

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

FORM APPROVED OMB NO. 0938-0050

WORKSHEET S PARTS I & II

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX I PROVIDER NO: I PERIOD I INTERMEDIARY USE ONLY I DATE RECEIVED:
COST REPORT CERTIFICATION I 15-0012 I FROM 7/ 1/2009 I --AUDITED --DESK REVIEW I / /
AND SETTLEMENT SUMMARY I I TO 6/30/2010 I --INITIAL --REOPENED I INTERMEDIARY NO:
I I --FINAL 1-MCR CODE I
I 00 - # OF REOPENINGS I

ELECTRONICALLY FILED COST REPORT DATE: 11/29/2010 TIME 15:11

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 JOSEPH REG MED CTR - SB CAMPUS 15-0012 FOR THE COST REPORTING PERIOD BEGINNING 7/ 1/2009 AND ENDING 6/30/2010 AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS A TRUE, CORRECT, AND COMPLETE STATEMENT PREPARED FROM THE BOOKS AND RECORDS OF THE PROVIDER IN ACCORDANCE WITH APPLICABLE INSTRUCTIONS, EXCEPT AS NOTED. I FURTHER CERTIFY THAT I AM FAMILIAR WITH THE LAWS AND REGULATIONS REGARDING THE PROVISION OF HEALTH CARE SERVICES, AND THAT THE SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

OFFICER OR ADMINISTRATOR OF PROVIDER(S)

TITLE

DATE

PART II - SETTLEMENT SUMMARY

Table with 4 columns: TITLE V, A, B, XIX. Rows include HOSPITAL, SUBPROVIDER, and TOTAL with associated numerical values.

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

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



HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX ADDRESS

1 STREET: 5215 HOLY CROSS PARKWAY P.O. BOX:  
 1.01 CITY: MISHAWAKA STATE: IN ZIP CODE: 46545- COUNTY: ST JOSEPH

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION;

COMPONENT	COMPONENT NAME	PROVIDER NO.	NPI NUMBER	DATE CERTIFIED	PAYMENT SYSTEM (P,T,O OR N)		
					V	XVIII	XIX
02.00 HOSPITAL	ST JOSEPH REG MED CTR - SB CAMPUS	15-0012	2.01	7/ 1/1966	N	P	P
03.00 SUBPROVIDER	ST JOSEPH REG MED CTR - REHAB UNIT	15-T012		6/ 1/1983	N	P	P

17 COST REPORTING PERIOD (MM/DD/YYYY) FROM: 7/ 1/2009 TO: 6/30/2010 1 2  
 18 TYPE OF CONTROL 1

TYPE OF HOSPITAL/SUBPROVIDER

19 HOSPITAL 1  
 20 SUBPROVIDER 5

OTHER INFORMATION

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

21.01 DOES YOUR FACILITY QUALIFY AND IS CURRENTLY RECEIVING PAYMENT FOR DISPROPORTIONATE SHARE HOSPITAL ADJUSTMENT IN ACCORDANCE WITH 42 CFR 412.106? ENTER IN COLUMN 1 "Y" FOR YES OR "N" FOR NO. IS THIS FACILITY SUBJECT TO THE PROVISIONS OF 42 CFR 412.106(C)(2) (PICKLE AMENDMENT HOSPITALS)? ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO. Y

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

21.03 ENTER IN COLUMN 1 YOUR GEOGRAPHIC LOCATION EITHER (1)URBAN OR (2)RURAL. IF YOU ANSWERED URBAN IN COLUMN 1 INDICATE IF YOU RECEIVED EITHER A WAGE OR STANDARD GEOGRAPHICAL RECLASSIFICATION TO A RURAL LOCATION, ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. IF COLUMN 2 IS YES, ENTER IN COLUMN 3 THE EFFECTIVE DATE (MM/DD/YYYY)(SEE INSTRUCTIONS) DOES YOUR FACILITY CONTAIN 100 OR FEWER BEDS IN ACCORDANCE WITH 42 CFR 412.105? ENTER IN COLUMN 4 "Y" OR "N". ENTER IN COLUMN 5 THE PROVIDERS ACTUAL MSA OR CBSA. 1 N N 43780

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

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

21.06 DOES THIS HOSPITAL QUALIFY FOR THE 3-YEAR TRANSITION OF HOLD HARMLESS PAYMENTS FOR SMALL RURAL HOSPITAL; UNDER THE PROSPECTIVE PAYMENT SYSTEM FOR HOSPITAL OUTPATIENT SERVICES UNDER DRA §5105 OR MIPPA §147? (SEE INSTRUC) ENTER "Y" FOR YES, AND "N" FOR NO. N

21.07 DOES THIS HOSPITAL QUALIFY AS A SCH WITH 100 OR FEWER BEDS UNDER MIPPA §147? ENTER "Y" FOR YES AND "N" FOR NO. (SEE INSTRUCTIONS). IS THIS A SCH OR EACH THAT QUALIFIES FOR THE OUTPATIENT HOLD HARMLESS PROVISION IN ACA SECTION 3121? ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO. (SEE INSTRUCTIONS) N N

21.08 WHICH METHOD IS USED TO DETERMINE MEDICAID DAYS ON S-3, PART I, COL. 5 ENTER IN COLUMN 1, "1" IF IT IS BASED ON DATE OF ADMISSION, "2" IF IT IS BASED ON CENSUS DAYS, OR "3" IF IT IS BASED ON DATE OF DISCHARGE. IS THIS METHOD DIFFERENT THAN THE METHOD USED IN THE PRECEDING COST REPORTING PERIOD? ENTER IN COLUMN 2, "Y" FOR YES OR "N" FOR NO. 3 N

22 ARE YOU CLASSIFIED AS A REFERRAL CENTER? N

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

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

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

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

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

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

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

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

24 IF THIS IS AN ORGAN PROCUREMENT ORGANIZATION (OPO), ENTER THE OPO NUMBER IN COLUMN 2 AND TERMINATION DATE IN COLUMN 3 (MM/DD/YYYY) / /

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



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

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

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

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

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

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

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

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

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

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

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

28 IF THIS FACILITY CONTAINS A HOSPITAL-BASED SNF, ARE ALL PATIENTS UNDER MANAGED CARE OR THERE WERE NO MEDICARE UTILIZATION ENTER "Y", IF "N" COMPLETE LINES 28.01 AND 28.02

28.01 IF HOSPITAL BASED SNF, ENTER APPROPRIATE TRANSITION PERIOD 1, 2, 3, OR 100 IN COLUMN 1. ENTER IN COLUMNS 2 AND 3 THE WAGE INDEX ADJUSTMENT FACTOR BEFORE AND ON OR AFTER THE OCTOBER 1ST (SEE INSTRUCTIONS)

	1	2	3	4
	-----	-----	-----	-----
	0	0.0000	0.0000	

28.02 ENTER IN COLUMN 1 THE HOSPITAL BASED SNF FACILITY SPECIFIC RATE(FROM YOUR FISCAL INTERMEDIARY) IF YOU HAVE NOT TRANSITIONED TO 100% PPS SNF PPS PAYMENT. IN COLUMN 2 ENTER THE FACILITY CLASSIFICATION URBAN(1) OR RURAL (2). IN COLUMN 3 ENTER THE SNF MSA CODE OR TWO CHARACTER STATE CODE IF A RURAL BASED FACILITY. IN COLUMN 4, ENTER THE SNF CBSA CODE OR TWO CHARACTER CODE IF RURAL BASED FACILITY

	0.00	0		
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A NOTICE PUBLISHED IN THE "FEDERAL REGISTER" VOL. 68, NO. 149 AUGUST 4, 2003 PROVIDED FOR AN INCREASE IN THE RUG PAYMENTS BEGINNING 10/01/2003. CONGRESS EXPECTED THIS INCREASE TO BE USED FOR DIRECT PATIENT CARE AND RELATED EXPENSES. ENTER IN COLUMN 1 THE PERCENTAGE OF TOTAL EXPENSES FOR EACH CATEGORY TO TOTAL SNF REVENUE FROM WORKSHEET G-2, PART I, LINE 6, COLUMN 3. INDICATE IN COLUMN 2 "Y" FOR YES OR "N" FOR NO IF THE SPENDING REFLECTS INCREASES ASSOCIATED WITH DIRECT PATIENT CARE AND RELATED EXPENSES FOR EACH CATEGORY. (SEE INSTR)

	%	Y/N
28.03 STAFFING	0.00%	
28.04 RECRUITMENT	0.00%	
28.05 RETENTION	0.00%	
28.06 TRAINING	0.00%	

29 IS THIS A RURAL HOSPITAL WITH A CERTIFIED SNF WHICH HAS FEWER THAN 50 BEDS IN THE AGGREGATE FOR BOTH COMPONENTS, USING THE SWING BED OPTIONAL METHOD OF REIMBURSEMENT? N

30 DOES THIS HOSPITAL QUALIFY AS A RURAL PRIMARY CARE HOSPITAL (RPCH)/CRITICAL ACCESS HOSPITAL(CAH)? (SEE 42 CFR 485.606ff) N

30.01 IF SO, IS THIS THE INITIAL 12 MONTH PERIOD FOR THE FACILITY OPERATED AS AN RPCH/CAH? SEE 42 CFR 413.70

30.02 IF THIS FACILITY QUALIFIES AS AN RPCH/CAH, HAS IT ELECTED THE ALL-INCLUSIVE METHOD OF PAYMENT FOR OUTPATIENT SERVICES? (SEE INSTRUCTIONS) N

30.03 IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIBIBLE FOR COST REIMBURSEMENT FOR AMBULANCE SERVICES? IF YES, ENTER IN COLUMN 2 THE DATE OF ELIGIBILITY DETERMINATION (DATE MUST BE ON OR AFTER 12/21/2000). N

30.04 IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIBIBLE FOR COST REIMBURSEMENT FOR I&R TRAINING PROGRAMS? ENTER "Y" FOR YES AND "N" FOR NO. IF YES, THE GME ELIMINATION WOULD NOT BE ON WORKSHEET B, PART I, COLUMN 26 AND THE PROGRAM WOULD BE COST REIMBURSED. IF YES COMPLETE WORKSHEET D-2, PART II N

31 IS THIS A RURAL HOSPITAL QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c). N

31.01 IS THIS A RURAL SUBPROVIDER 1 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c). N

31.02 IS THIS A RURAL SUBPROVIDER 2 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c). N

31.03 IS THIS A RURAL SUBPROVIDER 3 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c). N

31.04 IS THIS A RURAL SUBPROVIDER 4 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c). N

31.05 IS THIS A RURAL SUBPROVIDER 5 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c). N

MISCELLANEOUS COST REPORT INFORMATION

32 IS THIS AN ALL-INCLUSIVE PROVIDER? IF YES, ENTER THE METHOD USED (A, B, OR E ONLY) COL 2. N

33 IS THIS A NEW HOSPITAL UNDER 42 CFR 412.300 PPS CAPITAL? ENTER "Y" FOR YES AND "N" FOR NO IN COLUMN 1. IF YES, FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 2002, DO YOU ELECT TO BE REIMBURSED AT 100% FEDERAL CAPITAL PAYMENT? ENTER "Y" FOR YES AND "N" FOR NO IN COLUMN 2 N

34 IS THIS A NEW HOSPITAL UNDER 42 CFR 413.40 (f)(1)(i) TEFRA? N

35 HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)? N

35.01 HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)? N

35.02 HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)? N

35.03 HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)? N

35.04 HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)? N



PROSPECTIVE PAYMENT SYSTEM (PPS)-CAPITAL V XVIII XIX  
 36 DO YOU ELECT FULLY PROSPECTIVE PAYMENT METHODOLOGY FOR CAPITAL COSTS? (SEE INSTRUCTIONS) 1 2 3  
 36.01 DOES YOUR FACILITY QUALIFY AND RECEIVE PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE WITH 42 CFR 412.320? (SEE INSTRUCTIONS) N Y N  
 37 DO YOU ELECT HOLD HARMLESS PAYMENT METHODOLOGY FOR CAPITAL COSTS? (SEE INSTRUCTIONS) N N N  
 37.01 IF YOU ARE A HOLD HARMLESS PROVIDER, ARE YOU FILING ON THE BASIS OF 100% OF THE FED RATE? 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? Y  
 38.02 DOES THE TITLE XIX PROGRAM REDUCE CAPITAL FOLLOWING THE MEDICARE METHODOLOGY? N  
 38.03 ARE TITLE XIX NF PATIENTS OCCUPYING TITLE XVIII SNF BEDS (DUAL CERTIFICATION)? N  
 38.04 DO YOU OPERATE AN ICF/MR FACILITY FOR PURPOSES OF TITLE XIX? N

40 ARE THERE ANY RELATED ORGANIZATION OR HOME OFFICE COSTS AS DEFINED IN CMS PUB 15-I, CHAP 10? IF YES, AND THIS FACILITY IS PART OF A CHAIN ORGANIZATION, ENTER IN COLUMN 2 THE CHAIN HOME OFFICE CHAIN NUMBER. (SEE INSTRUCTIONS). Y 15H034  
 40.01 NAME: SAINT JOSPEH REG MED CTR INC FI/CONTRACTOR NAME NGS FI/CONTRACTOR # 00130  
 40.02 STREET: 5215 HOLY CROSS PARKWAY P.O. BOX:  
 40.03 CITY: MISHAWAKA STATE: IN ZIP CODE: 46545-  
 41 ARE PROVIDER BASED PHYSICIANS' COSTS INCLUDED IN WORKSHEET A? Y  
 42 ARE PHYSICAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N  
 42.01 ARE OCCUPATIONAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N  
 42.02 ARE SPEECH PATHOLOGY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N  
 43 ARE RESPIRATORY THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N  
 44 IF YOU ARE CLAIMING COST FOR RENAL SERVICES ON WORKSHEET A, ARE THEY INPATIENT SERVICES ONLY? Y  
 45 HAVE YOU CHANGED YOUR COST ALLOCATION METHODOLOGY FROM THE PREVIOUSLY FILED COST REPORT? N 00/00/0000  
 SEE CMS PUB. 15-II, SECTION 3617. IF YES, ENTER THE APPROVAL DATE IN COLUMN 2.  
 45.01 WAS THERE A CHANGE IN THE STATISTICAL BASIS?  
 45.02 WAS THERE A CHANGE IN THE ORDER OF ALLOCATION?  
 45.03 WAS THE CHANGE TO THE SIMPLIFIED COST FINDING METHOD?  
 46 IF YOU ARE PARTICIPATING IN THE NHCQ DEMONSTRATION PROJECT (MUST HAVE A HOSPITAL-BASED SNF) DURING THIS COST REPORTING PERIOD, ENTER THE PHASE (SEE INSTRUCTIONS).

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

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

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

56 ARE YOU CLAIMING AMBULANCE COSTS? IF YES, ENTER IN COLUMN 2 THE PAYMENT LIMIT PROVIDED FROM YOUR FISCAL INTERMEDIARY AND THE APPLICABLE DATES FOR THOSE LIMITS IN COLUMN 0. IF THIS IS THE FIRST YEAR OF OPERATION NO ENTRY IS REQUIRED IN COLUMN 2. IF COLUMN 1 IS Y, ENTER Y OR N IN COLUMN 3 WHETHER THIS IS YOUR FIRST YEAR OF OPERATIONS FOR RENDERING AMBULANCE SERVICES. ENTER IN COLUMN 4, IF APPLICABLE, THE FEE SCHEDULES AMOUNTS FOR THE PERIOD BEGINNING ON OR AFTER 4/1/2002. DATE Y OR N LIMIT Y OR N FEES  
 0 1 2 3 4  
 -----  
 56.01 ENTER SUBSEQUENT AMBULANCE PAYMENT LIMIT AS REQUIRED. SUBSCRIPT IF MORE THAN 2 LIMITS APPLY. ENTER IN COLUMN 4 THE FEE SCHEDULES AMOUNTS FOR INITIAL OR SUBSEQUENT PERIOD AS APPLICABLE. N 0.00 N 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. Y  
 58.01 IF LINE 58 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST  
 REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER "Y" FOR YES OR "N" FOR NO. IS  
 THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR SEC.  
 412.424(d)(1)(iii)(2)? ENTER IN COLUMN 2 "Y"FOR YES OR "N" FOR NO. IF COLUMN 2 IS Y, ENTER  
 1, 2 OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS). IF THE CURRENT COST REPORTING PERIOD  
 COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS  
 OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5. (SEE INSTR). Y N 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, AND THE FACILITY IS AN IPF SUBPROVIDER, WERE RESIDENTS TRAINING IN  
 THIS FACILITY IN ITS MOST RECENT COST REPORTING PERIOD FILED BEFORE NOV. 15, 2004? ENTER "Y"  
 FOR YES AND "N" FOR NO. IS THIS FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN  
 ACCORDANCE WITH 42 CFR §412.424(d)(1)(iii)(C)? ENTER IN COL. 2 "Y" FOR YES OR "N" FOR NO. IF  
 COL. 2 IS Y, ENTER 1, 2 OR 3 RESPECTIVELY IN COL. 3, (SEE INSTRUC). IF THE CURRENT COST  
 REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COL. 3, OR IF THE SUBSEQUENT  
 ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5. (SEE INSTRUC). 0

MULTICAMPUS

61.00 IS THIS FACILITY PART OF A MULTICAMPUS HOSPITAL THAT HAS ONE OR MORE CAMPUSES IN DIFFERENT CBSA? N  
 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
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62.00 0.00

SETTLEMENT DATA

63.00 WAS THE COST REPORT FILED USING THE PS&R (EITHER IN ITS ENTIRETY OR FOR TOTAL CHARGES AND DAYS  
 ONLY)? ENTER "Y" FOR YES AND "N" FOR NO IN COL. 1. IF COL. 1 IS "Y", ENTER THE "PAID THROUGH"  
 DATE OF THE PS&R IN COL. 2 (MM/DD/YYYY). Y 10/ 7/2009



COMPONENT	NO. OF BEDS 1	BED DAYS AVAILABLE 2	CAH N/A 2.01	TITLE V 3	I/P DAYS / O/P VISITS / TRIPS TITLE XVIII 4	NOT LTCH N/A 4.01	TOTAL TITLE XIX 5
1 ADULTS & PEDIATRICS	212	77,380			22,721		7,291
2 HMO					5,257		
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS	212	77,380			22,721		7,291
6 INTENSIVE CARE UNIT	23	8,395			2,151		833
7 CORONARY CARE UNIT							
8 BURN INTENSIVE CARE UNIT							
9 SURGICAL INTENSIVE CARE UNIT							
10 NEONATAL INTENSIVE CARE UNIT	10	3,650					1,208
11 NURSERY							2,136
12 TOTAL	245	89,425			24,872		11,468
13 RPCH VISITS							
14 SUBPROVIDER	26	9,490			3,719		352
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							
25 TOTAL	271						
26 OBSERVATION BED DAYS							654
26 01 OBSERVATION BED DAYS-SUB I							
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							
29 LABOR & DELIVERY DAYS							

COMPONENT	TITLE XIX ADMITTED 5.01	I/P DAYS / OBSERVATION BEDS NOT ADMITTED 5.02	O/P VISITS / TOTAL ALL PATS 6	TRIPS / TOTAL OBSERVATION BEDS ADMITTED 6.01	OBSERVATION BEDS NOT ADMITTED 6.02	INTERNS & RES. FTES TOTAL 7	RES. FTES LESS I&R REPL NON-PHYS ANES 8
1 ADULTS & PEDIATRICS			45,593				
2 HMO							
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS			45,593				
6 INTENSIVE CARE UNIT			6,048				
7 CORONARY CARE UNIT							
8 BURN INTENSIVE CARE UNIT							
9 SURGICAL INTENSIVE CARE UNIT							
10 NEONATAL INTENSIVE CARE UNIT			1,667				
11 NURSERY			3,242				
12 TOTAL			56,550			26.51	
13 RPCH VISITS							
14 SUBPROVIDER			5,585			.75	
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							
25 TOTAL						27.26	
26 OBSERVATION BED DAYS	20	634	2,764	226	2,538		
26 01 OBSERVATION BED DAYS-SUB I							
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS			277				
28 01 EMP DISCOUNT DAYS -IRF			33				
29 LABOR & DELIVERY DAYS							

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					6,052	2,538	14,310
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							
10 NEONATAL INTENSIVE CARE UNIT							
11 NURSERY							
12 TOTAL	26.51	1,343.47			6,052	2,538	14,310



COMPONENT	I & R FTES		--- FULL TIME EQUIV ---		DISCHARGES			TOTAL ALL PATIENTS
	NET 9	EMPLOYEES ON PAYROLL 10	NONPAID WORKERS 11	TITLE V 12	TITLE XVIII 13	TITLE XIX 14	15	
13 RPCH VISITS								
14 SUBPROVIDER	.75	32.53			288	32	432	
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								
25 TOTAL	27.26	1,376.00						
26 OBSERVATION BED DAYS								
26 01 OBSERVATION BED DAYS-SUB I								
27 AMBULANCE TRIPS								
28 EMPLOYEE DISCOUNT DAYS								
28 01 EMP DISCOUNT DAYS -IRF								
29 LABOR & DELIVERY DAYS								



HOSPITAL WAGE INDEX INFORMATION

PART II - WAGE DATA	AMOUNT REPORTED 1	RECLASS OF SALARIES 2	ADJUSTED SALARIES 3	PAID HOURS RELATED TO SALARY 4	AVERAGE HOURLY WAGE 5	DATA SOURCE 6
SALARIES						
1 TOTAL SALARY	75,087,696	73,653	75,161,349	2,856,734.00	26.31	
NON-PHYSICIAN ANESTHETIST						
PART A						
3 NON-PHYSICIAN ANESTHETIST PART B						
4 PHYSICIAN - PART A	26,511		26,511	329.00	80.58	
4.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)	1,333,941		1,333,941	16,944.00	78.73	
5 PHYSICIAN - PART B	414,476		414,476	5,675.00	73.04	
5.01 NON-PHYSICIAN - PART B						
6 INTERNS & RESIDENTS (APPRVD)	3,695,059	-3,316,359	378,700	65,175.00	5.81	
6.01 CONTRACT SERVICES, I&R						
7 HOME OFFICE PERSONNEL						
8 SNF						
8.01 EXCLUDED AREA SALARIES	7,499,194	14,331	7,513,525	147,784.00	50.84	
OTHER WAGES & RELATED COSTS						
9 CONTRACT LABOR:						
9.01 PHARMACY SERVICES UNDER CONTRACT	179,224		179,224	1,001.50	178.96	
9.02 LABORATORY SERVICES UNDER CONTRACT						
9.03 MANAGEMENT & ADMINISTRATIVE UNDER CONTRACT						
10 CONTRACT LABOR: PHYS PART A	372,128		372,128	3,416.00	108.94	
10.01 TEACHING PHYSICIAN UNDER CONTRACT (SEE INSTRUCTIONS)	353,309		353,309	2,641.00	133.78	
11 HOME OFFICE SALARIES & WAGE RELATED COSTS	19,009,065		19,009,065	525,451.00	36.18	
12 HOME OFFICE: PHYS PART A						
12.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
WAGE RELATED COSTS						
13 WAGE-RELATED COSTS (CORE)	22,579,183		22,579,183			CMS 339
14 WAGE-RELATED COSTS (OTHER)						CMS 339
15 EXCLUDED AREAS	1,777,219		1,777,219			CMS 339
16 NON-PHYS ANESTHETIST PART A						CMS 339
17 NON-PHYS ANESTHETIST PART B						CMS 339
18 PHYSICIAN PART A						CMS 339
18.01 PART A TEACHING PHYSICIANS						CMS 339
19 PHYSICIAN PART B						CMS 339
19.01 WAGE-RELATD COSTS (RHC/FQHC)						CMS 339
20 INTERNS & RESIDENTS (APPRVD)						CMS 339
OVERHEAD COSTS - DIRECT SALARIES						
21 EMPLOYEE BENEFITS	703,847	73,653	777,500	54,829.00	14.18	
22 ADMINISTRATIVE & GENERAL	3,386,756	-14,331	3,372,425	164,570.00	20.49	
22.01 A & G UNDER CONTRACT						
23 MAINTENANCE & REPAIRS						
24 OPERATION OF PLANT	1,896,988		1,896,988	93,850.00	20.21	
25 LAUNDRY & LINEN SERVICE	398,777		398,777	28,933.00	13.78	
26 HOUSEKEEPING	1,972,302		1,972,302	150,509.00	13.10	
26.01 HOUSEKEEPING UNDER CONTRACT						
27 DIETARY	1,561,454	-375,584	1,185,870	93,496.00	12.68	
27.01 DIETARY UNDER CONTRACT	191,855	6,240	198,095			
28 CAFETERIA		375,584	375,584	15,330.00	24.50	
29 MAINTENANCE OF PERSONNEL						
30 NURSING ADMINISTRATION	1,762,555		1,762,555	60,237.00	29.26	
31 CENTRAL SERVICE AND SUPPLY	434,801		434,801	27,394.00	15.87	
32 PHARMACY	2,565,592		2,565,592	70,096.00	36.60	
33 MEDICAL RECORDS & MEDICAL RECORDS LIBRARY	1,352,459		1,352,459	71,739.00	18.85	
34 SOCIAL SERVICE	1,769,139		1,769,139	40,830.00	43.33	
35 OTHER GENERAL SERVICE				38,043.00		
PART III - HOSPITAL WAGE INDEX SUMMARY						
1 NET SALARIES	69,836,075	3,396,252	73,232,327	2,768,940.00	26.45	
2 EXCLUDED AREA SALARIES	7,499,194	14,331	7,513,525	147,784.00	50.84	
3 SUBTOTAL SALARIES	62,336,881	3,381,921	65,718,802	2,621,156.00	25.07	
4 SUBTOTAL OTHER WAGES & RELATED COSTS	19,913,726		19,913,726	532,509.50	37.40	
5 SUBTOTAL WAGE-RELATED COSTS	22,579,183		22,579,183		34.36	
6 TOTAL	104,829,790	3,381,921	108,211,711	3,153,665.50	34.31	
NET SALARIES						
EXCLUDED AREA SALARIES						
SUBTOTAL SALARIES						
SUBTOTAL OTHER WAGES & RELATED COSTS						
SUBTOTAL WAGE-RELATED COSTS						
TOTAL						
11 TOTAL OVERHEAD COSTS	17,996,525	65,562	18,062,087	909,856.00	19.85	



HOSPITAL UNCOMPENSATED CARE DATA

DESCRIPTION

UNCOMPENSATED CARE INFORMATION

- 1 DO YOU HAVE A WRITTEN CHARITY CARE POLICY?
- 2 ARE PATIENTS WRITE-OFFS IDENTIFIED AS CHARITY? IF YES ANSWER LINES 2.01 THRU 2.04
  - 2.01 IS IT AT THE TIME OF ADMISSION?
  - 2.02 IS IT AT THE TIME OF FIRST BILLING?
  - 2.03 IS IT AFTER SOME COLLECTION EFFORT HAS BEEN MADE?
  - 2.04
- 3 ARE CHARITY WRITE-OFFS MADE FOR PARTIAL BILLS?
- 4 ARE CHARITY DETERMINATIONS BASED UPON ADMINISTRATIVE JUDGMENT WITHOUT FINANCIAL DATA?
- 5 ARE CHARITY DETERMINATIONS BASED UPON INCOME DATA ONLY?
- 6 ARE CHARITY DETERMINATIONS BASED UPON NET WORTH (ASSETS) DATA?
- 7 ARE CHARITY DETERMINATIONS BASED UPON INCOME AND NET WORTH DATA?
- 8 DOES YOUR ACCOUNTING SYSTEM SEPARATELY IDENTIFY BAD DEBT AND CHARITY CARE? IF YES ANSWER 8.01
  - 8.01 DO YOU SEPARATELY ACCOUNT FOR INPATIENT AND OUTPATIENT SERVICES?
  - 9 IS DISCERNING CHARITY FROM BAD DEBT A HIGH PRIORITY IN YOUR INSTITUTION? IF NO ANSWER 9.01 THRU 9.04
    - 9.01 IS IT BECAUSE THERE IS NOT ENOUGH STAFF TO DETERMINE ELIGIBILITY?
    - 9.02 IS IT BECAUSE THERE IS NO FINANCIAL INCENTIVE TO SEPARATE CHARITY FROM BAD DEBT?
    - 9.03 IS IT BECAUSE THERE IS NO CLEAR DIRECTIVE POLICY ON CHARITY DETERMINATION?
    - 9.04 IS IT BECAUSE YOUR INSTITUTION DOES NOT DEEM THE DISTINCTION IMPORTANT?
- 10 IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, WHAT IS THE MAXIMUM INCOME THAT CAN BE EARNED BY PATIENTS (SINGLE WITHOUT DEPENDENT) AND STILL DETERMINED TO BE A CHARITY WRITE OFF?
- 11 IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, IS THE INCOME DIRECTLY TIED TO FEDERAL POVERTY LEVEL? IF YES ANSWER 11.01 THRU 11.04
  - 11.01 IS THE PERCENTAGE LEVEL USED LESS THAN 100% OF THE FEDERAL POVERTY LEVEL?
  - 11.02 IS THE PERCENTAGE LEVEL USED BETWEEN 100% AND 150% OF THE FEDERAL POVERTY LEVEL?
  - 11.03 IS THE PERCENTAGE LEVEL USED BETWEEN 150% AND 200% OF THE FEDERAL POVERTY LEVEL?
  - 11.04 IS THE PERCENTAGE LEVEL USED GREATER THAN 200% OF THE FEDERAL POVERTY LEVEL?
- 12 ARE PARTIAL WRITE-OFFS GIVEN TO HIGHER INCOME PATIENTS ON A GRADUAL SCALE?
- 13 IS THERE CHARITY CONSIDERATION GIVEN TO HIGH NET WORTH PATIENTS WHO HAVE CATASTROPHIC OR OTHER EXTRAORDINARY MEDICAL EXPENSES?
- 14 IS YOUR HOSPITAL STATE OR LOCAL GOVERNMENT OWNED? IF YES ANSWER LINES 14.01 AND 14.02
  - 14.01 DO YOU RECEIVE DIRECT FINANCIAL SUPPORT FROM THAT GOVERNMENT ENTITY FOR THE PURPOSE OF PROVIDING COMPENSATED CARE?
  - 14.02 WHAT PERCENTAGE OF THE AMOUNT ON LINE 14.01 IS FROM GOVERNMENT FUNDING?
- 15 DO YOU RECEIVE RESTRICTED GRANTS FOR RENDERING CARE TO CHARITY PATIENTS?
- 16 ARE OTHER NON-RESTRICTED GRANTS USED TO SUBSIDIZE CHARITY CARE?

UNCOMPENSATED CARE REVENUES

17	REVENUE FROM UNCOMPENSATED CARE	20,679,188
17.01	GROSS MEDICAID REVENUES	94,116,763
18	REVENUES FROM STATE AND LOCAL INDIGENT CARE PROGRAMS	
19	REVENUE RELATED TO SCHIP (SEE INSTRUCTIONS)	
20	RESTRICTED GRANTS	1,947,340
21	NON-RESTRICTED GRANTS	
22	TOTAL GROSS UNCOMPENSATED CARE REVENUES	116,743,291

UNCOMPENSATED CARE COST

23	TOTAL CHARGES FOR PATIENTS COVERED BY STATE AND LOCAL INDIGENT CARE PROGRAMS	
24	COST TO CHARGE RATIO (WKST C, PART I, COLUMN 3, LINE 103, DIVIDED BY COLUMN 8, LINE 103)	.324677
25	TOTAL STATE AND LOCAL INDIGENT CARE PROGRAM COST (LINE 23 * LINE 24)	
26	TOTAL SCHIP CHARGES FROM YOUR RECORDS	
27	TOTAL SCHIP COST, (LINE 24 * LINE 26)	
28	TOTAL GROSS MEDICAID CHARGES FROM YOUR RECORDS	94,116,763
29	TOTAL GROSS MEDICAID COST (LINE 24 * LINE 28)	30,557,548
30	OTHER UNCOMPENSATED CARE CHARGES FROM YOUR RECORDS	
31	UNCOMPENSATED CARE COST (LINE 24 * LINE 30)	



HOSPITAL UNCOMPENSATED CARE DATA

DESCRIPTION

32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL (SUM OF LINES 25, 27, AND 29)	30,557,548
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I PROVIDER NO:

I PERIOD:

I PREPARED 11/29/2010

RECLASSIFICATION AND ADJUSTMENT OF  
TRIAL BALANCE OF EXPENSES

I 15-0012

I FROM 7/ 1/2009

I WORKSHEET A

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I TO 6/30/2010

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	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				9,421,130	9,421,130
4	0400	NEW CAP REL COSTS-MVBLE EQUIP				9,180,968	9,180,968
5	0500	EMPLOYEE BENEFITS	703,847	-245,530	458,317	312,589	770,906
6.01	0610	NONPATIENT TELEPHONES	294,635	100,659	395,294	-1,075	394,219
6.02	0620	DATA PROCESSING					
6.03	0630	PURCHASING, RECEIVING AND STORES	62,181	11,181	73,362		73,362
6.04	0640	ADMITTING	1,139,136	581,532	1,720,668	-55,884	1,664,784
6.05	0650	CASHIERING/ACCOUNTS RECEIVABLE					
6.06	0660	OTHER ADMINISTRATIVE AND GENERAL	1,890,804	77,751,440	79,642,244	-9,872,960	69,769,284
7	0700	MAINTENANCE & REPAIRS					
8	0800	OPERATION OF PLANT	1,896,988	6,166,775	8,063,763	-846,755	7,217,008
9	0900	LAUNDRY & LINEN SERVICE	398,777	877,705	1,276,482	-2,001	1,274,481
10	1000	HOUSEKEEPING	1,972,302	1,267,618	3,239,920	-7,274	3,232,646
11	1100	DIETARY	1,561,454	2,746,946	4,308,400	-1,395,785	2,912,615
12	1200	CAFETERIA				1,292,119	1,292,119
13	1300	MAINTENANCE OF PERSONNEL					
14	1400	NURSING ADMINISTRATION	1,762,555	852,459	2,615,014	-1,803	2,613,211
15	1500	CENTRAL SERVICES & SUPPLY	434,801	393,065	827,866	-12,497	815,369
16	1600	PHARMACY	2,565,592	8,655,046	11,220,638	-8,207,707	3,012,931
17	1700	MEDICAL RECORDS & LIBRARY	1,352,459	1,722,579	3,075,038	-67,364	3,007,674
18	1800	SOCIAL SERVICE	1,176,790	514,088	1,690,878	-1,060	1,689,818
18.01	1950	STERILE SUPPLY	592,349	1,107,359	1,699,708	-79,997	1,619,711
20	2000	NONPHYSICIAN ANESTHETISTS					
21	2100	NURSING SCHOOL					
22	2200	I&R SERVICES-SALARY & FRINGES APPRVD	3,695,059	1,766,427	5,461,486	-4,668,151	793,335
23	2300	I&R SERVICES-OTHER PRGM COSTS APPRVD				4,536,186	4,536,186
24	2400	PARAMED ED PRGM	70,365	55,547	125,912	83,687	209,599
24.01	2401	CLINICAL PASTORAL EDUCATION	176,931	68,913	245,844	17,524	263,368
24.02	2402	PHARMACY RESIDENCY PROGRAMS	321,350	112,038	433,388		433,388
		INPAT ROUTINE SRVC CNTRS					
25	2500	ADULTS & PEDIATRICS	15,482,977	7,730,250	23,213,227	-2,301,898	20,911,329
26	2600	INTENSIVE CARE UNIT	3,853,665	1,851,103	5,704,768	-247,101	5,457,667
27	2700	CORONARY CARE UNIT					
28	2800	BURN INTENSIVE CARE UNIT					
29	2900	SURGICAL INTENSIVE CARE UNIT					
30	2060	NEONATAL INTENSIVE CARE UNIT	1,191,659	441,207	1,632,866	-28,513	1,604,353
31	3100	SUBPROVIDER	1,746,389	1,742,874	3,489,263	-486,199	3,003,064
33	3300	NURSERY				2,158,941	2,158,941
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	5,637,635	25,231,739	30,869,374	-15,797,751	15,071,623
38	3800	RECOVERY ROOM	901,453	400,133	1,301,586	-581	1,301,005
39	3900	DELIVERY ROOM & LABOR ROOM				439,242	439,242
40	4000	ANESTHESIOLOGY					
41	4100	RADIOLOGY-DIAGNOSTIC	5,019,092	12,149,849	17,168,941	-6,857,943	10,310,998
42	4200	RADIOLOGY-THERAPEUTIC	962,867	1,412,647	2,375,514	-744,573	1,630,941
43	4300	RADIOISOTOPE					
44	4400	LABORATORY		11,306,251	11,306,251	-467,018	10,839,233
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	1,463,167	1,397,260	2,860,427	-244,034	2,616,393
50	5000	PHYSICAL THERAPY	2,260,115	1,219,419	3,479,534	-374,373	3,105,161
51	5100	OCCUPATIONAL THERAPY	627,334	309,486	936,820	-54,925	881,895
52	5200	SPEECH PATHOLOGY	217,250	108,338	325,588	-37,367	288,221
53	5300	ELECTROCARDIOLOGY	615,075	367,165	982,240	-159,172	823,068
54	5400	ELECTROENCEPHALOGRAPHY					
55	5500	MEDICAL SUPPLIES CHARGED TO PATIENTS		185,309	185,309	-185,309	
55.01	5501	MEDICAL SUPPLIES CHARGED TO PATIENTS					
55.02	5502	MEDICAL SUPPLIES CHARGED TO PATIENTS					
55.03	5503	MEDICAL SUPPLIES CHARGED TO PATIENTS				18,628,924	18,628,924
56	5600	DRUGS CHARGED TO PATIENTS	299,383	382,368	681,751	7,921,565	8,603,316
57	5700	RENAL DIALYSIS		1,297,612	1,297,612	-3,933	1,293,679
58	5800	ASC (NON-DISTINCT PART)					
		OUTPAT SERVICE COST CNTRS					
60	6000	CLINIC	635,621	524,463	1,160,084	61,974	1,222,058
60.01	6001	HEALTHY FAMILY CENTER	932,014	528,630	1,460,644	-20,257	1,440,387
60.02	6002	SISTER MAURA BRANNICK HEALTH CENTER	767,273	632,785	1,400,058	-221,114	1,178,944
60.03	4040	FAMILY MEDICINE CENTER	727,285	944,819	1,672,104	-307,466	1,364,638
60.04	6003	WND CA	381,945	1,279,258	1,661,203	-90,495	1,570,708
60.05	4950	OUTPATIENT TREATMENT & INFUSION	171,732	137,146	308,878	-46,162	262,716
60.06	6004	PED CL	397,951	559,919	957,870	-74,744	883,126
61	6100	EMERGENCY	3,543,280	3,072,106	6,615,386	27,906	6,643,292
62	6200	OBSERVATION BEDS (NON-DISTINCT PART)					
		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					







I PROVIDER NO:

I PERIOD:

I PREPARED 11/29/2010

RECLASSIFICATION AND ADJUSTMENT OF  
TRIAL BALANCE OF EXPENSES

I 15-0012

I FROM 7/ 1/2009

I WORKSHEET A

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I TO 6/30/2010

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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	-2,474,859	6,946,271
4	0400 NEW CAP REL COSTS-MVBLE EQUIP	8,470,957	17,651,925
5	0500 EMPLOYEE BENEFITS	-770,906	
6.01	0610 NONPATIENT TELEPHONES	-19,445	374,774
6.02	0620 DATA PROCESSING		
6.03	0630 PURCHASING, RECEIVING AND STORES		73,362
6.04	0640 ADMITTING		1,664,784
6.05	0650 CASHIERING/ACCOUNTS RECEIVABLE		
6.06	0660 OTHER ADMINISTRATIVE AND GENERAL	-23,434,007	46,335,277
7	0700 MAINTENANCE & REPAIRS		
8	0800 OPERATION OF PLANT	-271,960	6,945,048
9	0900 LAUNDRY & LINEN SERVICE	-167,278	1,107,203
10	1000 HOUSEKEEPING	-100,747	3,131,899
11	1100 DIETARY	-272,426	2,640,189
12	1200 CAFETERIA	-1,097,922	194,197
13	1300 MAINTENANCE OF PERSONNEL		
14	1400 NURSING ADMINISTRATION	-1,701	2,611,510
15	1500 CENTRAL SERVICES & SUPPLY	-29	815,340
16	1600 PHARMACY	-2,004	3,010,927
17	1700 MEDICAL RECORDS & LIBRARY	-1,551	3,006,123
18	1800 SOCIAL SERVICE	-9,828	1,679,990
18.01	1950 STERILE SUPPLY		1,619,711
20	2000 NONPHYSICIAN ANESTHETISTS		
21	2100 NURSING SCHOOL		
22	2200 I&R SERVICES-SALARY & FRINGES APPRVD	-189,643	603,692
23	2300 I&R SERVICES-OTHER PRGM COSTS APPRVD	-180,346	4,355,840
24	2400 PARAMED ED PRGM	-40,267	169,332
24.01	2401 CLINICAL PASTORAL EDUCATION	-8,136	255,232
24.02	2402 PHARMACY RESIDENCY PROGRAMS	-1,086	432,302
	INPAT ROUTINE SRVC CNTRS		
25	2500 ADULTS & PEDIATRICS	-512,744	20,398,585
26	2600 INTENSIVE CARE UNIT	-16,057	5,441,610
27	2700 CORONARY CARE UNIT		
28	2800 BURN INTENSIVE CARE UNIT		
29	2900 SURGICAL INTENSIVE CARE UNIT		
30	2060 NEONATAL INTENSIVE CARE UNIT	-460	1,603,893
31	3100 SUBPROVIDER	-114,824	2,888,240
33	3300 NURSERY		2,158,941
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	-366,559	14,705,064
38	3800 RECOVERY ROOM	-311	1,300,694
39	3900 DELIVERY ROOM & LABOR ROOM		439,242
40	4000 ANESTHESIOLOGY		
41	4100 RADIOLOGY-DIAGNOSTIC	-329,237	9,981,761
42	4200 RADIOLOGY-THERAPEUTIC	-56,561	1,574,380
43	4300 RADIOISOTOPE		
44	4400 LABORATORY		10,839,233
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	-30,904	2,585,489
50	5000 PHYSICAL THERAPY	-2,940	3,102,221
51	5100 OCCUPATIONAL THERAPY		881,895
52	5200 SPEECH PATHOLOGY	-153	288,068
53	5300 ELECTROCARDIOLOGY	-1,307	821,761
54	5400 ELECTROENCEPHALOGRAPHY		
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS		
55.01	5501 MEDICAL SUPPLIES CHARGED TO PATIENTS		
55.02	5502 MEDICAL SUPPLIES CHARGED TO PATIENTS		
55.03	5503 MEDICAL SUPPLIES CHARGED TO PATIENTS		18,628,924
56	5600 DRUGS CHARGED TO PATIENTS	-22,710	8,580,606
57	5700 RENAL DIALYSIS		1,293,679
58	5800 ASC (NON-DISTINCT PART)		
	OUTPAT SERVICE COST CNTRS		
60	6000 CLINIC	-291,918	930,140
60.01	6001 HEALTHY FAMILY CENTER	-1,041,249	399,138
60.02	6002 SISTER MAURA BRANNICK HEALTH CENTER	-512,801	666,143
60.03	6040 FAMILY MEDICINE CENTER	-28,686	1,335,952
60.04	6003 WND CA	-266	1,570,442
60.05	4950 OUTPATIENT TREATMENT & INFUSION		262,716
60.06	6004 PED CL	-383,906	499,220
61	6100 EMERGENCY	-1,460,843	5,182,449
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)		
	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		



COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS	NET EXPENSES FOR ALLOC
		6	7
	SPEC PURPOSE COST CENTERS		
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	9300 SUBTOTALS	-25,747,620	223,985,414
	NONREIMBURS COST CENTERS		
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN		
96.01	9601 SPORTS MED-ATHLETIC TRAINERS		227,683
96.03	9603 RESEARCH STUDY-CARDIOLOGY		
96.04	9604 CHILD DAY CARE		
96.05	9605 SICK BAY		
96.06	9606 BEAUTY SHOP		
96.07	9607 OUTSIDE LAUNDRY		
96.09	9609 CRIPPLED CHILDREN'S CLINIC		
96.10	9610 OUTREACH SERVICES		1,221,332
96.11	9611 SJRMC, INC		277,336
96.12	9612 ST JOSEPH REG MED CTR-PLY		
96.13	9613 REHAB SUBACUTE		
96.14	9614 UNUSED SPACE		
96.15	9615 ST JOSEPH PHYSICIAN NETWORK		
96.16	9616 OFFSITE CHAPLAINS		
96.17	9617 ST JOSEPH REG MED CTR-MISH		
96.18	9618 VNA		
96.19	9619 OUR LADY OF PEACE (LTAC)		
97	9700 RESEARCH		
98	9800 PHYSICIANS' PRIVATE OFFICES		
98.01	9801 PERINATOLOGIST		323,230
98.02	9802 NEONATOLOGIST		660,988
98.03	9803 HOSPITALIST		4,324,755
99	9900 NONPAID WORKERS		
101	TOTAL	-25,747,620	231,020,738



