

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

FORM APPROVED
 OMB NO. 0938-0050

WORKSHEET S
 PARTS I & II

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX		PROVIDER NO:		PERIOD		INTERMEDIARY USE ONLY		DATE RECEIVED:
COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY		15-1303		FROM 7/ 1/2007		--AUDITED --DESK REVIEW		/ /
				TO 6/30/2008		--INITIAL --REOPENED		INTERMEDIARY NO:
						--FINAL 1-MCR CODE		
						00 - # OF REOPENINGS		

ELECTRONICALLY FILED COST REPORT DATE: 12/ 9/2008 TIME 8:21

PART I - CERTIFICATION

MISREPRESENTATION OR FALSIFICATION OF ANY INFORMATION CONTAINED IN THIS COST REPORT MAY BE PUNISHABLE BY CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINE AND/OR IMPRISONMENT UNDER FEDERAL LAW. FURTHERMORE, IF SERVICES IDENTIFIED BY THIS REPORT WERE PROVIDED OR PROCURED THROUGH THE PAYMENT DIRECTLY OR INDIRECTLY OF A KICKBACK OR WHERE OTHERWISE ILLEGAL, CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINES AND/OR IMPRISONMENT MAY RESULT.

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY THAT I HAVE READ THE ABOVE STATEMENT AND THAT I HAVE EXAMINED THE ACCOMPANYING ELECTRONICALLY FILED OR MANUALLY SUBMITTED COST REPORT AND THE BALANCE SHEET AND STATEMENT OF REVENUE AND EXPENSES PREPARED BY: ST. VINCENT JENNINGS HOSPITAL 15-1303 FOR THE COST REPORTING PERIOD BEGINNING 7/ 1/2007 AND ENDING 6/30/2008 AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS A TRUE, CORRECT, AND COMPLETE STATEMENT PREPARED FROM THE BOOKS AND RECORDS OF THE PROVIDER IN ACCORDANCE WITH APPLICABLE INSTRUCTIONS, EXCEPT AS NOTED. I FURTHER CERTIFY THAT I AM FAMILIAR WITH THE LAWS AND REGULATIONS REGARDING THE PROVISION OF HEALTH CARE SERVICES, AND THAT THE SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

 OFFICER OR ADMINISTRATOR OF PROVIDER(S)

 TITLE

 DATE

PART II - SETTLEMENT SUMMARY

	TITLE V	A	TITLE XVIII	B	TITLE XIX	
	1	2	3	4	5	
1	HOSPITAL	0	264,888	568,830	0	
3	SWING BED - SNF	0	91,805	0	0	
9	RHC	0	0	13,765	0	
100	TOTAL	0	356,693	582,595	0	

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

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

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

TITLE XIX INPATIENT SERVICES

38 DO YOU HAVE TITLE XIX INPATIENT HOSPITAL SERVICES? Y
 38.01 IS THIS HOSPITAL REIMBURSED FOR TITLE XIX THROUGH THE COST REPORT EITHER IN FULL OR IN PART? Y
 38.02 DOES THE TITLE XIX PROGRAM REDUCE CAPITAL FOLLOWING THE MEDICARE METHODOLOGY? Y
 38.03 ARE TITLE XIX NF PATIENTS OCCUPYING TITLE XVIII SNF BEDS (DUAL CERTIFICATION)? N
 38.04 DO YOU OPERATE AN ICF/MR FACILITY FOR PURPOSES OF TITLE XIX? N
 40 ARE THERE ANY RELATED ORGANIZATION OR HOME OFFICE COSTS AS DEFINED IN CMS PUB 15-1, CHAP 10? IF YES, AND THERE ARE HOME OFFICE COSTS, ENTER IN COL 2 THE HOME OFFICE PROVIDER NUMBER. IF THIS FACILITY IS PART OF A CHAIN ORGANIZATION ENTER THE NAME AND ADDRESS OF THE HOME OFFICE Y
 40.01 NAME: FI/CONTRACTOR NAME FI/CONTRACTOR #
 40.02 STREET: P.O. BOX:
 40.03 CITY: STATE: ZIP CODE: -
 41 ARE PROVIDER BASED PHYSICIANS' COSTS INCLUDED IN WORKSHEET A? Y
 42 ARE PHYSICAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N
 42.01 ARE OCCUPATIONAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N
 42.02 ARE SPEECH PATHOLOGY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? Y
 43 ARE RESPIRATORY THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N
 44 IF YOU ARE CLAIMING COST FOR RENAL SERVICES ON WORKSHEET A, ARE THEY INPATIENT SERVICES ONLY? N
 45 HAVE YOU CHANGED YOUR COST ALLOCATION METHODOLOGY FROM THE PREVIOUSLY FILED COST REPORT? N 00/00/0000
 SEE CMS PUB. 15-11, SECTION 3617. IF YES, ENTER THE APPROVAL DATE IN COLUMN 2.
 45.01 WAS THERE A CHANGE IN THE STATISTICAL BASIS?
 45.02 WAS THERE A CHANGE IN THE ORDER OF ALLOCATION?
 45.03 WAS THE CHANGE TO THE SIMPLIFIED COST FINDING METHOD?
 46 IF YOU ARE PARTICIPATING IN THE NHCMQ DEMONSTRATION PROJECT (MUST HAVE A HOSPITAL-BASED SNF) DURING THIS COST REPORTING PERIOD, ENTER THE PHASE (SEE INSTRUCTIONS).

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

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

52 DOES THIS HOSPITAL CLAIM EXPENDITURES FOR EXTRAORDINARY CIRCUMSTANCES IN ACCORDANCE WITH 42 CFR 412.348(e)? (SEE INSTRUCTIONS) N
 52.01 IF YOU ARE A FULLY PROSPECTIVE OR HOLD HARMLESS PROVIDER ARE YOU ELIGIBLE FOR THE SPECIAL EXCEPTIONS PAYMENT PURSUANT TO 42 CFR 412.348(g)? IF YES, COMPLETE WORKSHEET L, PART IV N
 53 IF YOU ARE A MEDICARE DEPENDENT HOSPITAL (MDH), ENTER THE NUMBER OF PERIODS MDH STATUS IN EFFECT. ENTER BEGINNING AND ENDING DATES OF MDH STATUS ON LINE 53.01. SUBSCRIPT LINE 53.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES. 0
 53.01 MDH PERIOD: BEGINNING: / / ENDING: / /
 54 LIST AMOUNTS OF MALPRACTICE PREMIUMS AND PAID LOSSES:
 PREMIUMS: 64,031
 PAID LOSSES: 0
 AND/OR SELF INSURANCE: 0
 54.01 ARE MALPRACTICE PREMIUMS AND PAID LOSSES REPORTED IN OTHER THAN THE ADMINISTRATIVE AND GENERAL COST CENTER? IF YES, SUBMIT SUPPORTING SCHEDULE LISTING COST CENTERS AND AMOUNTS CONTAINED THEREIN. N
 55 DOES YOUR FACILITY QUALIFY FOR ADDITIONAL PROSPECTIVE PAYMENT IN ACCORDANCE WITH 42 CFR 412.107. ENTER "Y" FOR YES AND "N" FOR NO. N
 56 ARE YOU CLAIMING AMBULANCE COSTS? IF YES, ENTER IN COLUMN 2 THE PAYMENT LIMIT PROVIDED FROM YOUR FISCAL INTERMEDIARY AND THE APPLICABLE DATES FOR THOSE LIMITS IN COLUMN 0. IF THIS IS THE FIRST YEAR OF OPERATION NO ENTRY IS REQUIRED IN COLUMN 2. IF COLUMN 1 IS Y, ENTER Y OR N IN COLUMN 3 WHETHER THIS IS YOUR FIRST YEAR OF OPERATIONS FOR RENDERING AMBULANCE SERVICES. ENTER IN COLUMN 4, IF APPLICABLE, THE FEE SCHEDULES AMOUNTS FOR THE PERIOD BEGINNING ON OR AFTER 4/1/2002. N 0.00 0
 56.01 ENTER SUBSEQUENT AMBULANCE PAYMENT LIMIT AS REQUIRED. SUBSCRIPT IF MORE THAN 2 LIMITS APPLY. ENTER IN COLUMN 4 THE FEE SCHEDULES AMOUNTS FOR INITIAL OR SUBSEQUENT PERIOD AS APPLICABLE. 0.00 0
 56.02 THIRD AMBULANCE LIMIT AND FEE SCHEDULE IF NECESSARY. 0.00 0
 56.03 FOURTH AMBULANCE LIMIT AND FEE SCHEDULE IF NECESSARY. 0.00 0
 57 ARE YOU CLAIMING NURSING AND ALLIED HEALTH COSTS? N
 58 ARE YOU AN INPATIENT REHABILITATION FACILITY (IRF), OR DO YOU CONTAIN AN IRF SUBPROVIDER? ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES HAVE YOU MADE THE ELECTION FOR 100% FEDERAL PPS REIMBURSEMENT? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. THIS OPTION IS ONLY AVAILABLE FOR COST REPORTING PERIODS BEGINNING ON OR AFTER 1/1/2002 AND BEFORE 10/1/2002. N
 58.01 IF LINE 58 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER "Y" FOR YES OR "N" FOR NO. IS THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR SEC. 412.424(d)(1)(iii)(2)? ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO. IF COLUMN 2 IS Y, ENTER 1, 2 OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS). IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5. (SEE INSTR). 0
 59 ARE YOU A LONG TERM CARE HOSPITAL (LTCH)? ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES, HAVE YOU MADE THE ELECTION FOR 100% FEDERAL PPS REIMBURSEMENT? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. (SEE INSTRUCTIONS) N
 60 ARE YOU AN INPATIENT PSYCHIATRIC FACILITY (IPF), OR DO YOU CONTAIN AN IPF SUBPROVIDER? ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES, IS THE IPF OR IPF SUBPROVIDER A NEW FACILITY? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. (SEE INSTRUCTIONS) N

60.01 IF LINE 60 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER "Y" FOR YES OR "N" FOR NO. IS THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR SEC. 412.424(d)(1)(iii)(2)? ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO. IF COLUMN 2 IS Y, ENTER 1, 2 OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS). IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5. (SEE INSTR). 0

MULTI CAMPUS

61.00 DOES THE HOSPITAL HAVE A MULTICAMPUS? ENTER "Y" FOR YES AND "N" FOR NO.

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

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

COMPONENT	NO. OF BEDS 1	BED DAYS AVAIL 2	CAH HOURS 2.01	TITLE V 3	I/P DAYS / TITLE XVII 4	O/P VISITS / NOT LTCH N/A 4.01	TRIPS TOTAL TITLE XIX 5
1 ADULTS & PEDIATRICS	25	9,150	44,496.00			833	119
2 HMO							
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF						587	
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS	25	9,150	44,496.00			1,420	119
6 INTENSIVE CARE UNIT							
7 CORONARY CARE UNIT							
8 BURN INTENSIVE CARE UNIT							
9 SURGICAL INTENSIVE CARE UNIT							
11 NURSERY							
12 TOTAL	25	9,150	44,496.00			1,420	119
13 RPCH VISITS							
14 SUBPROVIDER							
15 SKILLED NURSING FACILITY							
16 NURSING FACILITY							
16 01 ICF/MR							
17 OTHER LONG TERM CARE							
18 HOME HEALTH AGENCY							
20 AMBULATORY SURGICAL CENTER (
21 HOSPICE							
23 CORF							
24 RURAL HEALTH CLINIC						4,974	9,831
25 TOTAL	25						
26 OBSERVATION BED DAYS							
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							

COMPONENT	TITLE XIX ADMITTED 5.01	I/P DAYS / OBSERVATION BEDS NOT ADMITTED 5.02	O/P VISITS TOTAL ALL PATS 6	TRIPS TOTAL ADMITTED 6.01	OBSERVATION BEDS NOT ADMITTED 6.02	INTERNS & RES. TOTAL 7	FTES LESS I&R REPL NON-PHYS ANES 8
1 ADULTS & PEDIATRICS			1,214				
2 HMO							
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF			587				
4 ADULTS & PED-SB NF			44				
5 TOTAL ADULTS AND PEDS			1,845				
6 INTENSIVE CARE UNIT							
7 CORONARY CARE UNIT							
8 BURN INTENSIVE CARE UNIT							
9 SURGICAL INTENSIVE CARE UNIT							
11 NURSERY							
12 TOTAL			1,845				
13 RPCH VISITS							
14 SUBPROVIDER							
15 SKILLED NURSING FACILITY							
16 NURSING FACILITY							
16 01 ICF/MR							
17 OTHER LONG TERM CARE							
18 HOME HEALTH AGENCY							
20 AMBULATORY SURGICAL CENTER (
21 HOSPICE							
23 CORF							
24 RURAL HEALTH CLINIC			36,460				
25 TOTAL							
26 OBSERVATION BED DAYS			319	35	284		
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS			9				
28 01 EMP DISCOUNT DAYS -IRF							

