

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 15-0076 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 --FINAL 1-MCR CODE I I 00 - # OF REOPENINGS I

ELECTRONICALLY FILED COST REPORT DATE: 11/29/2010 TIME 15:01

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: SAINT JOSEPH REG MED CTR-PLY CAMPUS 15-0076 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 columns: TITLE V, A, B, XIX and rows: 1 HOSPITAL, 100 TOTAL. Values include 0, 205,235, -241,844, 0.

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

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX ADDRESS

1 STREET: 1915 LAKE AVE P.O. BOX: 670
 1.01 CITY: PLYMOUTH STATE: IN ZIP CODE: 46563- COUNTY: MARSHALL

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION;

COMPONENT	COMPONENT NAME	PROVIDER NO.	NPI NUMBER	DATE CERTIFIED	PAYMENT SYSTEM (P,T,O OR N)		
					V	XVIII	XIX
02.00	HOSPITAL	15-0076	2.01	7/ 1/1996	N	P	P

17 COST REPORTING PERIOD (MM/DD/YYYY) FROM: 7/ 1/2009 TO: 6/30/2010

18 TYPE OF CONTROL

1 2
1

TYPE OF HOSPITAL/SUBPROVIDER

19 HOSPITAL
 20 SUBPROVIDER

1

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. 2 N Y 15

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 2

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 2

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. Y

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 PRECEEDING COST REPORTING PERIOD? ENTER IN COLUMN 2, "Y" FOR YES OR "N" FOR NO. 3

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? N

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

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.

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) N

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

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

V XVIII XIX
 1 2 3
 36 DO YOU ELECT FULLY PROSPECTIVE PAYMENT METHODOLOGY FOR CAPITAL COSTS? (SEE INSTRUCTIONS) Y Y Y
 36.01 DOES YOUR FACILITY QUALIFY AND RECEIVE PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE WITH 42 CFR 412.320? (SEE INSTRUCTIONS) N N N
 37 DO YOU ELECT HOLD HARMLESS PAYMENT METHODOLOGY FOR CAPITAL COSTS? (SEE INSTRUCTIONS) N N N
 37.01 IF YOU ARE A HOLD HARMLESS PROVIDER, ARE YOU FILING ON THE BASIS OF 100% OF THE FED RATE? N N N

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

40 ARE THERE ANY RELATED ORGANIZATION OR HOME OFFICE COSTS AS DEFINED IN CMS PUB 15-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 JOSEPH REG MED CTR FI/CONTRACTOR NAME NGS FI/CONTRACTOR # 00130
 40.02 STREET: 801 E LASALLE AVE P.O. BOX:
 40.03 CITY: SOUTH BEND STATE: IN ZIP CODE: 46617-
 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? N
 45 HAVE YOU CHANGED YOUR COST ALLOCATION METHODOLOGY FROM THE PREVIOUSLY FILED COST REPORT? N 00/00/0000
 SEE CMS PUB. 15-II, SECTION 3617. IF YES, ENTER THE APPROVAL DATE IN COLUMN 2.
 45.01 WAS THERE A CHANGE IN THE STATISTICAL BASIS?
 45.02 WAS THERE A CHANGE IN THE ORDER OF ALLOCATION?
 45.03 WAS THE CHANGE TO THE SIMPLIFIED COST FINDING METHOD?
 46 IF YOU ARE PARTICIPATING IN THE NHCMDQ DEMONSTRATION PROJECT (MUST HAVE A HOSPITAL-BASED SNF) DURING THIS COST REPORTING PERIOD, ENTER THE PHASE (SEE INSTRUCTIONS).

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

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

52 DOES THIS HOSPITAL CLAIM EXPENDITURES FOR EXTRAORDINARY CIRCUMSTANCES IN ACCORDANCE WITH 42 CFR 412.348(e)? (SEE INSTRUCTIONS) N
 52.01 IF YOU ARE A FULLY PROSPECTIVE OR HOLD HARMLESS PROVIDER ARE YOU ELIGIBLE FOR THE SPECIAL EXCEPTIONS PAYMENT PURSUANT TO 42 CFR 412.348(g)? IF YES, COMPLETE WORKSHEET L, PART IV N
 53 IF YOU ARE A MEDICARE DEPENDENT HOSPITAL (MDH), ENTER THE NUMBER OF PERIODS MDH STATUS IN EFFECT. ENTER BEGINNING AND ENDING DATES OF MDH STATUS ON LINE 53.01. SUBSCRIPT LINE 53.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES. 0
 53.01 MDH PERIOD: BEGINNING: / / ENDING: / /
 54 LIST AMOUNTS OF MALPRACTICE PREMIUMS AND PAID LOSSES:
 PREMIUMS: 0
 PAID LOSSES: 0
 AND/OR SELF INSURANCE: 0
 54.01 ARE MALPRACTICE PREMIUMS AND PAID LOSSES REPORTED IN OTHER THAN THE ADMINISTRATIVE AND GENERAL COST CENTER? IF YES, SUBMIT SUPPORTING SCHEDULE LISTING COST CENTERS AND AMOUNTS CONTAINED THEREIN. N
 55 DOES YOUR FACILITY QUALIFY FOR ADDITIONAL PROSPECTIVE PAYMENT IN ACCORDANCE WITH 42 CFR 412.107. ENTER "Y" FOR YES AND "N" FOR NO. N

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

- 57 ARE YOU CLAIMING NURSING AND ALLIED HEALTH COSTS? N
- 58 ARE YOU AN INPATIENT REHABILITATION FACILITY(IRF), OR DO YOU CONTAIN AN IRF SUBPROVIDER? ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES HAVE YOU MADE THE ELECTION FOR 100% FEDERAL PPS REIMBURSEMENT? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. THIS OPTION IS ONLY AVAILABLE FOR COST REPORTING PERIODS BEGINNING ON OR AFTER 1/1/2002 AND BEFORE 10/1/2002. N
- 58.01 IF LINE 58 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER "Y" FOR YES OR "N" FOR NO. IS THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR SEC. 412.424(d)(1)(iii)(2)? ENTER IN COLUMN 2 "Y"FOR YES OR "N" FOR NO. IF COLUMN 2 IS Y, ENTER 1, 2 OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS). IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5. (SEE INSTR).
- 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? ENTER "Y" FOR YES AND "N" FOR NO. N
- IF LINE 61 IS YES, ENTER THE NAME IN COL. 0, COUNTY IN COL. 1, STATE IN COL.2, ZIP IN COL 3, CBSA IN COL. 4 AND FTE/CAMPUS IN COL. 5.

NAME	COUNTY	STATE	ZIP CODE	CBSA	FTE/CAMPUS
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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 9/30/2010

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	38	13,870			2,964		1,051
2 HMO					56		
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS	38	13,870			2,964		1,051
6 INTENSIVE CARE UNIT	7	2,555			772		103
7 CORONARY CARE UNIT							
8 BURN INTENSIVE CARE UNIT							
9 SURGICAL INTENSIVE CARE UNIT							
11 NURSERY							465
12 TOTAL	45	16,425			3,736		1,619
13 RPCH VISITS							
14 SUBPROVIDER							
15 SKILLED NURSING FACILITY							
16 NURSING FACILITY							
16 01 ICF/MR							
17 OTHER LONG TERM CARE							
18 HOME HEALTH AGENCY							
20 AMBULATORY SURGICAL CENTER (
21 HOSPICE							
23 CORF							
25 TOTAL	45						
26 OBSERVATION BED DAYS							104
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 PATS 6	TRIPS / TOTAL OBSERVATION BEDS ADMITTED 6.01	DISCHARGES / TOTAL OBSERVATION BEDS NOT ADMITTED 6.02	INTERNS & RES. FTES / TOTAL 7	LESS I&R REPL NON-PHYS ANES 8
1 ADULTS & PEDIATRICS			5,923				
2 HMO							
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS			5,923				
6 INTENSIVE CARE UNIT			1,528				
7 CORONARY CARE UNIT							
8 BURN INTENSIVE CARE UNIT							
9 SURGICAL INTENSIVE CARE UNIT							
11 NURSERY			751				
12 TOTAL			8,202				
13 RPCH VISITS							
14 SUBPROVIDER							
15 SKILLED NURSING FACILITY							
16 NURSING FACILITY							
16 01 ICF/MR							
17 OTHER LONG TERM CARE							
18 HOME HEALTH AGENCY							
20 AMBULATORY SURGICAL CENTER (
21 HOSPICE							
23 CORF							
25 TOTAL							
26 OBSERVATION BED DAYS		104	346	11	335		
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS			43				
28 01 EMP DISCOUNT DAYS -IRF							
29 LABOR & DELIVERY DAYS							

COMPONENT	I & R FTES NET 9	FULL TIME EMPLOYEES ON PAYROLL 10	EQUIV NONPAID WORKERS 11	DISCHARGES TITLE V 12	DISCHARGES TITLE XVIII 13	TITLE XIX 14	TOTAL PATIENTS 15
1 ADULTS & PEDIATRICS					980	466	2,370
2 HMO							
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS							
6 INTENSIVE CARE UNIT							
7 CORONARY CARE UNIT							
8 BURN INTENSIVE CARE UNIT							
9 SURGICAL INTENSIVE CARE UNIT							
11 NURSERY							
12 TOTAL		259.00			980	466	2,370
13 RPCH VISITS							
14 SUBPROVIDER							
15 SKILLED NURSING FACILITY							
16 NURSING FACILITY							
16 01 ICF/MR							

COMPONENT	I & R FTES		--- FULL TIME EQUIV ---		DISCHARGES			TOTAL ALL PATIENTS
	NET	EMPLOYEES ON PAYROLL	NONPAID WORKERS	TITLE V	TITLE XVIII	TITLE XIX		
17 OTHER LONG TERM CARE	9	10	11	12	13	14	15	
18 HOME HEALTH AGENCY								
20 AMBULATORY SURGICAL CENTER (
21 HOSPICE								
23 CORF								
25 TOTAL		259.00						
26 OBSERVATION BED DAYS								
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	14,113,684	56,949	14,170,633	538,282.00	26.33	
2 NON-PHYSICIAN ANESTHETIST PART A						
3 NON-PHYSICIAN ANESTHETIST PART B						
4 PHYSICIAN - PART A	219,938		219,938	1,059.00	207.68	
4.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
5 PHYSICIAN - PART B	912,949		912,949	7,733.00	118.06	
5.01 NON-PHYSICIAN - PART B						
6 INTERNS & RESIDENTS (APPRVD)						
6.01 CONTRACT SERVICES, I&R						
7 HOME OFFICE PERSONNEL						
8 SNF						
8.01 EXCLUDED AREA SALARIES						
OTHER WAGES & RELATED COSTS						
9 CONTRACT LABOR:						
9.01 PHARMACY SERVICES UNDER CONTRACT						
9.02 LABORATORY SERVICES UNDER CONTRACT						
9.03 MANAGEMENT & ADMINISTRATIVE UNDER CONTRACT						
10 CONTRACT LABOR: PHYS PART A						
10.01 TEACHING PHYSICIAN UNDER CONTRACT (SEE INSTRUCTIONS)						
11 HOME OFFICE SALARIES & WAGE RELATED COSTS	3,372,241		3,372,241	93,251.00	36.16	
12 HOME OFFICE: PHYS PART A						
12.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
WAGE RELATED COSTS						
13 WAGE-RELATED COSTS (CORE)	4,161,935		4,161,935			CMS 339
14 WAGE-RELATED COSTS (OTHER)						CMS 339
15 EXCLUDED AREAS	108,343		108,343			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	426,541	56,949	483,490	10,097.00	47.88	
22 ADMINISTRATIVE & GENERAL	1,256,771	-42,588	1,214,183	62,841.00	19.32	
22.01 A & G UNDER CONTRACT						
23 MAINTENANCE & REPAIRS						
24 OPERATION OF PLANT	332,487		332,487	13,946.00	23.84	
25 LAUNDRY & LINEN SERVICE						
26 HOUSEKEEPING	331,690		331,690	29,733.00	11.16	
26.01 HOUSEKEEPING UNDER CONTRACT	51,655		51,655	2,080.00	24.83	
27 DIETARY	222,925		222,925	17,284.00	12.90	
27.01 DIETARY UNDER CONTRACT	103,302		103,302	3,472.00	29.75	
28 CAFETERIA						
29 MAINTENANCE OF PERSONNEL						
30 NURSING ADMINISTRATION	410,925		410,925	11,615.00	35.38	
31 CENTRAL SERVICE AND SUPPLY						
32 PHARMACY	408,444		408,444	10,990.00	37.17	
33 MEDICAL RECORDS & MEDICAL RECORDS LIBRARY	331,648		331,648	15,471.00	21.44	
34 SOCIAL SERVICE						
35 OTHER GENERAL SERVICE						
PART III - HOSPITAL WAGE INDEX SUMMARY						
1 NET SALARIES	13,355,692	56,949	13,412,641	536,101.00	25.02	
2 EXCLUDED AREA SALARIES						
3 SUBTOTAL SALARIES	13,355,692	56,949	13,412,641	536,101.00	25.02	
4 SUBTOTAL OTHER WAGES & RELATED COSTS	3,372,241		3,372,241	93,251.00	36.16	
5 SUBTOTAL WAGE-RELATED COSTS	4,161,935		4,161,935		31.03	
6 TOTAL	20,889,868	56,949	20,946,817	629,352.00	33.28	
7 NET SALARIES						
8 EXCLUDED AREA SALARIES						
9 SUBTOTAL SALARIES						
10 SUBTOTAL OTHER WAGES & RELATED COSTS						
11 SUBTOTAL WAGE-RELATED COSTS						
12 TOTAL						
13 TOTAL OVERHEAD COSTS	3,876,388	14,361	3,890,749	177,529.00	21.92	

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 4,087,259
17.01	GROSS MEDICAID REVENUES 17,292,564
18	REVENUES FROM STATE AND LOCAL INDIGENT CARE PROGRAMS
19	REVENUE RELATED TO SCHIP (SEE INSTRUCTIONS)
20	RESTRICTED GRANTS 395,333
21	NON-RESTRICTED GRANTS
22	TOTAL GROSS UNCOMPENSATED CARE REVENUES 21,775,156
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) .299924
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 17,292,564
29	TOTAL GROSS MEDICAID COST (LINE 24 * LINE 28) 5,186,455
30	OTHER UNCOMPENSATED CARE CHARGES FROM YOUR RECORDS
31	UNCOMPENSATED CARE COST (LINE 24 * LINE 30)

I PROVIDER NO: I
I 15-0076 I
I I

I PERIOD: I
I FROM 7/ 1/2009 I
I TO 6/30/2010 I

I PREPARED 11/29/2010 I
I WORKSHEET A I

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

	COST CENTER	COST CENTER DESCRIPTION	SALARIES 1	OTHER 2	TOTAL 3	RECLASS- IFICATIONS 4	RECLASSIFIED TRIAL BALANCE 5
		GENERAL SERVICE COST CNTR					
1	0100	OLD CAP REL COSTS-BLDG & FIXT					
2	0200	OLD CAP REL COSTS-MVBLE EQUIP					
3	0300	NEW CAP REL COSTS-BLDG & FIXT				1,600,556	1,600,556
4	0400	NEW CAP REL COSTS-MVBLE EQUIP				1,415,273	1,415,273
5	0500	EMPLOYEE BENEFITS	426,541	276,426	702,967	-1,182	701,785
6	0600	ADMINISTRATIVE & GENERAL	1,256,771	16,431,336	17,688,107	-1,248,214	16,439,893
7	0700	MAINTENANCE & REPAIRS					
8	0800	OPERATION OF PLANT	332,487	1,225,767	1,558,254	-220,712	1,337,542
9	0900	LAUNDRY & LINEN SERVICE		154,380	154,380		154,380
10	1000	HOUSEKEEPING	331,690	387,388	719,078	-211	718,867
11	1100	DIETARY	222,925	559,560	782,485	-6,529	775,956
12	1200	CAFETERIA					
13	1300	MAINTENANCE OF PERSONNEL					
14	1400	NURSING ADMINISTRATION	410,925	120,571	531,496	-8,420	523,076
15	1500	CENTRAL SERVICES & SUPPLY					
16	1600	PHARMACY	408,444	1,319,086	1,727,530	-1,188,652	538,878
17	1700	MEDICAL RECORDS & LIBRARY	331,648	408,571	740,219	-5,558	734,661
18	1800	SOCIAL SERVICE					
20	2000	NONPHYSICIAN ANESTHETISTS					
21	2100	NURSING SCHOOL					
22	2200	I&R SERVICES-SALARY & FRINGES APPRVD					
23	2300	I&R SERVICES-OTHER PRGM COSTS APPRVD					
24	2400	PARAMED ED PRGM					
		INPAT ROUTINE SRVC CNTRS					
25	2500	ADULTS & PEDIATRICS	2,336,864	1,045,490	3,382,354	-868,586	2,513,768
26	2600	INTENSIVE CARE UNIT	808,506	340,453	1,148,959	-18,334	1,130,625
27	2700	CORONARY CARE UNIT					
28	2800	BURN INTENSIVE CARE UNIT					
29	2900	SURGICAL INTENSIVE CARE UNIT					
31	3100	SUBPROVIDER					
33	3300	NURSERY				398,358	398,358
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	1,566,217	3,162,979	4,729,196	-1,123,329	3,605,867
38	3800	RECOVERY ROOM					
39	3900	DELIVERY ROOM & LABOR ROOM				398,358	398,358
40	4000	ANESTHESIOLOGY					
41	4100	RADIOLOGY-DIAGNOSTIC	947,431	1,123,337	2,070,768	-596,178	1,474,590
42	4200	RADIOLOGY-THERAPEUTIC	239,631	209,860	449,491	-58,159	391,332
43	4300	RADIOISOTOPE					
44	4400	LABORATORY	907,366	1,901,363	2,808,729	-72,470	2,736,259
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	478,970	427,808	906,778	-59,224	847,554
50	5000	PHYSICAL THERAPY	775,852	370,413	1,146,265	-56,224	1,090,041
51	5100	OCCUPATIONAL THERAPY					
52	5200	SPEECH PATHOLOGY					
53	5300	ELECTROCARDIOLOGY					
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	IMPLANTS CHARGED TO PATIENTS				827,992	827,992
56	5600	DRUGS CHARGED TO PATIENTS				1,133,148	1,133,148
57	5700	RENAL DIALYSIS					
58	5800	ASC (NON-DISTINCT PART)					
		OUTPAT SERVICE COST CNTRS					
60	6000	CLINIC					
60.01	6001	CLINIC	3,690	727	4,417		4,417
60.02	6002	CLINIC	152,522	55,103	207,625		207,625
60.03	6003	CLINIC	214,862	118,339	333,201	-4,399	328,802
60.04	6004	CLINIC	136,414	748,820	885,234	-156,486	728,748
61	6100	EMERGENCY	1,823,928	1,714,178	3,538,106	4,663	3,542,769
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					
88	8800	INTEREST EXPENSE					
89	8900	UTILIZATION REVIEW-SNF					
90	9000	OTHER CAPITAL RELATED COSTS					
92	9200	AMBULATORY SURGICAL CENTER (D.P.)					
93	9300	HOSPICE					
95		SUBTOTALS	14,113,684	32,101,955	46,215,639	85,481	46,301,120
		NONREIMBURS COST CENTERS					
96	9600	GIFT, FLOWER, COFFEE SHOP & CANTEEN					
96.01	9602	GIFT, FLOWER, COFFEE SHOP & CANTEEN		102,109	102,109	-82,047	20,062
96.02	9601	GIFT, FLOWER, COFFEE SHOP & CANTEEN					
97	9700	RESEARCH					

RECLASSIFICATION AND ADJUSTMENT OF
 TRIAL BALANCE OF EXPENSES

COST CENTER		COST CENTER DESCRIPTION	SALARIES 1	OTHER 2	TOTAL 3	RECLASS- IFICATIONS 4	RECLASSIFIED TRIAL BALANCE 5
		NONREIMBURS COST CENTERS					
98	9800	PHYSICIANS' PRIVATE OFFICES					
98.01	9801	PHYSICIANS' PRIVATE OFFICES		6,234	6,234	-3,434	2,800
99	9900	NONPAID WORKERS					
101		TOTAL	14,113,684	32,210,298	46,323,982	-0-	46,323,982

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

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	-265,095	1,335,461
4	0400 NEW CAP REL COSTS-MVBLE EQUIP	1,488,444	2,903,717
5	0500 EMPLOYEE BENEFITS	-565	701,220
6	0600 ADMINISTRATIVE & GENERAL	-7,883,835	8,556,058
7	0700 MAINTENANCE & REPAIRS		
8	0800 OPERATION OF PLANT	-3,305	1,334,237
9	0900 LAUNDRY & LINEN SERVICE		154,380
10	1000 HOUSEKEEPING		718,867
11	1100 DIETARY	-172,261	603,695
12	1200 CAFETERIA		
13	1300 MAINTENANCE OF PERSONNEL		
14	1400 NURSING ADMINISTRATION		523,076
15	1500 CENTRAL SERVICES & SUPPLY		
16	1600 PHARMACY		538,878
17	1700 MEDICAL RECORDS & LIBRARY	-5,163	729,498
18	1800 SOCIAL SERVICE		
20	2000 NONPHYSICIAN ANESTHETISTS		
21	2100 NURSING SCHOOL		
22	2200 I&R SERVICES-SALARY & FRINGES APPRVD		
23	2300 I&R SERVICES-OTHER PRGM COSTS APPRVD		
24	2400 PARAMED ED PRGM		
	INPAT ROUTINE SRVC CNTRS		
25	2500 ADULTS & PEDIATRICS	-4,246	2,509,522
26	2600 INTENSIVE CARE UNIT		1,130,625
27	2700 CORONARY CARE UNIT		
28	2800 BURN INTENSIVE CARE UNIT		
29	2900 SURGICAL INTENSIVE CARE UNIT		
31	3100 SUBPROVIDER		
33	3300 NURSERY		398,358
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	-790,364	2,815,503
38	3800 RECOVERY ROOM		
39	3900 DELIVERY ROOM & LABOR ROOM		398,358
40	4000 ANESTHESIOLOGY		
41	4100 RADIOLOGY-DIAGNOSTIC	-35	1,474,555
42	4200 RADIOLOGY-THERAPEUTIC	-85,514	305,818
43	4300 RADIOISOTOPE		
44	4400 LABORATORY	-52,694	2,683,565
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	-18,186	829,368
50	5000 PHYSICAL THERAPY	-226	1,089,815
51	5100 OCCUPATIONAL THERAPY		
52	5200 SPEECH PATHOLOGY		
53	5300 ELECTROCARDIOLOGY		
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 IMPLANTS CHARGED TO PATIENTS		827,992
56	5600 DRUGS CHARGED TO PATIENTS		1,133,148
57	5700 RENAL DIALYSIS		
58	5800 ASC (NON-DISTINCT PART)		
	OUTPAT SERVICE COST CNTRS		
60	6000 CLINIC		
60.01	6001 CLINIC	-4,417	
60.02	6002 CLINIC	-51,500	156,125
60.03	6003 CLINIC	-28,786	300,016
60.04	6004 CLINIC	-284	728,464
61	6100 EMERGENCY	-1,510,193	2,032,576
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		
88	8800 INTEREST EXPENSE		-0-
89	8900 UTILIZATION REVIEW-SNF		-0-
90	9000 OTHER CAPITAL RELATED COSTS		-0-
92	9200 AMBULATORY SURGICAL CENTER (D.P.)		
93	9300 HOSPICE		
95	SUBTOTALS	-9,388,225	36,912,895
	NONREIMBURS COST CENTERS		
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN		
96.01	9602 GIFT, FLOWER, COFFEE SHOP & CANTEEN		20,062
96.02	9601 GIFT, FLOWER, COFFEE SHOP & CANTEEN		
97	9700 RESEARCH		