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	
6.01	NONPATIENT TELEPHONES	0610	NONPATIENT TELEPHONES
6.02	DATA PROCESSING	0620	DATA PROCESSING
6.03	PURCHASING, RECEIVING AND STORES	0630	PURCHASING, RECEIVING AND STORES
6.04	ADMITTING	0640	ADMITTING
6.05	CASHIERING/ACCOUNTS RECEIVABLE	0650	CASHIERING/ACCOUNTS RECEIVABLE
6.06	OTHER ADMINISTRATIVE AND GENERAL	0660	OTHER ADMINISTRATIVE AND GENERAL
7	MAINTENANCE & REPAIRS	0700	
8	OPERATION OF PLANT	0800	
9	LAUNDRY & LINEN SERVICE	0900	
10	HOUSEKEEPING	1000	
11	DIETARY	1100	
12	CAFETERIA	1200	
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	
18.01	STERILE SUPPLY	1950	OTHER GENERAL SERVICE COST CENTERS
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	
24.01	CLINICAL PASTORAL EDUCATION	2401	PARAMED ED PRGM
24.02	PHARMACY RESIDENCY PROGRAMS	2402	PARAMED ED PRGM
	INPAT ROUTINE SRVC C		
25	ADULTS & PEDIATRICS	2500	
26	INTENSIVE CARE UNIT	2600	
27	CORONARY CARE UNIT	2700	
28	BURN INTENSIVE CARE UNIT	2800	
29	SURGICAL INTENSIVE CARE UNIT	2900	
30	NEONATAL INTENSIVE CARE UNIT	2060	NEONATAL INTENSIVE CARE UNIT
31	SUBPROVIDER	3100	
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	
55.01	MEDICAL SUPPLIES CHARGED TO PATIENTS	5501	MEDICAL SUPPLIES CHARGED TO PATIENTS
55.02	MEDICAL SUPPLIES CHARGED TO PATIENTS	5502	MEDICAL SUPPLIES CHARGED TO PATIENTS
55.03	MEDICAL SUPPLIES CHARGED TO PATIENTS	5503	MEDICAL SUPPLIES CHARGED TO PATIENTS
56	DRUGS CHARGED TO PATIENTS	5600	
57	RENAL DIALYSIS	5700	
58	ASC (NON-DISTINCT PART)	5800	
	OUTPAT SERVICE COST		
60	CLINIC	6000	
60.01	HEALTHY FAMILY CENTER	6001	CLINIC
60.02	SISTER MAURA BRANNICK HEALTH CENTER	6002	CLINIC
60.03	FAMILY MEDICINE CENTER	4040	FAMILY PRACTICE
60.04	WND CA	6003	CLINIC
60.05	OUTPATIENT TREATMENT & INFUSION	4950	OTHER OUTPATIENT SERVICE COST CENTER
60.06	PED CL	6004	CLINIC
61	EMERGENCY	6100	
62	OBSERVATION BEDS (NON-DISTINCT PART)	6200	
	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		
86	OTHER ORGAN ACQUISITION	8600	



LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
	SPEC PURPOSE COST CE		
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		OLD CAP REL COSTS-BLDG & FIXT
	NONREIMBURS COST CEN		
96	GIFT, FLOWER, COFFEE SHOP & CANTEEN	9600	
96.01	SPORTS MED-ATHLETIC TRAINERS	9601	GIFT, FLOWER, COFFEE SHOP & CANTEEN
96.03	RESEARCH STUDY-CARDIOLOGY	9603	GIFT, FLOWER, COFFEE SHOP & CANTEEN
96.04	CHILD DAY CARE	9604	GIFT, FLOWER, COFFEE SHOP & CANTEEN
96.05	SICK BAY	9605	GIFT, FLOWER, COFFEE SHOP & CANTEEN
96.06	BEAUTY SHOP	9606	GIFT, FLOWER, COFFEE SHOP & CANTEEN
96.07	OUTSIDE LAUNDRY	9607	GIFT, FLOWER, COFFEE SHOP & CANTEEN
96.09	CRIPPLED CHILDREN'S CLINIC	9609	GIFT, FLOWER, COFFEE SHOP & CANTEEN
96.10	OUTREACH SERVICES	9610	GIFT, FLOWER, COFFEE SHOP & CANTEEN
96.11	SJRCM, INC	9611	GIFT, FLOWER, COFFEE SHOP & CANTEEN
96.12	ST JOSEPH REG MED CTR-PLY	9612	GIFT, FLOWER, COFFEE SHOP & CANTEEN
96.13	REHAB SUBACUTE	9613	GIFT, FLOWER, COFFEE SHOP & CANTEEN
96.14	UNUSED SPACE	9614	GIFT, FLOWER, COFFEE SHOP & CANTEEN
96.15	ST JOSEPH PHYSICIAN NETWORK	9615	GIFT, FLOWER, COFFEE SHOP & CANTEEN
96.16	OFFSITE CHAPLAINS	9616	GIFT, FLOWER, COFFEE SHOP & CANTEEN
96.17	ST JOSEPH REG MED CTR-MISH	9617	GIFT, FLOWER, COFFEE SHOP & CANTEEN
96.18	VNA	9618	GIFT, FLOWER, COFFEE SHOP & CANTEEN
96.19	OUR LADY OF PEACE (LTAC)	9619	GIFT, FLOWER, COFFEE SHOP & CANTEEN
97	RESEARCH	9700	
98	PHYSICIANS' PRIVATE OFFICES	9800	
98.01	PERINATOLOGIST	9801	PHYSICIANS' PRIVATE OFFICES
98.02	NEONATOLOGIST	9802	PHYSICIANS' PRIVATE OFFICES
98.03	HOSPITALIST	9803	PHYSICIANS' PRIVATE OFFICES
99	NONPAID WORKERS	9900	
101	TOTAL		OLD CAP REL COSTS-BLDG & FIXT



RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION	INCREASE				
	CODE (1)	COST CENTER	LINE NO	SALARY	OTHER
	1	2	3	4	5
1 DEPRECIATION RECLASSIFICATIONS	A	NEW CAP REL COSTS-BLDG & FIXT	3		6,767,891
2		NEW CAP REL COSTS-MVBLE EQUIP	4		8,907,633
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1 DEPRECIATION RECLASSIFICATIONS	A				
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1 DEPRECIATION RECLASSIFICATIONS	A				
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RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER 2	INCREASE		SALARY 4	OTHER 5
			LINE NO 3			
7						
8						
9						
10						
11						
12 INTEREST EXPENSE RECLASS	B	NEW CAP REL COSTS-BLDG & FIXT	3			2,494,899
13						
14 CAFETERIA RECLASS #1 & #2	C	CAFETERIA	12	219,853		790,571
15		CAFETERIA	12	155,731		38,466
16 NON-RESIDENT EXPENSE RECLASS	D	I&R SERVICES-OTHER PRGM COSTS APPRVD	23	1,981,259		1,206,628
17 CHAPLAINS CPE EXPENSE RECLASS	E	CLINICAL PASTORAL EDUCATION	24.01	14,331		3,193
18 OBSTETRICS RECLASS TO NURSERY & L&D	F	NURSERY	33	1,188,761		970,180
19		DELIVERY ROOM & LABOR ROOM	39	241,856		197,386
20 PHARMACY RECLASS	G	DRUGS CHARGED TO PATIENTS	56			7,924,565
21 STENTS, IMPLANTS & PROSTH RECLASS	H	MEDICAL SUPPLIES CHARGED TO PATIENTS	55.03			18,443,615
22						
23 PROPERTY INSURANCE RECLASS	I	NEW CAP REL COSTS-BLDG & FIXT	3			158,340
24 SEVERANCE BENEFIT RECLASS	J	EMPLOYEE BENEFITS	5	73,653		
25 PROVIDER-BASED PHYSICIANS RECLASSES	K	I&R SERVICES-OTHER PRGM COSTS APPRVD	23	1,320,742		13,199
26		PARAMED ED PRGM	24			83,687
27		ADULTS & PEDIATRICS	25			52,122
28		ADULTS & PEDIATRICS	25			219,522
29		ADULTS & PEDIATRICS	25			365,833
30		INTENSIVE CARE UNIT	26			46,216
31		OPERATING ROOM	37			23,100
32		RESPIRATORY THERAPY	49			57,723
33		CLINIC	60			37,296
34		CLINIC	60			73,000
35		HEALTHY FAMILY CENTER	60.01			1,620
1 PROVIDER-BASED PHYSICIANS RECLASSES	K	SISTER MAURA BRANNICK HEALTH CENTER	60.02			2,408
2		PED CL	60.06			9,240
3		EMERGENCY	61			125,557
4		I&R SERVICES-OTHER PRGM COSTS APPRVD	23	14,358		
5		OUTREACH SERVICES	96.10			10,425
6 SOUTH BEND MED FOUND CAPITAL COST	L	NEW CAP REL COSTS-MVBLE EQUIP	4			273,335
7 NEGATIVE WKST A NET EXP RECLASS	M	EMPLOYEE BENEFITS	5			312,589
8		CAFETERIA	12			87,498
9		CHILD DAY CARE	96.04			733
10		MEDICAL SUPPLIES CHARGED TO PATIENTS	55			55,374
11 HIGH \$ MED SUPP CHGD TO PTS #2	N	MEDICAL SUPPLIES CHARGED TO PATIENTS	55.03			185,309
36 TOTAL RECLASSIFICATIONS				5,210,544		49,939,153

(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

		----- DECREASE -----				A-7
EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER	LINE NO	SALARY	OTHER	REF
	1	6	7	8	9	10
1 DEPRECIATION RECLASSIFICATIONS	A	ADMITTING	6.04		33,882	10
2		OTHER ADMINISTRATIVE AND GENERAL	6.06		6,051	10
3		MEDICAL RECORDS & LIBRARY	17		38,352	10
4		STERILE SUPPLY	18.01		2,861	10
5		I&R SERVICES-SALARY & FRINGES APPRVD	22		104,672	10
6		ADULTS & PEDIATRICS	25		4,690	10
7		OPERATING ROOM	37		405,573	10
8		RADIOLOGY-DIAGNOSTIC	41		120,640	10
9		RADIOLOGY-THERAPEUTIC	42		264,258	10
10		LABORATORY	44		61,647	10
11		RESPIRATORY THERAPY	49		149,009	10
12		PHYSICAL THERAPY	50		301,143	10
13		OCCUPATIONAL THERAPY	51		41,867	10
14		SPEECH PATHOLOGY	52		17,363	10
15		ELECTROCARDIOLOGY	53		47,921	10
16		MEDICAL SUPPLIES CHARGED TO PATIENTS	55		51,258	10
17		CLINIC	60		25,900	10
18		SISTER MAURA BRANNICK HEALTH CENTER	60.02		37,500	10
19		FAMILY MEDICINE CENTER	60.03		281,796	10
20		WND CA	60.04		57,565	10
21		OUTPATIENT TREATMENT & INFUSION	60.05		30,042	10
22		PED CL	60.06		65,018	10
23		EMERGENCY	61		7,588	10
24		OUTREACH SERVICES	96.10		52,250	10
25		PERINATOLOGIST	98.01		19,555	10
26		ADMITTING	6.04		9,402	14
27		I&R SERVICES-SALARY & FRINGES APPRVD	22		13,030	14
28		RADIOLOGY-DIAGNOSTIC	41		18,697	14
29		LABORATORY	44		26,156	14
30		RESPIRATORY THERAPY	49		36,192	14
31		PHYSICAL THERAPY	50		54,155	14
32		OCCUPATIONAL THERAPY	51		11,618	14
33		SPEECH PATHOLOGY	52		4,818	14
34		ELECTROCARDIOLOGY	53		16,806	14
35		CLINIC	60		7,186	14
1 DEPRECIATION RECLASSIFICATIONS	A	WND CA	60.04		20,188	14
2		OUTPATIENT TREATMENT & INFUSION	60.05		8,335	14
3		PED CL	60.06		15,647	14
4		PERINATOLOGIST	98.01		6,736	14
5		NONPATIENT TELEPHONES	6.01		1,075	9
6		ADMITTING	6.04		12,600	9
7		OTHER ADMINISTRATIVE AND GENERAL	6.06		6,101,949	9
8		OPERATION OF PLANT	8		846,755	9
9		LAUNDRY & LINEN SERVICE	9		2,001	9
10		HOUSEKEEPING	10		7,274	9
11		DIETARY	11		103,666	9
12		NURSING ADMINISTRATION	14		1,803	9
13		CENTRAL SERVICES & SUPPLY	15		12,497	9
14		PHARMACY	16		283,142	9
15		MEDICAL RECORDS & LIBRARY	17		29,012	9
16		SOCIAL SERVICE	18		1,060	9
17		STERILE SUPPLY	18.01		77,136	9
18		I&R SERVICES-SALARY & FRINGES APPRVD	22		14,263	9
19		ADULTS & PEDIATRICS	25		336,502	9
20		INTENSIVE CARE UNIT	26		293,317	9
21		NEONATAL INTENSIVE CARE UNIT	30		28,513	9
22		SUBPROVIDER	31		103,951	9
23		OPERATING ROOM	37		1,312,257	9
24		RECOVERY ROOM	38		581	9
25		RADIOLOGY-DIAGNOSTIC	41		2,378,012	9
26		RADIOLOGY-THERAPEUTIC	42		480,315	9
27		LABORATORY	44		105,880	9
28		RESPIRATORY THERAPY	49		116,556	9
29		PHYSICAL THERAPY	50		19,075	9
30		OCCUPATIONAL THERAPY	51		1,440	9
31		SPEECH PATHOLOGY	52		15,186	9
32		ELECTROCARDIOLOGY	53		94,445	9
33		MEDICAL SUPPLIES CHARGED TO PATIENTS	55		4,116	9
34		DRUGS CHARGED TO PATIENTS	56		3,000	9
35		RENAL DIALYSIS	57		3,933	9
1 DEPRECIATION RECLASSIFICATIONS	A	CLINIC	60		15,236	9
2		HEALTHY FAMILY CENTER	60.01		21,877	9
3		SISTER MAURA BRANNICK HEALTH CENTER	60.02		186,022	9
4		FAMILY MEDICINE CENTER	60.03		25,670	9
5		WND CA	60.04		12,742	9
6		OUTPATIENT TREATMENT & INFUSION	60.05		7,785	9



RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER 1	DECREASE		SALARY 8	OTHER 9	A-7 REF 10
			6	LINE NO 7			
7				60.06		3,319	9
8				61		90,063	9
9				96.04		4,707	9
10				96.11		11,495	9
11				98.01		27,929	9
12 INTEREST EXPENSE RECLASS	B			31		382,248	11
13				6.06		2,112,651	11
14 CAFETERIA RECLASS #1 & #2	C			11	219,853	790,571	
15				11	155,731	38,466	
16 NON-RESIDENT EXPENSE RECLASS	D			22	1,981,259	1,206,628	
17 CHAPLAINS CPE EXPENSE RECLASS	E			6.06	14,331	3,193	
18 OBSTETRICS RECLASS TO NURSERY & L&D	F			25	1,430,617	1,167,566	
19							
20 PHARMACY RECLASS	G			16		7,924,565	
21 STENTS, IMPLANTS & PROSTH RECLASS	H			37		14,103,021	
22				41		4,340,594	
23 PROPERTY INSURANCE RECLASS	I			6.06		158,340	12
24 SEVERANCE BENEFIT RECLASS	J			5		73,653	
25 PROVIDER-BASED PHYSICIANS RECLASSES	K			22	1,320,742	13,199	
26				6.06		83,687	
27				6.06		52,122	
28				6.06		219,522	
29				6.06		365,833	
30				6.06		46,216	
31				6.06		23,100	
32				6.06		57,723	
33				6.06		37,296	
34				6.06		73,000	
35				6.06		1,620	
1 PROVIDER-BASED PHYSICIANS RECLASSES	K			6.06		2,408	
2				6.06		9,240	
3				6.06		125,557	
4				22	14,358		
5				6.06		10,425	
6 SOUTH BEND MED FOUND CAPITAL COST	L			44		273,335	9
7 NEGATIVE WKST A NET EXP RECLASS	M			6.06		312,589	
8				11		87,498	
9				6.06		733	
10				6.06		55,374	
11 HIGH \$ MED SUPP CHGD TO PTS #2	N			55		185,309	
36 TOTAL RECLASSIFICATIONS					5,136,891	50,012,806	

(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:	PERIOD:	PREPARED
150012	FROM 7/ 1/2009	11/29/2010
	TO 6/30/2010	WORKSHEET A-6
		NOT A CMS WORKSHEET

RECLASS CODE: A  
 EXPLANATION : DEPRECIATION RECLASSIFICATIONS

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	6,767,891	ADMITTING	6.04	33,882	
2.00	NEW CAP REL COSTS-MVBLE EQUIP	4	8,907,633	OTHER ADMINISTRATIVE AND GENER	6.06	6,051	
3.00			0	MEDICAL RECORDS & LIBRARY	17	38,352	
4.00			0	STERILE SUPPLY	18.01	2,861	
5.00			0	I&R SERVICES-SALARY & FRINGES	22	104,672	
6.00			0	ADULTS & PEDIATRICS	25	4,690	
7.00			0	OPERATING ROOM	37	405,573	
8.00			0	RADIOLOGY-DIAGNOSTIC	41	120,640	
9.00			0	RADIOLOGY-THERAPEUTIC	42	264,258	
10.00			0	LABORATORY	44	61,647	
11.00			0	RESPIRATORY THERAPY	49	149,009	
12.00			0	PHYSICAL THERAPY	50	301,143	
13.00			0	OCCUPATIONAL THERAPY	51	41,867	
14.00			0	SPEECH PATHOLOGY	52	17,363	
15.00			0	ELECTROCARDIOLOGY	53	47,921	
16.00			0	MEDICAL SUPPLIES CHARGED TO PA	55	51,258	
17.00			0	CLINIC	60	25,900	
18.00			0	SISTER MAURA BRANNICK HEALTH C	60.02	37,500	
19.00			0	FAMILY MEDICINE CENTER	60.03	281,796	
20.00			0	WND CA	60.04	57,565	
21.00			0	OUTPATIENT TREATMENT & INFUSIO	60.05	30,042	
22.00			0	PED CL	60.06	65,018	
23.00			0	EMERGENCY	61	7,588	
24.00			0	OUTREACH SERVICES	96.10	52,250	
25.00			0	PERINATOLOGIST	98.01	19,555	
26.00			0	ADMITTING	6.04	9,402	
27.00			0	I&R SERVICES-SALARY & FRINGES	22	13,030	
28.00			0	RADIOLOGY-DIAGNOSTIC	41	18,697	
29.00			0	LABORATORY	44	26,156	
30.00			0	RESPIRATORY THERAPY	49	36,192	
31.00			0	PHYSICAL THERAPY	50	54,155	
32.00			0	OCCUPATIONAL THERAPY	51	11,618	
33.00			0	SPEECH PATHOLOGY	52	4,818	
34.00			0	ELECTROCARDIOLOGY	53	16,806	
35.00			0	CLINIC	60	7,186	
36.00			0	WND CA	60.04	20,188	
37.00			0	OUTPATIENT TREATMENT & INFUSIO	60.05	8,335	
38.00			0	PED CL	60.06	15,647	
39.00			0	PERINATOLOGIST	98.01	6,736	
40.00			0	NONPATIENT TELEPHONES	6.01	1,075	
41.00			0	ADMITTING	6.04	12,600	
42.00			0	OTHER ADMINISTRATIVE AND GENER	6.06	6,101,949	
43.00			0	OPERATION OF PLANT	8	846,755	
44.00			0	LAUNDRY & LINEN SERVICE	9	2,001	
45.00			0	HOUSEKEEPING	10	7,274	
46.00			0	DIETARY	11	103,666	
47.00			0	NURSING ADMINISTRATION	14	1,803	
48.00			0	CENTRAL SERVICES & SUPPLY	15	12,497	
49.00			0	PHARMACY	16	283,142	
50.00			0	MEDICAL RECORDS & LIBRARY	17	29,012	
51.00			0	SOCIAL SERVICE	18	1,060	
52.00			0	STERILE SUPPLY	18.01	77,136	
53.00			0	I&R SERVICES-SALARY & FRINGES	22	14,263	
54.00			0	ADULTS & PEDIATRICS	25	336,502	
55.00			0	INTENSIVE CARE UNIT	26	293,317	
56.00			0	NEONATAL INTENSIVE CARE UNIT	30	28,513	
57.00			0	SUBPROVIDER	31	103,951	
58.00			0	OPERATING ROOM	37	1,312,257	
59.00			0	RECOVERY ROOM	38	581	
60.00			0	RADIOLOGY-DIAGNOSTIC	41	2,378,012	
61.00			0	RADIOLOGY-THERAPEUTIC	42	480,315	
62.00			0	LABORATORY	44	105,880	
63.00			0	RESPIRATORY THERAPY	49	116,556	
64.00			0	PHYSICAL THERAPY	50	19,075	
65.00			0	OCCUPATIONAL THERAPY	51	1,440	
66.00			0	SPEECH PATHOLOGY	52	15,186	
67.00			0	ELECTROCARDIOLOGY	53	94,445	
68.00			0	MEDICAL SUPPLIES CHARGED TO PA	55	4,116	
69.00			0	DRUGS CHARGED TO PATIENTS	56	3,000	
70.00			0	RENAL DIALYSIS	57	3,933	
71.00			0	CLINIC	60	15,236	
72.00			0	HEALTHY FAMILY CENTER	60.01	21,877	
73.00			0	SISTER MAURA BRANNICK HEALTH C	60.02	186,022	
74.00			0	FAMILY MEDICINE CENTER	60.03	25,670	
75.00			0	WND CA	60.04	12,742	
76.00			0	OUTPATIENT TREATMENT & INFUSIO	60.05	7,785	
77.00			0	PED CL	60.06	3,319	
78.00			0	EMERGENCY	61	90,063	



RECLASSIFICATIONS

PROVIDER NO: 150012

PERIOD: FROM 7/1/2009

PREPARED 11/29/2010

TO 6/30/2010

WORKSHEET A-6

NOT A CMS WORKSHEET

RECLASS CODE: A  
EXPLANATION : DEPRECIATION RECLASSIFICATIONS

INCREASE			
LINE	COST CENTER	LINE	AMOUNT
79.00			0
80.00			0
81.00			0
TOTAL RECLASSIFICATIONS FOR CODE A			15,675,524

DECREASE			
COST CENTER	LINE	AMOUNT	
CHILD DAY CARE	96.04	4,707	
SJRC, INC	96.11	11,495	
PERINATOLOGIST	98.01	27,929	
			15,675,524

RECLASS CODE: B  
EXPLANATION : INTEREST EXPENSE RECLASS

INCREASE			
LINE	COST CENTER	LINE	AMOUNT
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	2,494,899
2.00			0
TOTAL RECLASSIFICATIONS FOR CODE B			2,494,899

DECREASE			
COST CENTER	LINE	AMOUNT	
SUBPROVIDER	31	382,248	
OTHER ADMINISTRATIVE AND GENER	6.06	2,112,651	
			2,494,899

RECLASS CODE: C  
EXPLANATION : CAFETERIA RECLASS #1 & #2

INCREASE			
LINE	COST CENTER	LINE	AMOUNT
1.00	CAFETERIA	12	1,010,424
2.00	CAFETERIA	12	194,197
TOTAL RECLASSIFICATIONS FOR CODE C			1,204,621

DECREASE			
COST CENTER	LINE	AMOUNT	
DIETARY	11	1,010,424	
DIETARY	11	194,197	
			1,204,621

RECLASS CODE: D  
EXPLANATION : NON-RESIDENT EXPENSE RECLASS

INCREASE			
LINE	COST CENTER	LINE	AMOUNT
1.00	I&R SERVICES-OTHER PRGM COSTS	23	3,187,887
TOTAL RECLASSIFICATIONS FOR CODE D			3,187,887

DECREASE			
COST CENTER	LINE	AMOUNT	
I&R SERVICES-SALARY & FRINGES	22	3,187,887	
			3,187,887

RECLASS CODE: E  
EXPLANATION : CHAPLAINS CPE EXPENSE RECLASS

INCREASE			
LINE	COST CENTER	LINE	AMOUNT
1.00	CLINICAL PASTORAL EDUCATION	24.01	17,524
TOTAL RECLASSIFICATIONS FOR CODE E			17,524

DECREASE			
COST CENTER	LINE	AMOUNT	
OTHER ADMINISTRATIVE AND GENER	6.06	17,524	
			17,524

RECLASS CODE: F  
EXPLANATION : OBSTETRICS RECLASS TO NURSERY & L&D

INCREASE			
LINE	COST CENTER	LINE	AMOUNT
1.00	NURSERY	33	2,158,941
2.00	DELIVERY ROOM & LABOR ROOM	39	439,242
TOTAL RECLASSIFICATIONS FOR CODE F			2,598,183

DECREASE			
COST CENTER	LINE	AMOUNT	
ADULTS & PEDIATRICS	25	2,598,183	
			0
			2,598,183

RECLASS CODE: G  
EXPLANATION : PHARMACY RECLASS

INCREASE			
LINE	COST CENTER	LINE	AMOUNT
1.00	DRUGS CHARGED TO PATIENTS	56	7,924,565
TOTAL RECLASSIFICATIONS FOR CODE G			7,924,565

DECREASE			
COST CENTER	LINE	AMOUNT	
PHARMACY	16	7,924,565	
			7,924,565

RECLASS CODE: H  
EXPLANATION : STENTS, IMPLANTS & PROSTH RECLASS

INCREASE			
LINE	COST CENTER	LINE	AMOUNT
1.00	MEDICAL SUPPLIES CHARGED TO PA	55.03	18,443,615
2.00			0
TOTAL RECLASSIFICATIONS FOR CODE H			18,443,615

DECREASE			
COST CENTER	LINE	AMOUNT	
OPERATING ROOM	37	14,103,021	
RADIOLOGY-DIAGNOSTIC	41	4,340,594	
			18,443,615

RECLASS CODE: I  
EXPLANATION : PROPERTY INSURANCE RECLASS

INCREASE			
LINE	COST CENTER	LINE	AMOUNT
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	158,340
TOTAL RECLASSIFICATIONS FOR CODE I			158,340

DECREASE			
COST CENTER	LINE	AMOUNT	
OTHER ADMINISTRATIVE AND GENER	6.06	158,340	
			158,340



RECLASSIFICATIONS

PROVIDER NO:	PERIOD:	PREPARED 11/29/2010
150012	FROM 7/ 1/2009	WORKSHEET A-6
	TO 6/30/2010	NOT A CMS WORKSHEET

RECLASS CODE: J  
EXPLANATION : SEVERANCE BENEFIT RECLASS

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	EMPLOYEE BENEFITS	5	73,653	EMPLOYEE BENEFITS	5	73,653	
TOTAL RECLASSIFICATIONS FOR CODE J			73,653				73,653

RECLASS CODE: K  
EXPLANATION : PROVIDER-BASED PHYSICIANS RECLASSES

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	I&R SERVICES-OTHER PRGM COSTS	23	1,333,941	I&R SERVICES-SALARY & FRINGES	22	1,333,941	
2.00	PARAMED ED PRGM	24	83,687	OTHER ADMINISTRATIVE AND GENER	6.06	83,687	
3.00	ADULTS & PEDIATRICS	25	52,122	OTHER ADMINISTRATIVE AND GENER	6.06	52,122	
4.00	ADULTS & PEDIATRICS	25	219,522	OTHER ADMINISTRATIVE AND GENER	6.06	219,522	
5.00	ADULTS & PEDIATRICS	25	365,833	OTHER ADMINISTRATIVE AND GENER	6.06	365,833	
6.00	INTENSIVE CARE UNIT	26	46,216	OTHER ADMINISTRATIVE AND GENER	6.06	46,216	
7.00	OPERATING ROOM	37	23,100	OTHER ADMINISTRATIVE AND GENER	6.06	23,100	
8.00	RESPIRATORY THERAPY	49	57,723	OTHER ADMINISTRATIVE AND GENER	6.06	57,723	
9.00	CLINIC	60	37,296	OTHER ADMINISTRATIVE AND GENER	6.06	37,296	
10.00	CLINIC	60	73,000	OTHER ADMINISTRATIVE AND GENER	6.06	73,000	
11.00	HEALTHY FAMILY CENTER	60.01	1,620	OTHER ADMINISTRATIVE AND GENER	6.06	1,620	
12.00	SISTER MAURA BRANNICK HEALTH C	60.02	2,408	OTHER ADMINISTRATIVE AND GENER	6.06	2,408	
13.00	PED CL	60.06	9,240	OTHER ADMINISTRATIVE AND GENER	6.06	9,240	
14.00	EMERGENCY	61	125,557	OTHER ADMINISTRATIVE AND GENER	6.06	125,557	
15.00	I&R SERVICES-OTHER PRGM COSTS	23	14,358	I&R SERVICES-SALARY & FRINGES	22	14,358	
16.00	OUTREACH SERVICES	96.10	10,425	OTHER ADMINISTRATIVE AND GENER	6.06	10,425	
TOTAL RECLASSIFICATIONS FOR CODE K			2,456,048				2,456,048

RECLASS CODE: L  
EXPLANATION : SOUTH BEND MED FOUND CAPITAL COST

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CAP REL COSTS-MVBLE EQUIP	4	273,335	LABORATORY	44	273,335	
TOTAL RECLASSIFICATIONS FOR CODE L			273,335				273,335

RECLASS CODE: M  
EXPLANATION : NEGATIVE WKST A NET EXP RECLASS

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	EMPLOYEE BENEFITS	5	312,589	OTHER ADMINISTRATIVE AND GENER	6.06	312,589	
2.00	CAFETERIA	12	87,498	DIETARY	11	87,498	
3.00	CHILD DAY CARE	96.04	733	OTHER ADMINISTRATIVE AND GENER	6.06	733	
4.00	MEDICAL SUPPLIES CHARGED TO PA	55	55,374	OTHER ADMINISTRATIVE AND GENER	6.06	55,374	
TOTAL RECLASSIFICATIONS FOR CODE M			456,194				456,194

RECLASS CODE: N  
EXPLANATION : HIGH \$ MED SUPP CHGD TO PTS #2

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	MEDICAL SUPPLIES CHARGED TO PA	55.03	185,309	MEDICAL SUPPLIES CHARGED TO PA	55	185,309	
TOTAL RECLASSIFICATIONS FOR CODE N			185,309				185,309



PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

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

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

	DESCRIPTION	BEGINNING	ACQUISITIONS		TOTAL	DISPOSALS	ENDING	FULLY
		BALANCES	PURCHASES	DONATION		AND		BALANCE
		1	2	3	4	5	6	7
1	LAND	6,014,150					6,014,150	
2	LAND IMPROVEMENTS							
3	BUILDINGS & FIXTURE	133,118,970	194,068,261		194,068,261	97,199,384	229,987,847	229,987,847
4	BUILDING IMPROVEMEN	364,445	1,309,325		1,309,325	15,346	1,658,424	1,658,424
5	FIXED EQUIPMENT							
6	MOVABLE EQUIPMENT	86,699,821	151,318,381		151,318,381	41,112,869	196,905,333	202,919,483
7	SUBTOTAL	226,197,386	346,695,967		346,695,967	138,327,599	434,565,754	434,565,754
8	RECONCILING ITEMS							
9	TOTAL	226,197,386	346,695,967		346,695,967	138,327,599	434,565,754	434,565,754



PART III - RECONCILIATION OF CAPITAL COST CENTERS

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

*	DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL					OTHER CAPITAL RELATED COST 14	TOTAL (1) 15
		DEPRECIATION 9	LEASE 10	INTEREST 11	INSURANCE 12	TAXES 13		
1	OLD CAP REL COSTS-BL							
2	OLD CAP REL COSTS-MV							
3	NEW CAP REL COSTS-BL		6,767,891		178,380		6,946,271	
4	NEW CAP REL COSTS-MV	8,744,292	8,907,633				17,651,925	
5	TOTAL	8,744,292	15,675,524		178,380		24,598,196	

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

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

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



ADJUSTMENTS TO EXPENSES

DESCRIPTION (1)	(2) BASIS/CODE	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST. A-7 REF. 5
			COST CENTER	LINE NO	
1 INVST INCOME-OLD BLDGS AND FIXTURES			OLD CAP REL COSTS-BLDG &	1	
2 INVESTMENT INCOME-OLD MOVABLE EQUIP			OLD CAP REL COSTS-MVBLE E	2	
3 INVST INCOME-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &	3	
4 INVESTMENT INCOME-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E	4	
5 INVESTMENT INCOME-OTHER	B	-2,494,899	NEW CAP REL COSTS-BLDG &	3	11
6 TRADE, QUANTITY AND TIME DISCOUNTS					
7 REFUNDS AND REBATES OF EXPENSES					
8 RENTAL OF PRVIDER SPACE BY SUPPLIERS					
9 TELEPHONE SERVICES	A	-18,245	NONPATIENT TELEPHONES	6.01	
10 TELEVISION AND RADIO SERVICE	A	-32,390	OPERATION OF PLANT	8	
11 PARKING LOT					
12 PROVIDER BASED PHYSICIAN ADJUSTMENT	A-8-2	-2,819,551			
13 SALE OF SCRAP, WASTE, ETC.					
14 RELATED ORGANIZATION TRANSACTIONS	A-8-1	4,198,884			
15 LAUNDRY AND LINEN SERVICE	B	-167,270	LAUNDRY & LINEN SERVICE	9	
16 CAFETERIA--EMPLOYEES AND GUESTS	B	-1,097,831	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	B	-1,149	MEDICAL RECORDS & LIBRARY	17	
21 NURSG SCHOOL(TUITN,FEES,BOOKS, ETC.)					
22 VENDING MACHINES	B	-11,057	DIETARY	11	
23 INCOME FROM IMPOSITION OF INTEREST					
24 INTRST EXP ON MEDICARE OVERPAYMENTS					
25 ADJUSTMENT FOR RESPIRATORY THERAPY	A-8-3/A-8-4		RESPIRATORY THERAPY	49	
26 ADJUSTMENT FOR PHYSICAL THERAPY	A-8-3/A-8-4		PHYSICAL THERAPY	50	
27 ADJUSTMENT FOR HHA PHYSICAL THERAPY	A-8-3				
28 UTILIZATION REVIEW-PHYSIAN COMP			UTILIZATION REVIEW-SNF	89	
29 DEPRECIATION-OLD BLDGS AND FIXTURES			OLD CAP REL COSTS-BLDG &	1	
30 DEPRECIATION-OLD MOVABLE EQUIP			OLD CAP REL COSTS-MVBLE E	2	
31 DEPRECIATION-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &	3	
32 DEPRECIATION-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E	4	
33 NON-PHYSICIAN ANESTHETIST			NONPHYSICIAN ANESTHETISTS	20	
34 PHYSICIANS' ASSISTANT					
35 ADJUSTMENT FOR OCCUPATIONAL THERAPY	A-8-4		OCCUPATIONAL THERAPY	51	
36 ADJUSTMENT FOR SPEECH PATHOLOGY	A-8-4		SPEECH PATHOLOGY	52	
37 RESTRICTED NET ASSETS RELEASED	B	-139,177	HEALTHY FAMILY CENTER	60.01	
37.01 RESTRICTED NET ASSETS RELEASED	B	-437,190	SISTER MAURA BRANNICK HEA	60.02	
37.02 RESTRICTED NET ASSETS RELEASED	B	-585	FAMILY MEDICINE CENTER	60.03	
37.03 RESTRICTED NET ASSETS RELEASED	B	-2,587	PED CL	60.06	
37.04 RESTRICTED NET ASSETS RELEASED	B	-577	NURSING ADMINISTRATION	14	
37.05 RESTRICTED NET ASSETS RELEASED	B	-1,158	PHARMACY	16	
37.06 RESTRICTED NET ASSETS RELEASED	B	-3,828	SOCIAL SERVICE	18	
37.07 RESTRICTED NET ASSETS RELEASED	B	-36,424	I&R SERVICES-SALARY & FRI	22	
37.08 RESTRICTED NET ASSETS RELEASED	B	-4,440	ADULTS & PEDIATRICS	25	
37.09 RESTRICTED NET ASSETS RELEASED	B	-1,000	OPERATING ROOM	37	
37.10 RESTRICTED NET ASSETS RELEASED	B	-140,341	OTHER ADMINISTRATIVE AND	6.06	
37.11 RESTRICTED NET ASSETS RELEASED	B	-50,000	CLINIC	60	
38 GRANTS	B	-430,018	HEALTHY FAMILY CENTER	60.01	
38.01 GRANTS	B	-75,252	SISTER MAURA BRANNICK HEA	60.02	
38.02 GRANTS	B	-20,483	FAMILY MEDICINE CENTER	60.03	
38.03 GRANTS	B	-94,589	PED CL	60.06	
38.04 GRANTS	B	-553	PHARMACY	16	
38.05 GRANTS	B	-6,000	SOCIAL SERVICE	18	
38.06 GRANTS	B	-132,869	I&R SERVICES-SALARY & FRI	22	
38.07 GRANTS	B	-1,736	RESPIRATORY THERAPY	49	
38.08 GRANTS	B	-130	SPEECH PATHOLOGY	52	
38.09 GRANTS	B	-1,257	CLINIC	60	
38.10 GRANTS	B	-150,209	OPERATION OF PLANT	8	
39 DEPARTMENTAL CHARGES	B	-104,260	DIETARY	11	
39.01 TRIUMPH DIETARY SERVICE REVENUE	B	-155,870	DIETARY	11	
40 PURCHASE DISCOUNTS	B	-347	DIETARY	11	
40.01 PURCHASE DISCOUNTS	B	-3	ADULTS & PEDIATRICS	25	
40.02 PURCHASE DISCOUNTS	B	-4	RADIOLOGY-THERAPEUTIC	42	
40.03 PURCHASE DISCOUNTS	B	-8	LAUNDRY & LINEN SERVICE	9	
41 OTHER REVENUE	B	-3,345	FAMILY MEDICINE CENTER	60.03	
41.01 OTHER REVENUE	B	-85,887	HOUSEKEEPING	10	
41.02 OTHER REVENUE	B	-774	DIETARY	11	
41.03 OTHER REVENUE	B	-1,000	NURSING ADMINISTRATION	14	
41.04 OTHER REVENUE	B	-15,979	I&R SERVICES-OTHER PRGM C	23	
41.05 OTHER REVENUE	B	-1,500	PARAMED ED PRGM	24	
41.06 OTHER REVENUE	B	-8,075	CLINICAL PASTORAL EDUCATI	24.01	
41.07 OTHER REVENUE	B	-5,706	ADULTS & PEDIATRICS	25	
41.08 OTHER REVENUE	B	-4,206	INTENSIVE CARE UNIT	26	
41.09 OTHER REVENUE	B	-460	NEONATAL INTENSIVE CARE U	30	
41.10 OTHER REVENUE	B	-37,717	RADIOLOGY-DIAGNOSTIC	41	
41.11 OTHER REVENUE	B	-48,588	RADIOLOGY-THERAPEUTIC	42	
41.12 OTHER REVENUE	B	-14,953	RESPIRATORY THERAPY	49	
41.13 OTHER REVENUE	B	-2,226	PHYSICAL THERAPY	50	
41.14 OTHER REVENUE	B	-1,187	ELECTROCARDIOLOGY	53	
41.15 OTHER REVENUE	B	-18,188	DRUGS CHARGED TO PATIENTS	56	
41.16 OTHER REVENUE	B	-1,200	NONPATIENT TELEPHONES	6.01	
41.17 OTHER REVENUE	B	-12,812	OTHER ADMINISTRATIVE AND	6.06	
41.18 OTHER REVENUE	B	-52,429	EMERGENCY	61	
41.19 OTHER REVENUE	B	-213	OPERATION OF PLANT	8	
42 PRINTING-SJCF	B	-24	DIETARY	11	
43 EDUCATION REVENUE	B	-3,700	PARAMED ED PRGM	24	
43.01 EDUCATION REVENUE	B	-8,492	ADULTS & PEDIATRICS	25	



DESCRIPTION (1)	(2)		EXPENSE CLASSIFICATION ON		WKST. A-7 REF. 5
	BASIS/CODE	AMOUNT	WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED	COST CENTER	
	1	2	3	4	5
43.02 EDUCATION REVENUE	B	-670	PHYSICAL THERAPY	50	
44 HOUSEKEEPING REVENUE	B	-14,860	HOUSEKEEPING	10	
45 AMBULANCE SUPPLY REVENUE	B	-24,352	EMERGENCY	61	
46 HMR PRODUCT REVENUE	B	-94	DIETARY	11	
47 RENT REVENUE	B	-48	ADULTS & PEDIATRICS	25	
47.01 RENT REVENUE	B	-2,394	RADIOLOGY-DIAGNOSTIC	41	
47.02 RENT REVENUE	B	-7,740	RADIOLOGY-THERAPEUTIC	42	
48 UNRESTRICTED GIFTS	B	-12,250	PED CL	60.06	
49 I U MED ED GRANT	B	-20,350	I&R SERVICES-SALARY & FRI	22	
49.01 NON-ALLOWABLE TRAVEL EXP	A	-154	EMPLOYEE BENEFITS	5	
49.02 NON-ALLOWABLE TRAVEL EXP	A	-3,043	OTHER ADMINISTRATIVE AND	6.06	
49.03 NON-ALLOWABLE TRAVEL EXP	A	-124	NURSING ADMINISTRATION	14	
49.04 NON-ALLOWABLE TRAVEL EXP	A	-293	PHARMACY	16	
49.05 NON-ALLOWABLE TRAVEL EXP	A	-402	MEDICAL RECORDS & LIBRARY	17	
49.06 NON-ALLOWABLE TRAVEL EXP	A	-6,384	I&R SERVICES-OTHER PRGM C	23	
49.07 NON-ALLOWABLE TRAVEL EXP	A	-525	PARAMED ED PRGM	24	
49.08 NON-ALLOWABLE TRAVEL EXP	A	-61	CLINICAL PASTORAL EDUCATI	24.01	
49.09 NON-ALLOWABLE TRAVEL EXP	A	-1,086	PHARMACY RESIDENCY PROGRA	24.02	
49.10 NON-ALLOWABLE TRAVEL EXP	A	-46	ADULTS & PEDIATRICS	25	
49.11 NON-ALLOWABLE TRAVEL EXP	A	-162	INTENSIVE CARE UNIT	26	
49.12 NON-ALLOWABLE TRAVEL EXP	A	-381	SUBPROVIDER	31	
49.13 NON-ALLOWABLE TRAVEL EXP	A	-465	OPERATING ROOM	37	
49.14 NON-ALLOWABLE TRAVEL EXP	A	-311	RECOVERY ROOM	38	
49.15 NON-ALLOWABLE TRAVEL EXP	A	-91	RADIOLOGY-DIAGNOSTIC	41	
49.16 NON-ALLOWABLE TRAVEL EXP	A	-229	RADIOLOGY-THERAPEUTIC	42	
49.17 NON-ALLOWABLE TRAVEL EXP	A	-44	RESPIRATORY THERAPY	49	
49.18 NON-ALLOWABLE TRAVEL EXP	A	-44	PHYSICAL THERAPY	50	
49.19 NON-ALLOWABLE TRAVEL EXP	A	-23	SPEECH PATHOLOGY	52	
49.20 NON-ALLOWABLE TRAVEL EXP	A	-120	ELECTROCARDIOLOGY	53	
49.21 NON-ALLOWABLE TRAVEL EXP	A	-255	HEALTHY FAMILY CENTER	60.01	
49.22 NON-ALLOWABLE TRAVEL EXP	A	-359	SISTER MAURA BRANNICK HEA	60.02	
49.23 NON-ALLOWABLE TRAVEL EXP	A	-2,650	FAMILY MEDICINE CENTER	60.03	
49.24 NON-ALLOWABLE TRAVEL EXP	A	-266	WND CA	60.04	
49.25 NON-ALLOWABLE TRAVEL EXP	A	-449	PED CL	60.06	
49.26 NON-ALLOWABLE TRAVEL EXP	A	-490	EMERGENCY	61	
49.27 PROPERTY TAX EXPENSE	A	-89,148	OPERATION OF PLANT	8	
49.28 PROPERTY TAX EXPENSE	A	-91	CAFETERIA	12	
49.29 PROPERTY TAX EXPENSE	A	-29	CENTRAL SERVICES & SUPPLY	15	
49.30 PROPERTY TAX EXPENSE	A	-4,522	DRUGS CHARGED TO PATIENTS	56	
49.31 PROPERTY TAX EXPENSE	A	-100,437	SUBPROVIDER	31	
49.32 PROPERTY TAX EXPENSE	A	-54,900	OPERATING ROOM	37	
49.33 PROPERTY TAX EXPENSE	A	-7,634	RADIOLOGY-DIAGNOSTIC	41	
49.34 PROPERTY TAX EXPENSE	A	-369	RESPIRATORY THERAPY	49	
49.35 BAD DEBT EXPENSE	A	-19,752,813	OTHER ADMINISTRATIVE AND	6.06	
49.36 BAD DEBT EXPENSE	A	-49,842	CLINIC	60	
49.37 BAD DEBT EXPENSE	A	-67,880	HEALTHY FAMILY CENTER	60.01	
49.38 BAD DEBT EXPENSE	A	-747,539	EMERGENCY	61	
49.39 INTERNATIONAL MEDICINE EXPENSE	A	-3,637	OTHER ADMINISTRATIVE AND	6.06	
49.40 DONATIONS EXPENSE	A	-4,500	PARAMED ED PRGM	24	
49.41					
49.42					
49.43					
49.44					
49.45					
49.46					
49.47					
49.48					
49.49					
49.50					
50 TOTAL (SUM OF LINES 1 THRU 49)		-25,747,620			

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



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

LINE NO.	COST CENTER	EXPENSE ITEMS	AMOUNT OF ALLOWABLE COST	AMOUNT	NET* ADJUSTMENTS	WKSHT A-7 COL. REF.	
1	2	3	4	5	6		
1	6	OTHER ADMINISTRATIVE AND	HO NON CAPITAL COSTS	41,042,969	42,701,089	-1,658,120	
2	5	EMPLOYEE BENEFITS	EMP HEALTH STOP LOSS	435,337	270,220	165,117	
3	5	EMPLOYEE BENEFITS	WORKERS COMP	119,456	425,419	-305,963	
4	3	NEW CAP REL COSTS-BLDG &	PROPERTY INSURANCE	178,380	158,340	20,040	12
4.01	6	OTHER ADMINISTRATIVE AND	MALPRACTICE COSTS	92,848	1,405,729	-1,312,881	
4.02	6	OTHER ADMINISTRATIVE AND	RISK INSURANCE	206,468	312,347	-105,879	
4.03	6	OTHER ADMINISTRATIVE AND	PENSION	4,948,371	5,392,852	-444,481	
4.04	5	EMPLOYEE BENEFITS	RETIREE HEALTH COSTS	48,086	677,992	-629,906	
4.05	4	NEW CAP REL COSTS-MVBLE E	HO CAPITAL COSTS	8,470,957		8,470,957	9
4.07							
5		TOTALS		55,542,872	51,343,988	4,198,884	

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

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

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

SYMBOL (1)	NAME	PERCENTAGE OF OWNERSHIP	RELATED ORGANIZATION(S) NAME	PERCENTAGE OF OWNERSHIP	AND/OR HOME OFFICE TYPE OF BUSINESS
1	2	3	4	5	6
1	G	100.00	TRINITY HEALTH	100.00	HO OF PARENT COMPANY
2	G	100.00	SJPMC-INC	100.00	PARENT COMPANY
3	G	100.00		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.