COMPONENT	I & R FTES NET 9	FULL TIME EMPLOYEES ON PAYROLL 10	EQUIV NONPAID WORKERS 11	TITLE V 12	DISCHARGES TITLE XVIII 13	TITLE XIX 14	TOTAL ALL PATIENTS 15
1 ADULTS & PEDIATRICS					305	50	548
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		163.62			305	50	548
13 RPCH VISITS							
14 SUBPROVIDER							

RHC 1

CLINIC ADDRESS AND IDENTIFICATION

1 STREET: 325 HENRY STREET
 1.01 CITY: NORTH VERNON STATE: IN ZIP CODE: 47265 COUNTY: JENNINGS
 2 DESIGNATION (FOR FQHCs ONLY) - ENTER "R" FOR RURAL OR "U" FOR URBAN

SOURCE OF FEDERAL FUNDS:

	GRANT AWARD	DATE
3 COMMUNITY HEALTH CENTER (SECTION 339(d), PHS ACT)	1	2
4 MIGRANT HEALTH CENTER (SECTION 329(d), PHS ACT)		/ /
5 HEALTH SERVICES FOR THE HOMELESS (SECTION 340(d), PHS ACT)		/ /
6 APPALACHIAN REGIONAL COMMISSION		/ /
7 LOOK-ALIKES		/ /
8 OTHER (SPECIFY)		/ /

PHYSICIAN INFORMATION:

	PHYSICIAN NAME	BILLING NUMBER
9 PHYSICIAN(S) FURNISHING SERVICES AT THE CLINIC OR UNDER AGREEMENT ALL		01057500A
9.01 PHYSICIAN(S) FURNISHING SERVICES AT THE CLINIC OR UNDER AGREEMENT DRESSLER		02001878A
9.02 PHYSICIAN(S) FURNISHING SERVICES AT THE CLINIC OR UNDER AGREEMENT GIBSON		01053485A
9.03 PHYSICIAN(S) FURNISHING SERVICES AT THE CLINIC OR UNDER AGREEMENT HEFNER		10162632A
9.04 PHYSICIAN(S) FURNISHING SERVICES AT THE CLINIC OR UNDER AGREEMENT SCHUCK		01025690A
9.05 PHYSICIAN(S) FURNISHING SERVICES AT THE CLINIC OR UNDER AGREEMENT STANLEY		01051065A

	PHYSICIAN NAME	HOURS OF SUPERVISION
10 SUPERVISORY PHYSICIAN(S) AND HOURS OF SUPERVISION DURING PERIOD	STANLEY	1,560.00
10.01 SUPERVISORY PHYSICIAN(S) AND HOURS OF SUPERVISION DURING PERIOD	SCHUCK	1,560.00

11 DOES THIS FACILITY OPERATE AS OTHER THAN AN RHC OR FQHC? IF YES, INDICATE NUMBER OF OTHER OPERATIONS IN COLUMN 2 (ENTER IN SUBSCRIPTS OF LINE 12 THE TYPE OF OTHER OPERATION(S) AND THE OPERATING HOURS.) N

FACILITY HOURS OF OPERATIONS (1)

TYPE OPERATION	SUNDAY		MONDAY		TUESDAY		WEDNESDAY		THURSDAY		FRIDAY		SATURDAY	
	FROM	TO	FROM	TO	FROM	TO	FROM	TO	FROM	TO	FROM	TO	FROM	TO
12 CLINIC	1100	1730	600	1800	600	1800	600	1800	600	1800	600	1800	700	1700

(1) ENTER CLINIC HOURS OF OPERATIONS ON SUBSCRIPTS OF LINE 12 (BOTH TYPE AND HOURS OF OPERATION). LIST HOURS OF OPERATION BASED ON A 24 HOUR CLOCK. FOR EXAMPLE: 8:00AM IS 0800, 6:30PM IS 1830, AND MIDNIGHT IS 2400

13 HAVE YOU RECEIVED AN APPROVAL FOR AN EXCEPTION TO THE PRODUCTIVITY STANDARD? N

14 IS THIS A CONSOLIDATED COST REPORT DEFINED IN THE RURAL HEALTH CLINIC MANUAL? IF YES, ENTER IN COLUMN 2 THE NUMBER OF PROVIDERS INCLUDED IN THIS REPORT, COMPLETE LINE 15 AND COMPLETE ONLY ONE WORKSHEET SERIES M FOR THE CONSOLIDATED GROUP. IF NO, COMPLETE A SEPARATE WORKSHEET S-8 FOR EACH COMPONENT ACCOMPANIED BY A CORRESPONDING WORKSHEET M SERIES.

15 PROVIDER NAME: PROVIDER NUMBER:

16 TITLE V TITLE XVII TITLE XIX

HAVE YOU PROVIDED ALL OR SUBSTANTIALLY ALL GME COSTS. IF YES, ENTER IN COLUMNS 2, 3, AND 4 THE NUMBER OF PROGRAM VISITS PERFORMED BY INTERNS & RESIDENTS.

17 HAS THE HOSPITALS' BED SIZE CHANGED TO LESS THAN 50 BEDS DURING THE YEAR FOR COST REPORTING PERIODS OVERLAPPING 7/1/2001? IF YES, SEE INSTRUCTIONS.

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

PROVIDER NO: 15-1303

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

PREPARED 12/9/2008 WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	SALARIES	OTHER	TOTAL	RECLASSIFICATIONS	RECLASSIFIED TRIAL BALANCE
		1	2	3	4	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		833,545	833,545	17,324	850,869
3.01	0301 NEW CAP REL COSTS-BLDG & FIXT					
4	0400 NEW CAP REL COSTS-MVBLE EQUIP					
4.01	0401 NEW CAP REL COSTS-MVBLE EQUIP					
5	0500 EMPLOYEE BENEFITS	155,113	2,893,440	3,048,553	-1,989	3,046,564
6	0600 ADMINISTRATIVE & GENERAL	919,924	1,269,800	2,189,724	-17,990	2,171,734
7	0700 MAINTENANCE & REPAIRS					
8	0800 OPERATION OF PLANT	138,156	693,263	831,419	-114	831,305
9	0900 LAUNDRY & LINEN SERVICE		81,404	81,404		81,404
10	1000 HOUSEKEEPING	286,142	131,261	417,403	-1,114	416,289
11	1100 DIETARY	116,979	59,696	176,675	-121,842	54,833
12	1200 CAFETERIA				121,409	121,409
13	1300 MAINTENANCE OF PERSONNEL					
14	1400 NURSING ADMINISTRATION	191,111	8	191,119		191,119
15	1500 CENTRAL SERVICES & SUPPLY	76,331	2,071	78,402	-4	78,398
16	1600 PHARMACY	136,243	343,408	479,651	-338	479,313
17	1700 MEDICAL RECORDS & LIBRARY	420,260	367,358	787,618	-450	787,168
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	903,486	99,057	1,002,543	-37,102	965,441
26	2600 INTENSIVE CARE UNIT					
27	2700 CORONARY CARE UNIT					
28	2800 BURN INTENSIVE CARE UNIT					
29	2900 SURGICAL INTENSIVE CARE UNIT					
31	3100 SUBPROVIDER					
33	3300 NURSERY					
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	629,898	199,611	829,509	-3,037	826,472
38	3800 RECOVERY ROOM					
39	3900 DELIVERY ROOM & LABOR ROOM					
40	4000 ANESTHESIOLOGY					
41	4100 RADIOLOGY-DIAGNOSTIC	869,295	964,584	1,833,879	-29,125	1,804,754
42	4200 RADIOLOGY-THERAPEUTIC					
43	4300 RADIOISOTOPE					
44	4400 LABORATORY	609,908	702,383	1,312,291	-21,819	1,290,472
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		24,738	24,738	-4,203	20,535
50	5000 PHYSICAL THERAPY	87,484	216,067	303,551	-8,191	295,360
51	5100 OCCUPATIONAL THERAPY					
52	5200 SPEECH PATHOLOGY		273	273		273
53	5300 ELECTROCARDIOLOGY		24,955	24,955	10,615	35,570
54	5400 ELECTROENCEPHALOGRAPHY					
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS		732,662	732,662	158,732	891,394
56	5600 DRUGS CHARGED TO PATIENTS					
57	5700 RENAL DIALYSIS					
58	5800 ASC (NON-DISTINCT PART)					
	OUTPAT SERVICE COST CNTRS					
60	6000 CLINIC					
61	6100 EMERGENCY	864,222	1,383,190	2,247,412	-60,762	2,186,650
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)					
63	4950 OTHER OUTPATIENT SERVICE COST CENTER					
63.50	6310 RURAL HEALTH CLINIC	2,190,570	359,366	2,549,936		2,549,936
	OTHER REIMBURS COST CNTRS					
64	6400 HOME PROGRAM DIALYSIS					
65	6500 AMBULANCE SERVICES					
66	6600 DURABLE MEDICAL EQUIP-RENTED					
67	6700 DURABLE MEDICAL EQUIP-SOLD					
69	6900 CORF					
70	7000 I&R SERVICES-NOT APPRVD PRGM					
71	7100 HOME HEALTH AGENCY					
	SPEC PURPOSE COST CENTERS					
82	8200 LUNG ACQUISITION					
83	8300 KIDNEY ACQUISITION					
84	8400 LIVER ACQUISITION					
85	8500 HEART ACQUISITION					
85.01	8510 PANCREAS ACQUISITION					
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					

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

PROVIDER NO:
15-1303

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

PREPARED 12/9/2008
WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	SALARIES 1	OTHER 2	TOTAL 3	RECLASS- IFICATIONS 4	RECLASSIFIED TRIAL BALANCE 5
	SPEC PURPOSE COST CENTERS					
95	SUBTOTALS	8,595,122	11,382,140	19,977,262	-0-	19,977,262
	NONREIMBURS COST CENTERS					
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN					
97	9700 RESEARCH					
98	9800 PHYSICIANS' PRIVATE OFFICES					
99	9900 NONPAID WORKERS					
100	7950 WIC	112,627	-107,642	4,985		4,985
100.01	7951 TOBACCO/CHILD GRANT					
100.02	7952 CLINIC	452,617	193,813	646,430		646,430
100.03	7953 OTHER NONREIMBURSABLE COST CENTERS					
100.04	7954 SPN					
101	TOTAL	9,160,366	11,468,311	20,628,677	-0-	20,628,677