RECLASSIFICATION AND ADJUSTMENT OF
 TRIAL BALANCE OF EXPENSES

COST CENTER		COST CENTER DESCRIPTION	ADJUSTMENTS	NET EXPENSES FOR ALLOC
		NONREIMBURS COST CENTERS	6	7
98	9800	PHYSICIANS' PRIVATE OFFICES		
98.01	9801	PHYSICIANS' PRIVATE OFFICES		2,800
99	9900	NONPAID WORKERS		
101		TOTAL	-9,388,225	36,935,757

COST CENTERS USED IN COST REPORT

LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
	GENERAL SERVICE COST		
1	OLD CAP REL COSTS-BLDG & FIXT	0100	
2	OLD CAP REL COSTS-MVBLE EQUIP	0200	
3	NEW CAP REL COSTS-BLDG & FIXT	0300	
4	NEW CAP REL COSTS-MVBLE EQUIP	0400	
5	EMPLOYEE BENEFITS	0500	
6	ADMINISTRATIVE & GENERAL	0600	
7	MAINTENANCE & REPAIRS	0700	
8	OPERATION OF PLANT	0800	
9	LAUNDRY & LINEN SERVICE	0900	
10	HOUSEKEEPING	1000	
11	DIETARY	1100	
12	CAFETERIA	1200	
13	MAINTENANCE OF PERSONNEL	1300	
14	NURSING ADMINISTRATION	1400	
15	CENTRAL SERVICES & SUPPLY	1500	
16	PHARMACY	1600	
17	MEDICAL RECORDS & LIBRARY	1700	
18	SOCIAL SERVICE	1800	
20	NONPHYSICIAN ANESTHETISTS	2000	
21	NURSING SCHOOL	2100	
22	I&R SERVICES-SALARY & FRINGES APPRVD	2200	
23	I&R SERVICES-OTHER PRGM COSTS APPRVD	2300	
24	PARAMED ED PRGM	2400	
	INPAT ROUTINE SRVC C		
25	ADULTS & PEDIATRICS	2500	
26	INTENSIVE CARE UNIT	2600	
27	CORONARY CARE UNIT	2700	
28	BURN INTENSIVE CARE UNIT	2800	
29	SURGICAL INTENSIVE CARE UNIT	2900	
31	SUBPROVIDER	3100	
33	NURSERY	3300	
34	SKILLED NURSING FACILITY	3400	
35	NURSING FACILITY	3500	
35.01	ICF/MR	3510	
36	OTHER LONG TERM CARE	3600	
	ANCILLARY SRVC COST		
37	OPERATING ROOM	3700	
38	RECOVERY ROOM	3800	
39	DELIVERY ROOM & LABOR ROOM	3900	
40	ANESTHESIOLOGY	4000	
41	RADIOLOGY-DIAGNOSTIC	4100	
42	RADIOLOGY-THERAPEUTIC	4200	
43	RADIOISOTOPE	4300	
44	LABORATORY	4400	
45	PBP CLINICAL LAB SERVICES-PRGM ONLY	4500	
46	WHOLE BLOOD & PACKED RED BLOOD CELLS	4600	
47	BLOOD STORING, PROCESSING & TRANS.	4700	
48	INTRAVENOUS THERAPY	4800	
49	RESPIRATORY THERAPY	4900	
50	PHYSICAL THERAPY	5000	
51	OCCUPATIONAL THERAPY	5100	
52	SPEECH PATHOLOGY	5200	
53	ELECTROCARDIOLOGY	5300	
54	ELECTROENCEPHALOGRAPHY	5400	
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	5500	
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	IMPLANTS 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	CLINIC	6001	CLINIC
60.02	CLINIC	6002	CLINIC
60.03	CLINIC	6003	CLINIC
60.04	CLINIC	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		
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	GIFT, FLOWER, COFFEE SHOP & CANTEEN	9602	GIFT, FLOWER, COFFEE SHOP & CANTEEN
96.02	GIFT, FLOWER, COFFEE SHOP & CANTEEN	9601	GIFT, FLOWER, COFFEE SHOP & CANTEEN
97	RESEARCH	9700	
98	PHYSICIANS' PRIVATE OFFICES	9800	

Health Financial Systems MCRIF32 FOR SAINT JOSEPH REG MED CTR-PLY CAMPUS IN LIEU OF FORM CMS-2552-96(7/2009)
I PROVIDER NO: I PERIOD: I PREPARED 11/29/2010
I 15-0076 I FROM 7/ 1/2009 I NOT A CMS WORKSHEET
I I TO 6/30/2010 I

COST CENTERS USED IN COST REPORT

LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
	NONREIMBURS COST CEN		
98.01	PHYSICIANS' PRIVATE OFFICES	9801	PHYSICIANS' PRIVATE OFFICES
99	NONPAID WORKERS	9900	
101	TOTAL		OLD CAP REL COSTS-BLDG & FIXT

RECLASSIFICATIONS

PROVIDER NO:	PERIOD:	PREPARED 11/29/2010
150076	FROM 7/ 1/2009	WORKSHEET A-6
	TO 6/30/2010	

EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER 2	INCREASE		
			LINE NO 3	SALARY 4	OTHER 5
1 DEPRECIATION EXPENSE	A	NEW CAP REL COSTS-BLDG & FIXT	3		168,281
2		NEW CAP REL COSTS-BLDG & FIXT	3		1,137,894
3		NEW CAP REL COSTS-MVBLE EQUIP	4		54,085
4		NEW CAP REL COSTS-MVBLE EQUIP	4		4,359
5		NEW CAP REL COSTS-MVBLE EQUIP	4		1,356,829
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					
27					
28					
29					
30					
31					
32					
33					
34					
35					
1 DEPRECIATION EXPENSE	A				
2					
3					
4					
5					
6					
7 NURSERY & LABOR & DELIVERY RECLASS	B	NURSERY	33	283,409	114,949
8		DELIVERY ROOM & LABOR ROOM	39	283,409	114,949
9 PHARMACY DRUG RECLASS	C	DRUGS CHARGED TO PATIENTS	56		1,133,148
10 PROPERTY INSURANCE RECLASS	D	NEW CAP REL COSTS-BLDG & FIXT	3		25,996
11 INTEREST EXPENSE RECLASS	E	NEW CAP REL COSTS-BLDG & FIXT	3		268,385
12 RECLASS IMPLANT-MED SUPPLY EXPENSES	F	IMPLANTS CHARGED TO PATIENTS	55.03		764,332
13		IMPLANTS CHARGED TO PATIENTS	55.03		63,660
14 SEVERANCE RECLASS	G	EMPLOYEE BENEFITS	5	56,949	
15 MEDICAL DIRECTOR RECLASS	H	EMERGENCY	61	42,588	
36 TOTAL RECLASSIFICATIONS				666,355	5,206,867

(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
150076	FROM 7/ 1/2009	11/29/2010
	TO 6/30/2010	WORKSHEET A-6

		----- DECREASE -----				A-7
EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER	LINE	SALARY	OTHER	REF
	1	6	7	8	9	10
1 DEPRECIATION EXPENSE	A	OPERATION OF PLANT	8		2,981	10
2		PHYSICAL THERAPY	50		47,040	10
3		CLINIC	60.04		118,260	10
4		ADMINISTRATIVE & GENERAL	6		874,531	9
5		OPERATION OF PLANT	8		150,121	9
6		DIETARY	11		1,854	9
7		RADIOLOGY-DIAGNOSTIC	41		86	9
8		RADIOLOGY-THERAPEUTIC	42		1,679	9
9		LABORATORY	44		707	9
10		PHYSICAL THERAPY	50		5,692	9
11		CLINIC	60.04		21,177	9
12		ADMINISTRATIVE & GENERAL	6		957	10
13		PHARMACY	16		3,599	10
14		ADULTS & PEDIATRICS	25		2,900	10
15		OPERATING ROOM	37		31,598	10
16		RADIOLOGY-DIAGNOSTIC	41		259	10
17		RESPIRATORY THERAPY	49		15	10
18		CLINIC	60.04		10,442	10
19		EMERGENCY	61		881	10
20		LABORATORY	44		4,359	9
21		EMPLOYEE BENEFITS	5		1,182	9
22		ADMINISTRATIVE & GENERAL	6		35,757	9
23		OPERATION OF PLANT	8		67,610	9
24		HOUSEKEEPING	10		211	9
25		DIETARY	11		4,675	9
26		NURSING ADMINISTRATION	14		8,420	9
27		PHARMACY	16		51,905	9
28		MEDICAL RECORDS & LIBRARY	17		5,558	9
29		ADULTS & PEDIATRICS	25		68,970	9
30		INTENSIVE CARE UNIT	26		18,334	9
31		OPERATING ROOM	37		263,739	9
32		RADIOLOGY-DIAGNOSTIC	41		595,833	9
33		RADIOLOGY-THERAPEUTIC	42		56,480	9
34		LABORATORY	44		67,404	9
35		RESPIRATORY THERAPY	49		59,209	9
1 DEPRECIATION EXPENSE	A	PHYSICAL THERAPY	50		3,492	9
2		CLINIC	60.03		4,399	9
3		CLINIC	60.04		6,607	9
4		EMERGENCY	61		37,044	9
5		PHYSICIANS' PRIVATE OFFICES	98.01		3,434	9
6		GIFT, FLOWER, COFFEE SHOP & CANTEEN	96.01		82,047	9
7 NURSERY & LABOR & DELIVERY RECLASS	B	ADULTS & PEDIATRICS	25	566,818	229,898	
8						
9 PHARMACY DRUG RECLASS	C	PHARMACY	16		1,133,148	
10 PROPERTY INSURANCE RECLASS	D	ADMINISTRATIVE & GENERAL	6		25,996	12
11 INTEREST EXPENSE RECLASS	E	ADMINISTRATIVE & GENERAL	6		268,385	11
12 RECLASS IMPLANT-MED SUPPLY EXPENSES	F	OPERATING ROOM	37		764,332	
13		OPERATING ROOM	37		63,660	
14 SEVERANCE RECLASS	G	EMPLOYEE BENEFITS	5		56,949	
15 MEDICAL DIRECTOR RECLASS	H	ADMINISTRATIVE & GENERAL	6	42,588		
36 TOTAL RECLASSIFICATIONS				609,406	5,263,816	

(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: 150076
 PERIOD: FROM 7/ 1/2009 TO 6/30/2010
 PREPARED 11/29/2010
 WORKSHEET A-6
 NOT A CMS WORKSHEET

RECLASS CODE: A
 EXPLANATION : DEPRECIATION EXPENSE

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	168,281	OPERATION OF PLANT	8	2,981	
2.00	NEW CAP REL COSTS-BLDG & FIXT	3	1,137,894	PHYSICAL THERAPY	50	47,040	
3.00	NEW CAP REL COSTS-MVBLE EQUIP	4	54,085	CLINIC	60.04	118,260	
4.00	NEW CAP REL COSTS-MVBLE EQUIP	4	4,359	ADMINISTRATIVE & GENERAL	6	874,531	
5.00	NEW CAP REL COSTS-MVBLE EQUIP	4	1,356,829	OPERATION OF PLANT	8	150,121	
6.00			0	DIETARY	11	1,854	
7.00			0	RADIOLOGY-DIAGNOSTIC	41	86	
8.00			0	RADIOLOGY-THERAPEUTIC	42	1,679	
9.00			0	LABORATORY	44	707	
10.00			0	PHYSICAL THERAPY	50	5,692	
11.00			0	CLINIC	60.04	21,177	
12.00			0	ADMINISTRATIVE & GENERAL	6	957	
13.00			0	PHARMACY	16	3,599	
14.00			0	ADULTS & PEDIATRICS	25	2,900	
15.00			0	OPERATING ROOM	37	31,598	
16.00			0	RADIOLOGY-DIAGNOSTIC	41	259	
17.00			0	RESPIRATORY THERAPY	49	15	
18.00			0	CLINIC	60.04	10,442	
19.00			0	EMERGENCY	61	881	
20.00			0	LABORATORY	44	4,359	
21.00			0	EMPLOYEE BENEFITS	5	1,182	
22.00			0	ADMINISTRATIVE & GENERAL	6	35,757	
23.00			0	OPERATION OF PLANT	8	67,610	
24.00			0	HOUSEKEEPING	10	211	
25.00			0	DIETARY	11	4,675	
26.00			0	NURSING ADMINISTRATION	14	8,420	
27.00			0	PHARMACY	16	51,905	
28.00			0	MEDICAL RECORDS & LIBRARY	17	5,558	
29.00			0	ADULTS & PEDIATRICS	25	68,970	
30.00			0	INTENSIVE CARE UNIT	26	18,334	
31.00			0	OPERATING ROOM	37	263,739	
32.00			0	RADIOLOGY-DIAGNOSTIC	41	595,833	
33.00			0	RADIOLOGY-THERAPEUTIC	42	56,480	
34.00			0	LABORATORY	44	67,404	
35.00			0	RESPIRATORY THERAPY	49	59,209	
36.00			0	PHYSICAL THERAPY	50	3,492	
37.00			0	CLINIC	60.03	4,399	
38.00			0	CLINIC	60.04	6,607	
39.00			0	EMERGENCY	61	37,044	
40.00			0	PHYSICIANS' PRIVATE OFFICES	98.01	3,434	
41.00			0	GIFT, FLOWER, COFFEE SHOP & CA	96.01	82,047	
TOTAL RECLASSIFICATIONS FOR CODE A			2,721,448	TOTAL RECLASSIFICATIONS FOR CODE A			2,721,448

RECLASS CODE: B
 EXPLANATION : NURSERY & LABOR & DELIVERY RECLASS

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NURSERY	33	398,358	ADULTS & PEDIATRICS	25	796,716	
2.00	DELIVERY ROOM & LABOR ROOM	39	398,358			0	
TOTAL RECLASSIFICATIONS FOR CODE B			796,716	TOTAL RECLASSIFICATIONS FOR CODE B			796,716

RECLASS CODE: C
 EXPLANATION : PHARMACY DRUG RECLASS

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	DRUGS CHARGED TO PATIENTS	56	1,133,148	PHARMACY	16	1,133,148	
TOTAL RECLASSIFICATIONS FOR CODE C			1,133,148	TOTAL RECLASSIFICATIONS FOR CODE C			1,133,148

RECLASS CODE: D
 EXPLANATION : PROPERTY INSURANCE RECLASS

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	25,996	ADMINISTRATIVE & GENERAL	6	25,996	
TOTAL RECLASSIFICATIONS FOR CODE D			25,996	TOTAL RECLASSIFICATIONS FOR CODE D			25,996

RECLASS CODE: E
 EXPLANATION : INTEREST EXPENSE RECLASS

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	268,385	ADMINISTRATIVE & GENERAL	6	268,385	
TOTAL RECLASSIFICATIONS FOR CODE E			268,385	TOTAL RECLASSIFICATIONS FOR CODE E			268,385

RECLASSIFICATIONS

PROVIDER NO:	PERIOD:	PREPARED
150076	7/ 1/2009	11/29/2010
	TO	WORKSHEET A-6
	6/30/2010	NOT A CMS WORKSHEET

RECLASS CODE: F
 EXPLANATION : RECLASS IMPLANT-MED SUPPLY EXPENSES

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	IMPLANTS CHARGED TO PATIENTS	55.03	764,332	OPERATING ROOM	37	764,332	
2.00	IMPLANTS CHARGED TO PATIENTS	55.03	63,660	OPERATING ROOM	37	63,660	
TOTAL RECLASSIFICATIONS FOR CODE F			827,992	827,992			

RECLASS CODE: G
 EXPLANATION : SEVERANCE RECLASS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	EMPLOYEE BENEFITS	5	56,949	EMPLOYEE BENEFITS	5	56,949	
TOTAL RECLASSIFICATIONS FOR CODE G			56,949	56,949			

RECLASS CODE: H
 EXPLANATION : MEDICAL DIRECTOR RECLASS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	EMERGENCY	61	42,588	ADMINISTRATIVE & GENERAL	6	42,588	
TOTAL RECLASSIFICATIONS FOR CODE H			42,588	42,588			

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	477,930					477,930	
2	LAND IMPROVEMENTS							
3	BUILDINGS & FIXTURE	32,666,720	16,257		16,257		32,682,977	7,711,422
4	BUILDING IMPROVEMEN							
5	FIXED EQUIPMENT							
6	MOVABLE EQUIPMENT	16,983,640	3,570,781		3,570,781	20,099	20,534,322	11,729,109
7	SUBTOTAL	50,128,290	3,587,038		3,587,038	20,099	53,695,229	19,440,531
8	RECONCILING ITEMS							
9	TOTAL	50,128,290	3,587,038		3,587,038	20,099	53,695,229	19,440,531

PART III - RECONCILIATION OF CAPITAL COST CENTERS
 DESCRIPTION

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

DESCRIPTION

SUMMARY OF OLD AND NEW CAPITAL

		DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL RELATED COST	TOTAL (1)
*		9	10	11	12	13	14	15
1	OLD CAP REL COSTS-BL							
2	OLD CAP REL COSTS-MV							
3	NEW CAP REL COSTS-BL		1,306,175		29,286			1,335,461
4	NEW CAP REL COSTS-MV	2,849,632	54,085					2,903,717
5	TOTAL	2,849,632	1,360,260		29,286			4,239,178

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

SUMMARY OF OLD AND NEW CAPITAL

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

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

ADJUSTMENTS TO EXPENSES

DESCRIPTION (1)	(2) BASIS/CODE	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST. A-7 REF. 5
			COST CENTER	LINE NO	
	1	2	3	4	
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	-268,385	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					
10 TELEVISION AND RADIO SERVICE					
11 PARKING LOT					
12 PROVIDER BASED PHYSICIAN ADJUSTMENT	A-8-2	-1,834,347			
13 SALE OF SCRAP, WASTE, ETC.					
14 RELATED ORGANIZATION TRANSACTIONS	A-8-1	-2,355,162			
15 LAUNDRY AND LINEN SERVICE					
16 CAFETERIA--EMPLOYEES AND GUESTS	B	-170,870	DIETARY	11	
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	-5,163	MEDICAL RECORDS & LIBRARY	17	
21 NURSG SCHOOL(TUITN,FEES,BOOKS, ETC.)					
22 VENDING MACHINES	B	-1,391	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 OTHER REVENUE ADJUSTMENT	B	-520	EMPLOYEE BENEFITS	5	
37.01 OTHER REVENUE ADJUSTMENT	B	-59,101	ADMINISTRATIVE & GENERAL	6	
37.02 OTHER REVENUE ADJUSTMENT	B	-3,305	OPERATION OF PLANT	8	
37.03 OTHER REVENUE ADJUSTMENT	B	-4,231	ADULTS & PEDIATRICS	25	
37.04 OTHER REVENUE ADJUSTMENT	B	-85,514	RADIOLOGY-THERAPEUTIC	42	
37.05 OTHER REVENUE ADJUSTMENT	B	-4,177	LABORATORY	44	
37.06 OTHER REVENUE ADJUSTMENT	B	-18,019	RESPIRATORY THERAPY	49	
37.07 OTHER REVENUE ADJUSTMENT	B	-183	PHYSICAL THERAPY	50	
37.08 OTHER REVENUE ADJUSTMENT	B	-4,417	CLINIC	60.01	
37.09 OTHER REVENUE ADJUSTMENT	B	-51,500	CLINIC	60.02	
37.10 OTHER REVENUE ADJUSTMENT	B	-28,786	CLINIC	60.03	
37.11 OTHER REVENUE ADJUSTMENT	B	-222	EMERGENCY	61	
38 BAD DEBT EXPENSE	A	-3,951,394	ADMINISTRATIVE & GENERAL	6	
38.01 BAD DEBT EXPENSE	A	-535,956	EMERGENCY	61	
39 DONATIONS ADJUSTMENT	A	-693	ADMINISTRATIVE & GENERAL	6	
40 ENTERTAINMENT ADJUSTMENT	A	-45	EMPLOYEE BENEFITS	5	
40.01 ENTERTAINMENT ADJUSTMENT	A	-44	ADMINISTRATIVE & GENERAL	6	
40.02 ENTERTAINMENT ADJUSTMENT	A	-15	ADULTS & PEDIATRICS	25	
40.03 ENTERTAINMENT ADJUSTMENT	A	-35	RADIOLOGY-DIAGNOSTIC	41	
40.04 ENTERTAINMENT ADJUSTMENT	A	-43	PHYSICAL THERAPY	50	
40.05 ENTERTAINMENT ADJUSTMENT	A	-284	CLINIC	60.04	
40.06 ENTERTAINMENT ADJUSTMENT	A	-496	EMERGENCY	61	
41 PROPERTY TAX ADJUSTMENT	A	-1,510	ADMINISTRATIVE & GENERAL	6	
41.01 PROPERTY TAX ADJUSTMENT	A	-2,250	LABORATORY	44	
41.02 PROPERTY TAX ADJUSTMENT	A	-167	RESPIRATORY THERAPY	49	
42 OTHER ADJUSTMENTS (SPECIFY)					
43 OTHER ADJUSTMENTS (SPECIFY)					
44 OTHER ADJUSTMENTS (SPECIFY)					
45 OTHER ADJUSTMENTS (SPECIFY)					
46 OTHER ADJUSTMENTS (SPECIFY)					
47 OTHER ADJUSTMENTS (SPECIFY)					
48 OTHER ADJUSTMENTS (SPECIFY)					
49 OTHER ADJUSTMENTS (SPECIFY)					
50 TOTAL (SUM OF LINES 1 THRU 49)		-9,388,225			

(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	ADMINISTRATIVE & GENERAL	HO NON CAPITAL COSTS	7,277,886	10,675,105	-3,397,219	
2	6	ADMINISTRATIVE & GENERAL	EMP HEALTH STOP LOSS	49,406	30,667	18,739	
3	6	ADMINISTRATIVE & GENERAL	WORKERS COMP	17,741	56,581	-38,840	
4	3	NEW CAP REL COSTS-BLDG &	PROPERTY INSURANCE	29,286	25,996	3,290	12
4.01	6	ADMINISTRATIVE & GENERAL	MALPRACTICE INSURANCE	15,260	230,791	-215,531	
4.02	6	ADMINISTRATIVE & GENERAL	RISK INSURANCE	33,898	51,281	-17,383	
4.03	6	ADMINISTRATIVE & GENERAL	PENSION	906,114	987,504	-81,390	
4.04	6	ADMINISTRATIVE & GENERAL	RETIREE HEALTH COSTS	8,800	124,072	-115,272	
4.05	4	NEW CAP REL COSTS-MVBLE E	HO CAPITAL COSTS	1,488,444		1,488,444	9
5		TOTALS		9,826,835	12,181,997	-2,355,162	

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

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

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

SYMBOL (1)	NAME	PERCENTAGE OF OWNERSHIP	RELATED ORGANIZATION(S) AND/OR HOME OFFICE NAME	PERCENTAGE OF OWNERSHIP	TYPE OF BUSINESS
1	2	3	4	5	6
1	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	SJPMC - SOUTH BEND	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.