PROVIDER BASED PHYSICIAN ADJUSTMENTS

LINE NO.	WKSHT A	COST CENTER/ PHYSICIAN IDENTIFIER	TOTAL REMUN- ERATION	PROFES- SIONAL COMPONENT	PROVIDER COMPONENT	RCE AMOUNT	PHYSICIAN/ PROVIDER COMPONENT HOURS	UNADJUSTED RCE LIMIT	5 PERCENT OF UNADJUSTED RCE LIMIT
	1	2	3	4	5	6	7	8	9
1	23	AGGREGATE	1,491,924	157,983	1,333,941	171,400	16,944	1,396,251	69,813
2	24	VALLEY EMERGENCY PHYS - S	83,687		83,687	171,400	651	53,645	2,682
3	25	AGGREGATE	634,178	365,833	268,345	171,400	1,701	140,169	7,008
4	26	AGGREGATE	46,216		46,216	171,400	419	34,527	1,726
5	31	PHYS MED & RHB GRAHAM/DES	100,200		100,200	171,400	1,046	86,194	4,310
6	37	ST JOSEPH VALLEY ANESTH -	326,385	303,285	23,100	204,100	165	16,191	810
7	41	AGGREGATE	281,401	281,401					
8	49	AGGREGATE	57,723		57,723	171,400	533	43,921	2,196
9	60	OB/GYN ASSOCIATES	207,629	170,333	37,296	171,400	204	16,810	841
10	60	1 AGGREGATE	407,050	403,720	3,330	171,400	38	3,131	157
11	60	2 AGGREGATE	23,181		23,181	171,400	291	23,980	1,199
12	60	3 AGGREGATE	1,623	1,623					
13	60	6 AGGREGATE	282,354	269,606	12,748	171,400	101	8,323	416
14	61	AGGREGATE	737,967	591,745	146,222	171,400	1,237	101,934	5,097
15									
16									
17									
18									
19									
20									
21									
22									
23									
24									
25									
26									
27									
28									
29									
30									
101		TOTAL	4,681,518	2,545,529	2,135,989		23,330	1,925,076	96,255



PROVIDER BASED PHYSICIAN ADJUSTMENTS

LINE NO.	WKSHT A	COST CENTER/ PHYSICIAN IDENTIFIER	COST OF MEMBERSHIPS & CONTINUING EDUCATION	PROVIDER COMPONENT SHARE OF	PHYSICIAN COST OF MALPRACTICE INSURANCE	PROVIDER COMPONENT SHARE OF	ADJUSTED RCE LIMIT	RCE DIS- ALLOWANCE	ADJUSTMENT
			COL 12	COL 13	COL 14	COL 15	COL 16	COL 17	COL 18
1	23	AGGREGATE					1,396,251		157,983
2	24	VALLEY EMERGENCY PHYS - S					53,645	30,042	30,042
3	25	AGGREGATE					140,169	128,176	494,009
4	26	AGGREGATE					34,527	11,689	11,689
5	31	PHYS MED & RHB GRAHAM/DES					86,194	14,006	14,006
6	37	ST JOSEPH VALLEY ANESTH -					16,191	6,909	310,194
7	41	AGGREGATE							281,401
8	49	AGGREGATE					43,921	13,802	13,802
9	60	OB/GYN ASSOCIATES					16,810	20,486	190,819
10	60	1 AGGREGATE					3,131	199	403,919
11	60	2 AGGREGATE					23,980		
12	60	3 AGGREGATE							1,623
13	60	6 AGGREGATE					8,323	4,425	274,031
14	61	AGGREGATE					101,934	44,288	636,033
15									
16									
17									
18									
19									
20									
21									
22									
23									
24									
25									
26									
27									
28									
29									
30									
101		TOTAL					1,925,076	274,022	2,819,551



## COST ALLOCATION STATISTICS

I PROVIDER NO: I PERIOD: I PREPARED 11/29/2010  
 I 15-0012 I FROM 7/ 1/2009 I NOT A CMS WORKSHEET  
 I I TO 6/30/2010 I

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	1	SQUARE	FEET	NOT ENTERED
3	NEW CAP REL COSTS-BLDG & FIXT	3	SQUARE	FEET	ENTERED
4	NEW CAP REL COSTS-MVBLE EQUIP	3	SQUARE	FEET	ENTERED
5	EMPLOYEE BENEFITS	S	GROSS	SALARIES	NOT ENTERED
6.01	NONPATIENT TELEPHONES	61	PHONE	EXTENSIONS	ENTERED
6.02	DATA PROCESSING	62			NOT ENTERED
6.03	PURCHASING, RECEIVING AND STORES	63	SUPPLIES	COST	ENTERED
6.04	ADMITTING	C	GROSS	CHARGES	NOT ENTERED
6.05	CASHIERING/ACCOUNTS RECEIVABLE	C	GROSS	CHARGES	NOT ENTERED
6.06	OTHER ADMINISTRATIVE AND GENERAL	#	ACCUM.	COST	NOT ENTERED
7	MAINTENANCE & REPAIRS	3	SQUARE	FEET	ENTERED
8	OPERATION OF PLANT	3	SQUARE	FEET	ENTERED
9	LAUNDRY & LINEN SERVICE	8	POUNDS OF	LAUNDRY	ENTERED
10	HOUSEKEEPING	3	SQUARE	FEET	ENTERED
11	DIETARY	10	MEALS	SERVED	ENTERED
12	CAFETERIA	11	FTE'S		ENTERED
13	MAINTENANCE OF PERSONNEL	12	NUMBER	HOUSED	NOT ENTERED
14	NURSING ADMINISTRATION	13	NURSING	FTE'S	ENTERED
15	CENTRAL SERVICES & SUPPLY	63	SUPPLIES	COST	ENTERED
16	PHARMACY	15	COSTED	REQUIS.	ENTERED
17	MEDICAL RECORDS & LIBRARY	C	GROSS	CHARGES	NOT ENTERED
18	SOCIAL SERVICE	17	TIME	SPENT	ENTERED
18.01	STERILE SUPPLY	49	COSTED	REQ	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	ENTERED
23	I&R SERVICES-OTHER PRGM COSTS APPRVD	20	ASSIGNED	TIME	ENTERED
24	PARAMED ED PRGM	30	PARAMEDIC	TIME	ENTERED
24.01	CLINICAL PASTORAL EDUCATION	40	PASTORAL	RES TIME	ENTERED
24.02	PHARMACY RESIDENCY PROGRAMS	50	PHARMACY	TIME	ENTERED



COST ALLOCATION - GENERAL SERVICE COSTS

COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION	OLD CAP REL C OSTS-BLDG &	OLD CAP REL C OSTS-MVBLE E	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-MVBLE E	EMPLOYEE BENE FITS	NONPATIENT TELEPHONES
	0	1	2	3	4	5	6.01
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &	6,946,271			6,946,271			
005 NEW CAP REL COSTS-MVBLE E	17,651,925				17,651,925		
006 EMPLOYEE BENEFITS				13,152	33,423	46,575	
006 01 NONPATIENT TELEPHONES	374,774			9,393	23,869	184	408,220
006 02 DATA PROCESSING							
006 03 PURCHASING, RECEIVING AND	73,362			47,385	120,416	39	
006 04 ADMITTING	1,664,784			43,973	111,745	713	2,181
006 05 CASHIERING/ACCOUNTS RECEI							
006 06 OTHER ADMINISTRATIVE AND	46,335,277			501,709	1,274,948	1,175	21,811
007 MAINTENANCE & REPAIRS				150,333	382,027		364
008 OPERATION OF PLANT	6,945,048			1,406,682	3,574,682	1,188	10,723
009 LAUNDRY & LINEN SERVICE	1,107,203			56,592	143,812	250	1,818
010 HOUSEKEEPING	3,131,899			121,708	309,286	1,235	4,362
011 DIETARY	2,640,189			86,321	219,360	742	5,453
012 CAFETERIA	194,197			119,748	304,304	235	364
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION	2,611,510			35,797	90,966	1,103	3,453
015 CENTRAL SERVICES & SUPPLY	815,340			38,129	96,894	272	3,999
016 PHARMACY	3,010,927			48,949	124,389	1,606	7,452
017 MEDICAL RECORDS & LIBRARY	3,006,123			47,944	121,835	847	32,898
018 SOCIAL SERVICE	1,679,990			27,359	69,525	737	10,723
018 01 STERILE SUPPLY	1,619,711			99,337	252,436	371	545
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI	603,692					237	
023 I&R SERVICES-OTHER PRGM C	4,355,840			20,200	51,332	2,076	4,544
024 PARAMED ED PRGM	169,332			3,350	8,513	44	182
024 01 CLINICAL PASTORAL EDUCATI	255,232			7,755	19,707	120	182
024 02 PHARMACY RESIDENCY PROGRA	432,302					201	
025 ADULTS & PEDIATRICS	20,398,585			1,173,691	2,982,594	8,808	45,984
026 INTENSIVE CARE UNIT	5,441,610			101,086	256,882	2,412	6,361
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
030 NEONATAL INTENSIVE CARE U	1,603,893			37,571	95,475	746	2,545
031 SUBPROVIDER	2,888,240			53,515	135,992	1,093	7,088
033 NURSERY	2,158,941			3,276	8,324	744	909
034 SKILLED NURSING FACILITY							
035 NURSING FACILITY							
035 01 ICF/MR							
036 OTHER LONG TERM CARE							
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	14,705,064			600,277	1,525,429	3,529	37,441
038 RECOVERY ROOM	1,300,694			33,315	84,660	564	2,181
039 DELIVERY ROOM & LABOR ROO	439,242			4,405	11,193	151	
040 ANESTHESIOLOGY							
041 RADIOLOGY-DIAGNOSTIC	9,981,761			445,142	1,131,199	3,142	28,717
042 RADIOLOGY-THERAPEUTIC	1,574,380					603	11,269
043 RADIOISOTOPE							
044 LABORATORY	10,839,233			67,536	171,622		3,999
045 PBP CLINICAL LAB SERVICES							
046 WHOLE BLOOD & PACKED RED							
047 BLOOD STORING, PROCESSING							
048 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY	2,585,489			36,293	92,228	916	4,907
050 PHYSICAL THERAPY	3,102,221			141,275	359,010	1,415	5,271
051 OCCUPATIONAL THERAPY	881,895			31,789	80,782	393	4,362
052 SPEECH PATHOLOGY	288,068			23,079	58,647	136	3,453
053 ELECTROCARDIOLOGY	821,761			49,098	124,767	385	6,907
054 ELECTROENCEPHALOGRAPHY							
055 MEDICAL SUPPLIES CHARGED							
055 01 MEDICAL SUPPLIES CHARGED							
055 02 MEDICAL SUPPLIES CHARGED							
055 03 MEDICAL SUPPLIES CHARGED	18,628,924						
056 DRUGS CHARGED TO PATIENTS	8,580,606			3,735	9,491	187	1,272
057 RENAL DIALYSIS	1,293,679			24,927	63,345		1,272
058 ASC (NON-DISTINCT PART)							
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC	930,140			33,042	83,967	398	909
060 01 HEALTHY FAMILY CENTER	399,138			74,099	188,302	583	
060 02 SISTER MAURA BRANNICK HEA	666,143					480	182
060 03 FAMILY MEDICINE CENTER	1,335,952					455	11,451
060 04 WND CA	1,570,442					239	1,091
060 05 OUTPATIENT TREATMENT & IN	262,716			61,022	155,069	108	2,545
060 06 PED CL	499,220			18,748	47,643	249	545
061 EMERGENCY	5,182,449			208,315	529,371	2,218	13,813
062 OBSERVATION BEDS (NON-DIS							
064 OTHER REIMBURS COST CNTRS							
065 HOME PROGRAM DIALYSIS							
066 AMBULANCE SERVICES							
066 DURABLE MEDICAL EQUIP-REN							
067 DURABLE MEDICAL EQUIP-SOL							
069 CORF							
070 I&R SERVICES-NOT APPRVD P							
071 HOME HEALTH AGENCY							



COST ALLOCATION - GENERAL SERVICE COSTS

COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION	OLD CAP REL C OSTS-BLDG &	OLD CAP REL C OSTS-MVBLE E	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-MVBLE E	EMPLOYEE BENE FITS	NONPATIENT TELEPHONES
	0	1	2	3	4	5	6.01
OTHER REIMBURS COST CNTRS SPEC PURPOSE COST CENTERS							
086 OTHER ORGAN ACQUISITION							
092 AMBULATORY SURGICAL CENTE							
093 HOSPICE							
095 SUBTOTALS	223,985,414			6,111,052	15,529,461	43,329	315,528
NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP				16,403	41,684		727
096 01 SPORTS MED-ATHLETIC TRAIN	227,683					114	
096 03 RESEARCH STUDY-CARDIOLOGY							
096 04 CHILD DAY CARE							
096 05 SICK BAY				1,191	3,027		
096 06 BEAUTY SHOP							
096 07 OUTSIDE LAUNDRY							
096 09 CRIPPLED CHILDREN'S CLINI							
096 10 OUTREACH SERVICES	1,221,332					530	364
096 11 SJRMC, INC	277,336			66,320	168,532	79	82,877
096 12 ST JOSEPH REG MED CTR-PLY							
096 13 REHAB SUBACUTE							
096 14 UNUSED SPACE				653,767	1,661,358		
096 15 ST JOSEPH PHYSICIAN NETWO							
096 16 OFFSITE CHAPLAINS							
096 17 ST JOSEPH REG MED CTR-MIS							6,725
096 18 VNA							
096 19 OUR LADY OF PEACE (LTAC)				93,642	237,963		
097 RESEARCH							
098 PHYSICIANS' PRIVATE OFFIC				3,214	8,166		1,999
098 01 PERINATOLOGIST	323,230			682	1,734	151	
098 02 NEONATOLOGIST	660,988					327	
098 03 HOSPITALIST	4,324,755					2,045	
099 NONPAID WORKERS							
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	231,020,738			6,946,271	17,651,925	46,575	408,220



COST ALLOCATION - GENERAL SERVICE COSTS

COST CENTER DESCRIPTION	DATA PROCESSING	PURCHASING, RECEIVING AND	ADMITTING	CASHIERING/AC COUNTS RECEI	SUBTOTAL	OTHER ADMINIS TRATIVE AND	MAINTENANCE & REPAIRS
	6.02	6.03	6.04	6.05	6a.05	6.06	7
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS							
006 01 NONPATIENT TELEPHONES							
006 02 DATA PROCESSING							
006 03 PURCHASING, RECEIVING AND		241,202					
006 04 ADMITTING		528	1,823,924				
006 05 CASHIERING/ACCOUNTS RECEI							
006 06 OTHER ADMINISTRATIVE AND		1,158			48,136,078	48,136,078	
007 MAINTENANCE & REPAIRS					532,724	140,216	672,940
008 OPERATION OF PLANT		2,994			11,941,317	3,143,014	153,165
009 LAUNDRY & LINEN SERVICE		264			1,309,939	344,782	6,162
010 HOUSEKEEPING		1,431			3,569,921	939,621	13,252
011 DIETARY		7,793			2,959,858	779,049	9,399
012 CAFETERIA		3,149			621,997	163,713	13,039
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION		56			2,742,885	721,941	3,898
015 CENTRAL SERVICES & SUPPLY		70			954,704	251,283	4,152
016 PHARMACY		1,022			3,194,345	840,768	5,330
017 MEDICAL RECORDS & LIBRARY		103			3,209,750	844,822	5,220
018 SOCIAL SERVICE		14			1,788,348	470,702	2,979
018 01 STERILE SUPPLY		4,218			1,976,618	520,256	10,816
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI					603,929	158,957	
023 I&R SERVICES-OTHER PRGM C		665			4,434,657	1,167,224	2,199
024 PARAMED ED PRGM		153			181,574	47,791	365
024 01 CLINICAL PASTORAL EDUCATI		4			283,000	74,487	844
024 02 PHARMACY RESIDENCY PROGRA		19			432,522	113,842	
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS		7,494	237,635		24,854,791	6,541,833	127,796
026 INTENSIVE CARE UNIT		2,567	38,141		5,849,059	1,539,502	11,007
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
030 NEONATAL INTENSIVE CARE U		432	11,620		1,752,282	461,209	4,091
031 SUBPROVIDER		408	19,002		3,105,338	817,340	5,827
033 NURSERY		1,068			2,173,262	572,013	357
034 SKILLED NURSING FACILITY							
035 NURSING FACILITY							
035 01 ICF/MR							
036 OTHER LONG TERM CARE							
036 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM		132,833	318,668		17,323,241	4,559,564	65,361
038 RECOVERY ROOM		933	35,295		1,457,642	383,659	3,627
039 DELIVERY ROOM & LABOR ROO		208	15,204		470,403	123,812	480
040 ANESTHESIOLOGY							
041 RADIOLOGY-DIAGNOSTIC		47,664	333,835		11,971,460	3,150,948	48,469
042 RADIOLOGY-THERAPEUTIC		233	36,145		1,622,630	427,084	
043 RADIOISOTOPE							
044 LABORATORY		10,360	159,625		11,252,375	2,961,681	7,354
045 PBP CLINICAL LAB SERVICES							
046 WHOLE BLOOD & PACKED RED							
047 BLOOD STORING, PROCESSING							
048 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY		1,546	35,542		2,756,921	725,635	3,952
050 PHYSICAL THERAPY		454	35,046		3,644,692	959,301	15,383
051 OCCUPATIONAL THERAPY		272	11,530		1,011,023	266,106	3,461
052 SPEECH PATHOLOGY		27	4,980		378,390	99,594	2,513
053 ELECTROCARDIOLOGY		198	38,168		1,041,284	274,071	5,346
054 ELECTROENCEPHALOGRAPHY							
055 MEDICAL SUPPLIES CHARGED							
055 01 MEDICAL SUPPLIES CHARGED							
055 02 MEDICAL SUPPLIES CHARGED							
055 03 MEDICAL SUPPLIES CHARGED		1,710	180,738		18,811,372	4,951,247	
056 DRUGS CHARGED TO PATIENTS		1,876	175,354		8,772,521	2,308,971	407
057 RENAL DIALYSIS		748	6,741		1,390,712	366,042	2,714
058 ASC (NON-DISTINCT PART)							
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC		70	4,790		1,053,316	277,238	3,598
060 01 HEALTHY FAMILY CENTER		137	4,693		666,952	175,545	8,068
060 02 SISTER MAURA BRANNICK HEA		181	1,983		668,969	176,076	
060 03 FAMILY MEDICINE CENTER		453	9,993		1,358,304	357,512	
060 04 WND CA		1,322	15,611		1,804,796	475,031	6,644
060 05 OUTPATIENT TREATMENT & IN		296	3,229		335,285	88,249	2,041
060 06 PED CL		76	1,578		501,668	132,042	
061 EMERGENCY		3,263	88,778		6,028,207	1,586,654	22,682
062 OBSERVATION BEDS (NON-DIS							
062 OTHER REIMBURS COST CNTRS							
064 HOME PROGRAM DIALYSIS							
065 AMBULANCE SERVICES							
066 DURABLE MEDICAL EQUIP-REN							
067 DURABLE MEDICAL EQUIP-SOL							
069 CORF							
070 I&R SERVICES-NOT APPRVD P							
071 HOME HEALTH AGENCY							



COST CENTER DESCRIPTION	DATA PROCESSING	PURCHASING, RECEIVING AND	ADMITTING	CASHIERING/AC COUNTS RECEI	SUBTOTAL	OTHER ADMINISTRATIVE AND	MAINTENANCE & REPAIRS
	6.02	6.03	6.04	6.05	6a.05	6.06	7
086 OTHER REIMBURS COST CNTRS							
092 SPEC PURPOSE COST CENTERS							
093 OTHER ORGAN ACQUISITION							
095 AMBULATORY SURGICAL CENTE							
HOSPICE							
SUBTOTALS		240,470	1,823,924		220,931,061	45,480,427	581,998
NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP					58,814	15,480	1,786
096 01 SPORTS MED-ATHLETIC TRAIN					227,797	59,957	
096 03 RESEARCH STUDY-CARDIOLOGY							
096 04 CHILD DAY CARE							
096 05 SICK BAY					4,218	1,110	130
096 06 BEAUTY SHOP							
096 07 OUTSIDE LAUNDRY							
096 09 CRIPPLED CHILDREN'S CLINI							
096 10 OUTREACH SERVICES		123			1,222,349	321,728	
096 11 SJRMC, INC		583			595,727	156,798	7,221
096 12 ST JOSEPH REG MED CTR-PLY							
096 13 REHAB SUBACUTE							
096 14 UNUSED SPACE					2,315,125	609,352	71,185
096 15 ST JOSEPH PHYSICIAN NETWO							
096 16 OFFSITE CHAPLAINS							
096 17 ST JOSEPH REG MED CTR-MIS					6,725	1,770	
096 18 VNA							
096 19 OUR LADY OF PEACE (LTAC)					331,605	87,280	10,196
097 RESEARCH							
098 PHYSICIANS' PRIVATE OFFIC					13,379	3,521	350
098 01 PERINATOLOGIST		17			325,814	85,756	74
098 02 NEONATOLOGIST					661,315	174,061	
098 03 HOSPITALIST		9			4,326,809	1,138,838	
099 NONPAID WORKERS							
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL		241,202	1,823,924		231,020,738	48,136,078	672,940



COST CENTER DESCRIPTION	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	MAINTENANCE O F PERSONNEL	NURSING ADMINISTRATION
	8	9	10	11	12	13	14
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
006 01 NONPATIENT TELEPHONES							
006 02 DATA PROCESSING							
006 03 PURCHASING, RECEIVING AND							
006 04 ADMITTING							
006 05 CASHIERING/ACCOUNTS RECEI							
006 06 OTHER ADMINISTRATIVE AND							
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT	15,237,496						
009 LAUNDRY & LINEN SERVICE	180,642	1,841,525					
010 HOUSEKEEPING	388,493		4,911,287				
011 DIETARY	275,537		92,256	4,116,099			
012 CAFETERIA	382,235		127,981		1,308,965		
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION	114,263		38,258		37,510		3,658,755
015 CENTRAL SERVICES & SUPPLY	121,709		40,751		16,815		
016 PHARMACY	156,245		52,314		43,977		
017 MEDICAL RECORDS & LIBRARY	153,037		51,240		43,977		
018 SOCIAL SERVICE	87,331		29,240		25,869		
018 01 STERILE SUPPLY	317,084	78,402	106,167		23,282		
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C	64,478		21,589		62,085		
024 PARAMED ED PRGM	10,694		3,580		1,293		
024 01 CLINICAL PASTORAL EDUCATI	24,754		8,288		6,467		
024 02 PHARMACY RESIDENCY PROGRA					6,467		
025 ADULTS & PEDIATRICS	3,746,430	839,552	1,254,388	2,726,201	355,697		1,519,878
026 INTENSIVE CARE UNIT	322,668	103,671	108,036	295,377	77,607		331,609
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
030 NEONATAL INTENSIVE CARE U	119,926		40,154		21,989		93,956
031 SUBPROVIDER	170,820	124,269	57,194	394,392	42,684		182,385
033 NURSERY	10,456	63,534	3,501		27,162		116,063
034 SKILLED NURSING FACILITY							
035 NURSING FACILITY							
035 01 ICF/MR							
036 OTHER LONG TERM CARE							
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	1,916,089	174,573	641,548	9,146	126,757		541,628
038 RECOVERY ROOM	106,342	29,451	35,605	1,874	18,108		77,375
039 DELIVERY ROOM & LABOR ROO	14,060	9,697	4,708		5,174		22,107
040 ANESTHESIOLOGY							
041 RADIOLOGY-DIAGNOSTIC	1,420,897	97,791	475,747		108,649		
042 RADIOLOGY-THERAPEUTIC		16,153			16,815		
043 RADIOISOTOPE							
044 LABORATORY	215,574	46	72,179				
045 PBP CLINICAL LAB SERVICES							
046 WHOLE BLOOD & PACKED RED							
047 BLOOD STORING, PROCESSING							
048 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY	115,847		38,788		33,630		
050 PHYSICAL THERAPY	450,952	15,184	150,988		45,271		
051 OCCUPATIONAL THERAPY	101,470	10,489	33,974		12,934		
052 SPEECH PATHOLOGY	73,667		24,665		5,174		
053 ELECTROCARDIOLOGY	156,720	2,719	52,473		15,521		
054 ELECTROENCEPHALOGRAPHY							
055 MEDICAL SUPPLIES CHARGED							
055 01 MEDICAL SUPPLIES CHARGED							
055 02 MEDICAL SUPPLIES CHARGED							
055 03 MEDICAL SUPPLIES CHARGED							
056 DRUGS CHARGED TO PATIENTS	11,921		3,992		5,174		
057 RENAL DIALYSIS	79,568	4,124	26,641				
058 ASC (NON-DISTINCT PART)							
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC	105,470		35,314				60,795
060 01 HEALTHY FAMILY CENTER	236,526		79,194				88,429
060 02 SISTER MAURA BRANNICK HEA		1,294					77,375
060 03 FAMILY MEDICINE CENTER		5,990					110,536
060 04 WND CA	194,781		65,217		10,348		44,215
060 05 OUTPATIENT TREATMENT & IN	59,844	1,734	20,037		3,880		16,580
060 06 PED CL				7,848	9,054		38,688
061 EMERGENCY	664,942	249,819	222,637	249,484	78,900		337,136
062 OBSERVATION BEDS (NON-DIS							
OTHER REIMBURS COST CNTRS							
064 HOME PROGRAM DIALYSIS							
065 AMBULANCE SERVICES							
066 DURABLE MEDICAL EQUIP-REN							
067 DURABLE MEDICAL EQUIP-SOL							
069 CORF							
070 I&R SERVICES-NOT APPRVD P							
071 HOME HEALTH AGENCY							



COST CENTER DESCRIPTION	OPERATION OF PLANT	LAUNDRY & LIN EN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	MAINTENANCE O F PERSONNEL	NURSING ADMIN ISTRATION
	8	9	10	11	12	13	14
086 OTHER REIMBURS COST CNTRS							
092 SPEC PURPOSE COST CENTERS							
093 OTHER ORGAN ACQUISITION							
095 AMBULATORY SURGICAL CENTE HOSPICE							
SUBTOTALS	12,571,472	1,828,492	4,018,644	3,684,322	1,288,270		3,658,755
NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP	52,359		17,531				
096 01 SPORTS MED-ATHLETIC TRAIN							
096 03 RESEARCH STUDY-CARDIOLOGY							
096 04 CHILD DAY CARE							
096 05 SICK BAY	3,802		1,273				
096 06 BEAUTY SHOP							
096 07 OUTSIDE LAUNDRY		619					
096 09 CRIPPLED CHILDREN'S CLINI							
096 10 OUTREACH SERVICES							
096 11 SJRMC, INC	211,693		70,879		3,880		
096 12 ST JOSEPH REG MED CTR-PLY							
096 13 REHAB SUBACUTE							
096 14 UNUSED SPACE	2,086,829		698,716				
096 15 ST JOSEPH PHYSICIAN NETWO							
096 16 OFFSITE CHAPLAINS							
096 17 ST JOSEPH REG MED CTR-MIS							
096 18 VNA							
096 19 OUR LADY OF PEACE (LTAC)	298,905		100,080	431,777			
097 RESEARCH							
098 PHYSICIANS' PRIVATE OFFIC	10,258	12,414	3,435				
098 01 PERINATOLOGIST	2,178		729				
098 02 NEONATOLOGIST					2,587		
098 03 HOSPITALIST					14,228		
099 NONPAID WORKERS							
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	15,237,496	1,841,525	4,911,287	4,116,099	1,308,965		3,658,755



COST CENTER DESCRIPTION	CENTRAL SERVI	PHARMACY	MEDICAL RECOR	SOCIAL SERVIC	STERILE SUPPL	NONPHYSICIAN	NURSING SCHO
	CES & SUPPLY		DS & LIBRARY	E	Y	ANESTHETISTS	L
	15	16	17	18	18.01	20	21
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
006 01 NONPATIENT TELEPHONES							
006 02 DATA PROCESSING							
006 03 PURCHASING, RECEIVING AND							
006 04 ADMITTING							
006 05 CASHIERING/ACCOUNTS RECEI							
006 06 OTHER ADMINISTRATIVE AND							
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
011 DIETARY							
012 CAFETERIA							
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION							
015 CENTRAL SERVICES & SUPPLY	1,389,414						
016 PHARMACY	6,347	4,299,326					
017 MEDICAL RECORDS & LIBRARY	642		4,308,688				
018 SOCIAL SERVICE	85	6,971		2,411,525			
018 01 STERILE SUPPLY	26,193	167			3,058,985		
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C	4,128	1,176					
024 PARAMED ED PRGM	951						
024 01 CLINICAL PASTORAL EDUCATI	23						
024 02 PHARMACY RESIDENCY PROGRA	115						
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	46,535	2,013	561,424	2,005,737	42,965		
026 INTENSIVE CARE UNIT	15,941	81	90,109	298,882	6,911		
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
030 NEONATAL INTENSIVE CARE U	2,682	434	27,454	16,832	1,998		
031 SUBPROVIDER	2,534	108	44,893		4,829		
033 NURSERY	6,631	1,272			1,998		
034 SKILLED NURSING FACILITY							
035 NURSING FACILITY							
035 01 ICF/MR							
036 OTHER LONG TERM CARE							
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	824,799	5,974	752,869	22,291	2,908,443		
038 RECOVERY ROOM	5,791		83,387		3,414		
039 DELIVERY ROOM & LABOR ROO	1,289	247	35,920		3,164		
040 ANESTHESIOLOGY							
041 RADIOLOGY-DIAGNOSTIC	295,972	275,641	788,275		22,148		
042 RADIOLOGY-THERAPEUTIC	1,446	495	85,393		250		
043 RADIOISOTOPE							
044 LABORATORY	64,333		377,124		19,068		
045 PBP CLINICAL LAB SERVICES							
046 WHOLE BLOOD & PACKED RED							
047 BLOOD STORING, PROCESSING							
048 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY	9,599	103	83,969		3,997		
050 PHYSICAL THERAPY	2,820	309	82,799		2,498		
051 OCCUPATIONAL THERAPY	1,689	114	27,241		1,832		
052 SPEECH PATHOLOGY	167		11,766		833		
053 ELECTROCARDIOLOGY	1,231	282	90,174		3,997		
054 ELECTROENCEPHALOGRAPHY							
055 MEDICAL SUPPLIES CHARGED							
055 01 MEDICAL SUPPLIES CHARGED							
055 02 MEDICAL SUPPLIES CHARGED							
055 03 MEDICAL SUPPLIES CHARGED	10,621		427,004				
056 DRUGS CHARGED TO PATIENTS	11,651	3,907,365	414,284		24,979		
057 RENAL DIALYSIS	4,646	536	15,925		749		
058 ASC (NON-DISTINCT PART)							
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC	436	426	11,316		83		
060 01 HEALTHY FAMILY CENTER	848	6,633	11,087				
060 02 SISTER MAURA BRANNICK HEA	1,124	31,580	4,686				
060 03 FAMILY MEDICINE CENTER	2,812	46,557	23,610	10,008			
060 04 WND CA	8,212	5,026	36,881				
060 05 OUTPATIENT TREATMENT & IN	1,840	109	7,629	1,820			
060 06 PED CL	473	704	3,727	47,766			
061 EMERGENCY	20,265	40	209,742		4,829		
062 OBSERVATION BEDS (NON-DIS							
064 OTHER REIMBURS COST CNTRS							
064 HOME PROGRAM DIALYSIS							
065 AMBULANCE SERVICES							
066 DURABLE MEDICAL EQUIP-REN							
067 DURABLE MEDICAL EQUIP-SOL							
069 CORF							
070 I&R SERVICES-NOT APPRVD P							
071 HOME HEALTH AGENCY							



COST CENTER DESCRIPTION	CENTRAL SERVI CES & SUPPLY	PHARMACY	MEDICAL RECOR DS & LIBRARY	SOCIAL SERVIC E	STERILE SUPPL Y	NONPHYSICIAN ANESTHETISTS	NURSING SCHOO L
	15	16	17	18	18.01	20	21
OTHER REIMBURS COST CNTRS							
SPEC PURPOSE COST CENTERS							
086 OTHER ORGAN ACQUISITION							
092 AMBULATORY SURGICAL CENTE							
093 HOSPICE							
095 SUBTOTALS	1,384,871	4,294,363	4,308,688	2,403,336	3,058,985		
NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP							
096 01 SPORTS MED-ATHLETIC TRAIN							
096 03 RESEARCH STUDY-CARDIOLOGY							
096 04 CHILD DAY CARE							
096 05 SICK BAY							
096 06 BEAUTY SHOP							
096 07 OUTSIDE LAUNDRY							
096 09 CRIPPLED CHILDREN'S CLINI							
096 10 OUTREACH SERVICES	766	4,947					
096 11 SJRMC, INC	3,618						
096 12 ST JOSEPH REG MED CTR-PLY							
096 13 REHAB SUBACUTE							
096 14 UNUSED SPACE							
096 15 ST JOSEPH PHYSICIAN NETWO							
096 16 OFFSITE CHAPLAINS							
096 17 ST JOSEPH REG MED CTR-MIS							
096 18 VNA							
096 19 OUR LADY OF PEACE (LTAC)				8,189			
097 RESEARCH							
098 PHYSICIANS' PRIVATE OFFIC							
098 01 PERINATOLOGIST	103	16					
098 02 NEONATOLOGIST							
098 03 HOSPITALIST	56						
099 NONPAID WORKERS							
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	1,389,414	4,299,326	4,308,688	2,411,525	3,058,985		



COST ALLOCATION - GENERAL SERVICE COSTS

COST CENTER DESCRIPTION	I&R SERVICES- SALARY & FRI	I&R SERVICES- OTHER PRGM C	PARAMED ED PR GM	CLINICAL ORAL EDUCATI	PAST PHARMACY RESI DENCY PROGRA	SUBTOTAL	I&R COST POST STEP-DOWN ADJ
	22	23	24	24.01	24.02	25	26
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
006 01 NONPATIENT TELEPHONES							
006 02 DATA PROCESSING							
006 03 PURCHASING, RECEIVING AND							
006 04 ADMITTING							
006 05 CASHIERING/ACCOUNTS RECEI							
006 06 OTHER ADMINISTRATIVE AND							
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
011 DIETARY							
012 CAFETERIA							
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION							
015 CENTRAL SERVICES & SUPPLY							
016 PHARMACY							
017 MEDICAL RECORDS & LIBRARY							
018 SOCIAL SERVICE							
018 01 STERILE SUPPLY							
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI	762,886						
023 I&R SERVICES-OTHER PRGM C		5,757,536					
024 PARAMED ED PRGM			246,248				
024 01 CLINICAL PASTORAL EDUCATI				397,863			
024 02 PHARMACY RESIDENCY PROGRA					552,946		
025 ADULTS & PEDIATRICS	297,226	2,243,196		208,048	406,391	47,780,101	-2,540,422
026 INTENSIVE CARE UNIT	31,374	236,782		88,942	53,236	9,460,794	-268,156
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
030 NEONATAL INTENSIVE CARE U	9,908	74,773		4,268	14,904	2,646,860	-84,681
031 SUBPROVIDER	46,236	348,942		15,422	49,641	5,412,854	-395,178
033 NURSERY	23,118	174,471		97	28,774	3,202,709	-197,589
034 SKILLED NURSING FACILITY							
035 NURSING FACILITY							
035 01 ICF/MR							
036 OTHER LONG TERM CARE							
037 ANCILLARY SRVC COST CNTRS							
038 OPERATING ROOM	72,656	548,337		44,811		30,538,087	-620,993
039 RECOVERY ROOM						2,206,275	
040 DELIVERY ROOM & LABOR ROO	3,303	24,924				719,288	-28,227
041 ANESTHESIOLOGY							
042 RADIOLOGY-DIAGNOSTIC	31,374	236,782				18,924,153	-268,156
043 RADIOLOGY-THERAPEUTIC						2,170,266	
044 RADIOISOTOPE							
044 LABORATORY						14,969,734	
045 PBP CLINICAL LAB SERVICES							
046 WHOLE BLOOD & PACKED RED							
047 BLOOD STORING, PROCESSING							
048 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY	3,303	24,924				3,800,668	-28,227
050 PHYSICAL THERAPY						5,370,197	
051 OCCUPATIONAL THERAPY						1,470,333	
052 SPEECH PATHOLOGY						596,769	
053 ELECTROCARDIOLOGY	34,677	261,706				1,940,201	-296,383
054 ELECTROENCEPHALOGRAPHY							
055 MEDICAL SUPPLIES CHARGED							
055 01 MEDICAL SUPPLIES CHARGED							
055 02 MEDICAL SUPPLIES CHARGED							
055 03 MEDICAL SUPPLIES CHARGED						24,200,244	
056 DRUGS CHARGED TO PATIENTS						15,461,265	
057 RENAL DIALYSIS	3,303	24,924				1,919,884	-28,227
058 ASC (NON-DISTINCT PART)							
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC						1,547,992	
060 01 HEALTHY FAMILY CENTER						1,273,282	
060 02 SISTER MAURA BRANNICK HEA						961,104	
060 03 FAMILY MEDICINE CENTER	130,450	984,514				3,030,293	-1,114,964
060 04 WND CA						2,651,151	
060 05 OUTPATIENT TREATMENT & IN						539,048	
060 06 PED CL						777,469	
061 EMERGENCY	75,958	573,261	246,248		35,499	10,570,804	-649,219
062 OBSERVATION BEDS (NON-DIS							
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							



COST CENTER DESCRIPTION	I&R SERVICES- SALARY & FRI	I&R SERVICES- OTHER PRGM	PARAMED ED PR GM	CLINICAL ORAL EDUCATI	PAST PHARMACY DENCY PROGRA	RESI SUBTOTAL	I&R COST POST STEP-DOWN ADJ 26
	22	23	24	24.01	24.02	25	
OTHER REIMBURS COST CNTRS SPEC PURPOSE COST CENTERS							
086 OTHER ORGAN ACQUISITION							
092 AMBULATORY SURGICAL CENTE							
093 HOSPICE							
095 SUBTOTALS	762,886	5,757,536	246,248	397,087	552,946	214,141,825	-6,520,422
NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP						145,970	
096 01 SPORTS MED-ATHLETIC TRAIN						287,754	
096 03 RESEARCH STUDY-CARDIOLOGY							
096 04 CHILD DAY CARE							
096 05 SICK BAY						10,533	
096 06 BEAUTY SHOP							
096 07 OUTSIDE LAUNDRY						619	
096 09 CRIPPLED CHILDREN'S CLINI							
096 10 OUTREACH SERVICES						1,549,790	
096 11 SJRMC, INC						1,049,816	
096 12 ST JOSEPH REG MED CTR-PLY							
096 13 REHAB SUBACUTE							
096 14 UNUSED SPACE						5,781,207	
096 15 ST JOSEPH PHYSICIAN NETWO							
096 16 OFFSITE CHAPLAINS							
096 17 ST JOSEPH REG MED CTR-MIS						8,495	
096 18 VNA							
096 19 OUR LADY OF PEACE (LTAC)					776	1,268,808	
097 RESEARCH							
098 PHYSICIANS' PRIVATE OFFIC						43,357	
098 01 PERINATOLOGIST						414,670	
098 02 NEONATOLOGIST						837,963	
098 03 HOSPITALIST						5,479,931	
099 NONPAID WORKERS							
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	762,886	5,757,536	246,248	397,863	552,946	231,020,738	-6,520,422



COST ALLOCATION - GENERAL SERVICE COSTS

COST CENTER DESCRIPTION		TOTAL
		27
001	GENERAL SERVICE COST CNTR	
002	OLD CAP REL COSTS-BLDG &	
003	OLD CAP REL COSTS-MVBLE E	
004	NEW CAP REL COSTS-BLDG &	
005	NEW CAP REL COSTS-MVBLE E	
006	EMPLOYEE BENEFITS	
006	01 NONPATIENT TELEPHONES	
006	02 DATA PROCESSING	
006	03 PURCHASING, RECEIVING AND	
006	04 ADMITTING	
006	05 CASHIERING/ACCOUNTS RECEI	
006	06 OTHER ADMINISTRATIVE AND	
007	MAINTENANCE & REPAIRS	
008	OPERATION OF PLANT	
009	LAUNDRY & LINEN SERVICE	
010	HOUSEKEEPING	
011	DIETARY	
012	CAFETERIA	
013	MAINTENANCE OF PERSONNEL	
014	NURSING ADMINISTRATION	
015	CENTRAL SERVICES & SUPPLY	
016	PHARMACY	
017	MEDICAL RECORDS & LIBRARY	
018	SOCIAL SERVICE	
018	01 STERILE SUPPLY	
020	NONPHYSICIAN ANESTHETISTS	
021	NURSING SCHOOL	
022	I&R SERVICES-SALARY & FRI	
023	I&R SERVICES-OTHER PRGM C	
024	PARAMED ED PRGM	
024	01 CLINICAL PASTORAL EDUCATI	
024	02 PHARMACY RESIDENCY PROGRA	
025	INPAT ROUTINE SRVC CNTRS	
025	ADULTS & PEDIATRICS	45,239,679
026	INTENSIVE CARE UNIT	9,192,638
027	CORONARY CARE UNIT	
028	BURN INTENSIVE CARE UNIT	
029	SURGICAL INTENSIVE CARE U	
030	NEONATAL INTENSIVE CARE U	2,562,179
031	SUBPROVIDER	5,017,676
033	NURSERY	3,005,120
034	SKILLED NURSING FACILITY	
035	NURSING FACILITY	
035	01 ICF/MR	
036	OTHER LONG TERM CARE	
037	ANCILLARY SRVC COST CNTRS	
037	OPERATING ROOM	29,917,094
038	RECOVERY ROOM	2,206,275
039	DELIVERY ROOM & LABOR ROO	691,061
040	ANESTHESIOLOGY	
041	RADIOLOGY-DIAGNOSTIC	18,655,997
042	RADIOLOGY-THERAPEUTIC	2,170,266
043	RADIOISOTOPE	
044	LABORATORY	14,969,734
045	PBP CLINICAL LAB SERVICES	
046	WHOLE BLOOD & PACKED RED	
047	BLOOD STORING, PROCESSING	
048	INTRAVENOUS THERAPY	
049	RESPIRATORY THERAPY	3,772,441
050	PHYSICAL THERAPY	5,370,197
051	OCCUPATIONAL THERAPY	1,470,333
052	SPEECH PATHOLOGY	596,769
053	ELECTROCARDIOLOGY	1,643,818
054	ELECTROENCEPHALOGRAPHY	
055	MEDICAL SUPPLIES CHARGED	
055	01 MEDICAL SUPPLIES CHARGED	
055	02 MEDICAL SUPPLIES CHARGED	
055	03 MEDICAL SUPPLIES CHARGED	24,200,244
056	DRUGS CHARGED TO PATIENTS	15,461,265
057	RENAL DIALYSIS	1,891,657
058	ASC (NON-DISTINCT PART)	
060	OUTPAT SERVICE COST CNTRS	
060	CLINIC	1,547,992
060	01 HEALTHY FAMILY CENTER	1,273,282
060	02 SISTER MAURA BRANNICK HEA	961,104
060	03 FAMILY MEDICINE CENTER	1,915,329
060	04 WND CA	2,651,151
060	05 OUTPATIENT TREATMENT & IN	539,048
060	06 PED CL	777,469
061	EMERGENCY	9,921,585
062	OBSERVATION BEDS (NON-DIS	
064	OTHER REIMBURS COST CNTRS	
064	HOME PROGRAM DIALYSIS	
065	AMBULANCE SERVICES	
066	DURABLE MEDICAL EQUIP-REN	
067	DURABLE MEDICAL EQUIP-SOL	
069	CORF	
070	I&R SERVICES-NOT APPRVD P	
071	HOME HEALTH AGENCY	