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

PROVIDER NO: 15-1303
PERIOD: FROM 7/ 1/2007 TO 6/30/2008
PREPARED 12/ 9/2008
WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS	NET EXPENSES FOR ALLOC
		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	200,947	1,051,816
3.01 0301	NEW CAP REL COSTS-BLDG & FIXT		
4 0400	NEW CAP REL COSTS-MVBLE EQUIP		
4.01 0401	NEW CAP REL COSTS-MVBLE EQUIP		
5 0500	EMPLOYEE BENEFITS	-233,637	2,812,927
6 0600	ADMINISTRATIVE & GENERAL	1,391,579	3,563,313
7 0700	MAINTENANCE & REPAIRS		
8 0800	OPERATION OF PLANT	-16,779	814,526
9 0900	LAUNDRY & LINEN SERVICE		81,404
10 1000	HOUSEKEEPING	-20,870	395,419
11 1100	DIETARY	-25,535	29,298
12 1200	CAFETERIA		121,409
13 1300	MAINTENANCE OF PERSONNEL		
14 1400	NURSING ADMINISTRATION		191,119
15 1500	CENTRAL SERVICES & SUPPLY		78,398
16 1600	PHARMACY		479,313
17 1700	MEDICAL RECORDS & LIBRARY	-10,920	776,248
18 1800	SOCIAL SERVICE		
20 2000	NONPHYSICIAN ANESTHETISTS		
21 2100	NURSING SCHOOL		
22 2200	I&R SERVICES-SALARY & FRINGES APPRVD		
23 2300	I&R SERVICES-OTHER PRGM COSTS APPRVD		
24 2400	PARAMED ED PRGM		
	INPAT ROUTINE SRVC CNTRS		
25 2500	ADULTS & PEDIATRICS	-1,080	964,361
26 2600	INTENSIVE CARE UNIT		
27 2700	CORONARY CARE UNIT		
28 2800	BURN INTENSIVE CARE UNIT		
29 2900	SURGICAL INTENSIVE CARE UNIT		
31 3100	SUBPROVIDER		
33 3300	NURSERY		
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	-180,183	646,289
38 3800	RECOVERY ROOM		
39 3900	DELIVERY ROOM & LABOR ROOM		
40 4000	ANESTHESIOLOGY		
41 4100	RADIOLOGY-DIAGNOSTIC		1,804,754
42 4200	RADIOLOGY-THERAPEUTIC		
43 4300	RADIOISOTOPE		
44 4400	LABORATORY	-1,385	1,289,087
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		20,535
49 4900	RESPIRATORY THERAPY		247,977
50 5000	PHYSICAL THERAPY	-47,383	
51 5100	OCCUPATIONAL THERAPY		273
52 5200	SPEECH PATHOLOGY		11,570
53 5300	ELECTROCARDIOLOGY	-24,000	
54 5400	ELECTROENCEPHALOGRAPHY		
55 5500	MEDICAL SUPPLIES CHARGED TO PATIENTS		891,394
56 5600	DRUGS CHARGED TO PATIENTS		
57 5700	RENAL DIALYSIS		
58 5800	ASC (NON-DISTINCT PART)		
	OUTPAT SERVICE COST CNTRS		
60 6000	CLINIC		
61 6100	EMERGENCY	-496,221	1,690,429
62 6200	OBSERVATION BEDS (NON-DISTINCT PART)		
63 4950	OTHER OUTPATIENT SERVICE COST CENTER		
63.50 6310	RURAL HEALTH CLINIC	-71,697	2,478,239
	OTHER REIMBURS COST CNTRS		
64 6400	HOME PROGRAM DIALYSIS		
65 6500	AMBULANCE SERVICES		
66 6600	DURABLE MEDICAL EQUIP-RENTED		
67 6700	DURABLE MEDICAL EQUIP-SOLD		
69 6900	CORF		
70 7000	I&R SERVICES-NOT APPRVD PRGM		
71 7100	HOME HEALTH AGENCY		
	SPEC PURPOSE COST CENTERS		
82 8200	LUNG ACQUISITION		
83 8300	KIDNEY ACQUISITION		
84 8400	LIVER ACQUISITION		
85 8500	HEART ACQUISITION		
85.01 8510	PANCREAS ACQUISITION		
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		

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

PROVIDER NO: 15-1303
PERIOD: FROM 7/1/2007 TO 6/30/2008
PREPARED 12/9/2008
WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS	NET EXPENSES FOR ALLOC
	SPEC PURPOSE COST CENTERS	6	7
95	SUBTOTALS	462,836	20,440,098
	NONREIMBURS COST CENTERS		
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN		
97	9700 RESEARCH		
98	9800 PHYSICIANS' PRIVATE OFFICES		
99	9900 NONPAID WORKERS		
100	7950 WIC	155,179	160,164
100.01	7951 TOBACCO/CHILD GRANT		
100.02	7952 CLINIC		646,430
100.03	7953 OTHER NONREIMBURSABLE COST CENTERS		
100.04	7954 SPN		
101	TOTAL	618,015	21,246,692

COST CENTERS USED IN COST REPORT

PROVIDER NO: 15-1303
 PERIOD: FROM 7/1/2007 TO 6/30/2008
 PREPARED 12/9/2008
 NOT A CMS WORKSHEET

LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
	GENERAL SERVICE COST		
1	OLD CAP REL COSTS-BLDG & FIXT	0100	
2	OLD CAP REL COSTS-MVBLE EQUIP	0200	
3	NEW CAP REL COSTS-BLDG & FIXT	0300	
3.01	NEW CAP REL COSTS-BLDG & FIXT	0301	NEW CAP REL COSTS-BLDG & FIXT
4	NEW CAP REL COSTS-MVBLE EQUIP	0400	
4.01	NEW CAP REL COSTS-MVBLE EQUIP	0401	NEW CAP REL COSTS-MVBLE EQUIP
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 PRGM	2400	
	INPAT ROUTINE SRVC C		
25	ADULTS & PEDIATRICS	2500	
26	INTENSIVE CARE UNIT	2600	
27	CORONARY CARE UNIT	2700	
28	BURN INTENSIVE CARE UNIT	2800	
29	SURGICAL INTENSIVE CARE UNIT	2900	
31	SUBPROVIDER	3100	
33	NURSERY	3300	
34	SKILLED NURSING FACILITY	3400	
35	NURSING FACILITY	3500	
35.01	ICF/MR	3510	
36	OTHER LONG TERM CARE	3600	
	ANCILLARY SRVC COST		
37	OPERATING ROOM	3700	
38	RECOVERY ROOM	3800	
39	DELIVERY ROOM & LABOR ROOM	3900	
40	ANESTHESIOLOGY	4000	
41	RADIOLOGY-DIAGNOSTIC	4100	
42	RADIOLOGY-THERAPEUTIC	4200	
43	RADIOISOTOPE	4300	
44	LABORATORY	4400	
45	PBP CLINICAL LAB SERVICES-PRGM ONLY	4500	
46	WHOLE BLOOD & PACKED RED BLOOD CELLS	4600	
47	BLOOD STORING, PROCESSING & TRANS.	4700	
48	INTRAVENOUS THERAPY	4800	
49	RESPIRATORY THERAPY	4900	
50	PHYSICAL THERAPY	5000	
51	OCCUPATIONAL THERAPY	5100	
52	SPEECH PATHOLOGY	5200	
53	ELECTROCARDIOLOGY	5300	
54	ELECTROENCEPHALOGRAPHY	5400	
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	5500	
56	DRUGS CHARGED TO PATIENTS	5600	
57	RENAL DIALYSIS	5700	
58	ASC (NON-DISTINCT PART)	5800	
	OUTPAT SERVICE COST		
60	CLINIC	6000	
61	EMERGENCY	6100	
62	OBSERVATION BEDS (NON-DISTINCT PART)	6200	
63	OTHER OUTPATIENT SERVICE COST CENTER	4950	OTHER OUTPATIENT SERVICE COST CENTER
63.50	RURAL HEALTH CLINIC	6310	RURAL HEALTH CLINIC #####
	OTHER REIMBURS COST		
64	HOME PROGRAM DIALYSIS	6400	
65	AMBULANCE SERVICES	6500	
66	DURABLE MEDICAL EQUIP-RENTED	6600	
67	DURABLE MEDICAL EQUIP-SOLD	6700	
69	CORF	6900	
70	I&R SERVICES-NOT APPRVD PRGM	7000	
71	HOME HEALTH AGENCY	7100	
	SPEC PURPOSE COST CE		
82	LUNG ACQUISITION	8200	
83	KIDNEY ACQUISITION	8300	
84	LIVER ACQUISITION	8400	
85	HEART ACQUISITION	8500	
85.01	PANCREAS ACQUISITION	8510	
88	INTEREST EXPENSE	8800	
89	UTILIZATION REVIEW-SNF	8900	
90	OTHER CAPITAL RELATED COSTS	9000	
92	AMBULATORY SURGICAL CENTER (D.P.)	9200	
93	HOSPICE	9300	
95	SUBTOTALS	0000	

COST CENTERS USED IN COST REPORT

I PROVIDER NO:	I PERIOD:	I PREPARED 12/ 9/2008
I 15-1303	I FROM 7/ 1/2007	I NOT A CMS WORKSHEET
I	I TO 6/30/2008	I

LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
	SPEC PURPOSE COST CE		
	NONREIMBURS COST CEN		
96	GIFT, FLOWER, COFFEE SHOP & CANTEEN	9600	
97	RESEARCH	9700	
98	PHYSICIANS' PRIVATE OFFICES	9800	
99	NONPAID WORKERS	9900	
100	WIC	7950	OTHER NONREIMBURSABLE COST CENTERS
100.01	TOBACCO/CHILD GRANT	7951	OTHER NONREIMBURSABLE COST CENTERS
100.02	CLINIC	7952	OTHER NONREIMBURSABLE COST CENTERS
100.03	OTHER NONREIMBURSABLE COST CENTERS	7953	OTHER NONREIMBURSABLE COST CENTERS
100.04	SPN	7954	OTHER NONREIMBURSABLE COST CENTERS
101	TOTAL	0000	

RECLASSIFICATIONS

PROVIDER NO:
151303

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

PREPARED 12/ 9/2008
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	CODE		INCREASE		SALARY	OTHER
	(1)	COST CENTER	LINE NO			
1 CAFETERIA	A	CAFETERIA	12		80,387	41,022
2 PROPERTY INSURANCE	C	NEW CAP REL COSTS-BLDG & FIXT	3			17,324
3 RT SALARIES	E	RESPIRATORY THERAPY	49		1,861	
4						
5						
6 EKG TECH TIME	G	ELECTROCARDIOLOGY	53		10,615	
7 MEDICAL SUPPLIES	J	MEDICAL SUPPLIES CHARGED TO PATIENTS	55			158,732
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
36 TOTAL RECLASSIFICATIONS					92,863	217,078

(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:
151303

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

PREPARED 12/ 9/2008
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER	DECREASE		SALARY	OTHER	A-7 REF 10
			LINE NO				
	1	6	7		8	9	
1 CAFETERIA	A	DIETARY	11		80,387	41,022	
2 PROPERTY INSURANCE	C	ADMINISTRATIVE & GENERAL	6			17,324	9
3 RT SALARIES	E	ADULTS & PEDIATRICS	25		701		
4		OPERATING ROOM	37		489		
5		EMERGENCY	61		671		
6 EKG TECH TIME	G	LABORATORY	44		10,615		
7 MEDICAL SUPPLIES	J	HOUSEKEEPING	10			1,114	
8		DIETARY	11			433	
9		CENTRAL SERVICES & SUPPLY	15			4	
10		PHARMACY	16			338	
11		MEDICAL RECORDS & LIBRARY	17			450	
12		ADULTS & PEDIATRICS	25			36,401	
13		OPERATING ROOM	37			2,548	
14		RADIOLOGY-DIAGNOSTIC	41			29,125	
15		LABORATORY	44			11,204	
16		RESPIRATORY THERAPY	49			6,064	
17		PHYSICAL THERAPY	50			8,191	
18		EMPLOYEE BENEFITS	5			1,989	
19		EMERGENCY	61			60,091	
20		ADMINISTRATIVE & GENERAL	6			666	
21		OPERATION OF PLANT	8			114	
36 TOTAL RECLASSIFICATIONS					92,863	217,078	

(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:
151303

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

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

RECLASS CODE: A
EXPLANATION : CAFETERIA

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	CAFETERIA	12	121,409	DIETARY	11	121,409	
TOTAL RECLASSIFICATIONS FOR CODE A			121,409				121,409

RECLASS CODE: C
EXPLANATION : PROPERTY INSURANCE

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	17,324	ADMINISTRATIVE & GENERAL	6	17,324	
TOTAL RECLASSIFICATIONS FOR CODE C			17,324				17,324

RECLASS CODE: E
EXPLANATION : RT SALARIES

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	RESPIRATORY THERAPY	49	1,861	ADULTS & PEDIATRICS	25	701	
2.00			0	OPERATING ROOM	37	489	
3.00			0	EMERGENCY	61	671	
TOTAL RECLASSIFICATIONS FOR CODE E			1,861				1,861

RECLASS CODE: G
EXPLANATION : EKG TECH TIME

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	ELECTROCARDIOLOGY	53	10,615	LABORATORY	44	10,615	
TOTAL RECLASSIFICATIONS FOR CODE G			10,615				10,615

