							
OLD CAP REL COSTS-MVBLE E							
NEW CAP REL COSTS-BLDG &							
NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS							
006 01 COMMUNICATIONS	59,033						
006 02 ADMITTING	964	21,649					
006 03 PATIENT ACCOUNTING	6,857		9,385				
006 04 OTHER ADMINISTRATIVE AND	6,482			255,773			
007 MAINTENANCE & REPAIRS	2,303			7,266	280,062		
008 OPERATION OF PLANT	536			8,985	38,294	547,284	
009 LAUNDRY & LINEN SERVICE				2,385			2,385
010 HOUSEKEEPING	589			3,985	4,322		
011 DIETARY	964			1,742	11,184		
012 CAFETERIA				1,128			
014 NURSING ADMINISTRATION	589			1,250	816		
015 CENTRAL SERVICES & SUPPLY	589			25,452	6,174		
016 PHARMACY	1,554			5,067	2,854		
017 MEDICAL RECORDS & LIBRARY	7,551			4,778	5,905		
018 SOCIAL SERVICE				1,154			
023 I&R SERVICES-OTHER PRGM C	482						
INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	3,696	1,644	707	25,986	44,536	147,763	1,857
026 INTENSIVE CARE UNIT	375	357	154	6,263	7,491	24,852	229
031 SUBPROVIDER		449	193	26,660			
033 NURSERY							
034 SKILLED NURSING FACILITY							
ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	1,768	882	380	7,844	20,105	66,705	
037 01 OUTPATIENT SURGERY		58	25	478			
038 RECOVERY ROOM	429	219	94	2,954	2,563	8,504	
040 ANESTHESIOLOGY	107	186	80	320			
041 RADIOLOGY-DIAGNOSTIC	2,250	3,103	1,335	11,613	8,749	29,029	
041 01 RADIOLOGY-SPECIAL PROCEDU		24	11	85			
042 RADIOLOGY-THERAPEUTIC		284	122	2,108			
043 RADIOISOTOPE	696	457	197	1,316	4,553	15,107	
044 LABORATORY	2,036	2,575	1,108	10,014	7,825	25,962	
BLOOD STORING, PROCESSING		155	67	1,270			
RESPIRATORY THERAPY	589	388	167	3,213	2,372	7,869	
PHYSICAL THERAPY	589	768	330	8,926	2,618	8,685	
OCCUPATIONAL THERAPY	54	174	75	1,490	569	1,887	
SPEECH PATHOLOGY	54	26	11	451	188	624	
ELECTROCARDIOLOGY	1,179	555	239	2,252	5,965	19,791	
ELECTROENCEPHALOGRAPHY	429	188	81	924	1,080	3,582	
MEDICAL SUPPLIES CHARGED		3,097	1,400	829			
DRUGS CHARGED TO PATIENTS		2,744	1,181	8,371			
054 ULTRASOUND		419	180	1,297			
059 01 PAIN CLINIC	107	206	89	934	1,975	6,554	
059 02 CATH LAB		1,149	495	3,439	4,512	14,971	
059 03 ACTIVITY THERAPY	375	242	104	5,120			
059 04 WOUND CARE CENTER	429	85	37	746	1,754	5,820	
059 05 BARIATRIC CLINIC	429	13	6	689	2,769	9,186	
OUTPAT SERVICE COST CNTRS							
061 EMERGENCY	1,286	1,202	517	8,784	11,146	36,980	
062 OBSERVATION BEDS (NON-DIS							
OTHER REIMBURS COST CNTRS							
071 HOME HEALTH AGENCY							
SPEC PURPOSE COST CENTERS							
094 HHA SPACE							
095 SUBTOTALS	46,337	21,649	9,385	207,568	200,319	433,871	2,086
NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP	268			302	616		
098 PHYSICIANS' PRIVATE OFFIC	4,928			37,099	16,961		
098 01 WORKING WELL				1,148			
100 RESIDENTIAL	2,518			8,397	27,983		
100 01 OMNI							
100 02 PSYCHIATRIC	4,982			1,259	34,183	113,413	299
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	59,033	21,649	9,385	255,773	280,062	547,284	2,385

COST CENTER DESCRIPTION	HOUSEKEEPING 10	DIETARY 11	CAFETERIA 12	NURSING ADMIN ISTRATION 14	CENTRAL SERVI CES & SUPPLY 15	PHARMACY 16	MEDICAL RECOR DS & LIBRARY 17
GENERAL SERVICE COST CNTR							
001 OLD CAP REL COSTS-BLDG &							
002 OLD CAP REL COSTS-MVBLE E							
003 NEW CAP REL COSTS-BLDG &							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS							
006 01 COMMUNICATIONS							
006 02 ADMITTING							
006 03 PATIENT ACCOUNTING							
006 04 OTHER ADMINISTRATIVE AND							
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING	67,299						
011 DIETARY		170,088					
012 CAFETERIA			1,272				
014 NURSING ADMINISTRATION			11	13,369			
015 CENTRAL SERVICES & SUPPLY			27	325	160,972	48,650	
016 PHARMACY			44		1,082		96,028
017 MEDICAL RECORDS & LIBRARY			123	80	26		
018 SOCIAL SERVICE							
023 I&R SERVICES-OTHER PRGM C							
025 INPAT ROUTINE SRVC CNTRS	18,168	137,358	267	6,574	2,355	7	7,261
026 ADULTS & PEDIATRICS	3,056	16,906	75	1,520	808	3	1,576
031 INTENSIVE CARE UNIT					281	1	1,985
033 SUBPROVIDER							
034 NURSERY							
037 SKILLED NURSING FACILITY							
037 ANCILLARY SRVC COST CNTRS							
037 01 OPERATING ROOM	8,203		63	1,281	4,098	3	3,896
037 01 OUTPATIENT SURGERY			1	28	102	1	257
038 RECOVERY ROOM	1,046		93	603	233	1	966
040 ANESTHESIOLOGY			2	45	560		820
041 RADIOLOGY-DIAGNOSTIC	3,570		74		1,818	10	13,707
041 01 RADIOLOGY-SPECIAL PROCEDU			1		36	2	108
042 RADIOLOGY-THERAPEUTIC			12		99	3	1,253
043 RADIOISOTOPE	1,858		7		36		2,020
044 LABORATORY	3,192						11,376
051 BLOOD STORING, PROCESSING							686
051 RESPIRATORY THERAPY	968		35		294		1,715
051 PHYSICAL THERAPY	1,068		47		115		3,392
051 OCCUPATIONAL THERAPY	232		3		1		767
051 SPEECH PATHOLOGY	77		1		6		116
051 ELECTROCARDIOLOGY	2,434		25	506	226		2,452
051 ELECTROENCEPHALOGRAPHY	441		10	96	121		833
055 MEDICAL SUPPLIES CHARGED					145,026		14,066
056 DRUGS CHARGED TO PATIENTS						48,486	12,123
059 ULTRASOUND						3	1,851
059 01 PAIN CLINIC	806		10		76	1	909
059 02 CATH LAB	1,841		19	378	145	53	5,076
059 03 ACTIVITY THERAPY			76		2,343		1,070
059 04 WOUND CARE CENTER			8		17	55	378
059 05 BARIATRIC CLINIC	1,130		7		98		58
061 EMERGENCY	4,547		114	1,933	949	21	5,311
062 OBSERVATION BEDS (NON-DIS							
071 OTHER REIMBURS COST CNTRS							
071 HOME HEALTH AGENCY							
094 SPEC PURPOSE COST CENTERS							
095 HHA SPACE	53,353	154,264	1,162	13,369	160,972	48,650	96,028
096 SUBTOTALS							
096 NONREIMBURS COST CENTERS							
098 GIFT, FLOWER, COFFEE SHOP							
098 PHYSICIANS' PRIVATE OFFIC							
100 01 WORKING WELL							
100 01 RESIDENTIAL							
100 01 OMNI	13,946	15,824	110				
100 02 PSYCHIATRIC							
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER	67,299	170,088	1,272	13,369	160,972	48,650	96,028
103 TOTAL							

COST CENTER DESCRIPTION	SOCIAL SERVIC E	I&R SERVICES- OTHER PRGM C	SUBTOTAL	POST STEPDOWN ADJUSTMENT	TOTAL
	18	23	25	26	27
001 GENERAL SERVICE COST CNTR					
001 OLD CAP REL COSTS-BLDG &					
001 OLD CAP REL COSTS-MVBLE E					
004 NEW CAP REL COSTS-BLDG &					
004 NEW CAP REL COSTS-MVBLE E					
005 EMPLOYEE BENEFITS					
006 01 COMMUNICATIONS					
006 02 ADMITTING					
006 03 PATIENT ACCOUNTING					
006 04 OTHER ADMINISTRATIVE AND					
007 MAINTENANCE & REPAIRS					
008 OPERATION OF PLANT					
009 LAUNDRY & LINEN SERVICE					
010 HOUSEKEEPING					
011 DIETARY					
012 CAFETERIA					
014 NURSING ADMINISTRATION					
015 CENTRAL SERVICES & SUPPLY					
016 PHARMACY					
017 MEDICAL RECORDS & LIBRARY					
018 SOCIAL SERVICE					
023 I&R SERVICES-OTHER PRGM C		1,644			
INPAT ROUTINE SRVC CNTRS			1,224,276		1,224,276
025 ADULTS & PEDIATRICS			180,260		180,260
026 INTENSIVE CARE UNIT			30,503		30,503
031 SUBPROVIDER					
033 NURSERY					
034 SKILLED NURSING FACILITY					
ANCILLARY SRVC COST CNTRS			520,916		520,916
037 OPERATING ROOM			2,000		2,000
037 01 OUTPATIENT SURGERY			64,981		64,981
038 RECOVERY ROOM			34,680		34,680
040 ANESTHESIOLOGY			542,748		542,748
041 RADIOLOGY-DIAGNOSTIC			1,409		1,409
041 01 RADIOLOGY-SPECIAL PROCEDU			70,347		70,347
042 RADIOLOGY-THERAPEUTIC			119,416		119,416
043 RADIOISOTOPE			169,174		169,174
044 LABORATORY			2,178		2,178
BLOOD STORING, PROCESSING			64,122		64,122
RESPIRATORY THERAPY			78,894		78,894
PHYSICAL THERAPY			12,658		12,658
OCCUPATIONAL THERAPY			6,377		6,377
SPEECH PATHOLOGY			139,568		139,568
ELECTROCARDIOLOGY			51,867		51,867
054 ELECTROENCEPHALOGRAPHY			164,418		164,418
055 MEDICAL SUPPLIES CHARGED			72,905		72,905
056 DRUGS CHARGED TO PATIENTS			62,096		62,096
059 ULTRASOUND			39,935		39,935
059 01 PAIN CLINIC			301,941		301,941
059 02 CATH LAB			7,696		7,696
059 03 ACTIVITY THERAPY			38,993		38,993
059 04 WOUND CARE CENTER			51,410		51,410
059 05 BARIATRIC CLINIC					
OUTPAT SERVICE COST CNTRS			233,906		233,906
061 EMERGENCY					
062 OBSERVATION BEDS (NON-DIS					
OTHER REIMBURS COST CNTRS					
071 HOME HEALTH AGENCY					
SPEC PURPOSE COST CENTERS					
094 HHA SPACE			4,289,674		4,289,674
095 SUBTOTALS					
NONREIMBURS COST CENTERS			9,143		9,143
GIFT, FLOWER, COFFEE SHOP			416,998		416,998
098 PHYSICIANS' PRIVATE OFFIC			3,922		3,922
098 01 WORKING WELL			407,490		407,490
100 RESIDENTIAL					
100 01 OMNI			632,199		632,199
100 02 PSYCHIATRIC			1,644		1,644
101 CROSS FOOT ADJUSTMENTS		1,644			
102 NEGATIVE COST CENTER		1,644			
103 TOTAL			5,761,070		5,761,070

COST CENTER  
DESCRIPTION

OLD CAP REL C OLD CAP REL C NEW CAP REL C NEW CAP REL C EMPLOYEE BENE COMMUNICATION  
OSTS-BLDG & OSTS-MVBLE E OSTS-BLDG & OSTS-MVBLE E FITS S  
(SQUARE (DOLLAR (SQUARE (DOLLAR (GROSS (NUMBER  
FEET )VALUE )FEET )VALUE )SALARIES )OF PHONES )  
1 2 3 4 5 6.01

	1	2	3	4	5	6.01
001 GENERAL SERVICE COST	379,061					
002 OLD CAP REL COSTS-BLD			379,061			
003 OLD CAP REL COSTS-MVB				3,290,964		
004 NEW CAP REL COSTS-BLD					45,720,582	
005 NEW CAP REL COSTS-MVB	1,708		1,708		5,498	1,102
006 EMPLOYEE BENEFITS	4,281		4,281	25,641	588,180	18
006 01 COMMUNICATIONS	1,789		1,789	2,658		128
006 02 ADMITTING				4,829		121
006 03 PATIENT ACCOUNTING	9,975		9,975	272,218	1,346,344	43
006 04 OTHER ADMINISTRATIVE	22,044		22,044	67,440	840,896	10
007 MAINTENANCE & REPAIRS	46,389		46,389	9,776	292,915	
008 OPERATION OF PLANT						11
009 LAUNDRY & LINEN SERVI			5,236	4,137	1,138,165	18
010 HOUSEKEEPING	5,236		5,236	22,413	313,023	
011 DIETARY	13,548		13,548		361,036	
012 CAFETERIA			989		416,897	11
014 NURSING ADMINISTRATIO	989		989	92,804	374,732	11
015 CENTRAL SERVICES & SU	7,479		7,479	1,377	1,248,046	29
016 PHARMACY	3,457		3,457	1,518	1,409,779	141
017 MEDICAL RECORDS & LIB	7,153		7,153			
018 SOCIAL SERVICE					19,169	9
023 I&R SERVICES-OTHER PR						
025 INPAT ROUTINE SRVC CN	53,951		53,951	474,675	7,156,321	69
026 ADULTS & PEDIATRICS	9,074		9,074	36,717	1,761,227	7
031 INTENSIVE CARE UNIT				962	1,081,159	
033 SUBPROVIDER						
034 NURSERY						
037 SKILLED NURSING FACIL			24,355	278,171	1,533,346	33
037 01 ANCILLARY SRVC COST C	24,355		24,355	1,979	34,254	
038 OPERATING ROOM				26,421	919,429	8
040 RECOVERY ROOM	3,105		3,105	62,190	24,783	2
041 ANESTHESIOLOGY				676,117	1,725,367	42
044 01 RADIOLOGY-DIAGNOSTIC	10,599		10,599	2,171	14,993	
044 01 RADIOLOGY-SPECIAL PRO				126,716	357,774	
044 01 RADIOLOGY-THERAPEUTIC				65,527	261,829	13
044 01 RADIOISOTOPE	5,516		5,516	7,823		38
044 01 LABORATORY	9,479		9,479			
044 01 BLOOD STORING, PROCES			2,873	29,737	851,179	11
050 01 RESPIRATORY THERAPY	2,873		2,873	33,817	2,191,147	11
051 01 PHYSICAL THERAPY	3,171		3,171	49	97,104	1
052 01 OCCUPATIONAL THERAPY	689		689	4,546	38,737	1
053 01 SPEECH PATHOLOGY	228		228	51,069	569,315	22
054 01 ELECTROCARDIOLOGY	7,226		7,226	57,420	232,103	8
055 01 ELECTROENCEPHALOGRAPH	1,308		1,308			
056 01 MEDICAL SUPPLIES CHAR				111,111	269,811	
059 01 DRUGS CHARGED TO PATI				4,972	256,509	2
059 01 ULTRASOUND	2,393		2,393	399,636	648,914	
059 01 PAIN CLINIC	5,466		5,466	31	1,699,169	7
059 02 CATH LAB				11,738	207,640	8
059 03 ACTIVITY THERAPY	2,125		2,125	2,468	190,006	8
059 04 WOUND CARE CENTER	3,354		3,354			
059 05 BARIATRIC CLINIC						
061 OUTPAT SERVICE COST C	13,502		13,502	30,679	3,033,219	24
062 EMERGENCY						
071 OBSERVATION BEDS (NON						
071 OTHER REIMBURS COST C						
071 HOME HEALTH AGENCY						
094 SPEC PURPOSE COST CEN						
095 HHA SPACE	282,462		282,462	3,001,553	33,510,015	865
096 SUBTOTALS						
096 NONREIMBURS COST CENT	746		746		22,281	5
098 GIFT, FLOWER, COFFEE	20,546		20,546	258,413	9,691,226	92
098 PHYSICIANS' PRIVATE O				5,078	292,032	
098 01 WORKING WELL	33,898		33,898	12,534	2,205,028	47
100 RESIDENTIAL						
100 01 OMNI	41,409		41,409	13,386		93
100 02 PSYCHIATRIC						
101 CROSS FOOT ADJUSTMENT						
102 NEGATIVE COST CENTER						
103 COST TO BE ALLOCATED	785,233		4,038,569	1,722,501	12,904,161	177,612
104 (WRKSHT B, PART I)					.282240	
104 UNIT COST MULTIPLIER	2.071521		10.654140	.523403		161.172414
104 (WRKSHT B, PT I)					3,538	8,868
104 COST TO BE ALLOCATED					.000077	
104 (WRKSHT B, PART II)						
104 UNIT COST MULTIPLIER					18,197	8.047187
104 (WRKSHT B, PT II)						59,033
104 COST TO BE ALLOCATED					.000398	
104 (WRKSHT B, PART III)						
104 UNIT COST MULTIPLIER						53.568966
104 (WRKSHT B, PT III)						

