

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

FORM APPROVED
 OMB NO. 0938-0050

WORKSHEET S
 PARTS I & II

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX		PROVIDER NO:		PERIOD		INTERMEDIARY USE ONLY		DATE RECEIVED:
COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY		15-1301		FROM 7/ 1/2007		--AUDITED --DESK REVIEW		/ /
				TO 6/30/2008		--INITIAL --REOPENED		INTERMEDIARY NO:
						--FINAL 1-MCR CODE		
						00 - # OF REOPENINGS		

ELECTRONICALLY FILED COST REPORT DATE: 12/ 9/2008 TIME 8: 39

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. VINCENT RANDOLPH HOSPITAL 15-1301

FOR THE COST REPORTING PERIOD BEGINNING 7/ 1/2007 AND ENDING 6/30/2008 AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS A TRUE, CORRECT, AND COMPLETE STATEMENT PREPARED FROM THE BOOKS AND RECORDS OF THE PROVIDER IN ACCORDANCE WITH APPLICABLE INSTRUCTIONS, EXCEPT AS NOTED. I FURTHER CERTIFY THAT I AM FAMILIAR WITH THE LAWS AND REGULATIONS REGARDING THE PROVISION OF HEALTH CARE SERVICES, AND THAT THE SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

 OFFICER OR ADMINISTRATOR OF PROVIDER(S)

 TITLE

 DATE

PART II - SETTLEMENT SUMMARY

	TITLE V	A	TITLE XVIII	B	TITLE XIX	
	1	2	3	4		
1	HOSPITAL	0	-135,868	675,786	0	0
3	SWING BED - SNF	0	4,232	0	0	0
100	TOTAL	0	-131,636	675,786	0	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.

36.01 DOES YOUR FACILITY QUALIFY AND RECEIVE PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE WITH 42 CFR 412.320? (SEE INSTRUCTIONS) N N N
 37 DO YOU ELECT HOLD HARMLESS PAYMENT METHODOLOGY FOR CAPITAL COSTS? (SEE INSTRUCTIONS) N N N
 37.01 IF YOU ARE A HOLD HARMLESS PROVIDER, ARE YOU FILING ON THE BASIS OF 100% OF THE FED RATE? N N N

TITLE XIX INPATIENT SERVICES

38 DO YOU HAVE TITLE XIX INPATIENT HOSPITAL SERVICES? Y
 38.01 IS THIS HOSPITAL REIMBURSED FOR TITLE XIX THROUGH THE COST REPORT EITHER IN FULL OR IN PART? N
 38.02 DOES THE TITLE XIX PROGRAM REDUCE CAPITAL FOLLOWING THE MEDICARE METHODOLOGY? N
 38.03 ARE TITLE XIX NF PATIENTS OCCUPYING TITLE XVIII SNF BEDS (DUAL CERTIFICATION)? N
 38.04 DO YOU OPERATE AN ICF/MR FACILITY FOR PURPOSES OF TITLE XIX? N
 40 ARE THERE ANY RELATED ORGANIZATION OR HOME OFFICE COSTS AS DEFINED IN CMS PUB 15-1, CHAP 10? IF YES, AND THERE ARE HOME OFFICE COSTS, ENTER IN COL 2 THE HOME OFFICE PROVIDER NUMBER. IF THIS FACILITY IS PART OF A CHAIN ORGANIZATION ENTER THE NAME AND ADDRESS OF THE HOME OFFICE Y
 40.01 NAME: FI/CONTRACTOR NAME FI/CONTRACTOR #
 40.02 STREET: P.O. BOX:
 40.03 CITY: STATE: ZIP CODE: -
 41 ARE PROVIDER BASED PHYSICIANS' COSTS INCLUDED IN WORKSHEET A? Y
 42 ARE PHYSICAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? Y
 42.01 ARE OCCUPATIONAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? Y
 42.02 ARE SPEECH PATHOLOGY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? Y
 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. 15-11, 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 NHCMQ DEMONSTRATION PROJECT (MUST HAVE A HOSPITAL-BASED SNF) DURING THIS COST REPORTING PERIOD, ENTER THE PHASE (SEE INSTRUCTIONS).

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

	PART A	PART B	OUTPATIENT ASC	OUTPATIENT RADIOLOGY	OUTPATIENT DIAGNOSTIC
	1	2	3	4	5
47.00 HOSPITAL	N	N	N	N	N

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

54 LIST AMOUNTS OF MALPRACTICE PREMIUMS AND PAID LOSSES:
 PREMIUMS: 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

	DATE	Y OR N	LIMIT	Y OR N	FEES
	0	1	2	3	4
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 0.00 0					
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. 0.00 0					

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. N
 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). 0
 59 ARE YOU A LONG TERM CARE HOSPITAL (LTCH)? ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES, HAVE YOU MADE THE ELECTION FOR 100% FEDERAL PPS REIMBURSEMENT? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. (SEE INSTRUCTIONS) N
 60 ARE YOU AN INPATIENT PSYCHIATRIC FACILITY (IPF), OR DO YOU CONTAIN AN IPF SUBPROVIDER? ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES, IS THE IPF OR IPF SUBPROVIDER A NEW FACILITY? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. (SEE INSTRUCTIONS) N

60.01 IF LINE 60 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). 0

MULTI CAMPUS

61.00 DOES THE HOSPITAL HAVE A MULTICAMPUS? 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

COMPONENT	NO. OF BEDS 1	BED DAYS AVAILABLE 2	CAH HOURS 2.01	TITLE V 3	I/P DAYS / TITLE XVIII 4	O/P VISITS / NOT LTCH N/A 4.01	TRIPS TOTAL TITLE XIX 5
1 ADULTS & PEDIATRICS	25	9,150	99,600.00			1,876	599
2 HMO							
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF						580	
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS	25	9,150	99,600.00			2,456	599
6 INTENSIVE CARE UNIT							
7 CORONARY CARE UNIT							
8 BURN INTENSIVE CARE UNIT							
9 SURGICAL INTENSIVE CARE UNIT							
11 NURSERY							242
12 TOTAL	25	9,150	99,600.00			2,456	841
13 RPCH VISITS							
14 SUBPROVIDER							
15 SKILLED NURSING FACILITY							
16 NURSING FACILITY							
16 01 ICF/MR							
17 OTHER LONG TERM CARE							
18 HOME HEALTH AGENCY							
20 AMBULATORY SURGICAL CENTER (
21 HOSPICE							
23 CORF							
24 RURAL HEALTH CLINIC							
25 TOTAL	25						
26 OBSERVATION BED DAYS							
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							

COMPONENT	TITLE XIX ADMITTED 5.01	I/P DAYS / OBSERVATION BEDS NOT ADMITTED 5.02	O/P VISITS TOTAL ALL PATS 6	TITLE V 6.01	TRIPS TOTAL OBSERVATION BEDS NOT ADMITTED 6.02	INTERNS & RES. TOTAL 7	FTES LESS I&R REPL NON-PHYS ANES 8
1 ADULTS & PEDIATRICS			3,460				
2 HMO							
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF			580				
4 ADULTS & PED-SB NF			81				
5 TOTAL ADULTS AND PEDS			4,121				
6 INTENSIVE CARE UNIT							
7 CORONARY CARE UNIT							
8 BURN INTENSIVE CARE UNIT							
9 SURGICAL INTENSIVE CARE UNIT							
11 NURSERY			442				
12 TOTAL			4,563				
13 RPCH VISITS							
14 SUBPROVIDER							
15 SKILLED NURSING FACILITY							
16 NURSING FACILITY							
16 01 ICF/MR							
17 OTHER LONG TERM CARE							
18 HOME HEALTH AGENCY							
20 AMBULATORY SURGICAL CENTER (
21 HOSPICE							
23 CORF							
24 RURAL HEALTH CLINIC							
25 TOTAL							
26 OBSERVATION BED DAYS			827	55	772		
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS			29				
28 01 EMP DISCOUNT DAYS -IRF							

COMPONENT	I & R FTES NET 9	FULL TIME EMPLOYEES ON PAYROLL 10	EQUIV NONPAID WORKERS 11	TITLE V 12	DISCHARGES TITLE XVIII 13	TITLE XIX 14	TOTAL ALL PATIENTS 15
1 ADULTS & PEDIATRICS					524	247	1,162
2 HMO							
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS							
6 INTENSIVE CARE UNIT							
7 CORONARY CARE UNIT							
8 BURN INTENSIVE CARE UNIT							
9 SURGICAL INTENSIVE CARE UNIT							
11 NURSERY							
12 TOTAL		172.97			524	247	1,162
13 RPCH VISITS							
14 SUBPROVIDER							

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

PROVIDER NO: 15-1301

PERIOD: FROM 7/1/2007 TO 6/30/2008

PREPARED 12/9/2008 WORKSHEET A

	COST CENTER	COST CENTER DESCRIPTION	SALARIES 1	OTHER 2	TOTAL 3	RECLASS- IFICATIONS 4	RECLASSIFIED TRIAL BALANCE 5
		GENERAL SERVICE COST CNTR					
1	0100	OLD CAP REL COSTS-BLDG & FIXT					
2	0200	OLD CAP REL COSTS-MVBLE EQUIP					
3	0300	NEW CAP REL COSTS-BLDG & FIXT		1,723,869	1,723,869	-41,207	1,682,662
4	0400	NEW CAP REL COSTS-MVBLE EQUIP					
5	0500	EMPLOYEE BENEFITS	160,474	2,426,519	2,586,993		2,586,993
6	0600	ADMINISTRATIVE & GENERAL	1,589,177	1,583,271	3,172,448	108,860	3,281,308
7	0700	MAINTENANCE & REPAIRS					
8	0800	OPERATION OF PLANT	198,683	679,208	877,891		877,891
9	0900	LAUNDRY & LINEN SERVICE		46,594	46,594		46,594
10	1000	HOUSEKEEPING	212,781	72,884	285,665		285,665
11	1100	DIETARY	253,192	128,314	381,506	-271,948	109,558
12	1200	CAFETERIA				271,948	271,948
13	1300	MAINTENANCE OF PERSONNEL					
14	1400	NURSING ADMINISTRATION	216,965	22,738	239,703		239,703
15	1500	CENTRAL SERVICES & SUPPLY					
16	1600	PHARMACY					
17	1700	MEDICAL RECORDS & LIBRARY	211,302	28,050	239,352		239,352
18	1800	SOCIAL SERVICE					
20	2000	NONPHYSICIAN ANESTHETISTS					
21	2100	NURSING SCHOOL					
22	2200	I&R SERVICES-SALARY & FRINGES APPRVD					
23	2300	I&R SERVICES-OTHER PRGM COSTS APPRVD					
24	2400	PARAMED ED PRGM					
		INPAT ROUTINE SRVC CNTRS					
25	2500	ADULTS & PEDIATRICS	1,822,914	244,997	2,067,911	-303,904	1,764,007
26	2600	INTENSIVE CARE UNIT					
27	2700	CORONARY CARE UNIT					
28	2800	BURN INTENSIVE CARE UNIT					
29	2900	SURGICAL INTENSIVE CARE UNIT					
31	3100	SUBPROVIDER					
33	3300	NURSERY				302,654	302,654
34	3400	SKILLED NURSING FACILITY					
35	3500	NURSING FACILITY					
35.01	3510	ICF/MR					
36	3600	OTHER LONG TERM CARE					
		ANCILLARY SRVC COST CNTRS					
37	3700	OPERATING ROOM	366,539	509,084	875,623		875,623
38	3800	RECOVERY ROOM					
39	3900	DELIVERY ROOM & LABOR ROOM					
40	4000	ANESTHESIOLOGY	556,982	11,255	568,237	-1,000	567,237
41	4100	RADIOLOGY-DIAGNOSTIC	769,560	956,048	1,725,608	-69,723	1,655,885
42	4200	RADIOLOGY-THERAPEUTIC					
43	4300	RADIO SOTOPE					
44	4400	LABORATORY	557,357	1,099,719	1,657,076		1,657,076
45	4500	PBP CLINICAL LAB SERVICES-PRGM ONLY					
46	4600	WHOLE BLOOD & PACKED RED BLOOD CELLS					
47	4700	BLOOD STORING, PROCESSING & TRANS.					
48	4800	INTRAVENOUS THERAPY					
49	4900	RESPIRATORY THERAPY	392,088	81,208	473,296	-108,575	364,721
50	5000	PHYSICAL THERAPY		398,950	398,950		398,950
51	5100	OCCUPATIONAL THERAPY		67,369	67,369		67,369
52	5200	SPEECH PATHOLOGY		25,507	25,507		25,507
53	5300	ELECTROCARDIOLOGY		7,645	7,645	159,879	167,524
54	5400	ELECTROENCEPHALOGRAPHY					
55	5500	MEDICAL SUPPLIES CHARGED TO PATIENTS	88,352	21,997	110,349	18,419	128,768
56	5600	DRUGS CHARGED TO PATIENTS	214,237	550,521	764,758		764,758
57	5700	RENAL DIALYSIS					
58	5800	ASC (NON-DISTINCT PART)					
		OUTPAT SERVICE COST CNTRS					
60	6000	CLINIC					
61	6100	EMERGENCY	1,436,715	697,827	2,134,542	-49,335	2,085,207
62	6200	OBSERVATION BEDS (NON-DISTINCT PART)					
63	4950	OTHER OUTPATIENT SERVICE COST CENTER					
63.50	6310	RURAL HEALTH CLINIC					
		OTHER REIMBURS COST CNTRS					
64	6400	HOME PROGRAM DIALYSIS					
65	6500	AMBULANCE SERVICES					
66	6600	DURABLE MEDICAL EQUIP-RENTED					
67	6700	DURABLE MEDICAL EQUIP-SOLD					
69	6900	CORF					
70	7000	I&R SERVICES-NOT APPRVD PRGM					
71	7100	HOME HEALTH AGENCY					
		SPEC PURPOSE COST CENTERS					
82	8200	LUNG ACQUISITION					
83	8300	KIDNEY ACQUISITION					
84	8400	LIVER ACQUISITION					
85	8500	HEART ACQUISITION					
85.01	8510	PANCREAS ACQUISITION					
86	8600	OTHER ORGAN ACQUISITION					
88	8800	INTEREST EXPENSE					
89	8900	UTILIZATION REVIEW-SNF					
90	9000	OTHER CAPITAL RELATED COSTS					
92	9200	AMBULATORY SURGICAL CENTER (D.P.)					
93	9300	HOSPICE					
95		SUBTOTALS	9,047,318	11,383,574	20,430,892	16,068	20,446,960

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

PROVIDER NO: 15-1301
PERIOD: FROM 7/1/2007 TO 6/30/2008
PREPARED 12/9/2008
WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	SALARIES 1	OTHER 2	TOTAL 3	RECLASS- IFICATIONS 4	RECLASSIFIED TRIAL BALANCE 5
	SPEC PURPOSE COST CENTERS					
	NONREIMBURS COST CENTERS					
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN					
97	9700 RESEARCH					
98	9800 PHYSICIANS' PRIVATE OFFICES					
99	9900 NONPAID WORKERS					
100	7950 OTHER NONREIMBURSABLE COST CENTERS	190,662	61,427	252,089		252,089
100.01	7951 FOUNDATION	55,122	39,049	94,171		94,171
100.02	7952 PUBLIC RELATIONS	202	70,924	71,126	-16,068	55,058
101	TOTAL	9,293,304	11,554,974	20,848,278	-0-	20,848,278

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

PROVIDER NO: 15-1301
PERIOD: FROM 7/ 1/2007 TO 6/30/2008
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WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS	NET EXPENSES FOR ALLOC
		6	7
	GENERAL SERVICE COST CNTR		
1	0100 OLD CAP REL COSTS-BLDG & FIXT		
2	0200 OLD CAP REL COSTS-MVBLE EQUIP		
3	0300 NEW CAP REL COSTS-BLDG & FIXT	-131,241	1,551,421
4	0400 NEW CAP REL COSTS-MVBLE EQUIP		
5	0500 EMPLOYEE BENEFITS	437,380	3,024,373
6	0600 ADMINISTRATIVE & GENERAL	1,398,706	4,680,014
7	0700 MAINTENANCE & REPAIRS		
8	0800 OPERATION OF PLANT	-2,806	875,085
9	0900 LAUNDRY & LINEN SERVICE		46,594
10	1000 HOUSEKEEPING		285,665
11	1100 DIETARY	-1,561	107,997
12	1200 CAFETERIA	-80,421	191,527
13	1300 MAINTENANCE OF PERSONNEL		
14	1400 NURSING ADMINISTRATION	-150	239,553
15	1500 CENTRAL SERVICES & SUPPLY		
16	1600 PHARMACY		
17	1700 MEDICAL RECORDS & LIBRARY		239,352
18	1800 SOCIAL SERVICE		
20	2000 NONPHYSICIAN ANESTHETISTS		
21	2100 NURSING SCHOOL		
22	2200 I&R SERVICES-SALARY & FRINGES APPRVD		
23	2300 I&R SERVICES-OTHER PRGM COSTS APPRVD		
24	2400 PARAMED ED PRGM		
	INPAT ROUTINE SRVC CNTRS		
25	2500 ADULTS & PEDIATRICS	-167,717	1,596,290
26	2600 INTENSIVE CARE UNIT		
27	2700 CORONARY CARE UNIT		
28	2800 BURN INTENSIVE CARE UNIT		
29	2900 SURGICAL INTENSIVE CARE UNIT		
31	3100 SUBPROVIDER		
33	3300 NURSERY		302,654
34	3400 SKILLED NURSING FACILITY		
35	3500 NURSING FACILITY		
35.01	3510 ICF/MR		
36	3600 OTHER LONG TERM CARE		
	ANCILLARY SRVC COST CNTRS		
37	3700 OPERATING ROOM		875,623
38	3800 RECOVERY ROOM		
39	3900 DELIVERY ROOM & LABOR ROOM		
40	4000 ANESTHESIOLOGY		
41	4100 RADIOLOGY-DIAGNOSTIC	-541,082	26,155
42	4200 RADIOLOGY-THERAPEUTIC	-153,205	1,502,680
43	4300 RADIO SOTOPE		
44	4400 LABORATORY		1,657,076
45	4500 PBP CLINICAL LAB SERVICES-PRGM ONLY		
46	4600 WHOLE BLOOD & PACKED RED BLOOD CELLS		
47	4700 BLOOD STORING, PROCESSING & TRANS.		
48	4800 INTRAVENOUS THERAPY		
49	4900 RESPIRATORY THERAPY	-4	364,717
50	5000 PHYSICAL THERAPY	197,069	596,019
51	5100 OCCUPATIONAL THERAPY	38,955	106,324
52	5200 SPEECH PATHOLOGY	14,756	40,263
53	5300 ELECTROCARDIOLOGY		167,524
54	5400 ELECTROENCEPHALOGRAPHY		
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS	-5	128,763
56	5600 DRUGS CHARGED TO PATIENTS	-2,183	762,575
57	5700 RENAL DIALYSIS		
58	5800 ASC (NON-DISTINCT PART)		
	OUTPAT SERVICE COST CNTRS		
60	6000 CLINIC		
61	6100 EMERGENCY	-413,244	1,671,963
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)		
63	4950 OTHER OUTPATIENT SERVICE COST CENTER		
63.50	6310 RURAL HEALTH CLINIC		
	OTHER REIMBURS COST CNTRS		
64	6400 HOME PROGRAM DIALYSIS		
65	6500 AMBULANCE SERVICES		
66	6600 DURABLE MEDICAL EQUIP-RENTED		
67	6700 DURABLE MEDICAL EQUIP-SOLD		
69	6900 CORF		
70	7000 I&R SERVICES-NOT APPRVD PRGM		
71	7100 HOME HEALTH AGENCY		
	SPEC PURPOSE COST CENTERS		
82	8200 LUNG ACQUISITION		
83	8300 KIDNEY ACQUISITION		
84	8400 LIVER ACQUISITION		
85	8500 HEART ACQUISITION		
85.01	8510 PANCREAS ACQUISITION		
86	8600 OTHER ORGAN ACQUISITION		
88	8800 INTEREST EXPENSE		-0-
89	8900 UTILIZATION REVIEW-SNF		-0-
90	9000 OTHER CAPITAL RELATED COSTS		-0-
92	9200 AMBULATORY SURGICAL CENTER (D. P.)		
93	9300 HOSPICE		
95	SUBTOTALS	593,247	21,040,207

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

PROVIDER NO: 15-1301
PERIOD: FROM 7/1/2007 TO 6/30/2008
PREPARED 12/9/2008
WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS	NET EXPENSES FOR ALLOC
	SPEC PURPOSE COST CENTERS	6	7
	NONREIMBURS COST CENTERS		
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN		
97	9700 RESEARCH		
98	9800 PHYSICIANS' PRIVATE OFFICES		
99	9900 NONPAID WORKERS		
100	7950 OTHER NONREIMBURSABLE COST CENTERS		252,089
100.01	7951 FOUNDATION		94,171
100.02	7952 PUBLIC RELATIONS		55,058
101	TOTAL	593,247	21,441,525