COST ALLOCATION - GENERAL SERVICE COSTS

COST CENTER DESCRIPTION		TOTAL
		27
	OTHER REIMBURS COST CNTRS	
	SPEC PURPOSE COST CENTERS	
086	OTHER ORGAN ACQUISITION	
092	AMBULATORY SURGICAL CENTE	
093	HOSPICE	
095	SUBTOTALS	207,621,403
	NONREIMBURS COST CENTERS	
096	GIFT, FLOWER, COFFEE SHOP	145,970
096 01	SPORTS MED-ATHLETIC TRAIN	287,754
096 03	RESEARCH STUDY-CARDIOLOGY	
096 04	CHILD DAY CARE	
096 05	SICK BAY	10,533
096 06	BEAUTY SHOP	
096 07	OUTSIDE LAUNDRY	619
096 09	CRIPPLED CHILDREN'S CLINI	
096 10	OUTREACH SERVICES	1,549,790
096 11	SJPMC, INC	1,049,816
096 12	ST JOSEPH REG MED CTR-PLY	
096 13	REHAB SUBACUTE	
096 14	UNUSED SPACE	5,781,207
096 15	ST JOSEPH PHYSICIAN NETWO	
096 16	OFFSITE CHAPLAINS	
096 17	ST JOSEPH REG MED CTR-MIS	8,495
096 18	VNA	
096 19	OUR LADY OF PEACE (LTAC)	1,268,808
097	RESEARCH	
098	PHYSICIANS' PRIVATE OFFIC	43,357
098 01	PERINATOLOGIST	414,670
098 02	NEONATOLOGIST	837,963
098 03	HOSPITALIST	5,479,931
099	NONPAID WORKERS	
101	CROSS FOOT ADJUSTMENT	
102	NEGATIVE COST CENTER	
103	TOTAL	224,500,316



ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	DIR ASSGND NEW CAPITAL REL COSTS 0	OLD CAP REL COSTS-BLDG & OSTS 1	OLD CAP REL COSTS-MVBLE E 2	NEW CAP REL COSTS-BLDG & OSTS 3	NEW CAP REL COSTS-MVBLE E 4	SUBTOTAL 4a	EMPLOYEE BENEFITS 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				13,152	33,423	46,575	46,575
006 01 NONPATIENT TELEPHONES				9,393	23,869	33,262	184
006 02 DATA PROCESSING							
006 03 PURCHASING, RECEIVING AND				47,385	120,416	167,801	39
006 04 ADMITTING				43,973	111,745	155,718	713
006 05 CASHIERING/ACCOUNTS RECEI							
006 06 OTHER ADMINISTRATIVE AND				501,709	1,274,948	1,776,657	1,175
007 MAINTENANCE & REPAIRS				150,333	382,027	532,360	
008 OPERATION OF PLANT				1,406,682	3,574,682	4,981,364	1,188
009 LAUNDRY & LINEN SERVICE				56,592	143,812	200,404	250
010 HOUSEKEEPING				121,708	309,286	430,994	1,235
011 DIETARY				86,321	219,360	305,681	742
012 CAFETERIA				119,748	304,304	424,052	235
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION				35,797	90,966	126,763	1,103
015 CENTRAL SERVICES & SUPPLY				38,129	96,894	135,023	272
016 PHARMACY				48,949	124,389	173,338	1,606
017 MEDICAL RECORDS & LIBRARY				47,944	121,835	169,779	847
018 SOCIAL SERVICE				27,359	69,525	96,884	737
018 01 STERILE SUPPLY				99,337	252,436	351,773	371
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI							237
023 I&R SERVICES-OTHER PRGM C				20,200	51,332	71,532	2,076
024 PARAMED ED PRGM				3,350	8,513	11,863	44
024 01 CLINICAL PASTORAL EDUCATI				7,755	19,707	27,462	120
024 02 PHARMACY RESIDENCY PROGRA							201
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS				1,173,691	2,982,594	4,156,285	8,808
026 INTENSIVE CARE UNIT				101,086	256,882	357,968	2,412
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
030 NEONATAL INTENSIVE CARE U				37,571	95,475	133,046	746
031 SUBPROVIDER				53,515	135,992	189,507	1,093
033 NURSERY				3,276	8,324	11,600	744
034 SKILLED NURSING FACILITY							
035 NURSING FACILITY							
035 01 ICF/MR							
036 OTHER LONG TERM CARE							
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM				600,277	1,525,429	2,125,706	3,529
038 RECOVERY ROOM				33,315	84,660	117,975	564
039 DELIVERY ROOM & LABOR ROO				4,405	11,193	15,598	151
040 ANESTHESIOLOGY							
041 RADIOLOGY-DIAGNOSTIC				445,142	1,131,199	1,576,341	3,142
042 RADIOLOGY-THERAPEUTIC							603
043 RADIOISOTOPE							
044 LABORATORY				67,536	171,622	239,158	
045 PBP CLINICAL LAB SERVICES							
046 WHOLE BLOOD & PACKED RED							
047 BLOOD STORING, PROCESSING							
048 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY				36,293	92,228	128,521	916
050 PHYSICAL THERAPY				141,275	359,010	500,285	1,415
051 OCCUPATIONAL THERAPY				31,789	80,782	112,571	393
052 SPEECH PATHOLOGY				23,079	58,647	81,726	136
053 ELECTROCARDIOLOGY				49,098	124,767	173,865	385
054 ELECTROENCEPHALOGRAPHY							
055 MEDICAL SUPPLIES CHARGED							
055 01 MEDICAL SUPPLIES CHARGED							
055 02 MEDICAL SUPPLIES CHARGED							
055 03 MEDICAL SUPPLIES CHARGED							
056 DRUGS CHARGED TO PATIENTS				3,735	9,491	13,226	187
057 RENAL DIALYSIS				24,927	63,345	88,272	
058 ASC (NON-DISTINCT PART)							
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC				33,042	83,967	117,009	398
060 01 HEALTHY FAMILY CENTER				74,099	188,302	262,401	583
060 02 SISTER MAURA BRANNICK HEA							480
060 03 FAMILY MEDICINE CENTER							455
060 04 WND CA				61,022	155,069	216,091	239
060 05 OUTPATIENT TREATMENT & IN				18,748	47,643	66,391	108
060 06 PED CL							249
061 EMERGENCY				208,315	529,371	737,686	2,218
062 OBSERVATION BEDS (NON-DIS							
064 OTHER REIMBURS COST CNTRS							
064 HOME PROGRAM DIALYSIS							
065 AMBULANCE SERVICES							
066 DURABLE MEDICAL EQUIP-REN							
067 DURABLE MEDICAL EQUIP-SOL							
069 CORF							
070 I&R SERVICES-NOT APPRVD P							
071 HOME HEALTH AGENCY							



ALLOCATION OF NEW CAPITAL RELATED COSTS

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 BENE FITS 5
OTHER REIMBURS COST CNTRS SPEC PURPOSE COST CENTERS							
086 OTHER ORGAN ACQUISITION							
092 AMBULATORY SURGICAL CENTE							
093 HOSPICE							
095 SUBTOTALS				6,111,052	15,529,461	21,640,513	43,329
NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP				16,403	41,684	58,087	
096 01 SPORTS MED-ATHLETIC TRAIN							114
096 03 RESEARCH STUDY-CARDIOLOGY							
096 04 CHILD DAY CARE							
096 05 SICK BAY				1,191	3,027	4,218	
096 06 BEAUTY SHOP							
096 07 OUTSIDE LAUNDRY							
096 09 CRIPPLED CHILDREN'S CLINI							
096 10 OUTREACH SERVICES							530
096 11 SJRMC, INC				66,320	168,532	234,852	79
096 12 ST JOSEPH REG MED CTR-PLY							
096 13 REHAB SUBACUTE							
096 14 UNUSED SPACE				653,767	1,661,358	2,315,125	
096 15 ST JOSEPH PHYSICIAN NETWO							
096 16 OFFSITE CHAPLAINS							
096 17 ST JOSEPH REG MED CTR-MIS							
096 18 VNA							
096 19 OUR LADY OF PEACE (LTAC)				93,642	237,963	331,605	
097 RESEARCH							
098 PHYSICIANS' PRIVATE OFFIC				3,214	8,166	11,380	
098 01 PERINATOLOGIST				682	1,734	2,416	151
098 02 NEONATOLOGIST							327
098 03 HOSPITALIST							2,045
099 NONPAID WORKERS							
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL				6,946,271	17,651,925	24,598,196	46,575



ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING, RECEIVING AND	ADMITTING	CASHIERING/AC COUNTS RECEI	OTHER ADMINIS TRATIVE AND	MAINTENANCE & REPAIRS
	6.01	6.02	6.03	6.04	6.05	6.06	7
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
006 01 NONPATIENT TELEPHONES	33,446						
006 02 DATA PROCESSING							
006 03 PURCHASING, RECEIVING AND			167,840				
006 04 ADMITTING	179		367	156,977			
006 05 CASHIERING/ACCOUNTS RECEI							
006 06 OTHER ADMINISTRATIVE AND	1,787		806			1,780,425	
007 MAINTENANCE & REPAIRS	30					5,186	537,576
008 OPERATION OF PLANT	879		2,084			116,249	122,355
009 LAUNDRY & LINEN SERVICE	149		184			12,752	4,922
010 HOUSEKEEPING	357		995			34,753	10,586
011 DIETARY	447		5,423			28,814	7,508
012 CAFETERIA	30		2,191			6,055	10,416
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION	283		39			26,702	3,114
015 CENTRAL SERVICES & SUPPLY	328		48			9,294	3,317
016 PHARMACY	611		711			31,097	4,258
017 MEDICAL RECORDS & LIBRARY	2,695		72			31,247	4,170
018 SOCIAL SERVICE	879		10			17,410	2,380
018 01 STERILE SUPPLY	45		2,935			19,242	8,640
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI						5,879	
023 I&R SERVICES-OTHER PRGM C	372		463			43,171	1,757
024 PARAMED ED PRGM	15		107			1,768	291
024 01 CLINICAL PASTORAL EDUCATI	15		3			2,755	675
024 02 PHARMACY RESIDENCY PROGRA			13			4,211	
025 ADULTS & PEDIATRICS	3,768		5,215	20,414		242,004	102,090
026 INTENSIVE CARE UNIT	521		1,786	3,276		56,941	8,793
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
030 NEONATAL INTENSIVE CARE U	208		301	998		17,058	3,268
031 SUBPROVIDER	581		284	1,632		30,230	4,655
033 NURSERY	74		743			21,157	285
034 SKILLED NURSING FACILITY							
035 NURSING FACILITY							
035 01 ICF/MR							
036 OTHER LONG TERM CARE							
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	3,068		92,432	27,375		168,642	52,213
038 RECOVERY ROOM	179		649	3,032		14,190	2,898
039 DELIVERY ROOM & LABOR ROO			144	1,306		4,579	383
040 ANESTHESIOLOGY							
041 RADIOLOGY-DIAGNOSTIC	2,353		33,165	28,973		116,542	38,719
042 RADIOLOGY-THERAPEUTIC	923		162	3,105		15,796	
043 RADIOISOTOPE							
044 LABORATORY	328		7,209	13,713		109,542	5,874
045 PBP CLINICAL LAB SERVICES							
046 WHOLE BLOOD & PACKED RED							
047 BLOOD STORING, PROCESSING							
048 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY	402		1,076	3,053		26,839	3,157
050 PHYSICAL THERAPY	432		316	3,011		35,481	12,288
051 OCCUPATIONAL THERAPY	357		189	991		9,842	2,765
052 SPEECH PATHOLOGY	283		19	428		3,684	2,007
053 ELECTROCARDIOLOGY	566		138	3,279		10,137	4,271
054 ELECTROENCEPHALOGRAPHY							
055 MEDICAL SUPPLIES CHARGED							
055 01 MEDICAL SUPPLIES CHARGED							
055 02 MEDICAL SUPPLIES CHARGED							
055 03 MEDICAL SUPPLIES CHARGED			1,190	15,526		183,129	
056 DRUGS CHARGED TO PATIENTS	104		1,306	15,064		85,400	325
057 RENAL DIALYSIS	104		521	579		13,539	2,168
058 ASC (NON-DISTINCT PART)							
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC	74		49	411		10,254	2,874
060 01 HEALTHY FAMILY CENTER			95	403		6,493	6,445
060 02 SISTER MAURA BRANNICK HEA	15		126	170		6,512	
060 03 FAMILY MEDICINE CENTER	938		315	858		13,223	
060 04 WND CA	89		920	1,341		17,570	5,308
060 05 OUTPATIENT TREATMENT & IN	208		206	277		3,264	1,631
060 06 PED CL	45		53	136		4,884	
061 EMERGENCY	1,132		2,271	7,626		58,685	18,120
062 OBSERVATION BEDS (NON-DIS							
064 OTHER REIMBURS COST CNTRS							
064 HOME PROGRAM DIALYSIS							
065 AMBULANCE SERVICES							
066 DURABLE MEDICAL EQUIP-REN							
067 DURABLE MEDICAL EQUIP-SOL							
069 CORF							
070 I&R SERVICES-NOT APPRVD P							
071 HOME HEALTH AGENCY							



ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	NONPATIENT TELEPHONES	TELEPHONE DATA	PROCESSING	PURCHASING, RECEIVING AND	R ADMITTING	CASHIERING/AC COUNTS RECEIVED	OTHER ADMINISTRATIVE	ADMINISTRATIVE AND	MAINTENANCE & REPAIRS				
	6.01		6.02		6.03		6.04		6.05		6.06		7
OTHER REIMBURS COST CNTRS SPEC PURPOSE COST CENTERS													
086 OTHER ORGAN ACQUISITION													
092 AMBULATORY SURGICAL CENTE													
093 HOSPICE													
095 SUBTOTALS	25,853				167,331		156,977				1,682,202		464,926
NONREIMBURS COST CENTERS													
096 GIFT, FLOWER, COFFEE SHOP	60										573		1,427
096 01 SPORTS MED-ATHLETIC TRAIN											2,218		
096 03 RESEARCH STUDY-CARDIOLOGY													
096 04 CHILD DAY CARE													
096 05 SICK BAY											41		104
096 06 BEAUTY SHOP													
096 07 OUTSIDE LAUNDRY													
096 09 CRIPPLED CHILDREN'S CLINI													
096 10 OUTREACH SERVICES	30				86						11,900		
096 11 SJRMC, INC	6,788				405						5,799		5,769
096 12 ST JOSEPH REG MED CTR-PLY													
096 13 REHAB SUBACUTE													
096 14 UNUSED SPACE											22,538		56,866
096 15 ST JOSEPH PHYSICIAN NETWO													
096 16 OFFSITE CHAPLAINS													
096 17 ST JOSEPH REG MED CTR-MIS	551										65		
096 18 VNA													
096 19 OUR LADY OF PEACE (LTAC)											3,228		8,145
097 RESEARCH													
098 PHYSICIANS' PRIVATE OFFIC	164										130		280
098 01 PERINATOLOGIST					12						3,172		59
098 02 NEONATOLOGIST											6,438		
098 03 HOSPITALIST					6						42,121		
099 NONPAID WORKERS													
101 CROSS FOOT ADJUSTMENTS													
102 NEGATIVE COST CENTER													
103 TOTAL	33,446				167,840		156,977				1,780,425		537,576



ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	OPERATION OF PLANT	LAUNDRY & LIN EN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	MAINTENANCE O F PERSONNEL	NURSING ADMIN ISTRATION
	8	9	10	11	12	13	14
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
006 01 NONPATIENT TELEPHONES							
006 02 DATA PROCESSING							
006 03 PURCHASING, RECEIVING AND							
006 04 ADMITTING							
006 05 CASHIERING/ACCOUNTS RECEI							
006 06 OTHER ADMINISTRATIVE AND							
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT	5,224,119						
009 LAUNDRY & LINEN SERVICE	61,932	280,593					
010 HOUSEKEEPING	133,193		612,113				
011 DIETARY	94,467		11,498	454,580			
012 CAFETERIA	131,048		15,951		589,978		
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION	39,175		4,768		16,906		218,853
015 CENTRAL SERVICES & SUPPLY	41,727		5,079		7,579		
016 PHARMACY	53,568		6,520		19,821		
017 MEDICAL RECORDS & LIBRARY	52,468		6,386		19,821		
018 SOCIAL SERVICE	29,941		3,644		11,660		
018 01 STERILE SUPPLY	108,711	11,946	13,232		10,494		
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C	22,106		2,691		27,983		
024 PARAMED ED PRGM	3,666		446		583		
024 01 CLINICAL PASTORAL EDUCATI	8,487		1,033		2,915		
024 02 PHARMACY RESIDENCY PROGRA					2,915		
025 ADULTS & PEDIATRICS	1,284,450	127,922	156,342	301,081	160,318		90,914
026 INTENSIVE CARE UNIT	110,626	15,796	13,465	32,621	34,979		19,836
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
030 NEONATAL INTENSIVE CARE U	41,116		5,005		9,911		5,620
031 SUBPROVIDER	58,565	18,935	7,128	43,556	19,238		10,910
033 NURSERY	3,585	9,681	436		12,243		6,942
034 SKILLED NURSING FACILITY							
035 NURSING FACILITY							
035 01 ICF/MR							
036 OTHER LONG TERM CARE							
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	656,924	26,600	79,959	1,010	57,132		32,398
038 RECOVERY ROOM	36,459	4,488	4,438	207	8,162		4,628
039 DELIVERY ROOM & LABOR ROO	4,820	1,478	587		2,332		1,322
040 ANESTHESIOLOGY							
041 RADIOLOGY-DIAGNOSTIC	487,149	14,900	59,294		48,971		
042 RADIOLOGY-THERAPEUTIC		2,461			7,579		
043 RADIOISOTOPE							
044 LABORATORY	73,909	7	8,996				
045 PBP CLINICAL LAB SERVICES							
046 WHOLE BLOOD & PACKED RED							
047 BLOOD STORING, PROCESSING							
048 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY	39,718		4,834		15,158		
050 PHYSICAL THERAPY	154,607	2,314	18,818		20,404		
051 OCCUPATIONAL THERAPY	34,789	1,598	4,234		5,830		
052 SPEECH PATHOLOGY	25,256		3,074		2,332		
053 ELECTROCARDIOLOGY	53,731	414	6,540		6,996		
054 ELECTROENCEPHALOGRAPHY							
055 MEDICAL SUPPLIES CHARGED							
055 01 MEDICAL SUPPLIES CHARGED							
055 02 MEDICAL SUPPLIES CHARGED							
055 03 MEDICAL SUPPLIES CHARGED							
056 DRUGS CHARGED TO PATIENTS	4,087		497		2,332		
057 RENAL DIALYSIS	27,280	628	3,320				
058 ASC (NON-DISTINCT PART)							
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC	36,160		4,401				3,637
060 01 HEALTHY FAMILY CENTER	81,092		9,870				5,289
060 02 SISTER MAURA BRANNICK HEA		197					4,628
060 03 FAMILY MEDICINE CENTER		913					6,612
060 04 WND CA	66,780		8,128		4,664		2,645
060 05 OUTPATIENT TREATMENT & IN	20,517	264	2,497		1,749		992
060 06 PED CL				867	4,081		2,314
061 EMERGENCY	227,973	38,065	27,748	27,553	35,562		20,166
062 OBSERVATION BEDS (NON-DIS							
064 OTHER REIMBURS COST CNTRS							
064 HOME PROGRAM DIALYSIS							
065 AMBULANCE SERVICES							
066 DURABLE MEDICAL EQUIP-REN							
067 DURABLE MEDICAL EQUIP-SOL							
069 CORF							
070 I&R SERVICES-NOT APPRVD P							
071 HOME HEALTH AGENCY							



ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	OPERATION OF PLANT	LAUNDRY & LIN EN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	MAINTENANCE O F PERSONNEL	NURSING ADMIN ISTRATION
	8	9	10	11	12	13	14
OTHER REIMBURS COST CNTRS							
SPEC PURPOSE COST CENTERS							
086 OTHER ORGAN ACQUISITION							
092 AMBULATORY SURGICAL CENTE							
093 HOSPICE							
095 SUBTOTALS	4,310,082	278,607	500,859	406,895	580,650		218,853
NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP	17,951		2,185				
096 01 SPORTS MED-ATHLETIC TRAIN							
096 03 RESEARCH STUDY-CARDIOLOGY							
096 04 CHILD DAY CARE							
096 05 SICK BAY	1,304		159				
096 06 BEAUTY SHOP							
096 07 OUTSIDE LAUNDRY		94					
096 09 CRIPPLED CHILDREN'S CLINI							
096 10 OUTREACH SERVICES							
096 11 SJRMC, INC	72,578		8,834		1,749		
096 12 ST JOSEPH REG MED CTR-PLY							
096 13 REHAB SUBACUTE							
096 14 UNUSED SPACE	715,462		87,084				
096 15 ST JOSEPH PHYSICIAN NETWO							
096 16 OFFSITE CHAPLAINS							
096 17 ST JOSEPH REG MED CTR-MIS							
096 18 VNA							
096 19 OUR LADY OF PEACE (LTAC)	102,478		12,473	47,685			
097 RESEARCH							
098 PHYSICIANS' PRIVATE OFFIC	3,517	1,892	428				
098 01 PERINATOLOGIST	747		91				
098 02 NEONATOLOGIST					1,166		
098 03 HOSPITALIST					6,413		
099 NONPAID WORKERS							
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	5,224,119	280,593	612,113	454,580	589,978		218,853







ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	CENTRAL SERVICES & SUPPLY	SERVICES PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	STERILE SUPPLY	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL
	15	16	17	18	18.01	20	21
OTHER REIMBURS COST CNTRS							
SPEC PURPOSE COST CENTERS							
086 OTHER ORGAN ACQUISITION							
092 AMBULATORY SURGICAL CENTE							
093 HOSPICE							
095 SUBTOTALS	202,004	292,118	287,579	163,474	531,221		
NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP							
096 01 SPORTS MED-ATHLETIC TRAIN							
096 03 RESEARCH STUDY-CARDIOLOGY							
096 04 CHILD DAY CARE							
096 05 SICK BAY							
096 06 BEAUTY SHOP							
096 07 OUTSIDE LAUNDRY							
096 09 CRIPPLED CHILDREN'S CLINI							
096 10 OUTREACH SERVICES	112	337					
096 11 SJRMC, INC	528						
096 12 ST JOSEPH REG MED CTR-PLY							
096 13 REHAB SUBACUTE							
096 14 UNUSED SPACE							
096 15 ST JOSEPH PHYSICIAN NETWO							
096 16 OFFSITE CHAPLAINS							
096 17 ST JOSEPH REG MED CTR-MIS							
096 18 VNA							
096 19 OUR LADY OF PEACE (LTAC)				557			
097 RESEARCH							
098 PHYSICIANS' PRIVATE OFFIC							
098 01 PERINATOLOGIST	15	1					
098 02 NEONATOLOGIST							
098 03 HOSPITALIST	8						
099 NONPAID WORKERS							
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	202,667	292,456	287,579	164,031	531,221		



ALLOCATION OF NEW CAPITAL RELATED COSTS

	I&R SERVICES- SALARY & FRI	I&R SERVICES- OTHER PRGM C	PARAMED ED PR GM	CLINICAL PAST ORAL EDUCATI	PHARMACY RESI DENCY PROGRA	SUBTOTAL	POST STEPDOWN ADJUSTMENT
	22	23	24	24.01	24.02	25	26
001							
002							
003							
004							
005							
006							
006							
006							
006							
006							
006							
007							
008							
009							
010							
011							
012							
013							
014							
015							
016							
017							
018							
018							
020							
021							
022	6,116						
023		172,833					
024			18,922				
024				43,468			
024					7,357		
025						6,847,921	
026						688,899	
027							
028							
029							
030						221,024	
031						390,528	
033						68,890	
034							
035							
035							
036							
037						4,004,575	
038						204,876	
039						35,853	
040							
041						2,527,786	
042						36,620	
043							
044						496,617	
045							
046							
047							
048							
049						231,383	
050						755,767	
051						175,950	
052						119,900	
053						267,237	
054							
055							
055							
055							
055						229,912	
056						422,028	
057						138,319	
058							
060						176,130	
060						373,986	
060						14,753	
060						29,149	
060						327,778	
060						99,012	
060						16,244	
061						1,222,611	
062							
064							
065							
066							
067							
069							
070							
071							



ALLOCATION OF NEW CAPITAL RELATED COSTS

	I&R SERVICES- SALARY & FRI	I&R SERVICES- OTHER PRGM C	PARAMED ED PR GM	CLINICAL PAST ORAL EDUCATI	PHARMACY RESI DENCY PROGRA	SUBTOTAL	POST STEPDOWN ADJUSTMENT
	22	23	24	24.01	24.02	25	26
OTHER REIMBURS COST CNTRS							
SPEC PURPOSE COST CENTERS							
086 OTHER ORGAN ACQUISITION							
092 AMBULATORY SURGICAL CENTE							
093 HOSPICE							
095 SUBTOTALS						20,123,748	
NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP						80,283	
096 01 SPORTS MED-ATHLETIC TRAIN						2,332	
096 03 RESEARCH STUDY-CARDIOLOGY							
096 04 CHILD DAY CARE							
096 05 SICK BAY						5,826	
096 06 BEAUTY SHOP							
096 07 OUTSIDE LAUNDRY						94	
096 09 CRIPPLED CHILDREN'S CLINI							
096 10 OUTREACH SERVICES						12,995	
096 11 SJRMC, INC						337,381	
096 12 ST JOSEPH REG MED CTR-PLY							
096 13 REHAB SUBACUTE							
096 14 UNUSED SPACE						3,197,075	
096 15 ST JOSEPH PHYSICIAN NETWO							
096 16 OFFSITE CHAPLAINS							
096 17 ST JOSEPH REG MED CTR-MIS						616	
096 18 VNA							
096 19 OUR LADY OF PEACE (LTAC)						506,171	
097 RESEARCH							
098 PHYSICIANS' PRIVATE OFFIC						17,791	
098 01 PERINATOLOGIST						6,664	
098 02 NEONATOLOGIST						7,931	
098 03 HOSPITALIST						50,593	
099 NONPAID WORKERS							
101 CROSS FOOT ADJUSTMENTS	6,116	172,833	18,922	43,468	7,357	248,696	
102 NEGATIVE COST CENTER							
103 TOTAL	6,116	172,833	18,922	43,468	7,357	24,598,196	



ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	TOTAL
	27
001 GENERAL SERVICE COST CNTR	
002 OLD CAP REL COSTS-BLDG &	
003 OLD CAP REL COSTS-MVBLE E	
004 NEW CAP REL COSTS-BLDG &	
005 NEW CAP REL COSTS-MVBLE E	
006 EMPLOYEE BENEFITS	
006 01 NONPATIENT TELEPHONES	
006 02 DATA PROCESSING	
006 03 PURCHASING, RECEIVING AND	
006 04 ADMITTING	
006 05 CASHIERING/ACCOUNTS RECEI	
006 06 OTHER ADMINISTRATIVE AND	
007 MAINTENANCE & REPAIRS	
008 OPERATION OF PLANT	
009 LAUNDRY & LINEN SERVICE	
010 HOUSEKEEPING	
011 DIETARY	
012 CAFETERIA	
013 MAINTENANCE OF PERSONNEL	
014 NURSING ADMINISTRATION	
015 CENTRAL SERVICES & SUPPLY	
016 PHARMACY	
017 MEDICAL RECORDS & LIBRARY	
018 SOCIAL SERVICE	
018 01 STERILE SUPPLY	
020 NONPHYSICIAN ANESTHETISTS	
021 NURSING SCHOOL	
022 I&R SERVICES-SALARY & FRI	
023 I&R SERVICES-OTHER PRGM C	
024 PARAMED ED PRGM	
024 01 CLINICAL PASTORAL EDUCATI	
024 02 PHARMACY RESIDENCY PROGRA	
INPAT ROUTINE SRVC CNTRS	
025 ADULTS & PEDIATRICS	6,847,921
026 INTENSIVE CARE UNIT	688,899
027 CORONARY CARE UNIT	
028 BURN INTENSIVE CARE UNIT	
029 SURGICAL INTENSIVE CARE U	
030 NEONATAL INTENSIVE CARE U	221,024
031 SUBPROVIDER	390,528
033 NURSERY	68,890
034 SKILLED NURSING FACILITY	
035 NURSING FACILITY	
035 01 ICF/MR	
036 OTHER LONG TERM CARE	
ANCILLARY SRVC COST CNTRS	
037 OPERATING ROOM	4,004,575
038 RECOVERY ROOM	204,876
039 DELIVERY ROOM & LABOR ROO	35,853
040 ANESTHESIOLOGY	
041 RADIOLOGY-DIAGNOSTIC	2,527,786
042 RADIOLOGY-THERAPEUTIC	36,620
043 RADIOISOTOPE	
044 LABORATORY	496,617
045 PBP CLINICAL LAB SERVICES	
046 WHOLE BLOOD & PACKED RED	
047 BLOOD STORING, PROCESSING	
048 INTRAVENOUS THERAPY	
049 RESPIRATORY THERAPY	231,383
050 PHYSICAL THERAPY	755,767
051 OCCUPATIONAL THERAPY	175,950
052 SPEECH PATHOLOGY	119,900
053 ELECTROCARDIOLOGY	267,237
054 ELECTROENCEPHALOGRAPHY	
055 MEDICAL SUPPLIES CHARGED	
055 01 MEDICAL SUPPLIES CHARGED	
055 02 MEDICAL SUPPLIES CHARGED	
055 03 MEDICAL SUPPLIES CHARGED	229,912
056 DRUGS CHARGED TO PATIENTS	422,028
057 RENAL DIALYSIS	138,319
058 ASC (NON-DISTINCT PART)	
OUTPAT SERVICE COST CNTRS	
060 CLINIC	176,130
060 01 HEALTHY FAMILY CENTER	373,986
060 02 SISTER MAURA BRANNICK HEA	14,753
060 03 FAMILY MEDICINE CENTER	29,149
060 04 WND CA	327,778
060 05 OUTPATIENT TREATMENT & IN	99,012
060 06 PED CL	16,244
061 EMERGENCY	1,222,611
062 OBSERVATION BEDS (NON-DIS	
OTHER REIMBURS COST CNTRS	
064 HOME PROGRAM DIALYSIS	
065 AMBULANCE SERVICES	
066 DURABLE MEDICAL EQUIP-REN	
067 DURABLE MEDICAL EQUIP-SOL	
069 CORF	
070 I&R SERVICES-NOT APPRVD P	
071 HOME HEALTH AGENCY	



## ALLOCATION OF NEW CAPITAL RELATED COSTS

	COST CENTER DESCRIPTION	TOTAL
		27
	OTHER REIMBURS COST CNTRS	
	SPEC PURPOSE COST CENTERS	
086	OTHER ORGAN ACQUISITION	
092	AMBULATORY SURGICAL CENTE	
093	HOSPICE	
095	SUBTOTALS	20,123,748
	NONREIMBURS COST CENTERS	
096	GIFT, FLOWER, COFFEE SHOP	80,283
096 01	SPORTS MED-ATHLETIC TRAIN	2,332
096 03	RESEARCH STUDY-CARDIOLOGY	
096 04	CHILD DAY CARE	
096 05	SICK BAY	5,826
096 06	BEAUTY SHOP	
096 07	OUTSIDE LAUNDRY	94
096 09	CRIPPLED CHILDREN'S CLINI	
096 10	OUTREACH SERVICES	12,995
096 11	SJRMC, INC	337,381
096 12	ST JOSEPH REG MED CTR-PLY	
096 13	REHAB SUBACUTE	
096 14	UNUSED SPACE	3,197,075
096 15	ST JOSEPH PHYSICIAN NETWO	
096 16	OFFSITE CHAPLAINS	
096 17	ST JOSEPH REG MED CTR-MIS	616
096 18	VNA	
096 19	OUR LADY OF PEACE (LTAC)	506,171
097	RESEARCH	
098	PHYSICIANS' PRIVATE OFFIC	17,791
098 01	PERINATOLOGIST	6,664
098 02	NEONATOLOGIST	7,931
098 03	HOSPITALIST	50,593
099	NONPAID WORKERS	
101	CROSS FOOT ADJUSTMENTS	248,696
102	NEGATIVE COST CENTER	
103	TOTAL	24,598,196



COST ALLOCATION - STATISTICAL BASIS

COST CENTER DESCRIPTION	OLD CAP REL C	OLD CAP REL C	NEW CAP REL C	NEW CAP REL C	EMPLOYEE BENE	NONPATIENT TE
	OSTS-BLDG & (SQUARE FEET)	OSTS-MVBLE (SQUARE ) FEET	OSTS-BLDG & (SQUARE ) FEET	OSTS-MVBLE (SQUARE ) FEET	( GROSS SALARIES )	(PHONE EXTENSI )ONS
	1	2	3	4	5	6.01
GENERAL SERVICE COST						
001 OLD CAP REL COSTS-BLD						
002 OLD CAP REL COSTS-MVB						
003 NEW CAP REL COSTS-BLD			559,831			
004 NEW CAP REL COSTS-MVB				559,831		
005 EMPLOYEE BENEFITS			1,060	1,060	74,384,462	
006 01 NONPATIENT TELEPHONES			757	757	294,635	2,246
006 02 DATA PROCESSING						
006 03 PURCHASING, RECEIVING			3,819	3,819	62,181	
006 04 ADMITTING			3,544	3,544	1,139,136	12
006 05 CASHIERING/ACCOUNTS R						
006 06 OTHER ADMINISTRATIVE			40,435	40,435	1,876,473	120
007 MAINTENANCE & REPAIRS			12,116	12,116		2
008 OPERATION OF PLANT			113,371	113,371	1,896,988	59
009 LAUNDRY & LINEN SERVI			4,561	4,561	398,777	10
010 HOUSEKEEPING			9,809	9,809	1,972,302	24
011 DIETARY			6,957	6,957	1,185,870	30
012 CAFETERIA			9,651	9,651	375,584	2
013 MAINTENANCE OF PERSON						
014 NURSING ADMINISTRATIO			2,885	2,885	1,762,555	19
015 CENTRAL SERVICES & SU			3,073	3,073	434,801	22
016 PHARMACY			3,945	3,945	2,565,592	41
017 MEDICAL RECORDS & LIB			3,864	3,864	1,352,459	181
018 SOCIAL SERVICE			2,205	2,205	1,176,790	59
018 01 STERILE SUPPLY			8,006	8,006	592,349	3
020 NONPHYSICIAN ANESTHET						
021 NURSING SCHOOL						
022 I&R SERVICES-SALARY &					378,700	
023 I&R SERVICES-OTHER PR			1,628	1,628	3,316,359	25
024 PARAMED ED PRGM			270	270	70,365	1
024 01 CLINICAL PASTORAL EDU			625	625	191,262	1
024 02 PHARMACY RESIDENCY PR					321,350	
025 INPAT ROUTINE SRVC CN						
025 ADULTS & PEDIATRICS			94,593	94,593	14,052,360	253
026 INTENSIVE CARE UNIT			8,147	8,147	3,853,665	35
027 CORONARY CARE UNIT						
028 BURN INTENSIVE CARE U						
029 SURGICAL INTENSIVE CA						
030 NEONATAL INTENSIVE CA			3,028	3,028	1,191,659	14
031 SUBPROVIDER			4,313	4,313	1,746,389	39
033 NURSERY			264	264	1,188,761	5
034 SKILLED NURSING FACIL						
035 NURSING FACILITY						
035 01 ICF/MR						
036 OTHER LONG TERM CARE						
037 ANCILLARY SRVC COST C						
037 OPERATING ROOM			48,379	48,379	5,637,635	206
038 RECOVERY ROOM			2,685	2,685	901,453	12
039 DELIVERY ROOM & LABOR			355	355	241,856	
040 ANESTHESIOLOGY						
041 RADIOLOGY-DIAGNOSTIC			35,876	35,876	5,019,092	158
042 RADIOLOGY-THERAPEUTIC					962,867	62
043 RADIOISOTOPE						
044 LABORATORY			5,443	5,443		22
045 PBP CLINICAL LAB SERV						
046 WHOLE BLOOD & PACKED						
047 BLOOD STORING, PROCES						
048 INTRAVENOUS THERAPY						
049 RESPIRATORY THERAPY			2,925	2,925	1,463,167	27
050 PHYSICAL THERAPY			11,386	11,386	2,260,115	29
051 OCCUPATIONAL THERAPY			2,562	2,562	627,334	24
052 SPEECH PATHOLOGY			1,860	1,860	217,250	19
053 ELECTROCARDIOLOGY			3,957	3,957	615,075	38
054 ELECTROENCEPHALOGRAPH						
055 MEDICAL SUPPLIES CHAR						
055 01 MEDICAL SUPPLIES CHAR						
055 02 MEDICAL SUPPLIES CHAR						
055 03 MEDICAL SUPPLIES CHAR						
056 DRUGS CHARGED TO PATI			301	301	299,383	7
057 RENAL DIALYSIS			2,009	2,009		7
058 ASC (NON-DISTINCT PAR						
060 OUTPAT SERVICE COST C						
060 CLINIC			2,663	2,663	635,621	5
060 01 HEALTHY FAMILY CENTER			5,972	5,972	932,014	
060 02 SISTER MAURA BRANNICK					767,273	1
060 03 FAMILY MEDICINE CENTE					727,285	63
060 04 WND CA			4,918	4,918	381,945	6
060 05 OUTPATIENT TREATMENT			1,511	1,511	171,732	14
060 06 PED CL					397,951	3
061 EMERGENCY			16,789	16,789	3,543,280	76
062 OBSERVATION BEDS (NON						
064 OTHER REIMBURS COST C						
064 HOME PROGRAM DIALYSIS						
065 AMBULANCE SERVICES						
066 DURABLE MEDICAL EQUIP						



COST ALLOCATION - STATISTICAL BASIS

COST CENTER DESCRIPTION	OLD CAP REL C	OLD CAP REL C	NEW CAP REL C	NEW CAP REL C	EMPLOYEE BENE	NONPATIENT TE
	OSTS-BLDG & (SQUARE FEET)	OSTS-MVBLE E (SQUARE ) FEET	OSTS-BLDG & (SQUARE ) FEET	OSTS-MVBLE E (SQUARE ) FEET	FITS ( GROSS SALARIES )	LEPHONES (PHONE EXTENSI )ONS
	1	2	3	4	5	6.01
067 OTHER REIMBURS COST C						
069 DURABLE MEDICAL EQUIP						
070 CORF						
071 I&R SERVICES-NOT APPR						
086 HOME HEALTH AGENCY						
092 SPEC PURPOSE COST CEN						
093 OTHER ORGAN ACQUISITI						
095 AMBULATORY SURGICAL C						
HOSPICE						
SUBTOTALS			492,517	492,517	69,199,690	1,736
NONREIMBURS COST CENT						
096 GIFT, FLOWER, COFFEE			1,322	1,322		4
096 01 SPORTS MED-ATHLETIC T					181,519	
096 03 RESEARCH STUDY-CARDIO						
096 04 CHILD DAY CARE						
096 05 SICK BAY			96	96		
096 06 BEAUTY SHOP						
096 07 OUTSIDE LAUNDRY						
096 09 CRIPPLED CHILDREN'S C						
096 10 OUTREACH SERVICES					847,415	2
096 11 SJRMC, INC			5,345	5,345	126,276	456
096 12 ST JOSEPH REG MED CTR						
096 13 REHAB SUBACUTE						
096 14 UNUSED SPACE			52,690	52,690		
096 15 ST JOSEPH PHYSICIAN N						
096 16 OFFSITE CHAPLAINS						
096 17 ST JOSEPH REG MED CTR						37
096 18 VNA						
096 19 OUR LADY OF PEACE (LT			7,547	7,547		
097 RESEARCH						
098 PHYSICIANS' PRIVATE O			259	259		11
098 01 PERINATOLOGIST			55	55	240,906	
098 02 NEONATOLOGIST					522,134	
098 03 HOSPITALIST					3,266,522	
099 NONPAID WORKERS						
101 CROSS FOOT ADJUSTMENT						
102 NEGATIVE COST CENTER						
103 COST TO BE ALLOCATED			6,946,271	17,651,925	46,575	408,220
(WRKSHT B, PART I)						
104 UNIT COST MULTIPLIER			12.407800		.000626	
(WRKSHT B, PT I)				31.530810		181.754230
105 COST TO BE ALLOCATED						
(WRKSHT B, PART II)						
106 UNIT COST MULTIPLIER						
(WRKSHT B, PT II)						
107 COST TO BE ALLOCATED					46,575	33,446
(WRKSHT B, PART III)						
108 UNIT COST MULTIPLIER					.000626	
(WRKSHT B, PT III)						14.891362



COST ALLOCATION - STATISTICAL BASIS

COST CENTER DESCRIPTION	DATA PROCESSING	PURCHASING, RECEIVING AND	ADMITTING	CASHIERING/ACCOUNTS RECEIVABLE	OTHER ADMINISTRATIVE AND	MAINTENANCE & REPAIRS
(	(	(	(	(	(	(
)	)	)	)	)	)	)
	SUPPLIES COST	GROSS CHARGES	GROSS CHARGES	RECONCILIATION	ACCUM. COST	(SQUARE FEET)
	6.02	6.03	6.04	6.05	6a.06	7
GENERAL SERVICE COST						
001 OLD CAP REL COSTS-BLD						
002 OLD CAP REL COSTS-MVB						
003 NEW CAP REL COSTS-BLD						
004 NEW CAP REL COSTS-MVB						
005 EMPLOYEE BENEFITS						
006 01 NONPATIENT TELEPHONES						
006 02 DATA PROCESSING						
006 03 PURCHASING, RECEIVING	36,998,837					
006 04 ADMITTING	80,952	639,470,309				
006 05 CASHIERING/ACCOUNTS R				639,470,309		
006 06 OTHER ADMINISTRATIVE	177,586				-48,136,078	182,884,660
007 MAINTENANCE & REPAIRS					532,724	498,100
008 OPERATION OF PLANT	459,330				11,941,317	113,371
009 LAUNDRY & LINEN SERVI	40,518				1,309,939	4,561
010 HOUSEKEEPING	219,443				3,569,921	9,809
011 DIETARY	1,195,505				2,959,858	6,957
012 CAFETERIA	483,103				621,997	9,651
013 MAINTENANCE OF PERSON						
014 NURSING ADMINISTRATIO	8,545				2,742,885	2,885
015 CENTRAL SERVICES & SU	10,690				954,704	3,073
016 PHARMACY	156,784				3,194,345	3,945
017 MEDICAL RECORDS & LIB	15,870				3,209,750	3,864
018 SOCIAL SERVICE	2,112				1,788,348	2,205
018 01 STERILE SUPPLY	647,065				1,976,618	8,006
020 NONPHYSICIAN ANESTHET						
021 NURSING SCHOOL						
022 I&R SERVICES-SALARY &					603,929	
023 I&R SERVICES-OTHER PR	101,973				4,434,657	1,628
024 PARAMED ED PRGM	23,493				181,574	270
024 01 CLINICAL PASTORAL EDU	563				283,000	625
024 02 PHARMACY RESIDENCY PR	2,848				432,522	
025 INPAT ROUTINE SRVC CN						
025 ADULTS & PEDIATRICS	1,149,592	83,322,119	83,322,119		24,854,791	94,593
026 INTENSIVE CARE UNIT	393,811	13,373,255	13,373,255		5,849,059	8,147
027 CORONARY CARE UNIT						
028 BURN INTENSIVE CARE U						
029 SURGICAL INTENSIVE CA						
030 NEONATAL INTENSIVE CA	66,255	4,074,474	4,074,474		1,752,282	3,028
031 SUBPROVIDER	62,604	6,662,680	6,662,680		3,105,338	4,313
033 NURSERY	163,816				2,173,262	264
034 SKILLED NURSING FACIL						
035 NURSING FACILITY						
035 01 ICF/MR						
036 OTHER LONG TERM CARE						
037 ANCILLARY SRVC COST C						
037 OPERATING ROOM	20,375,136	111,734,830	111,734,830		17,323,241	48,379
038 RECOVERY ROOM	143,070	12,375,583	12,375,583		1,457,642	2,685
039 DELIVERY ROOM & LABOR	31,853	5,330,928	5,330,928		470,403	355
040 ANESTHESIOLOGY						
041 RADIOLOGY-DIAGNOSTIC	7,311,569	116,998,838	116,998,838		11,971,460	35,876
042 RADIOLOGY-THERAPEUTIC	35,710	12,673,416	12,673,416		1,622,630	
043 RADIOISOTOPE						
044 LABORATORY	1,589,242	55,969,650	55,969,650		11,252,375	5,443
045 PBP CLINICAL LAB SERV						
046 WHOLE BLOOD & PACKED						
047 BLOOD STORING, PROCES						
048 INTRAVENOUS THERAPY						
049 RESPIRATORY THERAPY	237,136	12,462,036	12,462,036		2,756,921	2,925
050 PHYSICAL THERAPY	69,653	12,288,379	12,288,379		3,644,692	11,386
051 OCCUPATIONAL THERAPY	41,722	4,042,880	4,042,880		1,011,023	2,562
052 SPEECH PATHOLOGY	4,134	1,746,161	1,746,161		378,390	1,860
053 ELECTROCARDIOLOGY	30,400	13,382,839	13,382,839		1,041,284	3,957
054 ELECTROENCEPHALOGRAPH						
055 MEDICAL SUPPLIES CHAR						
055 01 MEDICAL SUPPLIES CHAR						
055 02 MEDICAL SUPPLIES CHAR						
055 03 MEDICAL SUPPLIES CHAR	262,386	63,372,529	63,372,529		18,811,372	
056 DRUGS CHARGED TO PATI	287,823	61,484,693	61,484,693		8,772,521	301
057 RENAL DIALYSIS	114,761	2,363,450	2,363,450		1,390,712	2,009
058 ASC (NON-DISTINCT PAR						
060 OUTPAT SERVICE COST C						
060 CLINIC	10,767	1,679,476	1,679,476		1,053,316	2,663
060 01 HEALTHY FAMILY CENTER	20,948	1,645,479	1,645,479		666,952	5,972
060 02 SISTER MAURA BRANNICK	27,778	695,439	695,439		668,969	
060 03 FAMILY MEDICINE CENTE	69,464	3,504,014	3,504,014		1,358,304	
060 04 WND CA	202,864	5,473,574	5,473,574		1,804,796	4,918
060 05 OUTPATIENT TREATMENT	45,454	1,132,196	1,132,196		335,285	1,511
060 06 PED CL	11,679	553,143	553,143		501,668	
061 EMERGENCY	500,607	31,128,248	31,128,248		6,028,207	16,789
062 OBSERVATION BEDS (NON						
064 OTHER REIMBURS COST C						
064 HOME PROGRAM DIALYSIS						
065 AMBULANCE SERVICES						
066 DURABLE MEDICAL EQUIP						