COST CENTER DESCRIPTION	ADMITTING	PATIENT ACCO UNTING	OTHER ADMINIS TRATIVE AND	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LIN EN SERVICE	
	(GROSS ARGES	CH(GROSS )ARGES	CH RECONCIL- ) IATION	( ACCUM. COST	(SQUARE )FEET	(SQUARE FEET )	(POUNDS OF )LAUNDRY
	6.02	6.03	6a.04	6.04	7	8	9
GENERAL SERVICE COST							
001 OLD CAP REL COSTS-BLD							
002 OLD CAP REL COSTS-MVB							
003 NEW CAP REL COSTS-BLD							
004 NEW CAP REL COSTS-MVB							
005 EMPLOYEE BENEFITS							
006 01 COMMUNICATIONS							
006 02 ADMITTING	274,761,551						
006 03 PATIENT ACCOUNTING		274,761,551					
006 04 OTHER ADMINISTRATIVE			-7,228,259	111,545,364			
007 MAINTENANCE & REPAIRS				3,168,957	339,264		
008 OPERATION OF PLANT				3,918,299	46,389	199,823	
009 LAUNDRY & LINEN SERVI				1,040,113			570,749
010 HOUSEKEEPING				1,738,061	5,236		
011 DIETARY				759,689	13,548		
012 CAFETERIA				492,099			
014 NURSING ADMINISTRATIO				545,108	989		
015 CENTRAL SERVICES & SU				11,099,791	7,479		
016 PHARMACY				2,209,931	3,457		
017 MEDICAL RECORDS & LIB				2,083,559	7,153		
018 SOCIAL SERVICE				503,178			
023 I&R SERVICES-OTHER PR							
025 ADULTS & PEDIATRICS	20,805,145	20,805,145		11,332,684	53,951	53,951	444,589
026 INTENSIVE CARE UNIT	4,516,262	4,516,262		2,731,185	9,074	9,074	54,722
031 SUBPROVIDER	5,687,471	5,687,471		11,626,557			
033 NURSERY							
034 SKILLED NURSING FACIL							
037 ANCILLARY SRVC COST C				3,421,057	24,355	24,355	
037 OPERATING ROOM	11,164,250	11,164,250		208,303			
037 01 OUTPATIENT SURGERY	736,390	736,390		1,288,130	3,105	3,105	
038 RECOVERY ROOM	2,768,350	2,768,350		139,565			
040 ANESTHESIOLOGY	2,349,468	2,349,468		5,064,585	10,599	10,599	
041 RADIOLOGY-DIAGNOSTIC	39,274,444	39,274,444		37,023			
041 01 RADIOLOGY-SPECIAL PRO	309,599	309,599		919,537			
RADIOLOGY-THERAPEUTIC	3,589,719	3,589,719		573,766	5,516	5,516	
RADIOISOTOPE	5,787,583	5,787,583		4,367,299	9,479	9,479	
LABORATORY	32,596,061	32,596,061		553,773			
BLOOD STORING, PROCES	1,965,444	1,965,444		1,401,418	2,873	2,873	
RESPIRATORY THERAPY	4,913,207	4,913,207		3,892,760	3,171	3,171	
PHYSICAL THERAPY	9,719,529	9,719,529		649,966	689	689	
OCCUPATIONAL THERAPY	2,198,320	2,198,320		196,723	228	228	
SPEECH PATHOLOGY	331,972	331,972		982,236	7,226	7,226	
ELECTROCARDIOLOGY	7,026,050	7,026,050		403,180	1,308	1,308	
ELECTROENCEPHALOGRAPH	2,385,569	2,385,569		361,628			
MEDICAL SUPPLIES CHAR	39,914,207	39,914,207		3,650,595			
DRUGS CHARGED TO PATI	34,737,729	34,737,729		565,717			
ULTRASOUND	5,302,430	5,302,430		407,194	2,393	2,393	
059 01 PAIN CLINIC	2,603,820	2,603,820		1,499,904	5,466	5,466	
059 02 CATH LAB	14,545,183	14,545,183		2,232,864			
059 03 ACTIVITY THERAPY	3,065,239	3,065,239		325,328	2,125	2,125	
059 04 WOUND CARE CENTER	1,082,153	1,082,153		300,316	3,354	3,354	
059 05 BARIATRIC CLINIC	167,150	167,150					
061 OUTPAT SERVICE COST C				3,830,710	13,502	13,502	
062 EMERGENCY	15,218,807	15,218,807					
062 OBSERVATION BEDS (NON OTHER REIMBURS COST C							
071 HOME HEALTH AGENCY							
094 SPEC PURPOSE COST CEN							
095 HHA SPACE	274,761,551	274,761,551	-7,228,259	90,522,788	242,665	158,414	499,311
095 SUBTOTALS							
096 NONREIMBURS COST CENT				131,654	746		
096 GIFT, FLOWER, COFFEE				16,179,000	20,546		
098 PHYSICIANS' PRIVATE O				500,775			
098 01 WORKING WELL				3,662,195	33,898		
100 RESIDENTIAL							
100 01 OMNI				548,952	41,409	41,409	71,438
100 02 PSYCHIATRIC							
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 COST TO BE ALLOCATED	806,754	1,681,654		7,228,259	3,374,309	4,633,593	1,107,513
(WRKSHT B, PART I)							
104 UNIT COST MULTIPLIER		.006120		.064801		23.188487	1.940455
(WRKSHT B, PT I)							203
COST TO BE ALLOCATED	.002936			21,741	9.945968	103,348	
(WRKSHT B, PART II)	3,896	1,030			46,694		
UNIT COST MULTIPLIER		.000004		.000195		.517198	.000356
(WRKSHT B, PT II)					.137633		2,385
COST TO BE ALLOCATED	.000014			255,773	280,062	547,284	
(WRKSHT B, PART III)	21,649	9,385					
107 UNIT COST MULTIPLIER		.000034		.002293		2.738844	
(WRKSHT B, PT III)					.825499		.004179
108		.000079					



COST CENTER DESCRIPTION		SOCIAL SERVICE (GROSS ARGES)	I&R SERVICES-OTHER PRGM C (CH(ASSIGNED) TIME)
		18	23
	GENERAL SERVICE COST		
001	OLD CAP REL COSTS-BLD		
002	OLD CAP REL COSTS-MVB		
003	NEW CAP REL COSTS-BLD		
004	NEW CAP REL COSTS-MVB		
005	EMPLOYEE BENEFITS		
006	01 COMMUNICATIONS		
006	02 ADMITTING		
006	03 PATIENT ACCOUNTING		
006	04 OTHER ADMINISTRATIVE		
007	MAINTENANCE & REPAIRS		
008	OPERATION OF PLANT		
009	LAUNDRY & LINEN SERVI		
010	HOUSEKEEPING		
011	DIETARY		
012	CAFETERIA		
014	NURSING ADMINISTRATIO		
015	CENTRAL SERVICES & SU		
016	PHARMACY		
017	MEDICAL RECORDS & LIB		
018	SOCIAL SERVICE	274,761,551	5,280
023	I&R SERVICES-OTHER PR		
	INPAT ROUTINE SRVC CN		
025	ADULTS & PEDIATRICS	20,805,145	5,080
026	INTENSIVE CARE UNIT	4,516,262	
031	SUBPROVIDER	5,687,471	
033	NURSERY		
034	SKILLED NURSING FACIL		
	ANCILLARY SRVC COST C		
037	OPERATING ROOM	11,164,250	70
037	01 OUTPATIENT SURGERY	736,390	
038	RECOVERY ROOM	2,768,350	
040	ANESTHESIOLOGY	2,349,468	
041	RADIOLOGY-DIAGNOSTIC	39,274,444	
	01 RADIOLOGY-SPECIAL PRO	309,599	
	RADIOLOGY-THERAPEUTIC	3,589,719	
	RADIOISOTOPE	5,787,583	
	LABORATORY	32,596,061	
	BLOOD STORING, PROCES	1,965,444	
	RESPIRATORY THERAPY	4,913,207	
	PHYSICAL THERAPY	9,719,529	
050	OCCUPATIONAL THERAPY	2,198,320	
051	SPEECH PATHOLOGY	331,972	
053	ELECTROCARDIOLOGY	7,026,050	
054	ELECTROENCEPHALOGRAPH	2,385,569	
055	MEDICAL SUPPLIES CHAR	39,914,207	
056	DRUGS CHARGED TO PATI	34,737,729	
059	ULTRASOUND	5,302,430	
059	01 PAIN CLINIC	2,603,820	
059	02 CATH LAB	14,545,183	
059	03 ACTIVITY THERAPY	3,065,239	
059	04 WOUND CARE CENTER	1,082,153	
059	05 BARIATRIC CLINIC	167,150	
061	OUTPAT SERVICE COST C		
	EMERGENCY	15,218,807	130
062	OBSERVATION BEDS (NON		
	OTHER REIMBURS COST C		
071	HOME HEALTH AGENCY		
	SPEC PURPOSE COST CEN		
094	HHA SPACE		
095	SUBTOTALS	274,761,551	5,280
096	NONREIMBURS COST CENT		
098	GIFT, FLOWER, COFFEE		
098	PHYSICIANS' PRIVATE O		
098	01 WORKING WELL		
100	RESIDENTIAL		
100	01 OMNI		
100	02 PSYCHIATRIC		
101	CROSS FOOT ADJUSTMENT		
102	NEGATIVE COST CENTER		
103	COST TO BE ALLOCATED		535,784
	(PER WRKSHT B, PART		
	UNIT COST MULTIPLIER		101.474242
104	(WRKSHT B, PT I)		
	COST TO BE ALLOCATED		171
	(PER WRKSHT B, PART		
	UNIT COST MULTIPLIER		.032386
	(WRKSHT B, PT II)		
	COST TO BE ALLOCATED		1,644
	(PER WRKSHT B, PART		
	UNIT COST MULTIPLIER		.311364
	(WRKSHT B, PT III)		

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	16,747,619		16,747,619		16,747,619
	ADULTS & PEDIATRICS	3,692,333		3,692,333		3,692,333
	INTENSIVE CARE UNIT	12,449,335		12,449,335		12,449,335
	SUBPROVIDER					
	NURSERY					
34	SKILLED NURSING FACILITY					5,163,593
	ANCILLARY SRVC COST CNTRS					237,510
37	OPERATING ROOM	5,163,593		5,163,593		5,163,593
37	01 OUTPATIENT SURGERY	237,510		237,510		237,510
38	RECOVERY ROOM	1,610,040		1,610,040		1,610,040
40	ANESTHESIOLOGY	213,012		213,012		213,012
41	RADIOLOGY-DIAGNOSTIC	6,345,833		6,345,833		6,345,833
41	01 RADIOLOGY-SPECIAL PROCEDU	45,030		45,030		45,030
42	RADIOLOGY-THERAPEUTIC	1,022,368		1,022,368		1,022,368
43	RADIOISOTOPE	901,185		901,185		901,185
44	LABORATORY	5,332,920		5,332,920		5,332,920
47	BLOOD STORING, PROCESSING	606,437		606,437		606,437
49	RESPIRATORY THERAPY	1,693,033		1,693,033	6,908	1,699,941
50	PHYSICAL THERAPY	4,391,116		4,391,116	4,223	4,395,339
51	OCCUPATIONAL THERAPY	741,495		741,495		741,495
52	SPEECH PATHOLOGY	223,072		223,072		223,072
53	ELECTROCARDIOLOGY	1,463,652		1,463,652		1,463,652
54	ELECTROENCEPHALOGRAPHY	522,893		522,893	3,112	526,005
55	MEDICAL SUPPLIES CHARGED	11,464,319		11,464,319		11,464,319
56	DRUGS CHARGED TO PATIENTS	6,661,049		6,661,049		6,661,049
59	ULTRASOUND	656,397		656,397		656,397
59	01 PAIN CLINIC	572,703		572,703		572,703
59	02 CATH LAB	2,155,178		2,155,178		2,155,178
59	03 ACTIVITY THERAPY	2,436,104		2,436,104		2,436,104
59	04 WOUND CARE CENTER	459,584		459,584		459,584
59	05 BARIATRIC CLINIC	468,839		468,839		468,839
61	OUTPAT SERVICE COST CNTRS					4,989,337
62	EMERGENCY	4,989,337		4,989,337		4,989,337
	OBSERVATION BEDS (NON-DIS	744,843		744,843		744,843
	OTHER REIMBURS COST CNTRS					94,025,072
101	SUBTOTAL	94,010,829		94,010,829	14,243	94,025,072
102	LESS OBSERVATION BEDS	744,843		744,843		744,843
103	TOTAL	93,265,986		93,265,986	14,243	93,280,229

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	17,902,111		17,902,111			
	ADULTS & PEDIATRICS	4,516,262		4,516,262			
	INTENSIVE CARE UNIT	5,687,471		5,687,471			
	SUBPROVIDER						
	NURSERY						
	SKILLED NURSING FACILITY						
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	5,990,842	5,173,408	11,164,250	.462511	.462511	.462511
37	01 OUTPATIENT SURGERY	736,390		736,390	.322533	.322533	.322533
38	RECOVERY ROOM	4,195,794	1,684,351	5,880,145	.273810	.273810	.273810
40	ANESTHESIOLOGY	1,059,711	1,289,757	2,349,468	.090664	.090664	.090664
41	RADIOLOGY-DIAGNOSTIC	14,882,238	24,392,206	39,274,444	.161577	.161577	.161577
41	01 RADIOLOGY-SPECIAL PROCEDU	277,031	32,568	309,599	.145446	.145446	.145446
42	RADIOLOGY-THERAPEUTIC	162,119	3,427,600	3,589,719	.284804	.284804	.284804
43	RADIOISOTOPE	2,425,144	3,362,439	5,787,583	.155710	.155710	.155710
44	LABORATORY	17,761,094	14,834,967	32,596,061	.163606	.163606	.163606
47	BLOOD STORING, PROCESSING	1,685,643	279,801	1,965,444	.308550	.308550	.308550
49	RESPIRATORY THERAPY	4,419,732	493,475	4,913,207	.344588	.344588	.344588
50	PHYSICAL THERAPY	2,984,918	6,734,611	9,719,529	.451783	.451783	.451783
51	OCCUPATIONAL THERAPY	2,182,093	16,227	2,198,320	.337301	.337301	.337301
52	SPEECH PATHOLOGY	263,169	68,803	331,972	.671960	.671960	.671960
53	ELECTROCARDIOLOGY	4,240,370	2,785,680	7,026,050	.208318	.208318	.208318
54	ELECTROENCEPHALOGRAPHY	427,578	1,957,991	2,385,569	.219190	.219190	.219190
55	MEDICAL SUPPLIES CHARGED	29,966,698	10,516,853	40,483,551	.283185	.283185	.283185
56	DRUGS CHARGED TO PATIENTS	29,548,400	5,189,329	34,737,729	.191753	.191753	.191753
59	ULTRASOUND	2,359,524	2,942,906	5,302,430	.123792	.123792	.123792
59	01 PAIN CLINIC	76,330	2,527,490	2,603,820	.219947	.219947	.219947
59	02 CATH LAB	10,073,799	4,471,384	14,545,183	.148171	.148171	.148171
59	03 ACTIVITY THERAPY	1,210,692	1,854,547	3,065,239	.794752	.794752	.794752
59	04 WOUND CARE CENTER		1,082,153	1,082,153	.424694	.424694	.424694
59	05 BARIATRIC CLINIC		167,150	167,150	2.804900	2.804900	2.804900
61	OUTPAT SERVICE COST CNTRS						
62	EMERGENCY	5,068,852	10,149,955	15,218,807	.327840	.327840	.327840
62	OBSERVATION BEDS (NON-DIS		808,625	808,625	.921123	.921123	.921123
101	OTHER REIMBURS COST CNTRS						
102	SUBTOTAL	170,104,005	106,244,276	276,348,281			
103	LESS OBSERVATION BEDS						
103	TOTAL	170,104,005	106,244,276	276,348,281			

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 ADULTS & PEDIATRICS	17,263,108		17,263,108		17,263,108
	INTENSIVE CARE UNIT	3,692,333		3,692,333		3,692,333
	SUBPROVIDER	12,449,335		12,449,335		12,449,335
20 31	NURSERY					
	SKILLED NURSING FACILITY					
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	5,170,696		5,170,696		5,170,696
37	01 OUTPATIENT SURGERY	237,510		237,510		237,510
38	RECOVERY ROOM	1,610,040		1,610,040		1,610,040
40	ANESTHESIOLOGY	213,012		213,012		213,012
41	RADIOLOGY-DIAGNOSTIC	6,345,833		6,345,833		6,345,833
41	01 RADIOLOGY-SPECIAL PROCEDU	45,030		45,030		45,030
42	RADIOLOGY-THERAPEUTIC	1,022,368		1,022,368		1,022,368
43	RADIOISOTOPE	901,185		901,185		901,185
44	LABORATORY	5,332,920		5,332,920		5,332,920
47	BLOOD STORING, PROCESSING	606,437		606,437		606,437
49	RESPIRATORY THERAPY	1,693,033		1,693,033	6,908	1,699,941
50	PHYSICAL THERAPY	4,391,116		4,391,116	4,223	4,395,339
51	OCCUPATIONAL THERAPY	741,495		741,495		741,495
52	SPEECH PATHOLOGY	223,072		223,072		223,072
53	ELECTROCARDIOLOGY	1,463,652		1,463,652		1,463,652
54	ELECTROENCEPHALOGRAPHY	522,893		522,893	3,112	526,005
55	MEDICAL SUPPLIES CHARGED	11,464,319		11,464,319		11,464,319
56	DRUGS CHARGED TO PATIENTS	6,661,049		6,661,049		6,661,049
59	ULTRASOUND	656,397		656,397		656,397
59	01 PAIN CLINIC	572,703		572,703		572,703
59	02 CATH LAB	2,155,178		2,155,178		2,155,178
59	03 ACTIVITY THERAPY	2,436,104		2,436,104		2,436,104
59	04 WOUND CARE CENTER	459,584		459,584		459,584
59	05 BARIATRIC CLINIC	468,839		468,839		468,839
	OUTPAT SERVICE COST CNTRS					
61	EMERGENCY	5,002,529		5,002,529		5,002,529
62	OBSERVATION BEDS (NON-DIS	744,843		744,843		744,843
	OTHER REIMBURS COST CNTRS					
101	SUBTOTAL	94,546,613		94,546,613	14,243	94,560,856
102	LESS OBSERVATION BEDS	744,843		744,843		744,843
103	TOTAL	93,801,770		93,801,770	14,243	93,816,013