WKSHT A LINE NO.	COST CENTER/ PHYSICIAN IDENTIFIER	TOTAL REMUN- ERATION	PROFES- SIONAL COMPONENT	PROVIDER COMPONENT	RCE AMOUNT	PHYSICIAN/ PROVIDER COMPONENT HOURS	UNADJUSTED RCE LIMIT	5 PERCENT OF UNADJUSTED RCE LIMIT
1	2	3	4	5	6	7	8	9
1 6	REISS	39,338		39,338	142,500	221	15,141	757
2 37	AGGREGATE	790,364	790,364					
3 44	DYER/SOUTH BEND MED FOUND	91,667		91,667	208,000	454	45,400	2,270
4 61	RESTREPO/GERICK	1,001,882	912,949	88,933	142,500	414	28,363	1,418
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
101	TOTAL	1,923,251	1,703,313	219,938		1,089	88,904	4,445

WKSHT A LINE NO.	COST CENTER/ PHYSICIAN IDENTIFIER	COST OF MEMBERSHIPS & CONTINUING EDUCATION	PROVIDER COMPONENT SHARE OF COL 12	PHYSICIAN COST OF MALPRACTICE INSURANCE	PROVIDER COMPONENT SHARE OF COL 14	ADJUSTED RCE LIMIT	RCE DIS- ALLOWANCE	ADJUSTMENT
10	11	12	13	14	15	16	17	18
1	6 REISS					15,141	24,197	24,197
2	37 AGGREGATE							790,364
3	44 DYER/SOUTH BEND MED FOUND					45,400	46,267	46,267
4	61 RESTREPO/GERICK					28,363	60,570	973,519
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
101	TOTAL					88,904	131,034	1,834,347

COST ALLOCATION STATISTICS

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

COST ALLOCATION - GENERAL SERVICE COSTS

COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION	OLD CAP REL C OSTS-BLDG &	OLD CAP REL C OSTS-MVBLE E	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-MVBLE E	EMPLOYEE BENE FITS	SUBTOTAL
	0	1	2	3	4	5	5a.00
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &	1,335,461			1,335,461			
005 NEW CAP REL COSTS-MVBLE E	2,903,717				2,903,717		
006 EMPLOYEE BENEFITS	701,220				2,530	703,750	
007 ADMINISTRATIVE & GENERAL MAINTENANCE & REPAIRS	8,556,058			155,942	76,523	64,619	8,853,142
008 OPERATION OF PLANT	1,334,237			294,929	144,691	17,095	1,790,952
009 LAUNDRY & LINEN SERVICE	154,380			5,280			159,660
010 HOUSEKEEPING	718,867			2,614	452	17,055	738,988
011 DIETARY	603,695			18,272	10,005	11,462	643,434
012 CAFETERIA				17,496			17,496
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION	523,076				18,019	21,129	562,224
015 CENTRAL SERVICES & SUPPLY				40,700			40,700
016 PHARMACY	538,878			10,813	111,081	21,001	681,773
017 MEDICAL RECORDS & LIBRARY	729,498			34,104	11,895	17,052	792,549
018 SOCIAL SERVICE							
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C							
024 PARAMED ED PRGM							
025 INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS	2,509,522			158,024	147,601	91,010	2,906,157
026 INTENSIVE CARE UNIT	1,130,625			32,396	39,236	41,571	1,243,828
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
031 SUBPROVIDER							
033 NURSERY	398,358			3,572		14,572	416,502
034 SKILLED NURSING FACILITY							
035 NURSING FACILITY							
01 ICF/MR							
036 OTHER LONG TERM CARE							
037 ANCILLARY SRVC COST CNTRS OPERATING ROOM	2,815,503			127,031	564,422	80,530	3,587,486
038 RECOVERY ROOM							
039 DELIVERY ROOM & LABOR ROO	398,358			7,337		14,572	420,267
040 ANESTHESIOLOGY							
041 RADIOLOGY-DIAGNOSTIC	1,474,555			79,343	1,275,126	48,714	2,877,738
042 RADIOLOGY-THERAPEUTIC	305,818			78,855	120,871	12,321	517,865
043 RADIOISOTOPE							
044 LABORATORY	2,683,565			31,769	144,250	46,654	2,906,238
045 PBP CLINICAL LAB SERVICES							
046 WHOLE BLOOD & PACKED RED							
047 BLOOD STORING, PROCESSING							
048 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY	829,368			21,278	126,712	24,627	1,001,985
050 PHYSICAL THERAPY	1,089,815			21,435	7,473	39,892	1,158,615
051 OCCUPATIONAL THERAPY							
052 SPEECH PATHOLOGY							
053 ELECTROCARDIOLOGY							
054 ELECTROENCEPHALOGRAPHY							
055 MEDICAL SUPPLIES CHARGED							
01 MEDICAL SUPPLIES CHARGED							
02 MEDICAL SUPPLIES CHARGED							
03 IMPLANTS CHARGED TO PATIE	827,992						827,992
056 DRUGS CHARGED TO PATIENTS	1,133,148						1,133,148
057 RENAL DIALYSIS							
058 ASC (NON-DISTINCT PART)							
060 OUTPAT SERVICE COST CNTRS CLINIC							
01 CLINIC						190	190
02 CLINIC	156,125					7,842	163,967
03 CLINIC	300,016				9,414	11,048	320,478
04 CLINIC	728,464				14,139	7,014	749,617
061 EMERGENCY	2,032,576			63,947	79,277	93,780	2,269,580
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							
SPEC PURPOSE COST CENTERS							
092 AMBULATORY SURGICAL CENTE							
093 HOSPICE							
095 SUBTOTALS	36,912,895			1,205,137	2,903,717	703,750	36,782,571
NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP				2,387			2,387
01 GIFT, FLOWER, COFFEE SHOP	20,062						20,062
02 GIFT, FLOWER, COFFEE SHOP							
097 RESEARCH							
098 PHYSICIANS' PRIVATE OFFIC				127,937			127,937
01 PHYSICIANS' PRIVATE OFFIC	2,800						2,800

COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION	0	1	2	3	4	5	SUBTOTAL
NONREIMBURS COST CENTERS								5a.00
099 NONPAID WORKERS								
101 CROSS FOOT ADJUSTMENT								
102 NEGATIVE COST CENTER								
103 TOTAL	36,935,757				1,335,461	2,903,717	703,750	36,935,757

COST ALLOCATION - GENERAL SERVICE COSTS

COST CENTER DESCRIPTION	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA
	6	7	8	9	10	11	12
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
007 ADMINISTRATIVE & GENERAL	8,853,142						
008 MAINTENANCE & REPAIRS							
009 OPERATION OF PLANT	564,603		2,355,555				
010 LAUNDRY & LINEN SERVICE	50,333		14,061	224,054			
011 HOUSEKEEPING	232,968		6,961		978,917		
012 DIETARY	202,844		48,655		20,402	915,335	
013 CAFETERIA	5,516		46,590		19,536		89,138
014 MAINTENANCE OF PERSONNEL							
015 NURSING ADMINISTRATION	177,243						2,815
016 CENTRAL SERVICES & SUPPLY	12,831		108,378		45,445		
017 PHARMACY	214,931		28,794		12,074		2,346
018 MEDICAL RECORDS & LIBRARY	249,853		90,814		38,080		3,284
019 SOCIAL SERVICE							
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C							
024 PARAMED ED PRGM							
025 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS	916,175		420,801	15,664	176,450	657,424	15,950
027 INTENSIVE CARE UNIT	392,121		86,267	6,573	36,173	186,699	5,630
028 CORONARY CARE UNIT							
029 BURN INTENSIVE CARE UNIT							
030 SURGICAL INTENSIVE CARE U							
031 SUBPROVIDER							
032 NURSERY	131,304		9,513		3,989	35,606	2,346
033 SKILLED NURSING FACILITY							
034 NURSING FACILITY							
035 01 ICF/MR							
036 OTHER LONG TERM CARE							
037 ANCILLARY SRVC COST CNTRS							
038 OPERATING ROOM	1,130,977		338,268	38,895	141,843		12,667
039 RECOVERY ROOM							
040 DELIVERY ROOM & LABOR ROO	132,490		19,536	2,199	8,192	35,606	2,346
041 ANESTHESIOLOGY							
042 RADIOLOGY-DIAGNOSTIC	907,216		211,281	48,088	88,594		7,506
043 RADIOLOGY-THERAPEUTIC	163,258		209,982	8,362	88,050		1,877
044 RADIOISOTOPE							
045 LABORATORY	916,200		84,596	34,578	35,473		10,321
046 PBP CLINICAL LAB SERVICES							
047 WHOLE BLOOD & PACKED RED							
048 BLOOD STORING, PROCESSING							
049 INTRAVENOUS THERAPY							
050 RESPIRATORY THERAPY	315,879		56,660	12,082	23,759		4,222
051 PHYSICAL THERAPY	365,257		57,078	7,653	23,934		6,099
052 OCCUPATIONAL THERAPY							
053 SPEECH PATHOLOGY							
054 ELECTROCARDIOLOGY							
055 ELECTROENCEPHALOGRAPHY							
056 MEDICAL SUPPLIES CHARGED							
057 01 MEDICAL SUPPLIES CHARGED							
058 02 MEDICAL SUPPLIES CHARGED							
059 03 IMPLANTS CHARGED TO PATIE	261,027			4,796			
060 DRUGS CHARGED TO PATIENTS	357,228			18,138			
061 RENAL DIALYSIS							
062 ASC (NON-DISTINCT PART)							
063 OUTPAT SERVICE COST CNTRS							
064 CLINIC							
065 01 CLINIC	60						
066 02 CLINIC	51,691						1,877
067 03 CLINIC	101,032			264			
068 04 CLINIC	236,319			4,150			938
069 EMERGENCY	715,492		170,282	22,612	71,403		8,914
070 OBSERVATION BEDS (NON-DIS							
071 OTHER REIMBURS COST CNTRS							
072 HOME PROGRAM DIALYSIS							
073 AMBULANCE SERVICES							
074 DURABLE MEDICAL EQUIP-REN							
075 DURABLE MEDICAL EQUIP-SOL							
076 CORF							
077 I&R SERVICES-NOT APPRVD P							
078 HOME HEALTH AGENCY							
079 SPEC PURPOSE COST CENTERS							
080 AMBULATORY SURGICAL CENTE							
081 HOSPICE							
082 SUBTOTALS	8,804,848		2,008,517	224,054	833,397	915,335	89,138
083 NONREIMBURS COST CENTERS							
084 GIFT, FLOWER, COFFEE SHOP	753		6,357		2,666		
085 01 GIFT, FLOWER, COFFEE SHOP	6,325						
086 02 GIFT, FLOWER, COFFEE SHOP							
087 RESEARCH							
088 PHYSICIANS' PRIVATE OFFIC	40,333		340,681		142,854		
089 01 PHYSICIANS' PRIVATE OFFIC	883						

COST CENTER DESCRIPTION	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA
	6	7	8	9	10	11	12
099 NONREIMBURS COST CENTERS							
101 NONPAID WORKERS							
102 CROSS FOOT ADJUSTMENT							
103 NEGATIVE COST CENTER							
TOTAL	8,853,142		2,355,555	224,054	978,917	915,335	89,138

COST CENTER DESCRIPTION	MAINTENANCE O	NURSING ADMIN	CENTRAL SERVI	PHARMACY	MEDICAL RECOR	SOCIAL SERVIC	NONPHYSICIAN
	F PERSONNEL	ISTRATION	CES & SUPPLY		DS & LIBRARY	E	ANESTHETISTS
	13	14	15	16	17	18	20
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
007 ADMINISTRATIVE & GENERAL							
008 MAINTENANCE & REPAIRS							
009 OPERATION OF PLANT							
010 LAUNDRY & LINEN SERVICE							
011 HOUSEKEEPING							
012 DIETARY							
013 CAFETERIA							
014 MAINTENANCE OF PERSONNEL							
015 NURSING ADMINISTRATION		742,282					
016 CENTRAL SERVICES & SUPPLY			207,354				
017 PHARMACY				939,918			
018 MEDICAL RECORDS & LIBRARY					1,174,580		
020 SOCIAL SERVICE							
021 NONPHYSICIAN ANESTHETISTS							
022 NURSING SCHOOL							
023 I&R SERVICES-SALARY & FRI							
024 I&R SERVICES-OTHER PRGM C							
025 PARAMED ED PRGM							
026 INPAT ROUTINE SRVC CNTRS							
027 ADULTS & PEDIATRICS		238,090	7,023	2,310	82,121		
028 INTENSIVE CARE UNIT		84,032	2,587	574	34,459		
029 CORONARY CARE UNIT							
031 BURN INTENSIVE CARE UNIT							
033 SURGICAL INTENSIVE CARE U							
034 SUBPROVIDER							
035 NURSERY		35,013	1,320				
036 SKILLED NURSING FACILITY							
037 NURSING FACILITY							
038 01 ICF/MR							
039 OTHER LONG TERM CARE							
040 ANCILLARY SRVC COST CNTRS							
041 OPERATING ROOM		175,067	41,133	2,381	203,917		
042 RECOVERY ROOM							
043 DELIVERY ROOM & LABOR ROO		35,013	1,320		11,529		
044 ANESTHESIOLOGY							
045 RADIOLOGY-DIAGNOSTIC			19,590	96,306	252,044		
046 RADIOLOGY-THERAPEUTIC			634		43,837		
047 RADIOISOTOPE							
048 LABORATORY			40,552	22	181,282		
049 PBP CLINICAL LAB SERVICES							
050 WHOLE BLOOD & PACKED RED							
051 BLOOD STORING, PROCESSING							
052 INTRAVENOUS THERAPY							
053 RESPIRATORY THERAPY			2,587	611	63,344		
054 PHYSICAL THERAPY			1,320	921	40,121		
055 OCCUPATIONAL THERAPY							
056 SPEECH PATHOLOGY							
057 ELECTROCARDIOLOGY							
058 ELECTROENCEPHALOGRAPHY							
059 01 MEDICAL SUPPLIES CHARGED							
060 02 MEDICAL SUPPLIES CHARGED							
061 03 IMPLANTS CHARGED TO PATIE			43,720		25,144		
062 04 DRUGS CHARGED TO PATIENTS			30,836	816,196	95,093		
063 RENAL DIALYSIS							
064 ASC (NON-DISTINCT PART)							
065 OUTPAT SERVICE COST CNTRS							
066 01 CLINIC							
067 02 CLINIC							
068 03 CLINIC		28,011	1,426	17,913	1,384		
069 04 CLINIC		14,005	2,270	1,377	21,757		
070 EMERGENCY		133,051	11,036	1,307	118,548		
071 OBSERVATION BEDS (NON-DIS							
072 OTHER REIMBURS COST CNTRS							
073 HOME PROGRAM DIALYSIS							
074 AMBULANCE SERVICES							
075 DURABLE MEDICAL EQUIP-REN							
076 DURABLE MEDICAL EQUIP-SOL							
077 CORF							
078 I&R SERVICES-NOT APPRVD P							
079 HOME HEALTH AGENCY							
080 SPEC PURPOSE COST CENTERS							
081 AMBULATORY SURGICAL CENTE							
082 HOSPICE							
083 SUBTOTALS		742,282	207,354	939,918	1,174,580		
084 NONREIMBURS COST CENTERS							
085 GIFT, FLOWER, COFFEE SHOP							
086 01 GIFT, FLOWER, COFFEE SHOP							
087 02 GIFT, FLOWER, COFFEE SHOP							
088 RESEARCH							
089 PHYSICIANS' PRIVATE OFFIC							
090 01 PHYSICIANS' PRIVATE OFFIC							

COST CENTER DESCRIPTION	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS
	13	14	15	16	17	18	20
099 NONREIMBURS COST CENTERS							
101 NONPAID WORKERS							
102 CROSS FOOT ADJUSTMENT							
103 NEGATIVE COST CENTER							
TOTAL		742,282	207,354	939,918	1,174,580		

COST ALLOCATION - GENERAL SERVICE COSTS

COST CENTER DESCRIPTION	NURSING SCHOOL	I&R SERVICES-SALARY & FRI	I&R SERVICES-OTHER PRGM C	PARAMED ED PRGM	ED PR	SUBTOTAL	I&R COST POST STEP-DOWN ADJ	TOTAL
	21	22	23	24		25	26	27
001	GENERAL SERVICE COST CNTR							
002	OLD CAP REL COSTS-BLDG &							
003	OLD CAP REL COSTS-MVBLE E							
004	NEW CAP REL COSTS-BLDG &							
005	NEW CAP REL COSTS-MVBLE E							
006	EMPLOYEE BENEFITS							
007	ADMINISTRATIVE & GENERAL							
008	MAINTENANCE & REPAIRS							
009	OPERATION OF PLANT							
010	LAUNDRY & LINEN SERVICE							
011	HOUSEKEEPING							
012	DIETARY							
013	CAFETERIA							
014	MAINTENANCE OF PERSONNEL							
015	NURSING ADMINISTRATION							
016	CENTRAL SERVICES & SUPPLY							
017	PHARMACY							
018	MEDICAL RECORDS & LIBRARY							
019	SOCIAL SERVICE							
020	NONPHYSICIAN ANESTHETISTS							
021	NURSING SCHOOL							
022	I&R SERVICES-SALARY & FRI							
023	I&R SERVICES-OTHER PRGM C							
024	PARAMED ED PRGM							
025	INPAT ROUTINE SRVC CNTRS							
026	ADULTS & PEDIATRICS					5,438,165		5,438,165
027	INTENSIVE CARE UNIT					2,078,943		2,078,943
028	CORONARY CARE UNIT							
029	BURN INTENSIVE CARE UNIT							
030	SURGICAL INTENSIVE CARE U							
031	SUBPROVIDER							
032	NURSERY					635,593		635,593
033	SKILLED NURSING FACILITY							
034	NURSING FACILITY							
035	01 ICF/MR							
036	OTHER LONG TERM CARE							
037	ANCILLARY SRVC COST CNTRS							
038	OPERATING ROOM					5,672,634		5,672,634
039	RECOVERY ROOM							
040	DELIVERY ROOM & LABOR ROO					668,498		668,498
041	ANESTHESIOLOGY							
042	RADIOLOGY-DIAGNOSTIC					4,508,363		4,508,363
043	RADIOLOGY-THERAPEUTIC					1,033,865		1,033,865
044	RADIOISOTOPE							
045	LABORATORY					4,209,262		4,209,262
046	PBP CLINICAL LAB SERVICES							
047	WHOLE BLOOD & PACKED RED							
048	BLOOD STORING, PROCESSING							
049	INTRAVENOUS THERAPY					1,481,129		1,481,129
050	RESPIRATORY THERAPY					1,660,998		1,660,998
051	PHYSICAL THERAPY							
052	OCCUPATIONAL THERAPY							
053	SPEECH PATHOLOGY							
054	ELECTROCARDIOLOGY							
055	ELECTROENCEPHALOGRAPHY							
056	MEDICAL SUPPLIES CHARGED							
057	01 MEDICAL SUPPLIES CHARGED							
058	02 MEDICAL SUPPLIES CHARGED							
059	03 IMPLANTS CHARGED TO PATIE					1,162,679		1,162,679
060	DRUGS CHARGED TO PATIENTS					2,450,639		2,450,639
061	RENAL DIALYSIS							
062	ASC (NON-DISTINCT PART)							
063	OUTPAT SERVICE COST CNTRS							
064	CLINIC							
065	01 CLINIC					250		250
066	02 CLINIC					217,535		217,535
067	03 CLINIC					470,508		470,508
068	04 CLINIC					1,030,433		1,030,433
069	EMERGENCY					3,522,225		3,522,225
070	OBSERVATION BEDS (NON-DIS							
071	OTHER REIMBURS COST CNTRS							
072	HOME PROGRAM DIALYSIS							
073	AMBULANCE SERVICES							
074	DURABLE MEDICAL EQUIP-REN							
075	DURABLE MEDICAL EQUIP-SOL							
076	CORF							
077	I&R SERVICES-NOT APPRVD P							
078	HOME HEALTH AGENCY							
079	SPEC PURPOSE COST CENTERS							
080	AMBULATORY SURGICAL CENTE							
081	HOSPICE							
082	SUBTOTALS					36,241,719		36,241,719
083	NONREIMBURS COST CENTERS							
084	GIFT, FLOWER, COFFEE SHOP					12,163		12,163
085	01 GIFT, FLOWER, COFFEE SHOP					26,387		26,387
086	02 GIFT, FLOWER, COFFEE SHOP							
087	RESEARCH							
088	PHYSICIANS' PRIVATE OFFIC					651,805		651,805
089	01 PHYSICIANS' PRIVATE OFFIC					3,683		3,683