COST ALLOCATION - STATISTICAL BASIS

COST CENTER DESCRIPTION	DATA PROCESSING	PURCHASING, RECEIVING AND	ADMITTING	CASHIERING/AC COUNTS RECEI	OTHER ADMINIS TRATIVE AND	MAINTENANCE & REPAIRS
(	(	(	(	(	(	(
)	(SUPPLIES COST)	GROSS CHARGES	GROSS CHARGES	RECONCILIATION	ACCUM. COST	(SQUARE FEET)
	6.02	6.03	6.04	6.05	6a.06	7
067 OTHER REIMBURS COST C						
069 DURABLE MEDICAL EQUIP						
070 CORF						
071 I&R SERVICES-NOT APPR						
086 HOME HEALTH AGENCY						
092 SPEC PURPOSE COST CEN						
093 OTHER ORGAN ACQUISITI						
095 AMBULATORY SURGICAL C						
095 HOSPICE						
095 SUBTOTALS	36,886,614	639,470,309	639,470,309	-48,136,078	172,794,983	430,786
096 NONREIMBURS COST CENT						
096 01 GIFT, FLOWER, COFFEE					58,814	1,322
096 03 RESEARCH STUDY-CARDIO					227,797	
096 04 CHILD DAY CARE						
096 05 SICK BAY					4,218	96
096 06 BEAUTY SHOP						
096 07 OUTSIDE LAUNDRY						
096 09 CRIPPLED CHILDREN'S C						
096 10 OUTREACH SERVICES					1,222,349	
096 11 SJRMC, INC		18,920			595,727	5,345
096 12 ST JOSEPH REG MED CTR		89,376				
096 13 REHAB SUBACUTE						
096 14 UNUSED SPACE					2,315,125	52,690
096 15 ST JOSEPH PHYSICIAN N						
096 16 OFFSITE CHAPLAINS						
096 17 ST JOSEPH REG MED CTR					6,725	
096 18 VNA						
096 19 OUR LADY OF PEACE (LT					331,605	7,547
097 RESEARCH						
098 PHYSICIANS' PRIVATE O					13,379	259
098 01 PERINATOLOGIST		2,538			325,814	55
098 02 NEONATOLOGIST					661,315	
098 03 HOSPITALIST		1,389			4,326,809	
099 NONPAID WORKERS						
101 CROSS FOOT ADJUSTMENT						
102 NEGATIVE COST CENTER						
103 COST TO BE ALLOCATED		241,202	1,823,924		48,136,078	672,940
104 (WRKSHT B, PART I)						
104 UNIT COST MULTIPLIER		.006519			.263205	
105 (WRKSHT B, PT I)			.002852			1.351014
105 COST TO BE ALLOCATED						
106 (WRKSHT B, PART II)						
106 UNIT COST MULTIPLIER						
107 (WRKSHT B, PT II)						
107 COST TO BE ALLOCATED		167,840	156,977		1,780,425	537,576
108 (WRKSHT B, PART III)						
108 UNIT COST MULTIPLIER		.004536			.009735	
108 (WRKSHT B, PT III)			.000245			1.079253



COST ALLOCATION - STATISTICAL BASIS

COST CENTER DESCRIPTION	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	MAINTENANCE PERSONNEL	NURSING ADMINISTRATION
	(SQUARE FEET)	(POUNDS OF LAUNDRY)	(SQUARE FEET)	(MEALS SERVED)	S(FTE's)	(NUMBER HOUSED)	(NURSING FTE'S)
	8	9	10	11	12	13	14
GENERAL SERVICE COST							
001 OLD CAP REL COSTS-BLD							
002 OLD CAP REL COSTS-MVB							
003 NEW CAP REL COSTS-BLD							
004 NEW CAP REL COSTS-MVB							
005 EMPLOYEE BENEFITS							
006 01 NONPATIENT TELEPHONES							
006 02 DATA PROCESSING							
006 03 PURCHASING, RECEIVING							
006 04 ADMITTING							
006 05 CASHIERING/ACCOUNTS R							
006 06 OTHER ADMINISTRATIVE							
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT	384,729						
009 LAUNDRY & LINEN SERVI	4,561	2,205,229					
010 HOUSEKEEPING	9,809		370,359				
011 DIETARY	6,957			199,829			
012 CAFETERIA	9,651				1,012		
013 MAINTENANCE OF PERSON							
014 NURSING ADMINISTRATIO	2,885		2,885		29		662
015 CENTRAL SERVICES & SU	3,073		3,073		13		
016 PHARMACY	3,945		3,945		34		
017 MEDICAL RECORDS & LIB	3,864		3,864		34		
018 SOCIAL SERVICE	2,205		2,205		20		
018 01 STERILE SUPPLY	8,006	93,886	8,006		18		
020 NONPHYSICIAN ANESTHET							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY &							
023 I&R SERVICES-OTHER PR	1,628		1,628		48		
024 PARAMED ED PRGM	270		270		1		
024 01 CLINICAL PASTORAL EDU	625		625		5		
024 02 PHARMACY RESIDENCY PR					5		
025 INPAT ROUTINE SRVC CN							
025 ADULTS & PEDIATRICS	94,593	1,005,363	94,593	132,352	275		275
026 INTENSIVE CARE UNIT	8,147	124,146	8,147	14,340	60		60
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE U							
029 SURGICAL INTENSIVE CA							
030 NEONATAL INTENSIVE CA	3,028		3,028		17		17
031 SUBPROVIDER	4,313	148,812	4,313	19,147	33		33
033 NURSERY	264	76,082	264		21		21
034 SKILLED NURSING FACIL							
035 NURSING FACILITY							
035 01 ICF/MR							
036 OTHER LONG TERM CARE							
037 ANCILLARY SRVC COST C							
037 OPERATING ROOM	48,379	209,052	48,379	444	98		98
038 RECOVERY ROOM	2,685	35,268	2,685	91	14		14
039 DELIVERY ROOM & LABOR	355	11,612	355		4		4
040 ANESTHESIOLOGY							
041 RADIOLOGY-DIAGNOSTIC	35,876	117,105	35,876		84		
042 RADIOLOGY-THERAPEUTIC		19,343			13		
043 RADIOISOTOPE							
044 LABORATORY	5,443	55	5,443				
045 PBP CLINICAL LAB SERV							
046 WHOLE BLOOD & PACKED							
047 BLOOD STORING, PROCES							
048 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY	2,925		2,925		26		
050 PHYSICAL THERAPY	11,386	18,183	11,386		35		
051 OCCUPATIONAL THERAPY	2,562	12,561	2,562		10		
052 SPEECH PATHOLOGY	1,860		1,860		4		
053 ELECTROCARDIOLOGY	3,957	3,256	3,957		12		
054 ELECTROENCEPHALOGRAPH							
055 MEDICAL SUPPLIES CHAR							
055 01 MEDICAL SUPPLIES CHAR							
055 02 MEDICAL SUPPLIES CHAR							
055 03 MEDICAL SUPPLIES CHAR							
056 DRUGS CHARGED TO PATI	301		301		4		
057 RENAL DIALYSIS	2,009	4,939	2,009				
058 ASC (NON-DISTINCT PAR							
060 OUTPAT SERVICE COST C							
060 CLINIC	2,663		2,663				11
060 01 HEALTHY FAMILY CENTER	5,972		5,972				16
060 02 SISTER MAURA BRANNICK		1,550					14
060 03 FAMILY MEDICINE CENTE		7,173					20
060 04 WND CA	4,918		4,918		8		8
060 05 OUTPATIENT TREATMENT	1,511	2,077	1,511		3		3
060 06 PED CL				381	7		7
061 EMERGENCY	16,789	299,159	16,789	12,112	61		61
062 OBSERVATION BEDS (NON							
062 OTHER REIMBURS COST C							
064 HOME PROGRAM DIALYSIS							
065 AMBULANCE SERVICES							
066 DURABLE MEDICAL EQUIP							



COST ALLOCATION - STATISTICAL BASIS

COST CENTER DESCRIPTION	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (FTE'S)	MAINTENANCE (NUMBER OF PERSONNEL)	NURSING ADMINISTRATION (NURSING FTE'S)
	8	9	10	11	12	13	14
067 OTHER REIMBURS COST C							
069 DURABLE MEDICAL EQUIP							
070 CORF							
071 I&R SERVICES-NOT APPR							
086 HOME HEALTH AGENCY							
092 SPEC PURPOSE COST CEN							
093 OTHER ORGAN ACQUISITI							
095 AMBULATORY SURGICAL C							
HOSPICE							
SUBTOTALS	317,415	2,189,622	303,045	178,867	996		662
NONREIMBURS COST CENT							
096 GIFT, FLOWER, COFFEE	1,322		1,322				
096 01 SPORTS MED-ATHLETIC T							
096 03 RESEARCH STUDY-CARDIO							
096 04 CHILD DAY CARE							
096 05 SICK BAY	96		96				
096 06 BEAUTY SHOP							
096 07 OUTSIDE LAUNDRY		741					
096 09 CRIPPLED CHILDREN'S C							
096 10 OUTREACH SERVICES							
096 11 SJRMC, INC	5,345		5,345		3		
096 12 ST JOSEPH REG MED CTR							
096 13 REHAB SUBACUTE							
096 14 UNUSED SPACE	52,690		52,690				
096 15 ST JOSEPH PHYSICIAN N							
096 16 OFFSITE CHAPLAINS							
096 17 ST JOSEPH REG MED CTR							
096 18 VNA							
096 19 OUR LADY OF PEACE (LT	7,547		7,547	20,962			
097 RESEARCH							
098 PHYSICIANS' PRIVATE O	259	14,866	259				
098 01 PERINATOLOGIST	55		55				
098 02 NEONATOLOGIST					2		
098 03 HOSPITALIST					11		
099 NONPAID WORKERS							
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 COST TO BE ALLOCATED	15,237,496	1,841,525	4,911,287	4,116,099	1,308,965		3,658,755
(WRKSHT B, PART I)							
104 UNIT COST MULTIPLIER		.835072		20.598106			
(WRKSHT B, PT I)	39.605790		13.260882		1,293.443676		5,526.820242
105 COST TO BE ALLOCATED							
(WRKSHT B, PART II)							
106 UNIT COST MULTIPLIER							
(WRKSHT B, PT II)							
107 COST TO BE ALLOCATED	5,224,119	280,593	612,113	454,580	589,978		218,853
(WRKSHT B, PART III)							
108 UNIT COST MULTIPLIER		.127240		2.274845			
(WRKSHT B, PT III)	13.578698		1.652756		582.982213		330.593656



COST ALLOCATION - STATISTICAL BASIS

COST CENTER DESCRIPTION	CENTRAL SERVI CES & SUPPLY	PHARMACY (SUPPLIES COST(COSTED )EQUIS.	MEDICAL RECOR DS & LIBRARY (GROSS ) CHARGES	SOCIAL SERVIC E (TIME ) SPENT	STERILE SUPPL Y (COSTED REQ )	NONPHYSICIAN ANESTHETISTS (ASSIGNED ) TIME	NURSING SCHOO L (ASSIGNED ) TIME
	15	16	17	18	18.01	20	21
GENERAL SERVICE COST							
001 OLD CAP REL COSTS-BLD							
002 OLD CAP REL COSTS-MVB							
003 NEW CAP REL COSTS-BLD							
004 NEW CAP REL COSTS-MVB							
005 EMPLOYEE BENEFITS							
006 01 NONPATIENT TELEPHONES							
006 02 DATA PROCESSING							
006 03 PURCHASING, RECEIVING							
006 04 ADMITTING							
006 05 CASHIERING/ACCOUNTS R							
006 06 OTHER ADMINISTRATIVE							
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVI							
010 HOUSEKEEPING							
011 DIETARY							
012 CAFETERIA							
013 MAINTENANCE OF PERSON							
014 NURSING ADMINISTRATIO							
015 CENTRAL SERVICES & SU	34,323,165						
016 PHARMACY	156,784	8,723,050					
017 MEDICAL RECORDS & LIB	15,870		639,470,309				
018 SOCIAL SERVICE	2,112	14,144		5,301			
018 01 STERILE SUPPLY	647,065	338			36,738		
020 NONPHYSICIAN ANESTHET							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY &							
023 I&R SERVICES-OTHER PR	101,973	2,387					
024 PARAMED ED PRGM	23,493						
024 01 CLINICAL PASTORAL EDU	563						
024 02 PHARMACY RESIDENCY PR	2,848						
INPAT ROUTINE SRVC CN							
025 ADULTS & PEDIATRICS	1,149,592	4,085	83,322,119	4,409	516		
026 INTENSIVE CARE UNIT	393,811	165	13,373,255	657	83		
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE U							
029 SURGICAL INTENSIVE CA							
030 NEONATAL INTENSIVE CA	66,255	880	4,074,474	37	24		
031 SUBPROVIDER	62,604	220	6,662,680		58		
033 NURSERY	163,816	2,580			24		
034 SKILLED NURSING FACIL							
035 NURSING FACILITY							
035 01 ICF/MR							
036 OTHER LONG TERM CARE							
ANCILLARY SRVC COST C							
037 OPERATING ROOM	20,375,136	12,120	111,734,830	49	34,930		
038 RECOVERY ROOM	143,070		12,375,583		41		
039 DELIVERY ROOM & LABOR	31,853	501	5,330,928		38		
040 ANESTHESIOLOGY							
041 RADIOLOGY-DIAGNOSTIC	7,311,569	559,257	116,998,838		266		
042 RADIOLOGY-THERAPEUTIC	35,710	1,005	12,673,416		3		
043 RADIOISOTOPE							
044 LABORATORY	1,589,242		55,969,650		229		
045 PBP CLINICAL LAB SERV							
046 WHOLE BLOOD & PACKED							
047 BLOOD STORING, PROCES							
048 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY	237,136	208	12,462,036		48		
050 PHYSICAL THERAPY	69,653	627	12,288,379		30		
051 OCCUPATIONAL THERAPY	41,722	231	4,042,880		22		
052 SPEECH PATHOLOGY	4,134		1,746,161		10		
053 ELECTROCARDIOLOGY	30,400	573	13,382,839		48		
054 ELECTROENCEPHALOGRAPH							
055 MEDICAL SUPPLIES CHAR							
055 01 MEDICAL SUPPLIES CHAR							
055 02 MEDICAL SUPPLIES CHAR							
055 03 MEDICAL SUPPLIES CHAR	262,386		63,372,529				
056 DRUGS CHARGED TO PATI	287,823	7,927,788	61,484,693		300		
057 RENAL DIALYSIS	114,761	1,087	2,363,450		9		
058 ASC (NON-DISTINCT PAR							
OUTPAT SERVICE COST C							
060 CLINIC	10,767	864	1,679,476		1		
060 01 HEALTHY FAMILY CENTER	20,948	13,457	1,645,479				
060 02 SISTER MAURA BRANNICK	27,778	64,073	695,439				
060 03 FAMILY MEDICINE CENTE	69,464	94,460	3,504,014	22			
060 04 WND CA	202,864	10,198	5,473,574				
060 05 OUTPATIENT TREATMENT	45,454	222	1,132,196	4			
060 06 PED CL	11,679	1,429	553,143	105			
061 EMERGENCY	500,607	82	31,128,248		58		
062 OBSERVATION BEDS (NON							
OTHER REIMBURS COST C							
064 HOME PROGRAM DIALYSIS							
065 AMBULANCE SERVICES							
066 DURABLE MEDICAL EQUIP							



COST ALLOCATION - STATISTICAL BASIS

COST CENTER DESCRIPTION	CENTRAL SERVI CES & SUPPLY (SUPPLIES COST)	PHARMACY (COSTED) EQUIS.	MEDICAL RECOR DS & LIBRARY (GROSS CHARGES)	SOCIAL SERVIC E (TIME SPENT)	STERILE SUPPL Y (COSTED REQ )	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOO L (ASSIGNED TIME)
	15	16	17	18	18.01	20	21
067 OTHER REIMBURS COST C							
069 DURABLE MEDICAL EQUIP							
070 CORF							
071 I&R SERVICES-NOT APPR							
086 HOME HEALTH AGENCY							
092 SPEC PURPOSE COST CEN							
093 OTHER ORGAN ACQUISITI							
095 AMBULATORY SURGICAL C							
HOSPICE							
SUBTOTALS	34,210,942	8,712,981	639,470,309	5,283	36,738		
096 NONREIMBURS COST CEN							
096 01 GIFT, FLOWER, COFFEE							
096 03 SPORTS MED-ATHLETIC T							
096 04 RESEARCH STUDY-CARDIO							
096 05 CHILD DAY CARE							
096 06 SICK BAY							
096 07 BEAUTY SHOP							
096 09 OUTSIDE LAUNDRY							
096 10 CRIPPLED CHILDREN'S C							
096 11 OUTREACH SERVICES	18,920	10,037					
096 12 SJRMC, INC	89,376						
096 13 ST JOSEPH REG MED CTR							
096 14 REHAB SUBACUTE							
096 15 UNUSED SPACE							
096 16 ST JOSEPH PHYSICIAN N							
096 17 OFFSITE CHAPLAINS							
096 18 ST JOSEPH REG MED CTR							
096 19 VNA							
096 01 OUR LADY OF PEACE (LT				18			
097 RESEARCH							
098 PHYSICIANS' PRIVATE O							
098 01 PERINATOLOGIST	2,538	32					
098 02 NEONATOLOGIST							
098 03 HOSPITALIST	1,389						
099 NONPAID WORKERS							
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 COST TO BE ALLOCATED	1,389,414	4,299,326	4,308,688	2,411,525	3,058,985		
(WRKSHT B, PART I)							
104 UNIT COST MULTIPLIER		.492870		454.918883			
(WRKSHT B, PT I)	.040480		.006738		83.264876		
105 COST TO BE ALLOCATED							
(WRKSHT B, PART II)							
106 UNIT COST MULTIPLIER							
(WRKSHT B, PT II)							
107 COST TO BE ALLOCATED	202,667	292,456	287,579	164,031	531,221		
(WRKSHT B, PART III)							
108 UNIT COST MULTIPLIER		.033527		30.943407			
(WRKSHT B, PT III)	.005905		.000450		14.459715		



COST ALLOCATION - STATISTICAL BASIS

COST CENTER DESCRIPTION	I&R SERVICES- SALARY & FRI	I&R SERVICES- OTHER PRGM	PARAMED ED GM	PR CLINICAL ORAL EDUCATI	PAST RES (PHARMACY TIME)	PHARMACY RESIDENCY PROGRA
	(ASSIGNED TIME)	(ASSIGNED TIME)	(PARAMEDIC TIME)	TIM(PASTORAL RES TIME)	RES (PHARMACY TIME)	
GENERAL SERVICE COST	22	23	24	24.01	24.02	
001 OLD CAP REL COSTS-BLD						
002 OLD CAP REL COSTS-MVB						
003 NEW CAP REL COSTS-BLD						
004 NEW CAP REL COSTS-MVB						
005 EMPLOYEE BENEFITS						
006 01 NONPATIENT TELEPHONES						
006 02 DATA PROCESSING						
006 03 PURCHASING, RECEIVING						
006 04 ADMITTING						
006 05 CASHIERING/ACCOUNTS R						
006 06 OTHER ADMINISTRATIVE						
007 MAINTENANCE & REPAIRS						
008 OPERATION OF PLANT						
009 LAUNDRY & LINEN SERVI						
010 HOUSEKEEPING						
011 DIETARY						
012 CAFETERIA						
013 MAINTENANCE OF PERSON						
014 NURSING ADMINISTRATIO						
015 CENTRAL SERVICES & SU						
016 PHARMACY						
017 MEDICAL RECORDS & LIB						
018 SOCIAL SERVICE						
018 01 STERILE SUPPLY						
020 NONPHYSICIAN ANESTHET						
021 NURSING SCHOOL						
022 I&R SERVICES-SALARY &	462					
023 I&R SERVICES-OTHER PR		462				
024 PARAMED ED PRGM			100			
024 01 CLINICAL PASTORAL EDU				4,102		
024 02 PHARMACY RESIDENCY PR					62,590	
INPAT ROUTINE SRVC CN						
025 ADULTS & PEDIATRICS	180	180		2,145	46,001	
026 INTENSIVE CARE UNIT	19	19		917	6,026	
027 CORONARY CARE UNIT						
028 BURN INTENSIVE CARE U						
029 SURGICAL INTENSIVE CA						
030 NEONATAL INTENSIVE CA	6	6		44	1,687	
031 SUBPROVIDER	28	28		159	5,619	
033 NURSERY	14	14		1	3,257	
034 SKILLED NURSING FACIL						
035 NURSING FACILITY						
035 01 ICF/MR						
036 OTHER LONG TERM CARE						
ANCILLARY SRVC COST C						
037 OPERATING ROOM	44	44		462		
038 RECOVERY ROOM						
039 DELIVERY ROOM & LABOR	2	2				
040 ANESTHESIOLOGY						
041 RADIOLOGY-DIAGNOSTIC	19	19				
042 RADIOLOGY-THERAPEUTIC						
043 RADIOISOTOPE						
044 LABORATORY						
045 PBP CLINICAL LAB SERV						
046 WHOLE BLOOD & PACKED						
047 BLOOD STORING, PROCES						
048 INTRAVENOUS THERAPY						
049 RESPIRATORY THERAPY	2	2				
050 PHYSICAL THERAPY						
051 OCCUPATIONAL THERAPY						
052 SPEECH PATHOLOGY						
053 ELECTROCARDIOLOGY	21	21				
054 ELECTROENCEPHALOGRAPH						
055 MEDICAL SUPPLIES CHAR						
055 01 MEDICAL SUPPLIES CHAR						
055 02 MEDICAL SUPPLIES CHAR						
055 03 MEDICAL SUPPLIES CHAR						
056 DRUGS CHARGED TO PATI						
057 RENAL DIALYSIS	2	2				
058 ASC (NON-DISTINCT PAR						
OUTPAT SERVICE COST C						
060 CLINIC						
060 01 HEALTHY FAMILY CENTER						
060 02 SISTER MAURA BRANNICK						
060 03 FAMILY MEDICINE CENTE	79	79				
060 04 WND CA						
060 05 OUTPATIENT TREATMENT						
060 06 PED CL				366		
061 EMERGENCY	46	46	100			
062 OBSERVATION BEDS (NON						
OTHER REIMBURS COST C						
064 HOME PROGRAM DIALYSIS						
065 AMBULANCE SERVICES						
066 DURABLE MEDICAL EQUIP						



COST ALLOCATION - STATISTICAL BASIS

COST CENTER DESCRIPTION	I&R SERVICES- SALARY & FRI (ASSIGNED TIME)	I&R SERVICES- OTHER PRGM C (ASSIGNED TIME)	PARAMED ED PR GM (PARAMEDIC TIME)	CLINICAL PAST ORAL EDUCATI RES (PASTORAL RES TIME)	PHARMACY RESI DENCY PROGRA (PHARMACY TIME)
	22	23	24	24.01	24.02
067 OTHER REIMBURS COST C					
069 DURABLE MEDICAL EQUIP					
070 CORF					
071 I&R SERVICES-NOT APPR					
086 HOME HEALTH AGENCY					
092 SPEC PURPOSE COST CEN					
093 OTHER ORGAN ACQUISITI					
095 AMBULATORY SURGICAL C					
HOSPICE					
SUBTOTALS	462	462	100	4,094	62,590
096 NONREIMBURS COST CENT					
096 01 GIFT, FLOWER, COFFEE					
096 03 SPORTS MED-ATHLETIC T					
096 04 RESEARCH STUDY-CARDIO					
096 05 CHILD DAY CARE					
096 06 SICK BAY					
096 07 BEAUTY SHOP					
096 09 OUTSIDE LAUNDRY					
096 10 CRIPPLED CHILDREN'S C					
096 11 OUTREACH SERVICES					
096 12 SJRMC, INC					
096 13 ST JOSEPH REG MED CTR					
096 14 REHAB SUBACUTE					
096 15 UNUSED SPACE					
096 16 ST JOSEPH PHYSICIAN N					
096 17 OFFSITE CHAPLAINS					
096 18 ST JOSEPH REG MED CTR					
096 19 VNA					
096 02 OUR LADY OF PEACE (LT				8	
097 RESEARCH					
098 PHYSICIANS' PRIVATE O					
098 01 PERINATOLOGIST					
098 02 NEONATOLOGIST					
098 03 HOSPITALIST					
099 NONPAID WORKERS					
101 CROSS FOOT ADJUSTMENT					
102 NEGATIVE COST CENTER					
103 COST TO BE ALLOCATED	762,886	5,757,536	246,248	397,863	552,946
(PER WRKSHT B, PART					
104 UNIT COST MULTIPLIER		12,462.199134		96.992443	
(WRKSHT B, PT I)	1,651.268398		2,462.480000		8.834414
105 COST TO BE ALLOCATED					
(PER WRKSHT B, PART					
106 UNIT COST MULTIPLIER					
(WRKSHT B, PT II)					
107 COST TO BE ALLOCATED	6,116	172,833	18,922	43,468	7,357
(PER WRKSHT B, PART					
108 UNIT COST MULTIPLIER		374.097403		10.596782	
(WRKSHT B, PT III)	13.238095		189.220000		.117543



COMPUTATION OF RATIO OF COSTS TO CHARGES

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS	45,239,679		45,239,679	128,176	45,367,855
26	INTENSIVE CARE UNIT	9,192,638		9,192,638	11,689	9,204,327
27	CORONARY CARE UNIT					
28	BURN INTENSIVE CARE UNIT					
29	SURGICAL INTENSIVE CARE U					
30	NEONATAL INTENSIVE CARE U	2,562,179		2,562,179		2,562,179
31	SUBPROVIDER	5,017,676		5,017,676	14,006	5,031,682
33	NURSERY	3,005,120		3,005,120		3,005,120
34	SKILLED NURSING FACILITY					
35	NURSING FACILITY					
35	01 ICF/MR					
36	OTHER LONG TERM CARE ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	29,917,094		29,917,094	6,909	29,924,003
38	RECOVERY ROOM	2,206,275		2,206,275		2,206,275
39	DELIVERY ROOM & LABOR ROO	691,061		691,061		691,061
40	ANESTHESIOLOGY					
41	RADIOLOGY-DIAGNOSTIC	18,655,997		18,655,997		18,655,997
42	RADIOLOGY-THERAPEUTIC	2,170,266		2,170,266		2,170,266
43	RADIOISOTOPE					
44	LABORATORY	14,969,734		14,969,734		14,969,734
45	PBP CLINICAL LAB SERVICES					
46	WHOLE BLOOD & PACKED RED					
47	BLOOD STORING, PROCESSING					
48	INTRAVENOUS THERAPY					
49	RESPIRATORY THERAPY	3,772,441		3,772,441	13,802	3,786,243
50	PHYSICAL THERAPY	5,370,197		5,370,197		5,370,197
51	OCCUPATIONAL THERAPY	1,470,333		1,470,333		1,470,333
52	SPEECH PATHOLOGY	596,769		596,769		596,769
53	ELECTROCARDIOLOGY	1,643,818		1,643,818		1,643,818
54	ELECTROENCEPHALOGRAPHY					
55	MEDICAL SUPPLIES CHARGED					
55	01 MEDICAL SUPPLIES CHARGED					
55	02 MEDICAL SUPPLIES CHARGED					
55	03 MEDICAL SUPPLIES CHARGED	24,200,244		24,200,244		24,200,244
56	DRUGS CHARGED TO PATIENTS	15,461,265		15,461,265		15,461,265
57	RENAL DIALYSIS	1,891,657		1,891,657		1,891,657
58	ASC (NON-DISTINCT PART) OUTPAT SERVICE COST CNTRS					
60	CLINIC	1,547,992		1,547,992	20,486	1,568,478
60	01 HEALTHY FAMILY CENTER	1,273,282		1,273,282	199	1,273,481
60	02 SISTER MAURA BRANNICK HEA	961,104		961,104		961,104
60	03 FAMILY MEDICINE CENTER	1,915,329		1,915,329		1,915,329
60	04 WND CA	2,651,151		2,651,151		2,651,151
60	05 OUTPATIENT TREATMENT & IN	539,048		539,048		539,048
60	06 PED CL	777,469		777,469	4,425	781,894
61	EMERGENCY	9,921,585		9,921,585	44,288	9,965,873
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	2,593,157		2,593,157		2,593,157
64	HOME PROGRAM DIALYSIS					
65	AMBULANCE SERVICES					
66	DURABLE MEDICAL EQUIP-REN					
67	DURABLE MEDICAL EQUIP-SOL					
101	SUBTOTAL	210,214,560		210,214,560	243,980	210,458,540
102	LESS OBSERVATION BEDS	2,593,157		2,593,157		2,593,157
103	TOTAL	207,621,403		207,621,403	243,980	207,865,383



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	79,024,616		79,024,616			
26	INTENSIVE CARE UNIT	13,373,255		13,373,255			
27	CORONARY CARE UNIT						
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U						
30	NEONATAL INTENSIVE CARE U	4,074,474		4,074,474			
31	SUBPROVIDER	6,662,680		6,662,680			
33	NURSERY						
34	SKILLED NURSING FACILITY						
35	NURSING FACILITY						
35	01 ICF/MR						
36	OTHER LONG TERM CARE						
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	63,985,442	47,749,388	111,734,830	.267751	.267751	.267813
38	RECOVERY ROOM	6,578,981	5,796,602	12,375,583	.178276	.178276	.178276
39	DELIVERY ROOM & LABOR ROO	5,258,724	72,204	5,330,928	.129632	.129632	.129632
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC	43,255,717	73,743,121	116,998,838	.159455	.159455	.159455
42	RADIOLOGY-THERAPEUTIC	339,511	12,333,905	12,673,416	.171246	.171246	.171246
43	RADIOISOTOPE						
44	LABORATORY	35,748,039	20,221,611	55,969,650	.267462	.267462	.267462
45	PBP CLINICAL LAB SERVICES						
46	WHOLE BLOOD & PACKED RED						
47	BLOOD STORING, PROCESSING						
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY	7,700,176	4,761,860	12,462,036	.302715	.302715	.303822
50	PHYSICAL THERAPY	4,441,547	7,846,832	12,288,379	.437014	.437014	.437014
51	OCCUPATIONAL THERAPY	3,010,267	1,032,613	4,042,880	.363685	.363685	.363685
52	SPEECH PATHOLOGY	1,497,385	248,776	1,746,161	.341761	.341761	.341761
53	ELECTROCARDIOLOGY	7,226,117	6,156,722	13,382,839	.122830	.122830	.122830
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED						
55	01 MEDICAL SUPPLIES CHARGED						
55	02 MEDICAL SUPPLIES CHARGED						
55	03 MEDICAL SUPPLIES CHARGED	51,100,326	12,272,203	63,372,529	.381873	.381873	.381873
56	DRUGS CHARGED TO PATIENTS	45,288,510	16,196,183	61,484,693	.251465	.251465	.251465
57	RENAL DTALYSIS	1,306,937	1,056,513	2,363,450	.800380	.800380	.800380
58	ASC (NON-DISTINCT PART)						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	219,898	1,459,578	1,679,476	.921711	.921711	.933909
60	01 HEALTHY FAMILY CENTER		1,645,479	1,645,479	.773806	.773806	.773927
60	02 SISTER MAURA BRANNICK HEA		695,439	695,439	1.382010	1.382010	1.382010
60	03 FAMILY MEDICINE CENTER		3,504,014	3,504,014	.546610	.546610	.546610
60	04 WND CA	23,842	5,449,732	5,473,574	.484355	.484355	.484355
60	05 OUTPATIENT TREATMENT & IN	11,840	1,120,356	1,132,196	.476108	.476108	.476108
60	06 PED CL		553,143	553,143	1.405548	1.405548	1.413548
61	EMERGENCY	9,512,074	21,616,174	31,128,248	.318733	.318733	.320155
62	OBSERVATION BEDS (NON-DIS		4,297,503	4,297,503	.603410	.603410	.603410
	OTHER REIMBURS COST CNTRS						
64	HOME PROGRAM DIALYSIS						
65	AMBULANCE SERVICES						
66	DURABLE MEDICAL EQUIP-REN						
67	DURABLE MEDICAL EQUIP-SOL						
101	SUBTOTAL	389,640,358	249,829,951	639,470,309			
102	LESS OBSERVATION BEDS						
103	TOTAL	389,640,358	249,829,951	639,470,309			



COMPUTATION OF RATIO OF COSTS TO CHARGES  
 SPECIAL TITLE XIX WORKSHEET

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS	47,780,101		47,780,101	128,176	47,908,277
26	INTENSIVE CARE UNIT	9,460,794		9,460,794	11,689	9,472,483
27	CORONARY CARE UNIT					
28	BURN INTENSIVE CARE UNIT					
29	SURGICAL INTENSIVE CARE U					
30	NEONATAL INTENSIVE CARE U	2,646,860		2,646,860		2,646,860
31	SUBPROVIDER	5,412,854		5,412,854	14,006	5,426,860
33	NURSERY	3,202,709		3,202,709		3,202,709
34	SKILLED NURSING FACILITY					
35	NURSING FACILITY					
35	01 ICF/MR					
36	OTHER LONG TERM CARE ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	30,538,087		30,538,087	6,909	30,544,996
38	RECOVERY ROOM	2,206,275		2,206,275		2,206,275
39	DELIVERY ROOM & LABOR ROO	719,288		719,288		719,288
40	ANESTHESIOLOGY					
41	RADIOLOGY-DIAGNOSTIC	18,924,153		18,924,153		18,924,153
42	RADIOLOGY-THERAPEUTIC	2,170,266		2,170,266		2,170,266
43	RADIOISOTOPE					
44	LABORATORY	14,969,734		14,969,734		14,969,734
45	PBP CLINICAL LAB SERVICES					
46	WHOLE BLOOD & PACKED RED					
47	BLOOD STORING, PROCESSING					
48	INTRAVENOUS THERAPY					
49	RESPIRATORY THERAPY	3,800,668		3,800,668	13,802	3,814,470
50	PHYSICAL THERAPY	5,370,197		5,370,197		5,370,197
51	OCCUPATIONAL THERAPY	1,470,333		1,470,333		1,470,333
52	SPEECH PATHOLOGY	596,769		596,769		596,769
53	ELECTROCARDIOLOGY	1,940,201		1,940,201		1,940,201
54	ELECTROENCEPHALOGRAPHY					
55	MEDICAL SUPPLIES CHARGED					
55	01 MEDICAL SUPPLIES CHARGED					
55	02 MEDICAL SUPPLIES CHARGED					
55	03 MEDICAL SUPPLIES CHARGED	24,200,244		24,200,244		24,200,244
56	DRUGS CHARGED TO PATIENTS	15,461,265		15,461,265		15,461,265
57	RENAL DIALYSIS	1,919,884		1,919,884		1,919,884
58	ASC (NON-DISTINCT PART) OUTPAT SERVICE COST CNTRS					
60	CLINIC	1,547,992		1,547,992	20,486	1,568,478
60	01 HEALTHY FAMILY CENTER	1,273,282		1,273,282	199	1,273,481
60	02 SISTER MAURA BRANNICK HEA	961,104		961,104		961,104
60	03 FAMILY MEDICINE CENTER	3,030,293		3,030,293		3,030,293
60	04 WND CA	2,651,151		2,651,151		2,651,151
60	05 OUTPATIENT TREATMENT & IN	539,048		539,048		539,048
60	06 PED CL	777,469		777,469	4,425	781,894
61	EMERGENCY	10,570,804		10,570,804	44,288	10,615,092
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	2,593,157		2,593,157		2,593,157
64	HOME PROGRAM DIALYSIS					
65	AMBULANCE SERVICES					
66	DURABLE MEDICAL EQUIP-REN					
67	DURABLE MEDICAL EQUIP-SOL					
101	SUBTOTAL	216,734,982		216,734,982	243,980	216,978,962
102	LESS OBSERVATION BEDS	2,593,157		2,593,157		2,593,157
103	TOTAL	214,141,825		214,141,825	243,980	214,385,805



COMPUTATION OF RATIO OF COSTS TO CHARGES  
 SPECIAL TITLE XIX WORKSHEET

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT CHARGES 6	OUTPATIENT CHARGES 7	TOTAL CHARGES 8	COST OR OTHER RATIO 9	TEFRA INPAT- IENT RATIO 10	PPS INPAT- IENT RATIO 11
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	79,024,616		79,024,616			
26	INTENSIVE CARE UNIT	13,373,255		13,373,255			
27	CORONARY CARE UNIT						
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U						
30	NEONATAL INTENSIVE CARE U	4,074,474		4,074,474			
31	SUBPROVIDER	6,662,680		6,662,680			
33	NURSERY						
34	SKILLED NURSING FACILITY						
35	NURSING FACILITY						
35	01 ICF/MR						
36	OTHER LONG TERM CARE						
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	63,985,442	47,749,388	111,734,830	.273309	.273309	.273370
38	RECOVERY ROOM	6,578,981	5,796,602	12,375,583	.178276	.178276	.178276
39	DELIVERY ROOM & LABOR ROO	5,258,724	72,204	5,330,928	.134927	.134927	.134927
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC	43,255,717	73,743,121	116,998,838	.161747	.161747	.161747
42	RADIOLOGY-THERAPEUTIC	339,511	12,333,905	12,673,416	.171246	.171246	.171246
43	RADIOISOTOPE						
44	LABORATORY	35,748,039	20,221,611	55,969,650	.267462	.267462	.267462
45	PBP CLINICAL LAB SERVICES						
46	WHOLE BLOOD & PACKED RED						
47	BLOOD STORING, PROCESSING						
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY	7,700,176	4,761,860	12,462,036	.304980	.304980	.306087
50	PHYSICAL THERAPY	4,441,547	7,846,832	12,288,379	.437014	.437014	.437014
51	OCCUPATIONAL THERAPY	3,010,267	1,032,613	4,042,880	.363685	.363685	.363685
52	SPEECH PATHOLOGY	1,497,385	248,776	1,746,161	.341761	.341761	.341761
53	ELECTROCARDIOLOGY	7,226,117	6,156,722	13,382,839	.144977	.144977	.144977
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED						
55	01 MEDICAL SUPPLIES CHARGED						
55	02 MEDICAL SUPPLIES CHARGED						
55	03 MEDICAL SUPPLIES CHARGED	51,100,326	12,272,203	63,372,529	.381873	.381873	.381873
56	DRUGS CHARGED TO PATIENTS	45,288,510	16,196,183	61,484,693	.251465	.251465	.251465
57	RENAL DTALYSIS	1,306,937	1,056,513	2,363,450	.812323	.812323	.812323
58	ASC (NON-DISTINCT PART)						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	219,898	1,459,578	1,679,476	.921711	.921711	.933909
60	01 HEALTHY FAMILY CENTER		1,645,479	1,645,479	.773806	.773806	.773927
60	02 SISTER MAURA BRANNICK HEA		695,439	695,439	1.382010	1.382010	1.382010
60	03 FAMILY MEDICINE CENTER		3,504,014	3,504,014	.864806	.864806	.864806
60	04 WND CA	23,842	5,449,732	5,473,574	.484355	.484355	.484355
60	05 OUTPATIENT TREATMENT & IN	11,840	1,120,356	1,132,196	.476108	.476108	.476108
60	06 PED CL		553,143	553,143	1.405548	1.405548	1.413548
61	EMERGENCY	9,512,074	21,616,174	31,128,248	.339589	.339589	.341012
62	OBSERVATION BEDS (NON-DIS		4,297,503	4,297,503	.603410	.603410	.603410
	OTHER REIMBURS COST CNTRS						
64	HOME PROGRAM DIALYSIS						
65	AMBULANCE SERVICES						
66	DURABLE MEDICAL EQUIP-REN						
67	DURABLE MEDICAL EQUIP-SOL						
101	SUBTOTAL	389,640,358	249,829,951	639,470,309			
102	LESS OBSERVATION BEDS						
103	TOTAL	389,640,358	249,829,951	639,470,309			



WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27 1	CAPITAL COST WKST B PT II & III, COL. 27 2	OPERATING COST NET OF CAPITAL COST 3	CAPITAL REDUCTION 4	OPERATING COST REDUCTION AMOUNT 5	COST NET OF CAP AND OPER COST REDUCTION 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM	29,917,094	4,004,575	25,912,519			29,917,094
38	RECOVERY ROOM	2,206,275	204,876	2,001,399			2,206,275
39	DELIVERY ROOM & LABOR ROO	691,061	35,853	655,208			691,061
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC	18,655,997	2,527,786	16,128,211			18,655,997
42	RADIOLOGY-THERAPEUTIC	2,170,266	36,620	2,133,646			2,170,266
43	RADIOISOTOPE						
44	LABORATORY	14,969,734	496,617	14,473,117			14,969,734
45	PBP CLINICAL LAB SERVICES						
46	WHOLE BLOOD & PACKED RED						
47	BLOOD STORING, PROCESSING						
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY	3,772,441	231,383	3,541,058			3,772,441
50	PHYSICAL THERAPY	5,370,197	755,767	4,614,430			5,370,197
51	OCCUPATIONAL THERAPY	1,470,333	175,950	1,294,383			1,470,333
52	SPEECH PATHOLOGY	596,769	119,900	476,869			596,769
53	ELECTROCARDIOLOGY	1,643,818	267,237	1,376,581			1,643,818
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED						
55	01 MEDICAL SUPPLIES CHARGED						
55	02 MEDICAL SUPPLIES CHARGED						
55	03 MEDICAL SUPPLIES CHARGED	24,200,244	229,912	23,970,332			24,200,244
56	DRUGS CHARGED TO PATIENTS	15,461,265	422,028	15,039,237			15,461,265
57	RENAL DIALYSIS	1,891,657	138,319	1,753,338			1,891,657
58	ASC (NON-DISTINCT PART)						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	1,547,992	176,130	1,371,862			1,547,992
60	01 HEALTHY FAMILY CENTER	1,273,282	373,986	899,296			1,273,282
60	02 SISTER MAURA BRANNICK HEA	961,104	14,753	946,351			961,104
60	03 FAMILY MEDICINE CENTER	1,915,329	29,149	1,886,180			1,915,329
60	04 WND CA	2,651,151	327,778	2,323,373			2,651,151
60	05 OUTPATIENT TREATMENT & IN	539,048	99,012	440,036			539,048
60	06 PED CL	777,469	16,244	761,225			777,469
61	EMERGENCY	9,921,585	1,222,611	8,698,974			9,921,585
62	OBSERVATION BEDS (NON-DIS	2,593,157	391,416	2,201,741			2,593,157
	OTHER REIMBURS COST CNTRS						
64	HOME PROGRAM DIALYSIS						
65	AMBULANCE SERVICES						
66	DURABLE MEDICAL EQUIP-REN						
67	DURABLE MEDICAL EQUIP-SOL						
101	SUBTOTAL	145,197,268	12,297,902	132,899,366			145,197,268
102	LESS OBSERVATION BEDS	2,593,157	391,416	2,201,741			2,593,157
103	TOTAL	142,604,111	11,906,486	130,697,625			142,604,111



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	111,734,830	.267751	.267751
38	RECOVERY ROOM	12,375,583	.178276	.178276
39	DELIVERY ROOM & LABOR ROO	5,330,928	.129632	.129632
40	ANESTHESIOLOGY			
41	RADIOLOGY-DIAGNOSTIC	116,998,838	.159455	.159455
42	RADIOLOGY-THERAPEUTIC	12,673,416	.171246	.171246
43	RADIOISOTOPE			
44	LABORATORY	55,969,650	.267462	.267462
45	PBP CLINICAL LAB SERVICES			
46	WHOLE BLOOD & PACKED RED			
47	BLOOD STORING, PROCESSING			
48	INTRAVENOUS THERAPY			
49	RESPIRATORY THERAPY	12,462,036	.302715	.302715
50	PHYSICAL THERAPY	12,288,379	.437014	.437014
51	OCCUPATIONAL THERAPY	4,042,880	.363685	.363685
52	SPEECH PATHOLOGY	1,746,161	.341761	.341761
53	ELECTROCARDIOLOGY	13,382,839	.122830	.122830
54	ELECTROENCEPHALOGRAPHY			
55	MEDICAL SUPPLIES CHARGED			
55	01 MEDICAL SUPPLIES CHARGED			
55	02 MEDICAL SUPPLIES CHARGED			
55	03 MEDICAL SUPPLIES CHARGED	63,372,529	.381873	.381873
56	DRUGS CHARGED TO PATIENTS	61,484,693	.251465	.251465
57	RENAL DIALYSIS	2,363,450	.800380	.800380
58	ASC (NON-DISTINCT PART)			
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	1,679,476	.921711	.921711
60	01 HEALTHY FAMILY CENTER	1,645,479	.773806	.773806
60	02 SISTER MAURA BRANNICK HEA	695,439	1.382010	1.382010
60	03 FAMILY MEDICINE CENTER	3,504,014	.546610	.546610
60	04 WND CA	5,473,574	.484355	.484355
60	05 OUTPATIENT TREATMENT & IN	1,132,196	.476108	.476108
60	06 PED CL	553,143	1.405548	1.405548
61	EMERGENCY	31,128,248	.318733	.318733
62	OBSERVATION BEDS (NON-DIS	4,297,503	.603410	.603410
	OTHER REIMBURS COST CNTRS			
64	HOME PROGRAM DIALYSIS			
65	AMBULANCE SERVICES			
66	DURABLE MEDICAL EQUIP-REN			
67	DURABLE MEDICAL EQUIP-SOL			
101	SUBTOTAL	536,335,284		
102	LESS OBSERVATION BEDS	4,297,503		
103	TOTAL	532,037,781		



WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27 1	CAPITAL COST WKST B PT II & III, COL. 27 2	OPERATING COST NET OF CAPITAL COST 3	CAPITAL REDUCTION 4	OPERATING COST REDUCTION AMOUNT 5	COST NET OF CAP AND OPER COST REDUCTION 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM	30,538,087	4,004,575	26,533,512	400,458	1,538,944	28,598,685
38	RECOVERY ROOM	2,206,275	204,876	2,001,399	20,488	116,081	2,069,706
39	DELIVERY ROOM & LABOR ROO	719,288	35,853	683,435	3,585	39,639	676,064
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC	18,924,153	2,527,786	16,396,367	252,779	950,989	17,720,385
42	RADIOLOGY-THERAPEUTIC	2,170,266	36,620	2,133,646	3,662	123,751	2,042,853
43	RADIOISOTOPE						
44	LABORATORY	14,969,734	496,617	14,473,117	49,662	839,441	14,080,631
45	PBP CLINICAL LAB SERVICES						
46	WHOLE BLOOD & PACKED RED						
47	BLOOD STORING, PROCESSING						
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY	3,800,668	231,383	3,569,285	23,138	207,019	3,570,511
50	PHYSICAL THERAPY	5,370,197	755,767	4,614,430	75,577	267,637	5,026,983
51	OCCUPATIONAL THERAPY	1,470,333	175,950	1,294,383	17,595	75,074	1,377,664
52	SPEECH PATHOLOGY	596,769	119,900	476,869	11,990	27,658	557,121
53	ELECTROCARDIOLOGY	1,940,201	267,237	1,672,964	26,724	97,032	1,816,445
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED						
55	01 MEDICAL SUPPLIES CHARGED						
55	02 MEDICAL SUPPLIES CHARGED						
55	03 MEDICAL SUPPLIES CHARGED	24,200,244	229,912	23,970,332	22,991	1,390,279	22,786,974
56	DRUGS CHARGED TO PATIENTS	15,461,265	422,028	15,039,237	42,203	872,276	14,546,786
57	RENAL DIALYSIS	1,919,884	138,319	1,781,565	13,832	103,331	1,802,721
58	ASC (NON-DISTINCT PART)						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	1,547,992	176,130	1,371,862	17,613	79,568	1,450,811
60	01 HEALTHY FAMILY CENTER	1,273,282	373,986	899,296	37,399	52,159	1,183,724
60	02 SISTER MAURA BRANNICK HEA	961,104	14,753	946,351	1,475	54,888	904,741
60	03 FAMILY MEDICINE CENTER	3,030,293	29,149	3,001,144	2,915	174,066	2,853,312
60	04 WND CA	2,651,151	327,778	2,323,373	32,778	134,756	2,483,617
60	05 OUTPATIENT TREATMENT & IN	539,048	99,012	440,036	9,901	25,522	503,625
60	06 PED CL	777,469	16,244	761,225	1,624	44,151	731,694
61	EMERGENCY	10,570,804	1,222,611	9,348,193	122,261	542,195	9,906,348
62	OBSERVATION BEDS (NON-DIS	2,593,157	391,416	2,201,741	39,142	127,701	2,426,314
	OTHER REIMBURS COST CNTRS						
64	HOME PROGRAM DIALYSIS						
65	AMBULANCE SERVICES						
66	DURABLE MEDICAL EQUIP-REN						
67	DURABLE MEDICAL EQUIP-SOL						
101	SUBTOTAL	148,231,664	12,297,902	135,933,762	1,229,792	7,884,157	139,117,715
102	LESS OBSERVATION BEDS	2,593,157	391,416	2,201,741	39,142	127,701	2,426,314
103	TOTAL	145,638,507	11,906,486	133,732,021	1,190,650	7,756,456	136,691,401



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	111,734,830	.255951	.269725
38	RECOVERY ROOM	12,375,583	.167241	.176621
39	DELIVERY ROOM & LABOR ROO	5,330,928	.126819	.134255
40	ANESTHESIOLOGY			
41	RADIOLOGY-DIAGNOSTIC	116,998,838	.151458	.159586
42	RADIOLOGY-THERAPEUTIC	12,673,416	.161192	.170957
43	RADIOISOTOPE			
44	LABORATORY	55,969,650	.251576	.266574
45	PBP CLINICAL LAB SERVICES			
46	WHOLE BLOOD & PACKED RED			
47	BLOOD STORING, PROCESSING			
48	INTRAVENOUS THERAPY			
49	RESPIRATORY THERAPY	12,462,036	.286511	.303123
50	PHYSICAL THERAPY	12,288,379	.409084	.430864
51	OCCUPATIONAL THERAPY	4,042,880	.340763	.359332
52	SPEECH PATHOLOGY	1,746,161	.319055	.334894
53	ELECTROCARDIOLOGY	13,382,839	.135729	.142980
54	ELECTROENCEPHALOGRAPHY			
55	MEDICAL SUPPLIES CHARGED			
55	01 MEDICAL SUPPLIES CHARGED			
55	02 MEDICAL SUPPLIES CHARGED			
55	03 MEDICAL SUPPLIES CHARGED	63,372,529	.359572	.381510
56	DRUGS CHARGED TO PATIENTS	61,484,693	.236592	.250779
57	RENAL DIALYSIS	2,363,450	.762750	.806470
58	ASC (NON-DISTINCT PART)			
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	1,679,476	.863847	.911224
60	01 HEALTHY FAMILY CENTER	1,645,479	.719380	.751078
60	02 SISTER MAURA BRANNICK HEA	695,439	1.300964	1.379890
60	03 FAMILY MEDICINE CENTER	3,504,014	.814298	.863974
60	04 WND CA	5,473,574	.453747	.478366
60	05 OUTPATIENT TREATMENT & IN	1,132,196	.444821	.467363
60	06 PED CL	553,143	1.322794	1.402612
61	EMERGENCY	31,128,248	.318243	.335661
62	OBSERVATION BEDS (NON-DIS	4,297,503	.564587	.594302
	OTHER REIMBURS COST CNTRS			
64	HOME PROGRAM DIALYSIS			
65	AMBULANCE SERVICES			
66	DURABLE MEDICAL EQUIP-REN			
67	DURABLE MEDICAL EQUIP-SOL			
101	SUBTOTAL	536,335,284		
102	LESS OBSERVATION BEDS	4,297,503		
103	TOTAL	532,037,781		



WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL			NEW CAPITAL		
		CAPITAL REL COST (B, II) 1	SWING BED ADJUSTMENT 2	REDUCED CAP RELATED COST 3	CAPITAL REL COST (B, III) 4	SWING BED ADJUSTMENT 5	REDUCED CAP RELATED COST 6
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS				6,847,921		6,847,921
26	INTENSIVE CARE UNIT				688,899		688,899
27	CORONARY CARE UNIT						
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U						
30	NEONATAL INTENSIVE CARE U				221,024		221,024
31	SUBPROVIDER				390,528		390,528
33	NURSERY				68,890		68,890
101	TOTAL				8,217,262		8,217,262



TITLE XVIII, PART A

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL PATIENT DAYS 7	INPATIENT PROGRAM DAYS 8	OLD CAPITAL PER DIEM 9	INPAT PROGRAM OLD CAP CST 10	NEW CAPITAL PER DIEM 11	INPAT PROGRAM NEW CAP CST 12
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS	48,357	22,721			141.61	3,217,521
26	INTENSIVE CARE UNIT	6,048	2,151			113.91	245,020
27	CORONARY CARE UNIT						
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U						
30	NEONATAL INTENSIVE CARE U	1,667				132.59	
31	SUBPROVIDER	5,585	3,719			69.92	260,032
33	NURSERY	3,242				21.25	
101	TOTAL	64,899	28,591				3,722,573



WKST A LINE NO.	COST CENTER DESCRIPTION	HOSPITAL		TOTAL CHARGES 3	INPAT PROGRAM CHARGES 4	OLD CAPITAL CST/CHRG RATIO 5	CAPITAL COSTS 6
		OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2				
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM		4,004,575	111,734,830	25,597,131		
38	RECOVERY ROOM		204,876	12,375,583	2,680,234		
39	DELIVERY ROOM & LABOR ROO		35,853	5,330,928	3,012		
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC		2,527,786	116,998,838	22,304,928		
42	RADIOLOGY-THERAPEUTIC		36,620	12,673,416	112,652		
43	RADIOISOTOPE						
44	LABORATORY		496,617	55,969,650	20,186,013		
45	PBP CLINICAL LAB SERVICES						
46	WHOLE BLOOD & PACKED RED						
47	BLOOD STORING, PROCESSING						
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY		231,383	12,462,036	3,635,023		
50	PHYSICAL THERAPY		755,767	12,288,379	1,561,546		
51	OCCUPATIONAL THERAPY		175,950	4,042,880	738,672		
52	SPEECH PATHOLOGY		119,900	1,746,161	420,505		
53	ELECTROCARDIOLOGY		267,237	13,382,839	3,982,744		
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED						
55	01 MEDICAL SUPPLIES CHARGED						
55	02 MEDICAL SUPPLIES CHARGED						
55	03 MEDICAL SUPPLIES CHARGED		229,912	63,372,529	22,628,046		
56	DRUGS CHARGED TO PATIENTS		422,028	61,484,693	21,076,135		
57	RENAL DIALYSIS		138,319	2,363,450	571,213		
58	ASC (NON-DISTINCT PART)						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC		176,130	1,679,476			
60	01 HEALTHY FAMILY CENTER		373,986	1,645,479			
60	02 SISTER MAURA BRANNICK HEA		14,753	695,439			
60	03 FAMILY MEDICINE CENTER		29,149	3,504,014			
60	04 WND CA		327,778	5,473,574			
60	05 OUTPATIENT TREATMENT & IN		99,012	1,132,196			
60	06 PED CL		16,244	553,143			
61	EMERGENCY		1,222,611	31,128,248	4,548,174		
62	OBSERVATION BEDS (NON-DIS		391,416	4,297,503			
	OTHER REIMBURS COST CNTRS						
64	HOME PROGRAM DIALYSIS						
65	AMBULANCE SERVICES						
66	DURABLE MEDICAL EQUIP-REN						
67	DURABLE MEDICAL EQUIP-SOL						
101	TOTAL		12,297,902	536,335,284	130,046,028		



TITLE XVIII, PART A		HOSPITAL	
WKST A	COST CENTER DESCRIPTION	NEW CAPITAL	
LINE NO.		CST/CHRG	RATIO COSTS
		7	8
37	ANCILLARY SRVC COST CNTRS		
	OPERATING ROOM	.035840	917,401
38	RECOVERY ROOM	.016555	44,371
39	DELIVERY ROOM & LABOR ROO	.006725	20
40	ANESTHESIOLOGY		
41	RADIOLOGY-DIAGNOSTIC	.021605	481,898
42	RADIOLOGY-THERAPEUTIC	.002890	326
43	RADIOISOTOPE		
44	LABORATORY	.008873	179,110
45	PBP CLINICAL LAB SERVICES		
46	WHOLE BLOOD & PACKED RED		
47	BLOOD STORING, PROCESSING		
48	INTRAVENOUS THERAPY		
49	RESPIRATORY THERAPY	.018567	67,491
50	PHYSICAL THERAPY	.061503	96,040
51	OCCUPATIONAL THERAPY	.043521	32,148
52	SPEECH PATHOLOGY	.068665	28,874
53	ELECTROCARDIOLOGY	.019969	79,531
54	ELECTROENCEPHALOGRAPHY		
55	MEDICAL SUPPLIES CHARGED		
55	01 MEDICAL SUPPLIES CHARGED		
55	02 MEDICAL SUPPLIES CHARGED		
55	03 MEDICAL SUPPLIES CHARGED	.003628	82,095
56	DRUGS CHARGED TO PATIENTS	.006864	144,667
57	RENAL DIALYSIS	.058524	33,430
58	ASC (NON-DISTINCT PART)		
	OUTPAT SERVICE COST CNTRS		
60	CLINIC	.104872	
60	01 HEALTHY FAMILY CENTER	.227281	
60	02 SISTER MAURA BRANNICK HEA	.021214	
60	03 FAMILY MEDICINE CENTER	.008319	
60	04 WND CA	.059884	
60	05 OUTPATIENT TREATMENT & IN	.087451	
60	06 PED CL	.029367	
61	EMERGENCY	.039277	178,639
62	OBSERVATION BEDS (NON-DIS	.091080	
	OTHER REIMBURS COST CNTRS		
64	HOME PROGRAM DIALYSIS		
65	AMBULANCE SERVICES		
66	DURABLE MEDICAL EQUIP-REN		
67	DURABLE MEDICAL EQUIP-SOL		
101	TOTAL		2,366,041

PPS



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

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST 1	MED EDUCATN COST 2	SWING BED ADJ AMOUNT 3	TOTAL COSTS 4	TOTAL PATIENT DAYS 5	PER DIEM 6
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS		614,439		614,439	48,357	12.71
26	INTENSIVE CARE UNIT		142,178		142,178	6,048	23.51
27	CORONARY CARE UNIT						
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U						
30	NEONATAL INTENSIVE CARE U		19,172		19,172	1,667	11.50
31	SUBPROVIDER		65,063		65,063	5,585	11.65
33	NURSERY		28,871		28,871	3,242	8.91
34	SKILLED NURSING FACILITY						
35	NURSING FACILITY						
35 01	ICF/MR						
101	TOTAL		869,723		869,723	64,899	



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

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT PROG DAYS 7	INPAT PROGRAM PASS THRU COST 8
25	ADULTS & PEDIATRICS	22,721	288,784
26	INTENSIVE CARE UNIT	2,151	50,570
27	CORONARY CARE UNIT		
28	BURN INTENSIVE CARE UNIT		
29	SURGICAL INTENSIVE CARE U		
30	NEONATAL INTENSIVE CARE U		
31	SUBPROVIDER	3,719	43,326
33	NURSERY		
34	SKILLED NURSING FACILITY		
35	NURSING FACILITY		
35	01 ICF/MR		
101	TOTAL	28,591	382,680



TITLE XVIII, PART A HOSPITAL PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST	HOSPITAL	MED ED NRS SCHOOL COST	MED ED ALLIED HEALTH COST	MED ED ALL OTHER COSTS	BLOOD CLOT FOR HEMOPHILIACS
		1	1.01	2	2.01	2.02	2.03
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM			44,811			
38	RECOVERY ROOM						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
42	RADIOLOGY-THERAPEUTIC						
43	RADIOISOTOPE						
44	LABORATORY						
45	PBP CLINICAL LAB SERVICES						
46	WHOLE BLOOD & PACKED RED						
47	BLOOD STORING, PROCESSING						
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED						
55	01 MEDICAL SUPPLIES CHARGED						
55	02 MEDICAL SUPPLIES CHARGED						
55	03 MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
57	RENAL DIALYSIS						
58	ASC (NON-DISTINCT PART)						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60	01 HEALTHY FAMILY CENTER						
60	02 SISTER MAURA BRANNICK HEA						
60	03 FAMILY MEDICINE CENTER						
60	04 WND CA						
60	05 OUTPATIENT TREATMENT & IN						
60	06 PED CL			35,499			
61	EMERGENCY			246,248			
62	OBSERVATION BEDS (NON-DIS			35,119			
	OTHER REIMBURS COST CNTRS						
64	HOME PROGRAM DIALYSIS						
65	AMBULANCE SERVICES						
66	DURABLE MEDICAL EQUIP-REN						
67	DURABLE MEDICAL EQUIP-SOL						
101	TOTAL			361,677			



TITLE XVIII, PART A		HOSPITAL			PPS			
WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF CST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
37	ANCILLARY SRVC COST CNTRS							
	OPERATING ROOM	44,811	44,811	111,734,830	.000401	.000401	25,597,131	10,264
38	RECOVERY ROOM			12,375,583			2,680,234	
39	DELIVERY ROOM & LABOR ROO			5,330,928			3,012	
40	ANESTHESIOLOGY							
41	RADIOLOGY-DIAGNOSTIC			116,998,838			22,304,928	
42	RADIOLOGY-THERAPEUTIC			12,673,416			112,652	
43	RADIOISOTOPE							
44	LABORATORY			55,969,650			20,186,013	
45	PBP CLINICAL LAB SERVICES							
46	WHOLE BLOOD & PACKED RED							
47	BLOOD STORING, PROCESSING							
48	INTRAVENOUS THERAPY							
49	RESPIRATORY THERAPY			12,462,036			3,635,023	
50	PHYSICAL THERAPY			12,288,379			1,561,546	
51	OCCUPATIONAL THERAPY			4,042,880			738,672	
52	SPEECH PATHOLOGY			1,746,161			420,505	
53	ELECTROCARDIOLOGY			13,382,839			3,982,744	
54	ELECTROENCEPHALOGRAPHY							
55	MEDICAL SUPPLIES CHARGED							
55	01 MEDICAL SUPPLIES CHARGED							
55	02 MEDICAL SUPPLIES CHARGED							
55	03 MEDICAL SUPPLIES CHARGED			63,372,529			22,628,046	
56	DRUGS CHARGED TO PATIENTS			61,484,693			21,076,135	
57	RENAL DIALYSIS			2,363,450			571,213	
58	ASC (NON-DISTINCT PART)							
	OUTPAT SERVICE COST CNTRS							
60	CLINIC			1,679,476				
60	01 HEALTHY FAMILY CENTER			1,645,479				
60	02 SISTER MAURA BRANNICK HEA			695,439				
60	03 FAMILY MEDICINE CENTER			3,504,014				
60	04 WND CA			5,473,574				
60	05 OUTPATIENT TREATMENT & IN			1,132,196				
60	06 PED CL	35,499	35,499	553,143	.064177	.064177		
61	EMERGENCY	246,248	246,248	31,128,248	.007911	.007911	4,548,174	35,981
62	OBSERVATION BEDS (NON-DIS	35,119	35,119	4,297,503	.008172	.008172		
	OTHER REIMBURS COST CNTRS							
64	HOME PROGRAM DIALYSIS							
65	AMBULANCE SERVICES							
66	DURABLE MEDICAL EQUIP-REN							
67	DURABLE MEDICAL EQUIP-SOL							
101	TOTAL	361,677	361,677	536,335,284			130,046,028	46,245



TITLE XVIII, PART A

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES 8	OUTPAT PROG D,V COL 5.03 8.01	OUTPAT PROG D,V COL 5.04 8.02	OUTPAT PROG PASS THRU COST 9	COL 8.01 * COL 5 9.01	COL 8.02 * COL 5 9.02
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM	9,462,029					
38	RECOVERY ROOM	1,122,901					
39	DELIVERY ROOM & LABOR ROO				3,794		
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC	20,792,157					
42	RADIOLOGY-THERAPEUTIC	3,841,163					
43	RADIOISOTOPE						
44	LABORATORY	2,470,415					
45	PBP CLINICAL LAB SERVICES						
46	WHOLE BLOOD & PACKED RED						
47	BLOOD STORING, PROCESSING						
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY	390,281					
50	PHYSICAL THERAPY	1,190					
51	OCCUPATIONAL THERAPY	11,641					
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY	2,883,053					
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED						
55	01 MEDICAL SUPPLIES CHARGED						
55	02 MEDICAL SUPPLIES CHARGED						
55	03 MEDICAL SUPPLIES CHARGED	4,248,758					
56	DRUGS CHARGED TO PATIENTS	5,016,086					
57	RENAL DIALYSIS	113,099					
58	ASC (NON-DISTINCT PART)						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60	01 HEALTHY FAMILY CENTER						
60	02 SISTER MAURA BRANNICK HEA						
60	03 FAMILY MEDICINE CENTER						
60	04 WND CA	2,990,531					
60	05 OUTPATIENT TREATMENT & IN	157,106					
60	06 PED CL	3,147					
61	EMERGENCY	2,983,001			202		
62	OBSERVATION BEDS (NON-DIS	570,618			23,599		
	OTHER REIMBURS COST CNTRS				4,663		
64	HOME PROGRAM DIALYSIS						
65	AMBULANCE SERVICES						
66	DURABLE MEDICAL EQUIP-REN						
67	DURABLE MEDICAL EQUIP-SOL						
101	TOTAL	57,057,176			32,258		



TITLE XVIII, PART B

HOSPITAL

Cost Center Description	Cost/Charge Ratio (C, Pt I, col. 9)	Cost/Charge Ratio (C, Pt II, col. 9)	Outpatient Ambulatory Surgical Ctr	Outpatient Radiology	Other Outpatient Diagnostic
	1	1.02	2	3	4
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM	.267751	.267751			
38 RECOVERY ROOM	.178276	.178276			
39 DELIVERY ROOM & LABOR ROOM	.129632	.129632			
40 ANESTHESIOLOGY					
41 RADIOLOGY-DIAGNOSTIC	.159455	.159455			
42 RADIOLOGY-THERAPEUTIC	.171246	.171246			
43 RADIOISOTOPE					
44 LABORATORY	.267462	.267462			
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	.302715	.302715			
50 PHYSICAL THERAPY	.437014	.437014			
51 OCCUPATIONAL THERAPY	.363685	.363685			
52 SPEECH PATHOLOGY	.341761	.341761			
53 ELECTROCARDIOLOGY	.122830	.122830			
54 ELECTROENCEPHALOGRAPHY					
55 MEDICAL SUPPLIES CHARGED TO PATIENTS					
55 01 MEDICAL SUPPLIES CHARGED TO PATIENTS					
55 02 MEDICAL SUPPLIES CHARGED TO PATIENTS					
55 03 MEDICAL SUPPLIES CHARGED TO PATIENTS	.381873	.381873			
56 DRUGS CHARGED TO PATIENTS	.251465	.251465			
57 RENAL DIALYSIS	.800380	.800380			
58 ASC (NON-DISTINCT PART)					
60 OUTPAT SERVICE COST CNTRS					
60 CLINIC	.921711	.921711			
60 01 HEALTHY FAMILY CENTER	.773806	.773806			
60 02 SISTER MAURA BRANNICK HEALTH CENTER	1.382010	1.382010			
60 03 FAMILY MEDICINE CENTER	.546610	.546610			
60 04 WND CA	.484355	.484355			
60 05 OUTPATIENT TREATMENT & INFUSION	.476108	.476108			
60 06 PED CL	1.405548	1.405548			
61 EMERGENCY	.318733	.318733			
62 OBSERVATION BEDS (NON-DISTINCT PART)	.603410	.603410			
64 OTHER REIMBURS COST CNTRS					
64 HOME PROGRAM DIALYSIS					
65 AMBULANCE SERVICES					
66 DURABLE MEDICAL EQUIP-RENTED					
67 DURABLE MEDICAL EQUIP-SOLD					
101 SUBTOTAL					
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES					
104 NET CHARGES					



TITLE XVIII, PART B

HOSPITAL

	All Other (1)	PPS Services FYB to 12/31	Non-PPS Services	PPS Services 1/1 to FYE	Outpatient Ambulatory Surgical Ctr
Cost Center Description	5	5.01	5.02	5.03	6
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM		9,462,029			
38 RECOVERY ROOM		1,122,901			
39 DELIVERY ROOM & LABOR ROOM					
40 ANESTHESIOLOGY					
41 RADIOLOGY-DIAGNOSTIC		20,792,157			
42 RADIOLOGY-THERAPEUTIC		3,841,163			
43 RADIOISOTOPE					
44 LABORATORY		2,470,415			
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		390,281			
50 PHYSICAL THERAPY		1,190			
51 OCCUPATIONAL THERAPY		11,641			
52 SPEECH PATHOLOGY					
53 ELECTROCARDIOLOGY		2,883,053			
54 ELECTROENCEPHALOGRAPHY					
55 MEDICAL SUPPLIES CHARGED TO PATIENTS					
55 01 MEDICAL SUPPLIES CHARGED TO PATIENTS					
55 02 MEDICAL SUPPLIES CHARGED TO PATIENTS					
55 03 MEDICAL SUPPLIES CHARGED TO PATIENTS		4,248,758			
56 DRUGS CHARGED TO PATIENTS		5,016,086			
57 RENAL DIALYSIS		113,099			
58 ASC (NON-DISTINCT PART)					
60 OUTPAT SERVICE COST CNTRS					
60 CLINIC					
60 01 HEALTHY FAMILY CENTER					
60 02 SISTER MAURA BRANNICK HEALTH CENTER					
60 03 FAMILY MEDICINE CENTER					
60 04 WND CA		2,990,531			
60 05 OUTPATIENT TREATMENT & INFUSION		157,106			
60 06 PED CL		3,147			
61 EMERGENCY		2,983,001			
62 OBSERVATION BEDS (NON-DISTINCT PART)		570,618			
64 OTHER REIMBURS COST CNTRS					
65 HOME PROGRAM DIALYSIS					
66 AMBULANCE SERVICES					
67 DURABLE MEDICAL EQUIP-RENTED					
101 DURABLE MEDICAL EQUIP-SOLD					
101 SUBTOTAL		57,057,176			
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-					
PROGRAM ONLY CHARGES					
104 NET CHARGES		57,057,176			



TITLE XVIII, PART B		HOSPITAL				
		Outpatient Radiology	Other Outpatient Diagnostic	All Other	PPS Services FYB to 12/31	Non-PPS Services
Cost Center Description		7	8	9	9.01	9.02
(A)	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM				2,533,468	
38	RECOVERY ROOM				200,186	
39	DELIVERY ROOM & LABOR ROOM					
40	ANESTHESIOLOGY					
41	RADIOLOGY-DIAGNOSTIC				3,315,413	
42	RADIOLOGY-THERAPEUTIC				657,784	
43	RADIOISOTOPE					
44	LABORATORY				660,742	
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				118,144	
50	PHYSICAL THERAPY				520	
51	OCCUPATIONAL THERAPY				4,234	
52	SPEECH PATHOLOGY					
53	ELECTROCARDIOLOGY				354,125	
54	ELECTROENCEPHALOGRAPHY					
55	MEDICAL SUPPLIES CHARGED TO PATIENTS					
55	01 MEDICAL SUPPLIES CHARGED TO PATIENTS					
55	02 MEDICAL SUPPLIES CHARGED TO PATIENTS					
55	03 MEDICAL SUPPLIES CHARGED TO PATIENTS				1,622,486	
56	DRUGS CHARGED TO PATIENTS				1,261,370	
57	RENAL DIALYSIS				90,522	
58	ASC (NON-DISTINCT PART)					
	OUTPAT SERVICE COST CNTRS					
60	CLINIC					
60	01 HEALTHY FAMILY CENTER					
60	02 SISTER MAURA BRANNICK HEALTH CENTER					
60	03 FAMILY MEDICINE CENTER					
60	04 WND CA				1,448,479	
60	05 OUTPATIENT TREATMENT & INFUSION				74,799	
60	06 PED CL				4,423	
61	EMERGENCY				950,781	
62	OBSERVATION BEDS (NON-DISTINCT PART)				344,317	
	OTHER REIMBURS COST CNTRS					
64	HOME PROGRAM DIALYSIS					
65	AMBULANCE SERVICES					
66	DURABLE MEDICAL EQUIP-RENTED					
67	DURABLE MEDICAL EQUIP-SOLD					
101	SUBTOTAL				13,641,793	
102	CRNA CHARGES					
103	LESS PBP CLINIC LAB SVCS- PROGRAM ONLY CHARGES					
104	NET CHARGES				13,641,793	



TITLE XVIII, PART B

HOSPITAL

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

Cost Center Description 9.03 10 11

- (A) ANCILLARY SRVC COST CNTRS
- 37 OPERATING ROOM
- 38 RECOVERY ROOM
- 39 DELIVERY ROOM & LABOR ROOM
- 40 ANESTHESIOLOGY
- 41 RADIOLOGY-DIAGNOSTIC
- 42 RADIOLOGY-THERAPEUTIC
- 43 RADIOISOTOPE
- 44 LABORATORY
- 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
- 50 PHYSICAL THERAPY
- 51 OCCUPATIONAL THERAPY
- 52 SPEECH PATHOLOGY
- 53 ELECTROCARDIOLOGY
- 54 ELECTROENCEPHALOGRAPHY
- 55 MEDICAL SUPPLIES CHARGED TO PATIENTS
- 55 01 MEDICAL SUPPLIES CHARGED TO PATIENTS
- 55 02 MEDICAL SUPPLIES CHARGED TO PATIENTS
- 55 03 MEDICAL SUPPLIES CHARGED TO PATIENTS
- 56 DRUGS CHARGED TO PATIENTS
- 57 RENAL DIALYSIS
- 58 ASC (NON-DISTINCT PART)
- OUTPAT SERVICE COST CNTRS
- 60 CLINIC
- 60 01 HEALTHY FAMILY CENTER
- 60 02 SISTER MAURA BRANNICK HEALTH CENTER
- 60 03 FAMILY MEDICINE CENTER
- 60 04 WND CA
- 60 05 OUTPATIENT TREATMENT & INFUSION
- 60 06 PED CL
- 61 EMERGENCY
- 62 OBSERVATION BEDS (NON-DISTINCT PART)
- OTHER REIMBURS COST CNTRS
- 64 HOME PROGRAM DIALYSIS
- 65 AMBULANCE SERVICES
- 66 DURABLE MEDICAL EQUIP-RENTED
- 67 DURABLE MEDICAL EQUIP-SOLD
- 101 SUBTOTAL
- 102 CRNA CHARGES
- 103 LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES
- 104 NET CHARGES



TITLE XVIII, PART B      HOSPITAL

PART VI - VACCINE COST APPORTIONMENT

1	DRUGS CHARGED TO PATIENTS-RATIO OF COST TO CHARGES	1
2	PROGRAM VACCINE CHARGES	.251465
3	PROGRAM COSTS	31,004
		7,796



TITLE XVIII, PART A SUBPROVIDER 1 PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2	TOTAL CHARGES 3	INPAT PROGRAM CHARGES 4	OLD CAPITAL CST/CHRG RATIO 5	CAPITAL COSTS 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM		4,004,575	111,734,830	82,873		
38	RECOVERY ROOM		204,876	12,375,583	1,737		
39	DELIVERY ROOM & LABOR ROO		35,853	5,330,928			
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC		2,527,786	116,998,838	164,408		
42	RADIOLOGY-THERAPEUTIC		36,620	12,673,416			
43	RADIOISOTOPE						
44	LABORATORY		496,617	55,969,650	701,570		
45	PBP CLINICAL LAB SERVICES						
46	WHOLE BLOOD & PACKED RED						
47	BLOOD STORING, PROCESSING						
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY		231,383	12,462,036	111,866		
50	PHYSICAL THERAPY		755,767	12,288,379	1,124,645		
51	OCCUPATIONAL THERAPY		175,950	4,042,880	1,291,334		
52	SPEECH PATHOLOGY		119,900	1,746,161	436,522		
53	ELECTROCARDIOLOGY		267,237	13,382,839	10,090		
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED						
55	01 MEDICAL SUPPLIES CHARGED						
55	02 MEDICAL SUPPLIES CHARGED						
55	03 MEDICAL SUPPLIES CHARGED		229,912	63,372,529	21,059		
56	DRUGS CHARGED TO PATIENTS		422,028	61,484,693	1,007,239		
57	RENAL DIALYSIS		138,319	2,363,450	37,638		
58	ASC (NON-DISTINCT PART)						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC		176,130	1,679,476			
60	01 HEALTHY FAMILY CENTER		373,986	1,645,479			
60	02 SISTER MAURA BRANNICK HEA		14,753	695,439			
60	03 FAMILY MEDICINE CENTER		29,149	3,504,014			
60	04 WND CA		327,778	5,473,574			
60	05 OUTPATIENT TREATMENT & IN		99,012	1,132,196			
60	06 PED CL		16,244	553,143			
61	EMERGENCY		1,222,611	31,128,248	363		
62	OBSERVATION BEDS (NON-DIS		391,416	4,297,503			
	OTHER REIMBURS COST CNTRS						
64	HOME PROGRAM DIALYSIS						
65	AMBULANCE SERVICES						
66	DURABLE MEDICAL EQUIP-REN						
67	DURABLE MEDICAL EQUIP-SOL						
101	TOTAL		12,297,902	536,335,284	4,991,344		



TITLE XVIII, PART A SUBPROVIDER 1 PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NEW CAPITAL	
		CST/CHRG 7	RATIO COSTS 8
37	ANCILLARY SRVC COST CNTRS		
	OPERATING ROOM	.035840	2,970
38	RECOVERY ROOM	.016555	29
39	DELIVERY ROOM & LABOR ROO	.006725	
40	ANESTHESIOLOGY		
41	RADIOLOGY-DIAGNOSTIC	.021605	3,552
42	RADIOLOGY-THERAPEUTIC	.002890	
43	RADIOISOTOPE		
44	LABORATORY	.008873	6,225
45	PBP CLINICAL LAB SERVICES		
46	WHOLE BLOOD & PACKED RED		
47	BLOOD STORING, PROCESSING		
48	INTRAVENOUS THERAPY		
49	RESPIRATORY THERAPY	.018567	2,077
50	PHYSICAL THERAPY	.061503	69,169
51	OCCUPATIONAL THERAPY	.043521	56,200
52	SPEECH PATHOLOGY	.068665	29,974
53	ELECTROCARDIOLOGY	.019969	201
54	ELECTROENCEPHALOGRAPHY		
55	MEDICAL SUPPLIES CHARGED		
55	01 MEDICAL SUPPLIES CHARGED		
55	02 MEDICAL SUPPLIES CHARGED		
55	03 MEDICAL SUPPLIES CHARGED	.003628	76
56	DRUGS CHARGED TO PATIENTS	.006864	6,914
57	RENAL DIALYSIS	.058524	2,203
58	ASC (NON-DISTINCT PART)		
	OUTPAT SERVICE COST CNTRS		
60	CLINIC	.104872	
60	01 HEALTHY FAMILY CENTER	.227281	
60	02 SISTER MAURA BRANNICK HEA	.021214	
60	03 FAMILY MEDICINE CENTER	.008319	
60	04 WND CA	.059884	
60	05 OUTPATIENT TREATMENT & IN	.087451	
60	06 PED CL	.029367	
61	EMERGENCY	.039277	14
62	OBSERVATION BEDS (NON-DIS	.091080	
	OTHER REIMBURS COST CNTRS		
64	HOME PROGRAM DIALYSIS		
65	AMBULANCE SERVICES		
66	DURABLE MEDICAL EQUIP-REN		
67	DURABLE MEDICAL EQUIP-SOL		
101	TOTAL		179,604



TITLE XVIII, PART A SUBPROVIDER 1 PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST	1.01	MED ED NRS SCHOOL COST	MED ED ALLIED HEALTH COST	MED ED ALL OTHER COSTS	BLOOD CLOT FOR HEMOPHILIACS
		1		2	2.01	2.02	2.03
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM			44,811			
38	RECOVERY ROOM						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
42	RADIOLOGY-THERAPEUTIC						
43	RADIOISOTOPE						
44	LABORATORY						
45	PBP CLINICAL LAB SERVICES						
46	WHOLE BLOOD & PACKED RED						
47	BLOOD STORING, PROCESSING						
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED						
55	01 MEDICAL SUPPLIES CHARGED						
55	02 MEDICAL SUPPLIES CHARGED						
55	03 MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
57	RENAL DIALYSIS						
58	ASC (NON-DISTINCT PART)						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60	01 HEALTHY FAMILY CENTER						
60	02 SISTER MAURA BRANNICK HEA						
60	03 FAMILY MEDICINE CENTER						
60	04 WND CA						
60	05 OUTPATIENT TREATMENT & IN						
60	06 PED CL			35,499			
61	EMERGENCY			246,248			
62	OBSERVATION BEDS (NON-DIS			35,119			
	OTHER REIMBURS COST CNTRS						
64	HOME PROGRAM DIALYSIS						
65	AMBULANCE SERVICES						
66	DURABLE MEDICAL EQUIP-REN						
67	DURABLE MEDICAL EQUIP-SOL						
101	TOTAL			361,677			



TITLE XVIII, PART A SUBPROVIDER 1 PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF CST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
37	ANCILLARY SRVC COST CNTRS							
38	OPERATING ROOM	44,811	44,811	111,734,830	.000401	.000401	82,873	33
39	RECOVERY ROOM			12,375,583			1,737	
40	DELIVERY ROOM & LABOR ROO			5,330,928				
41	ANESTHESIOLOGY							
42	RADIOLOGY-DIAGNOSTIC			116,998,838			164,408	
43	RADIOLOGY-THERAPEUTIC			12,673,416				
44	RADIOISOTOPE							
45	LABORATORY			55,969,650			701,570	
46	PBP CLINICAL LAB SERVICES							
47	WHOLE BLOOD & PACKED RED							
48	BLOOD STORING, PROCESSING							
49	INTRAVENOUS THERAPY							
50	RESPIRATORY THERAPY			12,462,036			111,866	
51	PHYSICAL THERAPY			12,288,379			1,124,645	
52	OCCUPATIONAL THERAPY			4,042,880			1,291,334	
53	SPEECH PATHOLOGY			1,746,161			436,522	
54	ELECTROCARDIOLOGY			13,382,839			10,090	
55	ELECTROENCEPHALOGRAPHY							
55	MEDICAL SUPPLIES CHARGED							
55	01 MEDICAL SUPPLIES CHARGED							
55	02 MEDICAL SUPPLIES CHARGED							
55	03 MEDICAL SUPPLIES CHARGED			63,372,529			21,059	
56	DRUGS CHARGED TO PATIENTS			61,484,693			1,007,239	
57	RENAL DIALYSIS			2,363,450			37,638	
58	ASC (NON-DISTINCT PART)							
60	OUTPAT SERVICE COST CNTRS							
60	CLINIC			1,679,476				
60	01 HEALTHY FAMILY CENTER			1,645,479				
60	02 SISTER MAURA BRANNICK HEA			695,439				
60	03 FAMILY MEDICINE CENTER			3,504,014				
60	04 WND CA			5,473,574				
60	05 OUTPATIENT TREATMENT & IN			1,132,196				
60	06 PED CL	35,499	35,499	553,143	.064177	.064177		
61	EMERGENCY	246,248	246,248	31,128,248	.007911	.007911	363	3
62	OBSERVATION BEDS (NON-DIS	35,119	35,119	4,297,503	.008172	.008172		
64	OTHER REIMBURS COST CNTRS							
65	HOME PROGRAM DIALYSIS							
66	AMBULANCE SERVICES							
67	DURABLE MEDICAL EQUIP-REN							
67	DURABLE MEDICAL EQUIP-SOL							
101	TOTAL	361,677	361,677	536,335,284			4,991,344	36



TITLE XVIII, PART A

SUBPROVIDER 1

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES 8	OUTPAT PROG D,V COL 5.03 8.01	OUTPAT PROG D,V COL 5.04 8.02	OUTPAT PROG PASS THRU COST 9	COL 8.01 * COL 5 9.01	COL 8.02 * COL 5 9.02
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM						
38	RECOVERY ROOM						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
42	RADIOLOGY-THERAPEUTIC						
43	RADIOISOTOPE						
44	LABORATORY						
45	PBP CLINICAL LAB SERVICES						
46	WHOLE BLOOD & PACKED RED						
47	BLOOD STORING, PROCESSING						
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED						
55	01 MEDICAL SUPPLIES CHARGED						
55	02 MEDICAL SUPPLIES CHARGED						
55	03 MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
57	RENAL DIALYSIS						
58	ASC (NON-DISTINCT PART)						
	OUTPAT SERVICE COST CNTRS						
	CLINIC						
60	01 HEALTHY FAMILY CENTER						
60	02 SISTER MAURA BRANNICK HEA						
60	03 FAMILY MEDICINE CENTER						
60	04 WND CA						
60	05 OUTPATIENT TREATMENT & IN						
60	06 PED CL						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
	OTHER REIMBURS COST CNTRS						
64	HOME PROGRAM DIALYSIS						
65	AMBULANCE SERVICES						
66	DURABLE MEDICAL EQUIP-REN						
67	DURABLE MEDICAL EQUIP-SOL						
101	TOTAL						



WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL			NEW CAPITAL		
		CAPITAL REL COST (B, II) 1	SWING BED ADJUSTMENT 2	REDUCED CAP RELATED COST 3	CAPITAL REL COST (B, III) 4	SWING BED ADJUSTMENT 5	REDUCED CAP RELATED COST 6
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS				6,847,921		6,847,921
26	INTENSIVE CARE UNIT				688,899		688,899
27	CORONARY CARE UNIT						
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U						
30	NEONATAL INTENSIVE CARE U				221,024		221,024
31	SUBPROVIDER				390,528		390,528
33	NURSERY				68,890		68,890
101	TOTAL				8,217,262		8,217,262



WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL PATIENT DAYS 7	INPATIENT PROGRAM DAYS 8	OLD CAPITAL PER DIEM 9	INPAT PROGRAM OLD CAP CST 10	NEW CAPITAL PER DIEM 11	INPAT PROGRAM NEW CAP CST 12
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS	48,357	7,291			141.61	1,032,479
26	INTENSIVE CARE UNIT	6,048	833			113.91	94,887
27	CORONARY CARE UNIT						
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U						
30	NEONATAL INTENSIVE CARE U	1,667	1,208			132.59	160,169
31	SUBPROVIDER	5,585	352			69.92	24,612
33	NURSERY	3,242	2,136			21.25	45,390
101	TOTAL	64,899	11,820				1,357,537



WKST A LINE NO.	COST CENTER DESCRIPTION	HOSPITAL		TOTAL CHARGES 3	INPAT PROGRAM CHARGES 4	PPS CST/CHRG RATIO 5	OLD CAPITAL COSTS 6
		OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2				
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM		4,004,575	111,734,830	4,598,071		
38	RECOVERY ROOM		204,876	12,375,583	847,560		
39	DELIVERY ROOM & LABOR ROO		35,853	5,330,928	3,303,522		
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC		2,527,786	116,998,838	4,308,740		
42	RADIOLOGY-THERAPEUTIC		36,620	12,673,416	23,418		
43	RADIOISOTOPE						
44	LABORATORY		496,617	55,969,650	5,275,223		
45	PBP CLINICAL LAB SERVICES						
46	WHOLE BLOOD & PACKED RED						
47	BLOOD STORING, PROCESSING						
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY		231,383	12,462,036	1,354,155		
50	PHYSICAL THERAPY		755,767	12,288,379	207,839		
51	OCCUPATIONAL THERAPY		175,950	4,042,880	116,223		
52	SPEECH PATHOLOGY		119,900	1,746,161	57,386		
53	ELECTROCARDIOLOGY		267,237	13,382,839	587,741		
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED						
55	01 MEDICAL SUPPLIES CHARGED						
55	02 MEDICAL SUPPLIES CHARGED						
55	03 MEDICAL SUPPLIES CHARGED		229,912	63,372,529	3,105,053		
56	DRUGS CHARGED TO PATIENTS		422,028	61,484,693	7,520,421		
57	RENAL DIALYSIS		138,319	2,363,450	88,279		
58	ASC (NON-DISTINCT PART)						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC		176,130	1,679,476	3,717		
60	01 HEALTHY FAMILY CENTER		373,986	1,645,479			
60	02 SISTER MAURA BRANNICK HEA		14,753	695,439			
60	03 FAMILY MEDICINE CENTER		29,149	3,504,014			
60	04 WND CA		327,778	5,473,574			
60	05 OUTPATIENT TREATMENT & IN		99,012	1,132,196			
60	06 PED CL		16,244	553,143			
61	EMERGENCY		1,222,611	31,128,248	905,789		
62	OBSERVATION BEDS (NON-DIS		391,416	4,297,503			
	OTHER REIMBURS COST CNTRS						
64	HOME PROGRAM DIALYSIS						
65	AMBULANCE SERVICES						
66	DURABLE MEDICAL EQUIP-REN						
67	DURABLE MEDICAL EQUIP-SOL						
101	TOTAL		12,297,902	536,335,284	32,303,137		