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 ADULTS & PEDIATRICS	17,902,111		17,902,111			
	INTENSIVE CARE UNIT	4,516,262		4,516,262			
	SUBPROVIDER	5,687,471		5,687,471			
	NURSERY						
	SKILLED NURSING FACILITY						
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	5,990,842	5,173,408	11,164,250	.463148	.463148	.463148
		736,390		736,390	.322533	.322533	.322533
37 01	OUTPATIENT SURGERY				.273810	.273810	.273810
38	RECOVERY ROOM	4,195,794	1,684,351	5,880,145	.090664	.090664	.090664
40	ANESTHESIOLOGY	1,059,711	1,289,757	2,349,468	.161577	.161577	.161577
41	RADIOLOGY-DIAGNOSTIC	14,882,238	24,392,206	39,274,444	.145446	.145446	.145446
41 01	RADIOLOGY-SPECIAL PROCEDU	277,031	32,568	309,599	.284804	.284804	.284804
42	RADIOLOGY-THERAPEUTIC	162,119	3,427,600	3,589,719	.155710	.155710	.155710
43	RADIOISOTOPE	2,425,144	3,362,439	5,787,583	.163606	.163606	.163606
44	LABORATORY	17,761,094	14,834,967	32,596,061	.308550	.308550	.308550
47	BLOOD STORING, PROCESSING	1,685,643	279,801	1,965,444	.344588	.344588	.345994
49	RESPIRATORY THERAPY	4,419,732	493,475	4,913,207	.451783	.451783	.452217
50	PHYSICAL THERAPY	2,984,918	6,734,611	9,719,529	.337301	.337301	.337301
51	OCCUPATIONAL THERAPY	2,182,093	16,227	2,198,320	.671960	.671960	.671960
52	SPEECH PATHOLOGY	263,169	68,803	331,972	.208318	.208318	.208318
53	ELECTROCARDIOLOGY	4,240,370	2,785,680	7,026,050	.219190	.219190	.220495
54	ELECTROENCEPHALOGRAPHY	427,578	1,957,991	2,385,569	.283185	.283185	.283185
55	MEDICAL SUPPLIES CHARGED	29,966,698	10,516,853	40,483,551	.191753	.191753	.191753
56	DRUGS CHARGED TO PATIENTS	29,548,400	5,189,329	34,737,729	.123792	.123792	.123792
59	ULTRASOUND	2,359,524	2,942,906	5,302,430	.219947	.219947	.219947
59 01	PAIN CLINIC	76,330	2,527,490	2,603,820	.148171	.148171	.148171
59 02	CATH LAB	10,073,799	4,471,384	14,545,183	.794752	.794752	.794752
59 03	ACTIVITY THERAPY	1,210,692	1,854,547	3,065,239	.424694	.424694	.424694
59 04	WOUND CARE CENTER		1,082,153	1,082,153	2.804900	2.804900	2.804900
59 05	BARIATRIC CLINIC		167,150	167,150			
61	OUTPAT SERVICE COST CNTRS	5,068,852	10,149,955	15,218,807	.921123	.921123	.921123
62	EMERGENCY		808,625	808,625			
	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	170,104,005	106,244,276	276,348,281			
101	SUBTOTAL						
102	LESS OBSERVATION BEDS						
103	TOTAL	170,104,005	106,244,276	276,348,281			

WKST A LTME 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
	ANCILLARY SRVC COST CNTRS						5,163,593
	OPERATING ROOM	5,163,593	591,474	4,572,119			237,510
	OUTPATIENT SURGERY	237,510	2,121	235,389			1,610,040
01	RECOVERY ROOM	1,610,040	74,392	1,535,648			213,012
	ANESTHESIOLOGY	213,012	34,991	178,021			6,345,833
41	RADIOLOGY-DIAGNOSTIC	6,345,833	577,188	5,768,645			45,030
01	RADIOLOGY-SPECIAL PROCEDU	45,030	1,446	43,584			1,022,368
42	RADIOLOGY-THERAPEUTIC	1,022,368	70,861	951,507			901,185
43	RADIOISOTOPE	901,185	135,505	765,680			5,332,920
44	LABORATORY	5,332,920	199,421	5,133,499			606,437
47	BLOOD STORING, PROCESSING	606,437	2,448	603,989			1,693,033
49	RESPIRATORY THERAPY	1,693,033	72,996	1,620,037			4,391,116
50	PHYSICAL THERAPY	4,391,116	89,563	4,301,553			741,495
51	OCCUPATIONAL THERAPY	741,495	14,901	726,594			223,072
52	SPEECH PATHOLOGY	223,072	7,089	215,983			1,463,652
53	ELECTROCARDIOLOGY	1,463,652	160,814	1,302,838			522,893
54	ELECTROENCEPHALOGRAPHY	522,893	55,901	466,992			11,464,319
55	MEDICAL SUPPLIES CHARGED	11,464,319	184,641	11,279,678			6,661,049
56	DRUGS CHARGED TO PATIENTS	6,661,049	84,964	6,576,085			656,397
59	ULTRASOUND	656,397	62,672	593,725			572,703
01	PAIN CLINIC	572,703	46,950	525,753			2,155,178
02	CATH LAB	2,155,178	319,063	1,836,115			2,436,104
03	ACTIVITY THERAPY	2,436,104	8,578	2,427,526			459,584
04	WOUND CARE CENTER	459,584	45,167	414,417			468,839
05	BIARIATRIC CLINIC	468,839	60,913	407,926			
	OUTPAT SERVICE COST CNTRS						4,989,337
61	EMERGENCY	4,989,337	274,430	4,714,907			744,843
62	OBSERVATION BEDS (NON-DIS	744,843	62,519	682,324			
	OTHER REIMBURS COST CNTRS						61,121,542
101	SUBTOTAL	61,121,542	3,241,008	57,880,534			744,843
102	LESS OBSERVATION BEDS	744,843	62,519	682,324			60,376,699
103	TOTAL	60,376,699	3,178,489	57,198,210			

WKST A LTME NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRGRATIO	I/P PT B COST TO CHRGRATIO
		7	8	9
	ANCILLARY SRVC COST CNTRS			
	OPERATING ROOM	11,164,250	.462511	.462511
	OUTPATIENT SURGERY	736,390	.322533	.322533
	RECOVERY ROOM	5,880,145	.273810	.273810
	ANESTHESIOLOGY	2,349,468	.090664	.090664
41	RADIOLOGY-DIAGNOSTIC	39,274,444	.161577	.161577
41	01 RADIOLOGY-SPECIAL PROCEDU	309,599	.145446	.145446
42	RADIOLOGY-THERAPEUTIC	3,589,719	.284804	.284804
43	RADIOISOTOPE	5,787,583	.155710	.155710
44	LABORATORY	32,596,061	.163606	.163606
47	BLOOD STORING, PROCESSING	1,965,444	.308550	.308550
49	RESPIRATORY THERAPY	4,913,207	.344588	.344588
50	PHYSICAL THERAPY	9,719,529	.451783	.451783
51	OCCUPATIONAL THERAPY	2,198,320	.337301	.337301
52	SPEECH PATHOLOGY	331,972	.671960	.671960
53	ELECTROCARDIOLOGY	7,026,050	.208318	.208318
54	ELECTROENCEPHALOGRAPHY	2,385,569	.219190	.219190
55	MEDICAL SUPPLIES CHARGED	40,483,551	.283185	.283185
56	DRUGS CHARGED TO PATIENTS	34,737,729	.191753	.191753
59	ULTRASOUND	5,302,430	.123792	.123792
59	01 PAIN CLINIC	2,603,820	.219947	.219947
59	02 CATH LAB	14,545,183	.148171	.148171
59	03 ACTIVITY THERAPY	3,065,239	.794752	.794752
59	04 WOUND CARE CENTER	1,082,153	.424694	.424694
59	05 BARIATRIC CLINIC	167,150	2.804900	2.804900
	OUTPAT SERVICE COST CNTRS			
61	EMERGENCY	15,218,807	.327840	.327840
62	OBSERVATION BEDS (NON-DIS	808,625	.921123	.921123
	OTHER REIMBURS COST CNTRS			
101	SUBTOTAL	248,242,437		
102	LESS OBSERVATION BEDS	808,625		
103	TOTAL	247,433,812		

CHARGE MASTER  
SPECIAL TITLE XIX WORKSHEET

VKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST	CAPITAL COST	OPERATING	CAPITAL	OPERATING COST	COST NET OF
		WKST B, PT I COL. 27 1	WKST B PT II & III, COL. 27 2	COST NET OF CAPITAL COST 3	REDUCTION 4	REDUCTION AMOUNT 5	CAP AND OPER COST REDUCTION 6
	ANCILLARY SRVC COST CNTRS				59,147	265,595	4,845,954
	OPERATING ROOM	5,170,696	591,474	4,579,222	212	13,653	223,645
	OUTPATIENT SURGERY	237,510	2,121	235,389	7,439	89,068	1,513,533
	RECOVERY ROOM	1,610,040	74,392	1,535,648	3,499	10,325	199,188
	ANESTHESIOLOGY	213,012	34,991	178,021	57,719	334,581	5,953,533
	RADIOLOGY-DIAGNOSTIC	6,345,833	577,188	5,768,645	145	2,528	42,357
	RADIOLOGY-SPECIAL PROCEDU	45,030	1,446	43,584	7,086	55,187	960,095
	RADIOLOGY-THERAPEUTIC	1,022,368	70,861	951,507	13,551	44,409	843,225
	RADIOISOTOPE	901,185	135,505	765,680	19,942	297,743	5,015,235
	LABORATORY	5,332,920	199,421	5,133,499	245	35,031	571,161
	BLOOD STORING, PROCESSING	606,437	2,448	603,989	7,300	93,962	1,591,771
	RESPIRATORY THERAPY	1,693,033	72,996	1,620,037	8,956	249,490	4,132,670
	PHYSICAL THERAPY	4,391,116	89,563	4,301,553	1,490	42,142	697,863
	OCCUPATIONAL THERAPY	741,495	14,901	726,594	709	12,527	209,836
	SPEECH PATHOLOGY	223,072	7,089	215,983	16,081	75,565	1,372,006
	ELECTROCARDIOLOGY	1,463,652	160,814	1,302,838	5,590	27,086	490,217
	ELECTROENCEPHALOGRAPHY	522,893	55,901	466,992	18,464	654,221	10,791,634
	MEDICAL SUPPLIES CHARGED	11,464,319	184,641	11,279,678	8,496	381,413	6,271,140
	DRUGS CHARGED TO PATIENTS	6,661,049	84,964	6,576,085	6,267	34,436	615,694
	ULTRASOUND	656,397	62,672	593,725	4,695	30,494	537,514
	01 PAIN CLINIC	572,703	46,950	525,753	31,906	106,495	2,016,777
	02 CATH LAB	2,155,178	319,063	1,836,115	858	140,797	2,294,449
	03 ACTIVITY THERAPY	2,436,104	8,578	2,427,526	4,517	24,036	431,031
	04 WOUND CARE CENTER	459,584	45,167	414,417	6,091	23,660	439,088
	05 BARIATRIC CLINIC	468,839	60,913	407,926			
	OUTPAT SERVICE COST CNTRS				27,443	274,230	4,700,856
	EMERGENCY	5,002,529	274,430	4,728,099	6,252	39,575	699,016
	OBSERVATION BEDS (NON-DIS	744,843	62,519	682,324			
	OTHER REIMBURS COST CNTRS				324,100	3,358,249	57,459,488
	SUBTOTAL	61,141,837	3,241,008	57,900,829	6,252	39,575	699,016
101	LESS OBSERVATION BEDS	744,843	62,519	682,324	317,848	3,318,674	56,760,472
102	TOTAL	60,396,994	3,178,489	57,218,505			
103							

CHARGE RATIOS NET OF REDUCTIONS  
SPECIAL TITLE XIX WORKSHEET

VKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRGRATIO	I/P PT B COST TO CHRGRATIO
		7	8	9
	ANCILLARY SRVC COST CNTRS	11,164,250	.434060	.457850
	OPERATING ROOM	736,390	.303705	.322245
	OUTPATIENT SURGERY	5,880,145	.257397	.272544
	RECOVERY ROOM	2,349,468	.084780	.089175
	ANESTHESIOLOGY	39,274,444	.151588	.160107
	RADIOLOGY-DIAGNOSTIC	309,599	.136812	.144978
01	RADIOLOGY-SPECIAL PROCEDU	3,589,719	.267457	.282830
	RADIOLOGY-THERAPEUTIC	5,787,583	.145696	.153369
	RADIOISOTOPE	32,596,061	.153860	.162994
	LABORATORY	1,965,444	.290602	.308425
	BLOOD STORING, PROCESSING	4,913,207	.323978	.343102
	RESPIRATORY THERAPY	9,719,529	.425192	.450861
	PHYSICAL THERAPY	2,198,320	.317453	.336623
	OCCUPATIONAL THERAPY	331,972	.632089	.669825
	SPEECH PATHOLOGY	7,026,050	.195274	.206029
	ELECTROCARDIOLOGY	2,385,569	.205493	.216847
	ELECTROENCEPHALOGRAPHY	40,483,551	.266568	.282729
	MEDICAL SUPPLIES CHARGED	34,737,729	.180528	.191508
	DRUGS CHARGED TO PATIENTS	5,302,430	.116115	.122610
	ULTRASOUND	2,603,820	.206433	.218144
01	PAIN CLINIC	14,545,183	.138656	.145978
02	CATH LAB	3,065,239	.748538	.794472
03	ACTIVITY THERAPY	1,082,153	.398309	.420520
04	WOUND CARE CENTER	167,150	2.626910	2.768459
05	BIARIATRIC CLINIC			
	OUTPAT SERVICE COST CNTRS	15,218,807	.308885	.326904
	EMERGENCY	808,625	.864450	.913391
	OBSERVATION BEDS (NON-DIS			
	OTHER REIMBURS COST CNTRS	248,242,437		
101	SUBTOTAL	808,625		
102	LESS OBSERVATION BEDS	247,433,812		
103	TOTAL			

TITLE XVIII, PART A

WKST A NO.	COST CENTER DESCRIPTION	CAPITAL REL COST (B, II) 1	OLD CAPITAL SWING BED ADJUSTMENT 2	REDUCED CAP RELATED COST 3	CAPITAL REL COST (B, III) 4	NEW CAPITAL SWING BED ADJUSTMENT 5	REDUCED CAP RELATED COST 6
	INPAT ROUTINE SRVC CNTRS	181,451		181,451	1,224,276		1,224,276
	ADULTS & PEDIATRICS	29,785		29,785	180,260		180,260
	INTENSIVE CARE UNIT	2,850		2,850	30,503		30,503
	SUBPROVIDER						
33	NURSERY						
101	TOTAL	214,086		214,086	1,435,039		1,435,039

## TITLE XVIII, PART A

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL PATIENT DAYS 7	INPATIENT PROGRAM DAYS 8	OLD CAPITAL PER DIEM 9	INPAT PROGRAM OLD CAP CST 10	NEW CAPITAL PER DIEM 11	INPAT PROGRAM NEW CAP CST 12
	INPAT ROUTINE SRVC CNTRS	26,622	16,081	6.82	109,672	45.99	739,565
	ADULTS & PEDIATRICS	3,131	1,637	9.51	15,568	57.57	94,242
	INTENSIVE CARE UNIT	3,909	3,412	.73	2,491	7.80	26,614
	SUBPROVIDER						
	NURSERY				127,731		860,421
101	TOTAL	33,662	21,130				

TITLE XVIII, PART A

HOSPITAL

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
	ANCILLARY SRVC COST CNTRS			11,164,250	2,771,028	.006320	17,513
	OPERATING ROOM	70,558	520,916	736,390	315,844	.000164	52
	OUTPATIENT SURGERY	121	2,000	5,880,145	761,242	.001600	1,218
	RECOVERY ROOM	9,411	64,981	2,349,468	475,362	.000132	63
40	ANESTHESIOLOGY	311	34,680	39,274,444	8,148,999	.000877	7,147
41	RADIOLOGY-DIAGNOSTIC	34,440	542,748	309,599	100,318	.000120	12
41	01 RADIOLOGY-SPECIAL PROCEDU	37	1,409	3,589,719	98,344	.000143	14
42	RADIOLOGY-THERAPEUTIC	514	70,347	5,787,583	1,414,725	.002780	3,933
43	RADIOISOTOPE	16,089	119,416	32,596,061	9,516,217	.000928	8,831
44	LABORATORY	30,247	169,174	1,965,444	1,172,983	.000137	161
47	BLOOD STORING, PROCESSING	270	2,178	4,913,207	2,977,710	.001806	5,378
49	RESPIRATORY THERAPY	8,874	64,122	9,719,529	1,083,147	.001098	1,189
50	PHYSICAL THERAPY	10,669	78,894	2,198,320	464,266	.001020	474
51	OCCUPATIONAL THERAPY	2,243	12,658	331,972	55,573	.002145	119
52	SPEECH PATHOLOGY	712	6,377	7,026,050	2,620,539	.003024	7,925
53	ELECTROCARDIOLOGY	21,246	139,568	2,385,569	275,517	.001691	466
54	ELECTROENCEPHALOGRAPHY	4,034	51,867	40,483,551	16,098,706	.000500	8,049
55	MEDICAL SUPPLIES CHARGED	20,223	164,418	34,737,729	17,275,067	.000347	5,994
56	DRUGS CHARGED TO PATIENTS	12,059	72,905	5,302,430	1,539,122	.000109	168
59	ULTRASOUND	576	62,096	2,603,820	68,268	.002694	184
59	01 PAIN CLINIC	7,015	39,935	14,545,183	5,777,338	.001177	6,800
59	02 CATH LAB	17,122	301,941	3,065,239	2,184	.000288	1
59	03 ACTIVITY THERAPY	882	7,696	1,082,153		.005705	
59	04 WOUND CARE CENTER	6,174	38,993	167,150		.056853	
59	05 BARIATRIC CLINIC	9,503	51,410				
61	OUTPAT SERVICE COST CNTRS	40,524	233,906	15,218,807	2,917,848	.002663	7,770
62	EMERGENCY	8,070	54,449	808,625		.009980	
	OBSERVATION BEDS (NON-DIS						
	OTHER REIMBURS COST CNTRS						
101	TOTAL	331,924	2,909,084	248,242,437	75,930,347		83,461