COST CENTER DESCRIPTION	NURSING SCHOOL	I&R SERVICES- SALARY & FRI	I&R SERVICES- OTHER PRGM C	PARAMED ED PR GM	SUBTOTAL	I&R COST POST STEP-DOWN ADJ	TOTAL
	21	22	23	24	25	26	27
099 NONREIMBURS COST CENTERS							
101 NONPAID WORKERS							
102 CROSS FOOT ADJUSTMENT							
103 NEGATIVE COST CENTER							
TOTAL					36,935,757		36,935,757

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	DIR ASSGND NEW CAPITAL REL COSTS	OLD CAP REL C OSTS-BLDG &	OLD CAP REL C OSTS-MVBLE E	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-MVBLE E	SUBTOTAL	EMPLOYEE BENE FITS
	0	1	2	3	4	4a	5
001	GENERAL SERVICE COST CNTR						
002	OLD CAP REL COSTS-BLDG &						
003	OLD CAP REL COSTS-MVBLE E						
004	NEW CAP REL COSTS-BLDG &						
005	NEW CAP REL COSTS-MVBLE E						
005	EMPLOYEE BENEFITS				2,530	2,530	2,530
006	ADMINISTRATIVE & GENERAL			155,942	76,523	232,465	233
007	MAINTENANCE & REPAIRS						
008	OPERATION OF PLANT			294,929	144,691	439,620	62
009	LAUNDRY & LINEN SERVICE			5,280		5,280	
010	HOUSEKEEPING			2,614	452	3,066	61
011	DIETARY			18,272	10,005	28,277	41
012	CAFETERIA			17,496		17,496	
013	MAINTENANCE OF PERSONNEL						
014	NURSING ADMINISTRATION				18,019	18,019	76
015	CENTRAL SERVICES & SUPPLY			40,700		40,700	
016	PHARMACY			10,813	111,081	121,894	76
017	MEDICAL RECORDS & LIBRARY			34,104	11,895	45,999	61
018	SOCIAL SERVICE						
020	NONPHYSICIAN ANESTHETISTS						
021	NURSING SCHOOL						
022	I&R SERVICES-SALARY & FRI						
023	I&R SERVICES-OTHER PRGM C						
024	PARAMED ED PRGM						
025	INPAT ROUTINE SRVC CNTRS						
025	ADULTS & PEDIATRICS			158,024	147,601	305,625	327
026	INTENSIVE CARE UNIT			32,396	39,236	71,632	150
027	CORONARY CARE UNIT						
028	BURN INTENSIVE CARE UNIT						
029	SURGICAL INTENSIVE CARE U						
031	SUBPROVIDER						
033	NURSERY			3,572		3,572	52
034	SKILLED NURSING FACILITY						
035	NURSING FACILITY						
035	01 ICF/MR						
036	OTHER LONG TERM CARE						
037	ANCILLARY SRVC COST CNTRS						
037	OPERATING ROOM			127,031	564,422	691,453	290
038	RECOVERY ROOM						
039	DELIVERY ROOM & LABOR ROO			7,337		7,337	52
040	ANESTHESIOLOGY						
041	RADIOLOGY-DIAGNOSTIC			79,343	1,275,126	1,354,469	175
042	RADIOLOGY-THERAPEUTIC			78,855	120,871	199,726	44
043	RADIOISOTOPE						
044	LABORATORY			31,769	144,250	176,019	168
045	PBP CLINICAL LAB SERVICES						
046	WHOLE BLOOD & PACKED RED						
047	BLOOD STORING, PROCESSING						
048	INTRAVENOUS THERAPY						
049	RESPIRATORY THERAPY			21,278	126,712	147,990	89
050	PHYSICAL THERAPY			21,435	7,473	28,908	144
051	OCCUPATIONAL THERAPY						
052	SPEECH PATHOLOGY						
053	ELECTROCARDIOLOGY						
054	ELECTROENCEPHALOGRAPHY						
055	MEDICAL SUPPLIES CHARGED						
055	01 MEDICAL SUPPLIES CHARGED						
055	02 MEDICAL SUPPLIES CHARGED						
055	03 IMPLANTS CHARGED TO PATIE						
056	DRUGS CHARGED TO PATIENTS						
057	RENAL DIALYSIS						
058	ASC (NON-DISTINCT PART)						
060	OUTPAT SERVICE COST CNTRS						
060	CLINIC						
060	01 CLINIC						1
060	02 CLINIC						28
060	03 CLINIC				9,414	9,414	40
060	04 CLINIC				14,139	14,139	25
061	EMERGENCY			63,947	79,277	143,224	335
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						
092	SPEC PURPOSE COST CENTERS						
092	AMBULATORY SURGICAL CENTE						
093	HOSPICE						
095	SUBTOTALS			1,205,137	2,903,717	4,108,854	2,530
095	NONREIMBURS COST CENTERS						
096	GIFT, FLOWER, COFFEE SHOP			2,387		2,387	
096	01 GIFT, FLOWER, COFFEE SHOP						
096	02 GIFT, FLOWER, COFFEE SHOP						
097	RESEARCH						
098	PHYSICIANS' PRIVATE OFFIC			127,937		127,937	
098	01 PHYSICIANS' PRIVATE OFFIC						

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
099 NONREIMBURS COST CENTERS							
101 NONPAID WORKERS							
102 CROSS FOOT ADJUSTMENTS							
103 NEGATIVE COST CENTER							
TOTAL				1,335,461	2,903,717	4,239,178	2,530

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA
	6	7	8	9	10	11	12
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
007 ADMINISTRATIVE & GENERAL	232,698						
008 MAINTENANCE & REPAIRS							
009 OPERATION OF PLANT	14,840		454,522				
010 LAUNDRY & LINEN SERVICE	1,323		2,713	9,316			
011 HOUSEKEEPING	6,123		1,343		10,593		
012 DIETARY	5,331		9,388		221	43,258	
013 CAFETERIA	145		8,990		211		26,842
014 MAINTENANCE OF PERSONNEL							
015 NURSING ADMINISTRATION	4,659						848
016 CENTRAL SERVICES & SUPPLY	337		20,912		492		
017 PHARMACY	5,649		5,556		131		706
018 MEDICAL RECORDS & LIBRARY	6,567		17,523		412		989
019 SOCIAL SERVICE							
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C							
024 PARAMED ED PRGM							
025 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS	24,080		81,197	651	1,908	31,069	4,805
027 INTENSIVE CARE UNIT	10,306		16,646	273	391	8,823	1,695
028 CORONARY CARE UNIT							
029 BURN INTENSIVE CARE UNIT							
030 SURGICAL INTENSIVE CARE U							
031 SUBPROVIDER							
032 NURSERY	3,451		1,836		43	1,683	706
033 SKILLED NURSING FACILITY							
034 NURSING FACILITY							
035 01 ICF/MR							
036 OTHER LONG TERM CARE							
037 ANCILLARY SRVC COST CNTRS							
038 OPERATING ROOM	29,734		65,271	1,615	1,535		3,814
039 RECOVERY ROOM							
040 DELIVERY ROOM & LABOR ROO	3,482		3,770	91	89	1,683	706
041 ANESTHESIOLOGY							
042 RADIOLOGY-DIAGNOSTIC	23,845		40,768	2,009	959		2,260
043 RADIOLOGY-THERAPEUTIC	4,291		40,518	347	953		565
044 RADIOISOTOPE							
045 LABORATORY	24,081		16,323	1,436	384		3,108
046 PBP CLINICAL LAB SERVICES							
047 WHOLE BLOOD & PACKED RED							
048 BLOOD STORING, PROCESSING							
049 INTRAVENOUS THERAPY							
050 RESPIRATORY THERAPY	8,302		10,933	502	257		1,271
051 PHYSICAL THERAPY	9,600		11,014	318	259		1,837
052 OCCUPATIONAL THERAPY							
053 SPEECH PATHOLOGY							
054 ELECTROCARDIOLOGY							
055 ELECTROENCEPHALOGRAPHY							
056 MEDICAL SUPPLIES CHARGED							
057 01 MEDICAL SUPPLIES CHARGED							
058 02 MEDICAL SUPPLIES CHARGED							
059 03 IMPLANTS CHARGED TO PATIE	6,861			199			
060 DRUGS CHARGED TO PATIENTS	9,389			753			
061 RENAL DIALYSIS							
062 ASC (NON-DISTINCT PART)							
063 OUTPAT SERVICE COST CNTRS							
064 CLINIC							
065 01 CLINIC	2						
066 02 CLINIC	1,359						565
067 03 CLINIC	2,655			11			
068 04 CLINIC	6,211			172			283
069 EMERGENCY	18,806		32,857	939	773		2,684
070 OBSERVATION BEDS (NON-DIS							
071 OTHER REIMBURS COST CNTRS							
072 HOME PROGRAM DIALYSIS							
073 AMBULANCE SERVICES							
074 DURABLE MEDICAL EQUIP-REN							
075 DURABLE MEDICAL EQUIP-SOL							
076 CORF							
077 I&R SERVICES-NOT APPRVD P							
078 HOME HEALTH AGENCY							
079 SPEC PURPOSE COST CENTERS							
080 AMBULATORY SURGICAL CENTE							
081 HOSPICE							
082 SUBTOTALS	231,429		387,558	9,316	9,018	43,258	26,842
083 NONREIMBURS COST CENTERS							
084 GIFT, FLOWER, COFFEE SHOP	20		1,227		29		
085 01 GIFT, FLOWER, COFFEE SHOP	166						
086 02 GIFT, FLOWER, COFFEE SHOP							
087 RESEARCH							
088 PHYSICIANS' PRIVATE OFFIC	1,060		65,737		1,546		
089 01 PHYSICIANS' PRIVATE OFFIC	23						

COST CENTER DESCRIPTION	ADMINISTRATIVE & GENERAL	MAINTENANCE REPAIRS	& OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA
	6	7	8	9	10	11	12
099 NONREIMBURS COST CENTERS							
101 NONPAID WORKERS							
102 CROSS FOOT ADJUSTMENTS							
103 NEGATIVE COST CENTER							
TOTAL	232,698		454,522	9,316	10,593	43,258	26,842

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	MAINTENANCE O PERSONNEL	NURSING ADMIN ISTRATION	CENTRAL SERVI CES & SUPPLY	PHARMACY	MEDICAL RECOR DS & LIBRARY	SOCIAL SERVIC E	NONPHYSICIAN ANESTHETISTS
	13	14	15	16	17	18	20
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
007 ADMINISTRATIVE & GENERAL							
008 MAINTENANCE & REPAIRS							
009 OPERATION OF PLANT							
010 LAUNDRY & LINEN SERVICE							
011 HOUSEKEEPING							
012 DIETARY							
013 CAFETERIA							
014 MAINTENANCE OF PERSONNEL							
015 NURSING ADMINISTRATION		23,602					
016 CENTRAL SERVICES & SUPPLY			62,441				
017 PHARMACY				134,012			
018 MEDICAL RECORDS & LIBRARY					71,551		
020 SOCIAL SERVICE							
021 NONPHYSICIAN ANESTHETISTS							
022 NURSING SCHOOL							
023 I&R SERVICES-SALARY & FRI							
024 I&R SERVICES-OTHER PRGM C							
025 PARAMED ED PRGM							
026 INPAT ROUTINE SRVC CNTRS							
027 ADULTS & PEDIATRICS		7,570	2,115	329	5,002		
028 INTENSIVE CARE UNIT		2,672	779	82	2,099		
029 CORONARY CARE UNIT							
031 BURN INTENSIVE CARE UNIT							
033 SURGICAL INTENSIVE CARE U							
034 SUBPROVIDER							
035 NURSERY		1,113	398				
036 SKILLED NURSING FACILITY							
037 NURSING FACILITY							
038 01 ICF/MR							
039 OTHER LONG TERM CARE							
040 ANCILLARY SRVC COST CNTRS							
041 OPERATING ROOM		5,567	12,386	339	12,420		
042 RECOVERY ROOM							
043 DELIVERY ROOM & LABOR ROO		1,113	398		702		
044 ANESTHESIOLOGY							
045 RADIOLOGY-DIAGNOSTIC			5,899	13,731	15,363		
046 RADIOLOGY-THERAPEUTIC			191		2,670		
047 RADIOISOTOPE							
048 LABORATORY			12,212	3	11,041		
049 PBP CLINICAL LAB SERVICES							
050 WHOLE BLOOD & PACKED RED							
051 BLOOD STORING, PROCESSING							
052 INTRAVENOUS THERAPY							
053 RESPIRATORY THERAPY			779	87	3,858		
054 PHYSICAL THERAPY			398	131	2,444		
055 OCCUPATIONAL THERAPY							
056 SPEECH PATHOLOGY							
057 ELECTROCARDIOLOGY							
058 ELECTROENCEPHALOGRAPHY							
059 MEDICAL SUPPLIES CHARGED							
060 01 MEDICAL SUPPLIES CHARGED							
060 02 MEDICAL SUPPLIES CHARGED							
060 03 IMPLANTS CHARGED TO PATIE			13,164		1,531		
060 04 DRUGS CHARGED TO PATIENTS			9,286	116,374	5,792		
061 RENAL DIALYSIS							
062 ASC (NON-DISTINCT PART)							
063 OUTPAT SERVICE COST CNTRS							
064 CLINIC							
060 01 CLINIC							
060 02 CLINIC							
060 03 CLINIC		891	429	2,554	84		
060 04 CLINIC		445	684	196	1,325		
061 EMERGENCY		4,231	3,323	186	7,220		
062 OBSERVATION BEDS (NON-DIS							
064 OTHER REIMBURS COST CNTRS							
065 HOME PROGRAM DIALYSIS							
066 AMBULANCE SERVICES							
067 DURABLE MEDICAL EQUIP-REN							
069 DURABLE MEDICAL EQUIP-SOL							
070 CORF							
071 I&R SERVICES-NOT APPRVD P							
092 HOME HEALTH AGENCY							
093 SPEC PURPOSE COST CENTERS							
095 AMBULATORY SURGICAL CENTE							
096 HOSPICE							
097 SUBTOTALS		23,602	62,441	134,012	71,551		
098 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP							
096 01 GIFT, FLOWER, COFFEE SHOP							
096 02 GIFT, FLOWER, COFFEE SHOP							
097 RESEARCH							
098 PHYSICIANS' PRIVATE OFFIC							
098 01 PHYSICIANS' PRIVATE OFFIC							

COST CENTER DESCRIPTION	MAINTENANCE O F PERSONNEL 13	NURSING ADMIN ISTRATION 14	CENTRAL SERVI CES & SUPPLY 15	PHARMACY 16	MEDICAL RECOR DS & LIBRARY 17	SOCIAL SERVIC E 18	NONPHYSICIAN ANESTHETISTS 20
099 NONREIMBURS COST CENTERS							
101 NONPAID WORKERS							
102 CROSS FOOT ADJUSTMENTS							
103 NEGATIVE COST CENTER							
TOTAL		23,602	62,441	134,012	71,551		

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	NURSING SCHOOL	I&R SERVICES-SALARY & FRI	I&R SERVICES-OTHER PRGM C	PARAMED ED PRGM	SUBTOTAL	POST STEPDOWN ADJUSTMENT	TOTAL
	21	22	23	24	25	26	27
001	GENERAL SERVICE COST CNTR						
002	OLD CAP REL COSTS-BLDG &						
003	OLD CAP REL COSTS-MVBLE E						
004	NEW CAP REL COSTS-BLDG &						
005	NEW CAP REL COSTS-MVBLE E						
006	EMPLOYEE BENEFITS						
007	ADMINISTRATIVE & GENERAL						
008	MAINTENANCE & REPAIRS						
009	OPERATION OF PLANT						
010	LAUNDRY & LINEN SERVICE						
011	HOUSEKEEPING						
012	DIETARY						
013	CAFETERIA						
014	MAINTENANCE OF PERSONNEL						
015	NURSING ADMINISTRATION						
016	CENTRAL SERVICES & SUPPLY						
017	PHARMACY						
018	MEDICAL RECORDS & LIBRARY						
020	SOCIAL SERVICE						
021	NONPHYSICIAN ANESTHETISTS						
022	NURSING SCHOOL						
023	I&R SERVICES-SALARY & FRI						
024	I&R SERVICES-OTHER PRGM C						
025	PARAMED ED PRGM						
026	INPAT ROUTINE SRVC CNTRS						
027	ADULTS & PEDIATRICS				464,678		464,678
028	INTENSIVE CARE UNIT				115,548		115,548
029	CORONARY CARE UNIT						
031	BURN INTENSIVE CARE UNIT						
033	SURGICAL INTENSIVE CARE U						
034	SUBPROVIDER						
035	NURSERY				12,854		12,854
036	SKILLED NURSING FACILITY						
037	NURSING FACILITY						
038	01 ICF/MR						
039	OTHER LONG TERM CARE						
040	ANCILLARY SRVC COST CNTRS						
041	OPERATING ROOM				824,424		824,424
042	RECOVERY ROOM						
043	DELIVERY ROOM & LABOR ROO				19,423		19,423
044	ANESTHESIOLOGY						
045	RADIOLOGY-DIAGNOSTIC				1,459,478		1,459,478
046	RADIOLOGY-THERAPEUTIC				249,305		249,305
047	RADIOISOTOPE						
048	LABORATORY				244,775		244,775
049	PBP CLINICAL LAB SERVICES						
050	WHOLE BLOOD & PACKED RED						
051	BLOOD STORING, PROCESSING						
052	INTRAVENOUS THERAPY						
053	RESPIRATORY THERAPY				174,068		174,068
054	PHYSICAL THERAPY				55,053		55,053
055	OCCUPATIONAL THERAPY						
056	SPEECH PATHOLOGY						
057	ELECTROCARDIOLOGY						
058	ELECTROENCEPHALOGRAPHY						
059	MEDICAL SUPPLIES CHARGED						
060	01 MEDICAL SUPPLIES CHARGED						
061	02 MEDICAL SUPPLIES CHARGED						
062	03 IMPLANTS CHARGED TO PATIE				21,755		21,755
063	DRUGS CHARGED TO PATIENTS				141,594		141,594
064	RENAL DIALYSIS						
065	ASC (NON-DISTINCT PART)						
066	OUTPAT SERVICE COST CNTRS						
067	CLINIC						
068	01 CLINIC				3		3
069	02 CLINIC				1,952		1,952
070	03 CLINIC				16,078		16,078
071	04 CLINIC				23,480		23,480
072	EMERGENCY				214,578		214,578
073	OBSERVATION BEDS (NON-DIS						
074	OTHER REIMBURS COST CNTRS						
075	HOME PROGRAM DIALYSIS						
076	AMBULANCE SERVICES						
077	DURABLE MEDICAL EQUIP-REN						
078	DURABLE MEDICAL EQUIP-SOL						
079	CORF						
080	I&R SERVICES-NOT APPRVD P						
081	HOME HEALTH AGENCY						
082	SPEC PURPOSE COST CENTERS						
083	AMBULATORY SURGICAL CENTE						
084	HOSPICE						
085	SUBTOTALS				4,039,046		4,039,046
086	NONREIMBURS COST CENTERS						
087	GIFT, FLOWER, COFFEE SHOP				3,663		3,663
088	01 GIFT, FLOWER, COFFEE SHOP				166		166
089	02 GIFT, FLOWER, COFFEE SHOP						
090	RESEARCH						
091	PHYSICIANS' PRIVATE OFFIC				196,280		196,280
092	01 PHYSICIANS' PRIVATE OFFIC				23		23

COST CENTER DESCRIPTION	NURSING SCHOOL	I&R SERVICES- SALARY & FRI	I&R SERVICES- OTHER PRGM	PARAMED ED PRGM	SUBTOTAL	POST STEPDOWN ADJUSTMENT	TOTAL
	21	22	23	24	25	26	27
099 NONREIMBURS COST CENTERS							
101 NONPAID WORKERS							
102 CROSS FOOT ADJUSTMENTS							
103 NEGATIVE COST CENTER							
TOTAL					4,239,178		4,239,178