COST CENTERS USED IN COST REPORT

PROVIDER NO: 15-1301
 PERIOD: FROM 7/ 1/2007 TO 6/30/2008
 PREPARED 12/ 9/2008
 NOT A CMS WORKSHEET

LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
	GENERAL SERVICE COST		
1	OLD CAP REL COSTS-BLDG & FIXT	0100	
2	OLD CAP REL COSTS-MVBLE EQUIP	0200	
3	NEW CAP REL COSTS-BLDG & FIXT	0300	
4	NEW CAP REL COSTS-MVBLE EQUIP	0400	
5	EMPLOYEE BENEFITS	0500	
6	ADMINISTRATIVE & GENERAL	0600	
7	MAINTENANCE & REPAIRS	0700	
8	OPERATION OF PLANT	0800	
9	LAUNDRY & LINEN SERVICE	0900	
10	HOUSEKEEPING	1000	
11	DIETARY	1100	
12	CAFETERIA	1200	
13	MAINTENANCE OF PERSONNEL	1300	
14	NURSING ADMINISTRATION	1400	
15	CENTRAL SERVICES & SUPPLY	1500	
16	PHARMACY	1600	
17	MEDICAL RECORDS & LIBRARY	1700	
18	SOCIAL SERVICE	1800	
20	NONPHYSICIAN ANESTHETISTS	2000	
21	NURSING SCHOOL	2100	
22	I&R SERVICES-SALARY & FRINGES APPRVD	2200	
23	I&R SERVICES-OTHER PRGM COSTS APPRVD	2300	
24	PARAMED ED PRGM	2400	
	INPAT ROUTINE SRVC C		
25	ADULTS & PEDIATRICS	2500	
26	INTENSIVE CARE UNIT	2600	
27	CORONARY CARE UNIT	2700	
28	BURN INTENSIVE CARE UNIT	2800	
29	SURGICAL INTENSIVE CARE UNIT	2900	
31	SUBPROVIDER	3100	
33	NURSERY	3300	
34	SKILLED NURSING FACILITY	3400	
35	NURSING FACILITY	3500	
35.01	ICF/MR	3510	
36	OTHER LONG TERM CARE	3600	
	ANCILLARY SRVC COST		
37	OPERATING ROOM	3700	
38	RECOVERY ROOM	3800	
39	DELIVERY ROOM & LABOR ROOM	3900	
40	ANESTHESIOLOGY	4000	
41	RADIOLOGY-DIAGNOSTIC	4100	
42	RADIOLOGY-THERAPEUTIC	4200	
43	RADIOISOTOPE	4300	
44	LABORATORY	4400	
45	PBP CLINICAL LAB SERVICES-PRGM ONLY	4500	
46	WHOLE BLOOD & PACKED RED BLOOD CELLS	4600	
47	BLOOD STORING, PROCESSING & TRANS.	4700	
48	INTRAVENOUS THERAPY	4800	
49	RESPIRATORY THERAPY	4900	
50	PHYSICAL THERAPY	5000	
51	OCCUPATIONAL THERAPY	5100	
52	SPEECH PATHOLOGY	5200	
53	ELECTROCARDIOLOGY	5300	
54	ELECTROENCEPHALOGRAPHY	5400	
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	5500	
56	DRUGS CHARGED TO PATIENTS	5600	
57	RENAL DIALYSIS	5700	
58	ASC (NON-DISTINCT PART)	5800	
	OUTPAT SERVICE COST		
60	CLINIC	6000	
61	EMERGENCY	6100	
62	OBSERVATION BEDS (NON-DISTINCT PART)	6200	
63	OTHER OUTPATIENT SERVICE COST CENTER	4950	OTHER OUTPATIENT SERVICE COST CENTER
63.50	RURAL HEALTH CLINIC	6310	RURAL HEALTH CLINIC #####
	OTHER REIMBURS COST		
64	HOME PROGRAM DIALYSIS	6400	
65	AMBULANCE SERVICES	6500	
66	DURABLE MEDICAL EQUIP-RENTED	6600	
67	DURABLE MEDICAL EQUIP-SOLD	6700	
69	CORF	6900	
70	I&R SERVICES-NOT APPRVD PRGM	7000	
71	HOME HEALTH AGENCY	7100	
	SPEC PURPOSE COST CE		
82	LUNG ACQUISITION	8200	
83	KIDNEY ACQUISITION	8300	
84	LIVER ACQUISITION	8400	
85	HEART ACQUISITION	8500	
85.01	PANCREAS ACQUISITION	8510	
86	OTHER ORGAN ACQUISITION	8600	
88	INTEREST EXPENSE	8800	
89	UTILIZATION REVIEW-SNF	8900	
90	OTHER CAPITAL RELATED COSTS	9000	
92	AMBULATORY SURGICAL CENTER (D. P.)	9200	
93	HOSPICE	9300	
95	SUBTOTALS	0000	
	NONREIMBURS COST CEN		
96	GI FT, FLOWER, COFFEE SHOP & CANTEEN	9600	

COST CENTERS USED IN COST REPORT

I PROVIDER NO:	I PERIOD:	I PREPARED 12/ 9/2008
I 15-1301	I FROM 7/ 1/2007	I NOT A CMS WORKSHEET
I	I TO 6/30/2008	I

LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
	NONREIMBURS COST CEN		
97	RESEARCH	9700	
98	PHYSICIANS' PRIVATE OFFICES	9800	
99	NONPAID WORKERS	9900	
100	OTHER NONREIMBURSABLE COST CENTERS	7950	OTHER NONREIMBURSABLE COST CENTERS
100.01	FOUNDATION	7951	OTHER NONREIMBURSABLE COST CENTERS
100.02	PUBLIC RELATIONS	7952	OTHER NONREIMBURSABLE COST CENTERS
101	TOTAL	0000	

RECLASSIFICATIONS

PROVIDER NO:
151301

PERIOD:
FROM 7/ 1/2007
TO 6/30/2008

PREPARED 12/ 9/2008
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	INCREASE				
	CODE (1)	COST CENTER 2	LINE NO 3	SALARY 4	OTHER 5
1 CAFETERIA	A	CAFETERIA	12	180,482	91,466
2 OXYGEN	B	MEDICAL SUPPLIES CHARGED TO PATIENTS	55		18,419
3 EKG	C	ELECTROCARDIOLOGY	53	74,687	15,469
4		ELECTROCARDIOLOGY	53		69,723
5 NURSERY	D	NURSERY	33	266,797	35,857
6 ADVERTISING	E	ADMINISTRATIVE & GENERAL	6		16,068
7 INTEREST	G	ADMINISTRATIVE & GENERAL	6		41,207
8 MEDICAL DIRECTOR	H	ADMINISTRATIVE & GENERAL	6	18,750	
9		ADMINISTRATIVE & GENERAL	6	15,976	
10 DIRECTOR OF ER	I	ADMINISTRATIVE & GENERAL	6	14,609	
11 DIRECTOR OF ANESTHESIA	J	ADMINISTRATIVE & GENERAL	6	1,250	
12 DIRECTOR OF HOSPITALIST	K	ADMINISTRATIVE & GENERAL	6	1,000	
36 TOTAL RECLASSIFICATIONS				573,551	288,209

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

RECLASSIFICATIONS

PROVIDER NO:
151301

PERIOD:
FROM 7/1/2007
TO 6/30/2008

PREPARED 12/9/2008
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	----- DECREASE -----					A-7 REF 10
	CODE (1)	COST CENTER	LINE NO	SALARY	OTHER	
	1	6	7	8	9	
1 CAFETERIA	A	DIETARY	11	180,482	91,466	
2 OXYGEN	B	RESPIRATORY THERAPY	49		18,419	
3 EKG	C	RESPIRATORY THERAPY	49	74,687	15,469	
4		RADIOLOGY-DIAGNOSTIC	41		69,723	
5 NURSERY	D	ADULTS & PEDIATRICS	25	266,797	35,857	
6 ADVERTISING	E	PUBLIC RELATIONS	100.02		16,068	
7 INTEREST	G	NEW CAP REL COSTS-BLDG & FIXT	3		41,207	9
8 MEDICAL DIRECTOR	H	EMERGENCY	61	18,750		
9		EMERGENCY	61	15,976		
10 DIRECTOR OF ER	I	EMERGENCY	61	14,609		
11 DIRECTOR OF ANESTHESIA	J	ADULTS & PEDIATRICS	25	1,250		
12 DIRECTOR OF HOSPITALIST	K	ANESTHESIOLOGY	40	1,000		
36 TOTAL RECLASSIFICATIONS				573,551	288,209	

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

RECLASSIFICATIONS

PROVIDER NO:
151301

PERIOD:
FROM 7/ 1/2007
TO 6/30/2008

PREPARED 12/ 9/2008
WORKSHEET A-6
NOT A CMS WORKSHEET

RECLASS CODE: A
EXPLANATION : CAFETERIA

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	CAFETERIA	12	271,948	DIETARY	11	271,948	
TOTAL RECLASSIFICATIONS FOR CODE A			271,948				271,948

RECLASS CODE: B
EXPLANATION : OXYGEN

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	MEDICAL SUPPLIES CHARGED TO PA	55	18,419	RESPIRATORY THERAPY	49	18,419	
TOTAL RECLASSIFICATIONS FOR CODE B			18,419				18,419

RECLASS CODE: C
EXPLANATION : EKG

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	ELECTROCARDIOLOGY	53	90,156	RESPIRATORY THERAPY	49	90,156	
2.00	ELECTROCARDIOLOGY	53	69,723	RADIOLOGY-DIAGNOSTIC	41	69,723	
TOTAL RECLASSIFICATIONS FOR CODE C			159,879				159,879

RECLASS CODE: D
EXPLANATION : NURSERY

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NURSERY	33	302,654	ADULTS & PEDIATRICS	25	302,654	
TOTAL RECLASSIFICATIONS FOR CODE D			302,654				302,654

RECLASS CODE: E
EXPLANATION : ADVERTISING

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	ADMINISTRATIVE & GENERAL	6	16,068	PUBLIC RELATIONS	100.02	16,068	
TOTAL RECLASSIFICATIONS FOR CODE E			16,068				16,068

RECLASS CODE: G
EXPLANATION : INTEREST

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	ADMINISTRATIVE & GENERAL	6	41,207	NEW CAP REL COSTS-BLDG & FIXT	3	41,207	
TOTAL RECLASSIFICATIONS FOR CODE G			41,207				41,207

RECLASS CODE: H
EXPLANATION : MEDICAL DIRECTOR

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	ADMINISTRATIVE & GENERAL	6	18,750	EMERGENCY	61	18,750	
2.00	ADMINISTRATIVE & GENERAL	6	15,976	EMERGENCY	61	15,976	
TOTAL RECLASSIFICATIONS FOR CODE H			34,726				34,726

RECLASS CODE: I
EXPLANATION : DIRECTOR OF ER

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	ADMINISTRATIVE & GENERAL	6	14,609	EMERGENCY	61	14,609	
TOTAL RECLASSIFICATIONS FOR CODE I			14,609				14,609

RECLASS CODE: J
EXPLANATION : DIRECTOR OF ANESTHESIA

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	ADMINISTRATIVE & GENERAL	6	1,250	ADULTS & PEDIATRICS	25	1,250	
TOTAL RECLASSIFICATIONS FOR CODE J			1,250				1,250

RECLASSIFICATIONS

PROVIDER NO:
151301

PERIOD:
FROM 7/ 1/2007
TO 6/30/2008

PREPARED 12/ 9/2008
WORKSHEET A-6
NOT A CMS WORKSHEET

RECLASS CODE: K
EXPLANATION : DIRECTOR OF HOSPITALIST

----- INCREASE -----			----- DECREASE -----		
LINE	COST CENTER	AMOUNT	LINE	COST CENTER	AMOUNT
1.00	ADMINISTRATIVE & GENERAL	1,000	6	ANESTHESIOLOGY	1,000
TOTAL RECLASSIFICATIONS FOR CODE K		1,000	40		1,000

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

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

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING BALANCES 1	PURCHASES 2	ACQUISITIONS DONATION 3	TOTAL 4	DI SPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7
1 LAND	696,652					696,652	
2 LAND IMPROVEMENTS	42,575	4,204		4,204		46,779	
3 BUILDINGS & FIXTURE	18,107,406					18,107,406	
4 BUILDING IMPROVEMENTS	63,998					63,998	
5 FIXED EQUIPMENT	450,800					450,800	
6 MOVABLE EQUIPMENT	7,303,632					7,303,632	
7 SUBTOTAL	26,665,063	4,204		4,204		26,669,267	
8 RECONCILING ITEMS							
9 TOTAL	26,665,063	4,204		4,204		26,669,267	

PART III - RECONCILIATION OF CAPITAL COST CENTERS
 DESCRIPTION

		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL			TOTAL	
		GROSS ASSETS	CAPITALIZED LEASES	GROSS ASSETS FOR RATIO	RATIO	INSURANCE	TAXES	OTHER CAPITAL RELATED COSTS	
*		1	2	3	4	5	6	7	8
1	OLD CAP REL COSTS-BL								
2	OLD CAP REL COSTS-MV								
3	NEW CAP REL COSTS-BL	26,669,267		26,669,267	1.000000				
4	NEW CAP REL COSTS-MV								
5	TOTAL	26,669,267		26,669,267	1.000000				

DESCRIPTION

SUMMARY OF OLD AND NEW CAPITAL

		DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL RELATED COST	TOTAL (1)
*		9	10	11	12	13	14	15
1	OLD CAP REL COSTS-BL							
2	OLD CAP REL COSTS-MV							
3	NEW CAP REL COSTS-BL	1,568,230		-16,809				1,551,421
4	NEW CAP REL COSTS-MV							
5	TOTAL	1,568,230		-16,809				1,551,421

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

SUMMARY OF OLD AND NEW CAPITAL

		DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL RELATED COST	TOTAL (1)
*		9	10	11	12	13	14	15
1	OLD CAP REL COSTS-BL							
2	OLD CAP REL COSTS-MV							
3	NEW CAP REL COSTS-BL	1,723,869						1,723,869
4	NEW CAP REL COSTS-MV							
5	TOTAL	1,723,869						1,723,869

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

DESCR IPTION (1)	(2) BASIS/CO DE 1	AMOUNT 2	EXPENSE CLASSIFI CATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST. A-7 REF. 5
			COST CENTER 3	LINE NO 4	
1 INVST INCOME-OLD BLDGS AND FIXTURES			OLD CAP REL COSTS-BLDG &	1	
2 INVESTMENT INCOME-OLD MOVABLE EQUIP			OLD CAP REL COSTS-MVBLE E	2	
3 INVST INCOME-NEW BLDGS AND FIXTURES	B	-148,483	NEW CAP REL COSTS-BLDG &	3	9
4 INVESTMENT INCOME-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E	4	
5 INVESTMENT INCOME-OTHER					
6 TRADE, QUANTITY AND TIME DISCOUNTS					
7 REFUNDS AND REBATES OF EXPENSES					
8 RENTAL OF PRVIDER SPACE BY SUPPLIERS					
9 TELEPHONE SERVICES					
10 TELEVISION AND RADIO SERVICE					
11 PARKING LOT					
12 PROVIDER BASED PHYSICIAN ADJUSTMENT	A-8-2	-1,267,166			
13 SALE OF SCRAP, WASTE, ETC.					
14 RELATED ORGANIZATI ON TRANSACTIONS	A-8-1	2,133,235			
15 LAUNDRY AND LINEN SERVICE					
16 CAFETERIA--EMPLOYEES AND GUESTS	B	-80,421	CAFETERIA	12	
17 RENTAL OF QTRS TO EMPLOYEE AND OTHRS					
18 SALE OF MED AND SURG SUPPLIES					
19 SALE OF DRUGS TO OTHER THAN PATIENTS					
20 SALE OF MEDICAL RECORDS & ABSTRACTS					
21 NURSG SCHOOL(TUITN, FEES, BOOKS, ETC.)					
22 VENDI NG MACHI NES					
23 INCOME FROM IMPOSITION OF INTEREST					
24 INTRST EXP ON MEDI CARE OVERPAYMENTS					
25 ADJUSTMENT FOR RESPIRATORY THERAPY	A-8-3/A-8-4		RESPIRATORY THERAPY	49	
26 ADJUSTMENT FOR PHYSICAL THERAPY	A-8-3/A-8-4	-25,714	PHYSICAL THERAPY	50	
27 ADJUSTMENT FOR HHA PHYSICAL THERAPY	A-8-3				
28 UTILIZATI ON REVI EW-PHYSIAN COMP			UTILIZATI ON REVI EW-SNF	89	
29 DEPRECIATION-OLD BLDGS AND FIXTURES			OLD CAP REL COSTS-BLDG &	1	
30 DEPRECIATION-OLD MOVABLE EQUIP			OLD CAP REL COSTS-MVBLE E	2	
31 DEPRECIATION-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &	3	
32 DEPRECIATION-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E	4	
33 NON-PHYSICIAN ANESTHETI ST			NONPHYSICIAN ANESTHETI STS	20	
34 PHYSICIANS' ASSI STANT					
35 ADJUSTMENT FOR OCCUPATIONAL THERAPY	A-8-4		OCCUPATIONAL THERAPY	51	
36 ADJUSTMENT FOR SPEECH PATHOLOGY	A-8-4		SPEECH PATHOLOGY	52	
37 DONATIONS	A	-3,777	ADMINI STRATI VE & GENERAL	6	
38 OTHER OPERATI NG REVENUE	B	-38,741	ADMINI STRATI VE & GENERAL	6	
39 FOOD SERVICES	B	-1,561	DI ETARY	11	
40 NURSING ADMIN/NURSING EDUCATION	B	-150	NURSING ADMINI STRATI ON	14	
40.01 RADIOLOGY	B	-8,082	RADIOLOGY-DI AGNOSTI C	41	
40.02 RESPIRATORY THERAPY	B	-4	RESPIRATORY THERAPY	49	
40.03 SURGI CAL SERVICES PROCESSI NG	B	-5	MEDI CAL SUPPLI ES CHARGED	55	
40.04 PHARMACY	B	-2,183	DRUGS CHARGED TO PATIENTS	56	
40.05 LOSS ON SALE OF ASSET	A	-15,552	NEW CAP REL COSTS-BLDG &	3	9
41 INTEREST INCOME/UNREALI ZED GAI NS	B	-72,133	NEW CAP REL COSTS-BLDG &	3	9
42 CABLE TV EXPENSE	A	-2,806	OPERATI ON OF PLANT	8	
43 CARRYFORWARD	A	-104,668	NEW CAP REL COSTS-BLDG &	3	9
44 MHS PT	B	222,783	PHYSICAL THERAPY	50	
45 MHS OT	B	38,955	OCCUPATIONAL THERAPY	51	
46 MHS ST	B	14,756	SPEECH PATHOLOGY	52	
47 PAVI LION DEPRECIATI ON	A	-2,507	NEW CAP REL COSTS-BLDG &	3	9
48 INTEREST	B	-10,202	ADMINI STRATI VE & GENERAL	6	
49 AHA & IHA DUES	A	-1,113	ADMINI STRATI VE & GENERAL	6	
49.01 INCENTI VE PAYROLL-SALARI ES	A	-31,214	ADMINI STRATI VE & GENERAL	6	
50 TOTAL (SUM OF LINES 1 THRU 49)		593,247			

(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	
1	3	NEW CAP REL COSTS-BLDG & HOME OFFICE	249,107	20,196	228,911	9
2	6	ADMINISTRATIVE & GENERAL HOME OFFICE	1,678,309	225,786	1,452,523	9
3	3	NEW CAP REL COSTS-BLDG & ASCENSION - INTEREST	582,932	599,741	-16,809	11
4	6	ADMINISTRATIVE & GENERAL ASCENSION - INTEREST	40,052	41,207	-1,155	11
4.02	6	ADMINISTRATIVE & GENERAL ASCENSION - MAINTENANCE	141,143	108,758	32,385	9
4.04	100	2 PUBLIC RELATIONS	202	202		
4.05	10	HOUSEKEEPING	-40,090	-40,090		
4.06	41	RADIOLOGY-DIAGNOSTIC	9,546	9,546		
4.07	6	ADMINISTRATIVE & GENERAL	278,041	278,041		
4.09	10	HOUSEKEEPING	-12,027	-12,027		
4.10	5	EMPLOYEE BENEFITS	86,337	86,337		
4.11	6	ADMINISTRATIVE & GENERAL	85,079	85,079		
4.12	8	OPERATION OF PLANT	-332	-332		
4.14	6	ADMINISTRATIVE & GENERAL	132,862	132,862		
4.15	10	HOUSEKEEPING	-7,959	-7,959		
4.16	17	MEDICAL RECORDS & LIBRARY	7,722	7,722		
4.17	25	ADULTS & PEDIATRICS	9,940	9,940		
4.19	55	MEDICAL SUPPLIES CHARGED	-9,362	-9,362		
4.20	56	DRUGS CHARGED TO PATIENTS	-119,722	-119,722		
4.21	6	ADMINISTRATIVE & GENERAL	250,727	250,727		
4.24	5	EMPLOYEE BENEFITS	1,844,819	1,326,653	518,166	
4.25	5	EMPLOYEE BENEFITS	222,886	303,672	-80,786	
5		TOTALS	5,430,212	3,296,977	2,133,235	

* 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 XVII.