RECLASS CODE: J
EXPLANATION : MEDICAL SUPPLIES

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	MEDICAL SUPPLIES CHARGED TO PA	55	158,732	HOUSEKEEPING	10	1,114	
2.00			0	DIETARY	11	433	
3.00			0	CENTRAL SERVICES & SUPPLY	15	4	
4.00			0	PHARMACY	16	338	
5.00			0	MEDICAL RECORDS & LIBRARY	17	450	
6.00			0	ADULTS & PEDIATRICS	25	36,401	
7.00			0	OPERATING ROOM	37	2,548	
8.00			0	RADIOLOGY-DIAGNOSTIC	41	29,125	
9.00			0	LABORATORY	44	11,204	
10.00			0	RESPIRATORY THERAPY	49	6,064	
11.00			0	PHYSICAL THERAPY	50	8,191	
13.00			0	EMPLOYEE BENEFITS	5	1,989	
14.00			0	EMERGENCY	61	60,091	
15.00			0	ADMINISTRATIVE & GENERAL	6	666	
16.00			0	OPERATION OF PLANT	8	114	
TOTAL RECLASSIFICATIONS FOR CODE J			158,732				158,732

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

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

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING BALANCES 1	PURCHASES 2	ACQUISITIONS DONATION 3	TOTAL 4	DI SPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7
1 LAND	127,944					127,944	
2 LAND IMPROVEMENTS	400,829					400,829	
3 BUILDINGS & FIXTURE	13,313,334	128,482		128,482		13,441,816	
4 BUILDING IMPROVEMENT							
5 FIXED EQUIPMENT	6,596,837				83,369	6,513,468	
6 MOVABLE EQUIPMENT							
7 SUBTOTAL	20,438,944	128,482		128,482	83,369	20,484,057	
8 RECONCILING ITEMS							
9 TOTAL	20,438,944	128,482		128,482	83,369	20,484,057	

PART III - RECONCILIATION OF CAPITAL COST CENTERS
 DESCRIPTION

		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL				
		GROSS ASSETS	CAPITALIZED LEASES	GROSS ASSETS FOR RATIO	RATIO	INSURANCE	TAXES	OTHER CAPITAL RELATED COSTS	TOTAL
		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	20,484,057		20,484,057	1.000000				
3 01	NEW CAP REL COSTS-BL								
4	NEW CAP REL COSTS-MV								
4 01	NEW CAP REL COSTS-MV								
5	TOTAL	20,484,057		20,484,057	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	1,051,816						1,051,816
3 01	NEW CAP REL COSTS-BL							
4	NEW CAP REL COSTS-MV							
4 01	NEW CAP REL COSTS-MV							
5	TOTAL	1,051,816						1,051,816

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	833,545						833,545
3 01	NEW CAP REL COSTS-BL							
4	NEW CAP REL COSTS-MV							
4 01	NEW CAP REL COSTS-MV							
5	TOTAL	833,545						833,545

* 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).

DESCR IPTION (1)	(2) BASIS/CODE 1	AMOUNT 2	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED		LINE NO 4	WKST. A-7 REF. 5
			COST CENTER 3			
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	-18,244	ADMINISTRATIVE & GENERAL		6	
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	A	-6,802	OPERATION OF PLANT		8	
11 PARKING LOT						
12 PROVIDER BASED PHYSICIAN ADJUSTMENT	A-8-2	-701,484				
13 SALE OF SCRAP, WASTE, ETC.						
14 RELATED ORGANIZATION TRANSACTIONS	A-8-1	1,464,500				
15 LAUNDRY AND LINEN SERVICE						
16 CAFETERIA--EMPLOYEES AND GUESTS	B	-25,535	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	-10,920	MEDICAL RECORDS & LIBRARY		17	
21 NURSG SCHOOL(TUITN, FEES, BOOKS, ETC.)						
22 VENDING MACHINES						
23 INCOME FROM IMPOSITION OF INTEREST						
24 INTRST EXP ON MEDICARE OVERPAYMENTS						
25 ADJUSTMENT FOR RESPIRATORY THERAPY	A-8-3/A-8-4		RESPIRATORY THERAPY		49	
26 ADJUSTMENT FOR PHYSICAL THERAPY	A-8-3/A-8-4	-47,348	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 PATIENT PHONE BENEFITS	A	-701	EMPLOYEE BENEFITS		5	
38 PATIENT PHONE DEPRECIATION	A	-1,342	NEW CAP REL COSTS-BLDG &		3	9
39 PATIENT PHONE OPERATING COSTS	A	-2,961	ADMINISTRATIVE & GENERAL		6	
40 PHYSICIAN BENEFITS	A	-5,043	EMPLOYEE BENEFITS		5	
41 PHYSICIAN HOUSEKEEPING	A	-20,870	HOUSEKEEPING		10	
42 PHYSICIAN PLANT OPS	A	-9,977	OPERATION OF PLANT		8	
43 AHA & IHA DUES	A	-1,045	ADMINISTRATIVE & GENERAL		6	
44						
45 WIC GRANT	A	155,179	WIC		100	
46 ADVERTISING	A	-64,251	ADMINISTRATIVE & GENERAL		6	
47 MISC	B	-10,066	EMPLOYEE BENEFITS		5	
48 MISC	B	-71,697	RURAL HEALTH CLINIC		63.50	
49 MISC	B	-1,958	ADMINISTRATIVE & GENERAL		6	
49.01 MISC	B	-35	PHYSICAL THERAPY		50	
49.02 MISC	B	-1,385	LABORATORY		44	
49.03						
49.04						
49.05						
50 TOTAL (SUM OF LINES 1 THRU 49)		618,015				

(1) Description - all chapter references in this column pertain to CMS Pub. 15-1.

(2) Basis for adjustment (see instructions).

A. Costs - if cost, including applicable overhead, can be determined.

B. Amount Received - if cost cannot be determined.

(3) Additional adjustments may be made on lines 37 thru 49 and subscripts thereof.

Note: See instructions for column 5 referencing to Worksheet A-7

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

LINE NO.	COST CENTER	EXPENSE ITEMS	AMOUNT OF ALLOWABLE COST	AMOUNT	NET* ADJUSTMENTS	WKSHT A-7 COL. REF.
1	2	3	4	5	6	
1	3	NEW CAP REL COSTS-BLDG & HOME OFFICE	237,351	22,596	214,755	9
2	6	ADMINISTRATIVE & GENERAL HOME OFFICE	1,587,964	125,904	1,462,060	
3						
4	17	MEDICAL RECORDS & LIBRARY ST. VINCENT HEALTH - CHAR	56,447	56,447		
4.01	41	RADIOLOGY-DIAGNOSTIC ST. VINCENT HEALTH - CHAR	21,839	21,839		
4.02	44	LABORATORY ST. VINCENT HEALTH - CHAR	12,852	12,852		
4.03	5	EMPLOYEE BENEFITS ST. VINCENT HEALTH - CHAR	131,267	131,267		
4.04	63 50	RURAL HEALTH CLINIC ST. VINCENT HEALTH - CHAR	126,629	126,629		
4.05	6	ADMINISTRATIVE & GENERAL ST. VINCENT HEALTH - CHAR	826,407	826,407		
4.06	8	OPERATION OF PLANT ST. VINCENT HEALTH - CHAR	52,891	52,891		
4.11	6	ADMINISTRATIVE & GENERAL ST. VINCENT HOSPITAL - IN		77,227	-77,227	
4.12	3	NEW CAP REL COSTS-BLDG & ASCENSION - INTEREST	432,361	444,827	-12,466	9
4.13	4	NEW CAP REL COSTS-MVBLE E ASCENSION - INTEREST				9
4.14	6	ADMINISTRATIVE & GENERAL ASCENSION - INTEREST	29,707	30,563	-856	
4.15	5	EMPLOYEE BENEFITS ASCENSION - PENSION	306,267	427,949	-121,682	
4.16	6	ADMINISTRATIVE & GENERAL ASCENSION - CHARGEBACK	148,775	148,775		
4.17	6	ADMINISTRATIVE & GENERAL ASCENSION - MAINTENANCE	418,659	322,598	96,061	
4.18	5	EMPLOYEE BENEFITS SELF INSURANCE	1,697,955	1,794,100	-96,145	
5		TOTALS	6,087,371	4,622,871	1,464,500	

* 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	ST. VINCENT HEALTH	100.00	ST. VINCENT HEALTH	100.00	ADMINISTRATION
2	B	ASCENSION	100.00	ASCENSION	100.00	ADMINISTRATION
3	B	ST. VINCENT HOSPITAL	100.00	ST. VINCENT HOSPITAL	100.00	HOSPITAL
4			0.00		0.00	
5			0.00		0.00	

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

PROVIDER BASED PHYSICIAN ADJUSTMENTS

PROVIDER NO:
15-1303

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

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

WKSHT A LINE NO.	COST CENTER/ PHYSICIAN IDENTIFIER	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
37	OR	180,183	180,183					
53	EKG	24,000	24,000					
61	ER	1,151,859	496,221	655,638				
25	MEDICAL/SURGICAL	1,080	1,080					
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	1,357,122	701,484	655,638				

PROVIDER BASED PHYSICIAN ADJUSTMENTS

PROVIDER NO:
15-1303

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

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

WKSHT A LINE NO.	COST CENTER/ PHYSICIAN IDENTIFIER	COST OF MEMBERSHIPS & CONTINUING EDUCATION	PROVIDER COMPONENT SHARE OF COL 12	PHYSICIAN COST OF MALPRACTICE INSURANCE	PROVIDER COMPONENT SHARE OF COL 14	ADJUSTED RCE LIMIT	RCE DIS- ALLOWANCE	ADJUSTMENT
10	11	12	13	14	15	16	17	18
1 37	OR							180,183
4 53	EKG							24,000
5 61	ER							496,221
6 25	MEDICAL/SURGICAL							1,080
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							701,484

PHYSICAL THERAPY

PART I - GENERAL INFORMATION

1	TOTAL NUMBER OF WEEKS WORKED (EXCLUDING AIDES) (SEE INSTRUCTIONS)	48
2	LINE 1 MULTIPLIED BY 15 HOURS PER WEEK	720
3	NUMBER OF UNDUPLICATED DAYS IN WHICH SUPERVISOR OR THERAPIST WAS ON PROVIDER SITE (SEE INSTRUCTIONS)	218
4	NUMBER OF UNDUPLICATED DAYS IN WHICH THERAPY ASSISTANT WAS ON PROVIDER SITE BUT NEITHER SUPERVISOR NOR THERAPIST WAS ON PROVIDER SITE (SEE INSTRUCTIONS)	23
5	NUMBER OF UNDUPLICATED OFFSITE VISITS - SUPERVISORS OR THERAPISTS (SEE INSTRUCTIONS)	
6	NUMBER OF UNDUPLICATED OFFSITE VISITS - THERAPY ASSISTANTS (INCLUDE ONLY VISITS MADE BY THERAPY ASSISTANT AND ON WHICH SUPERVISOR AND/OR THERAPIST WAS NOT PRESENT DURING THE VISIT(S)) (SEE INSTRUCTIONS)	
7	STANDARD TRAVEL EXPENSE RATE	4.85
8	OPTIONAL TRAVEL EXPENSE RATE PER MILE	

	SUPERVISORS	THERAPISTS	ASSISTANTS	AIDES	TRAINEES
	1	2	3	4	5
9	TOTAL HOURS WORKED	736.20	1649.25	1683.75	
10	AHSEA (SEE INSTRUCTIONS)	66.07	49.55		
11	STANDARD TRAVEL ALLOWANCE (COLUMNS 1 AND 2, ONE- HALF OF COLUMN 2, LINE 10; COLUMN 3, ONE-HALF OF COLUMN 3, LINE 10)	33.04	33.04	24.78	
12	NUMBER OF TRAVEL HOURS (SEE INSTRUCTIONS)				
12.01	NUMBER OF TRAVEL HOURS OFFSITE (SEE INSTRUCTIONS)				
13	NUMBER OF MILES DRIVEN (SEE INSTRUCTIONS)				
13.01	NUMBER OF MILES DRIVEN OFFSITE (SEE INSTRUCTIONS)				

PART II - SALARY EQUIVALENCY COMPUTATION

14	SUPERVISORS (COLUMN 1, LINE 9 TIMES COLUMN 1, LINE 10)	
15	THERAPISTS (COLUMN 2, LINE 9 TIMES COLUMN 2, LINE 10)	48,641
16	ASSISTANTS (COLUMN 3, LINE 9 TIMES COLUMN 3, LINE 10)	81,720
17	SUBTOTAL ALLOWANCE AMOUNT (SUM LNS 14 & 15 FOR RT OR LINES 14-16 FOR ALL OTHERS)	130,361
18	AIDES (COLUMN 4, LINE 9 TIMES COLUMN 4, LINE 10)	
19	TRAINEES (COLUMN 5, LINE 9 TIMES COLUMN 5, LINE 10)	
20	TOTAL ALLOWANCE AMOUNT (SUM OF LNS 17-19 FOR RT OR LINES 17 AND 18 FOR ALL OTHERS)	130,361