## TITLE XVIII, PART A

## HOSPITAL

WKST A LJNE NO.	COST CENTER DESCRIPTION	NEW CAPITAL	
		CST/CHRG 7	COSTS 8
	ANCILLARY SRVC COST CNTRS		
37	OPERATING ROOM	.046659	129,293
37	01 OUTPATIENT SURGERY	.002716	858
	RECOVERY ROOM	.011051	8,412
	ANESTHESIOLOGY	.014761	7,017
41	RADIOLOGY-DIAGNOSTIC	.013819	112,611
41	01 RADIOLOGY-SPECIAL PROCEDU	.004551	457
42	RADIOLOGY-THERAPEUTIC	.019597	1,927
43	RADIOISOTOPE	.020633	29,190
44	LABORATORY	.005190	49,389
47	BLOOD STORING, PROCESSING	.001108	1,300
49	RESPIRATORY THERAPY	.013051	38,862
50	PHYSICAL THERAPY	.008117	8,792
51	OCCUPATIONAL THERAPY	.005758	2,673
52	SPEECH PATHOLOGY	.019209	1,068
53	ELECTROCARDIOLOGY	.019864	52,054
54	ELECTROENCEPHALOGRAPHY	.021742	5,990
55	MEDICAL SUPPLIES CHARGED	.004061	65,377
56	DRUGS CHARGED TO PATIENTS	.002099	36,260
59	ULTRASOUND	.011711	18,025
59	01 PAIN CLINIC	.015337	1,047
59	02 CATH LAB	.020759	119,932
59	03 ACTIVITY THERAPY	.002511	5
59	04 WOUND CARE CENTER	.036033	
59	05 BARIATRIC CLINIC	.307568	
	OUTPAT SERVICE COST CNTRS		
61	EMERGENCY	.015370	44,847
62	OBSERVATION BEDS (NON-DIS	.067335	
	OTHER REIMBURS COST CNTRS		
101	TOTAL		735,386

SERVICE OTHER PASS THROUGH COSTS  
TITLE XVIII, PART A

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST 1	MED EDUCATN COST 2	SWING BED ADJ AMOUNT 3	TOTAL COSTS 4	TOTAL PATIENT DAYS 5	PER DIEM 6
	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS					26,622	
2	INTENSIVE CARE UNIT SUBPROVIDER					3,131	
33	NURSERY					3,909	
34	SKILLED NURSING FACILITY						
101	TOTAL					33,662	

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

WKST A LTIME NO.	COST CENTER DESCRIPTION	INPATIENT PROG DAYS 7	INPAT PROGRAM PASS THRU COST 8
26	ADULTS & PEDIATRICS		16,081
	INTENSIVE CARE UNIT		1,637
	SUBPROVIDER		3,412
34	NURSERY		
101	SKILLED NURSING FACILITY		21,130
	TOTAL		

TITLE XVIII, PART A

HOSPITAL

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST	HOSPITAL	MED ED NRS SCHOOL COST	MED ED ALLIED HEALTH COST	MED ED ALL OTHER COSTS	BLOOD CLOT FOR HEMOPHILIACS
				2	2.01	2.02	2.03
	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM						
37	1 OUTPATIENT SURGERY						
	RECOVERY ROOM						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
41	01 RADIOLOGY-SPECIAL PROCEDU		1.01				
42	RADIOLOGY-THERAPEUTIC						
43	RADIOISOTOPE						
44	LABORATORY						
47	BLOOD STORING, PROCESSING						
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						
59	ULTRASOUND						
59	01 PAIN CLINIC						
59	02 CATH LAB						
59	03 ACTIVITY THERAPY						
59	04 WOUND CARE CENTER						
59	05 BARIATRIC CLINIC						
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
	OTHER REIMBURS COST CNTRS						
101	TOTAL						

## TITLE XVIII, PART A

HOSPITAL

I 15-0090

PPS

1

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
	ANCILLARY SRVC COST CNTRS			11,164,250			2,771,028	
37	OPERATING ROOM			736,390			315,844	
37 01	OUTPATIENT SURGERY			5,880,145			761,242	
	RECOVERY ROOM			2,349,468			475,362	
	ANESTHESIOLOGY			39,274,444			8,148,999	
41	RADIOLOGY-DIAGNOSTIC			309,599			100,318	
41 01	RADIOLOGY-SPECIAL PROCEDU			3,589,719			98,344	
42	RADIOLOGY-THERAPEUTIC			5,787,583			1,414,725	
43	RADIOISOTOPE			32,596,061			9,516,217	
44	LABORATORY			1,965,444			1,172,983	
47	BLOOD STORING, PROCESSING			4,913,207			2,977,710	
49	RESPIRATORY THERAPY			9,719,529			1,083,147	
50	PHYSICAL THERAPY			2,198,320			464,266	
51	OCCUPATIONAL THERAPY			331,972			55,573	
52	SPEECH PATHOLOGY			7,026,050			2,620,539	
53	ELECTROCARDIOLOGY			2,385,569			275,517	
54	ELECTROENCEPHALOGRAPHY			40,483,551			16,098,706	
55	MEDICAL SUPPLIES CHARGED			34,737,729			17,275,067	
56	DRUGS CHARGED TO PATIENTS			5,302,430			1,539,122	
59	ULTRASOUND			2,603,820			68,268	
59 01	PAIN CLINIC			14,545,183			5,777,338	
59 02	CATH LAB			3,065,239			2,184	
59 03	ACTIVITY THERAPY			1,082,153				
59 04	WOUND CARE CENTER			167,150				
59 05	BARIATRIC CLINIC							
	OUTPAT SERVICE COST CNTRS			15,218,807			2,917,848	
61	EMERGENCY			808,625				
62	OBSERVATION BEDS (NON-DIS							
	OTHER REIMBURS COST CNTRS							
101	TOTAL			248,242,437			75,930,347	

## TITLE XVIII, PART A

## HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OUTPUT PROG	OUTPUT PROG	OUTPUT PROG	OUTPUT PROG	COL 8.01	COL 8.02
		CHARGES 8	D,V COL 5.03 8.01	D,V COL 5.04 8.02	PASS THRU 9	* COL 5 9.01	* COL 5 9.02
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM	1,288,449					
01	OUTPATIENT SURGERY						
	RECOVERY ROOM	466,512					
	ANESTHESIOLOGY	191,866					
41	RADIOLOGY-DIAGNOSTIC	6,334,607					
01	RADIOLOGY-SPECIAL PROCEDU	24,647					
42	RADIOLOGY-THERAPEUTIC	1,447,544					
43	RADIOISOTOPE	1,220,639					
44	LABORATORY	406,828					
47	BLOOD STORING, PROCESSING	124,999					
49	RESPIRATORY THERAPY	101,398					
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY	9,328					
53	ELECTROCARDIOLOGY	983,657					
54	ELECTROENCEPHALOGRAPHY	509,971					
55	MEDICAL SUPPLIES CHARGED	3,390,282					
56	DRUGS CHARGED TO PATIENTS	2,704,421					
59	ULTRASOUND	935,490					
01	PAIN CLINIC	550,472					
02	CATH LAB	2,141,865					
03	ACTIVITY THERAPY	71,980					
04	WOUND CARE CENTER	423,906					
05	BARIATRIC CLINIC						
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY	1,538,482					
62	OBSERVATION BEDS (NON-DIS	446,578					
	OTHER REIMBURS COST CNTRS						
101	TOTAL	25,313,921					

Cost Center Description	Cost/Charge Ratio (C, Pt I, col. 9)		Outpatient Ambulatory Surgical Ctr	Outpatient Radiology	Other Outpatient Diagnostic
	1	1.02	2	3	4
ANCILLARY SRVC COST CNTRS	.462511	.462511			
OPERATING ROOM	.322533	.322533			
37 01 OUTPATIENT SURGERY	.273810	.273810			
38 RECOVERY ROOM	.090664	.090664			
40 ANESTHESIOLOGY	.161577	.161577			
41 RADIOLOGY-DIAGNOSTIC	.145446	.145446			
41 01 RADIOLOGY-SPECIAL PROCEDURES	.284804	.284804			
42 RADIOLOGY-THERAPEUTIC	.155710	.155710			
43 RADIOISOTOPE	.163606	.163606			
44 LABORATORY	.308550	.308550			
47 BLOOD STORING, PROCESSING & TRANS.	.344588	.344588			
49 RESPIRATORY THERAPY	.451783	.451783			
50 PHYSICAL THERAPY	.337301	.337301			
51 OCCUPATIONAL THERAPY	.671960	.671960			
52 SPEECH PATHOLOGY	.208318	.208318			
53 ELECTROCARDIOLOGY	.219190	.219190			
54 ELECTROENCEPHALOGRAPHY	.283185	.283185			
55 MEDICAL SUPPLIES CHARGED TO PATIENTS	.191753	.191753			
56 DRUGS CHARGED TO PATIENTS	.123792	.123792			
59 ULTRASOUND	.219947	.219947			
59 01 PAIN CLINIC	.148171	.148171			
59 02 CATH LAB	.794752	.794752			
59 03 ACTIVITY THERAPY	.424694	.424694			
59 04 WOUND CARE CENTER	2.804900	2.804900			
59 05 BARIATRIC CLINIC					
OUTPAT SERVICE COST CNTRS	.327840	.327840			
61 EMERGENCY	.921123	.921123			
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

	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		1,288,449			
37 OPERATING ROOM					
37 01 OUTPATIENT SURGERY		466,512			
38 RECOVERY ROOM		191,866			
40 ANESTHESIOLOGY		6,334,607			
41 RADIOLOGY-DIAGNOSTIC		24,647			
41 01 RADIOLOGY-SPECIAL PROCEDURES		1,447,544			
42 RADIOLOGY-THERAPEUTIC		1,220,639			
43 RADIOISOTOPE		406,828			
44 LABORATORY		124,999			
47 BLOOD STORING, PROCESSING & TRANS.		101,398			
49 RESPIRATORY THERAPY					
50 PHYSICAL THERAPY					
51 OCCUPATIONAL THERAPY		9,328			
52 SPEECH PATHOLOGY		983,657			
53 ELECTROCARDIOLOGY		509,971			
54 ELECTROENCEPHALOGRAPHY		3,390,282			
55 MEDICAL SUPPLIES CHARGED TO PATIENTS		2,704,421	9,725		
56 DRUGS CHARGED TO PATIENTS		935,490			
59 ULTRASOUND		550,472			
59 01 PAIN CLINIC		2,141,865			
59 02 CATH LAB		71,980			
59 03 ACTIVITY THERAPY		423,906			
59 04 WOUND CARE CENTER					
59 05 BARIATRIC CLINIC					
OUTPAT SERVICE COST CNTRS		1,538,482			
61 EMERGENCY		446,578			
62 OBSERVATION BEDS (NON-DISTINCT PART)		25,313,921	9,725		
101 SUBTOTAL					
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS- PROGRAM ONLY CHARGES		25,313,921	9,725		
104 NET CHARGES					

(A) WORKSHEET A LINE NUMBERS

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

TITLE XVIII, PART B

HOSPITAL

	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
ANCILLARY SRVC COST CNTRS				595,922	
37 OPERATING ROOM				127,736	
37 01 OUTPATIENT SURGERY				17,395	
38 RECOVERY ROOM				1,023,527	
40 ANESTHESIOLOGY				3,585	
41 RADIOLOGY-DIAGNOSTIC				412,266	
41 01 RADIOLOGY-SPECIAL PROCEDURES				190,066	
42 RADIOLOGY-THERAPEUTIC				66,560	
43 RADIOISOTOPE				38,568	
44 LABORATORY				34,941	
47 BLOOD STORING, PROCESSING & TRANS.					
49 RESPIRATORY THERAPY					
50 PHYSICAL THERAPY				6,268	
51 OCCUPATIONAL THERAPY				204,913	
52 SPEECH PATHOLOGY				111,781	
53 ELECTROCARDIOLOGY				960,077	
54 ELECTROENCEPHALOGRAPHY				518,581	1,865
55 MEDICAL SUPPLIES CHARGED TO PATIENTS				115,806	
56 DRUGS CHARGED TO PATIENTS				121,075	
59 ULTRASOUND				317,362	
59 01 PAIN CLINIC				57,206	
59 02 CATH LAB				180,030	
59 03 ACTIVITY THERAPY					
59 04 WOUND CARE CENTER					
59 05 BARIATRIC CLINIC					
OUTPAT SERVICE COST CNTRS				504,376	
61 EMERGENCY				411,353	
62 OBSERVATION BEDS (NON-DISTINCT PART)				6,019,394	1,865
101 SUBTOTAL					
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS- PROGRAM ONLY CHARGES				6,019,394	1,865
104 NET CHARGES					

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

Cost Center Description	PPS Services 1/1 to FYE	Hospital I/P Part B Charges	Hospital I/P Part B Costs
	9.03	10	11
ANCILLARY SRVC COST CNTRS			
OPERATING ROOM			
37 01 OUTPATIENT SURGERY			
38 RECOVERY ROOM			
40 ANESTHESIOLOGY			
41 RADIOLOGY-DIAGNOSTIC			
41 01 RADIOLOGY-SPECIAL PROCEDURES			
42 RADIOLOGY-THERAPEUTIC			
43 RADIOISOTOPE			
44 LABORATORY			
47 BLOOD STORING, PROCESSING & TRANS.			
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			
59 ULTRASOUND			
59 01 PAIN CLINIC			
59 02 CATH LAB			
59 03 ACTIVITY THERAPY			
59 04 WOUND CARE CENTER			
59 05 BARIATRIC CLINIC			
OUTPAT SERVICE COST CNTRS			
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			

(A) WORKSHEET A LINE NUMBERS

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

## TITLE XVIII, PART A

## SUBPROVIDER 1

1 13-1090

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						31
	OPERATING ROOM	70,558	520,916	11,164,250	4,957	.006320	
37	01 OUTPATIENT SURGERY	121	2,000	736,390	5,488	.000164	1
	RECOVERY ROOM	9,411	64,981	5,880,145		.001600	
	ANESTHESIOLOGY	311	34,680	2,349,468	60	.000132	
41	RADIOLOGY-DIAGNOSTIC	34,440	542,748	39,274,444	137,427	.000877	121
41	01 RADIOLOGY-SPECIAL PROCEDU	37	1,409	309,599	46,433	.000120	6
42	RADIOLOGY-THERAPEUTIC	514	70,347	3,589,719	14,374	.000143	2
43	RADIOISOTOPE	16,089	119,416	5,787,583	1,979	.002780	6
44	LABORATORY	30,247	169,174	32,596,061	350,064	.000928	325
47	BLOOD STORING, PROCESSING	270	2,178	1,965,444	25,142	.000137	3
49	RESPIRATORY THERAPY	8,874	64,122	4,913,207	95,660	.001806	173
50	PHYSICAL THERAPY	10,669	78,894	9,719,529	1,237,266	.001098	1,359
51	OCCUPATIONAL THERAPY	2,243	12,658	2,198,320	1,263,505	.001020	1,289
52	SPEECH PATHOLOGY	712	6,377	331,972	152,025	.002145	326
53	ELECTROCARDIOLOGY	21,246	139,568	7,026,050	10,229	.003024	31
54	ELECTROENCEPHALOGRAPHY	4,034	51,867	2,385,569	2,030	.001691	3
55	MEDICAL SUPPLIES CHARGED	20,223	164,418	40,483,551	426,989	.000500	213
56	DRUGS CHARGED TO PATIENTS	12,059	72,905	34,737,729	1,165,835	.000347	405
59	ULTRASOUND	576	62,096	5,302,430	59,538	.000109	6
59	01 PAIN CLINIC	7,015	39,935	2,603,820	2,321	.002694	6
59	02 CATH LAB	17,122	301,941	14,545,183	18,534	.001177	22
59	03 ACTIVITY THERAPY	882	7,696	3,065,239		.000288	
59	04 WOUND CARE CENTER	6,174	38,993	1,082,153		.005705	
59	05 BARIATRIC CLINIC	9,503	51,410	167,150		.056853	
61	OUTPAT SERVICE COST CNTRS					.002663	
	EMERGENCY	40,524	233,906	15,218,807		.009980	
62	OBSERVATION BEDS (NON-DIS	8,070	54,449	808,625			
	OTHER REIMBURS COST CNTRS						4,328
101	TOTAL	331,924	2,909,084	248,242,437	5,019,856		

## TITLE XVIII, PART A

SUBPROVIDER 1

I 15-1090

PPS \*

WKST A LINE NO.	COST CENTER DESCRIPTION	NEW CAPITAL CST/CHRG RATIO 7	COSTS 8
37	ANCILLARY SRVC COST CNTRS	.046659	231
37	OPERATING ROOM	.002716	15
37 01	OUTPATIENT SURGERY	.011051	
	RECOVERY ROOM	.014761	1
	ANESTHESIOLOGY	.013819	1,899
41	RADIOLOGY-DIAGNOSTIC	.004551	211
41 01	RADIOLOGY-SPECIAL PROCEDU	.019597	282
42	RADIOLOGY-THERAPEUTIC	.020633	41
43	RADIOISOTOPE	.005190	1,817
44	LABORATORY	.001108	28
47	BLOOD STORING, PROCESSING	.013051	1,248
49	RESPIRATORY THERAPY	.008117	10,043
50	PHYSICAL THERAPY	.005758	7,275
51	OCCUPATIONAL THERAPY	.019209	2,920
52	SPEECH PATHOLOGY	.019864	203
53	ELECTROCARDIOLOGY	.021742	44
54	ELECTROENCEPHALOGRAPHY	.004061	1,734
55	MEDICAL SUPPLIES CHARGED	.002099	2,447
56	DRUGS CHARGED TO PATIENTS	.011711	697
59	ULTRASOUND	.015337	36
59 01	PAIN CLINIC	.020759	385
59 02	CATH LAB	.002511	
59 03	ACTIVITY THERAPY	.036033	
59 04	WOUND CARE CENTER	.307568	
59 05	BIARIATRIC CLINIC		
	OUTPAT SERVICE COST CNTRS	.015370	
61	EMERGENCY	.067335	
62	OBSERVATION BEDS (NON-DIS		
	OTHER REIMBURS COST CNTRS		31,557
101	TOTAL		