COST CENTER DESCRIPTION	OLD CAP REL C	OLD CAP REL C	NEW CAP REL C	NEW CAP REL C	EMPLOYEE BENE	S RECONCIL-) IATION
	OSTS-BLDG &	OSTS-MVBLE E	OSTS-BLDG &	OSTS-MVBLE E	VALUE(GROSS)ALARIES	
	(SQUARE FEET	(DOLLAR)VALUE	(SQUARE) FEET	(DOLLAR)		
	1	2	3	4	5	6a.00
001 GENERAL SERVICE COST						
002 OLD CAP REL COSTS-BLD						
003 OLD CAP REL COSTS-MVB						
004 NEW CAP REL COSTS-BLD			153,267			
005 NEW CAP REL COSTS-MVB				1,356,829		
006 EMPLOYEE BENEFITS				1,182	13,687,143	
007 ADMINISTRATIVE & GENE			17,897	35,757	1,256,771	-8,853,142
008 MAINTENANCE & REPAIRS						
009 OPERATION OF PLANT			33,848	67,610	332,487	
010 LAUNDRY & LINEN SERVI			606			
011 HOUSEKEEPING			300	211	331,690	
012 DIETARY			2,097	4,675	222,925	
013 CAFETERIA			2,008			
014 MAINTENANCE OF PERSON						
015 NURSING ADMINISTRATIO				8,420	410,925	
016 CENTRAL SERVICES & SU			4,671			
017 PHARMACY			1,241	51,905	408,444	
018 MEDICAL RECORDS & LIB			3,914	5,558	331,648	
019 SOCIAL SERVICE						
020 NONPHYSICIAN ANESTHET						
021 NURSING SCHOOL						
022 I&R SERVICES-SALARY &						
023 I&R SERVICES-OTHER PR						
024 PARAMED ED PRGM						
025 INPAT ROUTINE SRVC CN			18,136	68,970	1,770,046	
026 ADULTS & PEDIATRICS			3,718	18,334	808,506	
027 INTENSIVE CARE UNIT						
028 CORONARY CARE UNIT						
029 BURN INTENSIVE CARE U						
030 SURGICAL INTENSIVE CA						
031 SUBPROVIDER						
032 NURSERY			410		283,409	
033 SKILLED NURSING FACIL						
034 NURSING FACILITY						
035 01 ICF/MR						
036 OTHER LONG TERM CARE						
037 ANCILLARY SRVC COST C						
038 OPERATING ROOM			14,579	263,739	1,566,217	
039 RECOVERY ROOM						
040 DELIVERY ROOM & LABOR			842		283,409	
041 ANESTHESIOLOGY						
042 RADIOLOGY-DIAGNOSTIC			9,106	595,833	947,431	
043 RADIOLOGY-THERAPEUTIC			9,050	56,480	239,631	
044 RADIOISOTOPE						
045 LABORATORY			3,646	67,404	907,366	
046 PBP CLINICAL LAB SERV						
047 WHOLE BLOOD & PACKED						
048 BLOOD STORING, PROCES						
049 INTRAVENOUS THERAPY						
050 RESPIRATORY THERAPY			2,442	59,209	478,970	
051 PHYSICAL THERAPY			2,460	3,492	775,852	
052 OCCUPATIONAL THERAPY						
053 SPEECH PATHOLOGY						
054 ELECTROCARDIOLOGY						
055 ELECTROENCEPHALOGRAPH						
056 MEDICAL SUPPLIES CHAR						
057 01 MEDICAL SUPPLIES CHAR						
058 02 MEDICAL SUPPLIES CHAR						
059 03 IMPLANTS CHARGED TO P						
060 04 DRUGS CHARGED TO PATI						
061 RENAL DIALYSIS						
062 ASC (NON-DISTINCT PAR						
063 OUTPAT SERVICE COST C						
064 CLINIC						
065 01 CLINIC					3,690	
066 02 CLINIC					152,522	
067 03 CLINIC				4,399	214,862	
068 04 CLINIC				6,607	136,414	
069 EMERGENCY			7,339	37,044	1,823,928	
070 OBSERVATION BEDS (NON						
071 OTHER REIMBURS COST C						
072 HOME PROGRAM DIALYSIS						
073 AMBULANCE SERVICES						
074 DURABLE MEDICAL EQUIP						
075 DURABLE MEDICAL EQUIP						
076 CORF						
077 I&R SERVICES-NOT APPR						
078 HOME HEALTH AGENCY						
079 SPEC PURPOSE COST CEN						
080 AMBULATORY SURGICAL C						
081 HOSPICE						
082 SUBTOTALS			138,310	1,356,829	13,687,143	-8,853,142
083 NONREIMBURS COST CENT						
084 GIFT, FLOWER, COFFEE			274			
085 01 GIFT, FLOWER, COFFEE						

COST ALLOCATION - STATISTICAL BASIS

I PROVIDER NO: I PERIOD: I PREPARED 11/29/2010
 I 15-0076 I FROM 7/ 1/2009 I WORKSHEET B-1
 I I TO 6/30/2010 I

COST CENTER DESCRIPTION		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	VALUE(GROSS ALARIES	S RECONCIL-) IATION
		(SQUARE FEET	(DOLLAR)VALUE	(SQUARE) FEET	(DOLLAR)			
		1	2	3	4	5		6a.00
096	02 GIFT, FLOWER, COFFEE							
097	RESEARCH							
098	PHYSICIANS' PRIVATE O			14,683				
098	01 PHYSICIANS' PRIVATE O							
099	NONPAID WORKERS							
101	CROSS FOOT ADJUSTMENT							
102	NEGATIVE COST CENTER							
103	COST TO BE ALLOCATED			1,335,461	2,903,717	703,750		
	(WRKSHT B, PART I)							
104	UNIT COST MULTIPLIER			8.713298			.051417	
	(WRKSHT B, PT I)				2.140076			
105	COST TO BE ALLOCATED							
	(WRKSHT B, PART II)							
106	UNIT COST MULTIPLIER							
	(WRKSHT B, PT II)							
107	COST TO BE ALLOCATED						2,530	
	(WRKSHT B, PART III)							
108	UNIT COST MULTIPLIER						.000185	
	(WRKSHT B, PT III)							

COST ALLOCATION - STATISTICAL BASIS

COST CENTER DESCRIPTION	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA
	(ACCUM. COST)	(SQUARE FEET)	(SQUARE FEET)	(GROSS CHARGES)	(SQUARE FEET)	(MEALS SERVED)	(CAFETERIA FTE)
	6	7	8	9	10	11	12
GENERAL SERVICE COST							
001 OLD CAP REL COSTS-BLD							
002 OLD CAP REL COSTS-MVB							
003 NEW CAP REL COSTS-BLD							
004 NEW CAP REL COSTS-MVB							
005 EMPLOYEE BENEFITS							
006 ADMINISTRATIVE & GENE	28,082,615						
007 MAINTENANCE & REPAIRS		135,370					
008 OPERATION OF PLANT	1,790,952	33,848	101,522				
009 LAUNDRY & LINEN SERVI	159,660	606	606	120,836,372			
010 HOUSEKEEPING	738,988	300	300		100,616		
011 DIETARY	643,434	2,097	2,097			25,553	
012 CAFETERIA	17,496	2,008	2,008		2,008		190
013 MAINTENANCE OF PERSON							
014 NURSING ADMINISTRATIO	562,224						6
015 CENTRAL SERVICES & SU	40,700	4,671	4,671		4,671		
016 PHARMACY	681,773	1,241	1,241		1,241		5
017 MEDICAL RECORDS & LIB	792,549	3,914	3,914		3,914		7
018 SOCIAL SERVICE							
020 NONPHYSICIAN ANESTHET							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY &							
023 I&R SERVICES-OTHER PR							
024 PARAMED ED PRGM							
025 INPAT ROUTINE SRVC CN							
026 ADULTS & PEDIATRICS	2,906,157	18,136	18,136	8,448,703	18,136	18,353	34
027 INTENSIVE CARE UNIT	1,243,828	3,718	3,718	3,545,186	3,718	5,212	12
028 CORONARY CARE UNIT							
029 BURN INTENSIVE CARE U							
031 SURGICAL INTENSIVE CA							
033 SUBPROVIDER							
034 NURSERY	416,502	410	410		410	994	5
035 SKILLED NURSING FACIL							
036 NURSING FACILITY							
01 ICF/MR							
037 OTHER LONG TERM CARE							
038 ANCILLARY SRVC COST C							
039 OPERATING ROOM	3,587,486	14,579	14,579	20,979,137	14,579		27
040 RECOVERY ROOM							
041 DELIVERY ROOM & LABOR	420,267	842	842	1,186,149	842	994	5
042 ANESTHESIOLOGY							
043 RADIOLOGY-DIAGNOSTIC	2,877,738	9,106	9,106	25,924,966	9,106		16
044 RADIOLOGY-THERAPEUTIC	517,865	9,050	9,050	4,510,018	9,050		4
045 RADIOISOTOPE							
046 LABORATORY	2,906,238	3,646	3,646	18,650,444	3,646		22
047 PBP CLINICAL LAB SERV							
048 WHOLE BLOOD & PACKED							
049 BLOOD STORING, PROCES							
050 INTRAVENOUS THERAPY							
051 RESPIRATORY THERAPY	1,001,985	2,442	2,442	6,516,919	2,442		9
052 PHYSICAL THERAPY	1,158,615	2,460	2,460	4,127,678	2,460		13
053 OCCUPATIONAL THERAPY							
054 SPEECH PATHOLOGY							
055 ELECTROCARDIOLOGY							
056 ELECTROENCEPHALOGRAPH							
057 MEDICAL SUPPLIES CHAR							
01 MEDICAL SUPPLIES CHAR							
02 MEDICAL SUPPLIES CHAR							
03 IMPLANTS CHARGED TO P	827,992			2,586,878			
056 DRUGS CHARGED TO PATI	1,133,148			9,783,194			
057 RENAL DIALYSIS							
058 ASC (NON-DISTINCT PAR							
060 OUTPAT SERVICE COST C							
060 CLINIC							
060 01 CLINIC	190						
060 02 CLINIC	163,967						4
060 03 CLINIC	320,478			142,376			
060 04 CLINIC	749,617			2,238,395			2
061 EMERGENCY	2,269,580	7,339	7,339	12,196,329	7,339		19
062 OBSERVATION BEDS (NON							
064 OTHER REIMBURS COST C							
065 HOME PROGRAM DIALYSIS							
066 AMBULANCE SERVICES							
067 DURABLE MEDICAL EQUIP							
069 DURABLE MEDICAL EQUIP							
070 CORF							
071 I&R SERVICES-NOT APPR							
092 HOME HEALTH AGENCY							
093 SPEC PURPOSE COST CEN							
095 AMBULATORY SURGICAL C							
096 HOSPICE							
095 SUBTOTALS	27,929,429	120,413	86,565	120,836,372	85,659	25,553	190
096 NONREIMBURS COST CENT							
096 GIFT, FLOWER, COFFEE	2,387	274	274		274		
096 01 GIFT, FLOWER, COFFEE	20,062						

COST ALLOCATION - STATISTICAL BASIS

	COST CENTER DESCRIPTION	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	& OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA
		(ACCUM. COST)	(SQUARE FEET)	(SQUARE FEET)	(GROSS CHARGES)	(SQUARE FEET)	(MEALS SERVED)	(CAFETERIA FTE)
		6	7	8	9	10	11	12
096	02 NONREIMBURS COST CENT							
097	GIFT, FLOWER, COFFEE RESEARCH							
098	PHYSICIANS' PRIVATE O	127,937	14,683	14,683		14,683		
098	01 PHYSICIANS' PRIVATE O	2,800						
099	NONPAID WORKERS							
101	CROSS FOOT ADJUSTMENT							
102	NEGATIVE COST CENTER							
103	COST TO BE ALLOCATED (WRKSHT B, PART I)	8,853,142		2,355,555	224,054	978,917	915,335	89,138
104	UNIT COST MULTIPLIER (WRKSHT B, PT I)	.315253		23.202409	.001854	9.729238	35.821039	469.147368
105	COST TO BE ALLOCATED (WRKSHT B, PART II)							
106	UNIT COST MULTIPLIER (WRKSHT B, PT II)							
107	COST TO BE ALLOCATED (WRKSHT B, PART III)	232,698		454,522	9,316	10,593	43,258	26,842
108	UNIT COST MULTIPLIER (WRKSHT B, PT III)	.008286		4.477079	.000077	.105281	1.692874	141.273684

COST CENTER DESCRIPTION	MAINTENANCE O F PERSONNEL	NURSING ADMIN ISTRATION	CENTRAL SERVI CES & SUPPLY	PHARMACY R(COSTED)EQUIS.	MEDICAL RECOR DS & LIBRARY	SOCIAL SERVIC E	NONPHYSICIAN ANESTHETISTS
	(NUMBER HOUSED	(NURSING FTES)	(COSTED)EQUIS.	R(COSTED)EQUIS.	R(GROSS) CHARGES	(TIME)SPENT	(ASSIGNED) TIME
	13	14	15	16	17	18	20
001 GENERAL SERVICE COST							
002 OLD CAP REL COSTS-BLD							
003 OLD CAP REL COSTS-MVB							
004 NEW CAP REL COSTS-BLD							
005 NEW CAP REL COSTS-MVB							
006 EMPLOYEE BENEFITS							
007 ADMINISTRATIVE & GENE							
008 MAINTENANCE & REPAIRS							
009 OPERATION OF PLANT							
010 LAUNDRY & LINEN SERVI							
011 HOUSEKEEPING							
012 DIETARY							
013 CAFETERIA							
014 MAINTENANCE OF PERSON							
015 NURSING ADMINISTRATIO		106					
016 CENTRAL SERVICES & SU			3,927				
017 PHARMACY				1,304,914			
018 MEDICAL RECORDS & LIB					120,836,372		
019 SOCIAL SERVICE							
020 NONPHYSICIAN ANESTHET							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY &							
023 I&R SERVICES-OTHER PR							
024 PARAMED ED PRGM							
025 INPAT ROUTINE SRVC CN							
026 ADULTS & PEDIATRICS		34	133	3,207	8,448,703		
027 INTENSIVE CARE UNIT		12	49	797	3,545,186		
028 CORONARY CARE UNIT							
029 BURN INTENSIVE CARE U							
030 SURGICAL INTENSIVE CA							
031 SUBPROVIDER							
032 NURSERY		5	25				
033 SKILLED NURSING FACIL							
034 NURSING FACILITY							
035 01 ICF/MR							
036 OTHER LONG TERM CARE							
037 ANCILLARY SRVC COST C							
038 OPERATING ROOM		25	779	3,305	20,979,137		
039 RECOVERY ROOM							
040 DELIVERY ROOM & LABOR		5	25		1,186,149		
041 ANESTHESIOLOGY							
042 RADIOLOGY-DIAGNOSTIC			371	133,704	25,924,966		
043 RADIOLOGY-THERAPEUTIC			12		4,510,018		
044 RADIOISOTOPE							
045 LABORATORY			768	31	18,650,444		
046 PBP CLINICAL LAB SERV							
047 WHOLE BLOOD & PACKED							
048 BLOOD STORING, PROCES							
049 INTRAVENOUS THERAPY							
050 RESPIRATORY THERAPY			49	848	6,516,919		
051 PHYSICAL THERAPY			25	1,279	4,127,678		
052 OCCUPATIONAL THERAPY							
053 SPEECH PATHOLOGY							
054 ELECTROCARDIOLOGY							
055 ELECTROENCEPHALOGRAPH							
056 MEDICAL SUPPLIES CHAR							
057 01 MEDICAL SUPPLIES CHAR							
058 02 MEDICAL SUPPLIES CHAR							
059 03 IMPLANTS CHARGED TO P			828		2,586,878		
060 056 DRUGS CHARGED TO PATI			584	1,133,148	9,783,194		
061 RENAL DIALYSIS							
062 ASC (NON-DISTINCT PAR							
063 OUTPAT SERVICE COST C							
064 CLINIC							
065 01 CLINIC							
066 02 CLINIC							
067 03 CLINIC		4	27	24,869	142,376		
068 060 04 CLINIC		2	43	1,912	2,238,395		
069 061 EMERGENCY		19	209	1,814	12,196,329		
070 062 OBSERVATION BEDS (NON							
071 064 OTHER REIMBURS COST C							
072 065 HOME PROGRAM DIALYSIS							
073 066 AMBULANCE SERVICES							
074 067 DURABLE MEDICAL EQUIP							
075 069 DURABLE MEDICAL EQUIP							
076 070 CORF							
077 071 I&R SERVICES-NOT APPR							
078 092 HOME HEALTH AGENCY							
079 093 SPEC PURPOSE COST CEN							
080 095 AMBULATORY SURGICAL C		106	3,927	1,304,914	120,836,372		
081 093 HOSPICE							
082 095 SUBTOTALS							
083 096 NONREIMBURS COST CENT							
084 096 GIFT, FLOWER, COFFEE							
085 096 01 GIFT, FLOWER, COFFEE							

COST ALLOCATION - STATISTICAL BASIS

COST CENTER DESCRIPTION	MAINTENANCE O F PERSONNEL	NURSING ADMIN ISTRATION	CENTRAL SERVI CES & SUPPLY	PHARMACY	MEDICAL RECOR DS & LIBRARY	SOCIAL SERVIC E	NONPHYSICIAN ANESTHETISTS
	(NUMBER HOUSED	(NURSING FTES)	(COSTED)EQUIS.	R(COSTED)EQUIS.	R(GROSS) CHARGES	(TIME)SPENT	(ASSIGNED) TIME)
NONREIMBURS COST CENT	13	14	15	16	17	18	20
096 02 GIFT, FLOWER, COFFEE RESEARCH							
097							
098 PHYSICIANS' PRIVATE O							
098 01 PHYSICIANS' PRIVATE O							
099 NONPAID WORKERS							
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 COST TO BE ALLOCATED (WRKSHT B, PART I)		742,282	207,354	939,918	1,174,580		
104 UNIT COST MULTIPLIER (WRKSHT B, PT I)		7,002.660377	52.802139	.720291	.009720		
105 COST TO BE ALLOCATED (WRKSHT B, PART II)							
106 UNIT COST MULTIPLIER (WRKSHT B, PT II)							
107 COST TO BE ALLOCATED (WRKSHT B, PART III)		23,602	62,441	134,012	71,551		
108 UNIT COST MULTIPLIER (WRKSHT B, PT III)		222.660377	15.900433	.102698	.000592		

COST CENTER DESCRIPTION	NURSING SCHOOL	I&R SERVICES- SALARY & FRI	I&R SERVICES- OTHER PRGM	PARAMED ED PRGM
	(ASSIGNED TIME)	(ASSIGNED TIME)	(ASSIGNED TIME)	(ASSIGNED TIME)
	21	22	23	24
GENERAL SERVICE COST				
001 OLD CAP REL COSTS-BLD				
002 OLD CAP REL COSTS-MVB				
003 NEW CAP REL COSTS-BLD				
004 NEW CAP REL COSTS-MVB				
005 EMPLOYEE BENEFITS				
006 ADMINISTRATIVE & GENE				
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				
020 NONPHYSICIAN ANESTHET				
021 NURSING SCHOOL				
022 I&R SERVICES-SALARY &				
023 I&R SERVICES-OTHER PR				
024 PARAMED ED PRGM				
INPAT ROUTINE SRVC CN				
025 ADULTS & PEDIATRICS				
026 INTENSIVE CARE UNIT				
027 CORONARY CARE UNIT				
028 BURN INTENSIVE CARE U				
029 SURGICAL INTENSIVE CA				
031 SUBPROVIDER				
033 NURSERY				
034 SKILLED NURSING FACIL				
035 NURSING FACILITY				
035 01 ICF/MR				
036 OTHER LONG TERM CARE				
ANCILLARY SRVC COST C				
037 OPERATING ROOM				
038 RECOVERY ROOM				
039 DELIVERY ROOM & LABOR				
040 ANESTHESIOLOGY				
041 RADIOLOGY-DIAGNOSTIC				
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				
050 PHYSICAL THERAPY				
051 OCCUPATIONAL THERAPY				
052 SPEECH PATHOLOGY				
053 ELECTROCARDIOLOGY				
054 ELECTROENCEPHALOGRAPH				
055 MEDICAL SUPPLIES CHAR				
055 01 MEDICAL SUPPLIES CHAR				
055 02 MEDICAL SUPPLIES CHAR				
055 03 IMPLANTS CHARGED TO P				
056 DRUGS CHARGED TO PATI				
057 RENAL DIALYSIS				
058 ASC (NON-DISTINCT PAR				
OUTPAT SERVICE COST C				
060 CLINIC				
060 01 CLINIC				
060 02 CLINIC				
060 03 CLINIC				
060 04 CLINIC				
061 EMERGENCY				
062 OBSERVATION BEDS (NON				
OTHER REIMBURS COST C				
064 HOME PROGRAM DIALYSIS				
065 AMBULANCE SERVICES				
066 DURABLE MEDICAL EQUIP				
067 DURABLE MEDICAL EQUIP				
069 CORF				
070 I&R SERVICES-NOT APPR				
071 HOME HEALTH AGENCY				
SPEC PURPOSE COST CEN				
092 AMBULATORY SURGICAL C				
093 HOSPICE				
095 SUBTOTALS				
NONREIMBURS COST CENT				
096 GIFT, FLOWER, COFFEE				
096 01 GIFT, FLOWER, COFFEE				

COST ALLOCATION - STATISTICAL BASIS

COST CENTER DESCRIPTION	NURSING SCHOOL	I&R SERVICES- SALARY & FRI	I&R SERVICES- OTHER PRGM	PARAMED ED PRGM
	(ASSIGNED TIME)	(ASSIGNED TIME)	(ASSIGNED TIME)	(ASSIGNED TIME)
NONREIMBURS COST CENT	21	22	23	24
096 02 GIFT, FLOWER, COFFEE RESEARCH				
097 RESEARCH				
098 PHYSICIANS' PRIVATE O				
098 01 PHYSICIANS' PRIVATE O				
099 NONPAID WORKERS				
101 CROSS FOOT ADJUSTMENT				
102 NEGATIVE COST CENTER				
103 COST TO BE ALLOCATED (PER WRKSHT B, PART UNIT COST MULTIPLIER (WRKSHT B, PT I)				
104				
105 COST TO BE ALLOCATED (PER WRKSHT B, PART UNIT COST MULTIPLIER (WRKSHT B, PT II)				
106				
107 COST TO BE ALLOCATED (PER WRKSHT B, PART UNIT COST MULTIPLIER (WRKSHT B, PT III)				
108				