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

21	WEIGHTED AVERAGE RATE EXCLUDING AIDES AND TRAINEES (SEE INSTRUCTIONS)	
22	WEIGHTED ALLOWANCE EXCLUDING AIDES AND TRAINEES (SEE INSTRUCTIONS)	
23	TOTAL SALARY EQUIVALENCY (SEE INSTRUCTIONS)	130,361

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

24	THERAPISTS (LINE 3 TIMES COLUMN 2, LINE 11)	7,203
25	ASSISTANTS (LINE 4 TIMES COLUMN 3, LINE 11)	570
26	SUBTOTAL (LN 24 FOR RT OR SUM LN 24&25 ALL OTHERS)	7,773
27	STANDARD TRAVEL EXPENSE (LINE 7 TIMES SUM OF LINES 3 AND 4)	1,169
28	TOTAL STANDARD TRAVEL ALLOWANCE AND STANDARD TRAVEL EXPENSE AT THE PROVIDER SITE (SUM OF LINES 26 AND 27)	8,942

OPTIONAL TRAVEL ALLOWANCE AND OPTIONAL TRAVEL EXPENSE

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

PHYSICAL THERAPY

33 STANDARD TRAVEL ALLOWANCE AND STANDARD TRAVEL EXPENSE (LINE 28) 8,942
 34 OPTIONAL TRAVEL ALLOWANCE AND STANDARD TRAVEL EXPENSE (SUM OF LINES 27 AND 30)
 35 OPTIONAL TRAVEL ALLOWANCE AND OPTIONAL TRAVEL EXPENSE (SUM OF LINES 31 AND 32)

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

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

PART V - OVERTIME COMPUTATION

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

PART VI - COMPUTATION OF THERAPY LIMITATION AND EXCESS COST ADJUSTMENT

57 SALARY EQUIVALENCY AMOUNT (FROM PART II, LINE 23) 130,361
 58 TRAVEL ALLOWANCE AND EXPENSE - PROVIDER SITE (FROM PART III, LINE 33, 34, OR 35) 8,942
 59 TRAVEL ALLOWANCE AND EXPENSE - OFFSITE SERVICES (FROM PART IV, LINES 44, 45, OR 46)
 60 OVERTIME ALLOWANCE (FROM COLUMN 5, LINE 56)
 61 EQUIPMENT COST (SEE INSTRUCTIONS)
 62 SUPPLIES (SEE INSTRUCTIONS)
 63 TOTAL ALLOWANCE (SUM OF LINES 57-62) 139,303
 64 TOTAL COST OF OUTSIDE SUPPLIER SERVICES (FROM YOUR RECORDS) 186,651

65 EXCESS OVER LIMITATION (LINE 64 MINUS LINE 63 - IF 47,348
 NEGATIVE, ENTER ZERO -- SEE INSTRUCTIONS)

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

66 COST OF OUTSIDE SUPPLIER SERVICES - 186,651
 (SEE INSTRUCTIONS)(FROM YOUR RECORDS)
 66.01 COST OF OUTSIDE SUPPLIER SERVICES - CORF I
 (SEE INSTRUCTIONS)(FROM YOUR RECORDS)
 66.31 COST OF OUTSIDE SUPPLIER SERVICES - HHA I
 (SEE INSTRUCTIONS)(FROM YOUR RECORDS)
 67 TOTAL COST (SUM OF LINE 66 AND SUBSCRIPTS)(THIS 186,651
 LINE MUST AGREE WITH LINE 64)
 68 RATIO OF COST OF OUTSIDE SUPPLIER SERVICES TO 1.000000
 TOTAL COST- (LINE 66 DIVIDED BY LINE 67)
 68.01 RATIO OF COST OF OUTSIDE SUPPLIER SERVICES TO
 TOTAL COST-CORF I (LINE 66 DIVIDED BY LINE 67)
 68.31 RATIO OF COST OF OUTSIDE SUPPLIER SERVICES TO
 TOTAL COST- HHA I (LINE 66 DIVIDED BY LINE 67)
 69 EXCESS COST OVER LIMITATION- 47,348
 (SEE INSTRUCTIONS)(TRANSFER TO WKST. A-8, LINES
 AS INDICATED IN INSTRUCTIONS)
 69.01 EXCESS COST OVER LIMITATION-CORF I
 (SEE INSTRUCTIONS)(TRANSFER TO WKST. A-8, LINES
 AS INDICATED IN INSTRUCTIONS)
 69.31 EXCESS COST OVER LIMITATION- HHA I
 (SEE INSTRUCTIONS)(TRANSFER TO WKST. A-8, LINES
 AS INDICATED IN INSTRUCTIONS)
 70 TOTAL EXCESS OF COST OVER LIMITATION (SUM OF LINE 47,348
 69 AND SUBSCRIPTS OF LINE 69)(THIS LINE MUST AGREE
 WITH LINE 65)

PART I - GENERAL INFORMATION

1	TOTAL NUMBER OF WEEKS WORKED (EXCLUDING AIDES) (SEE INSTRUCTIONS)	48
2	LINE 1 MULTIPLIED BY 15 HOURS PER WEEK	720
3	NUMBER OF UNDUPLICATED DAYS IN WHICH SUPERVISOR OR THERAPIST WAS ON PROVIDER SITE (SEE INSTRUCTIONS)	112
4	NUMBER OF UNDUPLICATED DAYS IN WHICH THERAPY ASSISTANT WAS ON PROVIDER SITE BUT NEITHER SUPERVISOR NOR THERAPIST WAS ON PROVIDER SITE (SEE INSTRUCTIONS)	
5	NUMBER OF UNDUPLICATED OFFSITE VISITS - SUPERVISORS OR THERAPISTS (SEE INSTRUCTIONS)	
6	NUMBER OF UNDUPLICATED OFFSITE VISITS - THERAPY ASSISTANTS (INCLUDE ONLY VISITS MADE BY THERAPY ASSISTANT AND ON WHICH SUPERVISOR AND/OR THERAPIST WAS NOT PRESENT DURING THE VISIT(S)) (SEE INSTRUCTIONS)	
7	STANDARD TRAVEL EXPENSE RATE	4.85
8	OPTIONAL TRAVEL EXPENSE RATE PER MILE	

	SUPERVISORS 1	THERAPISTS 2	ASSISTANTS 3	AIDES 4	TRAINEES 5
9		696.00	8.00	345.00	
10		62.63	46.98		
11	31.32	31.32	23.49		
12	NUMBER OF TRAVEL HOURS (SEE INSTRUCTIONS)				
12.01	NUMBER OF TRAVEL HOURS OFFSITE (SEE INSTRUCTIONS)				
13	NUMBER OF MILES DRIVEN (SEE INSTRUCTIONS)				
13.01	NUMBER OF MILES DRIVEN OFFSITE (SEE INSTRUCTIONS)				

PART II - SALARY EQUIVALENCY COMPUTATION

14	SUPERVISORS (COLUMN 1, LINE 9 TIMES COLUMN 1, LINE 10)	
15	THERAPISTS (COLUMN 2, LINE 9 TIMES COLUMN 2, LINE 10)	43,590
16	ASSISTANTS (COLUMN 3, LINE 9 TIMES COLUMN 3, LINE 10)	376
17	SUBTOTAL ALLOWANCE AMOUNT (SUM LNS 14 & 15 FOR RT OR LINES 14-16 FOR ALL OTHERS)	43,966
18	AIDES (COLUMN 4, LINE 9 TIMES COLUMN 4, LINE 10)	
19	TRAINEES (COLUMN 5, LINE 9 TIMES COLUMN 5, LINE 10)	
20	TOTAL ALLOWANCE AMOUNT (SUM OF LNS 17-19 FOR RT OR LINES 17 AND 18 FOR ALL OTHERS)	43,966

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

21	WEIGHTED AVERAGE RATE EXCLUDING AIDES AND TRAINEES (SEE INSTRUCTIONS)	62.45
22	WEIGHTED ALLOWANCE EXCLUDING AIDES AND TRAINEES (SEE INSTRUCTIONS)	44,964
23	TOTAL SALARY EQUIVALENCY (SEE INSTRUCTIONS)	44,964

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

24	THERAPISTS (LINE 3 TIMES COLUMN 2, LINE 11)	3,508
25	ASSISTANTS (LINE 4 TIMES COLUMN 3, LINE 11)	
26	SUBTOTAL (LN 24 FOR RT OR SUM LN 24&25 ALL OTHERS)	3,508
27	STANDARD TRAVEL EXPENSE (LINE 7 TIMES SUM OF LINES 3 AND 4)	543
28	TOTAL STANDARD TRAVEL ALLOWANCE AND STANDARD TRAVEL EXPENSE AT THE PROVIDER SITE (SUM OF LINES 26 AND 27)	4,051

OPTIONAL TRAVEL ALLOWANCE AND OPTIONAL TRAVEL EXPENSE

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

OCCUPATIONAL THERAPY

33 STANDARD TRAVEL ALLOWANCE AND STANDARD TRAVEL EXPENSE (LINE 28) 4,051
 34 OPTIONAL TRAVEL ALLOWANCE AND STANDARD TRAVEL EXPENSE (SUM OF LINES 27 AND 30)
 35 OPTIONAL TRAVEL ALLOWANCE AND OPTIONAL TRAVEL EXPENSE (SUM OF LINES 31 AND 32)

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

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

PART V - OVERTIME COMPUTATION

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

PART VI - COMPUTATION OF THERAPY LIMITATION AND EXCESS COST ADJUSTMENT

57 SALARY EQUIVALENCY AMOUNT (FROM PART II, LINE 23) 44,964
 58 TRAVEL ALLOWANCE AND EXPENSE - PROVIDER SITE (FROM PART III, LINE 33, 34, OR 35) 4,051
 59 TRAVEL ALLOWANCE AND EXPENSE - OFFSITE SERVICES (FROM PART IV, LINES 44, 45, OR 46)
 60 OVERTIME ALLOWANCE (FROM COLUMN 5, LINE 56)
 61 EQUIPMENT COST (SEE INSTRUCTIONS)
 62 SUPPLIES (SEE INSTRUCTIONS)
 63 TOTAL ALLOWANCE (SUM OF LINES 57-62) 49,015
 64 TOTAL COST OF OUTSIDE SUPPLIER SERVICES (FROM YOUR RECORDS) 35,433

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

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

66	COST OF OUTSIDE SUPPLIER SERVICES - (SEE INSTRUCTIONS) (FROM YOUR RECORDS)	35,433
66.01	COST OF OUTSIDE SUPPLIER SERVICES - CORF I (SEE INSTRUCTIONS) (FROM YOUR RECORDS)	
66.31	COST OF OUTSIDE SUPPLIER SERVICES - HHA I (SEE INSTRUCTIONS) (FROM YOUR RECORDS)	
67	TOTAL COST (SUM OF LINE 66 AND SUBSCRIPTS) (THIS LINE MUST AGREE WITH LINE 64)	35,433
68	RATIO OF COST OF OUTSIDE SUPPLIER SERVICES TO TOTAL COST- (LINE 66 DIVIDED BY LINE 67)	1.000000
68.01	RATIO OF COST OF OUTSIDE SUPPLIER SERVICES TO TOTAL COST-CORF I (LINE 66 DIVIDED BY LINE 67)	
68.31	RATIO OF COST OF OUTSIDE SUPPLIER SERVICES TO TOTAL COST- HHA I (LINE 66 DIVIDED BY LINE 67)	
69	EXCESS COST OVER LIMITATION- (SEE INSTRUCTIONS) (TRANSFER TO WKST. A-8, LINES AS INDICATED IN INSTRUCTIONS)	
69.01	EXCESS COST OVER LIMITATION-CORF I (SEE INSTRUCTIONS) (TRANSFER TO WKST. A-8, LINES AS INDICATED IN INSTRUCTIONS)	
69.31	EXCESS COST OVER LIMITATION- HHA I (SEE INSTRUCTIONS) (TRANSFER TO WKST. A-8, LINES AS INDICATED IN INSTRUCTIONS)	
70	TOTAL EXCESS OF COST OVER LIMITATION (SUM OF LINE 69 AND SUBSCRIPTS OF LINE 69) (THIS LINE MUST AGREE WITH LINE 65)	