TITLE XVIII, PART A

SUBPROVIDER 1

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST	MED ED NRS SCHOOL COST	MED ED ALLIED HEALTH COST	MED ED ALL OTHER COSTS	BLOOD CLOT FOR HEMOPHILIACS
		1	2	2.01	2.02	2.03
37	ANCILLARY SRVC COST CNTRS					
	OPERATING ROOM					
	OUTPATIENT SURGERY					
	RECOVERY ROOM					
40	ANESTHESIOLOGY					
41	RADIOLOGY-DIAGNOSTIC					
41 01	RADIOLOGY-SPECIAL PROCEDU					
42	RADIOLOGY-THERAPEUTIC					
43	RADIOISOTOPE					
44	LABORATORY					
47	BLOOD STORING, PROCESSING					
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					
59	ULTRASOUND					
59 01	PAIN CLINIC					
59 02	CATH LAB					
59 03	ACTIVITY THERAPY					
59 04	WOUND CARE CENTER					
59 05	BARIATRIC CLINIC					
	OUTPAT SERVICE COST CNTRS					
61	EMERGENCY					
62	OBSERVATION BEDS (NON-DIS					
	OTHER REIMBURS COST CNTRS					
101	TOTAL					

## TITLE XVIII, PART A

SUBPROVIDER 1

I 15-T090

PPS

1

INPAT PROG INPAT PROG  
CHARGE PASS THRU COST  
6 7

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
	ANCILLARY SRVC COST CNTRS			11,164,250			4,957	
37	OPERATING ROOM			736,390			5,488	
01	OUTPATIENT SURGERY			5,880,145				60
	RECOVERY ROOM			2,349,468			137,427	
	ANESTHESIOLOGY			39,274,444			46,433	
41	RADIOLOGY-DIAGNOSTIC			309,599			14,374	
01	RADIOLOGY-SPECIAL PROCEDU			3,589,719			1,979	
42	RADIOLOGY-THERAPEUTIC			5,787,583			350,064	
43	RADIOISOTOPE			32,596,061			25,142	
44	LABORATORY			1,965,444			95,660	
47	BLOOD STORING, PROCESSING			4,913,207			1,237,266	
49	RESPIRATORY THERAPY			9,719,529			1,263,505	
50	PHYSICAL THERAPY			2,198,320			152,025	
51	OCCUPATIONAL THERAPY			331,972			10,229	
52	SPEECH PATHOLOGY			7,026,050			2,030	
53	ELECTROCARDIOLOGY			2,385,569			426,989	
54	ELECTROENCEPHALOGRAPHY			40,483,551			1,165,835	
55	MEDICAL SUPPLIES CHARGED			34,737,729			59,538	
56	DRUGS CHARGED TO PATIENTS			5,302,430			2,321	
59	ULTRASOUND			2,603,820			18,534	
01	PAIN CLINIC			14,545,183				
02	CATH LAB			3,065,239				
03	ACTIVITY THERAPY			1,082,153				
04	WOUND CARE CENTER			167,150				
05	BIARIATRIC CLINIC							
	OUTPAT SERVICE COST CNTRS			15,218,807				
61	EMERGENCY			808,625				
62	OBSERVATION BEDS (NON-DIS						5,019,856	
	OTHER REIMBURS COST CNTRS							
101	TOTAL			248,242,437				

TITLE XVIII, PART A

SUBPROVIDER 1

COL 8.01  
\* COL 5  
9.01

COL 8.02  
\* COL 5  
9.02

VKST A COST CENTER DESCRIPTION  
LINE NO.

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

- 37 ANCILLARY SRVC COST CNTRS
- 37 OPERATING ROOM
- 37 OUTPATIENT SURGERY
- 40 RECOVERY ROOM
- 40 ANESTHESIOLOGY
- 41 RADIOLOGY-DIAGNOSTIC
- 41 01 RADIOLOGY-SPECIAL PROCEDU
- 42 RADIOLOGY-THERAPEUTIC
- 43 RADIOISOTOPE
- 44 LABORATORY
- 47 BLOOD STORING, PROCESSING
- 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
- 59 ULTRASOUND
- 59 01 PAIN CLINIC
- 59 02 CATH LAB
- 59 03 ACTIVITY THERAPY
- 59 04 WOUND CARE CENTER
- 59 05 BARIATRIC CLINIC
- 61 OUTPAT SERVICE COST CNTRS
- 61 EMERGENCY
- 62 OBSERVATION BEDS (NON-DIS
- 62 OTHER REIMBURS COST CNTRS
- 101 TOTAL

TITLE XIX

SUBPROVIDER 1

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
	ANCILLARY SRVC COST CNTRS					.006320	
37	OPERATING ROOM	70,558	520,916	11,164,250		.000164	
37	01 OUTPATIENT SURGERY	121	2,000	736,390		.001600	
	RECOVERY ROOM	9,411	64,981	5,880,145		.000132	
	ANESTHESIOLOGY	311	34,680	2,349,468		.000877	2
41	RADIOLOGY-DIAGNOSTIC	34,440	542,748	39,274,444	2,080	.000120	1
41	01 RADIOLOGY-SPECIAL PROCEDU	37	1,409	309,599	4,795	.000143	1
42	RADIOLOGY-THERAPEUTIC	514	70,347	3,589,719	6,317	.002780	
43	RADIOISOTOPE	16,089	119,416	5,787,583		.000928	17
44	LABORATORY	30,247	169,174	32,596,061	17,864	.000137	1
47	BLOOD STORING, PROCESSING	270	2,178	1,965,444	4,526	.001806	16
49	RESPIRATORY THERAPY	8,874	64,122	4,913,207	8,626	.001098	79
50	PHYSICAL THERAPY	10,669	78,894	9,719,529	71,644	.001020	74
51	OCCUPATIONAL THERAPY	2,243	12,658	2,198,320	72,607	.002145	31
52	SPEECH PATHOLOGY	712	6,377	331,972	14,601	.003024	1
53	ELECTROCARDIOLOGY	21,246	139,568	7,026,050	177	.001691	
54	ELECTROENCEPHALOGRAPHY	4,034	51,867	2,385,569		.000500	6
55	MEDICAL SUPPLIES CHARGED	20,223	164,418	40,483,551	12,115	.000347	28
56	DRUGS CHARGED TO PATIENTS	12,059	72,905	34,737,729	80,354	.000109	
59	ULTRASOUND	576	62,096	5,302,430		.002694	
59	01 PAIN CLINIC	7,015	39,935	2,603,820	81	.001177	
59	02 CATH LAB	17,122	301,941	14,545,183		.000288	
59	03 ACTIVITY THERAPY	882	7,696	3,065,239	406	.005705	
59	04 WOUND CARE CENTER	6,174	38,993	1,082,153		.056853	
59	05 BARIATRIC CLINIC	9,503	51,410	167,150			
61	OUTPAT SERVICE COST CNTRS					.002663	
	EMERGENCY	40,524	233,906	15,218,807		.009980	
62	OBSERVATION BEDS (NON-DIS	8,070	54,449	808,625			
	OTHER REIMBURS COST CNTRS						257
101	TOTAL	331,924	2,909,084	248,242,437	296,193		

## TITLE XIX

SUBPROVIDER 1

1 13-1000

TEFRA

WKST A LINE NO.	COST CENTER DESCRIPTION	NEW CAPITAL CST/CHRG RATIO 7	COSTS 8
	ANCILLARY SRVC COST CNTRS		
37	OPERATING ROOM	.046659	
37	01 OUTPATIENT SURGERY	.002716	
	RECOVERY ROOM	.011051	
	ANESTHESIOLOGY	.014761	
41	RADIOLOGY-DIAGNOSTIC	.013819	29
41	01 RADIOLOGY-SPECIAL PROCEDU	.004551	22
42	RADIOLOGY-THERAPEUTIC	.019597	124
43	RADIOISOTOPE	.020633	
44	LABORATORY	.005190	93
47	BLOOD STORING, PROCESSING	.001108	5
49	RESPIRATORY THERAPY	.013051	113
50	PHYSICAL THERAPY	.008117	582
51	OCCUPATIONAL THERAPY	.005758	418
52	SPEECH PATHOLOGY	.019209	280
53	ELECTROCARDIOLOGY	.019864	4
54	ELECTROENCEPHALOGRAPHY	.021742	
55	MEDICAL SUPPLIES CHARGED	.004061	49
56	DRUGS CHARGED TO PATIENTS	.002099	169
59	ULTRASOUND	.011711	
59	01 PAIN CLINIC	.015337	1
59	02 CATH LAB	.020759	
59	03 ACTIVITY THERAPY	.002511	1
59	04 WOUND CARE CENTER	.036033	
59	05 BARIATRIC CLINIC	.307568	
	OUTPAT SERVICE COST CNTRS		
61	EMERGENCY	.015370	
62	OBSERVATION BEDS (NON-DIS	.067335	
	OTHER REIMBURS COST CNTRS		
101	TOTAL		1,890

TITLE XIX

SUBPROVIDER 1

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST	1.01	MED ED SCHOOL	NRS COST	MED ED HEALTH	ALLIED COST	MED ED OTHER	ALL COSTS	BLOOD CLOT FOR HEMOPHILIACS
		1		2		2.01		2.02		2.03
	ANCILLARY SRVC COST CNTRS									
37	OPERATING ROOM									
38	OUTPATIENT SURGERY									
40	RECOVERY ROOM									
41	ANESTHESIOLOGY									
41	RADIOLOGY-DIAGNOSTIC									
41	01 RADIOLOGY-SPECIAL PROCEDU									
42	RADIOLOGY-THERAPEUTIC									
43	RADIOISOTOPE									
44	LABORATORY									
47	BLOOD STORING, PROCESSING									
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									
59	ULTRASOUND									
59	01 PAIN CLINIC									
59	02 CATH LAB									
59	03 ACTIVITY THERAPY									
59	04 WOUND CARE CENTER									
59	05 BARIATRIC CLINIC									
	OUTPAT SERVICE COST CNTRS									
61	EMERGENCY									
62	OBSERVATION BEDS (NON-DIS									
	OTHER REIMBURS COST CNTRS									
101	TOTAL									

7,103

13,192

20,295

OTHER PASS THROUGH COSTS

I COMPONENT  
I 15-T090 I  
TEFRA

I

TITLE XIX

SUBPROVIDER 1

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 COST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
	ANCILLARY SRVC COST CNTRS	7,103	7,103	11,164,250	.000636	.000636		
	OPERATING ROOM			736,390				
	OUTPATIENT SURGERY			5,880,145				
	RECOVERY ROOM			2,349,468			2,080	
	ANESTHESIOLOGY			39,274,444			4,795	
	RADIOLOGY-DIAGNOSTIC			309,599			6,317	
	01 RADIOLOGY-SPECIAL PROCEDU			3,589,719				
	RADIOLOGY-THERAPEUTIC			5,787,583			17,864	
	RADIOISOTOPE			32,596,061			4,526	
	LABORATORY			1,965,444			8,626	
	BLOOD STORING, PROCESSING			4,913,207			71,644	
	RESPIRATORY THERAPY			9,719,529			72,607	
	PHYSICAL THERAPY			2,198,320			14,601	
	OCCUPATIONAL THERAPY			331,972			177	
	SPEECH PATHOLOGY			7,026,050				
	ELECTROCARDIOLOGY			2,385,569			12,115	
	ELECTROENCEPHALOGRAPHY			40,483,551			80,354	
	MEDICAL SUPPLIES CHARGED			34,737,729				
	DRUGS CHARGED TO PATIENTS			5,302,430			81	
	ULTRASOUND			2,603,820				
	59 01 PAIN CLINIC			14,545,183			406	
	59 02 CATH LAB			3,065,239				
	59 03 ACTIVITY THERAPY			1,082,153				
	59 04 WOUND CARE CENTER			167,150				
	59 05 BARIATRIC CLINIC							
	OUTPAT SERVICE COST CNTRS	13,192	13,192	15,218,807	.000867	.000867		
	EMERGENCY			808,625				
	61 OBSERVATION BEDS (NON-DIS						296,193	
	62 OTHER REIMBURS COST CNTRS	20,295	20,295	248,242,437				
101	TOTAL							

TITLE XIX

SUBPROVIDER 1

TEFRA

WKST A LINE NO.	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES	OUTPAT PROG D,V COL 5.03	OUTPAT PROG D,V COL 5.04	OUTPAT PROG PASS THRU COST	COL 8.01 * COL 5 9.01	COL 8.02 * COL 5 9.02
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM						
1	OUTPATIENT SURGERY						
40	RECOVERY ROOM						
41	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
42	01 RADIOLOGY-SPECIAL PROCEDU						
43	RADIOLOGY-THERAPEUTIC						
44	RADIOISOTOPE						
44	LABORATORY						
47	BLOOD STORING, PROCESSING						
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						
59	ULTRASOUND						
59	01 PAIN CLINIC						
59	02 CATH LAB						
59	03 ACTIVITY THERAPY						
59	04 WOUND CARE CENTER						
59	05 BARIATRIC CLINIC						
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
	OTHER REIMBURS COST CNTRS						
101	TOTAL						

## TITLE XVIII PART A

## HOSPITAL

## PPS

## PART I - ALL PROVIDER COMPONENTS

1

## INPATIENT DAYS

1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	26,622
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	26,622
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	26,622
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS)	
6	THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
7	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER	
8	DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
9	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS)	
10	THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
11	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER	
12	DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	16,081
13	TOTAL INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM	
14	(EXCLUDING SWING-BED AND NEWBORN DAYS)	
15	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING	
16	PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
	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)	
	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V & XIX ONLY (INCLUDING	
	PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
	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)	
	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM	
	(EXCLUDING SWING-BED DAYS)	
	TOTAL NURSERY DAYS (TITLE V OR XIX ONLY)	
	NURSERY DAYS (TITLE V OR XIX ONLY)	

## SWING-BED ADJUSTMENT

17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH	
18	DECEMBER 31 OF THE COST REPORTING PERIOD	
19	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER	
20	DECEMBER 31 OF THE COST REPORTING PERIOD	
21	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH	
22	DECEMBER 31 OF THE COST REPORTING PERIOD	
23	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER	
24	DECEMBER 31 OF THE COST REPORTING PERIOD	16,747,619
25	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	
26	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST	
27	REPORTING PERIOD	
	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST	
	REPORTING PERIOD	
	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST	
	REPORTING PERIOD	
	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST	
	REPORTING PERIOD	
	TOTAL SWING-BED COST (SEE INSTRUCTIONS)	16,747,619
	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	

## PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	13,048,366
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	13,048,366
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	1.283503
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	490.13
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL	
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL	
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT	16,747,619
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM	
	COST DIFFERENTIAL	

## 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					629.09
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST					10,116,396
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM					10,116,396
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST					

	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	3,692,333	3,131	1,179.28	1,637	1,930,481
43	INTENSIVE CARE UNIT					
44	CORONARY CARE UNIT					
45	BURN INTENSIVE CARE UNIT					
46	SURGICAL INTENSIVE CARE UNIT					1
47	OTHER SPECIAL CARE					17,345,490
48	PROGRAM INPATIENT ANCILLARY SERVICE COST					29,392,367
49	TOTAL PROGRAM INPATIENT COSTS					

## PASS THROUGH COST ADJUSTMENTS

50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	959,047
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES	818,847
52	TOTAL PROGRAM EXCLUDABLE COST	1,777,894
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST, AND MEDICAL EDUCATION COSTS	27,614,473

## 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

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

PART IV - COMPUTATION OF OBSERVATION BED COST

83	TOTAL OBSERVATION BED DAYS	1,184
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	629.09
85	OBSERVATION BED COST	744,843

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	181,451	16,747,619	.010834	744,843	8,070
87	1,224,276	16,747,619	.073101	744,843	54,449
88		16,747,619		744,843	
89		16,747,619		744,843	
89.01					
89.02					

## 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)	3,909
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	3,909
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	3,909
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS)	
6	THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
7	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER	
8	DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
9	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS)	
10	THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
11	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER	3,412
12	DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
13	TOTAL INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM	
14	(EXCLUDING SWING-BED AND NEWBORN DAYS)	
15	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING	
16	PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
17	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING	
18	PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR	
19	YEAR, ENTER 0 ON THIS LINE)	
20	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V & XIX ONLY (INCLUDING	
21	PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
22	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V & XIX ONLY (INCLUDING	
23	PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR	
24	YEAR, ENTER 0 ON THIS LINE)	
25	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM	
26	(EXCLUDING SWING-BED DAYS)	
27	TOTAL NURSERY DAYS (TITLE V OR XIX ONLY)	
28	NURSERY DAYS (TITLE V OR XIX ONLY)	

## SWING-BED ADJUSTMENT

17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH	
18	DECEMBER 31 OF THE COST REPORTING PERIOD	
19	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER	
20	DECEMBER 31 OF THE COST REPORTING PERIOD	
21	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH	
22	DECEMBER 31 OF THE COST REPORTING PERIOD	
23	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER	
24	DECEMBER 31 OF THE COST REPORTING PERIOD	12,449,335
25	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	
26	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST	
27	REPORTING PERIOD	
28	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST	
29	REPORTING PERIOD	
30	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST	
31	REPORTING PERIOD	
32	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST	
33	REPORTING PERIOD	
34	TOTAL SWING-BED COST (SEE INSTRUCTIONS)	12,449,335
35	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	

## PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	2,337,069
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	2,337,069
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	5.326901
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	597.87
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL	
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL	
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT	12,449,335
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM	
	COST DIFFERENTIAL	