SYMBOL (1)	NAME	PERCENTAGE OF OWNERSHIP	RELATED ORGANIZATION(S) AND/OR HOME OFFICE NAME	PERCENTAGE OF OWNERSHIP	TYPE OF BUSINESS	
1	2	3	4	5	6	
1	G	ST. VINCENT HEALTH	100.00	ST. VINCENT HEALTH	100.00	ADMINISTRATION
2	B	ASCENSION	100.00	ASCENSION	100.00	ADMINISTRATION
3	B	ST. VINCENT HOSPITAL	100.00	ST. VINCENT HOSPITAL	100.00	HOSPITAL
4			0.00		0.00	
5			0.00		0.00	

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

PROVIDER BASED PHYSICIAN ADJUSTMENTS

PROVIDER NO:
15-1301

PERIOD:
FROM 7/ 1/2007
TO 6/30/2008

PREPARED 12/ 9/2008
WORKSHEET A-8-2
GROUP 1

WKSHT A LINE NO.	COST CENTER/ PHYSICIAN IDENTIFIER	COST OF MEMBERSHIPS & CONTINUING EDUCATION	PROVIDER COMPONENT SHARE OF COL 12	PHYSICIAN COST OF MALPRACTICE INSURANCE	PROVIDER COMPONENT SHARE OF COL 14	ADJUSTED RCE LIMIT	RCE DIS- ALLOWANCE	ADJUSTMENT
10	11	12	13	14	15	16	17	18
1 40	ANESTHESIA							541,082
2 25	HOSPITALISTS							167,717
3 41	RADIOLOGY							145,123
4 61	ER							413,244
5 44	LAB							
6								
7								
8								
9								
10								
11								
12								
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16								
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18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
101	TOTAL							1,267,166

PHYSICAL THERAPY

PART I - GENERAL INFORMATION

1	TOTAL NUMBER OF WEEKS WORKED (EXCLUDING AIDES) (SEE INSTRUCTIONS)	52
2	LINE 1 MULTIPLIED BY 15 HOURS PER WEEK	780
3	NUMBER OF UNDUPLICATED DAYS IN WHICH SUPERVISOR OR THERAPIST WAS ON PROVIDER SITE (SEE INSTRUCTIONS)	249
4	NUMBER OF UNDUPLICATED DAYS IN WHICH THERAPY ASSISTANT WAS ON PROVIDER SITE BUT NEITHER SUPERVISOR NOR THERAPIST WAS ON PROVIDER SITE (SEE INSTRUCTIONS)	
5	NUMBER OF UNDUPLICATED OFFSITE VISITS - SUPERVISORS OR THERAPISTS (SEE INSTRUCTIONS)	
6	NUMBER OF UNDUPLICATED OFFSITE VISITS - THERAPY ASSISTANTS (INCLUDE ONLY VISITS MADE BY THERAPY ASSISTANT AND ON WHICH SUPERVISOR AND/OR THERAPIST WAS NOT PRESENT DURING THE VISIT(S)) (SEE INSTRUCTIONS)	
7	STANDARD TRAVEL EXPENSE RATE	4.85
8	OPTIONAL TRAVEL EXPENSE RATE PER MILE	

	SUPERVISORS 1	THERAPISTS 2	ASSISTANTS 3	AIDES 4	TRAINEES 5
9	TOTAL HOURS WORKED	2093.50		3852.54	
10	AHSEA (SEE INSTRUCTIONS)	75.98	66.07	49.55	
11	STANDARD TRAVEL ALLOWANCE (COLUMNS 1 AND 2, ONE- HALF OF COLUMN 2, LINE 10; COLUMN 3, ONE-HALF OF COLUMN 3, LINE 10)	33.04	33.04	24.78	
12	NUMBER OF TRAVEL HOURS (SEE INSTRUCTIONS)				
12.01	NUMBER OF TRAVEL HOURS OFFSITE (SEE INSTRUCTIONS)				
13	NUMBER OF MILES DRIVEN (SEE INSTRUCTIONS)				
13.01	NUMBER OF MILES DRIVEN OFFSITE (SEE INSTRUCTIONS)				

PART II - SALARY EQUIVALENCY COMPUTATION

14	SUPERVISORS (COLUMN 1, LINE 9 TIMES COLUMN 1, LINE 10)	159,064
15	THERAPISTS (COLUMN 2, LINE 9 TIMES COLUMN 2, LINE 10)	
16	ASSISTANTS (COLUMN 3, LINE 9 TIMES COLUMN 3, LINE 10)	190,893
17	SUBTOTAL ALLOWANCE AMOUNT (SUM LNS 14 & 15 FOR RT OR LINES 14-16 FOR ALL OTHERS)	349,957
18	AIDES (COLUMN 4, LINE 9 TIMES COLUMN 4, LINE 10)	
19	TRAINEES (COLUMN 5, LINE 9 TIMES COLUMN 5, LINE 10)	
20	TOTAL ALLOWANCE AMOUNT (SUM OF LNS 17-19 FOR RT OR LINES 17 AND 18 FOR ALL OTHERS)	349,957

IF THE SUM OF COLUMNS 1 AND 2 FOR RESPIRATORY THERAPY OR COLUMNS 1-3 FOR PHYSICAL THERAPY, SPEECH PATHOLOGY OR OCCUPATIONAL THERAPY, LINE 9, IS GREATER THAN LINE 2, MAKE NO ENTRIES ON LINES 21 AND 22 AND ENTER ON LINE 23 THE AMOUNT FROM LINE 20. OTHERWISE COMPLETE LINES 21-23.

21	WEIGHTED AVERAGE RATE EXCLUDING AIDES AND TRAINEES (SEE INSTRUCTIONS)	
22	WEIGHTED ALLOWANCE EXCLUDING AIDES AND TRAINEES (SEE INSTRUCTIONS)	
23	TOTAL SALARY EQUIVALENCY (SEE INSTRUCTIONS)	349,957

PART III - SALARY AND OPTIONAL TRAVEL ALLOWANCE AND TRAVEL EXPENSE COMPUTATION - PROVIDER SITE
STANDARD TRAVEL ALLOWANCE

24	THERAPISTS (LINE 3 TIMES COLUMN 2, LINE 11)	8,227
25	ASSISTANTS (LINE 4 TIMES COLUMN 3, LINE 11)	
26	SUBTOTAL (LN 24 FOR RT OR SUM LN 24&25 ALL OTHERS)	8,227
27	STANDARD TRAVEL EXPENSE (LINE 7 TIMES SUM OF LINES 3 AND 4)	1,208
28	TOTAL STANDARD TRAVEL ALLOWANCE AND STANDARD TRAVEL EXPENSE AT THE PROVIDER SITE (SUM OF LINES 26 AND 27)	9,435

OPTIONAL TRAVEL ALLOWANCE AND OPTIONAL TRAVEL EXPENSE

29	THERAPISTS (COLUMN 2, LINE 10 TIMES THE SUM OF COLUMNS 1 AND 2, LINE 12)	
30	ASSISTANTS (COLUMN 3, LINE 10 TIMES COLUMN 3, LINE 12)	
31	SUBTOTAL (LN 29 FOR RT OR SUM LN 29&30 ALL OTHERS)	
32	OPTIONAL TRAVEL EXPENSE (LN8 TIMES COLUMNS 1 & 2, LN 13 FOR RT OR SUM OF COLS 1-3, LN 13 ALL OTHERS)	

PHYSICAL THERAPY

33 STANDARD TRAVEL ALLOWANCE AND STANDARD TRAVEL EXPENSE (LINE 28) 9,435
 34 OPTIONAL TRAVEL ALLOWANCE AND STANDARD TRAVEL EXPENSE (SUM OF LINES 27 AND 30)
 35 OPTIONAL TRAVEL ALLOWANCE AND OPTIONAL TRAVEL EXPENSE (SUM OF LINES 31 AND 32)

PART IV - STANDARD AND OPTIONAL TRAVEL ALLOWANCE AND TRAVEL EXPENSE COMPUTATION - SERVICES OUTSIDE PROVIDER SITE
 STANDARD TRAVEL EXPENSE

36 THERAPISTS (LINE 5 TIMES COLUMN 2, LINE 11)
 37 ASSISTANTS (LINE 6 TIMES COLUMN 3, LINE 11)
 38 SUBTOTAL (SUM OF LINES 36 AND 37)
 39 STANDARD TRAVEL EXPENSE (LINE 7 TIMES THE SUM OF LINES 5 AND 6)
 40 THERAPISTS (SUM OF COLUMNS 1 AND 2, LINE 12 TIMES COLUMN 2, LINE 10)
 41 ASSISTANTS (COLUMN 3, LINE 12 TIMES COLUMN 3, LINE 10)
 42 SUBTOTAL (SUM OF LINES 40 AND 41)
 43 OPTIONAL TRAVEL EXPENSE (LINE 8 TIMES THE SUM OF COLUMNS 1-3, LINE 13)
 TOTAL TRAVEL ALLOWANCE AND TRAVEL EXPENSE - OFFSITE SERVICES;
 COMPLETE ONE OF THE FOLLOWING THREE LINES 44, 45, OR 46 AS APPROPRIATE
 44 STANDARD TRAVEL ALLOWANCE AND STANDARD TRAVEL EXPENSE (SUM OF LINES 38 AND 39 - SEE INSTRUCTIONS)
 45 OPTIONAL TRAVEL ALLOWANCE AND STANDARD TRAVEL EXPENSE (SUM OF LINES 39 AND 42 - SEE INSTRUCTIONS)
 46 OPTIONAL TRAVEL ALLOWANCE AND OPTIONAL TRAVEL EXPENSE (SUM OF LINES 42 AND 43 - SEE INSTRUCTIONS)

PART V - OVERTIME COMPUTATION

	THERAPISTS	ASSISTANTS	AIDES	TRAINEES	TOTAL
47 OVERTIME HOURS WORKED DURING REPORTING PERIOD (IF COLUMN 5, LINE 47, IS ZERO OR EQUAL TO OR GREATER THAN 2,080, DO NOT COMPLETE LINES 48-55 AND ENTER ZERO IN EACH COLUMN OF LINE 56)	1	2	3	4	5
48 OVERTIME RATE (SEE INSTRUCTIONS)					
CALCULATION OF LIMIT					
49 TOTAL OVERTIME (INCLUDING BASE AND OVERTIME ALLOWANCE) (MULTIPLY LINE 47 TIMES LINE 48)					
50 PERCENTAGE OF OVERTIME HOURS BY CATEGORY (DIVIDE THE HOURS IN EACH COLUMN ON LINE 47 BY THE TOTAL OVERTIME WORKED - COLUMN 5, LINE 47)	100.00				100.00
51 ALLOCATION OF PROVIDER'S STANDARD WORKYEAR FOR ONE FULL-TIME EMPLOYEE TIME THE PERCENTAGES ON LINE 50 (SEE INSTRUCTIONS)					
DETERMINATION OF OVERTIME ALLOWANCE					
52 ADJUSTED HOURLY SALARY EQUIVALENCY AMOUNT (SEE INSTRUCTIONS)					
53 OVERTIME COST LIMITATION (LINE 51 TIMES LINE 52)					
54 MAXIMUM OVERTIME COST (ENTER THE LESSOR OF LINE 49 OR LINE 53)					
55 PORTION OF OVERTIME ALREADY INCLUDED IN HOURLY COMPUTATION AT THE AHSEA (MULTIPLY LINE 47 TIMES LINE 52)					
56 OVERTIME ALLOWANCE (LINE 54 MINUS LINE 55 - IF NEGATIVE ENTER ZERO) (ENTER IN COLUMN 5 THE SUM OF COLUMNS 1, 3, AND 4 FOR RESPIRATORY THERAPY AND COLUMNS 1 THROUGH 3 FOR ALL OTHERS.)					

PART VI - COMPUTATION OF THERAPY LIMITATION AND EXCESS COST ADJUSTMENT

57 SALARY EQUIVALENCY AMOUNT (FROM PART II, LINE 23) 349,957
 58 TRAVEL ALLOWANCE AND EXPENSE - PROVIDER SITE (FROM PART III, LINE 33, 34, OR 35) 9,435
 59 TRAVEL ALLOWANCE AND EXPENSE - OFFSITE SERVICES (FROM PART IV, LINES 44, 45, OR 46)
 60 OVERTIME ALLOWANCE (FROM COLUMN 5, LINE 56)
 61 EQUIPMENT COST (SEE INSTRUCTIONS)
 62 SUPPLIES (SEE INSTRUCTIONS)
 63 TOTAL ALLOWANCE (SUM OF LINES 57-62) 359,392
 64 TOTAL COST OF OUTSIDE SUPPLIER SERVICES (FROM YOUR RECORDS) 385,106

PHYSICAL THERAPY

65 EXCESS OVER LIMITATION (LINE 64 MINUS LINE 63 - IF 25,714
 NEGATIVE, ENTER ZERO -- SEE INSTRUCTIONS)

PART VII - ALLOCATION OF THERAPY EXCESS COST OVER LIMITATION FOR NONSHARED THERAPY DEPARTMENT SERVICES

66 COST OF OUTSIDE SUPPLIER SERVICES - 385,106
 (SEE INSTRUCTIONS)(FROM YOUR RECORDS)
 66.01 COST OF OUTSIDE SUPPLIER SERVICES - CORF I
 (SEE INSTRUCTIONS)(FROM YOUR RECORDS)
 66.31 COST OF OUTSIDE SUPPLIER SERVICES - HHA I
 (SEE INSTRUCTIONS)(FROM YOUR RECORDS)
 67 TOTAL COST (SUM OF LINE 66 AND SUBSCRIPTS)(THIS 385,106
 LINE MUST AGREE WITH LINE 64)
 68 RATIO OF COST OF OUTSIDE SUPPLIER SERVICES TO 1.000000
 TOTAL COST- (LINE 66 DIVIDED BY LINE 67)
 68.01 RATIO OF COST OF OUTSIDE SUPPLIER SERVICES TO
 TOTAL COST-CORF I (LINE 66 DIVIDED BY LINE 67)
 68.31 RATIO OF COST OF OUTSIDE SUPPLIER SERVICES TO
 TOTAL COST- HHA I (LINE 66 DIVIDED BY LINE 67)
 69 EXCESS COST OVER LIMITATION- 25,714
 (SEE INSTRUCTIONS)(TRANSFER TO WKST. A-8, LINES
 AS INDICATED IN INSTRUCTIONS)
 69.01 EXCESS COST OVER LIMITATION-CORF I
 (SEE INSTRUCTIONS)(TRANSFER TO WKST. A-8, LINES
 AS INDICATED IN INSTRUCTIONS)
 69.31 EXCESS COST OVER LIMITATION- HHA I
 (SEE INSTRUCTIONS)(TRANSFER TO WKST. A-8, LINES
 AS INDICATED IN INSTRUCTIONS)
 70 TOTAL EXCESS OF COST OVER LIMITATION (SUM OF LINE 25,714
 69 AND SUBSCRIPTS OF LINE 69)(THIS LINE MUST AGREE
 WITH LINE 65)

OCCUPATIONAL THERAPY

PART I - GENERAL INFORMATION

1	TOTAL NUMBER OF WEEKS WORKED (EXCLUDING AIDES) (SEE INSTRUCTIONS)	52
2	LINE 1 MULTIPLIED BY 15 HOURS PER WEEK	780
3	NUMBER OF UNDUPLICATED DAYS IN WHICH SUPERVISOR OR THERAPIST WAS ON PROVIDER SITE (SEE INSTRUCTIONS)	254
4	NUMBER OF UNDUPLICATED DAYS IN WHICH THERAPY ASSISTANT WAS ON PROVIDER SITE BUT NEITHER SUPERVISOR NOR THERAPIST WAS ON PROVIDER SITE (SEE INSTRUCTIONS)	
5	NUMBER OF UNDUPLICATED OFFSITE VISITS - SUPERVISORS OR THERAPISTS (SEE INSTRUCTIONS)	
6	NUMBER OF UNDUPLICATED OFFSITE VISITS - THERAPY ASSISTANTS (INCLUDE ONLY VISITS MADE BY THERAPY ASSISTANT AND ON WHICH SUPERVISOR AND/OR THERAPIST WAS NOT PRESENT DURING THE VISIT(S)) (SEE INSTRUCTIONS)	
7	STANDARD TRAVEL EXPENSE RATE	4.85
8	OPTIONAL TRAVEL EXPENSE RATE PER MILE	

	SUPERVISORS 1	THERAPISTS 2	ASSISTANTS 3	AIDES 4	TRAINEES 5
9		1285.50			
10		62.63			
11	31.32	31.32			
12	NUMBER OF TRAVEL HOURS (SEE INSTRUCTIONS)				
12.01	NUMBER OF TRAVEL HOURS OFFSITE (SEE INSTRUCTIONS)				
13	NUMBER OF MILES DRIVEN (SEE INSTRUCTIONS)				
13.01	NUMBER OF MILES DRIVEN OFFSITE (SEE INSTRUCTIONS)				

PART II - SALARY EQUIVALENCY COMPUTATION

14	SUPERVISORS (COLUMN 1, LINE 9 TIMES COLUMN 1, LINE 10)	
15	THERAPISTS (COLUMN 2, LINE 9 TIMES COLUMN 2, LINE 10)	80,511
16	ASSISTANTS (COLUMN 3, LINE 9 TIMES COLUMN 3, LINE 10)	
17	SUBTOTAL ALLOWANCE AMOUNT (SUM LNS 14 & 15 FOR RT OR LINES 14-16 FOR ALL OTHERS)	80,511
18	AIDES (COLUMN 4, LINE 9 TIMES COLUMN 4, LINE 10)	
19	TRAINEES (COLUMN 5, LINE 9 TIMES COLUMN 5, LINE 10)	
20	TOTAL ALLOWANCE AMOUNT (SUM OF LNS 17-19 FOR RT OR LINES 17 AND 18 FOR ALL OTHERS)	80,511

IF THE SUM OF COLUMNS 1 AND 2 FOR RESPIRATORY THERAPY OR COLUMNS 1-3 FOR PHYSICAL THERAPY, SPEECH PATHOLOGY OR OCCUPATIONAL THERAPY, LINE 9, IS GREATER THAN LINE 2, MAKE NO ENTRIES ON LINES 21 AND 22 AND ENTER ON LINE 23 THE AMOUNT FROM LINE 20. OTHERWISE COMPLETE LINES 21-23.

21	WEIGHTED AVERAGE RATE EXCLUDING AIDES AND TRAINEES (SEE INSTRUCTIONS)	
22	WEIGHTED ALLOWANCE EXCLUDING AIDES AND TRAINEES (SEE INSTRUCTIONS)	
23	TOTAL SALARY EQUIVALENCY (SEE INSTRUCTIONS)	80,511

PART III - SALARY AND OPTIONAL TRAVEL ALLOWANCE AND TRAVEL EXPENSE COMPUTATION - PROVIDER SITE
STANDARD TRAVEL ALLOWANCE

24	THERAPISTS (LINE 3 TIMES COLUMN 2, LINE 11)	7,955
25	ASSISTANTS (LINE 4 TIMES COLUMN 3, LINE 11)	
26	SUBTOTAL (LN 24 FOR RT OR SUM LN 24&25 ALL OTHERS)	7,955
27	STANDARD TRAVEL EXPENSE (LINE 7 TIMES SUM OF LINES 3 AND 4)	1,232
28	TOTAL STANDARD TRAVEL ALLOWANCE AND STANDARD TRAVEL EXPENSE AT THE PROVIDER SITE (SUM OF LINES 26 AND 27)	9,187

OPTIONAL TRAVEL ALLOWANCE AND OPTIONAL TRAVEL EXPENSE		
29	THERAPISTS (COLUMN 2, LINE 10 TIMES THE SUM OF COLUMNS 1 AND 2, LINE 12)	
30	ASSISTANTS (COLUMN 3, LINE 10 TIMES COLUMN 3, LINE 12)	
31	SUBTOTAL (LN 29 FOR RT OR SUM LN 29&30 ALL OTHERS)	
32	OPTIONAL TRAVEL EXPENSE (LN 8 TIMES COLUMNS 1 & 2, LN 13 FOR RT OR SUM OF COLS 1-3, LN 13 ALL OTHERS)	

OCCUPATIONAL THERAPY

33 STANDARD TRAVEL ALLOWANCE AND STANDARD TRAVEL EXPENSE (LINE 28) 9,187
 34 OPTIONAL TRAVEL ALLOWANCE AND STANDARD TRAVEL EXPENSE (SUM OF LINES 27 AND 30)
 35 OPTIONAL TRAVEL ALLOWANCE AND OPTIONAL TRAVEL EXPENSE (SUM OF LINES 31 AND 32)

PART IV - STANDARD AND OPTIONAL TRAVEL ALLOWANCE AND TRAVEL EXPENSE COMPUTATION - SERVICES OUTSIDE PROVIDER SITE
 STANDARD TRAVEL EXPENSE

36 THERAPISTS (LINE 5 TIMES COLUMN 2, LINE 11)
 37 ASSISTANTS (LINE 6 TIMES COLUMN 3, LINE 11)
 38 SUBTOTAL (SUM OF LINES 36 AND 37)
 39 STANDARD TRAVEL EXPENSE (LINE 7 TIMES THE SUM OF LINES 5 AND 6)
 40 THERAPISTS (SUM OF COLUMNS 1 AND 2, LINE 12 TIMES COLUMN 2, LINE 10)
 41 ASSISTANTS (COLUMN 3, LINE 12 TIMES COLUMN 3, LINE 10)
 42 SUBTOTAL (SUM OF LINES 40 AND 41)
 43 OPTIONAL TRAVEL EXPENSE (LINE 8 TIMES THE SUM OF COLUMNS 1-3, LINE 13)
 TOTAL TRAVEL ALLOWANCE AND TRAVEL EXPENSE - OFFSITE SERVICES;
 COMPLETE ONE OF THE FOLLOWING THREE LINES 44, 45, OR 46 AS APPROPRIATE
 44 STANDARD TRAVEL ALLOWANCE AND STANDARD TRAVEL EXPENSE (SUM OF LINES 38 AND 39 - SEE INSTRUCTIONS)
 45 OPTIONAL TRAVEL ALLOWANCE AND STANDARD TRAVEL EXPENSE (SUM OF LINES 39 AND 42 - SEE INSTRUCTIONS)
 46 OPTIONAL TRAVEL ALLOWANCE AND OPTIONAL TRAVEL EXPENSE (SUM OF LINES 42 AND 43 - SEE INSTRUCTIONS)

PART V - OVERTIME COMPUTATION

	THERAPISTS	ASSISTANTS	AIDES	TRAINEES	TOTAL
47 OVERTIME HOURS WORKED DURING REPORTING PERIOD (IF COLUMN 5, LINE 47, IS ZERO OR EQUAL TO OR GREATER THAN 2,080, DO NOT COMPLETE LINES 48-55 AND ENTER ZERO IN EACH COLUMN OF LINE 56)	1	2	3	4	5
48 OVERTIME RATE (SEE INSTRUCTIONS)					
CALCULATION OF LIMIT					
49 TOTAL OVERTIME (INCLUDING BASE AND OVERTIME ALLOWANCE) (MULTIPLY LINE 47 TIMES LINE 48)					
50 PERCENTAGE OF OVERTIME HOURS BY CATEGORY (DIVIDE THE HOURS IN EACH COLUMN ON LINE 47 BY THE TOTAL OVERTIME WORKED - COLUMN 5, LINE 47)	100.00				100.00
51 ALLOCATION OF PROVIDER'S STANDARD WORKYEAR FOR ONE FULL-TIME EMPLOYEE TIME THE PERCENTAGES ON LINE 50 (SEE INSTRUCTIONS)					
DETERMINATION OF OVERTIME ALLOWANCE					
52 ADJUSTED HOURLY SALARY EQUIVALENCY AMOUNT (SEE INSTRUCTIONS)					
53 OVERTIME COST LIMITATION (LINE 51 TIMES LINE 52)					
54 MAXIMUM OVERTIME COST (ENTER THE LESSOR OF LINE 49 OR LINE 53)					
55 PORTION OF OVERTIME ALREADY INCLUDED IN HOURLY COMPUTATION AT THE AHSEA (MULTIPLY LINE 47 TIMES LINE 52)					
56 OVERTIME ALLOWANCE (LINE 54 MINUS LINE 55 - IF NEGATIVE ENTER ZERO) (ENTER IN COLUMN 5 THE SUM OF COLUMNS 1, 3, AND 4 FOR RESPIRATORY THERAPY AND COLUMNS 1 THROUGH 3 FOR ALL OTHERS.)					