SPEECH PATHOLOGY

PART I - GENERAL INFORMATION

1	TOTAL NUMBER OF WEEKS WORKED (EXCLUDING AIDES) (SEE INSTRUCTIONS)	6				
2	LINE 1 MULTIPLIED BY 15 HOURS PER WEEK	90				
3	NUMBER OF UNDUPLICATED DAYS IN WHICH SUPERVISOR OR THERAPIST WAS ON PROVIDER SITE (SEE INSTRUCTIONS)	15				
4	NUMBER OF UNDUPLICATED DAYS IN WHICH THERAPY ASSISTANT WAS ON PROVIDER SITE BUT NEITHER SUPERVISOR NOR THERAPIST WAS ON PROVIDER SITE (SEE INSTRUCTIONS)					
5	NUMBER OF UNDUPLICATED OFFSITE VISITS - SUPERVISORS OR THERAPISTS (SEE INSTRUCTIONS)					
6	NUMBER OF UNDUPLICATED OFFSITE VISITS - THERAPY ASSISTANTS (INCLUDE ONLY VISITS MADE BY THERAPY ASSISTANT AND ON WHICH SUPERVISOR AND/OR THERAPIST WAS NOT PRESENT DURING THE VISIT(S)) (SEE INSTRUCTIONS)					
7	STANDARD TRAVEL EXPENSE RATE	4.85				
8	OPTIONAL TRAVEL EXPENSE RATE PER MILE					
			SUPERVISORS 1	THERAPISTS 2	ASSISTANTS 3	AIDES 4
9	TOTAL HOURS WORKED			17.00		
10	AHSEA (SEE INSTRUCTIONS)			60.20		
11	STANDARD TRAVEL ALLOWANCE (COLUMNS 1 AND 2, ONE- HALF OF COLUMN 2, LINE 10; COLUMN 3, ONE-HALF OF COLUMN 3, LINE 10)	30.10		30.10		
12	NUMBER OF TRAVEL HOURS (SEE INSTRUCTIONS)					
12.01	NUMBER OF TRAVEL HOURS OFFSITE (SEE INSTRUCTIONS)					
13	NUMBER OF MILES DRIVEN (SEE INSTRUCTIONS)					
13.01	NUMBER OF MILES DRIVEN OFFSITE (SEE INSTRUCTIONS)					

PART II - SALARY EQUIVALENCY COMPUTATION

14	SUPERVISORS (COLUMN 1, LINE 9 TIMES COLUMN 1, LINE 10)	
15	THERAPISTS (COLUMN 2, LINE 9 TIMES COLUMN 2, LINE 10)	1,023
16	ASSISTANTS (COLUMN 3, LINE 9 TIMES COLUMN 3, LINE 10)	
17	SUBTOTAL ALLOWANCE AMOUNT (SUM LNS 14 & 15 FOR RT OR LINES 14-16 FOR ALL OTHERS)	1,023
18	AIDES (COLUMN 4, LINE 9 TIMES COLUMN 4, LINE 10)	
19	TRAINEES (COLUMN 5, LINE 9 TIMES COLUMN 5, LINE 10)	
20	TOTAL ALLOWANCE AMOUNT (SUM OF LNS 17-19 FOR RT OR LINES 17 AND 18 FOR ALL OTHERS)	1,023

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

21	WEIGHTED AVERAGE RATE EXCLUDING AIDES AND TRAINEES (SEE INSTRUCTIONS)	60.18
22	WEIGHTED ALLOWANCE EXCLUDING AIDES AND TRAINEES (SEE INSTRUCTIONS)	5,416
23	TOTAL SALARY EQUIVALENCY (SEE INSTRUCTIONS)	5,416

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

24	THERAPISTS (LINE 3 TIMES COLUMN 2, LINE 11)	452
25	ASSISTANTS (LINE 4 TIMES COLUMN 3, LINE 11)	
26	SUBTOTAL (LN 24 FOR RT OR SUM LN 24&25 ALL OTHERS)	452
27	STANDARD TRAVEL EXPENSE (LINE 7 TIMES SUM OF LINES 3 AND 4)	73
28	TOTAL STANDARD TRAVEL ALLOWANCE AND STANDARD TRAVEL EXPENSE AT THE PROVIDER SITE (SUM OF LINES 26 AND 27)	525

OPTIONAL TRAVEL ALLOWANCE AND OPTIONAL TRAVEL EXPENSE

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

SPEECH PATHOLOGY

33 STANDARD TRAVEL ALLOWANCE AND STANDARD TRAVEL EXPENSE (LINE 28) 525
 34 OPTIONAL TRAVEL ALLOWANCE AND STANDARD TRAVEL EXPENSE (SUM OF LINES 27 AND 30)
 35 OPTIONAL TRAVEL ALLOWANCE AND OPTIONAL TRAVEL EXPENSE (SUM OF LINES 31 AND 32)

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

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

PART V - OVERTIME COMPUTATION

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

PART VI - COMPUTATION OF THERAPY LIMITATION AND EXCESS COST ADJUSTMENT

57 SALARY EQUIVALENCY AMOUNT (FROM PART II, LINE 23) 5,416
 58 TRAVEL ALLOWANCE AND EXPENSE - PROVIDER SITE (FROM PART III, LINE 33, 34, OR 35) 525
 59 TRAVEL ALLOWANCE AND EXPENSE - OFFSITE SERVICES (FROM PART IV, LINES 44, 45, OR 46)
 60 OVERTIME ALLOWANCE (FROM COLUMN 5, LINE 56)
 61 EQUIPMENT COST (SEE INSTRUCTIONS)
 62 SUPPLIES (SEE INSTRUCTIONS)
 63 TOTAL ALLOWANCE (SUM OF LINES 57-62) 5,941
 64 TOTAL COST OF OUTSIDE SUPPLIER SERVICES (FROM YOUR RECORDS) 1,218

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

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

66	COST OF OUTSIDE SUPPLIER SERVICES - (SEE INSTRUCTIONS)(FROM YOUR RECORDS)	1,218
66.01	COST OF OUTSIDE SUPPLIER SERVICES - CORF I (SEE INSTRUCTIONS)(FROM YOUR RECORDS)	
66.31	COST OF OUTSIDE SUPPLIER SERVICES - HHA I (SEE INSTRUCTIONS)(FROM YOUR RECORDS)	
67	TOTAL COST (SUM OF LINE 66 AND SUBSCRIPTS)(THIS LINE MUST AGREE WITH LINE 64)	1,218
68	RATIO OF COST OF OUTSIDE SUPPLIER SERVICES TO TOTAL COST- (LINE 66 DIVIDED BY LINE 67)	1.000000
68.01	RATIO OF COST OF OUTSIDE SUPPLIER SERVICES TO TOTAL COST-CORF I (LINE 66 DIVIDED BY LINE 67)	
68.31	RATIO OF COST OF OUTSIDE SUPPLIER SERVICES TO TOTAL COST- HHA I (LINE 66 DIVIDED BY LINE 67)	
69	EXCESS COST OVER LIMITATION- (SEE INSTRUCTIONS)(TRANSFER TO WKST. A-8, LINES AS INDICATED IN INSTRUCTIONS)	
69.01	EXCESS COST OVER LIMITATION-CORF I (SEE INSTRUCTIONS)(TRANSFER TO WKST. A-8, LINES AS INDICATED IN INSTRUCTIONS)	
69.31	EXCESS COST OVER LIMITATION- HHA I (SEE INSTRUCTIONS)(TRANSFER TO WKST. A-8, LINES AS INDICATED IN INSTRUCTIONS)	
70	TOTAL EXCESS OF COST OVER LIMITATION (SUM OF LINE 69 AND SUBSCRIPTS OF LINE 69)(THIS LINE MUST AGREE WITH LINE 65)	

COST ALLOCATION STATISTICS

PROVIDER NO: 15-1303
 PERIOD: FROM 7/1/2007 TO 6/30/2008
 PREPARED 12/9/2008
 NOT A CMS WORKSHEET

LINE NO.	COST CENTER DESCRIPTION	STATISTICS CODE	STATISTICS DESCRIPTION	
	GENERAL SERVICE COST			
1	OLD CAP REL COSTS-BLDG & FIXT	1	SQUARE FEET	NOT ENTERED
2	OLD CAP REL COSTS-MVBLE EQUIP	2	DOLLAR VALUE	NOT ENTERED
3	NEW CAP REL COSTS-BLDG & FIXT	7	SQUARE FEET	ENTERED
3.01	NEW CAP REL COSTS-BLDG & FIXT	45	SQUARE FEET	NOT ENTERED
4	NEW CAP REL COSTS-MVBLE EQUIP	47	SQUARE FEET	ENTERED
4.01	NEW CAP REL COSTS-MVBLE EQUIP	46	SQUARE FEET	NOT ENTERED
5	EMPLOYEE BENEFITS	5	GROSS SALARIES	ENTERED
6	ADMINISTRATIVE & GENERAL	#	ACCUM. COST	NOT ENTERED
7	MAINTENANCE & REPAIRS	6	SQUARE FEET	NOT ENTERED
8	OPERATION OF PLANT	7	SQUARE FEET	ENTERED
9	LAUNDRY & LINEN SERVICE	8	ITEMIZED BILLS	ENTERED
10	HOUSEKEEPING	9	HOURS OF SERVICE	ENTERED
11	DIETARY	10	MEALS SERVED	ENTERED
12	CAFETERIA	11	HOURS	ENTERED
13	MAINTENANCE OF PERSONNEL	12	NUMBER HOUSED	NOT ENTERED
14	NURSING ADMINISTRATION	13	DIRECT NRSING HRS	ENTERED
15	CENTRAL SERVICES & SUPPLY	14	COSTED REQUIS.	ENTERED
16	PHARMACY	15	COSTED REQUIS.	ENTERED
17	MEDICAL RECORDS & LIBRARY	16	GROSS REVENUE	ENTERED
18	SOCIAL SERVICE	17	TIME SPENT	NOT ENTERED
20	NONPHYSICIAN ANESTHETISTS	18	ASSIGNED TIME	NOT ENTERED
21	NURSING SCHOOL	19	ASSIGNED TIME	NOT ENTERED
22	I&R SERVICES-SALARY & FRINGES APPRVD	20	ASSIGNED TIME	NOT ENTERED
23	I&R SERVICES-OTHER PRGM COSTS APPRVD	21	ASSIGNED TIME	NOT ENTERED
24	PARAMED ED PRGM	22	ASSIGNED TIME	NOT ENTERED

COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION	OLD CAP REL C OSTS-BLDG & 1	OLD CAP REL C OSTS-MVBLE E 2	NEW CAP REL C OSTS-BLDG & 3	NEW CAP REL C OSTS-BLDG & 3.01	NEW CAP REL C OSTS-MVBLE E 4	NEW CAP REL C OSTS-MVBLE E 4.01
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
003 01 NEW CAP REL COSTS-BLDG &	1,051,816			1,051,816			
004 01 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS	2,812,927						
006 ADMINISTRATIVE & GENERAL	3,563,313			91,417			
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT	814,526			94,463			
009 LAUNDRY & LINEN SERVICE	81,404			1,124			
010 HOUSEKEEPING	395,419			21,238			
011 DIETARY	29,298			10,471			
012 CAFETERIA	121,409			21,579			
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION	191,119			2,455			
015 CENTRAL SERVICES & SUPPLY	78,398			17,215			
016 PHARMACY	479,313			9,687			
017 MEDICAL RECORDS & LIBRARY	776,248			98,989			
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							
026 ADULTS & PEDIATRICS	964,361			97,081			
027 INTENSIVE CARE UNIT							
028 CORONARY CARE UNIT							
029 BURN INTENSIVE CARE UNIT							
031 SURGICAL INTENSIVE CARE U							
033 SUBPROVIDER							
034 NURSERY							
035 SKILLED NURSING FACILITY							
035 01 NURSING FACILITY							
036 OTHER LONG TERM CARE							
037 ANCILLARY SRVC COST CNTRS							
038 OPERATING ROOM	646,289			77,144			
039 RECOVERY ROOM							
040 DELIVERY ROOM & LABOR ROO							
041 ANESTHESIOLOGY							
042 RADIOLOGY-DIAGNOSTIC	1,804,754			62,517			
043 RADIOLOGY-THERAPEUTIC							
044 RADIOISOTOPE							
045 LABORATORY	1,289,087			23,131			
046 PBP CLINICAL LAB SERVICES							
047 WHOLE BLOOD & PACKED RED							
048 BLOOD STORING, PROCESSING							
049 INTRAVENOUS THERAPY							
050 RESPIRATORY THERAPY	20,535						
051 PHYSICAL THERAPY	247,977			25,025			
052 OCCUPATIONAL THERAPY							
053 SPEECH PATHOLOGY	273						
054 ELECTROCARDIOLOGY	11,570			2,943			
055 ELECTROENCEPHALOGRAPHY							
056 MEDICAL SUPPLIES CHARGED	891,394						
057 DRUGS CHARGED TO PATIENTS							
058 RENAL DIALYSIS							
060 ASC (NON-DISTINCT PART)							
061 OUTPAT SERVICE COST CNTRS							
062 CLINIC							
063 EMERGENCY	1,690,429			62,443			
063 50 OBSERVATION BEDS (NON-DIS							
064 OTHER OUTPATIENT SERVICE							
065 RURAL HEALTH CLINIC	2,478,239			154,350			
066 OTHER REIMBURS COST CNTRS							
067 HOME PROGRAM DIALYSIS							
069 AMBULANCE SERVICES							
070 DURABLE MEDICAL EQUIP-REN							
071 DURABLE MEDICAL EQUIP-SOL							
072 CORF							
073 I&R SERVICES-NOT APPRVD P							
074 HOME HEALTH AGENCY							
075 LUNG ACQUISITION							
076 SPEC PURPOSE COST CENTERS							
077 KIDNEY ACQUISITION							
078 LIVER ACQUISITION							
079 HEART ACQUISITION							
080 01 PANCREAS ACQUISITION							
081 AMBULATORY SURGICAL CENTE							
082 HOSPICE							
083 SUBTOTALS	20,440,098			873,272			
084 NONREIMBURS COST CENTERS							
085 GIFT, FLOWER, COFFEE SHOP				5,354			

COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION	0	1	2	3	3.01	4	4.01
097 NONREIMBURS COST CENTERS								
098 RESEARCH								
099 PHYSICIANS' PRIVATE OFFICE					11,699			
100 NONPAID WORKERS								
100 WIC	160,164							
100 01 TOBACCO/CHILD GRANT								
100 02 CLINIC	646,430				110,037			
100 03 OTHER NONREIMBURSABLE COSTS								
100 04 SPN					51,454			
101 CROSS FOOT ADJUSTMENT								
102 NEGATIVE COST CENTER								
103 TOTAL	21,246,692				1,051,816			

COST CENTER DESCRIPTION	EMPLOYEE BENEFITS	SUBTOTAL	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING
	5	5a.00	6	7	8	9	10
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
004 01 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS	2,812,927						
006 ADMINISTRATIVE & GENERAL	202,268	3,856,998	3,856,998				
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT	41,996	950,985	210,927		1,161,912		
009 LAUNDRY & LINEN SERVICE		82,528	18,305		1,508	102,341	
010 HOUSEKEEPING	99,655	516,312	114,517		28,498		659,327
011 DIETARY	11,793	51,562	11,436		14,050		29,057
012 CAFETERIA	25,907	168,895	37,461		28,954		
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION	61,591	255,165	56,595		3,294		
015 CENTRAL SERVICES & SUPPLY	24,600	120,213	26,663		23,100		
016 PHARMACY	43,909	532,909	118,198		12,999		5,189
017 MEDICAL RECORDS & LIBRARY	135,442	1,010,679	224,167		132,823		32,517
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							
026 ADULTS & PEDIATRICS	290,950	1,352,392	299,958		130,263	15,189	135,602
027 INTENSIVE CARE UNIT							
028 CORONARY CARE UNIT							
029 BURN INTENSIVE CARE UNIT							
031 SURGICAL INTENSIVE CARE U							
033 SUBPROVIDER							
034 NURSERY							
035 SKILLED NURSING FACILITY							
035 01 NURSING FACILITY							
036 ICF/MR							
037 OTHER LONG TERM CARE							
038 ANCILLARY SRVC COST CNTRS							
039 OPERATING ROOM	202,847	926,280	205,447		103,512	40,542	83,021
040 RECOVERY ROOM							
041 DELIVERY ROOM & LABOR ROO							
042 ANESTHESIOLOGY							
043 RADIOLOGY-DIAGNOSTIC	280,157	2,147,428	476,295		83,885	11,370	52,580
044 RADIOLOGY-THERAPEUTIC							
045 RADIOISOTOPE							
046 LABORATORY	193,141	1,505,359	333,886		31,038	1,696	33,208
047 PBP CLINICAL LAB SERVICES							
048 WHOLE BLOOD & PACKED RED							
049 BLOOD STORING, PROCESSING							
050 INTRAVENOUS THERAPY							
051 RESPIRATORY THERAPY	599	21,134	4,687				
052 PHYSICAL THERAPY	28,194	301,196	66,805		33,578	7,786	10,378
053 OCCUPATIONAL THERAPY							
054 SPEECH PATHOLOGY		273	61				
055 ELECTROCARDIOLOGY	3,421	17,934	3,978		3,949		
056 ELECTROENCEPHALOGRAPHY							
057 MEDICAL SUPPLIES CHARGED		891,394	197,709				
058 DRUGS CHARGED TO PATIENTS							
060 RENAL DIALYSIS							
061 ASC (NON-DISTINCT PART)							
062 OUTPAT SERVICE COST CNTRS							
063 CLINIC							
064 EMERGENCY	278,306	2,031,178	450,511		83,786	18,353	101,701
065 OBSERVATION BEDS (NON-DIS							
066 OTHER OUTPATIENT SERVICE							
066 50 RURAL HEALTH CLINIC	705,983	3,338,572	740,485		207,105	3,623	127,645
067 OTHER REIMBURS COST CNTRS							
068 HOME PROGRAM DIALYSIS							
069 AMBULANCE SERVICES							
070 DURABLE MEDICAL EQUIP-REN							
071 DURABLE MEDICAL EQUIP-SOL							
072 CORF							
073 I&R SERVICES-NOT APPRVD P							
074 HOME HEALTH AGENCY							
075 LUNG ACQUISITION							
076 SPEC PURPOSE COST CENTERS							
077 KIDNEY ACQUISITION							
078 LIVER ACQUISITION							
079 HEART ACQUISITION							
080 01 PANCREAS ACQUISITION							
081 AMBULATORY SURGICAL CENTE							
082 HOSPICE							
083 SUBTOTALS	2,630,759	20,079,386	3,598,091		922,342	98,559	610,898
084 NONREIMBURS COST CENTERS							
085 GIFT, FLOWER, COFFEE SHOP		5,354	1,188		7,184		

COST CENTER DESCRIPTION	EMPLOYEE BENEFITS	SUBTOTAL	ADMINISTRATIVE & GENERAL	MAINTENANCE REPAIRS	& OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING
	5	5a.00	6	7	8	9	10
097 NONREIMBURS COST CENTERS							
097 RESEARCH							
098 PHYSICIANS' PRIVATE OFFICE		11,699	2,595		15,697		
099 NONPAID WORKERS							
100 WIC	36,298	196,462	43,575				13,837
100 01 TOBACCO/CHILD GRANT							
100 02 CLINIC	145,870	902,337	200,137		147,648	3,782	34,592
100 03 OTHER NONREIMBURSABLE COSTS							
100 04 SPN		51,454	11,412		69,041		
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	2,812,927	21,246,692	3,856,998		1,161,912	102,341	659,327

COST CENTER DESCRIPTION	DIETARY	CAFETERIA	MAINTENANCE PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY
	11	12	13	14	15	16	17
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
004 01 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS							
006 ADMINISTRATIVE & GENERAL							
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
011 DIETARY	106,105						
012 CAFETERIA		235,310					
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION		2,928		317,982			
015 CENTRAL SERVICES & SUPPLY		3,779			173,755		
016 PHARMACY		3,021			65	672,381	
017 MEDICAL RECORDS & LIBRARY		26,926			86		1,427,198
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							
026 ADULTS & PEDIATRICS	106,105	30,504		168,039	6,976		50,401
027 INTENSIVE CARE UNIT							
028 CORONARY CARE UNIT							
029 BURN INTENSIVE CARE UNIT							
031 SURGICAL INTENSIVE CARE U							
033 SUBPROVIDER							
034 NURSERY							
035 SKILLED NURSING FACILITY							
035 01 NURSING FACILITY							
036 ICF/MR							
037 OTHER LONG TERM CARE							
038 ANCILLARY SRVC COST CNTRS							
039 OPERATING ROOM		17,069		64,630	488		212,519
040 RECOVERY ROOM							
041 DELIVERY ROOM & LABOR ROO							
042 ANESTHESIOLOGY							
043 RADIOLOGY-DIAGNOSTIC		25,892		20,682	5,581		425,602
044 RADIOLOGY-THERAPEUTIC							
045 RADIOISOTOPE							
046 LABORATORY		23,979		23,267	2,147		310,676
047 PBP CLINICAL LAB SERVICES							
048 WHOLE BLOOD & PACKED RED							
049 BLOOD STORING, PROCESSING							
050 INTRAVENOUS THERAPY							
051 RESPIRATORY THERAPY						1,162	23,027
052 PHYSICAL THERAPY		1,999			1,570		46,912
053 OCCUPATIONAL THERAPY							
054 SPEECH PATHOLOGY							261
055 ELECTROCARDIOLOGY							12,539
056 ELECTROENCEPHALOGRAPHY							
057 MEDICAL SUPPLIES CHARGED					140,400		38,812
058 DRUGS CHARGED TO PATIENTS						672,381	72,260
060 RENAL DIALYSIS							
061 ASC (NON-DISTINCT PART)							
062 OUTPAT SERVICE COST CNTRS							
063 CLINIC							
064 EMERGENCY		27,751		41,364	11,515		210,870
065 OBSERVATION BEDS (NON-DIS							
066 OTHER OUTPATIENT SERVICE							
067 RURAL HEALTH CLINIC		60,145			3,444		
068 OTHER REIMBURS COST CNTRS							
069 HOME PROGRAM DIALYSIS							
070 AMBULANCE SERVICES							
071 DURABLE MEDICAL EQUIP-REN							
072 DURABLE MEDICAL EQUIP-SOL							
073 CORF							
074 I&R SERVICES-NOT APPRVD P							
075 HOME HEALTH AGENCY							
076 LUNG ACQUISITION							
077 SPEC PURPOSE COST CENTERS							
078 KIDNEY ACQUISITION							
079 LIVER ACQUISITION							
080 HEART ACQUISITION							
081 PANCREAS ACQUISITION							
082 AMBULATORY SURGICAL CENTE							
083 HOSPICE							
084 SUBTOTALS	106,105	223,993		317,982	173,434	672,381	1,403,879
085 NONREIMBURS COST CENTERS							
086 GIFT, FLOWER, COFFEE SHOP							

COST CENTER DESCRIPTION		DIETARY	CAFETERIA	MAINTENANCE O F PERSONNEL	NURSING ADMIN ISTRATION	CENTRAL SERVI CES & SUPPLY	PHARMACY	MEDI CAL RECOR DS & LIBRARY
		11	12	13	14	15	16	17
097	NONREIMBURS COST CENTERS							
	RESEARCH							
098	PHYSICIANS' PRIVATE OFFIC							
099	NONPAID WORKERS							
100	WIC		5,466			61		
100 01	TOBACCO/CHILD GRANT							
100 02	CLINIC		5,851			260		23,319
100 03	OTHER NONREIMBURSABLE COS							
100 04	SPN							
101	CROSS FOOT ADJUSTMENT							
102	NEGATIVE COST CENTER							
103	TOTAL	106,105	235,310		317,982	173,755	672,381	1,427,198

COST CENTER DESCRIPTION	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	I&R SERVICES- SALARY & FRI	I&R SERVICES- OTHER PRGM C	PARAMED ED PR GM	PR	SUBTOTAL
	18	20	21	22	23	24		25
097 NONREIMBURS COST CENTERS								
097 RESEARCH								
098 PHYSICIANS' PRIVATE OFFICE								29,991
099 NONPAID WORKERS								
100 WIC								259,401
100 01 TOBACCO/CHILD GRANT								
100 02 CLINIC								1,317,926
100 03 OTHER NONREIMBURSABLE COSTS								
100 04 SPN								131,907
101 CROSS FOOT ADJUSTMENT								
102 NEGATIVE COST CENTER								
103 TOTAL								21,246,692