TITLE XIX		HOSPITAL	
WKST A	COST CENTER DESCRIPTION	NEW CAPITAL	
LINE NO.		CST/CHRG	RATIO COSTS
		7	8
37	ANCILLARY SRVC COST CNTRS		
	OPERATING ROOM	.035840	164,795
38	RECOVERY ROOM	.016555	14,031
39	DELIVERY ROOM & LABOR ROO	.006725	22,216
40	ANESTHESIOLOGY		
41	RADIOLOGY-DIAGNOSTIC	.021605	93,090
42	RADIOLOGY-THERAPEUTIC	.002890	68
43	RADIOISOTOPE		
44	LABORATORY	.008873	46,807
45	PBP CLINICAL LAB SERVICES		
46	WHOLE BLOOD & PACKED RED		
47	BLOOD STORING, PROCESSING		
48	INTRAVENOUS THERAPY		
49	RESPIRATORY THERAPY	.018567	25,143
50	PHYSICAL THERAPY	.061503	12,783
51	OCCUPATIONAL THERAPY	.043521	5,058
52	SPEECH PATHOLOGY	.068665	3,940
53	ELECTROCARDIOLOGY	.019969	11,737
54	ELECTROENCEPHALOGRAPHY		
55	MEDICAL SUPPLIES CHARGED		
55	01 MEDICAL SUPPLIES CHARGED		
55	02 MEDICAL SUPPLIES CHARGED		
55	03 MEDICAL SUPPLIES CHARGED	.003628	11,265
56	DRUGS CHARGED TO PATIENTS	.006864	51,620
57	RENAL DIALYSIS	.058524	5,166
58	ASC (NON-DISTINCT PART)		
	OUTPAT SERVICE COST CNTRS		
60	CLINIC	.104872	390
60	01 HEALTHY FAMILY CENTER	.227281	
60	02 SISTER MAURA BRANNICK HEA	.021214	
60	03 FAMILY MEDICINE CENTER	.008319	
60	04 WND CA	.059884	
60	05 OUTPATIENT TREATMENT & IN	.087451	
60	06 PED CL	.029367	
61	EMERGENCY	.039277	35,577
62	OBSERVATION BEDS (NON-DIS	.091080	
	OTHER REIMBURS COST CNTRS		
64	HOME PROGRAM DIALYSIS		
65	AMBULANCE SERVICES		
66	DURABLE MEDICAL EQUIP-REN		
67	DURABLE MEDICAL EQUIP-SOL		
101	TOTAL		503,686

PPS



APPORTIONMENT OF INPATIENT ROUTINE  
 SERVICE OTHER PASS THROUGH COSTS  
 TITLE XIX

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST 1	MED EDUCATN COST 2	SWING BED ADJ AMOUNT 3	TOTAL COSTS 4	TOTAL PATIENT DAYS 5	PER DIEM 6
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS		3,154,861		3,154,861	48,357	65.24
26	INTENSIVE CARE UNIT		410,334		410,334	6,048	67.85
27	CORONARY CARE UNIT						
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U						
30	NEONATAL INTENSIVE CARE U		103,853		103,853	1,667	62.30
31	SUBPROVIDER		460,241		460,241	5,585	82.41
33	NURSERY		226,460		226,460	3,242	69.85
34	SKILLED NURSING FACILITY						
35	NURSING FACILITY						
35 01	ICF/MR						
101	TOTAL		4,355,749		4,355,749	64,899	



WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT PROG DAYS	INPAT PROGRAM PASS THRU COST
25	ADULTS & PEDIATRICS	7,291	475,665
26	INTENSIVE CARE UNIT	833	56,519
27	CORONARY CARE UNIT		
28	BURN INTENSIVE CARE UNIT		
29	SURGICAL INTENSIVE CARE U		
30	NEONATAL INTENSIVE CARE U	1,208	75,258
31	SUBPROVIDER	352	29,008
33	NURSERY	2,136	149,200
34	SKILLED NURSING FACILITY		
35	NURSING FACILITY		
35	01 ICF/MR		
101	TOTAL	11,820	785,650



TITLE XIX		HOSPITAL		PPS			
WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST		MED ED NRS SCHOOL COST	MED ED ALLIED HEALTH COST	MED ED ALL OTHER COSTS	BLOOD CLOT FOR HEMOPHILIACS
		1	1.01	2	2.01	2.02	2.03
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM			665,804			
38	RECOVERY ROOM						
39	DELIVERY ROOM & LABOR ROO			28,227			
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC			268,156			
42	RADIOLOGY-THERAPEUTIC						
43	RADIOISOTOPE						
44	LABORATORY						
45	PBP CLINICAL LAB SERVICES						
46	WHOLE BLOOD & PACKED RED						
47	BLOOD STORING, PROCESSING						
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY			28,227			
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY			296,383			
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED						
55	01 MEDICAL SUPPLIES CHARGED						
55	02 MEDICAL SUPPLIES CHARGED						
55	03 MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
57	RENAL DIALYSIS			28,227			
58	ASC (NON-DISTINCT PART)						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60	01 HEALTHY FAMILY CENTER						
60	02 SISTER MAURA BRANNICK HEA						
60	03 FAMILY MEDICINE CENTER			1,114,964			
60	04 WND CA						
60	05 OUTPATIENT TREATMENT & IN						
60	06 PED CL			35,499			
61	EMERGENCY			895,467			
62	OBSERVATION BEDS (NON-DIS			35,119			
	OTHER REIMBURS COST CNTRS						
64	HOME PROGRAM DIALYSIS						
65	AMBULANCE SERVICES						
66	DURABLE MEDICAL EQUIP-REN						
67	DURABLE MEDICAL EQUIP-SOL						
101	TOTAL			3,396,073			



WKST A LINE NO.	TITLE XIX COST CENTER DESCRIPTION	HOSPITAL		PPS			INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
		TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF CST TO CHARGES 5.01		
37	ANCILLARY SRVC COST CNTRS							
38	OPERATING ROOM	665,804	665,804	111,734,830	.005959	.005959	4,598,071	27,400
39	RECOVERY ROOM			12,375,583			847,560	
40	DELIVERY ROOM & LABOR ROO	28,227	28,227	5,330,928	.005295	.005295	3,303,522	17,492
41	ANESTHESIOLOGY							
42	RADIOLOGY-DIAGNOSTIC	268,156	268,156	116,998,838	.002292	.002292	4,308,740	9,876
43	RADIOLOGY-THERAPEUTIC			12,673,416			23,418	
44	RADIOISOTOPE							
45	LABORATORY			55,969,650			5,275,223	
46	PBP CLINICAL LAB SERVICES							
47	WHOLE BLOOD & PACKED RED							
48	BLOOD STORING, PROCESSING							
49	INTRAVENOUS THERAPY							
50	RESPIRATORY THERAPY	28,227	28,227	12,462,036	.002265	.002265	1,354,155	3,067
51	PHYSICAL THERAPY			12,288,379			207,839	
52	OCCUPATIONAL THERAPY			4,042,880			116,223	
53	SPEECH PATHOLOGY			1,746,161			57,386	
54	ELECTROCARDIOLOGY	296,383	296,383	13,382,839	.022146	.022146	587,741	13,016
55	ELECTROENCEPHALOGRAPHY							
55	MEDICAL SUPPLIES CHARGED							
55	01 MEDICAL SUPPLIES CHARGED							
55	02 MEDICAL SUPPLIES CHARGED							
55	03 MEDICAL SUPPLIES CHARGED			63,372,529			3,105,053	
56	DRUGS CHARGED TO PATIENTS			61,484,693			7,520,421	
57	RENAL DIALYSIS	28,227	28,227	2,363,450	.011943	.011943	88,279	1,054
58	ASC (NON-DISTINCT PART)							
60	OUTPAT SERVICE COST CNTRS							
60	CLINIC			1,679,476			3,717	
60	01 HEALTHY FAMILY CENTER			1,645,479				
60	02 SISTER MAURA BRANNICK HEA			695,439				
60	03 FAMILY MEDICINE CENTER	1,114,964	1,114,964	3,504,014	.318196	.318196		
60	04 WND CA			5,473,574				
60	05 OUTPATIENT TREATMENT & IN			1,132,196				
60	06 PED CL	35,499	35,499	553,143	.064177	.064177		
61	EMERGENCY	895,467	895,467	31,128,248	.028767	.028767	905,789	26,057
62	OBSERVATION BEDS (NON-DIS	35,119	35,119	4,297,503	.008172	.008172		
64	OTHER REIMBURS COST CNTRS							
65	HOME PROGRAM DIALYSIS							
66	AMBULANCE SERVICES							
67	DURABLE MEDICAL EQUIP-REN							
67	DURABLE MEDICAL EQUIP-SOL							
101	TOTAL	3,396,073	3,396,073	536,335,284			32,303,137	97,962



TITLE XIX

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES 8	OUTPAT PROG D,V COL 5.03 8.01	OUTPAT PROG D,V COL 5.04 8.02	OUTPAT PROG PASS THRU COST 9	COL 8.01 * COL 5 9.01	COL 8.02 * COL 5 9.02
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM						
38	RECOVERY ROOM						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
42	RADIOLOGY-THERAPEUTIC						
43	RADIOISOTOPE						
44	LABORATORY						
45	PBP CLINICAL LAB SERVICES						
46	WHOLE BLOOD & PACKED RED						
47	BLOOD STORING, PROCESSING						
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED						
55	01 MEDICAL SUPPLIES CHARGED						
55	02 MEDICAL SUPPLIES CHARGED						
55	03 MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
57	RENAL DIALYSIS						
58	ASC (NON-DISTINCT PART)						
	OUTPAT SERVICE COST CNTRS						
	CLINIC						
60	01 HEALTHY FAMILY CENTER						
60	02 SISTER MAURA BRANNICK HEA						
60	03 FAMILY MEDICINE CENTER						
60	04 WND CA						
60	05 OUTPATIENT TREATMENT & IN						
60	06 PED CL						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
	OTHER REIMBURS COST CNTRS						
64	HOME PROGRAM DIALYSIS						
65	AMBULANCE SERVICES						
66	DURABLE MEDICAL EQUIP-REN						
67	DURABLE MEDICAL EQUIP-SOL						
101	TOTAL						



TITLE XIX		SUBPROVIDER 1		PPS			
WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2	TOTAL CHARGES 3	INPAT PROGRAM CHARGES 4	OLD CAPITAL CST/CHRG RATIO 5	CAPITAL COSTS 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM		4,004,575	111,734,830	29,650		
38	RECOVERY ROOM		204,876	12,375,583			
39	DELIVERY ROOM & LABOR ROO		35,853	5,330,928			
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC		2,527,786	116,998,838	40,898		
42	RADIOLOGY-THERAPEUTIC		36,620	12,673,416			
43	RADIOISOTOPE						
44	LABORATORY		496,617	55,969,650	59,369		
45	PBP CLINICAL LAB SERVICES						
46	WHOLE BLOOD & PACKED RED						
47	BLOOD STORING, PROCESSING						
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY		231,383	12,462,036	7,705		
50	PHYSICAL THERAPY		755,767	12,288,379	102,723		
51	OCCUPATIONAL THERAPY		175,950	4,042,880	128,776		
52	SPEECH PATHOLOGY		119,900	1,746,161	61,106		
53	ELECTROCARDIOLOGY		267,237	13,382,839	4,792		
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED						
55	01 MEDICAL SUPPLIES CHARGED						
55	02 MEDICAL SUPPLIES CHARGED						
55	03 MEDICAL SUPPLIES CHARGED		229,912	63,372,529			
56	DRUGS CHARGED TO PATIENTS		422,028	61,484,693	126,259		
57	RENAL DIALYSIS		138,319	2,363,450			
58	ASC (NON-DISTINCT PART)						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC		176,130	1,679,476			
60	01 HEALTHY FAMILY CENTER		373,986	1,645,479			
60	02 SISTER MAURA BRANNICK HEA		14,753	695,439			
60	03 FAMILY MEDICINE CENTER		29,149	3,504,014			
60	04 WND CA		327,778	5,473,574			
60	05 OUTPATIENT TREATMENT & IN		99,012	1,132,196			
60	06 PED CL		16,244	553,143			
61	EMERGENCY		1,222,611	31,128,248	996		
62	OBSERVATION BEDS (NON-DIS		391,416	4,297,503			
	OTHER REIMBURS COST CNTRS						
64	HOME PROGRAM DIALYSIS						
65	AMBULANCE SERVICES						
66	DURABLE MEDICAL EQUIP-REN						
67	DURABLE MEDICAL EQUIP-SOL						
101	TOTAL		12,297,902	536,335,284	562,274		



TITLE XIX SUBPROVIDER 1 PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NEW CAPITAL	
		CST/CHRG 7	RATIO COSTS 8
37	ANCILLARY SRVC COST CNTRS		
	OPERATING ROOM	.035840	1,063
38	RECOVERY ROOM	.016555	
39	DELIVERY ROOM & LABOR ROO	.006725	
40	ANESTHESIOLOGY		
41	RADIOLOGY-DIAGNOSTIC	.021605	884
42	RADIOLOGY-THERAPEUTIC	.002890	
43	RADIOISOTOPE		
44	LABORATORY	.008873	527
45	PBP CLINICAL LAB SERVICES		
46	WHOLE BLOOD & PACKED RED		
47	BLOOD STORING, PROCESSING		
48	INTRAVENOUS THERAPY		
49	RESPIRATORY THERAPY	.018567	143
50	PHYSICAL THERAPY	.061503	6,318
51	OCCUPATIONAL THERAPY	.043521	5,604
52	SPEECH PATHOLOGY	.068665	4,196
53	ELECTROCARDIOLOGY	.019969	96
54	ELECTROENCEPHALOGRAPHY		
55	MEDICAL SUPPLIES CHARGED		
55	01 MEDICAL SUPPLIES CHARGED		
55	02 MEDICAL SUPPLIES CHARGED		
55	03 MEDICAL SUPPLIES CHARGED	.003628	
56	DRUGS CHARGED TO PATIENTS	.006864	867
57	RENAL DIALYSIS	.058524	
58	ASC (NON-DISTINCT PART)		
	OUTPAT SERVICE COST CNTRS		
60	CLINIC	.104872	
60	01 HEALTHY FAMILY CENTER	.227281	
60	02 SISTER MAURA BRANNICK HEA	.021214	
60	03 FAMILY MEDICINE CENTER	.008319	
60	04 WND CA	.059884	
60	05 OUTPATIENT TREATMENT & IN	.087451	
60	06 PED CL	.029367	
61	EMERGENCY	.039277	39
62	OBSERVATION BEDS (NON-DIS	.091080	
	OTHER REIMBURS COST CNTRS		
64	HOME PROGRAM DIALYSIS		
65	AMBULANCE SERVICES		
66	DURABLE MEDICAL EQUIP-REN		
67	DURABLE MEDICAL EQUIP-SOL		
101	TOTAL		19,737



TITLE XIX SUBPROVIDER 1 PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST	1.01	MED ED NRS SCHOOL COST	2	MED ED ALLIED HEALTH COST	2.01	MED ED ALL OTHER COSTS	2.02	BLOOD CLOT FOR HEMOPHILIACS	2.03
37	ANCILLARY SRVC COST CNTRS										
	OPERATING ROOM			665,804							
38	RECOVERY ROOM										
39	DELIVERY ROOM & LABOR ROO			28,227							
40	ANESTHESIOLOGY										
41	RADIOLOGY-DIAGNOSTIC			268,156							
42	RADIOLOGY-THERAPEUTIC										
43	RADIOISOTOPE										
44	LABORATORY										
45	PBP CLINICAL LAB SERVICES										
46	WHOLE BLOOD & PACKED RED										
47	BLOOD STORING, PROCESSING										
48	INTRAVENOUS THERAPY										
49	RESPIRATORY THERAPY			28,227							
50	PHYSICAL THERAPY										
51	OCCUPATIONAL THERAPY										
52	SPEECH PATHOLOGY										
53	ELECTROCARDIOLOGY			296,383							
54	ELECTROENCEPHALOGRAPHY										
55	MEDICAL SUPPLIES CHARGED										
55	01 MEDICAL SUPPLIES CHARGED										
55	02 MEDICAL SUPPLIES CHARGED										
55	03 MEDICAL SUPPLIES CHARGED										
56	DRUGS CHARGED TO PATIENTS										
57	RENAL DIALYSIS			28,227							
58	ASC (NON-DISTINCT PART)										
	OUTPAT SERVICE COST CNTRS										
60	CLINIC										
60	01 HEALTHY FAMILY CENTER										
60	02 SISTER MAURA BRANNICK HEA										
60	03 FAMILY MEDICINE CENTER			1,114,964							
60	04 WND CA										
60	05 OUTPATIENT TREATMENT & IN										
60	06 PED CL			35,499							
61	EMERGENCY			895,467							
62	OBSERVATION BEDS (NON-DIS			35,119							
	OTHER REIMBURS COST CNTRS										
64	HOME PROGRAM DIALYSIS										
65	AMBULANCE SERVICES										
66	DURABLE MEDICAL EQUIP-REN										
67	DURABLE MEDICAL EQUIP-SOL										
101	TOTAL			3,396,073							



TITLE XIX		SUBPROVIDER 1			PPS			
WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF CST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
37	ANCILLARY SRVC COST CNTRS							
	OPERATING ROOM	665,804	665,804	111,734,830	.005959	.005959	29,650	177
38	RECOVERY ROOM			12,375,583				
39	DELIVERY ROOM & LABOR ROO	28,227	28,227	5,330,928	.005295	.005295		
40	ANESTHESIOLOGY							
41	RADIOLOGY-DIAGNOSTIC	268,156	268,156	116,998,838	.002292	.002292	40,898	94
42	RADIOLOGY-THERAPEUTIC			12,673,416				
43	RADIOISOTOPE							
44	LABORATORY			55,969,650			59,369	
45	PBP CLINICAL LAB SERVICES							
46	WHOLE BLOOD & PACKED RED							
47	BLOOD STORING, PROCESSING							
48	INTRAVENOUS THERAPY							
49	RESPIRATORY THERAPY	28,227	28,227	12,462,036	.002265	.002265	7,705	17
50	PHYSICAL THERAPY			12,288,379			102,723	
51	OCCUPATIONAL THERAPY			4,042,880			128,776	
52	SPEECH PATHOLOGY			1,746,161			61,106	
53	ELECTROCARDIOLOGY	296,383	296,383	13,382,839	.022146	.022146	4,792	106
54	ELECTROENCEPHALOGRAPHY							
55	MEDICAL SUPPLIES CHARGED							
55	01 MEDICAL SUPPLIES CHARGED							
55	02 MEDICAL SUPPLIES CHARGED							
55	03 MEDICAL SUPPLIES CHARGED			63,372,529				
56	DRUGS CHARGED TO PATIENTS			61,484,693			126,259	
57	RENAL DIALYSIS	28,227	28,227	2,363,450	.011943	.011943		
58	ASC (NON-DISTINCT PART)							
	OUTPAT SERVICE COST CNTRS							
60	CLINIC			1,679,476				
60	01 HEALTHY FAMILY CENTER			1,645,479				
60	02 SISTER MAURA BRANNICK HEA			695,439				
60	03 FAMILY MEDICINE CENTER	1,114,964	1,114,964	3,504,014	.318196	.318196		
60	04 WND CA			5,473,574				
60	05 OUTPATIENT TREATMENT & IN			1,132,196				
60	06 PED CL	35,499	35,499	553,143	.064177	.064177		
61	EMERGENCY	895,467	895,467	31,128,248	.028767	.028767	996	29
62	OBSERVATION BEDS (NON-DIS	35,119	35,119	4,297,503	.008172	.008172		
	OTHER REIMBURS COST CNTRS							
64	HOME PROGRAM DIALYSIS							
65	AMBULANCE SERVICES							
66	DURABLE MEDICAL EQUIP-REN							
67	DURABLE MEDICAL EQUIP-SOL							
101	TOTAL	3,396,073	3,396,073	536,335,284			562,274	423



TITLE XIX

SUBPROVIDER 1

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES 8	OUTPAT PROG D,V COL 5.03 8.01	OUTPAT PROG D,V COL 5.04 8.02	OUTPAT PROG PASS THRU COST 9	COL 8.01 * COL 5 9.01	COL 8.02 * COL 5 9.02
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM						
38	RECOVERY ROOM						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
42	RADIOLOGY-THERAPEUTIC						
43	RADIOISOTOPE						
44	LABORATORY						
45	PBP CLINICAL LAB SERVICES						
46	WHOLE BLOOD & PACKED RED						
47	BLOOD STORING, PROCESSING						
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED						
55	01 MEDICAL SUPPLIES CHARGED						
55	02 MEDICAL SUPPLIES CHARGED						
55	03 MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
57	RENAL DIALYSIS						
58	ASC (NON-DISTINCT PART)						
	OUTPAT SERVICE COST CNTRS						
	CLINIC						
60	01 HEALTHY FAMILY CENTER						
60	02 SISTER MAURA BRANNICK HEA						
60	03 FAMILY MEDICINE CENTER						
60	04 WND CA						
60	05 OUTPATIENT TREATMENT & IN						
60	06 PED CL						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
	OTHER REIMBURS COST CNTRS						
64	HOME PROGRAM DIALYSIS						
65	AMBULANCE SERVICES						
66	DURABLE MEDICAL EQUIP-REN						
67	DURABLE MEDICAL EQUIP-SOL						
101	TOTAL						



TITLE XVIII PART A HOSPITAL PPS

PART I - ALL PROVIDER COMPONENTS

1

INPATIENT DAYS

1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	48,357
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	48,357
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	48,357
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
7	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
8	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
9	TOTAL INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	22,721
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLE V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)	
15	TOTAL NURSERY DAYS (TITLE V OR XIX ONLY)	
16	NURSERY DAYS (TITLE V OR XIX ONLY)	

SWING-BED ADJUSTMENT

17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	45,367,855
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)	
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	45,367,855

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	49,944,000
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	49,944,000
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.908374
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	1,032.82
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL	
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL	
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT	
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	45,367,855



TITLE XVIII PART A HOSPITAL PPS

PART II - HOSPITAL AND SUBPROVIDERS ONLY

1

PROGRAM INPATIENT OPERATING COST BEFORE  
 PASS THROUGH COST ADJUSTMENTS

38 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM 938.19  
 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST 21,316,615  
 40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM  
 41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST 21,316,615

	TOTAL I/P COST 1	TOTAL I/P DAYS 2	AVERAGE PER DIEM 3	PROGRAM DAYS 4	PROGRAM COST 5
42 NURSERY (TITLE V & XIX ONLY) INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS					
43 INTENSIVE CARE UNIT	9,204,327	6,048	1,521.88	2,151	3,273,564
44 CORONARY CARE UNIT					
45 BURN INTENSIVE CARE UNIT					
46 SURGICAL INTENSIVE CARE UNIT					
47 NEONATAL INTENSIVE CARE UNIT	2,562,179	1,667	1,537.00		
48 PROGRAM INPATIENT ANCILLARY SERVICE COST					34,851,000
49 TOTAL PROGRAM INPATIENT COSTS					59,441,179

PASS THROUGH COST ADJUSTMENTS

50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES 3,801,895  
 51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES 2,412,286  
 52 TOTAL PROGRAM EXCLUDABLE COST 6,214,181  
 53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN  
 ANESTHETIST, AND MEDICAL EDUCATION COSTS 53,226,998

TARGET AMOUNT AND LIMIT COMPUTATION

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

PROGRAM INPATIENT ROUTINE SWING BED COST

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



TITLE XVIII PART A HOSPITAL PPS

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

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

PART IV - COMPUTATION OF OBSERVATION BED COST

83	TOTAL OBSERVATION BED DAYS	2,764
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	938.19
85	OBSERVATION BED COST	2,593,157

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	45,367,855		2,593,157	
87	NEW CAPITAL-RELATED COST	6,847,921	.150942	2,593,157	391,416
88	NON PHYSICIAN ANESTHETIST	45,367,855		2,593,157	
89	MEDICAL EDUCATION	614,439	.013543	2,593,157	35,119
89.01	MEDICAL EDUCATION - ALLIED HEA				
89.02	MEDICAL EDUCATION - ALL OTHER				



TITLE XVIII PART A SUBPROVIDER I PPS

PART I - ALL PROVIDER COMPONENTS

1

INPATIENT DAYS

1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	5,585
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	5,585
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	5,585
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
7	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
8	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
9	TOTAL INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	3,719
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLE V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)	
15	TOTAL NURSERY DAYS (TITLE V OR XIX ONLY)	
16	NURSERY DAYS (TITLE V OR XIX ONLY)	

SWING-BED ADJUSTMENT

17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	5,031,682
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)	
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	5,031,682

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	49,944,000
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	49,944,000
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.100746
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	8,942.52
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL	
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL	
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT	
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	5,031,682



TITLE XVIII PART A SUBPROVIDER I PPS

PART II - HOSPITAL AND SUBPROVIDERS ONLY

1

PROGRAM INPATIENT OPERATING COST BEFORE  
 PASS THROUGH COST ADJUSTMENTS

38 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM 900.93  
 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST 3,350,559  
 40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM  
 41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST 3,350,559

	TOTAL I/P COST 1	TOTAL I/P DAYS 2	AVERAGE PER DIEM 3	PROGRAM DAYS 4	PROGRAM COST 5
42 NURSERY (TITLE V & XIX ONLY)					
INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS					
43 INTENSIVE CARE UNIT					
44 CORONARY CARE UNIT					
45 BURN INTENSIVE CARE UNIT					
46 SURGICAL INTENSIVE CARE UNIT					
47 NEONATAL INTENSIVE CARE UNIT					1
48 PROGRAM INPATIENT ANCILLARY SERVICE COST					1,673,468
49 TOTAL PROGRAM INPATIENT COSTS					5,024,027

PASS THROUGH COST ADJUSTMENTS

50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES 303,358  
 51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES 179,640  
 52 TOTAL PROGRAM EXCLUDABLE COST 482,998  
 53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN  
 ANESTHETIST, AND MEDICAL EDUCATION COSTS 4,541,029

TARGET AMOUNT AND LIMIT COMPUTATION

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

PROGRAM INPATIENT ROUTINE SWING BED COST

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



TITLE XVIII PART A SUBPROVIDER I PPS

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

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

PART IV - COMPUTATION OF OBSERVATION BED COST

83	TOTAL OBSERVATION BED DAYS	
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	900.93
85	OBSERVATION BED COST	

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

	COST	ROUTINE COST	COLUMN 1 DIVIDED BY COLUMN 2	TOTAL OBSERVATION BED COST	OBSERVATION BED PASS THROUGH COST
	1	2	3	4	5
86	OLD CAPITAL-RELATED COST	5,031,682			
87	NEW CAPITAL-RELATED COST	390,528	.077614		
88	NON PHYSICIAN ANESTHETIST	5,031,682			
89	MEDICAL EDUCATION	65,063	.012931		
89.01	MEDICAL EDUCATION - ALLIED HEA				
89.02	MEDICAL EDUCATION - ALL OTHER				



TITLE XIX - I/P HOSPITAL PPS

PART I - ALL PROVIDER COMPONENTS

1

INPATIENT DAYS

1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	48,357
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	48,357
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	48,357
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
7	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
8	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
9	TOTAL INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	7,291
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLE V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)	
15	TOTAL NURSERY DAYS (TITLE V OR XIX ONLY)	3,242
16	NURSERY DAYS (TITLE V OR XIX ONLY)	2,136

SWING-BED ADJUSTMENT

17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	47,908,277
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)	
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	47,908,277

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	49,944,000
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	49,944,000
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.959240
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	1,032.82
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL	
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL	
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT	
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	47,908,277



TITLE XIX - I/P HOSPITAL PPS

PART II - HOSPITAL AND SUBPROVIDERS ONLY

1

PROGRAM INPATIENT OPERATING COST BEFORE  
 PASS THROUGH COST ADJUSTMENTS

38 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM 990.72  
 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST 7,223,340  
 40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM  
 41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST 7,223,340

	TOTAL I/P COST	TOTAL I/P DAYS	AVERAGE PER DIEM	PROGRAM DAYS	PROGRAM COST
42 NURSERY (TITLE V & XIX ONLY) INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS	3,202,709	3,242	987.88	2,136	2,110,112
43 INTENSIVE CARE UNIT	9,472,483	6,048	1,566.22	833	1,304,661
44 CORONARY CARE UNIT					
45 BURN INTENSIVE CARE UNIT					
46 SURGICAL INTENSIVE CARE UNIT					
47 NEONATAL INTENSIVE CARE UNIT	2,646,860	1,667	1,587.80	1,208	1,918,062
48 PROGRAM INPATIENT ANCILLARY SERVICE COST					8,079,001
49 TOTAL PROGRAM INPATIENT COSTS					20,635,176

PASS THROUGH COST ADJUSTMENTS

50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES 2,089,567  
 51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES 601,648  
 52 TOTAL PROGRAM EXCLUDABLE COST 2,691,215  
 53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN  
 ANESTHETIST, AND MEDICAL EDUCATION COSTS 17,943,961

TARGET AMOUNT AND LIMIT COMPUTATION

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

PROGRAM INPATIENT ROUTINE SWING BED COST

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



TITLE XIX - I/P HOSPITAL PPS

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

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

PART IV - COMPUTATION OF OBSERVATION BED COST

83	TOTAL OBSERVATION BED DAYS	2,764
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	990.72
85	OBSERVATION BED COST	2,738,350

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	47,908,277		2,738,350	
87	NEW CAPITAL-RELATED COST	6,847,921	.142938	2,738,350	391,414
88	NON PHYSICIAN ANESTHETIST	47,908,277		2,738,350	
89	MEDICAL EDUCATION	3,154,861	.065852	2,738,350	180,326
89.01	MEDICAL EDUCATION - ALLIED HEA				
89.02	MEDICAL EDUCATION - ALL OTHER				



TITLE XIX - I/P SUBPROVIDER I PPS

PART I - ALL PROVIDER COMPONENTS

1

INPATIENT DAYS

1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	5,585
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	5,585
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	5,585
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
7	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
8	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
9	TOTAL INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	352
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLE V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)	
15	TOTAL NURSERY DAYS (TITLE V OR XIX ONLY)	
16	NURSERY DAYS (TITLE V OR XIX ONLY)	

SWING-BED ADJUSTMENT

17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	5,426,860
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)	
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	5,426,860

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	49,944,000
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	49,944,000
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.108659
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	8,942.52
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL	
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL	
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT	
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	5,426,860



TITLE XIX - I/P SUBPROVIDER I PPS

PART II - HOSPITAL AND SUBPROVIDERS ONLY

1

PROGRAM INPATIENT OPERATING COST BEFORE  
 PASS THROUGH COST ADJUSTMENTS

38 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM 971.68  
 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST 342,031  
 40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM  
 41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST 342,031

	TOTAL I/P COST 1	TOTAL I/P DAYS 2	AVERAGE PER DIEM 3	PROGRAM DAYS 4	PROGRAM COST 5
42 NURSERY (TITLE V & XIX ONLY)					
INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS					
43 INTENSIVE CARE UNIT					
44 CORONARY CARE UNIT					
45 BURN INTENSIVE CARE UNIT					
46 SURGICAL INTENSIVE CARE UNIT					
47 NEONATAL INTENSIVE CARE UNIT					1
48 PROGRAM INPATIENT ANCILLARY SERVICE COST					178,351
49 TOTAL PROGRAM INPATIENT COSTS					520,382

PASS THROUGH COST ADJUSTMENTS

50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES 53,620  
 51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES 20,160  
 52 TOTAL PROGRAM EXCLUDABLE COST 73,780  
 53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN  
 ANESTHETIST, AND MEDICAL EDUCATION COSTS 446,602

TARGET AMOUNT AND LIMIT COMPUTATION

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

PROGRAM INPATIENT ROUTINE SWING BED COST

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



TITLE XIX - I/P SUBPROVIDER I PPS

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

1

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

PART IV - COMPUTATION OF OBSERVATION BED COST

- 83 TOTAL OBSERVATION BED DAYS
- 84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM 971.68
- 85 OBSERVATION BED COST

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

	COST	ROUTINE COST	COLUMN 1 DIVIDED BY COLUMN 2	TOTAL OBSERVATION BED COST	OBSERVATION BED PASS THROUGH COST
	1	2	3	4	5
86 OLD CAPITAL-RELATED COST		5,426,860			
87 NEW CAPITAL-RELATED COST	390,528	5,426,860	.071962		
88 NON PHYSICIAN ANESTHETIST		5,426,860			
89 MEDICAL EDUCATION	65,063	5,426,860	.011989		
89.01 MEDICAL EDUCATION - ALLIED HEA					
89.02 MEDICAL EDUCATION - ALL OTHER					



INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

TITLE XVIII, PART A      HOSPITAL      PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS		32,216,765	
26	INTENSIVE CARE UNIT		6,403,075	
27	CORONARY CARE UNIT			
28	BURN INTENSIVE CARE UNIT			
29	SURGICAL INTENSIVE CARE UNIT			
30	NEONATAL INTENSIVE CARE UNIT			
31	SUBPROVIDER ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.267813	25,597,131	6,855,244
38	RECOVERY ROOM	.178276	2,680,234	477,821
39	DELIVERY ROOM & LABOR ROOM	.129632	3,012	390
40	ANESTHESIOLOGY			
41	RADIOLOGY-DIAGNOSTIC	.159455	22,304,928	3,556,632
42	RADIOLOGY-THERAPEUTIC	.171246	112,652	19,291
43	RADIOISOTOPE			
44	LABORATORY	.267462	20,186,013	5,398,991
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	.303822	3,635,023	1,104,400
50	PHYSICAL THERAPY	.437014	1,561,546	682,417
51	OCCUPATIONAL THERAPY	.363685	738,672	268,644
52	SPEECH PATHOLOGY	.341761	420,505	143,712
53	ELECTROCARDIOLOGY	.122830	3,982,744	489,200
54	ELECTROENCEPHALOGRAPHY			
55	MEDICAL SUPPLIES CHARGED TO PATIENTS			
55 01	MEDICAL SUPPLIES CHARGED TO PATIENTS			
55 02	MEDICAL SUPPLIES CHARGED TO PATIENTS			
55 03	MEDICAL SUPPLIES CHARGED TO PATIENTS	.381873	22,628,046	8,641,040
56	DRUGS CHARGED TO PATIENTS	.251465	21,076,135	5,299,910
57	RENAL DIALYSIS	.800380	571,213	457,187
58	ASC (NON-DISTINCT PART) OUTPAT SERVICE COST CNTRS			
60	CLINIC	.933909		
60 01	HEALTHY FAMILY CENTER	.773927		
60 02	SISTER MAURA BRANNICK HEALTH CENTER	1.382010		
60 03	FAMILY MEDICINE CENTER	.546610		
60 04	WND CA	.484355		
60 05	OUTPATIENT TREATMENT & INFUSION	.476108		
60 06	PED CL	1.413548		
61	EMERGENCY	.320155	4,548,174	1,456,121
62	OBSERVATION BEDS (NON-DISTINCT PART) OTHER REIMBURS COST CNTRS	.603410		
64	HOME PROGRAM DIALYSIS			
65	AMBULANCE SERVICES			
66	DURABLE MEDICAL EQUIP-RENTED			
67	DURABLE MEDICAL EQUIP-SOLD			
101	TOTAL		130,046,028	34,851,000
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		130,046,028	



INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

TITLE XVIII, PART A

SUBPROVIDER 1

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS			
26	INTENSIVE CARE UNIT			
27	CORONARY CARE UNIT			
28	BURN INTENSIVE CARE UNIT			
29	SURGICAL INTENSIVE CARE UNIT			
30	NEONATAL INTENSIVE CARE UNIT			
31	SUBPROVIDER		4,233,840	
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.267813	82,873	22,194
38	RECOVERY ROOM	.178276	1,737	310
39	DELIVERY ROOM & LABOR ROOM	.129632		
40	ANESTHESIOLOGY			
41	RADIOLOGY-DIAGNOSTIC	.159455	164,408	26,216
42	RADIOLOGY-THERAPEUTIC	.171246		
43	RADIOISOTOPE			
44	LABORATORY	.267462	701,570	187,643
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	.303822	111,866	33,987
50	PHYSICAL THERAPY	.437014	1,124,645	491,486
51	OCCUPATIONAL THERAPY	.363685	1,291,334	469,639
52	SPEECH PATHOLOGY	.341761	436,522	149,186
53	ELECTROCARDIOLOGY	.122830	10,090	1,239
54	ELECTROENCEPHALOGRAPHY			
55	MEDICAL SUPPLIES CHARGED TO PATIENTS			
55 01	MEDICAL SUPPLIES CHARGED TO PATIENTS			
55 02	MEDICAL SUPPLIES CHARGED TO PATIENTS			
55 03	MEDICAL SUPPLIES CHARGED TO PATIENTS	.381873	21,059	8,042
56	DRUGS CHARGED TO PATIENTS	.251465	1,007,239	253,285
57	RENAL DIALYSIS	.800380	37,638	30,125
58	ASC (NON-DISTINCT PART) OUTPAT SERVICE COST CNTRS			
60	CLINIC	.933909		
60 01	HEALTHY FAMILY CENTER	.773927		
60 02	SISTER MAURA BRANNICK HEALTH CENTER	1.382010		
60 03	FAMILY MEDICINE CENTER	.546610		
60 04	WND CA	.484355		
60 05	OUTPATIENT TREATMENT & INFUSION	.476108		
60 06	PED CL	1.413548		
61	EMERGENCY	.320155	363	116
62	OBSERVATION BEDS (NON-DISTINCT PART) OTHER REIMBURS COST CNTRS	.603410		
64	HOME PROGRAM DIALYSIS			
65	AMBULANCE SERVICES			
66	DURABLE MEDICAL EQUIP-RENTED			
67	DURABLE MEDICAL EQUIP-SOLD			
101	TOTAL		4,991,344	1,673,468
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		4,991,344	



INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

TITLE XIX		HOSPITAL	PPS		
WKST A	COST CENTER DESCRIPTION	RATIO COST	INPATIENT	INPATIENT	
LINE NO.		TO CHARGES	CHARGES	COST	
		1	2	3	
25	INPAT ROUTINE SRVC CNTRS				
26	ADULTS & PEDIATRICS		11,247,857		
27	INTENSIVE CARE UNIT		2,133,832		
28	CORONARY CARE UNIT				
29	BURN INTENSIVE CARE UNIT				
30	SURGICAL INTENSIVE CARE UNIT				
31	NEONATAL INTENSIVE CARE UNIT		2,747,496		
31	SUBPROVIDER				
37	ANCILLARY SRVC COST CNTRS				
38	OPERATING ROOM	.273370	4,598,071	1,256,975	
39	RECOVERY ROOM	.178276	847,560	151,100	
40	DELIVERY ROOM & LABOR ROOM	.134927	3,303,522	445,734	
41	ANESTHESIOLOGY				
42	RADIOLOGY-DIAGNOSTIC	.161747	4,308,740	696,926	
43	RADIOLOGY-THERAPEUTIC	.171246	23,418	4,010	
44	RADIOISOTOPE				
45	LABORATORY	.267462	5,275,223	1,410,922	
46	PBP CLINICAL LAB SERVICES-PRGM ONLY				
47	WHOLE BLOOD & PACKED RED BLOOD CELLS				
48	BLOOD STORING, PROCESSING & TRANS.				
49	INTRAVENOUS THERAPY				
50	RESPIRATORY THERAPY	.306087	1,354,155	414,489	
51	PHYSICAL THERAPY	.437014	207,839	90,829	
52	OCCUPATIONAL THERAPY	.363685	116,223	42,269	
53	SPEECH PATHOLOGY	.341761	57,386	19,612	
54	ELECTROCARDIOLOGY	.144977	587,741	85,209	
55	ELECTROENCEPHALOGRAPHY				
55	MEDICAL SUPPLIES CHARGED TO PATIENTS				
55	01 MEDICAL SUPPLIES CHARGED TO PATIENTS				
55	02 MEDICAL SUPPLIES CHARGED TO PATIENTS				
55	03 MEDICAL SUPPLIES CHARGED TO PATIENTS	.381873	3,105,053	1,185,736	
56	DRUGS CHARGED TO PATIENTS	.251465	7,520,421	1,891,123	
57	RENAL DIALYSIS	.812323	88,279	71,711	
58	ASC (NON-DISTINCT PART)				
60	OUTPAT SERVICE COST CNTRS				
60	CLINIC	.933909	3,717	3,471	
60	01 HEALTHY FAMILY CENTER	.773927			
60	02 SISTER MAURA BRANNICK HEALTH CENTER	1.382010			
60	03 FAMILY MEDICINE CENTER	.864806			
60	04 WND CA	.484355			
60	05 OUTPATIENT TREATMENT & INFUSION	.476108			
60	06 PED CL	1.413548			
61	EMERGENCY	.341012	905,789	308,885	
62	OBSERVATION BEDS (NON-DISTINCT PART)	.603410			
64	OTHER REIMBURS COST CNTRS				
65	HOME PROGRAM DIALYSIS				
66	AMBULANCE SERVICES				
67	DURABLE MEDICAL EQUIP-RENTED				
67	DURABLE MEDICAL EQUIP-SOLD				
101	TOTAL		32,303,137	8,079,001	
102	LESS PBP CLINIC LABORATORY SERVICES -				
102	PROGRAM ONLY CHARGES				
103	NET CHARGES		32,303,137		



INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

TITLE XIX SUBPROVIDER 1 PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS			
26	INTENSIVE CARE UNIT			
27	CORONARY CARE UNIT			
28	BURN INTENSIVE CARE UNIT			
29	SURGICAL INTENSIVE CARE UNIT			
30	NEONATAL INTENSIVE CARE UNIT			
31	SUBPROVIDER		398,460	
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.273370	29,650	8,105
38	RECOVERY ROOM	.178276		
39	DELIVERY ROOM & LABOR ROOM	.134927		
40	ANESTHESIOLOGY			
41	RADIOLOGY-DIAGNOSTIC	.161747	40,898	6,615
42	RADIOLOGY-THERAPEUTIC	.171246		
43	RADIOISOTOPE			
44	LABORATORY	.267462	59,369	15,879
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	.306087	7,705	2,358
50	PHYSICAL THERAPY	.437014	102,723	44,891
51	OCCUPATIONAL THERAPY	.363685	128,776	46,834
52	SPEECH PATHOLOGY	.341761	61,106	20,884
53	ELECTROCARDIOLOGY	.144977	4,792	695
54	ELECTROENCEPHALOGRAPHY			
55	MEDICAL SUPPLIES CHARGED TO PATIENTS			
55 01	MEDICAL SUPPLIES CHARGED TO PATIENTS			
55 02	MEDICAL SUPPLIES CHARGED TO PATIENTS			
55 03	MEDICAL SUPPLIES CHARGED TO PATIENTS	.381873		
56	DRUGS CHARGED TO PATIENTS	.251465	126,259	31,750
57	RENAL DIALYSIS	.812323		
58	ASC (NON-DISTINCT PART) OUTPAT SERVICE COST CNTRS			
60	CLINIC	.933909		
60 01	HEALTHY FAMILY CENTER	.773927		
60 02	SISTER MAURA BRANNICK HEALTH CENTER	1.382010		
60 03	FAMILY MEDICINE CENTER	.864806		
60 04	WND CA	.484355		
60 05	OUTPATIENT TREATMENT & INFUSION	.476108		
60 06	PED CL	1.413548		
61	EMERGENCY	.341012	996	340
62	OBSERVATION BEDS (NON-DISTINCT PART) OTHER REIMBURS COST CNTRS	.603410		
64	HOME PROGRAM DIALYSIS			
65	AMBULANCE SERVICES			
66	DURABLE MEDICAL EQUIP-RENTED			
67	DURABLE MEDICAL EQUIP-SOLD			
101	TOTAL		562,274	178,351
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		562,274	



CALCULATION OF REIMBURSEMENT SETTLEMENT

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS HOSPITAL

DESCRIPTION	1	1.01
DRG AMOUNT		
1 OTHER THAN OUTLIER PAYMENTS OCCURRING PRIOR TO OCTOBER 1	11,293,657	
1.01 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER OCTOBER 1 AND BEFORE JANUARY 1	10,741,559	
1.02 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER JAN 1	23,271,846	
MANAGED CARE PATIENTS		
1.03 PAYMENTS PRIOR TO MARCH 1ST OR OCTOBER 1ST	2,121,259	
1.04 PAYMENTS ON OR AFTER OCTOBER 1 AND PRIOR TO JANUARY 1	2,534,554	
1.05 PAYMENTS ON OR AFTER JANUARY 1ST BUT BEFORE 4/1 / 10/1	4,846,702	
1.06 ADDITIONAL AMOUNT RECEIVED OR TO BE RECEIVED (SEE INSTR)		
1.07 PAYMENTS FOR DISCHARGES ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001.		
1.08 SIMULATED PAYMENTS FROM PS&R ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001.		
2 OUTLIER PAYMENTS FOR DISCHARGES OCCURRING PRIOR TO 10/1/97		
2.01 OUTLIER PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER OCTOBER 1, 1997 (SEE INSTRUCTIONS)	731,906	
3 BED DAYS AVAILABLE DIVIDED BY # DAYS IN COST RPTG PERIOD	238.05	
INDIRECT MEDICAL EDUCATION ADJUSTMENT		
3.01 NUMBER OF INTERNS & RESIDENTS FROM WKST S-3, PART I		
3.02 INDIRECT MEDICAL EDUCATION PERCENTAGE (SEE INSTRUCTIONS)		
3.03 INDIRECT MEDICAL EDUCATION ADJUSTMENT		
3.04 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE 12/31/1996.	25.29	
3.05 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS WHICH MEET THE CRITERIA FOR AN ADD-ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii)		
3.06 ADJUSTED FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR AFFILIATED PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii)		
		FOR CR PERIODS ENDING ON OR AFTER 7/1/2005
		E-3 PT 6 LN 15 PLUS LN 3.06
3.07 SUM OF LINES 3.04 THROUGH 3.06 (SEE INSTRUCTIONS)	23.04	23.04
3.08 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS IN THE CURRENT YEAR FROM YOUR RECORDS		23.51
3.09 FOR COST REPORTING PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING PRIOR TO OCTOBER 1.		
3.10 FOR COST REPORTING PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING ON OR AFTER OCTOBER 1		
3.11 FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.09		
3.12 FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.10		
3.13 FTE COUNT FOR RESIDENTS IN DENTAL AND PODIATRIC PROGRAMS.		3.00
3.14 CURRENT YEAR ALLOWABLE FTE (SEE INSTRUCTIONS)		26.04
3.15 TOTAL ALLOWABLE FTE COUNT FOR THE PRIOR YEAR, IF NONE BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE		26.01
3.16 TOTAL ALLOWABLE FTE COUNT FOR THE PENULTIMATE YEAR IF THAT YEAR ENDED ON OR AFTER SEPTEMBER 30, 1997, OTHERWISE ENTER ZERO. IF THERE WAS NO FTE COUNT IN THIS PERIOD BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE		26.19
3.17 SUM OF LINES 3.14 THRU 3.16 DIVIDED BY THE NUMBER OF THOSE LINES IN EXCESS OF ZERO (SEE INSTRUCTIONS).		26.08
3.18 CURRENT YEAR RESIDENT TO BED RATIO (LN 3.17 DIVIDED BY LN 3)		.109557
3.19 PRIOR YEAR RESIDENT TO BED RATIO (SEE INSTRUCTIONS)		.103527
3.20 FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 1997, ENTER THE LESSER OF LINES 3.18 OR 3.19 (SEE INST)		.103527
3.21 IME PAYMENTS FOR DISCHARGES OCCURRING PRIOR TO OCT 1		737,150
3.22 IME PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER OCT 1, BUT BEFORE JANUARY 1 (SEE INSTRUCTIONS)		729,522
3.23 IME PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER JANUARY 1		1,545,114
	SUM OF LINES 3.21 - 3.23	
	3,011,786	
3.24 SUM OF LINES 3.21 THROUGH 3.23 (SEE INSTRUCTIONS).		3,011,786
DISPROPORTIONATE SHARE ADJUSTMENT		
4 PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS (SEE INSTRUCTIONS)		3.94
4.01 PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS REPORTED ON WORKSHEET S-3, PART I		20.14
4.02 SUM OF LINES 4 AND 4.01		24.08
4.03 ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTRUC)		9.20
4.04 DISPROPORTIONATE SHARE ADJUSTMENT (SEE INSTRUCTIONS)		4,168,250
ADDITIONAL PAYMENT FOR HIGH PERCENTAGE OF ESRD BENEFICIARY DISCHARGES		
5 TOTAL MEDICARE DISCHARGES ON WKST S-3, PART I EXCLUDING DISCHARGES FOR DRGS 302, 316, 317 OR MS-DRGS 652, 682 - 685.(SEE INSTRUCTIONS)		
5.01 TOTAL ESRD MEDICARE DISCHARGES EXCLUDING DRGS 302, 316, 317 OR MS-DRGS 652 AND 682 - 685. (SEE INSTRUCTIONS)		
5.02 DIVIDE LINE 5.01 BY LINE 5 (IF LESS THAN 10%, YOU DO NOT QUALIFY FOR ADJUSTMENT)		