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
	INPAT ROUTINE SRVC CNTRS					
25	ADULTS & PEDIATRICS	5,438,165		5,438,165		5,438,165
26	INTENSIVE CARE UNIT	2,078,943		2,078,943		2,078,943
27	CORONARY CARE UNIT					
28	BURN INTENSIVE CARE UNIT					
29	SURGICAL INTENSIVE CARE U					
31	SUBPROVIDER					
33	NURSERY	635,593		635,593		635,593
34	SKILLED NURSING FACILITY					
35	NURSING FACILITY					
01	ICF/MR					
36	OTHER LONG TERM CARE					
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	5,672,634		5,672,634		5,672,634
38	RECOVERY ROOM					
39	DELIVERY ROOM & LABOR ROO	668,498		668,498		668,498
40	ANESTHESIOLOGY					
41	RADIOLOGY-DIAGNOSTIC	4,508,363		4,508,363		4,508,363
42	RADIOLOGY-THERAPEUTIC	1,033,865		1,033,865		1,033,865
43	RADIOISOTOPE					
44	LABORATORY	4,209,262		4,209,262	46,267	4,255,529
45	PBP CLINICAL LAB SERVICES					
46	WHOLE BLOOD & PACKED RED					
47	BLOOD STORING, PROCESSING					
48	INTRAVENOUS THERAPY					
49	RESPIRATORY THERAPY	1,481,129		1,481,129		1,481,129
50	PHYSICAL THERAPY	1,660,998		1,660,998		1,660,998
51	OCCUPATIONAL THERAPY					
52	SPEECH PATHOLOGY					
53	ELECTROCARDIOLOGY					
54	ELECTROENCEPHALOGRAPHY					
55	MEDICAL SUPPLIES CHARGED					
01	MEDICAL SUPPLIES CHARGED					
02	MEDICAL SUPPLIES CHARGED					
03	IMPLANTS CHARGED TO PATIE	1,162,679		1,162,679		1,162,679
56	DRUGS CHARGED TO PATIENTS	2,450,639		2,450,639		2,450,639
57	RENAL DIALYSIS					
58	ASC (NON-DISTINCT PART)					
	OUTPAT SERVICE COST CNTRS					
60	CLINIC					
01	CLINIC	250		250		250
02	CLINIC	217,535		217,535		217,535
03	CLINIC	470,508		470,508		470,508
04	CLINIC	1,030,433		1,030,433		1,030,433
61	EMERGENCY	3,522,225		3,522,225	60,570	3,582,795
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	300,145		300,145		300,145
64	HOME PROGRAM DIALYSIS					
65	AMBULANCE SERVICES					
66	DURABLE MEDICAL EQUIP-REN					
67	DURABLE MEDICAL EQUIP-SOL					
101	SUBTOTAL	36,541,864		36,541,864	106,837	36,648,701
102	LESS OBSERVATION BEDS	300,145		300,145		300,145
103	TOTAL	36,241,719		36,241,719	106,837	36,348,556

COMPUTATION OF RATIO OF COSTS TO CHARGES

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	7,834,754		7,834,754			
26	INTENSIVE CARE UNIT	3,545,186		3,545,186			
27	CORONARY CARE UNIT						
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U						
31	SUBPROVIDER						
33	NURSERY						
34	SKILLED NURSING FACILITY						
35	NURSING FACILITY						
01	ICF/MR						
36	OTHER LONG TERM CARE						
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	7,233,502	13,745,635	20,979,137	.270394	.270394	.270394
38	RECOVERY ROOM						
39	DELIVERY ROOM & LABOR ROO	1,086,479	99,670	1,186,149	.563587	.563587	.563587
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC	4,964,120	20,960,846	25,924,966	.173900	.173900	.173900
42	RADIOLOGY-THERAPEUTIC	33,096	4,476,922	4,510,018	.229237	.229237	.229237
43	RADIOISOTOPE						
44	LABORATORY	3,684,721	14,965,723	18,650,444	.225692	.225692	.228173
45	PBP CLINICAL LAB SERVICES						
46	WHOLE BLOOD & PACKED RED						
47	BLOOD STORING, PROCESSING						
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY	2,591,778	3,925,141	6,516,919	.227274	.227274	.227274
50	PHYSICAL THERAPY	746,076	3,381,602	4,127,678	.402405	.402405	.402405
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED						
01	MEDICAL SUPPLIES CHARGED						
02	MEDICAL SUPPLIES CHARGED						
03	IMPLANTS CHARGED TO PATIE	2,155,184	431,694	2,586,878	.449453	.449453	.449453
56	DRUGS CHARGED TO PATIENTS	6,035,086	3,748,108	9,783,194	.250495	.250495	.250495
57	RENAL DIALYSIS						
58	ASC (NON-DISTINCT PART)						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
01	CLINIC						
02	CLINIC		142,376	142,376	3.304686	3.304686	3.304686
03	CLINIC		2,238,395	2,238,395	.460345	.460345	.460345
04	CLINIC		10,699,072	12,196,329	.288794	.288794	.293760
61	EMERGENCY	1,497,257	613,949	2,111,206	.488876	.488876	.488876
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	SUBTOTAL	41,407,239	79,429,133	120,836,372			
102	LESS OBSERVATION BEDS						
103	TOTAL	41,407,239	79,429,133	120,836,372			

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5
	INPAT ROUTINE SRVC CNTRS					
25	ADULTS & PEDIATRICS	5,438,165		5,438,165		5,438,165
26	INTENSIVE CARE UNIT	2,078,943		2,078,943		2,078,943
27	CORONARY CARE UNIT					
28	BURN INTENSIVE CARE UNIT					
29	SURGICAL INTENSIVE CARE U					
31	SUBPROVIDER					
33	NURSERY	635,593		635,593		635,593
34	SKILLED NURSING FACILITY					
35	NURSING FACILITY					
01	ICF/MR					
36	OTHER LONG TERM CARE					
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	5,672,634		5,672,634		5,672,634
38	RECOVERY ROOM					
39	DELIVERY ROOM & LABOR ROO	668,498		668,498		668,498
40	ANESTHESIOLOGY					
41	RADIOLOGY-DIAGNOSTIC	4,508,363		4,508,363		4,508,363
42	RADIOLOGY-THERAPEUTIC	1,033,865		1,033,865		1,033,865
43	RADIOISOTOPE					
44	LABORATORY	4,209,262		4,209,262	46,267	4,255,529
45	PBP CLINICAL LAB SERVICES					
46	WHOLE BLOOD & PACKED RED					
47	BLOOD STORING, PROCESSING					
48	INTRAVENOUS THERAPY					
49	RESPIRATORY THERAPY	1,481,129		1,481,129		1,481,129
50	PHYSICAL THERAPY	1,660,998		1,660,998		1,660,998
51	OCCUPATIONAL THERAPY					
52	SPEECH PATHOLOGY					
53	ELECTROCARDIOLOGY					
54	ELECTROENCEPHALOGRAPHY					
55	MEDICAL SUPPLIES CHARGED					
01	MEDICAL SUPPLIES CHARGED					
02	MEDICAL SUPPLIES CHARGED					
03	IMPLANTS CHARGED TO PATIE	1,162,679		1,162,679		1,162,679
56	DRUGS CHARGED TO PATIENTS	2,450,639		2,450,639		2,450,639
57	RENAL DIALYSIS					
58	ASC (NON-DISTINCT PART)					
	OUTPAT SERVICE COST CNTRS					
60	CLINIC					
01	CLINIC	250		250		250
02	CLINIC	217,535		217,535		217,535
03	CLINIC	470,508		470,508		470,508
04	CLINIC	1,030,433		1,030,433		1,030,433
61	EMERGENCY	3,522,225		3,522,225	60,570	3,582,795
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	300,145		300,145		300,145
64	HOME PROGRAM DIALYSIS					
65	AMBULANCE SERVICES					
66	DURABLE MEDICAL EQUIP-REN					
67	DURABLE MEDICAL EQUIP-SOL					
101	SUBTOTAL	36,541,864		36,541,864	106,837	36,648,701
102	LESS OBSERVATION BEDS	300,145		300,145		300,145
103	TOTAL	36,241,719		36,241,719	106,837	36,348,556

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	7,834,754		7,834,754			
26	INTENSIVE CARE UNIT	3,545,186		3,545,186			
27	CORONARY CARE UNIT						
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U						
31	SUBPROVIDER						
33	NURSERY						
34	SKILLED NURSING FACILITY						
35	NURSING FACILITY						
01	ICF/MR						
36	OTHER LONG TERM CARE						
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	7,233,502	13,745,635	20,979,137	.270394	.270394	.270394
38	RECOVERY ROOM						
39	DELIVERY ROOM & LABOR ROO	1,086,479	99,670	1,186,149	.563587	.563587	.563587
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC	4,964,120	20,960,846	25,924,966	.173900	.173900	.173900
42	RADIOLOGY-THERAPEUTIC	33,096	4,476,922	4,510,018	.229237	.229237	.229237
43	RADIOISOTOPE						
44	LABORATORY	3,684,721	14,965,723	18,650,444	.225692	.225692	.228173
45	PBP CLINICAL LAB SERVICES						
46	WHOLE BLOOD & PACKED RED						
47	BLOOD STORING, PROCESSING						
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY	2,591,778	3,925,141	6,516,919	.227274	.227274	.227274
50	PHYSICAL THERAPY	746,076	3,381,602	4,127,678	.402405	.402405	.402405
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED						
01	MEDICAL SUPPLIES CHARGED						
02	MEDICAL SUPPLIES CHARGED						
03	IMPLANTS CHARGED TO PATIE	2,155,184	431,694	2,586,878	.449453	.449453	.449453
56	DRUGS CHARGED TO PATIENTS	6,035,086	3,748,108	9,783,194	.250495	.250495	.250495
57	RENAL DIALYSIS						
58	ASC (NON-DISTINCT PART)						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
01	CLINIC						
02	CLINIC		142,376	142,376	3.304686	3.304686	3.304686
03	CLINIC		2,238,395	2,238,395	.460345	.460345	.460345
04	CLINIC		10,699,072	12,196,329	.288794	.288794	.293760
61	EMERGENCY	1,497,257	613,949	2,111,206	.488876	.488876	.488876
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	SUBTOTAL	41,407,239	79,429,133	120,836,372			
102	LESS OBSERVATION BEDS						
103	TOTAL	41,407,239	79,429,133	120,836,372			

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	5,672,634	824,424	4,848,210			5,672,634
38	RECOVERY ROOM						
39	DELIVERY ROOM & LABOR ROO	668,498	19,423	649,075			668,498
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC	4,508,363	1,459,478	3,048,885			4,508,363
42	RADIOLOGY-THERAPEUTIC	1,033,865	249,305	784,560			1,033,865
43	RADIOISOTOPE						
44	LABORATORY	4,209,262	244,775	3,964,487			4,209,262
45	PBP CLINICAL LAB SERVICES						
46	WHOLE BLOOD & PACKED RED						
47	BLOOD STORING, PROCESSING						
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY	1,481,129	174,068	1,307,061			1,481,129
50	PHYSICAL THERAPY	1,660,998	55,053	1,605,945			1,660,998
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 IMPLANTS CHARGED TO PATIE	1,162,679	21,755	1,140,924			1,162,679
56	DRUGS CHARGED TO PATIENTS	2,450,639	141,594	2,309,045			2,450,639
57	RENAL DIALYSIS						
58	ASC (NON-DISTINCT PART)						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60	01 CLINIC	250	3	247			250
60	02 CLINIC	217,535	1,952	215,583			217,535
60	03 CLINIC	470,508	16,078	454,430			470,508
60	04 CLINIC	1,030,433	23,480	1,006,953			1,030,433
61	EMERGENCY	3,522,225	214,578	3,307,647			3,522,225
62	OBSERVATION BEDS (NON-DIS	300,145	25,647	274,498			300,145
	OTHER REIMBURS COST CNTRS						
64	HOME PROGRAM DIALYSIS						
65	AMBULANCE SERVICES						
66	DURABLE MEDICAL EQUIP-REN						
67	DURABLE MEDICAL EQUIP-SOL						
101	SUBTOTAL	28,389,163	3,471,613	24,917,550			28,389,163
102	LESS OBSERVATION BEDS	300,145	25,647	274,498			300,145
103	TOTAL	28,089,018	3,445,966	24,643,052			28,089,018

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	20,979,137	.270394	.270394
38	RECOVERY ROOM			
39	DELIVERY ROOM & LABOR ROO	1,186,149	.563587	.563587
40	ANESTHESIOLOGY			
41	RADIOLOGY-DIAGNOSTIC	25,924,966	.173900	.173900
42	RADIOLOGY-THERAPEUTIC	4,510,018	.229237	.229237
43	RADIOISOTOPE			
44	LABORATORY	18,650,444	.225692	.225692
45	PBP CLINICAL LAB SERVICES			
46	WHOLE BLOOD & PACKED RED			
47	BLOOD STORING, PROCESSING			
48	INTRAVENOUS THERAPY			
49	RESPIRATORY THERAPY	6,516,919	.227274	.227274
50	PHYSICAL THERAPY	4,127,678	.402405	.402405
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 IMPLANTS CHARGED TO PATIE	2,586,878	.449453	.449453
56	DRUGS CHARGED TO PATIENTS	9,783,194	.250495	.250495
57	RENAL DIALYSIS			
58	ASC (NON-DISTINCT PART)			
	OUTPAT SERVICE COST CNTRS			
60	CLINIC			
60	01 CLINIC			
60	02 CLINIC			
60	03 CLINIC	142,376	3.304686	3.304686
60	04 CLINIC	2,238,395	.460345	.460345
61	EMERGENCY	12,196,329	.288794	.288794
62	OBSERVATION BEDS (NON-DIS	613,949	.488876	.488876
	OTHER REIMBURS COST CNTRS			
64	HOME PROGRAM DIALYSIS			
65	AMBULANCE SERVICES			
66	DURABLE MEDICAL EQUIP-REN			
67	DURABLE MEDICAL EQUIP-SOL			
101	SUBTOTAL	109,456,432		
102	LESS OBSERVATION BEDS	613,949		
103	TOTAL	108,842,483		

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27 1	CAPITAL COST WKST B PT II & III, COL. 27 2	OPERATING COST NET OF CAPITAL COST 3	CAPITAL REDUCTION 4	OPERATING COST REDUCTION AMOUNT 5	COST NET OF CAP AND OPER COST REDUCTION 6
37	ANCILLARY SRVC COST CNTRS						
38	OPERATING ROOM	5,672,634	824,424	4,848,210	82,442	281,196	5,308,996
39	RECOVERY ROOM						
40	DELIVERY ROOM & LABOR ROO	668,498	19,423	649,075	1,942	37,646	628,910
41	ANESTHESIOLOGY						
42	RADIOLOGY-DIAGNOSTIC	4,508,363	1,459,478	3,048,885	145,948	176,835	4,185,580
43	RADIOLOGY-THERAPEUTIC	1,033,865	249,305	784,560	24,931	45,504	963,430
44	RADIOISOTOPE						
45	LABORATORY	4,209,262	244,775	3,964,487	24,478	229,940	3,954,844
46	PBP CLINICAL LAB SERVICES						
47	WHOLE BLOOD & PACKED RED						
48	BLOOD STORING, PROCESSING						
49	INTRAVENOUS THERAPY						
50	RESPIRATORY THERAPY	1,481,129	174,068	1,307,061	17,407	75,810	1,387,912
51	PHYSICAL THERAPY	1,660,998	55,053	1,605,945	5,505	93,145	1,562,348
52	OCCUPATIONAL THERAPY						
53	SPEECH PATHOLOGY						
54	ELECTROCARDIOLOGY						
55	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED						
55	01 MEDICAL SUPPLIES CHARGED						
55	02 MEDICAL SUPPLIES CHARGED						
55	03 IMPLANTS CHARGED TO PATIE	1,162,679	21,755	1,140,924	2,176	66,174	1,094,329
56	DRUGS CHARGED TO PATIENTS	2,450,639	141,594	2,309,045	14,159	133,925	2,302,555
57	RENAL DIALYSIS						
58	ASC (NON-DISTINCT PART)						
60	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60	01 CLINIC	250	3	247		14	236
60	02 CLINIC	217,535	1,952	215,583	195	12,504	204,836
60	03 CLINIC	470,508	16,078	454,430	1,608	26,357	442,543
60	04 CLINIC	1,030,433	23,480	1,006,953	2,348	58,403	969,682
61	EMERGENCY	3,522,225	214,578	3,307,647	21,458	191,844	3,308,923
62	OBSERVATION BEDS (NON-DIS	300,145	25,647	274,498	2,565	15,921	281,659
64	OTHER REIMBURS COST CNTRS						
65	HOME PROGRAM DIALYSIS						
66	AMBULANCE SERVICES						
67	DURABLE MEDICAL EQUIP-REN						
67	DURABLE MEDICAL EQUIP-SOL						
101	SUBTOTAL	28,389,163	3,471,613	24,917,550	347,162	1,445,218	26,596,783
102	LESS OBSERVATION BEDS	300,145	25,647	274,498	2,565	15,921	281,659
103	TOTAL	28,089,018	3,445,966	24,643,052	344,597	1,429,297	26,315,124

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	20,979,137	.253061	.266464
38	RECOVERY ROOM			
39	DELIVERY ROOM & LABOR ROO	1,186,149	.530212	.561950
40	ANESTHESIOLOGY			
41	RADIOLOGY-DIAGNOSTIC	25,924,966	.161450	.168271
42	RADIOLOGY-THERAPEUTIC	4,510,018	.213620	.223710
43	RADIOISOTOPE			
44	LABORATORY	18,650,444	.212051	.224380
45	PBP CLINICAL LAB SERVICES			
46	WHOLE BLOOD & PACKED RED			
47	BLOOD STORING, PROCESSING			
48	INTRAVENOUS THERAPY			
49	RESPIRATORY THERAPY	6,516,919	.212971	.224603
50	PHYSICAL THERAPY	4,127,678	.378505	.401071
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 IMPLANTS CHARGED TO PATIE	2,586,878	.423031	.448611
56	DRUGS CHARGED TO PATIENTS	9,783,194	.235358	.249047
57	RENAL DIALYSIS			
58	ASC (NON-DISTINCT PART)			
	OUTPAT SERVICE COST CNTRS			
60	CLINIC			
60	01 CLINIC			
60	02 CLINIC			
60	03 CLINIC	142,376	3.108270	3.293392
60	04 CLINIC	2,238,395	.433204	.459296
61	EMERGENCY	12,196,329	.271305	.287034
62	OBSERVATION BEDS (NON-DIS	613,949	.458766	.484698
	OTHER REIMBURS COST CNTRS			
64	HOME PROGRAM DIALYSIS			
65	AMBULANCE SERVICES			
66	DURABLE MEDICAL EQUIP-REN			
67	DURABLE MEDICAL EQUIP-SOL			
101	SUBTOTAL	109,456,432		
102	LESS OBSERVATION BEDS	613,949		
103	TOTAL	108,842,483		

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
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS				464,678		464,678
26	INTENSIVE CARE UNIT				115,548		115,548
27	CORONARY CARE UNIT						
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U						
31	SUBPROVIDER						
33	NURSERY				12,854		12,854
101	TOTAL				593,080		593,080

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	6,269	2,964			74.12	219,692
26	INTENSIVE CARE UNIT	1,528	772			75.62	58,379
27	CORONARY CARE UNIT						
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U						
31	SUBPROVIDER						
33	NURSERY	751				17.12	
101	TOTAL	8,548	3,736				278,071

TITLE XVIII, PART A		HOSPITAL		PPS			
WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2	TOTAL CHARGES 3	INPAT PROGRAM CHARGES 4	OLD CAPITAL CST/CHRG RATIO 5	CAPITAL COSTS 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM		824,424	20,979,137	3,358,616		
38	RECOVERY ROOM						
39	DELIVERY ROOM & LABOR ROO		19,423	1,186,149	4,197		
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC		1,459,478	25,924,966	2,342,525		
42	RADIOLOGY-THERAPEUTIC		249,305	4,510,018	5,726		
43	RADIOISOTOPE						
44	LABORATORY		244,775	18,650,444	2,254,139		
45	PBP CLINICAL LAB SERVICES						
46	WHOLE BLOOD & PACKED RED						
47	BLOOD STORING, PROCESSING						
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY		174,068	6,516,919	1,664,802		
50	PHYSICAL THERAPY		55,053	4,127,678	517,493		
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 IMPLANTS CHARGED TO PATIE		21,755	2,586,878			
56	DRUGS CHARGED TO PATIENTS		141,594	9,783,194	3,306,052		
57	RENAL DIALYSIS						
58	ASC (NON-DISTINCT PART)						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60	01 CLINIC		3				
60	02 CLINIC		1,952				
60	03 CLINIC		16,078	142,376			
60	04 CLINIC		23,480	2,238,395			
61	EMERGENCY		214,578	12,196,329	708,751		
62	OBSERVATION BEDS (NON-DIS		25,647	613,949			
	OTHER REIMBURS COST CNTRS						
64	HOME PROGRAM DIALYSIS						
65	AMBULANCE SERVICES						
66	DURABLE MEDICAL EQUIP-REN						
67	DURABLE MEDICAL EQUIP-SOL						
101	TOTAL		3,471,613	109,456,432	14,162,301		

WKST A LINE NO.	COST CENTER DESCRIPTION	HOSPITAL	
		CST/CHRG 7	NEW CAPITAL RATIO COSTS 8
37	ANCILLARY SRVC COST CNTRS		
38	OPERATING ROOM	.039297	131,984
39	RECOVERY ROOM		
40	DELIVERY ROOM & LABOR ROO	.016375	69
41	ANESTHESIOLOGY		
42	RADIOLOGY-DIAGNOSTIC	.056296	131,875
43	RADIOLOGY-THERAPEUTIC	.055278	317
44	RADIOISOTOPE		
45	LABORATORY	.013124	29,583
46	PBP CLINICAL LAB SERVICES		
47	WHOLE BLOOD & PACKED RED		
48	BLOOD STORING, PROCESSING		
49	INTRAVENOUS THERAPY		
50	RESPIRATORY THERAPY	.026710	44,467
51	PHYSICAL THERAPY	.013338	6,902
52	OCCUPATIONAL THERAPY		
53	SPEECH PATHOLOGY		
54	ELECTROCARDIOLOGY		
55	ELECTROENCEPHALOGRAPHY		
55	MEDICAL SUPPLIES CHARGED		
55	01 MEDICAL SUPPLIES CHARGED		
55	02 MEDICAL SUPPLIES CHARGED		
55	03 IMPLANTS CHARGED TO PATIE	.008410	
56	DRUGS CHARGED TO PATIENTS	.014473	47,848
57	RENAL DIALYSIS		
58	ASC (NON-DISTINCT PART)		
60	OUTPAT SERVICE COST CNTRS		
60	CLINIC		
60	01 CLINIC		
60	02 CLINIC		
60	03 CLINIC	.112926	
60	04 CLINIC	.010490	
61	EMERGENCY	.017594	12,470
62	OBSERVATION BEDS (NON-DIS	.041774	
64	OTHER REIMBURS COST CNTRS		
65	HOME PROGRAM DIALYSIS		
66	AMBULANCE SERVICES		
67	DURABLE MEDICAL EQUIP-REN		
67	DURABLE MEDICAL EQUIP-SOL		
101	TOTAL		405,515