PART VI - COMPUTATION OF THERAPY LIMITATION AND EXCESS COST ADJUSTMENT

57 SALARY EQUIVALENCY AMOUNT (FROM PART II, LINE 23) 80,511
 58 TRAVEL ALLOWANCE AND EXPENSE - PROVIDER SITE (FROM PART III, LINE 33, 34, OR 35) 9,187
 59 TRAVEL ALLOWANCE AND EXPENSE - OFFSITE SERVICES (FROM PART IV, LINES 44, 45, OR 46)
 60 OVERTIME ALLOWANCE (FROM COLUMN 5, LINE 56)
 61 EQUIPMENT COST (SEE INSTRUCTIONS)
 62 SUPPLIES (SEE INSTRUCTIONS)
 63 TOTAL ALLOWANCE (SUM OF LINES 57-62) 89,698
 64 TOTAL COST OF OUTSIDE SUPPLIER SERVICES (FROM YOUR RECORDS) 67,338

65 EXCESS OVER LIMITATION (LINE 64 MINUS LINE 63 - IF NEGATIVE, ENTER ZERO -- SEE INSTRUCTIONS)

PART VII - ALLOCATION OF THERAPY EXCESS COST OVER LIMITATION FOR NONSHARED THERAPY DEPARTMENT SERVICES

66	COST OF OUTSIDE SUPPLIER SERVICES - (SEE INSTRUCTIONS)(FROM YOUR RECORDS)	67,338
66.01	COST OF OUTSIDE SUPPLIER SERVICES - CORF I (SEE INSTRUCTIONS)(FROM YOUR RECORDS)	
66.31	COST OF OUTSIDE SUPPLIER SERVICES - HHA I (SEE INSTRUCTIONS)(FROM YOUR RECORDS)	
67	TOTAL COST (SUM OF LINE 66 AND SUBSCRIPTS)(THIS LINE MUST AGREE WITH LINE 64)	67,338
68	RATIO OF COST OF OUTSIDE SUPPLIER SERVICES TO TOTAL COST- (LINE 66 DIVIDED BY LINE 67)	1.000000
68.01	RATIO OF COST OF OUTSIDE SUPPLIER SERVICES TO TOTAL COST-CORF I (LINE 66 DIVIDED BY LINE 67)	
68.31	RATIO OF COST OF OUTSIDE SUPPLIER SERVICES TO TOTAL COST- HHA I (LINE 66 DIVIDED BY LINE 67)	
69	EXCESS COST OVER LIMITATION- (SEE INSTRUCTIONS)(TRANSFER TO WKST. A-8, LINES AS INDICATED IN INSTRUCTIONS)	
69.01	EXCESS COST OVER LIMITATION-CORF I (SEE INSTRUCTIONS)(TRANSFER TO WKST. A-8, LINES AS INDICATED IN INSTRUCTIONS)	
69.31	EXCESS COST OVER LIMITATION- HHA I (SEE INSTRUCTIONS)(TRANSFER TO WKST. A-8, LINES AS INDICATED IN INSTRUCTIONS)	
70	TOTAL EXCESS OF COST OVER LIMITATION (SUM OF LINE 69 AND SUBSCRIPTS OF LINE 69)(THIS LINE MUST AGREE WITH LINE 65)	

SPEECH PATHOLOGY

PART I - GENERAL INFORMATION

1	TOTAL NUMBER OF WEEKS WORKED (EXCLUDING AIDES) (SEE INSTRUCTIONS)	52
2	LINE 1 MULTIPLIED BY 15 HOURS PER WEEK	780
3	NUMBER OF UNDUPLICATED DAYS IN WHICH SUPERVISOR OR THERAPIST WAS ON PROVIDER SITE (SEE INSTRUCTIONS)	109
4	NUMBER OF UNDUPLICATED DAYS IN WHICH THERAPY ASSISTANT WAS ON PROVIDER SITE BUT NEITHER SUPERVISOR NOR THERAPIST WAS ON PROVIDER SITE (SEE INSTRUCTIONS)	
5	NUMBER OF UNDUPLICATED OFFSITE VISITS - SUPERVISORS OR THERAPISTS (SEE INSTRUCTIONS)	
6	NUMBER OF UNDUPLICATED OFFSITE VISITS - THERAPY ASSISTANTS (INCLUDE ONLY VISITS MADE BY THERAPY ASSISTANT AND ON WHICH SUPERVISOR AND/OR THERAPIST WAS NOT PRESENT DURING THE VISIT(S)) (SEE INSTRUCTIONS)	
7	STANDARD TRAVEL EXPENSE RATE	4.85
8	OPTIONAL TRAVEL EXPENSE RATE PER MILE	

	SUPERVISORS 1	THERAPISTS 2	ASSISTANTS 3	AIDES 4	TRAINEES 5
9		504.00			
10		60.20			
11	30.10	30.10			
12					
12.01					
13					
13.01					

PART II - SALARY EQUIVALENCY COMPUTATION

14	SUPERVISORS (COLUMN 1, LINE 9 TIMES COLUMN 1, LINE 10)	
15	THERAPISTS (COLUMN 2, LINE 9 TIMES COLUMN 2, LINE 10)	30,341
16	ASSISTANTS (COLUMN 3, LINE 9 TIMES COLUMN 3, LINE 10)	
17	SUBTOTAL ALLOWANCE AMOUNT (SUM LNS 14 & 15 FOR RT OR LINES 14-16 FOR ALL OTHERS)	30,341
18	AIDES (COLUMN 4, LINE 9 TIMES COLUMN 4, LINE 10)	
19	TRAINEES (COLUMN 5, LINE 9 TIMES COLUMN 5, LINE 10)	
20	TOTAL ALLOWANCE AMOUNT (SUM OF LNS 17-19 FOR RT OR LINES 17 AND 18 FOR ALL OTHERS)	30,341

IF THE SUM OF COLUMNS 1 AND 2 FOR RESPIRATORY THERAPY OR COLUMNS 1-3 FOR PHYSICAL THERAPY, SPEECH PATHOLOGY OR OCCUPATIONAL THERAPY, LINE 9, IS GREATER THAN LINE 2, MAKE NO ENTRIES ON LINES 21 AND 22 AND ENTER ON LINE 23 THE AMOUNT FROM LINE 20. OTHERWISE COMPLETE LINES 21-23.

21	WEIGHTED AVERAGE RATE EXCLUDING AIDES AND TRAINEES (SEE INSTRUCTIONS)	60.20
22	WEIGHTED ALLOWANCE EXCLUDING AIDES AND TRAINEES (SEE INSTRUCTIONS)	46,956
23	TOTAL SALARY EQUIVALENCY (SEE INSTRUCTIONS)	46,956

PART III - SALARY AND OPTIONAL TRAVEL ALLOWANCE AND TRAVEL EXPENSE COMPUTATION - PROVIDER SITE
STANDARD TRAVEL ALLOWANCE

24	THERAPISTS (LINE 3 TIMES COLUMN 2, LINE 11)	3,281
25	ASSISTANTS (LINE 4 TIMES COLUMN 3, LINE 11)	
26	SUBTOTAL (LN 24 FOR RT OR SUM LN 24&25 ALL OTHERS)	3,281
27	STANDARD TRAVEL EXPENSE (LINE 7 TIMES SUM OF LINES 3 AND 4)	529
28	TOTAL STANDARD TRAVEL ALLOWANCE AND STANDARD TRAVEL EXPENSE AT THE PROVIDER SITE (SUM OF LINES 26 AND 27)	3,810

OPTIONAL TRAVEL ALLOWANCE AND OPTIONAL TRAVEL EXPENSE

29	THERAPISTS (COLUMN 2, LINE 10 TIMES THE SUM OF COLUMNS 1 AND 2, LINE 12)	
30	ASSISTANTS (COLUMN 3, LINE 10 TIMES COLUMN 3, LINE 12)	
31	SUBTOTAL (LN 29 FOR RT OR SUM LN 29&30 ALL OTHERS)	
32	OPTIONAL TRAVEL EXPENSE (LN8 TIMES COLUMNS 1 & 2, LN 13 FOR RT OR SUM OF COLS 1-3, LN 13 ALL OTHERS)	

SPEECH PATHOLOGY

33 STANDARD TRAVEL ALLOWANCE AND STANDARD TRAVEL EXPENSE (LINE 28) 3,810
 34 OPTIONAL TRAVEL ALLOWANCE AND STANDARD TRAVEL EXPENSE (SUM OF LINES 27 AND 30)
 35 OPTIONAL TRAVEL ALLOWANCE AND OPTIONAL TRAVEL EXPENSE (SUM OF LINES 31 AND 32)

PART IV - STANDARD AND OPTIONAL TRAVEL ALLOWANCE AND TRAVEL EXPENSE COMPUTATION - SERVICES OUTSIDE PROVIDER SITE

STANDARD TRAVEL EXPENSE
 36 THERAPISTS (LINE 5 TIMES COLUMN 2, LINE 11)
 37 ASSISTANTS (LINE 6 TIMES COLUMN 3, LINE 11)
 38 SUBTOTAL (SUM OF LINES 36 AND 37)
 39 STANDARD TRAVEL EXPENSE (LINE 7 TIMES THE SUM OF LINES 5 AND 6)
 40 THERAPISTS (SUM OF COLUMNS 1 AND 2, LINE 12 TIMES COLUMN 2, LINE 10)
 41 ASSISTANTS (COLUMN 3, LINE 12 TIMES COLUMN 3, LINE 10)
 42 SUBTOTAL (SUM OF LINES 40 AND 41)
 43 OPTIONAL TRAVEL EXPENSE (LINE 8 TIMES THE SUM OF COLUMNS 1-3, LINE 13)
 TOTAL TRAVEL ALLOWANCE AND TRAVEL EXPENSE - OFFSITE SERVICES;
 COMPLETE ONE OF THE FOLLOWING THREE LINES 44, 45, OR 46 AS APPROPRIATE
 44 STANDARD TRAVEL ALLOWANCE AND STANDARD TRAVEL EXPENSE (SUM OF LINES 38 AND 39 - SEE INSTRUCTIONS)
 45 OPTIONAL TRAVEL ALLOWANCE AND STANDARD TRAVEL EXPENSE (SUM OF LINES 39 AND 42 - SEE INSTRUCTIONS)
 46 OPTIONAL TRAVEL ALLOWANCE AND OPTIONAL TRAVEL EXPENSE (SUM OF LINES 42 AND 43 - SEE INSTRUCTIONS)

PART V - OVERTIME COMPUTATION

	THERAPISTS	ASSISTANTS	AIDES	TRAINEES	TOTAL
47 OVERTIME HOURS WORKED DURING REPORTING PERIOD (IF COLUMN 5, LINE 47, IS ZERO OR EQUAL TO OR GREATER THAN 2,080, DO NOT COMPLETE LINES 48-55 AND ENTER ZERO IN EACH COLUMN OF LINE 56)	1	2	3	4	5
48 OVERTIME RATE (SEE INSTRUCTIONS)					
CALCULATION OF LIMIT					
49 TOTAL OVERTIME (INCLUDING BASE AND OVERTIME ALLOWANCE) (MULTIPLY LINE 47 TIMES LINE 48)					
50 PERCENTAGE OF OVERTIME HOURS BY CATEGORY (DIVIDE THE HOURS IN EACH COLUMN ON LINE 47 BY THE TOTAL OVERTIME WORKED - COLUMN 5, LINE 47)	100.00				100.00
51 ALLOCATION OF PROVIDER'S STANDARD WORKYEAR FOR ONE FULL-TIME EMPLOYEE TIME THE PERCENTAGES ON LINE 50 (SEE INSTRUCTIONS)					
DETERMINATION OF OVERTIME ALLOWANCE					
52 ADJUSTED HOURLY SALARY EQUIVALENCY AMOUNT (SEE INSTRUCTIONS)					
53 OVERTIME COST LIMITATION (LINE 51 TIMES LINE 52)					
54 MAXIMUM OVERTIME COST (ENTER THE LESSOR OF LINE 49 OR LINE 53)					
55 PORTION OF OVERTIME ALREADY INCLUDED IN HOURLY COMPUTATION AT THE AHSEA (MULTIPLY LINE 47 TIMES LINE 52)					
56 OVERTIME ALLOWANCE (LINE 54 MINUS LINE 55 - IF NEGATIVE ENTER ZERO) (ENTER IN COLUMN 5 THE SUM OF COLUMNS 1, 3, AND 4 FOR RESPIRATORY THERAPY AND COLUMNS 1 THROUGH 3 FOR ALL OTHERS.)					

PART VI - COMPUTATION OF THERAPY LIMITATION AND EXCESS COST ADJUSTMENT

57 SALARY EQUIVALENCY AMOUNT (FROM PART II, LINE 23) 46,956
 58 TRAVEL ALLOWANCE AND EXPENSE - PROVIDER SITE (FROM PART III, LINE 33, 34, OR 35) 3,810
 59 TRAVEL ALLOWANCE AND EXPENSE - OFFSITE SERVICES (FROM PART IV, LINES 44, 45, OR 46)
 60 OVERTIME ALLOWANCE (FROM COLUMN 5, LINE 56)
 61 EQUIPMENT COST (SEE INSTRUCTIONS)
 62 SUPPLIES (SEE INSTRUCTIONS)
 63 TOTAL ALLOWANCE (SUM OF LINES 57-62) 50,766
 64 TOTAL COST OF OUTSIDE SUPPLIER SERVICES (FROM YOUR RECORDS) 25,507

SPEECH PATHOLOGY

65 EXCESS OVER LIMITATION (LINE 64 MINUS LINE 63 - IF NEGATIVE, ENTER ZERO -- SEE INSTRUCTIONS)

PART VII - ALLOCATION OF THERAPY EXCESS COST OVER LIMITATION FOR NONSHARED THERAPY DEPARTMENT SERVICES

66	COST OF OUTSIDE SUPPLIER SERVICES -	25,507
	(SEE INSTRUCTIONS)(FROM YOUR RECORDS)	
66.01	COST OF OUTSIDE SUPPLIER SERVICES - CORF I	
	(SEE INSTRUCTIONS)(FROM YOUR RECORDS)	
66.31	COST OF OUTSIDE SUPPLIER SERVICES - HHA I	
	(SEE INSTRUCTIONS)(FROM YOUR RECORDS)	
67	TOTAL COST (SUM OF LINE 66 AND SUBSCRIPTS)(THIS LINE MUST AGREE WITH LINE 64)	25,507
68	RATIO OF COST OF OUTSIDE SUPPLIER SERVICES TO TOTAL COST-	1.000000
	(LINE 66 DIVIDED BY LINE 67)	
68.01	RATIO OF COST OF OUTSIDE SUPPLIER SERVICES TO TOTAL COST-CORF I	
	(LINE 66 DIVIDED BY LINE 67)	
68.31	RATIO OF COST OF OUTSIDE SUPPLIER SERVICES TO TOTAL COST- HHA I	
	(LINE 66 DIVIDED BY LINE 67)	
69	EXCESS COST OVER LIMITATION-	
	(SEE INSTRUCTIONS)(TRANSFER TO WKST. A-8, LINES AS INDICATED IN INSTRUCTIONS)	
69.01	EXCESS COST OVER LIMITATION-CORF I	
	(SEE INSTRUCTIONS)(TRANSFER TO WKST. A-8, LINES AS INDICATED IN INSTRUCTIONS)	
69.31	EXCESS COST OVER LIMITATION- HHA I	
	(SEE INSTRUCTIONS)(TRANSFER TO WKST. A-8, LINES AS INDICATED IN INSTRUCTIONS)	
70	TOTAL EXCESS OF COST OVER LIMITATION (SUM OF LINE 69 AND SUBSCRIPTS OF LINE 69)(THIS LINE MUST AGREE WITH LINE 65)	

COST ALLOCATION STATISTICS

PROVIDER NO: 15-1301
 PERIOD: FROM 7/1/2007 TO 6/30/2008
 PREPARED 12/9/2008
 NOT A CMS WORKSHEET

LINE NO.	COST CENTER DESCRIPTION	STATISTICS CODE	STATISTICS DESCRIPTION	
	GENERAL SERVICE COST			
1	OLD CAP REL COSTS-BLDG & FIXT	1	SQUARE FEET	NOT ENTERED
2	OLD CAP REL COSTS-MVBLE EQUIP	2	DOLLAR VALUE	NOT ENTERED
3	NEW CAP REL COSTS-BLDG & FIXT	3	SQUARE FEET	ENTERED
4	NEW CAP REL COSTS-MVBLE EQUIP	4	DOLLAR VALUE	NOT ENTERED
5	EMPLOYEE BENEFITS	5	GROSS SALARIES	ENTERED
6	ADMINISTRATIVE & GENERAL	#	ACCUM. COST	NOT ENTERED
7	MAINTENANCE & REPAIRS	6	SQUARE FEET	NOT ENTERED
8	OPERATION OF PLANT	3	SQUARE FEET	ENTERED
9	LAUNDRY & LINEN SERVICE	8	POUNDS OF LAUNDRY	ENTERED
10	HOUSEKEEPING	9	SQUARE FEET	ENTERED
11	DIETARY	10	MEALS SERVED	ENTERED
12	CAFETERIA	11	HOURS	ENTERED
13	MAINTENANCE OF PERSONNEL	12	NUMBER HOUSED	NOT ENTERED
14	NURSING ADMINISTRATION	13	DIRECT NRSG HRS	ENTERED
15	CENTRAL SERVICES & SUPPLY	14	COSTED REQUIS.	ENTERED
16	PHARMACY	15	COSTED REQUIS.	ENTERED
17	MEDICAL RECORDS & LIBRARY	16	GROSS CHARGES	ENTERED
18	SOCIAL SERVICE	17	TIME SPENT	NOT ENTERED
20	NONPHYSICIAN ANESTHETISTS	18	ASSIGNED TIME	NOT ENTERED
21	NURSING SCHOOL	19	ASSIGNED TIME	NOT ENTERED
22	I&R SERVICES-SALARY & FRINGES APPRVD	20	ASSIGNED TIME	NOT ENTERED
23	I&R SERVICES-OTHER PRGM COSTS APPRVD	21	ASSIGNED TIME	NOT ENTERED
24	PARAMED ED PRGM	22	ASSIGNED TIME	NOT ENTERED

COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION	OLD CAP REL C OSTS-BLDG &	OLD CAP REL C OSTS-MVBLE E	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-MVBLE E	EMPLOYEE BENE FITS	SUBTOTAL
	0	1	2	3	4	5	5a.00
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &	1,551,421			1,551,421			
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS	3,024,373					3,024,373	
007 ADMINISTRATIVE & GENERAL	4,680,014			229,220		578,531	5,487,765
008 MAINTENANCE & REPAIRS							
009 OPERATION OF PLANT	875,085			87,067		70,055	1,032,207
010 LAUNDRY & LINEN SERVICE	46,594			11,886			58,480
011 HOUSEKEEPING	285,665			11,143		75,026	371,834
012 DIETARY	107,997			41,342		25,637	174,976
013 CAFETERIA	191,527			9,732		63,638	264,897
014 MAINTENANCE OF PERSONNEL							
015 NURSING ADMINISTRATION	239,553			2,674		76,502	318,729
016 CENTRAL SERVICES & SUPPLY							
017 PHARMACY							
018 MEDICAL RECORDS & LIBRARY	239,352			27,543		74,505	341,400
019 SOCIAL SERVICE							
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C							
024 PARAMEDICAL PRGM							
025 INPAT ROUTINE SRVC CNTRS	1,596,290			195,659		548,244	2,340,193
026 ADULTS & PEDIATRICS							
027 INTENSIVE CARE UNIT							
028 CORONARY CARE UNIT							
029 BURN INTENSIVE CARE UNIT							
030 SURGICAL INTENSIVE CARE U							
031 SUBPROVIDER							
032 NURSERY	302,654			2,322		94,072	399,048
033 SKILLED NURSING FACILITY							
034 NURSING FACILITY							
035 01 ICF/MR							
036 OTHER LONG TERM CARE							
037 ANCILLARY SRVC COST CNTRS							
038 OPERATING ROOM	875,623			143,471		129,241	1,148,335
039 RECOVERY ROOM							
040 DELIVERY ROOM & LABOR ROO				43,626			43,626
041 ANESTHESIOLOGY	26,155						26,155
042 RADIOLOGY-DIAGNOSTIC	1,502,680			115,576		271,346	1,889,602
043 RADIOLOGY-THERAPEUTIC							
044 RADIOISOTOPE							
045 LABORATORY	1,657,076			32,372		196,710	1,886,158
046 PBP CLINICAL LAB SERVICES							
047 WHOLE BLOOD & PACKED RED							
048 BLOOD STORING, PROCESSING							
049 INTRAVENOUS THERAPY							
050 RESPIRATORY THERAPY	364,717			23,568		111,915	500,200
051 PHYSICAL THERAPY	596,019			49,922			645,941
052 OCCUPATIONAL THERAPY	106,324			5,887			112,211
053 SPEECH PATHOLOGY	40,263			5,887			46,150
054 ELECTROCARDIOLOGY	167,524					26,335	193,859
055 ELECTROENCEPHALOGRAPHY							
056 MEDICAL SUPPLIES CHARGED	128,763			31,257		31,153	191,173
057 DRUGS CHARGED TO PATIENTS	762,575			13,595		75,540	851,710
058 RENAL DIALYSIS							
059 ASC (NON-DISTINCT PART)							
060 OUTPAT SERVICE COST CNTRS							
061 CLINIC							
062 EMERGENCY	1,671,963			78,914		489,189	2,240,066
063 OBSERVATION BEDS (NON-DIS							
064 OTHER OUTPATIENT SERVICE							
065 50 RURAL HEALTH CLINIC							
066 OTHER REIMBURS COST CNTRS							
067 HOME PROGRAM DIALYSIS							
068 AMBULANCE SERVICES							
069 DURABLE MEDICAL EQUIP-REN							
070 DURABLE MEDICAL EQUIP-SOL							
071 CORF							
072 I&R SERVICES-NOT APPRVD P							
073 HOME HEALTH AGENCY							
074 LUNG ACQUISITION							
075 SPEC PURPOSE COST CENTERS							
076 KIDNEY ACQUISITION							
077 LIVER ACQUISITION							
078 HEART ACQUISITION							
079 01 PANCREAS ACQUISITION							
080 OTHER ORGAN ACQUISITION							
081 AMBULATORY SURGICAL CENTE							
082 HOSPICE							
083 SUBTOTALS	21,040,207			1,162,663		2,937,639	20,564,715
084 NONREIMBURS COST CENTERS							
085 GIFT, FLOWER, COFFEE SHOP				2,377			2,377

COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION	0	1	2	3	4	5	SUBTOTAL
NONREIMBURS COST CENTERS								5a.00
097 RESEARCH								
098 PHYSICIANS' PRIVATE OFFICE								
099 NONPAID WORKERS								
100 OTHER NONREIMBURSABLE COSTS	252,089				383,929		86,734	722,752
100 01 FOUNDATION	94,171				1,226			95,397
100 02 PUBLIC RELATIONS	55,058				1,226			56,284
101 CROSS FOOT ADJUSTMENT								
102 NEGATIVE COST CENTER								
103 TOTAL	21,441,525				1,551,421		3,024,373	21,441,525

COST CENTER DESCRIPTION	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA
	6	7	8	9	10	11	12
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
007 ADMINISTRATIVE & GENERAL	5,487,765						
008 MAINTENANCE & REPAIRS							
009 OPERATION OF PLANT	355,058		1,387,265				
010 LAUNDRY & LINEN SERVICE	20,116		13,350	91,946			
011 HOUSEKEEPING	127,903		12,516		512,253		
012 DIETARY	60,188		46,434		18,946	300,544	
013 CAFETERIA	91,119		10,931		4,460		371,407
014 MAINTENANCE OF PERSONNEL							
015 NURSING ADMINISTRATION	109,636		3,004		1,226		10,882
016 CENTRAL SERVICES & SUPPLY							
017 PHARMACY							
018 MEDICAL RECORDS & LIBRARY	117,434		30,935		12,622		25,609
020 SOCIAL SERVICE							
021 NONPHYSICIAN ANESTHETISTS							
022 NURSING SCHOOL							
023 I&R SERVICES-SALARY & FRI							
024 I&R SERVICES-OTHER PRGM C							
025 PARAMEDICAL PRGM							
026 INPAT ROUTINE SRVC CNTRS	804,984		219,759	49,018	89,664	300,544	97,564
027 ADULTS & PEDIATRICS							
028 INTENSIVE CARE UNIT							
029 CORONARY CARE UNIT							
031 BURN INTENSIVE CARE UNIT							
033 SURGICAL INTENSIVE CARE U							
034 SUBPROVIDER							
035 NURSERY	137,264		2,607		1,064		16,819
036 SKILLED NURSING FACILITY							
035 01 NURSING FACILITY							
035 01 ICF/MR							
036 OTHER LONG TERM CARE							
037 ANCILLARY SRVC COST CNTRS							
038 OPERATING ROOM	395,003		161,143	11,732	65,748		17,600
039 RECOVERY ROOM							
040 DELIVERY ROOM & LABOR ROO	15,006		49,000		19,992		
041 ANESTHESIOLOGY	8,997						
042 RADIOLOGY-DIAGNOSTIC	649,983		129,811	7,842	52,964		48,466
043 RADIOLOGY-THERAPEUTIC							
044 RADIOISOTOPE							
045 LABORATORY	648,799		36,359		14,835		43,656
046 PBP CLINICAL LAB SERVICES							
047 WHOLE BLOOD & PACKED RED							
048 BLOOD STORING, PROCESSING							
049 INTRAVENOUS THERAPY							
050 RESPIRATORY THERAPY	172,058		26,471		10,800		20,880
051 PHYSICAL THERAPY	222,190		56,071		22,878		
052 OCCUPATIONAL THERAPY	38,598		6,613		2,698		
053 SPEECH PATHOLOGY	15,875		6,613		2,698		
054 ELECTROCARDIOLOGY	66,683						4,913
055 ELECTROENCEPHALOGRAPHY							
056 MEDICAL SUPPLIES CHARGED	65,759		35,107		14,324		8,756
057 DRUGS CHARGED TO PATIENTS	292,970		15,269		6,230		6,611
058 RENAL DIALYSIS							
060 ASC (NON-DISTINCT PART)							
061 OUTPAT SERVICE COST CNTRS							
062 CLINIC							
063 EMERGENCY	770,536		88,634	23,354	36,163		50,000
062 OBSERVATION BEDS (NON-DIS							
063 OTHER OUTPATIENT SERVICE							
063 50 RURAL HEALTH CLINIC							
064 OTHER REIMBURS COST CNTRS							
065 HOME PROGRAM DIALYSIS							
066 AMBULANCE SERVICES							
067 DURABLE MEDICAL EQUIP-REN							
069 DURABLE MEDICAL EQUIP-SOL							
070 CORF							
071 I&R SERVICES-NOT APPRVD P							
082 HOME HEALTH AGENCY							
083 LUNG ACQUISITION							
084 SPEC PURPOSE COST CENTERS							
085 KIDNEY ACQUISITION							
086 LIVER ACQUISITION							
085 01 HEART ACQUISITION							
086 PANCREAS ACQUISITION							
088 OTHER ORGAN ACQUISITION							
092 AMBULATORY SURGICAL CENTE							
093 HOSPICE							
095 SUBTOTALS	5,186,159		950,627	91,946	377,312	300,544	351,756
096 NONREIMBURS COST CENTERS							
GIFT, FLOWER, COFFEE SHOP	818		2,670		1,089		

COST CENTER DESCRIPTION	ADMINISTRATIVE & GENERAL	MAINTENANCE REPAIRS	& OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA
	6	7	8	9	10	11	12
097 NONREIMBURS COST CENTERS							
098 RESEARCH							
098 PHYSICIANS' PRIVATE OFFICE							
099 NONPAID WORKERS							
100 OTHER NONREIMBURSABLE COSTS	248,612		431,214		132,728		19,651
100 01 FOUNDATION	32,815		1,377		562		
100 02 PUBLIC RELATIONS	19,361		1,377		562		
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	5,487,765		1,387,265	91,946	512,253	300,544	371,407

COST CENTER DESCRIPTION	MAINTENANCE F PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	SERVICES	NONPHYSICIAN ANESTHETISTS
	13	14	15	16	17	18	19	20
001 GENERAL SERVICE COST CNTR								
002 OLD CAP REL COSTS-BLDG &								
003 OLD CAP REL COSTS-MVBLE E								
004 NEW CAP REL COSTS-BLDG &								
005 NEW CAP REL COSTS-MVBLE E								
006 EMPLOYEE BENEFITS								
007 ADMINSTRATIVE & GENERAL								
008 MAINTENANCE & REPAIRS								
009 OPERATION OF PLANT								
010 LAUNDRY & LINEN SERVICE								
011 HOUSEKEEPING								
012 DIETARY								
013 CAFETERIA								
014 MAINTENANCE OF PERSONNEL								
015 NURSING ADMINISTRATION		443,477						
016 CENTRAL SERVICES & SUPPLY								
017 PHARMACY								
018 MEDICAL RECORDS & LIBRARY					528,000			
020 SOCIAL SERVICE								
021 NONPHYSICIAN ANESTHETISTS								
022 NURSING SCHOOL								
023 I&R SERVICES-SALARY & FRI								
024 I&R SERVICES-OTHER PRGM C								
025 PARAMED ED PRGM								
026 INPAT ROUTINE SRVC CNTRS		254,398			64,965			
027 ADULTS & PEDIATRICS								
028 INTENSIVE CARE UNIT								
029 CORONARY CARE UNIT								
031 BURN INTENSIVE CARE UNIT								
033 SURGICAL INTENSIVE CARE U								
034 SUBPROVIDER								
035 NURSERY					4,760			
036 SKILLED NURSING FACILITY								
037 NURSING FACILITY								
038 01 ICF/MR								
039 OTHER LONG TERM CARE								
040 ANCILLARY SRVC COST CNTRS								
041 OPERATING ROOM		45,892			34,413			
042 RECOVERY ROOM								
043 DELIVERY ROOM & LABOR ROO					2,166			
044 ANESTHESIOLOGY					1,143			
045 RADIOLOGY-DIAGNOSTIC					134,518			
046 RADIOLOGY-THERAPEUTIC								
047 RADIOISOTOPE								
048 LABORATORY					123,242			
049 PBP CLINICAL LAB SERVICES								
050 WHOLE BLOOD & PACKED RED								
051 BLOOD STORING, PROCESSING								
052 INTRAVENOUS THERAPY								
053 RESPIRATORY THERAPY					14,167			
054 PHYSICAL THERAPY					12,000			
055 OCCUPATIONAL THERAPY					2,191			
056 SPEECH PATHOLOGY					284			
057 ELECTROCARDIOLOGY		12,811			8,025			
058 ELECTROENCEPHALOGRAPHY								
059 MEDICAL SUPPLIES CHARGED					16,463			
060 DRUGS CHARGED TO PATIENTS					41,915			
061 RENAL DIALYSIS								
062 ASC (NON-DISTINCT PART)								
063 OUTPAT SERVICE COST CNTRS								
064 CLINIC								
065 EMERGENCY		130,376			67,748			
066 OBSERVATION BEDS (NON-DIS								
067 OTHER OUTPATIENT SERVICE								
068 50 RURAL HEALTH CLINIC								
069 OTHER REIMBURS COST CNTRS								
070 HOME PROGRAM DIALYSIS								
071 AMBULANCE SERVICES								
072 DURABLE MEDICAL EQUIP-REN								
073 DURABLE MEDICAL EQUIP-SOL								
074 CORF								
075 I&R SERVICES-NOT APPRVD P								
076 HOME HEALTH AGENCY								
077 LUNG ACQUISITION								
078 SPEC PURPOSE COST CENTERS								
079 KIDNEY ACQUISITION								
080 LIVER ACQUISITION								
081 HEART ACQUISITION								
082 01 PANCREAS ACQUISITION								
083 OTHER ORGAN ACQUISITION								
084 AMBULATORY SURGICAL CENTE								
085 HOSPICE								
086 SUBTOTALS		443,477			528,000			
087 NONREIMBURS COST CENTERS								
088 GIFT, FLOWER, COFFEE SHOP								

COST CENTER DESCRIPTION	MAINTENANCE F PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS
	13	14	15	16	17	18	20
097 NONREIMBURS COST CENTERS							
098 RESEARCH							
099 PHYSICIANS' PRIVATE OFFICE							
100 NONPAID WORKERS							
100 01 OTHER NONREIMBURSABLE COSTS							
100 02 FOUNDATION							
101 PUBLIC RELATIONS							
102 CROSS FOOT ADJUSTMENT							
103 NEGATIVE COST CENTER							
TOTAL		443,477			528,000		

COST CENTER DESCRIPTION	NURSING SCHOOL	I&R SERVICES-SALARY & FRI	I&R SERVICES-OTHER PRGM C	PARAMED ED PRGM	PR SUBTOTAL	I&R COST POST STEP-DOWN ADJ	TOTAL
	21	22	23	24	25	26	27
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
007 ADMINSTRATIVE & GENERAL							
008 MAINTENANCE & REPAIRS							
009 OPERATION OF PLANT							
010 LAUNDRY & LINEN SERVICE							
011 HOUSEKEEPING							
012 DIETARY							
013 CAFETERIA							
014 MAINTENANCE OF PERSONNEL							
015 NURSING ADMINISTRATION							
016 CENTRAL SERVICES & SUPPLY							
017 PHARMACY							
018 MEDICAL RECORDS & LIBRARY							
020 SOCIAL SERVICE							
021 NONPHYSICIAN ANESTHETISTS							
022 NURSING SCHOOL							
023 I&R SERVICES-SALARY & FRI							
024 I&R SERVICES-OTHER PRGM C							
025 PARAMED ED PRGM							
026 INPAT ROUTINE SRVC CNTRS					4,221,089		4,221,089
027 ADULTS & PEDIATRICS							
028 INTENSIVE CARE UNIT							
029 CORONARY CARE UNIT							
031 BURN INTENSIVE CARE UNIT							
033 SURGICAL INTENSIVE CARE U							
034 SUBPROVIDER							
035 NURSERY					561,562		561,562
036 SKILLED NURSING FACILITY							
037 NURSING FACILITY							
038 01 ICF/MR							
039 OTHER LONG TERM CARE							
040 ANCILLARY SRVC COST CNTRS							
041 OPERATING ROOM					1,879,866		1,879,866
042 RECOVERY ROOM							
043 DELIVERY ROOM & LABOR ROO					129,790		129,790
044 ANESTHESIOLOGY					36,295		36,295
045 RADIOLOGY-DIAGNOSTIC					2,913,186		2,913,186
046 RADIOLOGY-THERAPEUTIC							
047 RADIOISOTOPE							
048 LABORATORY					2,753,049		2,753,049
049 PBP CLINICAL LAB SERVICES							
050 WHOLE BLOOD & PACKED RED							
051 BLOOD STORING, PROCESSING							
052 INTRAVENOUS THERAPY							
053 RESPIRATORY THERAPY					744,576		744,576
054 PHYSICAL THERAPY					959,080		959,080
055 OCCUPATIONAL THERAPY					162,311		162,311
056 SPEECH PATHOLOGY					71,620		71,620
057 ELECTROCARDIOLOGY					286,291		286,291
058 ELECTROENCEPHALOGRAPHY							
060 MEDICAL SUPPLIES CHARGED					331,582		331,582
061 DRUGS CHARGED TO PATIENTS					1,214,705		1,214,705
062 RENAL DIALYSIS							
063 ASC (NON-DISTINCT PART)							
064 OUTPAT SERVICE COST CNTRS							
065 CLINIC							
066 EMERGENCY					3,406,877		3,406,877
067 OBSERVATION BEDS (NON-DIS							
068 OTHER OUTPATIENT SERVICE							
069 50 RURAL HEALTH CLINIC							
070 OTHER REIMBURS COST CNTRS							
071 HOME PROGRAM DIALYSIS							
072 AMBULANCE SERVICES							
073 DURABLE MEDICAL EQUIP-REN							
074 DURABLE MEDICAL EQUIP-SOL							
075 CORF							
076 I&R SERVICES-NOT APPRVD P							
077 HOME HEALTH AGENCY							
078 LUNG ACQUISITION							
079 SPEC PURPOSE COST CENTERS							
083 KIDNEY ACQUISITION							
084 LIVER ACQUISITION							
085 HEART ACQUISITION							
085 01 PANCREAS ACQUISITION							
086 OTHER ORGAN ACQUISITION							
092 AMBULATORY SURGICAL CENTE							
093 HOSPICE							
095 SUBTOTALS					19,671,879		19,671,879
096 NONREIMBURS COST CENTERS							
GIFT, FLOWER, COFFEE SHOP					6,954		6,954

COST CENTER DESCRIPTION	NURSING SCHOOL	I&R SERVICES- SALARY & FRI	I&R SERVICES- OTHER PRGM C	PARAMED ED PR GM	25	I&R COST POST STEP-DOWN ADJ	TOTAL
	21	22	23	24		26	27
097 NONREIMBURS COST CENTERS							
098 RESEARCH							
099 PHYSICIANS' PRIVATE OFFIC							
100 NONPAID WORKERS							
100 OTHER NONREIMBURSABLE COS					1,554,957		1,554,957
100 01 FOUNDATION					130,151		130,151
100 02 PUBLIC RELATIONS					77,584		77,584
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL					21,441,525		21,441,525

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO: 15-1301
 PERIOD: FROM 7/1/2007 TO 6/30/2008
 PREPARED 12/9/2008
 WORKSHEET B
 PART III

COST CENTER DESCRIPTION	DIR ASSGND NEW CAPITAL REL COSTS	OLD CAP REL C OSTS-BLDG &	OLD CAP REL C OSTS-MVBLE E	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-MVBLE E	SUBTOTAL	EMPLOYEE BENEFITS
	0	1	2	3	4	4a	5
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
007 ADMINISTRATIVE & GENERAL				229,220		229,220	
008 MAINTENANCE & REPAIRS							
009 OPERATION OF PLANT				87,067		87,067	
010 LAUNDRY & LINEN SERVICE				11,886		11,886	
011 HOUSEKEEPING				11,143		11,143	
012 DIETARY				41,342		41,342	
013 CAFETERIA				9,732		9,732	
014 MAINTENANCE OF PERSONNEL							
015 NURSING ADMINISTRATION				2,674		2,674	
016 CENTRAL SERVICES & SUPPLY							
017 PHARMACY							
018 MEDICAL RECORDS & LIBRARY				27,543		27,543	
020 SOCIAL SERVICE							
021 NONPHYSICIAN ANESTHETISTS							
022 NURSING SCHOOL							
023 I&R SERVICES-SALARY & FRI							
024 I&R SERVICES-OTHER PRGM C							
025 PARAMED ED PRGM							
026 INPAT ROUTINE SRVC CNTRS				195,659		195,659	
027 ADULTS & PEDIATRICS							
028 INTENSIVE CARE UNIT							
029 CORONARY CARE UNIT							
031 BURN INTENSIVE CARE UNIT							
033 SURGICAL INTENSIVE CARE U							
034 SUBPROVIDER							
035 NURSERY				2,322		2,322	
036 SKILLED NURSING FACILITY							
037 NURSING FACILITY							
038 01 ICF/MR							
039 OTHER LONG TERM CARE							
040 ANCILLARY SRVC COST CNTRS							
041 OPERATING ROOM				143,471		143,471	
042 RECOVERY ROOM							
043 DELIVERY ROOM & LABOR ROO				43,626		43,626	
044 ANESTHESIOLOGY							
045 RADIOLOGY-DIAGNOSTIC				115,576		115,576	
046 RADIOLOGY-THERAPEUTIC							
047 RADIOISOTOPE							
048 LABORATORY				32,372		32,372	
049 PBP CLINICAL LAB SERVICES							
050 WHOLE BLOOD & PACKED RED							
051 BLOOD STORING, PROCESSING							
052 INTRAVENOUS THERAPY							
053 RESPIRATORY THERAPY				23,568		23,568	
054 PHYSICAL THERAPY				49,922		49,922	
055 OCCUPATIONAL THERAPY				5,887		5,887	
056 SPEECH PATHOLOGY				5,887		5,887	
057 ELECTROCARDIOLOGY							
058 ELECTROENCEPHALOGRAPHY							
060 MEDICAL SUPPLIES CHARGED				31,257		31,257	
061 DRUGS CHARGED TO PATIENTS				13,595		13,595	
062 RENAL DIALYSIS							
063 ASC (NON-DISTINCT PART)							
064 OUTPAT SERVICE COST CNTRS							
065 CLINIC							
066 EMERGENCY				78,914		78,914	
067 OBSERVATION BEDS (NON-DIS							
068 OTHER OUTPATIENT SERVICE							
069 50 RURAL HEALTH CLINIC							
070 OTHER REIMBURS COST CNTRS							
071 HOME PROGRAM DIALYSIS							
072 AMBULANCE SERVICES							
073 DURABLE MEDICAL EQUIP-REN							
074 DURABLE MEDICAL EQUIP-SOL							
075 CORF							
076 I&R SERVICES-NOT APPRVD P							
077 HOME HEALTH AGENCY							
078 LUNG ACQUISITION							
079 SPEC PURPOSE COST CENTERS							
083 KIDNEY ACQUISITION							
084 LIVER ACQUISITION							
085 HEART ACQUISITION							
086 01 PANCREAS ACQUISITION							
087 OTHER ORGAN ACQUISITION							
092 AMBULATORY SURGICAL CENTE							
093 HOSPICE							
094 SUBTOTALS				1,162,663		1,162,663	
095 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP				2,377		2,377	

COST CENTER DESCRIPTION	DIR ASSGND NEW CAPITAL REL COSTS 0	OLD CAP REL C OSTS-BLDG & 1	OLD CAP REL C OSTS-MVBLE E 2	NEW CAP REL C OSTS-BLDG & 3	NEW CAP REL C OSTS-MVBLE E 4	SUBTOTAL 4a	EMPLOYEE BENEFITS 5
097 NONREIMBURS COST CENTERS							
098 RESEARCH							
099 PHYSICIANS' PRIVATE OFFIC							
100 NONPAID WORKERS							
100 OTHER NONREIMBURSABLE COS				383,929		383,929	
100 01 FOUNDATION				1,226		1,226	
100 02 PUBLIC RELATIONS				1,226		1,226	
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL				1,551,421		1,551,421	