## TITLE XVIII PART A

SUBPROVIDER I

PPS

1

## PART II - HOSPITAL AND SUBPROVIDERS ONLY

PROGRAM INPATIENT OPERATING COST BEFORE  
PASS THROUGH COST ADJUSTMENTS

38	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM					3,184.79
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST					10,866,503
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM					10,866,503
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST					

	TOTAL I/P COST 1	TOTAL I/P DAYS 2	AVERAGE PER DIEM 3	PROGRAM DAYS 4	PROGRAM COST 5
42					
43					
44					
45					
46					
47					1
					1,581,081
48					12,447,584
49					

## PASS THROUGH COST ADJUSTMENTS

50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES					29,105
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES					35,885
52	TOTAL PROGRAM EXCLUDABLE COST					64,990
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST, AND MEDICAL EDUCATION COSTS					12,382,594

## 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					

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

1

- 66 SKILLED NURSING FACILITY/OTHER NURSING FACILITY/ICF/MR ROUTINE SERVICE COST
- 68 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM
- 69 PROGRAM ROUTINE SERVICE COST
- 70 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO PROGRAM
- 71 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COSTS
- 72 CAPITAL-RELATED COST ALLOCATED TO INPATIENT ROUTINE SERVICE COSTS 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
- 85 OBSERVATION BED COST

3,184.79

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	2,850	12,449,335	.000229		
87 NEW CAPITAL-RELATED COST	30,503	12,449,335	.002450		
88 NON PHYSICIAN ANESTHETIST		12,449,335			
89 MEDICAL EDUCATION		12,449,335			
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)	26,622
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	26,622
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	26,622
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)	1,723
9	TOTAL INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	
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 TITLES 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	17,263,108
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	
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)	17,263,108
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	

## PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	701,902
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	701,902
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	24.594755
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	26.37
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL	
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL	
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT	17,263,108
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	

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					648.45
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST					1,117,279
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM					1,117,279
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST					

	TOTAL I/P COST 1	TOTAL I/P DAYS 2	AVERAGE PER DIEM 3	PROGRAM DAYS 4	PROGRAM COST 5
42					
43	3,692,333	3,131	1,179.28	212	250,007
44					
45					
46					
47					1
					1,509,251
48					2,876,537
49					

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

1

- SKILLED NURSING FACILITY/OTHER NURSING FACILITY/ICF/MR ROUTINE SERVICE COST
- 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	1,184
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	648.45
85	OBSERVATION BED COST	767,765

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

TEFRA

## PART I - ALL PROVIDER COMPONENTS

1

## INPATIENT DAYS

1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	3,909
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	3,909
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	3,909
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS)	
6	THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
7	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
8	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
9	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)	183
10	TOTAL INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
12	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)	
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
14	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
15	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)	
16	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	12,449,335
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)	12,449,335
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	

## PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	4,490
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	4,490
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	2772.680401
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	1.15
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL	
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL	
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT	12,449,335
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	

TITLE XIX - I/P

SUBPROVIDER I

TEFRA

PART II - HOSPITAL AND SUBPROVIDERS ONLY

1

PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS

38	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM					3,184.79
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST					582,817
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM					582,817
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST					

	TOTAL I/P COST 1	TOTAL I/P DAYS 2	AVERAGE PER DIEM 3	PROGRAM DAYS 4	PROGRAM COST 5
--	---------------------	---------------------	-----------------------	-------------------	-------------------

42	NURSERY (TITLE V & XIX ONLY)					
	INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS					
43	INTENSIVE CARE UNIT					
44	CORONARY CARE UNIT					
45	BURN INTENSIVE CARE UNIT					
46	SURGICAL INTENSIVE CARE UNIT					1
47	OTHER SPECIAL CARE					96,009
48	PROGRAM INPATIENT ANCILLARY SERVICE COST					678,826
49	TOTAL PROGRAM INPATIENT COSTS					

PASS THROUGH COST ADJUSTMENTS

50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES					2,147
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES					2,147
52	TOTAL PROGRAM EXCLUDABLE COST					676,679
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST, AND MEDICAL EDUCATION COSTS					

TARGET AMOUNT AND LIMIT COMPUTATION

14

54	PROGRAM DISCHARGES					
55	TARGET AMOUNT PER DISCHARGE					
56	TARGET AMOUNT					-676,679
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.					2,147
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

TEFRA

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

1

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

PART IV - COMPUTATION OF OBSERVATION BED COST

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

3,184.79

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	2,850	12,449,335	.000229		
87 NEW CAPITAL-RELATED COST	30,503	12,449,335	.002450		
88 NON PHYSICIAN ANESTHETIST		12,449,335			
89 MEDICAL EDUCATION	2,850	12,449,335	.000229		
89.01 MEDICAL EDUCATION - ALLIED HEA					
89.02 MEDICAL EDUCATION - ALL OTHER					

TITLE XVIII, PART A

HOSPITAL

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
	INPAT ROUTINE SRVC CNTRS		13,048,366	
	ADULTS & PEDIATRICS		2,523,388	
25	INTENSIVE CARE UNIT			
	SUBPROVIDER			
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.462511	2,771,028	1,281,631
37	01 OUTPATIENT SURGERY	.322533	315,844	101,870
38	RECOVERY ROOM	.273810	761,242	208,436
40	ANESTHESIOLOGY	.090664	475,362	43,098
41	RADIOLOGY-DIAGNOSTIC	.161577	8,148,999	1,316,691
41	01 RADIOLOGY-SPECIAL PROCEDURES	.145446	100,318	14,591
42	RADIOLOGY-THERAPEUTIC	.284804	98,344	28,009
43	RADIOISOTOPE	.155710	1,414,725	220,287
44	LABORATORY	.163606	9,516,217	1,556,910
47	BLOOD STORING, PROCESSING & TRANS.	.308550	1,172,983	361,924
49	RESPIRATORY THERAPY	.345994	2,977,710	1,030,270
50	PHYSICAL THERAPY	.452217	1,083,147	489,817
51	OCCUPATIONAL THERAPY	.337301	464,266	156,597
52	SPEECH PATHOLOGY	.671960	55,573	37,343
53	ELECTROCARDIOLOGY	.208318	2,620,539	545,905
54	ELECTROENCEPHALOGRAPHY	.220495	275,517	60,750
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.283185	16,098,706	4,558,912
56	DRUGS CHARGED TO PATIENTS	.191753	17,275,067	3,312,546
59	ULTRASOUND	.123792	1,539,122	190,531
59	01 PAIN CLINIC	.219947	68,268	15,015
59	02 CATH LAB	.148171	5,777,338	856,034
59	03 ACTIVITY THERAPY	.794752	2,184	1,736
59	04 WOUND CARE CENTER	.424694		
59	05 BARIATRIC CLINIC	2.804900		
	OUTPAT SERVICE COST CNTRS			
61	EMERGENCY	.327840	2,917,848	956,587
62	OBSERVATION BEDS (NON-DISTINCT PART)	.921123		
	OTHER REIMBURS COST CNTRS			
101	TOTAL			
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES		75,930,347	17,345,490
103	NET CHARGES		75,930,347	

## TITLE XVIII, PART A

SUBPROVIDER 1

I 15-T090

PPS

INPATIENT  
COST  
3INPATIENT  
CHARGES  
2RATIO COST  
TO CHARGES  
1

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS			
28	ADULTS & PEDIATRICS			
	INTENSIVE CARE UNIT		2,337,069	
	SUBPROVIDER			
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.462511	4,957	2,293
37	01 OUTPATIENT SURGERY	.322533	5,488	1,770
38	RECOVERY ROOM	.273810		
40	ANESTHESIOLOGY	.090664	60	5
41	RADIOLOGY-DIAGNOSTIC	.161577	137,427	22,205
41	01 RADIOLOGY-SPECIAL PROCEDURES	.145446	46,433	6,753
42	RADIOLOGY-THERAPEUTIC	.284804	14,374	4,094
43	RADIOISOTOPE	.155710	1,979	308
44	LABORATORY	.163606	350,064	57,273
47	BLOOD STORING, PROCESSING & TRANS.	.308550	25,142	7,758
49	RESPIRATORY THERAPY	.345994	95,660	33,098
50	PHYSICAL THERAPY	.452217	1,237,266	559,513
51	OCCUPATIONAL THERAPY	.337301	1,263,505	426,182
52	SPEECH PATHOLOGY	.671960	152,025	102,155
53	ELECTROCARDIOLOGY	.208318	10,229	2,131
54	ELECTROENCEPHALOGRAPHY	.220495	2,030	448
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.283185	426,989	120,917
56	DRUGS CHARGED TO PATIENTS	.191753	1,165,835	223,552
59	ULTRASOUND	.123792	59,538	7,370
59	01 PAIN CLINIC	.219947	2,321	510
59	02 CATH LAB	.148171	18,534	2,746
59	03 ACTIVITY THERAPY	.794752		
59	04 WOUND CARE CENTER	.424694		
59	05 BARIATRIC CLINIC	2.804900		
	OUTPAT SERVICE COST CNTRS			
61	EMERGENCY	.327840		
62	OBSERVATION BEDS (NON-DISTINCT PART)	.921123		
	OTHER REIMBURS COST CNTRS		5,019,856	1,581,081
101	TOTAL			
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES		5,019,856	
103	NET CHARGES			

VKST A LINE NO.	TITLE XIX COST CENTER DESCRIPTION	HOSPITAL	RATIO COST	INPATIENT	INPATIENT
			TO CHARGES 1	CHARGES 2	COST 3
	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS			701,902 519,804	
25	INTENSIVE CARE UNIT SUBPROVIDER				
	ANCILLARY SRVC COST CNTRS		.463148	920,714	426,427
37	OPERATING ROOM		.322533	169,717	54,739
37	01 OUTPATIENT SURGERY		.273810	225,821	61,832
38	RECOVERY ROOM		.090664	122,511	11,107
40	ANESTHESIOLOGY		.161577	536,261	86,647
41	RADIOLOGY-DIAGNOSTIC		.145446	44,853	6,524
41	01 RADIOLOGY-SPECIAL PROCEDURES		.284804	3,150	897
42	RADIOLOGY-THERAPEUTIC		.155710	112,815	17,566
43	RADIOISOTOPE		.163606	747,017	122,216
44	LABORATORY		.308550	74,836	23,091
47	BLOOD STORING, PROCESSING & TRANS.		.344588	306,931	105,765
49	RESPIRATORY THERAPY		.451783	49,295	22,271
50	PHYSICAL THERAPY		.337301	24,522	8,271
51	OCCUPATIONAL THERAPY		.671960	3,891	2,615
52	SPEECH PATHOLOGY		.208318	135,791	28,288
53	ELECTROCARDIOLOGY		.219190	10,796	2,366
54	ELECTROENCEPHALOGRAPHY		.283185	268,740	76,103
55	MEDICAL SUPPLIES CHARGED TO PATIENTS		.191753	1,381,382	264,884
56	DRUGS CHARGED TO PATIENTS		.123792	149,796	18,544
59	ULTRASOUND		.219947		67,401
59	01 PAIN CLINIC		.148171	454,888	
59	02 CATH LAB		.794752		
59	03 ACTIVITY THERAPY		.424694		
59	04 WOUND CARE CENTER		2.804900		
59	05 BARIATRIC CLINIC				
	OUTPAT SERVICE COST CNTRS		.328707	309,385	101,697
61	EMERGENCY		.921123		
62	OBSERVATION BEDS (NON-DISTINCT PART)				
	OTHER REIMBURS COST CNTRS			6,053,112	1,509,251
101	TOTAL				
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			6,053,112	
103	NET CHARGES				

SUBPROVIDER 1

TEFRA

TITLE XIX

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 INTENSIVE CARE UNIT SUBPROVIDER		4,490	
	ANCILLARY SRVC COST CNTRS	.463148		
37	OPERATING ROOM	.322533		
37	01 OUTPATIENT SURGERY	.273810		
38	RECOVERY ROOM	.090664		
40	ANESTHESIOLOGY	.161577	2,080	336
41	RADIOLOGY-DIAGNOSTIC	.145446	4,795	697
41	01 RADIOLOGY-SPECIAL PROCEDURES	.284804	6,317	1,799
42	RADIOLOGY-THERAPEUTIC	.155710		
43	RADIOISOTOPE	.163606	17,864	2,923
44	LABORATORY	.308550	4,526	1,396
47	BLOOD STORING, PROCESSING & TRANS.	.344588	8,626	2,972
49	RESPIRATORY THERAPY	.451783	71,644	32,368
50	PHYSICAL THERAPY	.337301	72,607	24,490
51	OCCUPATIONAL THERAPY	.671960	14,601	9,811
52	SPEECH PATHOLOGY	.208318	177	37
53	ELECTROCARDIOLOGY	.219190		
54	ELECTROENCEPHALOGRAPHY	.283185	12,115	3,431
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.191753	80,354	15,408
56	DRUGS CHARGED TO PATIENTS	.123792		
59	ULTRASOUND	.219947	81	18
59	01 PAIN CLINIC	.148171		
59	02 CATH LAB	.794752	406	323
59	03 ACTIVITY THERAPY	.424694		
59	04 WOUND CARE CENTER	2.804900		
59	05 BARIATRIC CLINIC			
	OUTPAT SERVICE COST CNTRS	.328707		
61	EMERGENCY	.921123		
62	OBSERVATION BEDS (NON-DISTINCT PART)			
	OTHER REIMBURS COST CNTRS		296,193	96,009
101	TOTAL			
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES		296,193	
103	NET CHARGES			

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

HOSPITAL

DESCRIPTION

1 1.01

	DRG AMOUNT	16,234,442
	OTHER THAN OUTLIER PAYMENTS OCCURRING PRIOR TO OCTOBER 1	5,411,481
1.01	OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER OCTOBER 1 AND BEFORE JANUARY 1	
1.02	OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER JAN 1	
	MANAGED CARE PATIENTS	188,478
1.03	PAYMENTS PRIOR TO MARCH 1ST OR OCTOBER 1ST	62,826
1.04	PAYMENTS ON OR AFTER OCTOBER 1 AND PRIOR TO JANUARY 1	
1.05	PAYMENTS ON OR AFTER JANUARY 1ST BUT BEFORE 4/1 / 10/1	
1.06	ADDITIONAL AMOUNT RECEIVED OR TO BE RECEIVED (SEE INSTR)	
1.07	PAYMENTS FOR DISCHARGES ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001.	
1.08	SIMULATED PAYMENTS FROM PS&R ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001.	
2	OUTLIER PAYMENTS FOR DISCHARGES OCCURRING PRIOR TO 10/1/97	1,022,840
2.01	OUTLIER PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER OCTOBER 1, 1997 (SEE INSTRUCTIONS)	111.83
3	BED DAYS AVAILABLE DIVIDED BY # DAYS IN COST RPTG PERIOD	
	INDIRECT MEDICAL EDUCATION ADJUSTMENT	
3.01	NUMBER OF INTERNS & RESIDENTS FROM WKST S-3, PART I	
3.02	INDIRECT MEDICAL EDUCATION PERCENTAGE (SEE INSTRUCTIONS)	7.80
3.03	INDIRECT MEDICAL EDUCATION ADJUSTMENT	
3.04	FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE 12/31/1996.	
3.05	FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS WHICH MEET THE CRITERIA FOR AN ADD-ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii)	.97
3.06	ADJUSTED FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR AFFILIATED PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii)	
	FOR CR PERIODS ENDING ON OR AFTER 7/1/2005	
	E-3 PT 6 LN 15 PLUS LN 3.06	7.88
	6.91 .97	7.70
3.07	SUM OF LINES 3.04 THROUGH 3.06 (SEE INSTRUCTIONS)	
3.08	FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS IN THE CURRENT YEAR FROM YOUR RECORDS	
3.09	FOR COST REPORTING PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING PRIOR TO OCTOBER 1.	
3.10	FOR COST REPORTING PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING ON OR AFTER OCTOBER 1	
3.11	FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.09	
3.12	FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.10	
3.13	FTE COUNT FOR RESIDENTS IN DENTAL AND PODIATRIC PROGRAMS.	7.70
3.14	CURRENT YEAR ALLOWABLE FTE (SEE INSTRUCTIONS)	6.14
3.15	TOTAL ALLOWABLE FTE COUNT FOR THE PRIOR YEAR, IF NONE BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE	7.51
3.16	TOTAL ALLOWABLE FTE COUNT FOR THE PENULTIMATE YEAR IF THAT YEAR ENDED ON OR AFTER SEPTEMBER 30, 1997, OTHERWISE ENTER ZERO. IF THERE WAS NO FTE COUNT IN THIS PERIOD BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE	7.12
3.17	SUM OF LINES 3.14 THRU 3.16 DIVIDED BY THE NUMBER OF THOSE LINES IN EXCESS OF ZERO (SEE INSTRUCTIONS).	.063668
3.18	CURRENT YEAR RESIDENT TO BED RATIO (LN 3.17 DIVIDED BY LN 3)	.061216
3.19	PRIOR YEAR RESIDENT TO BED RATIO (SEE INSTRUCTIONS)	.061216
3.20	FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 1997, ENTER THE LESSER OF LINES 3.18 OR 3.19 (SEE INST)	539,969
3.21	IME PAYMENTS FOR DISCHARGES OCCURRING PRIOR TO OCT 1	179,990
3.22	IME PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER OCT 1, BUT BEFORE JANUARY 1 (SEE INSTRUCTIONS)	
3.23	IME PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER JANUARY 1	
	SUM OF LINES 3.21 - 3.23	719,959
3.24	SUM OF LINES 3.21 THROUGH 3.23 (SEE INSTRUCTIONS).	
	DISPROPORTIONATE SHARE ADJUSTMENT	
4	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS (SEE INSTRUCTIONS)	
4.01	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS REPORTED ON WORKSHEET S-3, PART I	
4.02	SUM OF LINES 4 AND 4.01	
4.03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTRUC)	
4.04	DISPROPORTIONATE SHARE ADJUSTMENT (SEE INSTRUCTIONS)	
	ADDITIONAL PAYMENT FOR HIGH PERCENTAGE OF ESRD BENEFICIARY DISCHARGES	
5	TOTAL MEDICARE DISCHARGES ON WKST S-3, PART I EXCLUDING DISCHARGES FOR DRGS 302, 316, 317 OR MS-DRGS 652, 682 - 685. (SEE INSTRUCTIONS)	
5.01	TOTAL ESRD MEDICARE DISCHARGES EXCLUDING DRGS 302, 316, 317 OR MS-DRGS 652 AND 682 - 685. (SEE INSTRUCTIONS)	