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					6,269	
26	INTENSIVE CARE UNIT					1,528	
27	CORONARY CARE UNIT						
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U						
31	SUBPROVIDER						
33	NURSERY					751	
34	SKILLED NURSING FACILITY						
35	NURSING FACILITY						
35	01 ICF/MR						
101	TOTAL					8,548	

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT PROG DAYS	INPAT PROGRAM PASS THRU COST
		7	8
25	ADULTS & PEDIATRICS		2,964
26	INTENSIVE CARE UNIT		772
27	CORONARY CARE UNIT		
28	BURN INTENSIVE CARE UNIT		
29	SURGICAL INTENSIVE CARE U		
31	SUBPROVIDER		
33	NURSERY		
34	SKILLED NURSING FACILITY		
35	NURSING FACILITY		
35	01 ICF/MR		
101	TOTAL		3,736

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST		MED ED NRS SCHOOL COST	MED ED ALLIED HEALTH COST	MED ED ALL OTHER COSTS	BLOOD CLOT FOR HEMOPHILIACS
		1	1.01	2	2.01	2.02	2.03
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM						
38	RECOVERY ROOM						
39	DELIVERY ROOM & LABOR ROO						
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 IMPLANTS CHARGED TO PATIE						
56	DRUGS CHARGED TO PATIENTS						
57	RENAL DIALYSIS						
58	ASC (NON-DISTINCT PART)						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60	01 CLINIC						
60	02 CLINIC						
60	03 CLINIC						
60	04 CLINIC						
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				
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			20,979,137			3,358,616	
38	RECOVERY ROOM							
39	DELIVERY ROOM & LABOR ROO			1,186,149			4,197	
40	ANESTHESIOLOGY							
41	RADIOLOGY-DIAGNOSTIC			25,924,966			2,342,525	
42	RADIOLOGY-THERAPEUTIC			4,510,018			5,726	
43	RADIOISOTOPE							
44	LABORATORY			18,650,444			2,254,139	
45	PBP CLINICAL LAB SERVICES							
46	WHOLE BLOOD & PACKED RED							
47	BLOOD STORING, PROCESSING							
48	INTRAVENOUS THERAPY							
49	RESPIRATORY THERAPY			6,516,919			1,664,802	
50	PHYSICAL THERAPY			4,127,678			517,493	
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 IMPLANTS CHARGED TO PATIE			2,586,878				
56	DRUGS CHARGED TO PATIENTS			9,783,194			3,306,052	
57	RENAL DIALYSIS							
58	ASC (NON-DISTINCT PART)							
	OUTPAT SERVICE COST CNTRS							
60	CLINIC							
60	01 CLINIC							
60	02 CLINIC							
60	03 CLINIC			142,376				
60	04 CLINIC			2,238,395				
61	EMERGENCY			12,196,329			708,751	
62	OBSERVATION BEDS (NON-DIS			613,949				
	OTHER REIMBURS COST CNTRS							
64	HOME PROGRAM DIALYSIS							
65	AMBULANCE SERVICES							
66	DURABLE MEDICAL EQUIP-REN							
67	DURABLE MEDICAL EQUIP-SOL							
101	TOTAL			109,456,432			14,162,301	

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						
38	OPERATING ROOM	3,012,791					
39	RECOVERY ROOM						
40	DELIVERY ROOM & LABOR ROO	1,251					
41	ANESTHESIOLOGY						
42	RADIOLOGY-DIAGNOSTIC	5,483,570					
43	RADIOLOGY-THERAPEUTIC	1,357,596					
44	RADIOISOTOPE						
45	LABORATORY	452,535					
46	PBP CLINICAL LAB SERVICES						
47	WHOLE BLOOD & PACKED RED						
48	BLOOD STORING, PROCESSING						
49	INTRAVENOUS THERAPY						
50	RESPIRATORY THERAPY	1,509,100					
51	PHYSICAL THERAPY						
52	OCCUPATIONAL THERAPY						
53	SPEECH PATHOLOGY						
54	ELECTROCARDIOLOGY						
55	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED						
55	01 MEDICAL SUPPLIES CHARGED						
55	02 MEDICAL SUPPLIES CHARGED						
55	03 IMPLANTS CHARGED TO PATIE	261,678					
56	DRUGS CHARGED TO PATIENTS	1,258,543					
57	RENAL DIALYSIS						
58	ASC (NON-DISTINCT PART)						
60	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60	01 CLINIC						
60	02 CLINIC						
60	03 CLINIC						
60	04 CLINIC	996,606					
61	EMERGENCY	1,098,326					
62	OBSERVATION BEDS (NON-DIS	64,448					
64	OTHER REIMBURS COST CNTRS						
65	HOME PROGRAM DIALYSIS						
66	AMBULANCE SERVICES						
67	DURABLE MEDICAL EQUIP-REN						
67	DURABLE MEDICAL EQUIP-SOL						
101	TOTAL	15,496,444					

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	.270394	.270394			
38 RECOVERY ROOM					
39 DELIVERY ROOM & LABOR ROOM	.563587	.563587			
40 ANESTHESIOLOGY					
41 RADIOLOGY-DIAGNOSTIC	.173900	.173900			
42 RADIOLOGY-THERAPEUTIC	.229237	.229237			
43 RADIOISOTOPE					
44 LABORATORY	.225692	.225692			
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	.227274	.227274			
50 PHYSICAL THERAPY	.402405	.402405			
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 IMPLANTS CHARGED TO PATIENTS	.449453	.449453			
56 DRUGS CHARGED TO PATIENTS	.250495	.250495			
57 RENAL DIALYSIS					
58 ASC (NON-DISTINCT PART)					
60 OUTPAT SERVICE COST CNTRS					
60 CLINIC					
60 01 CLINIC					
60 02 CLINIC					
60 03 CLINIC	3.304686	3.304686			
60 04 CLINIC	.460345	.460345			
61 EMERGENCY	.288794	.288794			
62 OBSERVATION BEDS (NON-DISTINCT PART)	.488876	.488876			
64 OTHER REIMBURS COST CNTRS					
65 HOME PROGRAM DIALYSIS					
66 AMBULANCE SERVICES					
67 DURABLE MEDICAL EQUIP-RENTED					
101 DURABLE MEDICAL EQUIP-SOLD					
102 SUBTOTAL					
103 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		3,012,791			
38	RECOVERY ROOM					
39	DELIVERY ROOM & LABOR ROOM		1,251			
40	ANESTHESIOLOGY					
41	RADIOLOGY-DIAGNOSTIC		5,483,570			
42	RADIOLOGY-THERAPEUTIC		1,357,596			
43	RADIOISOTOPE					
44	LABORATORY		452,535			
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		1,509,100			
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 IMPLANTS CHARGED TO PATIENTS		261,678			
56	DRUGS CHARGED TO PATIENTS		1,258,543			
57	RENAL DIALYSIS					
58	ASC (NON-DISTINCT PART)					
	OUTPAT SERVICE COST CNTRS					
60	CLINIC					
60	01 CLINIC					
60	02 CLINIC					
60	03 CLINIC					
60	04 CLINIC		996,606			
61	EMERGENCY		1,098,326			
62	OBSERVATION BEDS (NON-DISTINCT PART)		64,448			
	OTHER REIMBURS COST CNTRS					
64	HOME PROGRAM DIALYSIS					
65	AMBULANCE SERVICES					
66	DURABLE MEDICAL EQUIP-RENTED					
67	DURABLE MEDICAL EQUIP-SOLD					
101	SUBTOTAL		15,496,444			
102	CRNA CHARGES					
103	LESS PBP CLINIC LAB SVCS- PROGRAM ONLY CHARGES					
104	NET CHARGES		15,496,444			

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				814,641	
38	RECOVERY ROOM					
39	DELIVERY ROOM & LABOR ROOM				705	
40	ANESTHESIOLOGY					
41	RADIOLOGY-DIAGNOSTIC				953,593	
42	RADIOLOGY-THERAPEUTIC				311,211	
43	RADIOISOTOPE					
44	LABORATORY				102,134	
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				342,979	
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 IMPLANTS CHARGED TO PATIENTS				117,612	
56	DRUGS CHARGED TO PATIENTS				315,259	
57	RENAL DIALYSIS					
58	ASC (NON-DISTINCT PART)					
	OUTPAT SERVICE COST CNTRS					
60	CLINIC					
60	01 CLINIC					
60	02 CLINIC					
60	03 CLINIC					
60	04 CLINIC				458,783	
61	EMERGENCY				317,190	
62	OBSERVATION BEDS (NON-DISTINCT PART)				31,507	
	OTHER REIMBURS COST CNTRS					
64	HOME PROGRAM DIALYSIS					
65	AMBULANCE SERVICES					
66	DURABLE MEDICAL EQUIP-RENTED					
67	DURABLE MEDICAL EQUIP-SOLD					
101	SUBTOTAL				3,765,614	
102	CRNA CHARGES					
103	LESS PBP CLINIC LAB SVCS- PROGRAM ONLY CHARGES					
104	NET CHARGES				3,765,614	

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 IMPLANTS CHARGED TO PATIENTS
- 56 DRUGS CHARGED TO PATIENTS
- 57 RENAL DIALYSIS
- 58 ASC (NON-DISTINCT PART)
- OUTPAT SERVICE COST CNTRS
- 60 CLINIC
- 60 01 CLINIC
- 60 02 CLINIC
- 60 03 CLINIC
- 60 04 CLINIC
- 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

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
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS				464,678		464,678
26	INTENSIVE CARE UNIT				115,548		115,548
27	CORONARY CARE UNIT						
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U						
31	SUBPROVIDER						
33	NURSERY				12,854		12,854
101	TOTAL				593,080		593,080

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	6,269	1,051			74.12	77,900
26	INTENSIVE CARE UNIT	1,528	103			75.62	7,789
27	CORONARY CARE UNIT						
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U						
31	SUBPROVIDER						
33	NURSERY	751	465			17.12	7,961
101	TOTAL	8,548	1,619				93,650

WKST A LINE NO.	COST CENTER DESCRIPTION	HOSPITAL		TOTAL CHARGES 3	INPAT PROGRAM CHARGES 4	PPS	OLD CAPITAL 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		824,424	20,979,137	1,533,736			
38	RECOVERY ROOM							
39	DELIVERY ROOM & LABOR ROO		19,423	1,186,149	557,719			
40	ANESTHESIOLOGY							
41	RADIOLOGY-DIAGNOSTIC		1,459,478	25,924,966	361,243			
42	RADIOLOGY-THERAPEUTIC		249,305	4,510,018	23,710			
43	RADIOISOTOPE							
44	LABORATORY		244,775	18,650,444	371,229			
45	PBP CLINICAL LAB SERVICES							
46	WHOLE BLOOD & PACKED RED							
47	BLOOD STORING, PROCESSING							
48	INTRAVENOUS THERAPY							
49	RESPIRATORY THERAPY		174,068	6,516,919	141,379			
50	PHYSICAL THERAPY		55,053	4,127,678	46,008			
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 IMPLANTS CHARGED TO PATIE		21,755	2,586,878				
56	DRUGS CHARGED TO PATIENTS		141,594	9,783,194	862,217			
57	RENAL DIALYSIS							
58	ASC (NON-DISTINCT PART)							
	OUTPAT SERVICE COST CNTRS							
60	CLINIC							
60	01 CLINIC		3					
60	02 CLINIC		1,952					
60	03 CLINIC		16,078	142,376				
60	04 CLINIC		23,480	2,238,395				
61	EMERGENCY		214,578	12,196,329	109,359			
62	OBSERVATION BEDS (NON-DIS		25,647	613,949				
	OTHER REIMBURS COST CNTRS							
64	HOME PROGRAM DIALYSIS							
65	AMBULANCE SERVICES							
66	DURABLE MEDICAL EQUIP-REN							
67	DURABLE MEDICAL EQUIP-SOL							
101	TOTAL		3,471,613	109,456,432	4,006,600			

WKST A LINE NO.	TITLE XIX COST CENTER DESCRIPTION	HOSPITAL	
		CST/CHRG 7	NEW CAPITAL RATIO COSTS 8
37	ANCILLARY SRVC COST CNTRS		
38	OPERATING ROOM	.039297	60,271
39	RECOVERY ROOM		
40	DELIVERY ROOM & LABOR ROO	.016375	9,133
41	ANESTHESIOLOGY		
42	RADIOLOGY-DIAGNOSTIC	.056296	20,337
43	RADIOLOGY-THERAPEUTIC	.055278	1,311
44	RADIOISOTOPE		
45	LABORATORY	.013124	4,872
46	PBP CLINICAL LAB SERVICES		
47	WHOLE BLOOD & PACKED RED		
48	BLOOD STORING, PROCESSING		
49	INTRAVENOUS THERAPY		
50	RESPIRATORY THERAPY	.026710	3,776
51	PHYSICAL THERAPY	.013338	614
52	OCCUPATIONAL THERAPY		
53	SPEECH PATHOLOGY		
54	ELECTROCARDIOLOGY		
55	ELECTROENCEPHALOGRAPHY		
55	MEDICAL SUPPLIES CHARGED		
55	01 MEDICAL SUPPLIES CHARGED		
55	02 MEDICAL SUPPLIES CHARGED		
55	03 IMPLANTS CHARGED TO PATIE	.008410	
56	DRUGS CHARGED TO PATIENTS	.014473	12,479
57	RENAL DIALYSIS		
58	ASC (NON-DISTINCT PART)		
60	OUTPAT SERVICE COST CNTRS		
60	CLINIC		
60	01 CLINIC		
60	02 CLINIC		
60	03 CLINIC	.112926	
60	04 CLINIC	.010490	
61	EMERGENCY	.017594	1,924
62	OBSERVATION BEDS (NON-DIS	.041774	
64	OTHER REIMBURS COST CNTRS		
65	HOME PROGRAM DIALYSIS		
66	AMBULANCE SERVICES		
67	DURABLE MEDICAL EQUIP-REN		
67	DURABLE MEDICAL EQUIP-SOL		
101	TOTAL		114,717

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					6,269	
26	INTENSIVE CARE UNIT					1,528	
27	CORONARY CARE UNIT						
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U						
31	SUBPROVIDER						
33	NURSERY					751	
34	SKILLED NURSING FACILITY						
35	NURSING FACILITY						
35	01 ICF/MR						
101	TOTAL					8,548	

APPORTIONMENT OF INPATIENT ROUTINE
 SERVICE OTHER PASS THROUGH COSTS
 TITLE XIX

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT PROG DAYS 7	INPAT PROGRAM PASS THRU COST 8
25	ADULTS & PEDIATRICS		1,051
26	INTENSIVE CARE UNIT		103
27	CORONARY CARE UNIT		
28	BURN INTENSIVE CARE UNIT		
29	SURGICAL INTENSIVE CARE U		
31	SUBPROVIDER		
33	NURSERY		465
34	SKILLED NURSING FACILITY		
35	NURSING FACILITY		
01	ICF/MR		
101	TOTAL		1,619

TITLE XIX		HOSPITAL		PPS		
WKST A	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST	MED ED NRS SCHOOL COST	MED ED ALLIED HEALTH COST	MED ED ALL OTHER COSTS	BLOOD CLOT FOR HEMOPHILIACS
		1	2	2.01	2.02	2.03
		1.01				
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 IMPLANTS CHARGED TO PATIE					
56	DRUGS CHARGED TO PATIENTS					
57	RENAL DIALYSIS					
58	ASC (NON-DISTINCT PART)					
	OUTPAT SERVICE COST CNTRS					
60	CLINIC					
60	01 CLINIC					
60	02 CLINIC					
60	03 CLINIC					
60	04 CLINIC					
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		HOSPITAL		PPS				
WKST A	COST CENTER DESCRIPTION	TOTAL COSTS	O/P PASS THRU COSTS	TOTAL CHARGES	RATIO OF COST TO CHARGES	O/P RATIO OF COST TO CHARGES	INPAT PROG CHARGE	INPAT PROG PASS THRU COST
LINE NO.		3	3.01	4	5	5.01	6	7
37	ANCILLARY SRVC COST CNTRS							
	OPERATING ROOM			20,979,137			1,533,736	
38	RECOVERY ROOM							
39	DELIVERY ROOM & LABOR ROO			1,186,149			557,719	
40	ANESTHESIOLOGY							
41	RADIOLOGY-DIAGNOSTIC			25,924,966			361,243	
42	RADIOLOGY-THERAPEUTIC			4,510,018			23,710	
43	RADIOISOTOPE							
44	LABORATORY			18,650,444			371,229	
45	PBP CLINICAL LAB SERVICES							
46	WHOLE BLOOD & PACKED RED							
47	BLOOD STORING, PROCESSING							
48	INTRAVENOUS THERAPY							
49	RESPIRATORY THERAPY			6,516,919			141,379	
50	PHYSICAL THERAPY			4,127,678			46,008	
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 IMPLANTS CHARGED TO PATIE			2,586,878				
56	DRUGS CHARGED TO PATIENTS			9,783,194			862,217	
57	RENAL DIALYSIS							
58	ASC (NON-DISTINCT PART)							
	OUTPAT SERVICE COST CNTRS							
60	CLINIC							
60	01 CLINIC							
60	02 CLINIC							
60	03 CLINIC			142,376				
60	04 CLINIC			2,238,395				
61	EMERGENCY			12,196,329			109,359	
62	OBSERVATION BEDS (NON-DIS			613,949				
	OTHER REIMBURS COST CNTRS							
64	HOME PROGRAM DIALYSIS							
65	AMBULANCE SERVICES							
66	DURABLE MEDICAL EQUIP-REN							
67	DURABLE MEDICAL EQUIP-SOL							
101	TOTAL			109,456,432			4,006,600	

WKST A LINE NO.	COST CENTER DESCRIPTION	HOSPITAL				PPS	
		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 IMPLANTS CHARGED TO PATIE						
56	DRUGS CHARGED TO PATIENTS						
57	RENAL DIALYSIS						
58	ASC (NON-DISTINCT PART)						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60	01 CLINIC						
60	02 CLINIC						
60	03 CLINIC						
60	04 CLINIC						
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)	6,269
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	6,269
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	6,269
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)	2,964
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	5,438,165
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	5,438,165

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	8,785,485
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	8,785,485
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.618994
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	1,401.42
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	5,438,165

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 867.47
 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST 2,571,181
 40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM
 41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST 2,571,181

	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	2,078,943	1,528	1,360.56	772	1,050,352
44 CORONARY CARE UNIT					
45 BURN INTENSIVE CARE UNIT					
46 SURGICAL INTENSIVE CARE UNIT					
47 OTHER SPECIAL CARE					

48 PROGRAM INPATIENT ANCILLARY SERVICE COST 1
 3,456,487
 49 TOTAL PROGRAM INPATIENT COSTS 7,078,020

PASS THROUGH COST ADJUSTMENTS

50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES 278,071
 51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES 405,515
 52 TOTAL PROGRAM EXCLUDABLE COST 683,586
 53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN
 ANESTHETIST, AND MEDICAL EDUCATION COSTS 6,394,434

TARGET AMOUNT AND LIMIT COMPUTATION

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

PROGRAM INPATIENT ROUTINE SWING BED COST

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

TITLE XVIII PART A HOSPITAL PPS

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

1

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

PART IV - COMPUTATION OF OBSERVATION BED COST

83 TOTAL OBSERVATION BED DAYS 346
 84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM 867.47
 85 OBSERVATION BED COST 300,145

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		5,438,165		300,145	
87 NEW CAPITAL-RELATED COST	464,678	5,438,165	.085448	300,145	25,647
88 NON PHYSICIAN ANESTHETIST		5,438,165		300,145	
89 MEDICAL EDUCATION		5,438,165		300,145	
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)	6,269
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	6,269
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	6,269
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
7	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
8	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
9	TOTAL INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	1,051
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)	751
16	NURSERY DAYS (TITLE V OR XIX ONLY)	465

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	5,438,165
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	5,438,165

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	8,785,485
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	8,785,485
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.618994
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	1,401.42
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	5,438,165

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 867.47
 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST 911,711
 40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM
 41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST 911,711

	TOTAL I/P COST	TOTAL I/P DAYS	AVERAGE PER DIEM	PROGRAM DAYS	PROGRAM COST
	1	2	3	4	5
42 NURSERY (TITLE V & XIX ONLY) INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS	635,593	751	846.33	465	393,543
43 INTENSIVE CARE UNIT	2,078,943	1,528	1,360.56	103	140,138
44 CORONARY CARE UNIT					
45 BURN INTENSIVE CARE UNIT					
46 SURGICAL INTENSIVE CARE UNIT					
47 OTHER SPECIAL CARE					

48 PROGRAM INPATIENT ANCILLARY SERVICE COST 1,180,747
 49 TOTAL PROGRAM INPATIENT COSTS 2,626,139

PASS THROUGH COST ADJUSTMENTS

50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES 93,650
 51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES 114,717
 52 TOTAL PROGRAM EXCLUDABLE COST 208,367
 53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN
 ANESTHETIST, AND MEDICAL EDUCATION COSTS 2,417,772

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	346
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	867.47
85	OBSERVATION BED COST	300,145

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	5,438,165		300,145	
87	NEW CAPITAL-RELATED COST	464,678	.085448	300,145	25,647
88	NON PHYSICIAN ANESTHETIST	5,438,165		300,145	
89	MEDICAL EDUCATION	5,438,165		300,145	
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		2,870,530	
26	INTENSIVE CARE UNIT		1,654,188	
27	CORONARY CARE UNIT			
28	BURN INTENSIVE CARE UNIT			
29	SURGICAL INTENSIVE CARE UNIT			
31	SUBPROVIDER			
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.270394	3,358,616	908,150
38	RECOVERY ROOM			
39	DELIVERY ROOM & LABOR ROOM	.563587	4,197	2,365
40	ANESTHESIOLOGY			
41	RADIOLOGY-DIAGNOSTIC	.173900	2,342,525	407,365
42	RADIOLOGY-THERAPEUTIC	.229237	5,726	1,313
43	RADIOISOTOPE			
44	LABORATORY	.228173	2,254,139	514,334
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	.227274	1,664,802	378,366
50	PHYSICAL THERAPY	.402405	517,493	208,242
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 IMPLANTS CHARGED TO PATIENTS	.449453		
56	DRUGS CHARGED TO PATIENTS	.250495	3,306,052	828,149
57	RENAL DIALYSIS			
58	ASC (NON-DISTINCT PART)			
	OUTPAT SERVICE COST CNTRS			
60	CLINIC			
60	01 CLINIC			
60	02 CLINIC			
60	03 CLINIC	3.304686		
60	04 CLINIC	.460345		
61	EMERGENCY	.293760	708,751	208,203
62	OBSERVATION BEDS (NON-DISTINCT PART)	.488876		
	OTHER REIMBURS COST CNTRS			
64	HOME PROGRAM DIALYSIS			
65	AMBULANCE SERVICES			
66	DURABLE MEDICAL EQUIP-RENTED			
67	DURABLE MEDICAL EQUIP-SOLD			
101	TOTAL		14,162,301	3,456,487
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		14,162,301	