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA
	6	7	8	9	10	11	12
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
007 ADMINISTRATIVE & GENERAL	229,220						
008 MAINTENANCE & REPAIRS							
009 OPERATION OF PLANT	14,831		101,898				
010 LAUNDRY & LINEN SERVICE	840		981	13,707			
011 HOUSEKEEPING	5,343		919		17,405		
012 DIETARY	2,514		3,411		644	47,911	
013 CAFETERIA	3,806		803		152		14,493
014 MAINTENANCE OF PERSONNEL							
015 NURSING ADMINISTRATION	4,579		221		42		425
016 CENTRAL SERVICES & SUPPLY							
017 PHARMACY							
018 MEDICAL RECORDS & LIBRARY	4,905		2,272		429		999
019 SOCIAL SERVICE							
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C							
024 PARAMEDICAL PRGM							
025 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS	33,620		16,142	7,307	3,047	47,911	3,806
027 INTENSIVE CARE UNIT							
028 CORONARY CARE UNIT							
029 BURN INTENSIVE CARE UNIT							
030 SURGICAL INTENSIVE CARE U							
031 SUBPROVIDER							
032 NURSERY	5,734		192		36		656
033 SKILLED NURSING FACILITY							
034 NURSING FACILITY							
035 ICF/MR							
036 OTHER LONG TERM CARE							
037 ANCILLARY SRVC COST CNTRS							
038 OPERATING ROOM	16,499		11,836	1,749	2,234		687
039 RECOVERY ROOM							
040 DELIVERY ROOM & LABOR ROO	627		3,599		679		
041 ANESTHESIOLOGY	376						
042 RADIOLOGY-DIAGNOSTIC	27,150		9,535	1,169	1,800		1,891
043 RADIOLOGY-THERAPEUTIC							
044 RADIOISOTOPE							
045 LABORATORY	27,100		2,671		504		1,704
046 PBP CLINICAL LAB SERVICES							
047 WHOLE BLOOD & PACKED RED							
048 BLOOD STORING, PROCESSING							
049 INTRAVENOUS THERAPY							
050 RESPIRATORY THERAPY	7,187		1,944		367		815
051 PHYSICAL THERAPY	9,281		4,119		777		
052 OCCUPATIONAL THERAPY	1,612		486		92		
053 SPEECH PATHOLOGY	663		486		92		
054 ELECTROCARDIOLOGY	2,785						192
055 ELECTROENCEPHALOGRAPHY							
056 MEDICAL SUPPLIES CHARGED	2,747		2,579		487		342
057 DRUGS CHARGED TO PATIENTS	12,237		1,122		212		258
058 RENAL DIALYSIS							
059 ASC (NON-DISTINCT PART)							
060 OUTPAT SERVICE COST CNTRS							
061 CLINIC							
062 EMERGENCY	32,185		6,510	3,482	1,229		1,951
063 OBSERVATION BEDS (NON-DIS							
063 OTHER OUTPATIENT SERVICE							
063 50 RURAL HEALTH CLINIC							
064 OTHER REIMBURS COST CNTRS							
065 HOME PROGRAM DIALYSIS							
066 AMBULANCE SERVICES							
067 DURABLE MEDICAL EQUIP-REN							
067 DURABLE MEDICAL EQUIP-SOL							
069 CORF							
070 I&R SERVICES-NOT APPRVD P							
071 HOME HEALTH AGENCY							
082 LUNG ACQUISITION							
083 SPEC PURPOSE COST CENTERS							
084 KIDNEY ACQUISITION							
084 LIVER ACQUISITION							
085 HEART ACQUISITION							
085 01 PANCREAS ACQUISITION							
086 OTHER ORGAN ACQUISITION							
092 AMBULATORY SURGICAL CENTE							
093 HOSPICE							
095 SUBTOTALS	216,621		69,828	13,707	12,823	47,911	13,726
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP	34		196		37		

COST CENTER DESCRIPTION	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA
	6	7	8	9	10	11	12
097 NONREIMBURS COST CENTERS							
098 RESEARCH							
099 PHYSICIANS' PRIVATE OFFICE							
099 NONPAID WORKERS							
100 OTHER NONREIMBURSABLE COSTS	10,385		31,672		4,507		767
100 01 FOUNDATION	1,371		101		19		
100 02 PUBLIC RELATIONS	809		101		19		
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	229,220		101,898	13,707	17,405	47,911	14,493

COST CENTER DESCRIPTION	MAINTENANCE PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	SERVICES	NONPHYSICIAN ANESTHETISTS
	13	14	15	16	17	18	19	20
001	GENERAL SERVICE COST CNTR							
002	OLD CAP REL COSTS-BLDG &							
003	OLD CAP REL COSTS-MVBLE E							
004	NEW CAP REL COSTS-BLDG &							
005	NEW CAP REL COSTS-MVBLE E							
006	EMPLOYEE BENEFITS							
007	ADMINISTRATIVE & GENERAL							
008	MAINTENANCE & REPAIRS							
009	OPERATION OF PLANT							
010	LAUNDRY & LINEN SERVICE							
011	HOUSEKEEPING							
012	DIETARY							
013	CAFETERIA							
014	MAINTENANCE OF PERSONNEL							
015	NURSING ADMINISTRATION		7,941					
016	CENTRAL SERVICES & SUPPLY							
017	PHARMACY							
018	MEDICAL RECORDS & LIBRARY				36,148			
020	SOCIAL SERVICE							
021	NONPHYSICIAN ANESTHETISTS							
022	NURSING SCHOOL							
023	I&R SERVICES-SALARY & FRI							
024	I&R SERVICES-OTHER PRGM C							
025	PARAMED ED PRGM							
026	INPAT ROUTINE SRVC CNTRS		4,555		4,447			
027	ADULTS & PEDIATRICS							
028	INTENSIVE CARE UNIT							
029	CORONARY CARE UNIT							
031	BURN INTENSIVE CARE UNIT							
033	SURGICAL INTENSIVE CARE U							
034	SUBPROVIDER							
035	NURSERY				326			
036	SKILLED NURSING FACILITY							
037	NURSING FACILITY							
038	ICF/MR							
039	OTHER LONG TERM CARE							
040	ANCILLARY SRVC COST CNTRS							
041	OPERATING ROOM		822		2,356			
042	RECOVERY ROOM							
043	DELIVERY ROOM & LABOR ROO				148			
044	ANESTHESIOLOGY				78			
045	RADIOLOGY-DIAGNOSTIC				9,214			
046	RADIOLOGY-THERAPEUTIC							
047	RADIOISOTOPE							
048	LABORATORY				8,436			
049	PBP CLINICAL LAB SERVICES							
050	WHOLE BLOOD & PACKED RED							
051	BLOOD STORING, PROCESSING							
052	INTRAVENOUS THERAPY							
053	RESPIRATORY THERAPY				970			
054	PHYSICAL THERAPY				821			
055	OCCUPATIONAL THERAPY				150			
056	SPEECH PATHOLOGY				19			
057	ELECTROCARDIOLOGY		229		549			
058	ELECTROENCEPHALOGRAPHY							
059	MEDICAL SUPPLIES CHARGED				1,127			
060	DRUGS CHARGED TO PATIENTS				2,869			
061	RENAL DIALYSIS							
062	ASC (NON-DISTINCT PART)							
063	OUTPAT SERVICE COST CNTRS							
064	CLINIC							
065	EMERGENCY		2,335		4,638			
066	OBSERVATION BEDS (NON-DIS							
067	OTHER OUTPATIENT SERVICE							
068	RURAL HEALTH CLINIC							
069	OTHER REIMBURS COST CNTRS							
070	HOME PROGRAM DIALYSIS							
071	AMBULANCE SERVICES							
072	DURABLE MEDICAL EQUIP-REN							
073	DURABLE MEDICAL EQUIP-SOL							
074	CORF							
075	I&R SERVICES-NOT APPRVD P							
076	HOME HEALTH AGENCY							
077	LUNG ACQUISITION							
078	SPEC PURPOSE COST CENTERS							
079	KIDNEY ACQUISITION							
080	LIVER ACQUISITION							
081	HEART ACQUISITION							
082	PANCREAS ACQUISITION							
083	OTHER ORGAN ACQUISITION							
084	AMBULATORY SURGICAL CENTE							
085	HOSPICE							
086	SUBTOTALS		7,941		36,148			
087	NONREIMBURS COST CENTERS							
088	GIFT, FLOWER, COFFEE SHOP							

COST CENTER DESCRIPTION	NURSING SCHOOL	I&R SERVICES-SALARY & FRI	I&R SERVICES-OTHER PRGM C	PARAMED ED PRGM	SUBTOTAL	POST STEPDOWN ADJUSTMENT	TOTAL
	21	22	23	24	25	26	27
001	GENERAL SERVICE COST CNTR						
002	OLD CAP REL COSTS-BLDG &						
003	OLD CAP REL COSTS-MVBLE E						
004	NEW CAP REL COSTS-BLDG &						
005	NEW CAP REL COSTS-MVBLE E						
006	EMPLOYEE BENEFITS						
007	ADMINISTRATIVE & GENERAL						
008	MAINTENANCE & REPAIRS						
009	OPERATION OF PLANT						
010	LAUNDRY & LINEN SERVICE						
011	HOUSEKEEPING						
012	DIETARY						
013	CAFETERIA						
014	MAINTENANCE OF PERSONNEL						
015	NURSING ADMINISTRATION						
016	CENTRAL SERVICES & SUPPLY						
017	PHARMACY						
018	MEDICAL RECORDS & LIBRARY						
020	SOCIAL SERVICE						
021	NONPHYSICIAN ANESTHETISTS						
022	NURSING SCHOOL						
023	I&R SERVICES-SALARY & FRI						
024	I&R SERVICES-OTHER PRGM C						
025	PARAMED ED PRGM						
026	INPAT ROUTINE SRVC CNTRS				316,494		316,494
027	ADULTS & PEDIATRICS						
028	INTENSIVE CARE UNIT						
029	CORONARY CARE UNIT						
031	BURN INTENSIVE CARE UNIT						
033	SURGICAL INTENSIVE CARE U						
034	SUBPROVIDER						
035	NURSERY				9,266		9,266
036	SKILLED NURSING FACILITY						
037	NURSING FACILITY						
038	ICF/MR						
039	OTHER LONG TERM CARE						
040	ANCILLARY SRVC COST CNTRS						
041	OPERATING ROOM				179,654		179,654
042	RECOVERY ROOM						
043	DELIVERY ROOM & LABOR ROO				48,679		48,679
044	ANESTHESIOLOGY				454		454
045	RADIOLOGY-DIAGNOSTIC				166,335		166,335
046	RADIOLOGY-THERAPEUTIC						
047	RADIOISOTOPE						
048	LABORATORY				72,787		72,787
049	PBP CLINICAL LAB SERVICES						
050	WHOLE BLOOD & PACKED RED						
051	BLOOD STORING, PROCESSING						
052	INTRAVENOUS THERAPY						
053	RESPIRATORY THERAPY				34,851		34,851
054	PHYSICAL THERAPY				64,920		64,920
055	OCCUPATIONAL THERAPY				8,227		8,227
056	SPEECH PATHOLOGY				7,147		7,147
057	ELECTROCARDIOLOGY				3,755		3,755
058	ELECTROENCEPHALOGRAPHY						
059	MEDICAL SUPPLIES CHARGED				38,539		38,539
060	DRUGS CHARGED TO PATIENTS				30,293		30,293
061	RENAL DIALYSIS						
062	ASC (NON-DISTINCT PART)						
063	OUTPAT SERVICE COST CNTRS						
064	CLINIC						
065	EMERGENCY				131,244		131,244
066	OBSERVATION BEDS (NON-DIS						
067	OTHER OUTPATIENT SERVICE						
068	RURAL HEALTH CLINIC						
069	OTHER REIMBURS COST CNTRS						
070	HOME PROGRAM DIALYSIS						
071	AMBULANCE SERVICES						
072	DURABLE MEDICAL EQUIP-REN						
073	DURABLE MEDICAL EQUIP-SOL						
074	CORF						
075	I&R SERVICES-NOT APPRVD P						
076	HOME HEALTH AGENCY						
077	LUNG ACQUISITION						
078	SPEC PURPOSE COST CENTERS						
079	KIDNEY ACQUISITION						
080	LIVER ACQUISITION						
081	HEART ACQUISITION						
082	PANCREAS ACQUISITION						
083	OTHER ORGAN ACQUISITION						
084	AMBULATORY SURGICAL CENTE						
085	HOSPICE						
086	SUBTOTALS				1,112,645		1,112,645
087	NONREIMBURS COST CENTERS						
088	GIFT, FLOWER, COFFEE SHOP				2,644		2,644

COST CENTER DESCRIPTION	NURSING SCHOOL	I&R SERVICES- SALARY & FRI	I&R SERVICES- OTHER PRGM C	PARAMED ED PR GM	SUBTOTAL	POST STEPDOWN ADJUSTMENT	TOTAL
	21	22	23	24	25	26	27
097 NONREIMBURS COST CENTERS							
098 RESEARCH							
099 PHYSICIANS' PRIVATE OFFIC							
100 NONPAID WORKERS							
100 OTHER NONREIMBURSABLE COS					431,260		431,260
100 01 FOUNDATION					2,717		2,717
100 02 PUBLIC RELATIONS					2,155		2,155
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL					1,551,421		1,551,421

COST CENTER DESCRIPTION	OLD CAP REL C	OLD CAP REL C	NEW CAP REL C	NEW CAP REL C	EMPLOYEE BENE	S RECONCILIATION
	OSTS-BLDG & (SQUARE FEET)	OSTS-MVBLE E (DOLLAR VALUE)	OSTS-BLDG & (SQUARE FEET)	OSTS-MVBLE E (DOLLAR VALUE)	FITS (GROSS SALARIES)	
	1	2	3	4	5	6a.00
001 GENERAL SERVICE COST						
002 OLD CAP REL COSTS-BLD						
003 OLD CAP REL COSTS-MVB						
004 NEW CAP REL COSTS-BLD			83,534			
005 NEW CAP REL COSTS-MVB						
006 EMPLOYEE BENEFITS					8,577,375	
007 ADMINISTRATIVE & GENE			12,342		1,640,762	-5,487,765
008 MAINTENANCE & REPAIRS						
009 OPERATION OF PLANT			4,688		198,683	
010 LAUNDRY & LINEN SERVI			640			
011 HOUSEKEEPING			600		212,781	
012 DIETARY			2,226		72,709	
013 CAFETERIA			524		180,482	
014 MAINTENANCE OF PERSON						
015 NURSING ADMINISTRATIO			144		216,965	
016 CENTRAL SERVICES & SU						
017 PHARMACY						
018 MEDICAL RECORDS & LIB			1,483		211,302	
019 SOCIAL SERVICE						
020 NONPHYSICIAN ANESTHET						
021 NURSING SCHOOL						
022 I&R SERVICES-SALARY &						
023 I&R SERVICES-OTHER PR						
024 PARAMED ED PRGM						
025 INPAT ROUTINE SRVC CN						
026 ADULTS & PEDIATRICS			10,535		1,554,866	
027 INTENSIVE CARE UNIT						
028 CORONARY CARE UNIT						
029 BURN INTENSIVE CARE U						
030 SURGICAL INTENSIVE CA						
031 SUBPROVIDER						
032 NURSERY			125		266,797	
033 SKILLED NURSING FACIL						
034 NURSING FACILITY						
035 01 ICF/MR						
036 OTHER LONG TERM CARE						
037 ANCILLARY SRVC COST C						
038 OPERATING ROOM			7,725		366,539	
039 RECOVERY ROOM						
040 DELIVERY ROOM & LABOR			2,349			
041 ANESTHESIOLOGY						
042 RADIOLOGY-DIAGNOSTIC			6,223		769,560	
043 RADIOLOGY-THERAPEUTIC						
044 RADIOISOTOPE						
045 LABORATORY			1,743		557,886	
046 PBP CLINICAL LAB SERV						
047 WHOLE BLOOD & PACKED						
048 BLOOD STORING, PROCES						
049 INTRAVENOUS THERAPY						
050 RESPIRATORY THERAPY			1,269		317,401	
051 PHYSICAL THERAPY			2,688			
052 OCCUPATIONAL THERAPY			317			
053 SPEECH PATHOLOGY			317			
054 ELECTROCARDIOLOGY					74,687	
055 ELECTROENCEPHALOGRAPH						
056 MEDICAL SUPPLIES CHAR			1,683		88,352	
057 DRUGS CHARGED TO PATI			732		214,237	
058 RENAL DIALYSIS						
059 ASC (NON-DI STINCT PAR						
060 OUTPAT SERVICE COST C						
061 CLINIC						
062 EMERGENCY			4,249		1,387,380	
063 OBSERVATION BEDS (NON						
064 OTHER OUTPATIENT SERV						
065 50 RURAL HEALTH CLINIC						
066 OTHER REIMBURS COST C						
067 HOME PROGRAM DIALYSIS						
068 AMBULANCE SERVICES						
069 DURABLE MEDICAL EQUIP						
070 DURABLE MEDICAL EQUIP						
071 CORF						
072 I&R SERVICES-NOT APPR						
073 HOME HEALTH AGENCY						
074 LUNG ACQUISITION						
075 SPEC PURPOSE COST CEN						
076 KIDNEY ACQUISITION						
077 LIVER ACQUISITION						
078 HEART ACQUISITION						
079 01 PANCREAS ACQUISITION						
080 OTHER ORGAN ACQUISITI						
081 AMBULATORY SURGICAL C						

COST CENTER DESCRIPTION	OLD CAP REL C	OLD CAP REL C	NEW CAP REL C	NEW CAP REL C	EMPLOYEE BENE	S RECONCILIATION
	OSTS-BLDG & (SQUARE FEET)	OSTS-MVBLE E (DOLLAR VALUE)	OSTS-BLDG & (SQUARE FEET)	OSTS-MVBLE E (DOLLAR VALUE)	FITS (GROSS SALARIES)	
	1	2	3	4	5	6a.00
093 SPEC PURPOSE COST CEN						
095 HOSPICE						
095 SUBTOTALS			62,602		8,331,389	-5,487,765
096 NONREIMBURS COST CENT						
096 GIFT, FLOWER, COFFEE			128			
097 RESEARCH						
098 PHYSICIANS' PRIVATE O						
099 NONPAID WORKERS						
100 OTHER NONREIMBURSABLE			20,672		245,986	
100 01 FOUNDATION			66			
100 02 PUBLIC RELATIONS			66			
101 CROSS FOOT ADJUSTMENT						
102 NEGATIVE COST CENTER						
103 COST TO BE ALLOCATED (WRKSHT B, PART I)			1,551,421		3,024,373	
104 UNIT COST MULTIPLIER (WRKSHT B, PT I)			18.572330		.352599	
105 COST TO BE ALLOCATED (WRKSHT B, PART II)						
106 UNIT COST MULTIPLIER (WRKSHT B, PT II)						
107 COST TO BE ALLOCATED (WRKSHT B, PART III)						
108 UNIT COST MULTIPLIER (WRKSHT B, PT III)						

COST CENTER DESCRIPTION	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA
	(ACCUM. COST)	(SQUARE FEET)	(SQUARE FEET)	(POUNDS OF LAUNDRY)	(SQUARE FEET)	(MEALS SERVED)	(HOURS)
	6	7	8	9	10	11	12
GENERAL SERVICE COST							
001 OLD CAP REL COSTS-BLD							
002 OLD CAP REL COSTS-MVB							
003 NEW CAP REL COSTS-BLD							
004 NEW CAP REL COSTS-MVB							
005 EMPLOYEE BENEFITS							
006 ADMINISTRATIVE & GENERAL	15,953,760						
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT	1,032,207		66,504				
009 LAUNDRY & LINEN SERVICE	58,480		640	97,308			
010 HOUSEKEEPING	371,834		600		60,187		
011 DIETARY	174,976		2,226		2,226	100	
012 CAFETERIA	264,897		524		524		236,688
013 MAINTENANCE OF PERSON							
014 NURSING ADMINISTRATIVE	318,729		144		144		6,935
015 CENTRAL SERVICES & SU							
016 PHARMACY							
017 MEDICAL RECORDS & LIB	341,400		1,483		1,483		16,320
018 SOCIAL SERVICE							
020 NONPHYSICIAN ANESTHET							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY &							
023 I&R SERVICES-OTHER PR							
024 PARAMEDICAL PRGM							
025 INPATIENT ROUTINE SRVC CN	2,340,193		10,535	51,877	10,535	100	62,175
026 ADULTS & PEDIATRICS							
027 INTENSIVE CARE UNIT							
028 CORONARY CARE UNIT							
029 BURN INTENSIVE CARE U							
031 SURGICAL INTENSIVE CA							
033 SUBPROVIDER							
034 NURSERY	399,048		125		125		10,718
035 SKILLED NURSING FACIL							
036 NURSING FACILITY							
01 ICF/MR							
037 OTHER LONG TERM CARE							
038 ANCILLARY SRVC COST C	1,148,335		7,725	12,416	7,725		11,216
039 OPERATING ROOM							
040 RECOVERY ROOM							
041 DELIVERY ROOM & LABOR	43,626		2,349		2,349		
042 ANESTHESIOLOGY	26,155						
043 RADIOLOGY-DIAGNOSTIC	1,889,602		6,223	8,299	6,223		30,886
044 RADIOLOGY-THERAPEUTIC							
045 RADIOISOTOPE							
046 LABORATORY	1,886,158		1,743		1,743		27,821
047 PBP CLINICAL LAB SERV							
048 WHOLE BLOOD & PACKED							
049 BLOOD STORAGE, PROCES							
050 INTRAVENOUS THERAPY							
051 RESPIRATORY THERAPY	500,200		1,269		1,269		13,306
052 PHYSICAL THERAPY	645,941		2,688		2,688		
053 OCCUPATIONAL THERAPY	112,211		317		317		
054 SPEECH PATHOLOGY	46,150		317		317		
055 ELECTROCARDIOLOGY	193,859						3,131
056 ELECTROENCEPHALOGRAPH							
057 MEDICAL SUPPLIES CHAR	191,173		1,683		1,683		5,580
058 DRUGS CHARGED TO PATI	851,710		732		732		4,213
059 RENAL DIALYSIS							
060 ASC (NON-DIAGNOSTIC PAR							
061 OUTPAT SERVICE COST C							
062 CLINIC							
063 EMERGENCY	2,240,066		4,249	24,716	4,249		31,864
064 OBSERVATION BEDS (NON							
065 OTHER OUTPATIENT SERV							
066 RURAL HEALTH CLINIC							
067 OTHER REIMBURS COST C							
068 HOME PROGRAM DIALYSIS							
069 AMBULANCE SERVICES							
070 DURABLE MEDICAL EQUIP							
071 DURABLE MEDICAL EQUIP							
072 CORF							
073 I&R SERVICES-NOT APPR							
074 HOME HEALTH AGENCY							
075 LUNG ACQUISITION							
076 SPEC PURPOSE COST CEN							
077 KIDNEY ACQUISITION							
078 LIVER ACQUISITION							
079 HEART ACQUISITION							
080 PANCREAS ACQUISITION							
081 OTHER ORGAN ACQUISITI							
082 AMBULATORY SURGICAL C							