## PART A - INPATIENT HOSPITAL SERVICES UNDER PPS HOSPITAL

## DESCRIPTION

1

1.01

2	DIVIDE LINE 5.01 BY LINE 5 (IF LESS THAN 10%, YOU DO NOT QUALIFY FOR ADJUSTMENT)	
5.03	TOTAL MEDICARE ESRD INPATIENT DAYS EXCLUDING DRGS 302, 316, 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 INSTRUC)	
5.06	TOTAL ADDITIONAL PAYMENT	23,388,722
6	SUBTOTAL (SEE INSTRUCTIONS)	
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)	23,388,722
8	TOTAL PAYMENT FOR INPATIENT OPERATING COSTS SCH AND MDH ONLY (SEE INSTRUCTIONS)	2,024,493
9	PAYMENT FOR INPATIENT PROGRAM CAPITAL	
10	EXCEPTION PAYMENT FOR INPATIENT PROGRAM CAPITAL (WORKSHEET L, PART IV, SEE INSTRUCTIONS)	274,981
11	DIRECT GRADUATE MEDICAL EDUCATION PAYMENT (FROM WORKSHEET E-3, PART IV, SEE INSTRUCTIONS)	
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	25,688,196
15	ANCILLARY SERVICE OTHER PASS THROUGH COSTS	30,353
16	TOTAL	25,657,843
17	PRIMARY PAYER PAYMENTS	1,977,480
18	TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES	141,808
19	DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	223,787
20	COINSURANCE BILLED TO PROGRAM BENEFICIARIES	156,651
21	REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	124,944
21.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	23,695,206
21.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	
22	SUBTOTAL	
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	23,695,206
26	AMOUNT DUE PROVIDER	23,786,825
27	SEQUESTRATION ADJUSTMENT	
28	INTERIM PAYMENTS	-91,619
28.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
29	BALANCE DUE PROVIDER (PROGRAM)	
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)	

## PART B - MEDICAL AND OTHER HEALTH SERVICES

## HOSPITAL

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)	1,865
1.01	MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER APRIL 1, 2001 (SEE INSTRUCTIONS).	6,019,394
1.02	PPS PAYMENTS RECEIVED INCLUDING OUTLIERS.	6,145,157
1.03	ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO.	.749
1.04	LINE 1.01 TIMES LINE 1.03.	4,508,526
1.05	LINE 1.02 DIVIDED BY LINE 1.04.	
1.06	TRANSITIONAL CORRIDOR PAYMENT (SEE INSTRUCTIONS)	
1.07	ENTER THE AMOUNT FROM WORKSHEET D, PART IV, (COLS 9, 9.01, 9.02) LINE 101.	
2	INTERNS AND RESIDENTS	
3	ORGAN ACQUISITIONS	1,865
4	COST OF TEACHING PHYSICIANS	
5	TOTAL COST (SEE INSTRUCTIONS)	
COMPUTATION OF LESSER OF COST OR CHARGES		
6	REASONABLE CHARGES	9,725
7	ANCILLARY SERVICE CHARGES	
8	INTERNS AND RESIDENTS SERVICE CHARGES	
9	ORGAN ACQUISITION CHARGES	
9	CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS.	9,725
10	TOTAL REASONABLE CHARGES	
CUSTOMARY CHARGES		
11	AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS	
12	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e).	
13	RATIO OF LINE 11 TO LINE 12	9,725
14	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)	7,860
15	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	
16	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	1,865
17	LESSER OF COST OR CHARGES (FOR CAH SEE INSTRUC)	6,145,157
17.01	TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 1.02, 1.06 AND 1.07)	
COMPUTATION OF REIMBURSEMENT SETTLEMENT		
3	DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)	1,522,215
18.01	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 17.01 (SEE INSTRUCTIONS)	4,624,807
19	SUBTOTAL (SEE INSTRUCTIONS)	
20	SUM OF AMOUNTS FROM WORKSHEET E PARTS C, D & E (SEE INSTR.)	39,584
21	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	
22	ESRD DIRECT MEDICAL EDUCATION COSTS	4,664,391
23	SUBTOTAL	3,865
24	PRIMARY PAYER PAYMENTS	4,660,526
25	SUBTOTAL	
REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)		
26	COMPOSITE RATE ESRD	147,391
27	BAD DEBTS (SEE INSTRUCTIONS)	103,174
27.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	82,558
27.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	4,763,700
28	SUBTOTAL	
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.	4,763,700
32	SUBTOTAL	
33	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	4,744,333
34	INTERIM PAYMENTS	
34.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	19,367
35	BALANCE DUE PROVIDER/PROGRAM	
36	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2	

TITLE XVIII

HOSPITAL

DESCRIPTION

INPATIENT-PART A		PART B	
MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT
1	2	3	4
	23,711,902		4,699,741
	NONE		NONE

4 TOTAL INTERIM PAYMENTS PAID TO PROVIDER  
 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.  
 3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT  
 AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM  
 RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE  
 OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A  
 ZERO. (1)

ADJUSTMENTS TO PROVIDER	.01	8/19/2008	74,923	8/19/2008	44,592
ADJUSTMENTS TO PROVIDER	.02				
ADJUSTMENTS TO PROVIDER	.03				
ADJUSTMENTS TO PROVIDER	.04				
ADJUSTMENTS TO PROVIDER	.05				
ADJUSTMENTS TO PROGRAM	.50				
ADJUSTMENTS TO PROGRAM	.51				
ADJUSTMENTS TO PROGRAM	.52				
ADJUSTMENTS TO PROGRAM	.53				
ADJUSTMENTS TO PROGRAM	.54				
ADJUSTMENTS TO PROGRAM	.99				
			74,923		44,592
			23,786,825		4,744,333

4 TOTAL INTERIM PAYMENTS

5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT  
 AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT.  
 IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)

TENTATIVE TO PROVIDER	.01				
TENTATIVE TO PROVIDER	.02				
TENTATIVE TO PROVIDER	.03				
TENTATIVE TO PROGRAM	.50				
TENTATIVE TO PROGRAM	.51				
TENTATIVE TO PROGRAM	.52				
TENTATIVE TO PROGRAM	.99				
			NONE		NONE
					19,367
			91,619		

- SUBTOTAL  
 DETERMINED NET SETTLEMENT  
 AMOUNT (BALANCE DUE)  
 BASED ON COST REPORT (1)

7 TOTAL MEDICARE PROGRAM LIABILITY

23,695,206 4,763,700

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

MM/DD/YYYY 1	INPATIENT-PART A	P A R T		AMOUNT 4
	AMOUNT 2	MM/DD/YYYY 3		
	3,971,358			NONE
	NONE			

TOTAL INTERIM PAYMENTS PAID TO PROVIDER  
 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.

3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT  
 AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM  
 RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE  
 OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A  
 ZERO. (1)

ADJUSTMENTS TO PROVIDER	.01
ADJUSTMENTS TO PROVIDER	.02
ADJUSTMENTS TO PROVIDER	.03
ADJUSTMENTS TO PROVIDER	.04
ADJUSTMENTS TO PROVIDER	.05
ADJUSTMENTS TO PROGRAM	.50
ADJUSTMENTS TO PROGRAM	.51
ADJUSTMENTS TO PROGRAM	.52
ADJUSTMENTS TO PROGRAM	.53
ADJUSTMENTS TO PROGRAM	.54
ADJUSTMENTS TO PROGRAM	.99

NONE  
 3,971,358

NONE

SUBTOTAL

4 TOTAL INTERIM PAYMENTS

TO BE COMPLETED BY INTERMEDIARY  
 5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT  
 AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT.  
 IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)

TENTATIVE TO PROVIDER	.01
TENTATIVE TO PROVIDER	.02
TENTATIVE TO PROVIDER	.03
TENTATIVE TO PROGRAM	.50
TENTATIVE TO PROGRAM	.51
TENTATIVE TO PROGRAM	.52
TENTATIVE TO PROGRAM	.99

NONE  
 56,024

NONE

SUBTOTAL

6 DETERMINED NET SETTLEMENT  
 AMOUNT (BALANCE DUE)  
 BASED ON COST REPORT (1)

SETTLEMENT TO PROVIDER	.01
SETTLEMENT TO PROGRAM	.02

4,027,382

7 TOTAL MEDICARE PROGRAM LIABILITY

NAME OF INTERMEDIARY:  
 INTERMEDIARY NO:

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

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

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

PART 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)	3,874,291
1.02	ENTER FROM THE PS&R, THE IRF PPS PAYMENT	.0274
1.03	MEDICARE SSI RATIO (IRF PPS ONLY) (SEE INSTR.)	176,679
1.04	INPATIENT REHABILITATION FACILITY LIP PAYMENTS (SEE INSTRUCTIONS)	32,783
1.05	OUTLIER PAYMENTS	4,083,753
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)	
1.09	NET IPF PPS OUTLIER PAYMENTS	
1.10	NET IPF PPS ECT PAYMENTS	
1.11	UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR LATEST COST REPORT FILED PRIOR TO NOVEMBER 15, 2004 (SEE INSTRUCTIONS)	
1.12	NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTRUCTIONS)	
1.13	CURRENT YEARS UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.14	CURRENT YEARS UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.15	INTERN AND RESIDENT COUNT FOR IPF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)	
1.16	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)	
1.17	MEDICAL EDUCATION ADJUSTMENT FACTOR $\{(1 + (\text{LINE } 1.15/1.16)) \text{ RAISED TO THE POWER OF } .5150 - 1\}$ .	
1.18	MEDICAL EDUCATION ADJUSTMENT (LINE 1.08 MULTIPLIED BY LINE 1.17).	
1.19	ADJUSTED NET IPF PPS PAYMENTS (SUM OF LINES 1.08, 1.09, 1.10 AND 1.18)	
1.20	STOP LOSS PAYMENT FLOOR (LINE 1 x 70%)	
1.21	ADJUSTED NET PAYMENT FLOOR (LINE 1.20 x THE APPROPRIATE FEDERAL BLEND PERCENTAGE)	
1.22	STOP LOSS ADJUSTMENT (IF LINE 1.21 IS GREATER THAN LINE 1.19 ENTER THE AMOUNT ON LINE 1.21 LESS LINE 1.19 OTHERWISE ENTER -0-)	
1.23	TOTAL IPF PPS PAYMENTS (SUM OF LINES 1.01, 1.19 AND 1.22)	
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)	10.680328
1.40	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)	
1.41	MEDICAL EDUCATION ADJUSTMENT FACTOR $\{(1 + (\text{LINE } 1.39/1.40)) \text{ RAISED TO THE POWER OF } .9012 - 1\}$ .	
1.42	MEDICAL EDUCATION ADJUSTMENT (LINE 1.02 MULTIPLIED BY LINE 1.41).	
2	ORGAN ACQUISITION	
3	COST OF TEACHING PHYSICIANS	4,083,753
4	SUBTOTAL (SEE INSTRUCTIONS)	8,315
5	PRIMARY PAYER PAYMENTS	4,075,438
6	SUBTOTAL	6,112
7	DEDUCTIBLES	4,069,326
8	SUBTOTAL	41,944
9	COINSURANCE	4,027,382
10	SUBTOTAL	
11	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROF SERVS)	
11.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	
11.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	4,027,382
12	SUBTOTAL	
13	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	
13.01	OTHER PASS THROUGH COSTS (SEE INSTRUCTIONS)	
14	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION	
15	OTHER ADJUSTMENTS (SPECIFY)	
15.99	OUTLIER RECONCILIATION ADJUSTMENT	
16	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS	

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

17	RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS	4,027,382
	TOTAL AMOUNT PAYABLE TO THE PROVIDER (SEE INSTRUCTIONS)	
	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	3,971,358
	INTERIM PAYMENTS	
01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	56,024
20	BALANCE DUE PROVIDER/PROGRAM	
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.

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

	TITLE XIX	HOSPITAL	OTHER TITLE V OR TITLE XIX 1	TITLE XVIII SNF PPS 2
1	COMPUTATION OF NET COST OF COVERED SERVICE			2,876,537
2	INPATIENT HOSPITAL/SNF/NF SERVICES			
3	MEDICAL AND OTHER SERVICES			
4	INTERNS AND RESIDENTS (SEE INSTRUCTIONS)			
5	ORGAN ACQUISITION (CERT TRANSPLANT CENTERS ONLY)			2,876,537
6	COST OF TEACHING PHYSICIANS (SEE INSTRUCTIONS)			
7	SUBTOTAL			
8	INPATIENT PRIMARY PAYER PAYMENTS			2,876,537
9	OUTPATIENT PRIMARY PAYER PAYMENTS			
	SUBTOTAL			
	COMPUTATION OF LESSER OF COST OR CHARGES			
	REASONABLE CHARGES			6,053,112
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			6,053,112
16	TOTAL REASONABLE CHARGES			
	CUSTOMARY CHARGES			
17	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR			
18	PAYMENT FOR SERVICES ON A CHARGE BASIS			
19	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE			
20	FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT			
21	BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e)			
22	RATIO OF LINE 17 TO LINE 18			6,053,112
23	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)			3,176,575
24	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST			
25	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			2,876,537
26	COST OF COVERED SERVICES			
	PROSPECTIVE PAYMENT AMOUNT			
27	OTHER THAN OUTLIER PAYMENTS			
28	OUTLIER PAYMENTS			
29	PROGRAM CAPITAL PAYMENTS			
30	CAPITAL EXCEPTION PAYMENTS (SEE INSTRUCTIONS)			
31	ROUTINE SERVICE OTHER PASS THROUGH COSTS			2,876,537
32	ANCILLARY SERVICE OTHER PASS THROUGH COSTS			
33	SUBTOTAL			
34	CUSTOMARY CHARGES (TITLE XIX PPS COVERED SERVICES ONLY)			2,876,537
35	TITLES V OR XIX PPS, LESSER OF LNS 30 OR 31; NON PPS & TITLE			
36	XVIII ENTER AMOUNT FROM LINE 30			
37	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)			
	COMPUTATION OF REIMBURSEMENT SETTLEMENT			
38	EXCESS OF REASONABLE COST			2,876,537
39	SUBTOTAL			
40	COINSURANCE			
41	SUM OF AMOUNTS FROM WKST. E, PARTS C, D & E, LN 19			
42	REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)			
43	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS ENDING			
44	BEFORE 10/01/05 (SEE INSTRUCTIONS)			
45	ADJUSTED REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES			
46	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS BEGINNING			
47	ON OR AFTER 10/01/05 (SEE INSTRUCTIONS)			2,876,537
48	UTILIZATION REVIEW			
49	SUBTOTAL (SEE INSTRUCTIONS)			
50	INPATIENT ROUTINE SERVICE COST			
51	MEDICARE INPATIENT ROUTINE CHARGES			
52	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR			
53	PAYMENT FOR SERVICES ON A CHARGE BASIS			
54	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE			
55	FOR PAYMENT OF PART A SERVICES			
56	RATIO OF LINE 43 TO 44			
57	TOTAL CUSTOMARY CHARGES			
58	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST			
59	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			
60	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER			
61	TERMINATION OR A DECREASE IN PROGRAM UTILIZATION			-2,876,537
62	OTHER ADJUSTMENTS (SPECIFY)			
63	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS			
64	RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS			
65	SUBTOTAL			
66	INDIRECT MEDICAL EDUCATION ADJUSTMENT (PPS ONLY)			
67	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS			
68	TOTAL AMOUNT PAYABLE TO THE PROVIDER			
69	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)			
70	INTERIM PAYMENTS			
71	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)			
72	BALANCE DUE PROVIDER/PROGRAM			
73	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS)			

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

TITLE XIX

HOSPITAL

OTHER  
TITLE V OR  
TITLE XIX  
1

TITLE XVIII  
SNF PPS  
2

IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2.