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			1,316,705	
27	INTENSIVE CARE UNIT			215,130	
28	CORONARY CARE UNIT				
29	BURN INTENSIVE CARE UNIT				
31	SURGICAL INTENSIVE CARE UNIT				
	SUBPROVIDER				
37	ANCILLARY SRVC COST CNTRS				
38	OPERATING ROOM		.270394	1,533,736	414,713
39	RECOVERY ROOM				
40	DELIVERY ROOM & LABOR ROOM		.563587	557,719	314,323
41	ANESTHESIOLOGY				
42	RADIOLOGY-DIAGNOSTIC		.173900	361,243	62,820
43	RADIOLOGY-THERAPEUTIC		.229237	23,710	5,435
44	RADIOISOTOPE				
45	LABORATORY		.228173	371,229	84,704
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		.227274	141,379	32,132
51	PHYSICAL THERAPY		.402405	46,008	18,514
52	OCCUPATIONAL THERAPY				
53	SPEECH PATHOLOGY				
54	ELECTROCARDIOLOGY				
55	ELECTROENCEPHALOGRAPHY				
55	MEDICAL SUPPLIES CHARGED TO PATIENTS				
55	01 MEDICAL SUPPLIES CHARGED TO PATIENTS				
55	02 MEDICAL SUPPLIES CHARGED TO PATIENTS				
55	03 IMPLANTS CHARGED TO PATIENTS		.449453		
56	DRUGS CHARGED TO PATIENTS		.250495	862,217	215,981
57	RENAL DIALYSIS				
58	ASC (NON-DISTINCT PART)				
60	OUTPAT SERVICE COST CNTRS				
60	CLINIC				
60	01 CLINIC				
60	02 CLINIC				
60	03 CLINIC		3.304686		
60	04 CLINIC		.460345		
61	EMERGENCY		.293760	109,359	32,125
62	OBSERVATION BEDS (NON-DISTINCT PART)		.488876		
64	OTHER REIMBURS COST CNTRS				
65	HOME PROGRAM DIALYSIS				
66	AMBULANCE SERVICES				
67	DURABLE MEDICAL EQUIP-RENTED				
67	DURABLE MEDICAL EQUIP-SOLD				
101	TOTAL			4,006,600	1,180,747
102	LESS PBP CLINIC LABORATORY SERVICES -				
102	PROGRAM ONLY CHARGES				
103	NET CHARGES			4,006,600	

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	1,447,474	
1.01 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER OCTOBER 1 AND BEFORE JANUARY 1	1,484,804	
1.02 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER JAN 1	3,380,868	
MANAGED CARE PATIENTS		
1.03 PAYMENTS PRIOR TO MARCH 1ST OR OCTOBER 1ST		
1.04 PAYMENTS ON OR AFTER OCTOBER 1 AND PRIOR TO JANUARY 1		
1.05 PAYMENTS ON OR AFTER JANUARY 1ST BUT BEFORE 4/1 / 10/1	84,594	
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)	25,164	
3 BED DAYS AVAILABLE DIVIDED BY # DAYS IN COST RPTG PERIOD	44.08	
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.		
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)		
3.08 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS IN THE CURRENT YEAR FROM YOUR RECORDS		
3.09 FOR COST REPORTING PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING PRIOR TO OCTOBER 1.		
3.10 FOR COST REPORTING PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING ON OR AFTER OCTOBER 1		
3.11 FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.09		
3.12 FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.10		
3.13 FTE COUNT FOR RESIDENTS IN DENTAL AND PODIATRIC PROGRAMS.		
3.14 CURRENT YEAR ALLOWABLE FTE (SEE INSTRUCTIONS)		
3.15 TOTAL ALLOWABLE FTE COUNT FOR THE PRIOR YEAR, IF NONE BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE		
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		
3.17 SUM OF LINES 3.14 THRU 3.16 DIVIDED BY THE NUMBER OF THOSE LINES IN EXCESS OF ZERO (SEE INSTRUCTIONS).		
3.18 CURRENT YEAR RESIDENT TO BED RATIO (LN 3.17 DIVIDED BY LN 3)		
3.19 PRIOR YEAR RESIDENT TO BED RATIO (SEE INSTRUCTIONS)		
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)		
3.21 IME PAYMENTS FOR DISCHARGES OCCURRING PRIOR TO OCT 1		
3.22 IME PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER OCT 1, BUT BEFORE JANUARY 1 (SEE INSTRUCTIONS)		
3.23 IME PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER JANUARY 1		
	SUM OF LINES 3.21 - 3.23	PLUS E-3, PT VI, LINE 23
3.24 SUM OF LINES 3.21 THROUGH 3.23 (SEE INSTRUCTIONS).		
DISPROPORTIONATE SHARE ADJUSTMENT		
4 PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS (SEE INSTRUCTIONS)	3.13	
4.01 PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS REPORTED ON WORKSHEET S-3, PART I	19.61	
4.02 SUM OF LINES 4 AND 4.01	22.74	
4.03 ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTRUC)	8.00	
4.04 DISPROPORTIONATE SHARE ADJUSTMENT (SEE INSTRUCTIONS)	505,052	
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)	6,843,362	
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)	6,843,362	
9 PAYMENT FOR INPATIENT PROGRAM CAPITAL	518,908	
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)		
11.01 NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT		
11.02 SPECIAL ADD-ON PAYMENTS FOR NEW TECHNOLOGIES		
12 NET ORGAN ACQUISITION COST		
13 COST OF TEACHING PHYSICIANS		
14 ROUTINE SERVICE OTHER PASS THROUGH COSTS		
15 ANCILLARY SERVICE OTHER PASS THROUGH COSTS		
16 TOTAL	7,362,270	
17 PRIMARY PAYER PAYMENTS		
18 TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES	7,362,270	
19 DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	791,972	
20 COINSURANCE BILLED TO PROGRAM BENEFICIARIES	7,895	
21 REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	124,042	
21.01 ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	86,829	
21.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES		
22 SUBTOTAL	6,649,232	
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	6,649,232	
27 SEQUESTRATION ADJUSTMENT		
28 INTERIM PAYMENTS	6,443,997	
28.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
29 BALANCE DUE PROVIDER (PROGRAM)	205,235	
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)	10,771
1.01	MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER APRIL 1, 2001 (SEE INSTRUCTIONS).	3,765,614
1.02	PPS PAYMENTS RECEIVED INCLUDING OUTLIERS.	3,395,015
1.03	ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO.	.906
1.04	LINE 1.01 TIMES LINE 1.03.	3,411,646
1.05	LINE 1.02 DIVIDED BY LINE 1.04.	99.51
1.06	TRANSITIONAL CORRIDOR PAYMENT (SEE INSTRUCTIONS)	14,136
1.07	ENTER THE AMOUNT FROM WORKSHEET D, PART IV, (COLS 9, 9.01, 9.02) LINE 101.	
2	INTERNS AND RESIDENTS	
3	ORGAN ACQUISITIONS	
4	COST OF TEACHING PHYSICIANS	
5	TOTAL COST (SEE INSTRUCTIONS)	10,771
COMPUTATION OF LESSER OF COST OR CHARGES		
REASONABLE CHARGES		
6	ANCILLARY SERVICE CHARGES	42,998
7	INTERNS AND RESIDENTS SERVICE CHARGES	
8	ORGAN ACQUISITION CHARGES	
9	CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS.	
10	TOTAL REASONABLE CHARGES	42,998
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)	42,998
15	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	32,227
16	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	
17	LESSER OF COST OR CHARGES (FOR CAH SEE INSTRUC)	10,771
17.01	TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 1.02, 1.06 AND 1.07)	3,409,151
COMPUTATION OF REIMBURSEMENT SETTLEMENT		
18	DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)	
18.01	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 17.01 (SEE INSTRUCTIONS)	855,203
19	SUBTOTAL (SEE INSTRUCTIONS)	2,564,719
20	SUM OF AMOUNTS FROM WORKSHEET E PARTS C, D & E (SEE INSTR.)	
21	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	
22	ESRD DIRECT MEDICAL EDUCATION COSTS	
23	SUBTOTAL	2,564,719
24	PRIMARY PAYER PAYMENTS	821
25	SUBTOTAL	2,563,898
REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)		
26	COMPOSITE RATE ESRD	
27	BAD DEBTS (SEE INSTRUCTIONS)	140,070
27.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	98,049
27.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	
28	SUBTOTAL	2,661,947
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)	21
31	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS.	
32	SUBTOTAL	2,661,926
33	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
34	INTERIM PAYMENTS	2,903,770
34.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
35	BALANCE DUE PROVIDER/PROGRAM	-241,844
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		6,387,867		2,906,003
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 1/21/2010	56,130		
ADJUSTMENTS TO PROVIDER	.02			
ADJUSTMENTS TO PROVIDER	.03			
ADJUSTMENTS TO PROVIDER	.04			
ADJUSTMENTS TO PROVIDER	.05			
ADJUSTMENTS TO PROGRAM	.50		1/21/2010	2,233
ADJUSTMENTS TO PROGRAM	.51			
ADJUSTMENTS TO PROGRAM	.52			
ADJUSTMENTS TO PROGRAM	.53			
ADJUSTMENTS TO PROGRAM	.54			
SUBTOTAL	.99	56,130		-2,233
4 TOTAL INTERIM PAYMENTS		6,443,997		2,903,770
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)		205,235		241,844
7 TOTAL MEDICARE PROGRAM LIABILITY		6,649,232		2,661,926

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.

	GENERAL FUND	SPECIFIC FUND PURPOSE	ENDOWMENT FUND	PLANT FUND
ASSETS	1	2	3	4
CURRENT ASSETS				
1 CASH ON HAND AND IN BANKS	20,847,722			
2 TEMPORARY INVESTMENTS				
3 NOTES RECEIVABLE	236,031			
4 ACCOUNTS RECEIVABLE	7,861,418			
5 OTHER RECEIVABLES	96,320			
6 LESS: ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE	-1,176,373			
7 INVENTORY	1,179,531			
8 PREPAID EXPENSES	199,359			
9 OTHER CURRENT ASSETS				
10 DUE FROM OTHER FUNDS	-1,559,420			
11 TOTAL CURRENT ASSETS	27,684,588			
FIXED ASSETS				
12 LAND	477,930			
12.01 LAND IMPROVEMENTS				
13.01 LESS ACCUMULATED DEPRECIATION				
14 BUILDINGS	32,682,977			
14.01 LESS ACCUMULATED DEPRECIATION	-20,526,547			
15 LEASEHOLD IMPROVEMENTS	410,813			
15.01 LESS ACCUMULATED DEPRECIATION				
16 FIXED EQUIPMENT				
16.01 LESS ACCUMULATED DEPRECIATION				
17 AUTOMOBILES AND TRUCKS	92,699			
17.01 LESS ACCUMULATED DEPRECIATION	-92,699			
18 MAJOR MOVABLE EQUIPMENT	20,441,624			
18.01 LESS ACCUMULATED DEPRECIATION	-15,144,937			
19 MINOR EQUIPMENT DEPRECIABLE				
19.01 LESS ACCUMULATED DEPRECIATION				
20 MINOR EQUIPMENT-NONDEPRECIABLE				
21 TOTAL FIXED ASSETS	18,341,860			
OTHER ASSETS				
22 INVESTMENTS				
23 DEPOSITS ON LEASES				
24 DUE FROM OWNERS/OFFICERS				
25 OTHER ASSETS	304,881			
26 TOTAL OTHER ASSETS	304,881			
27 TOTAL ASSETS	46,331,329			

	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
LIABILITIES AND FUND BALANCE	1	2	3	4
CURRENT LIABILITIES				
28 ACCOUNTS PAYABLE	1,432,812			
29 SALARIES, WAGES & FEES PAYABLE	1,488,738			
30 PAYROLL TAXES PAYABLE				
31 NOTES AND LOANS PAYABLE (SHORT TERM)	756,006			
32 DEFERRED INCOME				
33 ACCELERATED PAYMENTS				
34 DUE TO OTHER FUNDS				
35 OTHER CURRENT LIABILITIES	130,737			
36 TOTAL CURRENT LIABILITIES	3,808,293			
LONG TERM LIABILITIES				
37 MORTGAGE PAYABLE				
38 NOTES PAYABLE	6,741,207			
39 UNSECURED LOANS				
40.01 LOANS PRIOR TO 7/1/66				
40.02 ON OR AFTER 7/1/66				
41 OTHER LONG TERM LIABILITIES	397,277			
42 TOTAL LONG-TERM LIABILITIES	7,138,484			
43 TOTAL LIABILITIES	10,946,777			
CAPITAL ACCOUNTS				
44 GENERAL FUND BALANCE	35,384,552			
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	35,384,552			
52 TOTAL LIABILITIES AND FUND BALANCES	46,331,329			

STATEMENT OF CHANGES IN FUND BALANCES

		GENERAL FUND		SPECIFIC PURPOSE FUND	
		1	2	3	4
1	FUND BALANCE AT BEGINNING		41,729,000		
	OF PERIOD				
2	NET INCOME (LOSS)		3,856,387		
3	TOTAL		45,585,387		
4	ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
5	ADDITIONS (CREDIT ADJUSTM				
6					
7					
8					
9					
10	TOTAL ADDITIONS				
11	SUBTOTAL		45,585,387		
12	DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
13	INTERNAL EQUITY TRANSFER	7,500,000			
14	OTHER DEDUCTIONS	2,700,835			
15					
16					
17					
18	TOTAL DEDUCTIONS		10,200,835		
19	FUND BALANCE AT END OF		35,384,552		
	PERIOD PER BALANCE SHEET				

		ENDOWMENT FUND		PLANT FUND	
		5	6	7	8
1	FUND BALANCE AT BEGINNING				
	OF PERIOD				
2	NET INCOME (LOSS)				
3	TOTAL				
4	ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
5	ADDITIONS (CREDIT ADJUSTM				
6					
7					
8					
9					
10	TOTAL ADDITIONS				
11	SUBTOTAL				
12	DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
13	INTERNAL EQUITY TRANSFER				
14	OTHER DEDUCTIONS				
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	8,785,485		8,785,485
2 00 SUBPROVIDER			
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	8,785,485		8,785,485
INTENSIVE CARE TYPE INPATIENT HOSPITAL SVCS			
10 00 INTENSIVE CARE UNIT	3,540,721		3,540,721
11 00 CORONARY CARE UNIT			
12 00 BURN INTENSIVE CARE UNIT			
13 00 SURGICAL INTENSIVE CARE UNIT			
15 00 TOTAL INTENSIVE CARE TYPE INPAT HOSP	3,540,721		3,540,721
16 00 TOTAL INPATIENT ROUTINE CARE SERVICE	12,326,206		12,326,206
17 00 ANCILLARY SERVICES	29,266,504		29,266,504
18 00 OUTPATIENT SERVICES		80,142,983	80,142,983
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	41,592,710	80,142,983	121,735,693

PART II-OPERATING EXPENSES

26 00 OPERATING EXPENSES	46,323,982		
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		46,323,982	

DESCRIPTION

1	TOTAL PATIENT REVENUES	121,735,693
2	LESS: ALLOWANCES AND DISCOUNTS ON PATIENT'S ACCTS	74,393,224
3	NET PATIENT REVENUES	47,342,469
4	LESS: TOTAL OPERATING EXPENSES	46,323,982
5	NET INCOME FROM SERVICE TO PATIENTS	1,018,487
	OTHER INCOME	
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.	34,794
7	INCOME FROM INVESTMENTS	2,193,281
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 REVENUE	663,203
25	TOTAL OTHER INCOME	2,891,278
26	TOTAL	3,909,765
	OTHER EXPENSES	
27	OTHER EXPENSES (SPECIFY)	53,378
28		
29		
30	TOTAL OTHER EXPENSES	53,378
31	NET INCOME (OR LOSS) FOR THE PERIOD	3,856,387

PART I - FULLY PROSPECTIVE METHOD

1	CAPITAL HOSPITAL SPECIFIC RATE PAYMENTS	
	CAPITAL FEDERAL AMOUNT	
2	CAPITAL DRG OTHER THAN OUTLIER	517,031
3	CAPITAL DRG OUTLIER PAYMENTS PRIOR TO 10/01/1997	
3	.01 CAPITAL DRG OUTLIER PAYMENTS AFTER 10/01/1997	1,877
	INDIRECT MEDICAL EDUCATION ADJUSTMENT	
4	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS	20.53
	IN THE COST REPORTING PERIOD	
4	.01 NUMBER OF INTERNS AND RESIDENTS	.00
	(SEE INSTRUCTIONS)	
4	.02 INDIRECT MEDICAL EDUCATION PERCENTAGE	.00
4	.03 INDIRECT MEDICAL EDUCATION ADJUSTMENT	
	(SEE INSTRUCTIONS)	
5	PERCENTAGE OF SSI RECEIPT PATIENT DAYS TO	.00
	MEDICARE PART A PATIENT DAYS	
5	.01 PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL	.00
	DAYS REPORTED ON S-3, PART I	
5	.02 SUM OF 5 AND 5.01	.00
5	.03 ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE	.00
5	.04 DISPROPORTIONATE SHARE ADJUSTMENT	
6	TOTAL PROSPECTIVE CAPITAL PAYMENTS	518,908
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)	

PART I - FULLY PROSPECTIVE METHOD

1	CAPITAL HOSPITAL SPECIFIC RATE PAYMENTS	
	CAPITAL FEDERAL AMOUNT	
2	CAPITAL DRG OTHER THAN OUTLIER	
3	CAPITAL DRG OUTLIER PAYMENTS PRIOR TO 10/01/1997	
3	.01 CAPITAL DRG OUTLIER PAYMENTS AFTER 10/01/1997	
	INDIRECT MEDICAL EDUCATION ADJUSTMENT	
4	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS	20.53
	IN THE COST REPORTING PERIOD	
4	.01 NUMBER OF INTERNS AND RESIDENTS	.00
	(SEE INSTRUCTIONS)	
4	.02 INDIRECT MEDICAL EDUCATION PERCENTAGE	.00
4	.03 INDIRECT MEDICAL EDUCATION ADJUSTMENT	
	(SEE INSTRUCTIONS)	
5	PERCENTAGE OF SSI RECEIPT PATIENT DAYS TO	.00
	MEDICARE PART A PATIENT DAYS	
5	.01 PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL	.00
	DAYS REPORTED ON S-3, PART I	
5	.02 SUM OF 5 AND 5.01	.00
5	.03 ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE	.00
5	.04 DISPROPORTIONATE SHARE ADJUSTMENT	
6	TOTAL PROSPECTIVE CAPITAL PAYMENTS	
PART II - HOLD HARMLESS METHOD		
1	NEW CAPITAL	
2	OLD CAPITAL	
3	TOTAL CAPITAL	
4	RATIO OF NEW CAPITAL TO OLD CAPITAL	.000000
5	TOTAL CAPITAL PAYMENTS UNDER 100% FEDERAL RATE	
6	REDUCTION FACTOR FOR HOLD HARMLESS PAYMENT	
7	REDUCED OLD CAPITAL AMOUNT	
8	HOLD HARMLESS PAYMENT FOR NEW CAPITAL	
9	SUBTOTAL	
10	PAYMENT UNDER HOLD HARMLESS	
PART III - PAYMENT UNDER REASONABLE COST		
1	PROGRAM INPATIENT ROUTINE CAPITAL COST	
2	PROGRAM INPATIENT ANCILLARY CAPITAL COST	
3	TOTAL INPATIENT PROGRAM CAPITAL COST	
4	CAPITAL COST PAYMENT FACTOR	
5	TOTAL INPATIENT PROGRAM CAPITAL COST	
PART IV - COMPUTATION OF EXCEPTION PAYMENTS		
1	PROGRAM INPATIENT CAPITAL COSTS	
2	PROGRAM INPATIENT CAPITAL COSTS FOR EXTRAORDINARY	
	CIRCUMSTANCES	
3	NET PROGRAM INPATIENT CAPITAL COSTS	
4	APPLICABLE EXCEPTION PERCENTAGE	.00
5	CAPITAL COST FOR COMPARISON TO PAYMENTS	
6	PERCENTAGE ADJUSTMENT FOR EXTRAORDINARY	.00
	CIRCUMSTANCES	
7	ADJUSTMENT TO CAPITAL MINIMUM PAYMENT LEVEL	
	FOR EXTRAORDINARY CIRCUMSTANCES	
8	CAPITAL MINIMUM PAYMENT LEVEL	
9	CURRENT YEAR CAPITAL PAYMENTS	
10	CURRENT YEAR COMPARISON OF CAPITAL MINIMUM PAYMENT	
	LEVEL TO CAPITAL PAYMENTS	
11	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT	
	LEVEL OVER CAPITAL PAYMENT	
12	NET COMPARISON OF CAPITAL MINIMUM PAYMENT LEVEL	
	TO CAPITAL PAYMENTS	
13	CURRENT YEAR EXCEPTION PAYMENT	
14	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT	
	LEVEL OVER CAPITAL PAYMENT FOR FOLLOWING PERIOD	
15	CUR YEAR ALLOWABLE OPERATING AND CAPITAL PAYMENT	
16	CURRENT YEAR OPERATING AND CAPITAL COSTS	
17	CURRENT YEAR EXCEPTION OFFSET AMOUNT	
	(SEE INSTRUCTIONS)	