	COST CENTER DESCRIPTION	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA
		(ACCUM. COST)	(SQUARE FEET)	(SQUARE FEET)	(POUNDS OF LAUNDRY)	(SQUARE FEET)	(MEALS SERVED)	(HOURS)
		6	7	8	9	10	11	12
093	SPEC PURPOSE COST CEN							
095	HOSPICE							
	SUBTOTALS	15,076,950		45,572	97,308	44,332	100	224,165
096	NONREIMBURS COST CENT							
	GIFT, FLOWER, COFFEE	2,377		128		128		
097	RESEARCH							
098	PHYSICIANS' PRIVATE O							
099	NONPAID WORKERS							
100	OTHER NONREIMBURSABLE	722,752		20,672		15,595		12,523
100 01	FOUNDATION	95,397		66		66		
100 02	PUBLIC RELATIONS	56,284		66		66		
101	CROSS FOOT ADJUSTMENT							
102	NEGATIVE COST CENTER							
103	COST TO BE ALLOCATED (WRKSHT B, PART I)	5,487,765		1,387,265	91,946	512,253	300,544	371,407
104	UNIT COST MULTIPLIER (WRKSHT B, PT I)	.343979		20.859873	.944897	8.511024	3,005.440000	1.569184
105	COST TO BE ALLOCATED (WRKSHT B, PART II)							
106	UNIT COST MULTIPLIER (WRKSHT B, PT II)							
107	COST TO BE ALLOCATED (WRKSHT B, PART III)	229,220		101,898	13,707	17,405	47,911	14,493
108	UNIT COST MULTIPLIER (WRKSHT B, PT III)	.014368		1.532209	.140862	.289182	479.110000	.061233

COST CENTER DESCRIPTION	MAINTENANCE PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECTING HRS)	CENTRAL SERVICES & SUPPLY (NR(COSTED) EQUI S.)	PHARMACY (R(COSTED) EQUI S.)	MEDICAL RECORDS & LIBRARY (R(GROSS) HARGES)	SOCIAL SERVICE (C(TIME) SPENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)
	13	14	15	16	17	18	20
001	GENERAL SERVICE COST						
002	OLD CAP REL COSTS-BLD						
003	OLD CAP REL COSTS-MVB						
004	NEW CAP REL COSTS-BLD						
005	NEW CAP REL COSTS-MVB						
006	EMPLOYEE BENEFITS						
007	ADMINISTRATIVE & GENERAL						
008	MAINTENANCE & REPAIRS						
009	OPERATION OF PLANT						
010	LAUNDRY & LINEN SERVICE						
011	HOUSEKEEPING						
012	DIETARY						
013	CAFETERIA						
014	MAINTENANCE OF PERSONNEL						
015	NURSING ADMINISTRATION	108,386		100			
016	CENTRAL SERVICES & SUPPLY				100		
017	PHARMACY					47,186,597	
018	MEDICAL RECORDS & LIBRARY						
019	SOCIAL SERVICE						
020	NONPHYSICIAN ANESTHETISTS						
021	NURSING SCHOOL						
022	I&R SERVICES-SALARY & BENEFITS						
023	I&R SERVICES-OTHER PROGRAMS						
024	PARAMEDICAL PROGRAMS						
025	INPATIENT ROUTINE SERVICES						
026	ADULTS & PEDIATRICS	62,175				5,805,672	
027	INTENSIVE CARE UNIT						
028	CORONARY CARE UNIT						
029	BURN INTENSIVE CARE UNIT						
030	SURGICAL INTENSIVE CARE						
031	SUBPROVIDER						
032	NURSERY					425,385	
033	SKILLED NURSING FACILITY						
034	NURSING FACILITY						
035	ICF/MR						
036	OTHER LONG TERM CARE						
037	ANCILLARY SERVICE COST CENTER						
038	OPERATING ROOM		11,216			3,075,322	
039	RECOVERY ROOM						
040	DELIVERY ROOM & LABOR					193,596	
041	ANESTHESIOLOGY					102,147	
042	RADIOLOGY-DIAGNOSTIC					12,023,029	
043	RADIOLOGY-THERAPEUTIC						
044	RADIOISOTOPE LABORATORY						
045	LABORATORY					11,013,575	
046	PBP CLINICAL LAB SERVICE						
047	WHOLE BLOOD & PACKED						
048	BLOOD STORAGE, PROCESSING						
049	INTRAVENOUS THERAPY						
050	RESPIRATORY THERAPY					1,265,997	
051	PHYSICAL THERAPY					1,072,357	
052	OCCUPATIONAL THERAPY					195,756	
053	SPEECH PATHOLOGY					25,346	
054	ELECTROCARDIOLOGY		3,131			717,148	
055	ELECTROENCEPHALOGRAPHY						
056	MEDICAL SUPPLIES CHARGED TO PATIENTS			100		1,471,180	
057	DRUGS CHARGED TO PATIENTS				100	3,745,788	
058	RENAL DIALYSIS						
059	ASC (NON-DISTRICT) PATIENTS						
060	OUTPATIENT SERVICE COST CENTER						
061	CLINIC						
062	EMERGENCY		31,864			6,054,299	
063	OBSERVATION BEDS (NON-PAYING)						
064	OTHER OUTPATIENT SERVICES						
065	RURAL HEALTH CLINIC						
066	OTHER REIMBURSED COST CENTER						
067	HOME PROGRAM DIALYSIS						
068	AMBULANCE SERVICES						
069	DURABLE MEDICAL EQUIPMENT						
070	DURABLE MEDICAL EQUIPMENT						
071	CORF						
072	I&R SERVICES-NOT APPROPRIATE						
073	HOME HEALTH AGENCY						
074	LUNG ACQUISITION						
075	SPECIAL PURPOSE COST CENTER						
076	KIDNEY ACQUISITION						
077	LIVER ACQUISITION						
078	HEART ACQUISITION						
079	PANCREAS ACQUISITION						
080	OTHER ORGAN ACQUISITION						
081	AMBULATORY SURGICAL CENTER						

COST CENTER DESCRIPTION	MAINTENANCE PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS
	(NUMBER HOUSED)	(DIRECT HRS)	NR(COSTED) EQUI S.	R(COSTED) EQUI S.	R(GROSS) HARGES	C(TIME) SPENT	(ASSIGNED) TIME
	13	14	15	16	17	18	20
093 SPEC PURPOSE COST CEN							
095 HOSPICE							
095 SUBTOTALS		108,386	100	100	47,186,597		
096 NONREIMBURS COST CENT							
096 GIFT, FLOWER, COFFEE							
097 RESEARCH							
098 PHYSICIANS' PRIVATE O							
099 NONPAID WORKERS							
100 OTHER NONREIMBURSABLE							
100 01 FOUNDATION							
100 02 PUBLIC RELATIONS							
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 COST TO BE ALLOCATED		443,477			528,000		
(WRKSHT B, PART I)							
104 UNIT COST MULTIPLIER		4.091645			.011190		
(WRKSHT B, PT I)							
105 COST TO BE ALLOCATED							
(WRKSHT B, PART II)							
106 UNIT COST MULTIPLIER							
(WRKSHT B, PT II)							
107 COST TO BE ALLOCATED		7,941			36,148		
(WRKSHT B, PART III)							
108 UNIT COST MULTIPLIER		.073266			.000766		
(WRKSHT B, PT III)							

COST CENTER DESCRIPTION	NURSING SCHOOL	I&R SERVICES-SALARY & FRI	I&R SERVICES-OTHER PRGM	PARAMED ED PRGM
	(ASSIGNED TIME)	(ASSIGNED TIME)	(ASSIGNED TIME)	(ASSIGNED TIME)
GENERAL SERVICE COST	21	22	23	24
001 OLD CAP REL COSTS-BLD				
002 OLD CAP REL COSTS-MVB				
003 NEW CAP REL COSTS-BLD				
004 NEW CAP REL COSTS-MVB				
005 EMPLOYEE BENEFITS				
006 ADMINISTRATIVE & GENE				
007 MAINTENANCE & REPAIRS				
008 OPERATION OF PLANT				
009 LAUNDRY & LINEN SERVI				
010 HOUSEKEEPING				
011 DIETARY				
012 CAFETERIA				
013 MAINTENANCE OF PERSON				
014 NURSING ADMINISTRATION				
015 CENTRAL SERVICES & SU				
016 PHARMACY				
017 MEDICAL RECORDS & LIB				
018 SOCIAL SERVICE				
020 NONPHYSICIAN ANESTHET				
021 NURSING SCHOOL				
022 I&R SERVICES-SALARY &				
023 I&R SERVICES-OTHER PR				
024 PARAMED ED PRGM				
025 INPAT ROUTINE SRVC CN				
026 ADULTS & PEDIATRICS				
027 INTENSIVE CARE UNIT				
028 CORONARY CARE UNIT				
029 BURN INTENSIVE CARE U				
031 SURGICAL INTENSIVE CA				
033 SUBPROVIDER				
034 NURSERY				
035 SKILLED NURSING FACIL				
036 NURSING FACILITY				
01 ICF/MR				
037 OTHER LONG TERM CARE				
038 ANCILLARY SRVC COST C				
039 OPERATING ROOM				
040 RECOVERY ROOM				
041 DELIVERY ROOM & LABOR				
042 ANESTHESIOLOGY				
043 RADIOLOGY-DIAGNOSTIC				
044 RADIOLOGY-THERAPEUTIC				
045 RADIOISOTOPE				
046 LABORATORY				
047 PBP CLINICAL LAB SERV				
048 WHOLE BLOOD & PACKED				
049 BLOOD STORING, PROCES				
050 INTRAVENOUS THERAPY				
051 RESPIRATORY THERAPY				
052 PHYSICAL THERAPY				
053 OCCUPATIONAL THERAPY				
054 SPEECH PATHOLOGY				
055 ELECTROCARDIOLOGY				
056 ELECTROENCEPHALOGRAPH				
057 MEDICAL SUPPLIES CHAR				
058 DRUGS CHARGED TO PATI				
059 RENAL DIALYSIS				
060 ASC (NON-DISTINCT PAR				
061 OUTPAT SERVICE COST C				
062 CLINIC				
063 EMERGENCY				
064 OBSERVATION BEDS (NON				
065 OTHER OUTPATIENT SERV				
50 RURAL HEALTH CLINIC				
066 OTHER REIMBURS COST C				
067 HOME PROGRAM DIALYSIS				
068 AMBULANCE SERVICES				
069 DURABLE MEDICAL EQUIP				
070 DURABLE MEDICAL EQUIP				
071 CORF				
072 I&R SERVICES-NOT APPR				
073 HOME HEALTH AGENCY				
074 LUNG ACQUISITION				
075 SPEC PURPOSE COST CEN				
076 KIDNEY ACQUISITION				
077 LIVER ACQUISITION				
078 HEART ACQUISITION				
079 PANCREAS ACQUISITION				
080 OTHER ORGAN ACQUISIT				
081 AMBULATORY SURGICAL C				

COST CENTER DESCRIPTION	NURSING SCHOOL	I&R SERVICES- SALARY & FRI	I&R SERVICES- OTHER PRGM C	PARAMED ED PRGM
	(ASSIGNED TIME)	(ASSIGNED TIME)	(ASSIGNED TIME)	(ASSIGNED TIME)
SPEC PURPOSE COST CEN	21	22	23	24
093 HOSPICE				
095 SUBTOTALS				
NONREIMBURS COST CENT				
096 GIFT, FLOWER, COFFEE				
097 RESEARCH				
098 PHYSICIANS' PRIVATE O				
099 NONPAID WORKERS				
100 OTHER NONREIMBURSABLE				
100 01 FOUNDATION				
100 02 PUBLIC RELATIONS				
101 CROSS FOOT ADJUSTMENT				
102 NEGATIVE COST CENTER				
103 COST TO BE ALLOCATED				
(PER WRKSHT B, PART				
104 UNIT COST MULTIPLIER				
(WRKSHT B, PT I)				
105 COST TO BE ALLOCATED				
(PER WRKSHT B, PART				
106 UNIT COST MULTIPLIER				
(WRKSHT B, PT II)				
107 COST TO BE ALLOCATED				
(PER WRKSHT B, PART				
108 UNIT COST MULTIPLIER				
(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 DI ALLOWANCE 4	TOTAL COSTS 5
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS	4,221,089		4,221,089		
26	INTENSIVE CARE UNIT					
27	CORONARY CARE UNIT					
28	BURN INTENSIVE CARE UNIT					
29	SURGICAL INTENSIVE CARE U					
31	SUBPROVIDER					
33	NURSERY	561,562		561,562		
34	SKILLED NURSING FACILITY					
35	NURSING FACILITY					
35	01 ICF/MR					
36	OTHER LONG TERM CARE					
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	1,879,866		1,879,866		
38	RECOVERY ROOM					
39	DELIVERY ROOM & LABOR ROO	129,790		129,790		
40	ANESTHESIOLOGY	36,295		36,295		
41	RADIOLOGY-DIAGNOSTIC	2,913,186		2,913,186		
42	RADIOLOGY-THERAPEUTIC					
43	RADIOISOTOPE					
44	LABORATORY	2,753,049		2,753,049		
45	PBP CLINICAL LAB SERVICES					
46	WHOLE BLOOD & PACKED RED					
47	BLOOD STORING, PROCESSING					
48	INTRAVENOUS THERAPY					
49	RESPIRATORY THERAPY	744,576		744,576		
50	PHYSICAL THERAPY	959,080		959,080		
51	OCCUPATIONAL THERAPY	162,311		162,311		
52	SPEECH PATHOLOGY	71,620		71,620		
53	ELECTROCARDIOLOGY	286,291		286,291		
54	ELECTROENCEPHALOGRAPHY					
55	MEDICAL SUPPLIES CHARGED	331,582		331,582		
56	DRUGS CHARGED TO PATIENTS	1,214,705		1,214,705		
57	RENAL DIALYSIS					
58	ASC (NON-DISTINCT PART)					
	OUTPAT SERVICE COST CNTRS					
60	CLINIC					
61	EMERGENCY	3,406,877		3,406,877		
62	OBSERVATION BEDS (NON-DIS	715,281		715,281		
63	OTHER OUTPATIENT SERVICE					
63	50 RURAL HEALTH CLINIC					
	OTHER REIMBURS COST CNTRS					
64	HOME PROGRAM DIALYSIS					
65	AMBULANCE SERVICES					
66	DURABLE MEDICAL EQUIP-REN					
67	DURABLE MEDICAL EQUIP-SOL					
101	SUBTOTAL	20,387,160		20,387,160		
102	LESS OBSERVATION BEDS	715,281		715,281		
103	TOTAL	19,671,879		19,671,879		

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT CHARGES 6	OUTPATIENT CHARGES 7	TOTAL CHARGES 8	COST OR OTHER RATIO 9	TEFRA INPAT- IENT RATIO 10	PPS INPAT- IENT RATIO 11
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	5,253,366		5,253,366			
26	INTENSIVE CARE UNIT						
27	CORONARY CARE UNIT						
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U						
31	SUBPROVIDER						
33	NURSERY	425,385		425,385			
34	SKILLED NURSING FACILITY						
35	NURSING FACILITY						
01	ICF/MR						
36	OTHER LONG TERM CARE						
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	769,580	2,305,742	3,075,322	.611275	.611275	
38	RECOVERY ROOM						
39	DELIVERY ROOM & LABOR ROO	193,596		193,596	.670417	.670417	
40	ANESTHESIOLOGY	15,104	87,043	102,147	.355321	.355321	
41	RADIOLOGY-DIAGNOSTIC	1,060,421	10,962,608	12,023,029	.242301	.242301	
42	RADIOLOGY-THERAPEUTIC						
43	RADIOISOTOPE						
44	LABORATORY	1,861,522	9,152,052	11,013,574	.249969	.249969	
45	PBP CLINICAL LAB SERVICES						
46	WHOLE BLOOD & PACKED RED						
47	BLOOD STORING, PROCESSING						
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY	916,897	349,100	1,265,997	.588134	.588134	
50	PHYSICAL THERAPY	201,905	870,451	1,072,356	.894367	.894367	
51	OCCUPATIONAL THERAPY	75,414	120,342	195,756	.829150	.829150	
52	SPEECH PATHOLOGY	14,430	10,916	25,346	2.825692	2.825692	
53	ELECTROCARDIOLOGY	424,756	292,392	717,148	.399208	.399208	
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED	706,166	765,014	1,471,180	.225385	.225385	
56	DRUGS CHARGED TO PATIENTS	2,029,096	1,716,692	3,745,788	.324286	.324286	
57	RENAL DIALYSIS						
58	ASC (NON-DISTINCT PART)						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
61	EMERGENCY	302,547	5,751,752	6,054,299	.562720	.562720	
62	OBSERVATION BEDS (NON-DIS		552,306	552,306	1.295081	1.295081	
63	OTHER OUTPATIENT SERVICE						
50	RURAL HEALTH CLINIC						
	OTHER REIMBURS COST CNTRS						
64	HOME PROGRAM DIALYSIS						
65	AMBULANCE SERVICES						
66	DURABLE MEDICAL EQUIP-REN						
67	DURABLE MEDICAL EQUIP-SOL						
101	SUBTOTAL	14,250,185	32,936,410	47,186,595			
102	LESS OBSERVATION BEDS						
103	TOTAL	14,250,185	32,936,410	47,186,595			

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27 1	CAPITAL COST WKST B PT II & III, COL. 27 2	OPERATING COST NET OF CAPITAL COST 3	CAPITAL REDUCTION 4	OPERATING COST REDUCTION AMOUNT 5	COST NET OF CAP AND OPER COST REDUCTION 6
37	ANCILLARY SRVC COST CNTRS						
38	OPERATING ROOM	1,879,866	179,654	1,700,212			1,879,866
39	RECOVERY ROOM						
40	DELIVERY ROOM & LABOR ROO	129,790	48,679	81,111			129,790
41	ANESTHESIOLOGY	36,295	454	35,841			36,295
42	RADIOLOGY-DIAGNOSTIC	2,913,186	166,335	2,746,851			2,913,186
43	RADIOLOGY-THERAPEUTIC						
44	RADIOISOTOPE						
45	LABORATORY	2,753,049	72,787	2,680,262			2,753,049
46	PBP CLINICAL LAB SERVICES						
47	WHOLE BLOOD & PACKED RED						
48	BLOOD STORING, PROCESSING						
49	INTRAVENOUS THERAPY						
50	RESPIRATORY THERAPY	744,576	34,851	709,725			744,576
51	PHYSICAL THERAPY	959,080	64,920	894,160			959,080
52	OCCUPATIONAL THERAPY	162,311	8,227	154,084			162,311
53	SPEECH PATHOLOGY	71,620	7,147	64,473			71,620
54	ELECTROCARDIOLOGY	286,291	3,755	282,536			286,291
55	ELECTROENCEPHALOGRAPHY						
56	MEDICAL SUPPLIES CHARGED	331,582	38,539	293,043			331,582
57	DRUGS CHARGED TO PATIENTS	1,214,705	30,293	1,184,412			1,214,705
58	RENAL DIALYSIS						
59	ASC (NON-DISTINCT PART)						
60	OUTPAT SERVICE COST CNTRS						
61	CLINIC						
62	EMERGENCY	3,406,877	131,244	3,275,633			3,406,877
63	OBSERVATION BEDS (NON-DIS	715,281		715,281			715,281
64	OTHER OUTPATIENT SERVICE						
65	RURAL HEALTH CLINIC						
66	OTHER REIMBURS COST CNTRS						
67	HOME PROGRAM DIALYSIS						
68	AMBULANCE SERVICES						
69	DURABLE MEDICAL EQUIP-REN						
70	DURABLE MEDICAL EQUIP-SOL						
101	SUBTOTAL	15,604,509	786,885	14,817,624			15,604,509
102	LESS OBSERVATION BEDS	715,281		715,281			715,281
103	TOTAL	14,889,228	786,885	14,102,343			14,889,228

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRG RATIO	I/P PT B COST TO CHRG RATIO
		7	8	9
37	ANCILLARY SRVC COST CNTRS			
38	OPERATING ROOM	3,075,322	.611275	.611275
39	RECOVERY ROOM			
40	DELIVERY ROOM & LABOR ROO	193,596	.670417	.670417
41	ANESTHESIOLOGY	102,147	.355321	.355321
42	RADIOLOGY-DIAGNOSTIC	12,023,029	.242301	.242301
43	RADIOLOGY-THERAPEUTIC			
44	RADIOISOTOPE			
45	LABORATORY	11,013,574	.249969	.249969
46	PBP CLINICAL LAB SERVICES			
47	WHOLE BLOOD & PACKED RED			
48	BLOOD STORING, PROCESSING			
49	INTRAVENOUS THERAPY			
50	RESPIRATORY THERAPY	1,265,997	.588134	.588134
51	PHYSICAL THERAPY	1,072,356	.894367	.894367
52	OCCUPATIONAL THERAPY	195,756	.829150	.829150
53	SPEECH PATHOLOGY	25,346	2.825692	2.825692
54	ELECTROCARDIOLOGY	717,148	.399208	.399208
55	ELECTROENCEPHALOGRAPHY			
56	MEDICAL SUPPLIES CHARGED	1,471,180	.225385	.225385
57	DRUGS CHARGED TO PATIENTS	3,745,788	.324286	.324286
58	RENAL DIALYSIS			
59	ASC (NON-DISTINCT PART)			
60	OUTPAT SERVICE COST CNTRS			
61	CLINIC			
62	EMERGENCY	6,054,299	.562720	.562720
63	OBSERVATION BEDS (NON-DIS	552,306	1.295081	1.295081
64	OTHER OUTPATIENT SERVICE			
65	RURAL HEALTH CLINIC			
66	OTHER REIMBURS COST CNTRS			
67	HOME PROGRAM DIALYSIS			
101	AMBULANCE SERVICES			
102	DURABLE MEDICAL EQUIP-REN			
103	DURABLE MEDICAL EQUIP-SOL			
	SUBTOTAL	41,507,844		
	LESS OBSERVATION BEDS	552,306		
	TOTAL	40,955,538		