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

TITLE XIX	SUBPROVIDER 1	TEFRA TITLE V OR TITLE XIX 1	TITLE XVIII SNF PPS 2
2	COMPUTATION OF NET COST OF COVERED SERVICE		
3	INPATIENT HOSPITAL/SNF/NF SERVICES	2,147	
4	MEDICAL AND OTHER SERVICES		
5	INTERNS AND RESIDENTS (SEE INSTRUCTIONS)		
6	ORGAN ACQUISITION (CERT TRANSPLANT CENTERS ONLY)		
7	COST OF TEACHING PHYSICIANS (SEE INSTRUCTIONS)	2,147	
8	SUBTOTAL		
9	INPATIENT PRIMARY PAYER PAYMENTS	2,147	
10	OUTPATIENT PRIMARY PAYER PAYMENTS		
11	SUBTOTAL		
12	COMPUTATION OF LESSER OF COST OR CHARGES		
13	REASONABLE CHARGES		
14	ROUTINE SERVICE CHARGES	296,193	
15	ANCILLARY SERVICE CHARGES		
16	INTERNS AND RESIDENTS SERVICE CHARGES		
17	ORGAN ACQUISITION CHARGES, NET OF REVENUE		
18	TEACHING PHYSICIANS		
19	INCENTIVE FROM TARGET AMOUNT COMPUTATION	296,193	
20	TOTAL REASONABLE CHARGES		
21	CUSTOMARY CHARGES		
22	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR		
23	PAYMENT FOR SERVICES ON A CHARGE BASIS		
24	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE		
25	FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT		
26	BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e)		
27	RATIO OF LINE 17 TO LINE 18	296,193	
28	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)	294,046	
29	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST		
30	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	2,147	
31	COST OF COVERED SERVICES		
32	PROSPECTIVE PAYMENT AMOUNT		
33	OTHER THAN OUTLIER PAYMENTS		
34	OUTLIER PAYMENTS		
35	PROGRAM CAPITAL PAYMENTS		
36	CAPITAL EXCEPTION PAYMENTS (SEE INSTRUCTIONS)		
37	ROUTINE SERVICE OTHER PASS THROUGH COSTS	2,147	
38	ANCILLARY SERVICE OTHER PASS THROUGH COSTS		
39	SUBTOTAL	2,147	
40	CUSTOMARY CHARGES (TITLE XIX PPS COVERED SERVICES ONLY)		
41	TITLES V OR XIX PPS, LESSER OF LNS 30 OR 31; NON PPS & TITLE		
42	XVIII ENTER AMOUNT FROM LINE 30		
43	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)		
44	COMPUTATION OF REIMBURSEMENT SETTLEMENT		
45	EXCESS OF REASONABLE COST	2,147	
46	SUBTOTAL		
47	COINSURANCE		
48	SUM OF AMOUNTS FROM WKST. E, PARTS C, D & E, LN 19		
49	REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)		
50	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS ENDING		
51	BEFORE 10/01/05 (SEE INSTRUCTIONS)		
52	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES		
53	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS BEGINNING		
54	ON OR AFTER 10/01/05 (SEE INSTRUCTIONS)	2,147	
55	UTILIZATION REVIEW		
56	SUBTOTAL (SEE INSTRUCTIONS)		
57	INPATIENT ROUTINE SERVICE COST		
58	MEDICARE INPATIENT ROUTINE CHARGES		
59	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR		
60	PAYMENT FOR SERVICES ON A CHARGE BASIS		
61	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE		
62	FOR PAYMENT OF PART A SERVICES		
63	RATIO OF LINE 43 TO 44		
64	TOTAL CUSTOMARY CHARGES		
65	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST		
66	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES		
67	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER		
68	TERMINATION OR A DECREASE IN PROGRAM UTILIZATION	-2,147	
69	OTHER ADJUSTMENTS (SPECIFY)		
70	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS		
71	RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS		
72	SUBTOTAL		
73	INDIRECT MEDICAL EDUCATION ADJUSTMENT (PPS ONLY)		
74	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS		
75	TOTAL AMOUNT PAYABLE TO THE PROVIDER		
76	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)		
77	INTERIM PAYMENTS		
78	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
79	BALANCE DUE PROVIDER/PROGRAM		
80	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS)		

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

TITLE XIX

SUBPROVIDER 1

TEFRA  
TITLE V OR  
TITLE XIX  
1

TITLE XVIII  
SNF PPS  
2

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		
01	NUMBER OF FTE RESIDENTS FOR ALL OTHER (SEE INSTR)		
01	UPDATED PER RESIDENT AMOUNT FOR OB/GYN & PRIMARY		
01	UPDATED PER RESIDENT AMOUNT ALL OTHER (SEE INSTR)		7.76
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		
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)		.94
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	7.84
3.04	FTE ADJUSTMENT CAP (SUM OF LINES 3.01 THRU 3.03)	6.90	7.70
3.05	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR THE CURRENT YEAR FROM YOUR RECORDS		7.70
3.06	ENTER THE LESSER OF LINE 3.04 OR LINE 3.05.		
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.		7.48
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.		7.48
3.09	ENTER THE SUM OF LINES 3.07 AND 3.08.		7.48
3.10	SEE INSTRUCTIONS		
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.		7.48
3.12	SEE INSTRUCTIONS		5.86
3.13	TOTAL WEIGHTED RESIDENT FTE COUNT FOR NONPRIMARY CARE RESIDENTS FOR THE PRIOR COST REPORTING YEAR (SEE INSTRUCTIONS)		7.18
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)		6.84
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)		6.84
3.17	ENTER THE NONPRIMARY CARE PER RESIDENT AMOUNT.		
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)		70,687.87
3.20	ENTER THE WEIGHTED FTE RESIDENT COUNT FOR PRIMARY CARE AND OB/GYN RESIDENTS FOR THE PENULTIMATE YEAR (SEE INSTRUCTIONS)		483,505
3.21	SEE INSTRUCTIONS		
3.22	SEE INSTRUCTIONS		
3.23	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001		
3.24	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001		483,505
3.25	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001		

COMPUTATION OF PROGRAM PATIENT LOAD

4	PROGRAM PART A INPATIENT DAYS		21,130
5	TOTAL INPATIENT DAYS		32,478
6	RATIO OF PROGRAM INPATIENT DAYS TO TOTAL INPATIENT DAYS.		.650594
6.01	TOTAL GME PAYMENT FOR NON-MANAGED CARE DAYS	LN 6 * LN 3.25 + E-3, 6 L 11	314,565
6.02	PROGRAM MANAGED CARE DAYS OCCURING ON OR AFTER JANUARY 1 OF THIS COST REPORTING PERIOD (SEE INSTRUCTIONS)		32,478
6.03	ENTER THE TOTAL INPATIENT DAYS FROM LINE 5 ABOVE.		100.00
6.04	ENTER THE APPROPRIATE PERCENTAGE FOR INCLUSION OF THE MANAGED CARE DAYS (SEE INSTRUCTIONS)		
6.05	GRADUATE MEDICAL EDUCATION PAYMENT FOR MANAGED CARE DAYS ON OR AFTER JAN 1 THROUGH THE END OF THE COST REPORTING PERIOD.		
6.06	PROGRAM MANAGED CARE DAYS OCCURRING BEFORE JAN 1 OF THIS COST REPORTING YEAR (SEE INSTRUCTIONS)		100.00
6.07	ENTER THE APPROPRIATE PERCENTAGE USING THE CRITERIA IDENTIFIED ON LINE 6.04 ABOVE. (SEE INSTRUCTIONS)		
6.08	GRADUATE MEDICAL EDUCATION PAYMENT FOR MANAGED CARE DAYS PRIOR TO JANUARY 1 OF THIS COST REPORTING PERIOD	PRIOR TO 422 E-3,6 LN 12	

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

7	RENAL DIALYSIS DIRECT MEDICAL EDUCATION COSTS
8	RENAL DIALYSIS AND HOME DIALYSIS TOTAL CHARGES
9	RATIO OF DIRECT MEDICAL EDUCATION COSTS TO TOTAL CHARGES

EDUCATION COSTS

TITLE XVIII

- 0 MEDICARE OUTPATIENT ESRD CHARGES
- 1 MEDICARE OUTPATIENT ESRD DIRECT MEDICAL EDUCATION COSTS

APPORTIONMENT BASED ON MEDICARE REASONABLE COST TITLE XVIII ONLY

		41,839,951
1	REASONABLE COST	
	REASONABLE COST (SEE INSTRUCTIONS)	
	ORGAN ACQUISITION COSTS	38,668
14	COST OF TEACHING PHYSICIANS	41,801,283
15	PRIMARY PAYER PAYMENTS	
16	TOTAL PART A REASONABLE COST	
		6,021,259
	PART B REASONABLE COST	3,865
17	REASONABLE COST	6,017,394
18	PRIMARY PAYER PAYMENTS	47,818,677
19	TOTAL PART B REASONABLE COST	.874162
20	TOTAL REASONABLE COST	.125838
21	RATIO OF PART A REASONABLE COST TO TOTAL REASONABLE COST	
22	RATIO OF PART B REASONABLE COST TO TOTAL REASONABLE COST	
	ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B	314,565
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)	274,981
24	PART A MEDICARE GME PAYMENT--TITLE XVIII ONLY	39,584
25	PART B MEDICARE GME PAYMENT--TITLE XVIII ONLY	

TITLE XVIII

CALCULATION OF REDUCED DIRECT GME CAP UNDER SECTION 422 OF MMA

COLUMN 1  
1.000000

COLUMN 1.01

1	RATIO OF DAYS OCCURRING ON OR AFTER 7/1/2005 TO TOTAL DAYS IN THE COST REPORTING PERIOD.	6.90
	REDUCED DIRECT GME FTE CAP (SEE INSTRUCTIONS)	7.76
	UNADJUSTED DIRECT GME FTE CAP (WKST E-3, PART IV, SUM OF LINES 3.01 AND 3.02)	6.90
4	PRORATED REDUCED DIRECT GME FTE CAP (SEE INSTRUCTIONS)	

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)	6.91
12	DIRECT GME PAYMENT FOR MANAGED CARE DAYS (MULTIPLY LINE 9 BY WKST E-3, PART IV [(LINE 6.02+6.06)/LINE 5] )	7.80

CALCULATION OF REDUCED IME CAP UNDER SECTION 422 OF MMA

13	REDUCED IME FTE CAP (SEE INSTRUCTIONS)	6.91
14	UNADJUSTED IME FTE CAP (WKST E, PART A, SUM OF LINES 3.04 AND 3.05)	7.80
15	PRORATED REDUCED ALLOWABLE IME FTE CAP	6.91

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

	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
ASSETS	1	2	3	4
1 CURRENT ASSETS	-5,024,896			
2 CASH ON HAND AND IN BANKS				
3 TEMPORARY INVESTMENTS	50,000			
4 NOTES RECEIVABLE	-5,988,619			
5 ACCOUNTS RECEIVABLE	1,673,918			
6 OTHER RECEIVABLES	-10,110,382			
7 LESS: ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE	1,645,909			
8 INVENTORY	595,151			
9 PREPAID EXPENSES				
10 OTHER CURRENT ASSETS				
11 DUE FROM OTHER FUNDS	-17,158,919			
12 TOTAL CURRENT ASSETS				
13 FIXED ASSETS	581,972			
14 LAND				
15 12.01 LAND	7,076,144			
16 13 LAND IMPROVEMENTS				
17 13.01 LESS ACCUMULATED DEPRECIATION	70,616,187			
18 14 BUILDINGS				
19 14.01 LESS ACCUMULATED DEPRECIATION	1,515,255			
20 15 LEASEHOLD IMPROVEMENTS				
21 15.01 LESS ACCUMULATED DEPRECIATION	111,601,803			
22 16 FIXED EQUIPMENT	-93,732,466			
23 16.01 LESS ACCUMULATED DEPRECIATION				
24 17 AUTOMOBILES AND TRUCKS				
25 17.01 LESS ACCUMULATED DEPRECIATION				
26 18 MAJOR MOVABLE EQUIPMENT				
27 18.01 LESS ACCUMULATED DEPRECIATION				
28 19 MINOR EQUIPMENT DEPRECIABLE				
29 19.01 LESS ACCUMULATED DEPRECIATION				
30 20 MINOR EQUIPMENT-NONDEPRECIABLE	97,658,895			
31 21 TOTAL FIXED ASSETS				
32 OTHER ASSETS				
33 22 INVESTMENTS				
34 23 DEPOSITS ON LEASES				
35 24 DUE FROM OWNERS/OFFICERS	747,322			
36 25 OTHER ASSETS	747,322			
37 26 TOTAL OTHER ASSETS	81,247,298			
38 27 TOTAL ASSETS				

	GENERAL FUND 1	SPECIFIC PURPOSE FUND 2	ENDOWMENT FUND 3	PLANT FUND 4
LIABILITIES AND FUND BALANCE				
CURRENT LIABILITIES	4,412,913			
ACCOUNTS PAYABLE	4,033,875			
30 SALARIES, WAGES & FEES PAYABLE				
31 PAYROLL TAXES PAYABLE				
32 NOTES AND LOANS PAYABLE (SHORT TERM)				
33 DEFERRED INCOME				
34 ACCELERATED PAYMENTS DUE TO OTHER FUNDS	33,669			
35 OTHER CURRENT LIABILITIES	8,480,457			
36 TOTAL CURRENT LIABILITIES				
LONG TERM LIABILITIES				
37 MORTGAGE PAYABLE	908,603			
38 NOTES PAYABLE				
39 UNSECURED LOANS				
40.01 LOANS PRIOR TO 7/1/66				
40.02 ON OR AFTER 7/1/66	22,653,547			
41 OTHER LONG TERM LIABILITIES	23,562,150			
42 TOTAL LONG-TERM LIABILITIES	32,042,607			
43 TOTAL LIABILITIES				
CAPITAL ACCOUNTS	49,204,691			
44 GENERAL FUND BALANCE				
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	49,204,691			
51 TOTAL FUND BALANCES	81,247,298			
52 TOTAL LIABILITIES AND FUND BALANCES				

	GENERAL FUND 1	2	SPECIFIC PURPOSE FUND 3	4
1	FUND BALANCE AT BEGINNING			
	OF PERIOD			
2	NET INCOME (LOSS)	12,631,623		
3	TOTAL	12,631,623		
4	ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)			
5	ADDITIONS (CREDIT ADJUSTM			
6				
7				
8				
9				
10	TOTAL ADDITIONS	12,631,623		
11	SUBTOTAL			
12	DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)			
13	DEDUCTIONS (DEBIT ADJUSTM			
14				
15				
16				
17	TOTAL DEDUCTIONS	12,631,623		
18	FUND BALANCE AT END OF			
19	PERIOD PER BALANCE SHEET			

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

PART I - PATIENT REVENUES

REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3
GENERAL INPATIENT ROUTINE CARE SERVICES			
1 00 HOSPITAL	17,902,111		17,902,111
2 00 SUBPROVIDER	5,687,471		5,687,471
3 00 SWING BED - SNF			
4 00 SWING BED - NF			
6 00 SKILLED NURSING FACILITY	23,589,582		23,589,582
9 00 TOTAL GENERAL INPATIENT ROUTINE CARE			
INTENSIVE CARE TYPE INPATIENT HOSPITAL SVCS			
10 00 INTENSIVE CARE UNIT	4,516,262		4,516,262
15 00 TOTAL INTENSIVE CARE TYPE INPAT HOSP	4,516,262		4,516,262
16 00 TOTAL INPATIENT ROUTINE CARE SERVICE	28,105,844		28,105,844
17 00 ANCILLARY SERVICES	141,998,159	105,435,649	247,433,808
18 00 OUTPATIENT SERVICES	2,559,193	14,970,216	17,529,409
19 00 HOME HEALTH AGENCY		808,625	808,625
24 00 OBSERVATION			
25 00 TOTAL PATIENT REVENUES	172,663,196	121,214,490	293,877,686

PART II-OPERATING EXPENSES

26 00 OPERATING EXPENSES		109,390,029	
ADD (SPECIFY)			
27 00 BAD DEBT EXPENSE	3,631,860		
28 00			
29 00			
30 00			
31 00			
32 00		3,631,860	
33 00 TOTAL ADDITIONS			
DEDUCT (SPECIFY)			
34 00 DEDUCT (SPECIFY)			
35 00			
36 00			
37 00			
38 00			
39 00 TOTAL DEDUCTIONS		113,021,889	
40 00 TOTAL OPERATING EXPENSES			

DESCRIPTION		
1	TOTAL PATIENT REVENUES	293,877,686
2	LESS: ALLOWANCES AND DISCOUNTS ON PATIENT'S ACCTS	171,562,357
3	NET PATIENT REVENUES	122,315,329
4	LESS: TOTAL OPERATING EXPENSES	113,021,889
5	NET INCOME FROM SERVICE TO PATIENTS	9,293,440
OTHER INCOME		
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.	
7	INCOME FROM INVESTMENTS	
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE	
9	REVENUE FROM TELEVISION AND RADIO SERVICE	
10	PURCHASE DISCOUNTS	
11	REBATES AND REFUNDS OF EXPENSES	
12	PARKING LOT RECEIPTS	
13	REVENUE FROM LAUNDRY AND LINEN SERVICE	
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS	
15	REVENUE FROM RENTAL OF LIVING QUARTERS	
16	REVENUE FROM SALE OF MEDICAL & SURGICAL SUPPLIES TO OTHER THAN PATIENTS	
17	REVENUE FROM SALE OF DRUGS TO OTHR THAN PATIENTS	
18	REVENUE FROM SALE OF MEDICAL RECORDS & ABSTRACTS	
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC)	
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOP & CANTEEN	
21	RENTAL OF VENDING MACHINES	
22	RENTAL OF HOSPITAL SPACE	
23	GOVERNMENTAL APPROPRIATIONS	
24	OTHER OPERATING REVENUE	2,777,798
24.01	PREMIUM REVENUE	560,385
25	TOTAL OTHER INCOME	3,338,183
26	TOTAL	12,631,623
27	OTHER EXPENSES	
28	OTHER EXPENSES (SPECIFY)	
29		
30	TOTAL OTHER EXPENSES	
31	NET INCOME (OR LOSS) FOR THE PERIOD	12,631,623

TITLE XVIII, PART A

HOSPITAL

## I - FULLY PROSPECTIVE METHOD

1	CAPITAL HOSPITAL SPECIFIC RATE PAYMENTS	
	CAPITAL FEDERAL AMOUNT	
	CAPITAL DRG OTHER THAN OUTLIER	1,832,323
3	CAPITAL DRG OUTLIER PAYMENTS PRIOR TO 10/01/1997	
3	.01 CAPITAL DRG OUTLIER PAYMENTS AFTER 10/01/1997	111,364
	INDIRECT MEDICAL EDUCATION ADJUSTMENT	
4	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS	78.06
	IN THE COST REPORTING PERIOD	
4	.01 NUMBER OF INTERNS AND RESIDENTS	7.12
	(SEE INSTRUCTIONS)	
4	.02 INDIRECT MEDICAL EDUCATION PERCENTAGE	2.61
4	.03 INDIRECT MEDICAL EDUCATION ADJUSTMENT	47,824
	(SEE INSTRUCTIONS)	
5	PERCENTAGE OF SSI RECEIPT PATIENT DAYS TO	2.05
	MEDICARE PART A PATIENT DAYS	
5	.01 PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL	6.77
	DAYS REPORTED ON S-3, PART I	
5	.02 SUM OF 5 AND 5.01	8.82
5	.03 ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE	1.80
5	.04 DISPROPORTIONATE SHARE ADJUSTMENT	32,982
6	TOTAL PROSPECTIVE CAPITAL PAYMENTS	2,024,493
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	
	TOTAL INPATIENT PROGRAM CAPITAL COST	
IV - COMPUTATION OF EXCEPTION PAYMENTS		
1	PROGRAM INPATIENT CAPITAL COSTS	
	PROGRAM INPATIENT CAPITAL COSTS FOR EXTRAORDINARY	
	CIRCUMSTANCES	
	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)	