CALCULATION OF REIMBURSEMENT SETTLEMENT

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS HOSPITAL

DESCRIPTION	1	1.01
5.03 TOTAL MEDICARE ESRD INPATIENT DAYS EXCLUDING DRGS 302, 316, 317, OR MS-DRGS 652, 682-685. (SEE INSTRUCTIONS)		
5.04 RATIO OF AVERAGE LENGTH OF STAY TO ONE WEEK		
5.05 AVERAGE WEEKLY COST FOR DIALYSIS TREATMENTS (SEE INSTRUC)		
5.06 TOTAL ADDITIONAL PAYMENT		
6 SUBTOTAL (SEE INSTRUCTIONS)	53,219,004	
7 HOSPITAL SPECIFIC PAYMENTS (TO BE COMPLETED BY SCH AND MDH, SMALL RURAL HOSPITALS ONLY, SEE INSTRUCTIONS)		
7.01 HOSPITAL SPECIFIC PAYMENTS (TO BE COMPLETED BY SCH AND MDH, SMALL RURAL HOSPITALS ONLY, SEE INSTRUCTIONS FY BEG. 10/1/2000)		
8 TOTAL PAYMENT FOR INPATIENT OPERATING COSTS SCH AND MDH ONLY (SEE INSTRUCTIONS)	53,219,004	
9 PAYMENT FOR INPATIENT PROGRAM CAPITAL	3,771,119	
10 EXCEPTION PAYMENT FOR INPATIENT PROGRAM CAPITAL (WORKSHEET L, PART IV, SEE INSTRUCTIONS)		
11 DIRECT GRADUATE MEDICAL EDUCATION PAYMENT (FROM WORKSHEET E-3, PART IV, SEE INSTRUCTIONS)	1,438,280	
11.01 NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT		
11.02 SPECIAL ADD-ON PAYMENTS FOR NEW TECHNOLOGIES		
12 NET ORGAN ACQUISITION COST		
13 COST OF TEACHING PHYSICIANS		
14 ROUTINE SERVICE OTHER PASS THROUGH COSTS	339,354	
15 ANCILLARY SERVICE OTHER PASS THROUGH COSTS	46,245	
16 TOTAL	58,814,002	
17 PRIMARY PAYER PAYMENTS	83,544	
18 TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES	58,730,458	
19 DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	4,766,352	
20 COINSURANCE BILLED TO PROGRAM BENEFICIARIES	104,358	
21 REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	660,601	
21.01 ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	462,421	
21.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES		
22 SUBTOTAL	54,322,169	
23 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION		
24 OTHER ADJUSTMENTS (SPECIFY)		
24.97 HCERA PAYMENTS		
24.98 CREDIT FOR MANUFACTURER REPLACED MEDICAL DEVICES		
24.99 OUTLIER RECONCILIATION ADJUSTMENT		
25 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS		
26 AMOUNT DUE PROVIDER	54,322,169	
27 SEQUESTRATION ADJUSTMENT		
28 INTERIM PAYMENTS	54,537,701	
28.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
29 BALANCE DUE PROVIDER (PROGRAM)	-215,532	
30 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2.		
----- FI ONLY -----		
50 OPERATING OUTLIER AMOUNT FROM WKS E, A, L2.01		
51 CAPITAL OUTLIER AMOUNT FROM WKS L, I, L3.01		
52 OPERATING OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)		
53 CAPITAL OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)		
54 THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY		
55 TIME VALUE OF MONEY (SEE INSTRUCTIONS)		
56 CAPITAL TIME VALUE OF MONEY (SEE INSTRUCTIONS)		



CALCULATION OF REIMBURSEMENT SETTLEMENT

PART B - MEDICAL AND OTHER HEALTH SERVICES

HOSPITAL

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)	7,796
1.01	MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER APRIL 1, 2001 (SEE INSTRUCTIONS).	13,609,535
1.02	PPS PAYMENTS RECEIVED INCLUDING OUTLIERS.	13,267,186
1.03	ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO.	
1.04	LINE 1.01 TIMES LINE 1.03.	
1.05	LINE 1.02 DIVIDED BY LINE 1.04.	
1.06	TRANSITIONAL CORRIDOR PAYMENT (SEE INSTRUCTIONS)	
1.07	ENTER THE AMOUNT FROM WORKSHEET D, PART IV, (COLS 9, 9.01, 9.02) LINE 101.	32,258
2	INTERNS AND RESIDENTS	
3	ORGAN ACQUISITIONS	
4	COST OF TEACHING PHYSICIANS	
5	TOTAL COST (SEE INSTRUCTIONS)	7,796
COMPUTATION OF LESSER OF COST OR CHARGES		
REASONABLE CHARGES		
6	ANCILLARY SERVICE CHARGES	31,004
7	INTERNS AND RESIDENTS SERVICE CHARGES	
8	ORGAN ACQUISITION CHARGES	
9	CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS.	
10	TOTAL REASONABLE CHARGES	31,004
CUSTOMARY CHARGES		
11	AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS	
12	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e).	
13	RATIO OF LINE 11 TO LINE 12	
14	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)	31,004
15	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	23,208
16	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	
17	LESSER OF COST OR CHARGES (FOR CAH SEE INSTRUC)	7,796
17.01	TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 1.02, 1.06 AND 1.07)	13,299,444
COMPUTATION OF REIMBURSEMENT SETTLEMENT		
18	DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)	
18.01	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 17.01 (SEE INSTRUCTIONS)	2,993,770
19	SUBTOTAL (SEE INSTRUCTIONS)	10,313,470
20	SUM OF AMOUNTS FROM WORKSHEET E PARTS C, D & E (SEE INSTR.)	
21	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	304,887
22	ESRD DIRECT MEDICAL EDUCATION COSTS	
23	SUBTOTAL	10,618,357
24	PRIMARY PAYER PAYMENTS	1,961
25	SUBTOTAL	10,616,396
REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)		
26	COMPOSITE RATE ESRD	
27	BAD DEBTS (SEE INSTRUCTIONS)	595,875
27.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	417,113
27.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	
28	SUBTOTAL	11,033,509
29	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION.	
30	OTHER ADJUSTMENTS (SPECIFY)	
30.99	OTHER ADJUSTMENTS (MSP-LCC RECONCILIATION AMOUNT)	361
31	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS.	
32	SUBTOTAL	11,033,148
33	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
34	INTERIM PAYMENTS	11,163,548
34.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
35	BALANCE DUE PROVIDER/PROGRAM	-130,400
36	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2	
TO BE COMPLETED BY CONTRACTOR		
50	ORIGINAL OUTLIER AMOUNT (SEE INSTRUCTIONS)	
51	OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)	
52	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY	
53	TIME VALUE OF MONEY (SEE INSTRUCTIONS)	
54	TOTAL (SUM OF LINES 51 AND 53)	



TITLE XVIII HOSPITAL

DESCRIPTION	INPATIENT-PART A		P A R T B	
	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		53,611,286		11,098,040
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/ 4/2010	816,523	2/ 4/2010	65,508
ADJUSTMENTS TO PROVIDER .02	6/10/2010	109,892		
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		926,415		65,508
4 TOTAL INTERIM PAYMENTS		54,537,701		11,163,548
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)		215,532		130,400
7 TOTAL MEDICARE PROGRAM LIABILITY		54,322,169		11,033,148

NAME OF INTERMEDIARY:  
 INTERMEDIARY NO:

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

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

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



TITLE XVIII SUBPROVIDER 1

DESCRIPTION	INPATIENT-PART A		P A R T B	
	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		4,848,323		
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.		NONE		NONE
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
ADJUSTMENTS TO PROVIDER		.01		
ADJUSTMENTS TO PROVIDER		.02		
ADJUSTMENTS TO PROVIDER		.03		
ADJUSTMENTS TO PROVIDER		.04		
ADJUSTMENTS TO PROVIDER		.05		
ADJUSTMENTS TO PROGRAM	2/ 4/2010	218,412		
ADJUSTMENTS TO PROGRAM		.51		
ADJUSTMENTS TO PROGRAM		.52		
ADJUSTMENTS TO PROGRAM		.53		
ADJUSTMENTS TO PROGRAM		.54		
SUBTOTAL		.99		
4 TOTAL INTERIM PAYMENTS			-218,412	NONE
			4,629,911	
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)			125,948	
7 TOTAL MEDICARE PROGRAM LIABILITY			4,755,859	

NAME OF INTERMEDIARY:  
 INTERMEDIARY NO:

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

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

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



CALCULATION OF REIMBURSEMENT SETTLEMENT

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

1	INPATIENT HOSPITAL SERVICES (SEE INSTRUCTIONS)		
1.01	HOSPITAL SPECIFIC AMOUNT (SEE INSTRUCTIONS)		
1.02	ENTER FROM THE PS&R, THE IRF PPS PAYMENT	4,275,241	
1.03	MEDICARE SSI RATIO (IRF PPS ONLY) (SEE INSTR.)	.0276	
1.04	INPATIENT REHABILITATION FACILITY LIP PAYMENTS (SEE INSTRUCTIONS)	236,425	
1.05	OUTLIER PAYMENTS	55,853	
1.06	TOTAL PPS PAYMENTS (SUM OF LINES 1.01, (1.02, 1.04 FOR COLUMNS 1 & 1.01), 1.05 AND 1.42)	4,755,916	
1.07	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT (SEE INSTRUCTIONS)		
	INPATIENT PSYCHIATRIC FACILITY (IPF)		
1.08	NET FEDERAL IPF PPS PAYMENTS (EXCLUDING OUTLIER, ECT, STOP-LOSS, AND MEDICAL EDUCATION PAYMENTS)		
1.09	NET IPF PPS OUTLIER PAYMENTS		
1.10	NET IPF PPS ECT PAYMENTS		
1.11	UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR LATEST COST REPORT FILED PRIOR TO NOVEMBER 15, 2004 (SEE INSTRUCTIONS)		
1.12	NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTRUCTIONS)		
1.13	CURRENT YEARS UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)		
1.14	CURRENT YEARS UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)		
1.15	INTERN AND RESIDENT COUNT FOR IPF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)		
1.16	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)		
1.17	MEDICAL EDUCATION ADJUSTMENT FACTOR $\{(1 + (LINE 1.15/1.16))\}$ RAISED TO THE POWER OF $.5150 - 1$ .		
1.18	MEDICAL EDUCATION ADJUSTMENT (LINE 1.08 MULTIPLIED BY LINE 1.17).		
1.19	ADJUSTED NET IPF PPS PAYMENTS (SUM OF LINES 1.08, 1.09, 1.10 AND 1.18)		
1.20	STOP LOSS PAYMENT FLOOR (LINE 1 x 70%)		
1.21	ADJUSTED NET PAYMENT FLOOR (LINE 1.20 x THE APPROPRIATE FEDERAL BLEND PERCENTAGE)		
1.22	STOP LOSS ADJUSTMENT (IF LINE 1.21 IS GREATER THAN LINE 1.19 ENTER THE AMOUNT ON LINE 1.21 LESS LINE 1.19 OTHERWISE ENTER -0-)		
1.23	TOTAL IPF PPS PAYMENTS (SUM OF LINES 1.01, 1.19 AND 1.22)		
	INPATIENT REHABILITATION FACILITY (IRF)		
1.35	UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR COST REPORT PERIODS ENDING ON/OR PRIOR TO NOVEMBER 15, 2004. (SEE INST.)	.80	
1.36	NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTRUCTIONS)		
1.37	CURRENT YEAR'S UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	.75	
1.38	CURRENT YEAR'S UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)		
1.39	INTERN AND RESIDENT COUNT FOR IRF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)	.75	
1.40	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)	15.301370	
1.41	MEDICAL EDUCATION ADJUSTMENT FACTOR $\{(1 + (LINE 1.39/1.40))\}$ RAISED TO THE POWER OF $.9012 - 1$ .	.044067	.033450
1.42	MEDICAL EDUCATION ADJUSTMENT (LINE 1.02 MULTIPLIED BY LINE 1.41).	188,397	
2	ORGAN ACQUISITION		
3	COST OF TEACHING PHYSICIANS		
4	SUBTOTAL (SEE INSTRUCTIONS)	4,755,916	
5	PRIMARY PAYER PAYMENTS		
6	SUBTOTAL	4,755,916	
7	DEDUCTIBLES	18,284	
8	SUBTOTAL	4,737,632	
9	COINSURANCE	25,135	
10	SUBTOTAL	4,712,497	
11	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROF SERV)		
11.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)		
11.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES		
12	SUBTOTAL	4,712,497	
13	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS		
13.01	OTHER PASS THROUGH COSTS (SEE INSTRUCTIONS)	43,362	
14	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION		
15	OTHER ADJUSTMENTS (SPECIFY)		
15.99	OUTLIER RECONCILIATION ADJUSTMENT		
16	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS		
17	TOTAL AMOUNT PAYABLE TO THE PROVIDER (SEE INSTRUCTIONS)	4,755,859	
18	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)		







CALCULATION OF REIMBURSEMENT SETTLEMENT

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

	TITLE XIX	HOSPITAL	PPS TITLE V OR TITLE XIX	TITLE XVIII SNF PPS
			1	2
1	COMPUTATION OF NET COST OF COVERED SERVICE			
2	INPATIENT HOSPITAL/SNF/NF SERVICES			
3	MEDICAL AND OTHER SERVICES			
4	INTERNS AND RESIDENTS (SEE INSTRUCTIONS)			
5	ORGAN ACQUISITION (CERT TRANSPLANT CENTERS ONLY)			
6	COST OF TEACHING PHYSICIANS (SEE INSTRUCTIONS)			
7	SUBTOTAL			
8	INPATIENT PRIMARY PAYER PAYMENTS			
9	OUTPATIENT PRIMARY PAYER PAYMENTS			
	SUBTOTAL			
	COMPUTATION OF LESSER OF COST OR CHARGES			
	REASONABLE CHARGES			
10	ROUTINE SERVICE CHARGES		16,129,185	
11	ANCILLARY SERVICE CHARGES		32,303,137	
12	INTERNS AND RESIDENTS SERVICE CHARGES			
13	ORGAN ACQUISITION CHARGES, NET OF REVENUE			
14	TEACHING PHYSICIANS			
15	INCENTIVE FROM TARGET AMOUNT COMPUTATION			
16	TOTAL REASONABLE CHARGES		48,432,322	
	CUSTOMARY CHARGES			
17	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR			
18	PAYMENT FOR SERVICES ON A CHARGE BASIS			
19	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE			
20	FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT			
21	BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e)			
22	RATIO OF LINE 17 TO LINE 18			
23	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)		48,432,322	
24	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST		48,432,322	
25	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			
26	COST OF COVERED SERVICES			
	PROSPECTIVE PAYMENT AMOUNT			
27	OTHER THAN OUTLIER PAYMENTS			
28	OUTLIER PAYMENTS			
29	PROGRAM CAPITAL PAYMENTS			
30	CAPITAL EXCEPTION PAYMENTS (SEE INSTRUCTIONS)			
31	ROUTINE SERVICE OTHER PASS THROUGH COSTS		756,642	
32	ANCILLARY SERVICE OTHER PASS THROUGH COSTS		97,962	
33	SUBTOTAL		854,604	
34	CUSTOMARY CHARGES (TITLE XIX PPS COVERED SERVICES ONLY)		32,303,137	
35	TITLES V OR XIX PPS, LESSER OF LNS 30 OR 31; NON PPS & TITLE		854,604	
36	XVIII ENTER AMOUNT FROM LINE 30			
37	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)			
	COMPUTATION OF REIMBURSEMENT SETTLEMENT			
38	EXCESS OF REASONABLE COST			
39	SUBTOTAL		854,604	
40	COINSURANCE			
41	SUM OF AMOUNTS FROM WKST. E, PARTS C, D & E, LN 19			
42	REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)			
43	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS ENDING			
44	BEFORE 10/01/05 (SEE INSTRUCTIONS)			
45	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES			
46	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS BEGINNING			
47	ON OR AFTER 10/01/05 (SEE INSTRUCTIONS)			
48	UTILIZATION REVIEW			
49	SUBTOTAL (SEE INSTRUCTIONS)		854,604	
50	INPATIENT ROUTINE SERVICE COST			
51	MEDICARE INPATIENT ROUTINE CHARGES			
52	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR			
53	PAYMENT FOR SERVICES ON A CHARGE BASIS			
54	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE			
55	FOR PAYMENT OF PART A SERVICES			
56	RATIO OF LINE 43 TO 44			
57	TOTAL CUSTOMARY CHARGES			
58	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST			
59	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			
60	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER			
61	TERMINATION OR A DECREASE IN PROGRAM UTILIZATION			
62	OTHER ADJUSTMENTS (SPECIFY)			
63	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS			
64	RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS			
65	SUBTOTAL		854,604	
66	INDIRECT MEDICAL EDUCATION ADJUSTMENT (PPS ONLY)			
67	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS			
68	TOTAL AMOUNT PAYABLE TO THE PROVIDER		854,604	
69	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)			
70	INTERIM PAYMENTS			
71	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)			
72	BALANCE DUE PROVIDER/PROGRAM		854,604	
73	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS)			
74	IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2.			



CALCULATION OF REIMBURSEMENT SETTLEMENT

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

TITLE XIX	SUBPROVIDER 1	PPS TITLE V OR TITLE XIX 1	TITLE XVIII SNF PPS 2
COMPUTATION OF NET COST OF COVERED SERVICE			
1	INPATIENT HOSPITAL/SNF/NF SERVICES		
2	MEDICAL AND OTHER SERVICES		
3	INTERNS AND RESIDENTS (SEE INSTRUCTIONS)		
4	ORGAN ACQUISITION (CERT TRANSPLANT CENTERS ONLY)		
5	COST OF TEACHING PHYSICIANS (SEE INSTRUCTIONS)		
6	SUBTOTAL		
7	INPATIENT PRIMARY PAYER PAYMENTS		
8	OUTPATIENT PRIMARY PAYER PAYMENTS		
9	SUBTOTAL		
COMPUTATION OF LESSER OF COST OR CHARGES			
REASONABLE CHARGES			
10	ROUTINE SERVICE CHARGES	398,460	
11	ANCILLARY SERVICE CHARGES	562,274	
12	INTERNS AND RESIDENTS SERVICE CHARGES		
13	ORGAN ACQUISITION CHARGES, NET OF REVENUE		
14	TEACHING PHYSICIANS		
15	INCENTIVE FROM TARGET AMOUNT COMPUTATION		
16	TOTAL REASONABLE CHARGES	960,734	
CUSTOMARY CHARGES			
17	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS		
18	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e)		
19	RATIO OF LINE 17 TO LINE 18		
20	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)	960,734	
21	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	960,734	
22	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES		
23	COST OF COVERED SERVICES		
PROSPECTIVE PAYMENT AMOUNT			
24	OTHER THAN OUTLIER PAYMENTS		
25	OUTLIER PAYMENTS		
26	PROGRAM CAPITAL PAYMENTS		
27	CAPITAL EXCEPTION PAYMENTS (SEE INSTRUCTIONS)		
28	ROUTINE SERVICE OTHER PASS THROUGH COSTS	29,008	
29	ANCILLARY SERVICE OTHER PASS THROUGH COSTS	423	
30	SUBTOTAL	29,431	
31	CUSTOMARY CHARGES (TITLE XIX PPS COVERED SERVICES ONLY)	562,274	
32	TITLES V OR XIX PPS, LESSER OF LNS 30 OR 31; NON PPS & TITLE XVIII ENTER AMOUNT FROM LINE 30	29,431	
33	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)		
COMPUTATION OF REIMBURSEMENT SETTLEMENT			
34	EXCESS OF REASONABLE COST		
35	SUBTOTAL	29,431	
36	COINSURANCE		
37	SUM OF AMOUNTS FROM WKST. E, PARTS C, D & E, LN 19		
38	REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)		
38.01	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS ENDING BEFORE 10/01/05 (SEE INSTRUCTIONS)		
38.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES		
38.03	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS BEGINNING ON OR AFTER 10/01/05 (SEE INSTRUCTIONS)		
39	UTILIZATION REVIEW		
40	SUBTOTAL (SEE INSTRUCTIONS)	29,431	
41	INPATIENT ROUTINE SERVICE COST		
42	MEDICARE INPATIENT ROUTINE CHARGES		
43	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS		
44	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT OF PART A SERVICES		
45	RATIO OF LINE 43 TO 44		
46	TOTAL CUSTOMARY CHARGES		
47	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST		
48	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES		
49	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION		
50	OTHER ADJUSTMENTS (SPECIFY)		
51	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS		
52	SUBTOTAL	29,431	
53	INDIRECT MEDICAL EDUCATION ADJUSTMENT (PPS ONLY)		
54	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS		
55	TOTAL AMOUNT PAYABLE TO THE PROVIDER	29,431	
56	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)		
57	INTERIM PAYMENTS		
57.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
58	BALANCE DUE PROVIDER/PROGRAM	29,431	
59	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2.		



TITLE XVIII

COMPUTATION OF TOTAL DIRECT GME AMOUNT

1	NUMBER OF FTE RESIDENTS FOR OB/GYN & PRIMARY CARE		
1.01	NUMBER OF FTE RESIDENTS FOR ALL OTHER (SEE INSTR)		
2	UPDATED PER RESIDENT AMOUNT FOR OB/GYN & PRIMARY		
2.01	UPDATED PER RESIDENT AMOUNT ALL OTHER (SEE INSTR)		
3	AGGREGATE APPROVED AMOUNT		
3.01	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR COST REPTG PERIODS ENDING ON OR BEFORE 12/31/96		36.30
3.02	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS WHICH MEET THE CRITERIA FOR AN ADD ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH 42 CFR 413.86(g)(6)		
3.03	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGS FOR AFFILIATED PROGS IN ACCORD W/ 42 CFR 413.86(g)(4).	E-3, PT 6 LN 4 + LINE 3.03	
3.04	FTE ADJUSTMENT CAP (SUM OF LINES 3.01 THRU 3.03)	30.37	30.37
3.05	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR THE CURRENT YEAR FROM YOUR RECORDS		28.13
3.06	ENTER THE LESSER OF LINE 3.04 OR LINE 3.05.		28.13
3.07	WEIGHTED FTE COUNT FOR PRIMARY CARE PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR IN COLUMN 1. IF CURRENT YEAR IS ZERO AND TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COL. ZERO.		27.13
3.08	WEIGHTED FTE COUNT FOR ALL OTHER PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR IN COLUMN 1. IF CURRENT YEAR IS ZERO AND TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COL. ZERO.		.50
3.09	ENTER THE SUM OF LINES 3.07 AND 3.08.		27.63
3.10	SEE INSTRUCTIONS		27.63
3.11	WEIGHTED DENTAL & PODIATRIC RESIDENT FTE COUNT FOR CUR YEAR IN COLUMN 1. IF CURRENT YEAR IS ZERO & TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COL. ZERO.		3.00
3.12	SEE INSTRUCTIONS		3.50
3.13	TOTAL WEIGHTED RESIDENT FTE COUNT FOR NONPRIMARY CARE RESIDENTS FOR THE PRIOR COST REPORTING YEAR (SEE INSTRUCTIONS)		3.25
3.14	TOTAL WEIGHTED RESIDENT FTE COUNT FOR NONPRIMARY CARE RESIDENTS FOR THE PENULTIMATE COST REPORTING YEAR (SEE INSTRUCTIONS)		3.00
3.15	ROLLING AVERAGE FTE COUNT (SEE INSTRUCTIONS)	RES INIT YEARS	3.25
3.16	ENTER THE SUM OF LINE 3.15 PLUS THE WEIGHTED NUMBER OF NONPRIMARY CARE FTE RESIDENTS IN THE INITIAL YEAR OF NEW ALLOPATHIC AND OSTEOPATHIC PROGRAMS. (SEE INSTRUCTIONS)		3.25
3.17	ENTER THE NONPRIMARY CARE PER RESIDENT AMOUNT.		105,018.64
3.18	SEE INSTRUCTIONS		341,311
3.19	ENTER THE WEIGHTED FTE RESIDENT COUNT FOR PRIMARY CARE AND OB/GYN RESIDENTS FOR THE PRIOR YEAR (SEE INSTRUCTIONS)		26.80
3.20	ENTER THE WEIGHTED FTE RESIDENT COUNT FOR PRIMARY CARE AND OB/GYN RESIDENTS FOR THE PENULTIMATE YEAR (SEE INSTRUCTIONS)		25.02
3.21	SEE INSTRUCTIONS	RES INIT YEARS	26.32
3.22	SEE INSTRUCTIONS		26.32
3.23	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001		104,852.57
3.24	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001		2,759,720
3.25	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001		3,101,031

COMPUTATION OF PROGRAM PATIENT LOAD

4	PROGRAM PART A INPATIENT DAYS		28,591
5	TOTAL INPATIENT DAYS		58,893
6	RATIO OF PROGRAM INPATIENT DAYS TO TOTAL INPATIENT DAYS.	LN 6 * LN 3.25 + E-3, 6 L 11	.485474
6.01	TOTAL GME PAYMENT FOR NON-MANAGED CARE DAYS	1,505,470	1,505,470
6.02	PROGRAM MANAGED CARE DAYS OCCURRING ON OR AFTER JANUARY 1 OF THIS COST REPORTING PERIOD (SEE INSTRUCTIONS)		5,257
6.03	ENTER THE TOTAL INPATIENT DAYS FROM LINE 5 ABOVE.		58,893
6.04	ENTER THE APPROPRIATE PERCENTAGE FOR INCLUSION OF THE MANAGED CARE DAYS (SEE INSTRUCTIONS)		100.00
6.05	GRADUATE MEDICAL EDUCATION PAYMENT FOR MANAGED CARE DAYS ON OR AFTER JAN 1 THROUGH THE END OF THE COST REPORTING PERIOD.		237,697
6.06	PROGRAM MANAGED CARE DAYS OCCURRING BEFORE JAN 1 OF THIS COST REPORTING YEAR (SEE INSTRUCTIONS)		
6.07	ENTER THE APPROPRIATE PERCENTAGE USING THE CRITERIA IDENTIFIED ON LINE 6.04 ABOVE. (SEE INSTRUCTIONS)	PRIOR TO 422 E-3,6 LN 12	100.00
6.08	GRADUATE MEDICAL EDUCATION PAYMENT FOR MANAGED CARE DAYS PRIOR TO JANUARY 1 OF THIS COST REPORTING PERIOD		

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

7	RENAL DIALYSIS DIRECT MEDICAL EDUCATION COSTS		
8	RENAL DIALYSIS AND HOME DIALYSIS TOTAL CHARGES		2,363,450
9	RATIO OF DIRECT MEDICAL EDUCATION COSTS TO TOTAL CHARGES		
10	MEDICARE OUTPATIENT ESRD CHARGES		
11	MEDICARE OUTPATIENT ESRD DIRECT MEDICAL EDUCATION COSTS		

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

12	REASONABLE COST (SEE INSTRUCTIONS)		64,465,206
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TITLE XVIII

13	ORGAN ACQUISITION COSTS	
14	COST OF TEACHING PHYSICIANS	
15	PRIMARY PAYER PAYMENTS	83,544
16	TOTAL PART A REASONABLE COST	64,381,662
PART B REASONABLE COST		
17	REASONABLE COST	13,649,589
18	PRIMARY PAYER PAYMENTS	1,961
19	TOTAL PART B REASONABLE COST	13,647,628
20	TOTAL REASONABLE COST	78,029,290
21	RATIO OF PART A REASONABLE COST TO TOTAL REASONABLE COST	.825096
22	RATIO OF PART B REASONABLE COST TO TOTAL REASONABLE COST	.174904
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B		
23	TOTAL PROGRAM GME PAYMENT	
23.01	FOR COST REPORTING PERIODS BEGINNING ON OR AFTER 10/1/97 (SUM OF LINES 6.01, 6.05, & 6.08)	1,743,167
24	PART A MEDICARE GME PAYMENT--TITLE XVIII ONLY	1,438,280
25	PART B MEDICARE GME PAYMENT--TITLE XVIII ONLY	304,887



TITLE XVIII

CALCULATION OF REDUCED DIRECT GME CAP UNDER SECTION 422 OF MMA

	COLUMN 1	COLUMN 1.01
1 RATIO OF DAYS OCCURRING ON OR AFTER 7/1/2005 TO TOTAL DAYS IN THE COST REPORTING PERIOD.	1.000000	
2 REDUCED DIRECT GME FTE CAP (SEE INSTRUCTIONS)	30.37	
3 UNADJUSTED DIRECT GME FTE CAP (WKST E-3, PART IV, SUM OF LINES 3.01 AND 3.02)	36.30	
4 PRORATED REDUCED DIRECT GME FTE CAP (SEE INSTRUCTIONS)	30.37	

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

5 ADDITIONAL UNWEIGHTED ALLOPATHIC AND OSTEOPATHIC DIRECT GME FTE RESIDENT CAP SLOTS RECEIVED UNDER 42 SEC. 413.79(C)(4)		
5.01 PRORATED ADDITIONAL UNWEIGHTED DIRECT GME FTE RESIDENT CAP SLOTS (COST REPORTING PERIODS OVERLAPPING 7/1/2005 ONLY)		
6 DIRECT GME FTE WEIGHTED RESIDENT COUNT OVER CAP (SEE INSTRUCTIONS)		
7 SECT. 422 ALLOWABLE DIRECT GME FTE RESIDENT COUNT (SEE INSTRUCTIONS)		
8 ENTER THE LOCALITY ADJUSTMENT NATIONAL AVERAGE PER RESIDENT AMOUNT (SEE INSTRUCTIONS)	85,245.50	
9 MULTIPLY LINE 7 TIMES LINE 8		
10 MEDICARE PROGRAM PATIENT LOAD FROM WKST E-3, PART IV, LINE 6.		
11 DIRECT GME PAYMENT FOR NON-MANAGED CARE DAYS (MULTIPLY LN 9 * LN 10)		
12 DIRECT GME PAYMENT FOR MANAGED CARE DAYS (MULTIPLY LINE 9 BY WKST E-3, PART IV [(LINE 6.02+6.06)/LINE 5] )		

CALCULATION OF REDUCED IME CAP UNDER SECTION 422 OF MMA

13 REDUCED IME FTE CAP (SEE INSTRUCTIONS)	23.04
14 UNADJUSTED IME FTE CAP (WKST E, PART A, SUM OF LINES 3.04 AND 3.05)	25.29
15 PRORATED REDUCED ALLOWABLE IME FTE CAP	23.04

CALCULATION OF ADDITIONAL IME PAYMENTS ATTRIBUTABLE TO SECTION 422 OF MMA

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



	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
ASSETS	1	2	3	4
CURRENT ASSETS				
1 CASH ON HAND AND IN BANKS	13,347,000			
2 TEMPORARY INVESTMENTS				
3 NOTES RECEIVABLE				
4 ACCOUNTS RECEIVABLE	37,254,000			
5 OTHER RECEIVABLES	12,036,000			
6 LESS: ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE	-8,564,000			
7 INVENTORY	5,888,000			
8 PREPAID EXPENSES	1,262,000			
9 OTHER CURRENT ASSETS				
10 DUE FROM OTHER FUNDS				
11 TOTAL CURRENT ASSETS	61,223,000			
FIXED ASSETS				
12 LAND				
12.01 LAND IMPROVEMENTS				
13.01 LESS ACCUMULATED DEPRECIATION				
14 BUILDINGS	368,038,000			
14.01 LESS ACCUMULATED DEPRECIATION				
15 LEASEHOLD IMPROVEMENTS				
15.01 LESS ACCUMULATED DEPRECIATION				
16 FIXED EQUIPMENT				
16.01 LESS ACCUMULATED DEPRECIATION				
17 AUTOMOBILES AND TRUCKS				
17.01 LESS ACCUMULATED DEPRECIATION				
18 MAJOR MOVABLE EQUIPMENT				
18.01 LESS ACCUMULATED DEPRECIATION				
19 MINOR EQUIPMENT DEPRECIABLE				
19.01 LESS ACCUMULATED DEPRECIATION				
20 MINOR EQUIPMENT-NONDEPRECIABLE				
21 TOTAL FIXED ASSETS	368,038,000			
OTHER ASSETS				
22 INVESTMENTS				
23 DEPOSITS ON LEASES				
24 DUE FROM OWNERS/OFFICERS				
25 OTHER ASSETS	4,256,000			
26 TOTAL OTHER ASSETS	4,256,000			
27 TOTAL ASSETS	433,517,000			



	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
LIABILITIES AND FUND BALANCE	1	2	3	4
CURRENT LIABILITIES				
28 ACCOUNTS PAYABLE	9,878,000			
29 SALARIES, WAGES & FEES PAYABLE	6,800,000			
30 PAYROLL TAXES PAYABLE				
31 NOTES AND LOANS PAYABLE (SHORT TERM)	7,641,000			
32 DEFERRED INCOME				
33 ACCELERATED PAYMENTS				
34 DUE TO OTHER FUNDS				
35 OTHER CURRENT LIABILITIES	3,596,000			
36 TOTAL CURRENT LIABILITIES	27,915,000			
LONG TERM LIABILITIES				
37 MORTGAGE PAYABLE				
38 NOTES PAYABLE	343,259,000			
39 UNSECURED LOANS				
40.01 LOANS PRIOR TO 7/1/66				
40.02 ON OR AFTER 7/1/66				
41 OTHER LONG TERM LIABILITIES	5,189,000			
42 TOTAL LONG-TERM LIABILITIES	348,448,000			
43 TOTAL LIABILITIES	376,363,000			
CAPITAL ACCOUNTS				
44 GENERAL FUND BALANCE	57,154,000			
45 SPECIFIC PURPOSE FUND				
46 DONOR CREATED- ENDOWMENT FUND BALANCE- RESTRICTED				
47 DONOR CREATED- ENDOWMENT FUND BALANCE- UNRESTRICT				
48 GOVERNING BODY CREATED- ENDOWMENT FUND BALANCE				
49 PLANT FUND BALANCE-INVESTED IN PLANT				
50 PLANT FUND BALANCE- RESERVE FOR PLANT IMPROVEMENT, REPLACEMENT AND EXPANSION				
51 TOTAL FUND BALANCES	57,154,000			
52 TOTAL LIABILITIES AND FUND BALANCES	433,517,000			



STATEMENT OF CHANGES IN FUND BALANCES

	GENERAL FUND		SPECIFIC PURPOSE FUND	
	1	2	3	4
1 FUND BALANCE AT BEGINNING		57,986,000		
2 OF PERIOD				
2 NET INCOME (LOSS)		-24,073,358		
3 TOTAL		33,912,642		
4 ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
5 ADDITIONS (CREDIT ADJUSTM				
6				
7				
8				
9				
10 TOTAL ADDITIONS				
11 SUBTOTAL		33,912,642		
12 DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
13 DEDUCTIONS (DEBIT ADJUSTM				
14				
15				
16				
17				
18 TOTAL DEDUCTIONS				
19 FUND BALANCE AT END OF		33,912,642		
PERIOD PER BALANCE SHEET				

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



PART I - PATIENT REVENUES

REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3
GENERAL INPATIENT ROUTINE CARE SERVICES			
1 00 HOSPITAL	49,944,000		49,944,000
2 00 SUBPROVIDER	6,734,000		6,734,000
4 00 SWING BED - SNF			
5 00 SWING BED - NF			
6 00 SKILLED NURSING FACILITY			
7 00 NURSING FACILITY			
7 01 ICF/MR			
8 00 OTHER LONG TERM CARE			
9 00 TOTAL GENERAL INPATIENT ROUTINE CARE	56,678,000		56,678,000
INTENSIVE CARE TYPE INPATIENT HOSPITAL SVCS			
10 00 INTENSIVE CARE UNIT	19,113,000		19,113,000
11 00 CORONARY CARE UNIT			
12 00 BURN INTENSIVE CARE UNIT			
13 00 SURGICAL INTENSIVE CARE UNIT			
14 00 NEONATAL INTENSIVE CARE UNIT	4,128,000		4,128,000
15 00 TOTAL INTENSIVE CARE TYPE INPAT HOSP	23,241,000		23,241,000
16 00 TOTAL INPATIENT ROUTINE CARE SERVICE	79,919,000		79,919,000
17 00 ANCILLARY SERVICES	289,605,000		289,605,000
18 00 OUTPATIENT SERVICES		258,041,000	258,041,000
19 00 HOME HEALTH AGENCY			
20 00 AMBULANCE SERVICES			
21 00 CORF			
22 00 AMBULATORY SURGICAL CENTER (D.P.)			
23 00 HOSPICE			
24 00			
25 00 TOTAL PATIENT REVENUES	369,524,000	258,041,000	627,565,000

PART II-OPERATING EXPENSES

26 00 OPERATING EXPENSES	256,768,358	
ADD (SPECIFY)		
27 00 ADD (SPECIFY)		
28 00		
29 00		
30 00		
31 00		
32 00		
33 00 TOTAL ADDITIONS		
DEDUCT (SPECIFY)		
34 00 DEDUCT (SPECIFY)		
35 00		
36 00		
37 00		
38 00		
39 00 TOTAL DEDUCTIONS		
40 00 TOTAL OPERATING EXPENSES	256,768,358	



DESCRIPTION

1	TOTAL PATIENT REVENUES	627,565,000
2	LESS: ALLOWANCES AND DISCOUNTS ON PATIENT'S ACCTS	401,207,000
3	NET PATIENT REVENUES	226,358,000
4	LESS: TOTAL OPERATING EXPENSES	256,768,358
5	NET INCOME FROM SERVICE TO PATIENTS	-30,410,358
	OTHER INCOME	
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.	
7	INCOME FROM INVESTMENTS	1,144,000
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE	
9	REVENUE FROM TELEVISION AND RADIO SERVICE	
10	PURCHASE DISCOUNTS	
11	REBATES AND REFUNDS OF EXPENSES	
12	PARKING LOT RECEIPTS	
13	REVENUE FROM LAUNDRY AND LINEN SERVICE	
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS	
15	REVENUE FROM RENTAL OF LIVING QUARTERS	
16	REVENUE FROM SALE OF MEDICAL & SURGICAL SUPPLIES TO OTHER THAN PATIENTS	
17	REVENUE FROM SALE OF DRUGS TO OTHR THAN PATIENTS	
18	REVENUE FROM SALE OF MEDICAL RECORDS & ABSTRACTS	
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC)	
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOP & CANTEEN	
21	RENTAL OF VENDING MACHINES	
22	RENTAL OF HOSPITAL SPACE	
23	GOVERNMENTAL APPROPRIATIONS	
24	OTHER (SPECIFY)	5,193,000
25	TOTAL OTHER INCOME	6,337,000
26	TOTAL	-24,073,358
	OTHER EXPENSES	
27	OTHER EXPENSES (SPECIFY)	
28		
29		
30	TOTAL OTHER EXPENSES	
31	NET INCOME (OR LOSS) FOR THE PERIOD	-24,073,358



PART I - FULLY PROSPECTIVE METHOD

1	CAPITAL HOSPITAL SPECIFIC RATE PAYMENTS	
	CAPITAL FEDERAL AMOUNT	
2	CAPITAL DRG OTHER THAN OUTLIER	44,785
3	CAPITAL DRG OUTLIER PAYMENTS PRIOR TO 10/01/1997	
3 .01	CAPITAL DRG OUTLIER PAYMENTS AFTER 10/01/1997	3,721,793
	INDIRECT MEDICAL EDUCATION ADJUSTMENT	
4	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS	146.81
	IN THE COST REPORTING PERIOD	
4 .01	NUMBER OF INTERNS AND RESIDENTS	26.08
	(SEE INSTRUCTIONS)	
4 .02	INDIRECT MEDICAL EDUCATION PERCENTAGE	5.14
4 .03	INDIRECT MEDICAL EDUCATION ADJUSTMENT	2,302
	(SEE INSTRUCTIONS)	
5	PERCENTAGE OF SSI RECEIPT PATIENT DAYS TO	3.94
	MEDICARE PART A PATIENT DAYS	
5 .01	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL	20.14
	DAYS REPORTED ON S-3, PART I	
5 .02	SUM OF 5 AND 5.01	24.08
5 .03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE	5.00
5 .04	DISPROPORTIONATE SHARE ADJUSTMENT	2,239
6	TOTAL PROSPECTIVE CAPITAL PAYMENTS	3,771,119
PART II - HOLD HARMLESS METHOD		
1	NEW CAPITAL	
2	OLD CAPITAL	
3	TOTAL CAPITAL	
4	RATIO OF NEW CAPITAL TO OLD CAPITAL	.000000
5	TOTAL CAPITAL PAYMENTS UNDER 100% FEDERAL RATE	
6	REDUCTION FACTOR FOR HOLD HARMLESS PAYMENT	
7	REDUCED OLD CAPITAL AMOUNT	
8	HOLD HARMLESS PAYMENT FOR NEW CAPITAL	
9	SUBTOTAL	
10	PAYMENT UNDER HOLD HARMLESS	
PART III - PAYMENT UNDER REASONABLE COST		
1	PROGRAM INPATIENT ROUTINE CAPITAL COST	
2	PROGRAM INPATIENT ANCILLARY CAPITAL COST	
3	TOTAL INPATIENT PROGRAM CAPITAL COST	
4	CAPITAL COST PAYMENT FACTOR	
5	TOTAL INPATIENT PROGRAM CAPITAL COST	
PART IV - COMPUTATION OF EXCEPTION PAYMENTS		
1	PROGRAM INPATIENT CAPITAL COSTS	
2	PROGRAM INPATIENT CAPITAL COSTS FOR EXTRAORDINARY	
	CIRCUMSTANCES	
3	NET PROGRAM INPATIENT CAPITAL COSTS	
4	APPLICABLE EXCEPTION PERCENTAGE	.00
5	CAPITAL COST FOR COMPARISON TO PAYMENTS	
6	PERCENTAGE ADJUSTMENT FOR EXTRAORDINARY	.00
	CIRCUMSTANCES	
7	ADJUSTMENT TO CAPITAL MINIMUM PAYMENT LEVEL	
	FOR EXTRAORDINARY CIRCUMSTANCES	
8	CAPITAL MINIMUM PAYMENT LEVEL	
9	CURRENT YEAR CAPITAL PAYMENTS	
10	CURRENT YEAR COMPARISON OF CAPITAL MINIMUM PAYMENT	
	LEVEL TO CAPITAL PAYMENTS	
11	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT	
	LEVEL OVER CAPITAL PAYMENT	
12	NET COMPARISON OF CAPITAL MINIMUM PAYMENT LEVEL	
	TO CAPITAL PAYMENTS	
13	CURRENT YEAR EXCEPTION PAYMENT	
14	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT	
	LEVEL OVER CAPITAL PAYMENT FOR FOLLOWING PERIOD	
15	CUR YEAR ALLOWABLE OPERATING AND CAPITAL PAYMENT	
16	CURRENT YEAR OPERATING AND CAPITAL COSTS	
17	CURRENT YEAR EXCEPTION OFFSET AMOUNT	
	(SEE INSTRUCTIONS)	