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27 1	CAPITAL COST WKST B PT II & III, COL. 27 2	OPERATING COST NET OF CAPITAL COST 3	CAPITAL REDUCTION 4	OPERATING COST REDUCTION AMOUNT 5	COST NET OF CAP AND OPER COST REDUCTION 6
37	ANCILLARY SRVC COST CNTRS						
38	OPERATING ROOM	1,879,866	179,654	1,700,212			1,879,866
39	RECOVERY ROOM						
40	DELIVERY ROOM & LABOR ROO	129,790	48,679	81,111			129,790
41	ANESTHESIOLOGY	36,295	454	35,841			36,295
42	RADIOLOGY-DIAGNOSTIC	2,913,186	166,335	2,746,851			2,913,186
43	RADIOLOGY-THERAPEUTIC						
44	RADIOISOTOPE						
45	LABORATORY	2,753,049	72,787	2,680,262			2,753,049
46	PBP CLINICAL LAB SERVICES						
47	WHOLE BLOOD & PACKED RED						
48	BLOOD STORING, PROCESSING						
49	INTRAVENOUS THERAPY						
50	RESPIRATORY THERAPY	744,576	34,851	709,725			744,576
51	PHYSICAL THERAPY	959,080	64,920	894,160			959,080
52	OCCUPATIONAL THERAPY	162,311	8,227	154,084			162,311
53	SPEECH PATHOLOGY	71,620	7,147	64,473			71,620
54	ELECTROCARDIOLOGY	286,291	3,755	282,536			286,291
55	ELECTROENCEPHALOGRAPHY						
56	MEDICAL SUPPLIES CHARGED	331,582	38,539	293,043			331,582
57	DRUGS CHARGED TO PATIENTS	1,214,705	30,293	1,184,412			1,214,705
58	RENAL DIALYSIS						
59	ASC (NON-DISTINCT PART)						
60	OUTPAT SERVICE COST CNTRS						
61	CLINIC						
62	EMERGENCY	3,406,877	131,244	3,275,633			3,406,877
63	OBSERVATION BEDS (NON-DIS	715,281		715,281			715,281
64	OTHER OUTPATIENT SERVICE						
65	RURAL HEALTH CLINIC						
66	OTHER REIMBURS COST CNTRS						
67	HOME PROGRAM DIALYSIS						
68	AMBULANCE SERVICES						
69	DURABLE MEDICAL EQUIP-REN						
70	DURABLE MEDICAL EQUIP-SOL						
101	SUBTOTAL	15,604,509	786,885	14,817,624			15,604,509
102	LESS OBSERVATION BEDS	715,281		715,281			715,281
103	TOTAL	14,889,228	786,885	14,102,343			14,889,228

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRG RATIO	I/P PT B COST TO CHRG RATIO
		7	8	9
37	ANCILLARY SRVC COST CNTRS			
	OPERATING ROOM	3,075,322	.611275	.611275
38	RECOVERY ROOM			
39	DELIVERY ROOM & LABOR ROO	193,596	.670417	.670417
40	ANESTHESIOLOGY	102,147	.355321	.355321
41	RADIOLOGY-DIAGNOSTIC	12,023,029	.242301	.242301
42	RADIOLOGY-THERAPEUTIC			
43	RADIOISOTOPE			
44	LABORATORY	11,013,574	.249969	.249969
45	PBP CLINICAL LAB SERVICES			
46	WHOLE BLOOD & PACKED RED			
47	BLOOD STORING, PROCESSING			
48	INTRAVENOUS THERAPY			
49	RESPIRATORY THERAPY	1,265,997	.588134	.588134
50	PHYSICAL THERAPY	1,072,356	.894367	.894367
51	OCCUPATIONAL THERAPY	195,756	.829150	.829150
52	SPEECH PATHOLOGY	25,346	2.825692	2.825692
53	ELECTROCARDIOLOGY	717,148	.399208	.399208
54	ELECTROENCEPHALOGRAPHY			
55	MEDICAL SUPPLIES CHARGED	1,471,180	.225385	.225385
56	DRUGS CHARGED TO PATIENTS	3,745,788	.324286	.324286
57	RENAL DIALYSIS			
58	ASC (NON-DISTINCT PART)			
	OUTPAT SERVICE COST CNTRS			
60	CLINIC			
61	EMERGENCY	6,054,299	.562720	.562720
62	OBSERVATION BEDS (NON-DIS	552,306	1.295081	1.295081
63	OTHER OUTPATIENT SERVICE			
63	50 RURAL HEALTH CLINIC			
	OTHER REIMBURS COST CNTRS			
64	HOME PROGRAM DIALYSIS			
65	AMBULANCE SERVICES			
66	DURABLE MEDICAL EQUIP-REN			
67	DURABLE MEDICAL EQUIP-SOL			
101	SUBTOTAL	41,507,844		
102	LESS OBSERVATION BEDS	552,306		
103	TOTAL	40,955,538		

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27 1	TOTAL ANCILLARY CHARGES 2	TOTAL INP ANCILLARY CHARGES 3	CHARGE TO CHARGE RATIO 4	TOTAL INPATIENT COST 5
37	ANCILLARY SRVC COST CNTRS					
	OPERATING ROOM	1,879,866	3,075,322			
38	RECOVERY ROOM					
39	DELIVERY ROOM & LABOR ROO	129,790	193,596			
40	ANESTHESIOLOGY	36,295	102,147			
41	RADIOLOGY-DIAGNOSTIC	2,913,186	12,023,029			
42	RADIOLOGY-THERAPEUTIC					
43	RADIOISOTOPE					
44	LABORATORY	2,753,049	11,013,574			
45	PBP CLINICAL LAB SERVICES					
46	WHOLE BLOOD & PACKED RED					
47	BLOOD STORING, PROCESSING					
48	INTRAVENOUS THERAPY					
49	RESPIRATORY THERAPY	744,576	1,265,997			
50	PHYSICAL THERAPY	959,080	1,072,356			
51	OCCUPATIONAL THERAPY	162,311	195,756			
52	SPEECH PATHOLOGY	71,620	25,346			
53	ELECTROCARDIOLOGY	286,291	717,148			
54	ELECTROENCEPHALOGRAPHY					
55	MEDICAL SUPPLIES CHARGED	331,582	1,471,180			
56	DRUGS CHARGED TO PATIENTS	1,214,705	3,745,788			
57	RENAL DIALYSIS					
58	ASC (NON-DISTINCT PART)					
	OUTPAT SERVICE COST CNTRS					
60	CLINIC					
61	EMERGENCY	3,406,877	6,054,299			
62	OBSERVATION BEDS (NON-DIS	715,281	552,306			
63	OTHER OUTPATIENT SERVICE					
63	50 RURAL HEALTH CLINIC					
	OTHER REIMBURS COST CNTRS					
64	HOME PROGRAM DIALYSIS					
65	AMBULANCE SERVICES					
66	DURABLE MEDICAL EQUIP-REN					
67	DURABLE MEDICAL EQUIP-SOL					
101	TOTAL	15,604,509	41,507,844			

TITLE XVIII, PART B

HOSPITAL

Cost Center Description	Other Outpatient Diagnostic	All Other (1)	Outpatient Ambulatory Surgical Ctr	Outpatient Radiology	Other Outpatient Diagnostic
	4	5	6	7	8
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM		1,049,537			
38 RECOVERY ROOM					
39 DELIVERY ROOM & LABOR ROOM					
40 ANESTHESIOLOGY		87,043			
41 RADIOLOGY-DIAGNOSTIC		3,047,770			
42 RADIOLOGY-THERAPEUTIC					
43 RADIOISOTOPE					
44 LABORATORY		3,131,440			
45 PBP CLINICAL LAB SERVICES-PRGM ONLY					
46 WHOLE BLOOD & PACKED RED BLOOD CELLS					
47 BLOOD STORING, PROCESSING & TRANS.					
48 INTRAVENOUS THERAPY					
49 RESPIRATORY THERAPY		97,931			
50 PHYSICAL THERAPY		301,426			
51 OCCUPATIONAL THERAPY		23,753			
52 SPEECH PATHOLOGY		5,631			
53 ELECTROCARDIOLOGY		632,351			
54 ELECTROENCEPHALOGRAPHY					
55 MEDICAL SUPPLIES CHARGED TO PATIENTS		600,209			
56 DRUGS CHARGED TO PATIENTS		561,521			
57 RENAL DIALYSIS					
58 ASC (NON-DISTINCT PART)					
60 OUTPAT SERVICE COST CNTRS					
61 CLINIC					
62 EMERGENCY		1,575,779			
63 OBSERVATION BEDS (NON-DISTINCT PART)		235,502			
63 50 OTHER OUTPATIENT SERVICE COST CENTER					
64 RURAL HEALTH CLINIC					
65 OTHER REIMBURS COST CNTRS					
66 HOME PROGRAM DIALYSIS					
67 AMBULANCE SERVICES					
101 DURABLE MEDICAL EQUIP-RENTED					
102 DURABLE MEDICAL EQUIP-SOLD					
103 SUBTOTAL		11,349,893			
104 CRNA CHARGES					
105 LESS PBP CLINIC LAB SVCS-					
106 PROGRAM ONLY CHARGES					
107 NET CHARGES		11,349,893			

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

TITLE XVIII, PART B

HOSPITAL

Cost Center Description	HOSPITAL	
	All Other	Hospital I/P Part B Charges
	9	10
(A) ANCILLARY SRVC COST CNTRS		
37 OPERATING ROOM	641,556	
38 RECOVERY ROOM		
39 DELIVERY ROOM & LABOR ROOM		
40 ANESTHESIOLOGY	30,928	
41 RADIOLOGY-DIAGNOSTIC	738,478	
42 RADIOLOGY-THERAPEUTIC		
43 RADIOISOTOPE		
44 LABORATORY	782,763	
45 PBP CLINICAL LAB SERVICES-PRGM ONLY		
46 WHOLE BLOOD & PACKED RED BLOOD CELLS		
47 BLOOD STORING, PROCESSING & TRANS.		
48 INTRAVENOUS THERAPY		
49 RESPIRATORY THERAPY	57,597	
50 PHYSICAL THERAPY	269,585	
51 OCCUPATIONAL THERAPY	19,695	
52 SPEECH PATHOLOGY	15,911	
53 ELECTROCARDIOLOGY	252,440	
54 ELECTROENCEPHALOGRAPHY		
55 MEDICAL SUPPLIES CHARGED TO PATIENTS	135,278	
56 DRUGS CHARGED TO PATIENTS	182,093	
57 RENAL DIALYSIS		
58 ASC (NON-DISTINCT PART)		
60 OUTPAT SERVICE COST CNTRS		
61 CLINIC		
62 EMERGENCY	886,722	
63 OBSERVATION BEDS (NON-DISTINCT PART)	304,994	
64 OTHER OUTPATIENT SERVICE COST CENTER		
65 50 RURAL HEALTH CLINIC		
66 OTHER REIMBURS COST CNTRS		
67 HOME PROGRAM DIALYSIS		
101 AMBULANCE SERVICES		
102 DURABLE MEDICAL EQUIP-RENTED		
103 DURABLE MEDICAL EQUIP-SOLD		
104 SUBTOTAL	4,318,040	
CRNA CHARGES		
LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES		
NET CHARGES	4,318,040	

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

TITLE XVIII PART A 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	864.91
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	1,622,571
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM	
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	1,622,571

	TOTAL I/P COST	TOTAL I/P DAYS	AVERAGE PER DIEM	PROGRAM DAYS	PROGRAM COST
	1	2	3	4	5
42	NURSERY (TITLE V & XIX ONLY)				
	INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS				
43	INTENSIVE CARE UNIT				
44	CORONARY CARE UNIT				
45	BURN INTENSIVE CARE UNIT				
46	SURGICAL INTENSIVE CARE UNIT				
47	OTHER SPECIAL CARE				
					1
48	PROGRAM INPATIENT ANCILLARY SERVICE COST				
49	TOTAL PROGRAM INPATIENT COSTS				
					1,335,133
					2,957,704

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)	250,824
61	MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS)	250,824
62	TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS	501,648
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 OTHER

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

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

PART IV - COMPUTATION OF OBSERVATION BED COST

83	TOTAL OBSERVATION BED DAYS	827
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	864.91
85	OBSERVATION BED COST	715,281

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

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

TITLE XIX - I/P HOSPITAL OTHER

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

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

PART IV - COMPUTATION OF OBSERVATION BED COST

83	TOTAL OBSERVATION BED DAYS	827
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	864.91
85	OBSERVATION BED COST	715,281

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 XVII SWING BED SNF

DESCRIPTION	INPATIENT-PART A		PART B	
	MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT
	1	2	3	4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		700,283		
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.		NONE		NONE
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
ADJUSTMENTS TO PROVIDER	.01	2/1/2008	43,264	
ADJUSTMENTS TO PROVIDER	.02			
ADJUSTMENTS TO PROVIDER	.03			
ADJUSTMENTS TO PROVIDER	.04			
ADJUSTMENTS TO PROVIDER	.05			
ADJUSTMENTS TO PROGRAM	.50			
ADJUSTMENTS TO PROGRAM	.51			
ADJUSTMENTS TO PROGRAM	.52			
ADJUSTMENTS TO PROGRAM	.53			
ADJUSTMENTS TO PROGRAM	.54			
SUBTOTAL	.99		43,264	NONE
4 TOTAL INTERIM PAYMENTS			743,547	
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
TENTATIVE TO PROVIDER	.01			
TENTATIVE TO PROVIDER	.02			
TENTATIVE TO PROVIDER	.03			
TENTATIVE TO PROGRAM	.50			
TENTATIVE TO PROGRAM	.51			
TENTATIVE TO PROGRAM	.52			
SUBTOTAL	.99		NONE	NONE
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)				
SETTLEMENT TO PROVIDER	.01			
SETTLEMENT TO PROGRAM	.02			
7 TOTAL MEDICARE PROGRAM LIABILITY				

NAME OF INTERMEDIARY:
 INTERMEDIARY NO:

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 II - MEDICARE PART A SERVICES - COST REIMBURSEMENT HOSPITAL

1	INPATIENT SERVICES	2,957,704
1.01	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT	
2	ORGAN ACQUISITION	
3	COST OF TEACHING PHYSICIANS	
4	SUBTOTAL	2,957,704
5	PRIMARY PAYER PAYMENTS	68
6	TOTAL COST. FOR CAH (SEE INSTRUCTIONS)	2,987,212
COMPUTATION OF LESSER OF COST OR CHARGES		
REASONABLE CHARGES		
7	ROUTINE SERVICE CHARGES	
8	ANCI LLARY SERVICE CHARGES	
9	ORGAN ACQUISITION CHARGES, NET OF REVENUE	
10	TEACHING PHYSICIANS	
11	TOTAL REASONABLE CHARGES	
CUSTOMARY CHARGES		
12	AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIA BLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS	
13	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)	
14	RATIO OF LINE 12 TO LINE 13 (NOT TO EXCEED 1.000000)	
15	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)	
16	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	
17	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	
COMPUTATION OF REIMBURSEMENT SETTLEMENT		
18	DI RECT GRADUATE MEDICAL EDUCATION PAYMENTS	
19	COST OF COVERED SERVICES	2,987,212
20	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)	366,042
21	EXCESS REASONABLE COST	
22	SUBTOTAL	2,621,170
23	COI NSURANCE	3,560
24	SUBTOTAL	2,617,610
25	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESS IONAL SERVICES (SEE INSTRUCTIONS)	69,661
25.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	69,661
25.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	46,025
26	SUBTOTAL	2,687,271
27	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVID ER TERMINATION OR A DECREASE IN PROGRAM UTI LIZATION	
28	OTHER ADJUSTMENTS (SPECIFY)	
29	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DI SPOSITION OF DEPRECIABLE ASSETS	
30	SUBTOTAL	2,687,271
31	SEQUESTRATION ADJUSTMENT	
32	INTERIM PAYMENTS	2,823,139
32.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
33	BALANCE DUE PROVIDER/PROGRAM	-135,868
34	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTI ON 115.2.	

	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
LIABILITIES AND FUND BALANCE	1	2	3	4
CURRENT LIABILITIES				
28 ACCOUNTS PAYABLE	656,014			
29 SALARIES, WAGES & FEES PAYABLE				
30 PAYROLL TAXES PAYABLE				
31 NOTES AND LOANS PAYABLE (SHORT TERM)	188,496			
32 DEFERRED INCOME				
33 ACCELERATED PAYMENTS				
34 DUE TO OTHER FUNDS				
35 OTHER CURRENT LIABILITIES	2,726,235			
36 TOTAL CURRENT LIABILITIES	3,570,745			
LONG TERM LIABILITIES				
37 MORTGAGE PAYABLE				
38 NOTES PAYABLE	15,009,113			
39 UNSECURED LOANS				
40.01 LOANS PRIOR TO 7/1/66				
40.02 ON OR AFTER 7/1/66				
41 OTHER LONG TERM LIABILITIES	2,811,021			
42 TOTAL LONG-TERM LIABILITIES	17,820,134			
43 TOTAL LIABILITIES	21,390,879			
CAPITAL ACCOUNTS				
44 GENERAL FUND BALANCE	7,396,218			
45 SPECIFIC PURPOSE FUND		121,173		
46 DONOR CREATED- ENDOWMENT FUND BALANCE- RESTRICTED				
47 DONOR CREATED- ENDOWMENT FUND BALANCE- UNRESTRICT				
48 GOVERNING BODY CREATED- ENDOWMENT FUND BALANCE				
49 PLANT FUND BALANCE-INVESTED IN PLANT				
50 PLANT FUND BALANCE- RESERVE FOR PLANT IMPROVEMENT, REPLACEMENT AND EXPANSION				
51 TOTAL FUND BALANCES	7,396,218	121,173		
52 TOTAL LIABILITIES AND FUND BALANCES	28,787,097	121,173		

	GENERAL FUND		SPECIFIC PURPOSE FUND	
	1	2	3	4
1 FUND BALANCE AT BEGINNING OF PERIOD		5,816,503		135,497
2 NET INCOME (LOSS)		1,347,834		
3 TOTAL		7,164,337		135,497
4 ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
5 RESTR CONT- PROPERTY, DEF		178,324		
6 TRANSFER TO AFFILIATE		134,914		
7 MISC		320		
8 CONTRIBUTIONS			4,264	
9 GRANT REVENUE			66,536	
10 OTHER RESTRICTED ACTIVITY			53,884	
11 TOTAL ADDITIONS		313,558		124,684
12 SUBTOTAL		7,477,895		260,181
13 DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
14 OTHER UNRESTRICTED ACTIVITY		81,677		
15 NET ASSETS RELEASED FROM			139,008	
16				
17				
18 TOTAL DEDUCTIONS		81,677		139,008
19 FUND BALANCE AT END OF PERIOD PER BALANCE SHEET		7,396,218		121,173

	ENDOWMENT FUND		PLANT FUND	
	5	6	7	8
1 FUND BALANCE AT BEGINNING OF PERIOD				
2 NET INCOME (LOSS)				
3 TOTAL				
4 ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
5 RESTR CONT- PROPERTY, DEF				
6 TRANSFER TO AFFILIATE				
7 MISC				
8 CONTRIBUTIONS				
9 GRANT REVENUE				
10 OTHER RESTRICTED ACTIVITY				
11 TOTAL ADDITIONS				
12 SUBTOTAL				
13 DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
14 OTHER UNRESTRICTED ACTIVITY				
15 NET ASSETS RELEASED FROM				
16				
17				
18 TOTAL DEDUCTIONS				
19 FUND BALANCE AT END OF PERIOD PER BALANCE SHEET				

DESCRIPTION

1	TOTAL PATIENT REVENUES	51,600,780
2	LESS: ALLOWANCES AND DISCOUNTS ON	24,329,631
3	NET PATIENT REVENUES	27,271,149
4	LESS: TOTAL OPERATING EXPENSES	26,169,873
5	NET INCOME FROM SERVICE TO PATIENT OTHER INCOME	1,101,276
6	CONTRIBUTIONS, DONATIONS, BEQUES	
7	INCOME FROM INVESTMENTS	
8	REVENUE FROM TELEPHONE AND TELEG	
9	REVENUE FROM TELEVISION AND RADI	
10	PURCHASE DISCOUNTS	
11	REBATES AND REFUNDS OF EXPENSES	
12	PARKING LOT RECEIPTS	
13	REVENUE FROM LAUNDRY AND LINEN S	
14	REVENUE FROM MEALS SOLD TO EMPLO	
15	REVENUE FROM RENTAL OF LIVING QU	
16	REVENUE FROM SALE OF MEDICAL & S TO OTHER THAN PATIENTS	
17	REVENUE FROM SALE OF DRUGS TO OT	
18	REVENUE FROM SALE OF MEDICAL REC	
19	TUITION (FEES, SALE OF TEXTBOOKS	
20	REVENUE FROM GIFTS, FLOWER, COFFE	
21	RENTAL OF VENDING MACHINES	
22	RENTAL OF HOSPITAL SPACE	
23	GOVERNMENTAL APPROPRIATIONS	
24	OTHER INCOME	167,758
24.01	PHYSICIAN INCOME	5,887
24.02	NON REIMBURSABLE COST CENTERS	780
24.03	INTEREST INCOME	158,685
24.04	UNREALIZED GAIN - SHORT TERM	-86,552
25	TOTAL OTHER INCOME	246,558
26	TOTAL	1,347,834
	OTHER EXPENSES	
27	OTHER EXPENSES (SPECIFY)	
28		
29		
30	TOTAL OTHER EXPENSES	
31	NET INCOME (OR LOSS) FOR THE PERIO	1,347,834