COST CENTER DESCRIPTION	I & R COST POST STEP-DOWN ADJ 26	TOTAL
001 GENERAL SERVICE COST CNTR		27
002 OLD CAP REL COSTS-BLDG &		
003 OLD CAP REL COSTS-MVBLE E		
004 NEW CAP REL COSTS-BLDG &		
004 01 NEW CAP REL COSTS-MVBLE E		
005 EMPLOYEE BENEFITS		
006 ADMINISTRATIVE & GENERAL		
007 MAINTENANCE & REPAIRS		
008 OPERATION OF PLANT		
009 LAUNDRY & LINEN SERVICE		
010 HOUSEKEEPING		
011 DIETARY		
012 CAFETERIA		
013 MAINTENANCE OF PERSONNEL		
014 NURSING ADMINISTRATION		
015 CENTRAL SERVICES & SUPPLY		
016 PHARMACY		
017 MEDICAL RECORDS & LIBRARY		
018 SOCIAL SERVICE		
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		2, 295, 429
026 ADULTS & PEDIATRICS		
027 INTENSIVE CARE UNIT		
028 CORONARY CARE UNIT		
029 BURN INTENSIVE CARE UNIT		
031 SURGICAL INTENSIVE CARE U		
033 SUBPROVIDER		
034 NURSERY		
035 SKILLED NURSING FACILITY		
035 01 NURSING FACILITY		
036 ICF/MR		
037 OTHER LONG TERM CARE		
038 ANCILLARY SRVC COST CNTRS		1, 653, 508
039 OPERATING ROOM		
040 RECOVERY ROOM		
041 DELIVERY ROOM & LABOR ROO		
042 ANESTHESIOLOGY		3, 249, 315
043 RADIOLOGY-DIAGNOSTIC		
044 RADIOLOGY-THERAPEUTIC		
045 RADIOISOTOPE		2, 265, 256
046 LABORATORY		
047 PBP CLINICAL LAB SERVICES		
048 WHOLE BLOOD & PACKED RED		
049 BLOOD STORING, PROCESSING		
050 INTRAVENOUS THERAPY		
051 RESPIRATORY THERAPY		50, 010
052 PHYSICAL THERAPY		470, 224
053 OCCUPATIONAL THERAPY		
054 SPEECH PATHOLOGY		595
055 ELECTROCARDIOLOGY		38, 400
056 ELECTROENCEPHALOGRAPHY		
057 MEDICAL SUPPLIES CHARGED		1, 268, 315
058 DRUGS CHARGED TO PATIENTS		744, 641
060 RENAL DIALYSIS		
061 ASC (NON-DISTINCT PART)		
062 OUTPAT SERVICE COST CNTRS		
063 CLINIC		2, 977, 029
064 EMERGENCY		
065 OBSERVATION BEDS (NON-DIS		
066 OTHER OUTPATIENT SERVICE		
066 50 RURAL HEALTH CLINIC		4, 481, 019
067 OTHER REIMBURS COST CNTRS		
068 HOME PROGRAM DIALYSIS		
069 AMBULANCE SERVICES		
070 DURABLE MEDICAL EQUIP-REN		
071 DURABLE MEDICAL EQUIP-SOL		
072 CORF		
073 I&R SERVICES-NOT APPRVD P		
074 HOME HEALTH AGENCY		
075 LUNG ACQUISITION		
076 SPEC PURPOSE COST CENTERS		
077 KIDNEY ACQUISITION		
078 LIVER ACQUISITION		
079 HEART ACQUISITION		
080 01 PANCREAS ACQUISITION		
081 AMBULATORY SURGICAL CENTE		
082 HOSPICE		
083 SUBTOTALS		19, 493, 741
084 NONREIMBURS COST CENTERS		
085 GIFT, FLOWER, COFFEE SHOP		13, 726

COST CENTER DESCRIPTION	I&R COST POST STEP- DOWN ADJ 26	TOTAL
NONREIMBURS COST CENTERS		27
097 RESEARCH		
098 PHYSICIANS' PRIVATE OFFIC		29,991
099 NONPAID WORKERS		
100 WIC		259,401
100 01 TOBACCO/CHILD GRANT		
100 02 CLINIC		1,317,926
100 03 OTHER NONREIMBURSABLE COS		
100 04 SPN		131,907
101 CROSS FOOT ADJUSTMENT		
102 NEGATIVE COST CENTER		
103 TOTAL		21,246,692

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-BLDG &	NEW CAP REL C OSTS-MVBLE E	NEW CAP REL C OSTS-MVBLE E
	0	1	2	3	3.01	4	4.01
001	GENERAL SERVICE COST CNTR						
002	OLD CAP REL COSTS-BLDG &						
003	OLD CAP REL COSTS-MVBLE E						
003	01 NEW CAP REL COSTS-BLDG &						
004	NEW CAP REL COSTS-MVBLE E						
004	01 NEW CAP REL COSTS-MVBLE E						
005	EMPLOYEE BENEFITS						
006	ADMINISTRATIVE & GENERAL	22,988			91,417		
007	MAINTENANCE & REPAIRS						
008	OPERATION OF PLANT	69,041			94,463		
009	LAUNDRY & LINEN SERVICE				1,124		
010	HOUSEKEEPING	2,142			21,238		
011	DIETARY	1,993			10,471		
012	CAFETERIA				21,579		
013	MAINTENANCE OF PERSONNEL						
014	NURSING ADMINISTRATION				2,455		
015	CENTRAL SERVICES & SUPPLY				17,215		
016	PHARMACY				9,687		
017	MEDICAL RECORDS & LIBRARY	7,356			98,989		
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	36,282			97,081		
026	INTENSIVE CARE UNIT						
027	CORONARY CARE UNIT						
028	BURN INTENSIVE CARE UNIT						
029	SURGICAL INTENSIVE CARE U						
031	SUBPROVIDER						
033	NURSERY						
034	SKILLED NURSING FACILITY						
035	NURSING FACILITY						
035	01 ICF/MR						
036	OTHER LONG TERM CARE						
037	ANCILLARY SRVC COST CNTRS						
037	OPERATING ROOM	84,000			77,144		
038	RECOVERY ROOM						
039	DELIVERY ROOM & LABOR ROO						
040	ANESTHESIOLOGY						
041	RADIOLOGY-DIAGNOSTIC	70,101			62,517		
042	RADIOLOGY-THERAPEUTIC						
043	RADIOISOTOPE						
044	LABORATORY	17,498			23,131		
045	PBP CLINICAL LAB SERVICES						
046	WHOLE BLOOD & PACKED RED						
047	BLOOD STORING, PROCESSING						
048	INTRAVENOUS THERAPY						
049	RESPIRATORY THERAPY						
050	PHYSICAL THERAPY	2,605			25,025		
051	OCCUPATIONAL THERAPY						
052	SPEECH PATHOLOGY						
053	ELECTROCARDIOLOGY	955			2,943		
054	ELECTROENCEPHALOGRAPHY						
055	MEDICAL SUPPLIES CHARGED						
056	DRUGS CHARGED TO PATIENTS						
057	RENAL DIALYSIS						
058	ASC (NON-DISTINCT PART)						
060	OUTPAT SERVICE COST CNTRS						
060	CLINIC						
061	EMERGENCY	11,207			62,443		
062	OBSERVATION BEDS (NON-DIS						
063	OTHER OUTPATIENT SERVICE						
063	50 RURAL HEALTH CLINIC	13,546			154,350		
063	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						
082	LUNG ACQUISITION						
082	SPEC PURPOSE COST CENTERS						
083	KIDNEY ACQUISITION						
084	LIVER ACQUISITION						
085	HEART ACQUISITION						
085	01 PANCREAS ACQUISITION						
092	AMBULATORY SURGICAL CENTE						
093	HOSPICE						
095	SUBTOTALS	339,714			873,272		
096	NONREIMBURS COST CENTERS						
096	GI FT, FLOWER, COFFEE SHOP				5,354		

COST CENTER DESCRIPTION	DIR ASSGND NEW CAPITAL REL COSTS	0	1	2	3	3.01	4	4.01
097 NONREIMBURS COST CENTERS								
098 RESEARCH								
099 PHYSICIANS' PRIVATE OFFIC					11,699			
100 NONPAID WORKERS								
100 WIC								
100 01 TOBACCO/CHILD GRANT								
100 02 CLINIC	3,489				110,037			
100 03 OTHER NONREIMBURSABLE COS								
100 04 SPN					51,454			
101 CROSS FOOT ADJUSTMENTS								
102 NEGATIVE COST CENTER								
103 TOTAL	343,203				1,051,816			

COST CENTER DESCRIPTION	SUBTOTAL	EMPLOYEE BENEFITS	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING
	4a	5	6	7	8	9	10
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
004 01 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS							
006 ADMINISTRATIVE & GENERAL	114,405		114,405				
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT	163,504		6,257		169,761		
009 LAUNDRY & LINEN SERVICE	1,124		543		220	1,887	
010 HOUSEKEEPING	23,380		3,397		4,164		30,941
011 DIETARY	12,464		339		2,053		1,364
012 CAFETERIA	21,579		1,111		4,230		
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION	2,455		1,679		481		
015 CENTRAL SERVICES & SUPPLY	17,215		791		3,375		
016 PHARMACY	9,687		3,506		1,899		244
017 MEDICAL RECORDS & LIBRARY	106,345		6,649		19,406		1,526
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							
026 ADULTS & PEDIATRICS	133,363		8,897		19,032	280	6,364
027 INTENSIVE CARE UNIT							
028 CORONARY CARE UNIT							
029 BURN INTENSIVE CARE UNIT							
031 SURGICAL INTENSIVE CARE U							
033 SUBPROVIDER							
033 NURSERY							
034 SKILLED NURSING FACILITY							
035 NURSING FACILITY							
035 01 ICF/MR							
036 OTHER LONG TERM CARE							
037 ANCILLARY SRVC CNTRS							
038 OPERATING ROOM	161,144		6,094		15,124	747	3,896
039 RECOVERY ROOM							
040 DELIVERY ROOM & LABOR ROO							
041 ANESTHESIOLOGY							
042 RADIOLOGY-DIAGNOSTIC	132,618		14,128		12,256	210	2,467
043 RADIOLOGY-THERAPEUTIC							
044 RADIOISOTOPE							
045 LABORATORY	40,629		9,904		4,535	31	1,558
046 PBP CLINICAL LAB SERVICES							
047 WHOLE BLOOD & PACKED RED							
048 BLOOD STORING, PROCESSING							
049 INTRAVENOUS THERAPY							
050 RESPIRATORY THERAPY			139				
051 PHYSICAL THERAPY	27,630		1,982		4,906	144	487
052 OCCUPATIONAL THERAPY							
053 SPEECH PATHOLOGY			2				
054 ELECTROCARDIOLOGY	3,898		118		577		
055 ELECTROENCEPHALOGRAPHY							
056 MEDICAL SUPPLIES CHARGED			5,864				
057 DRUGS CHARGED TO PATIENTS							
058 RENAL DIALYSIS							
060 ASC (NON-DISTINCT PART)							
061 OUTPAT SERVICE COST CNTRS							
062 CLINIC							
063 EMERGENCY	73,650		13,363		12,242	338	4,773
064 OBSERVATION BEDS (NON-DIS							
063 OTHER OUTPATIENT SERVICE							
063 50 RURAL HEALTH CLINIC	167,896		21,962		30,259	67	5,990
064 OTHER REIMBURS COST CNTRS							
065 HOME PROGRAM DIALYSIS							
066 AMBULANCE SERVICES							
067 DURABLE MEDICAL EQUIP-REN							
069 DURABLE MEDICAL EQUIP-SOL							
070 CORF							
071 I&R SERVICES-NOT APPRVD P							
082 HOME HEALTH AGENCY							
083 LUNG ACQUISITION							
084 SPEC PURPOSE COST CENTERS							
083 KIDNEY ACQUISITION							
084 LIVER ACQUISITION							
085 HEART ACQUISITION							
085 01 PANCREAS ACQUISITION							
092 AMBULATORY SURGICAL CENTE							
093 HOSPICE							
095 SUBTOTALS	1,212,986		106,725		134,759	1,817	28,669
096 NONREIMBURS COST CENTERS							
GI FT, FLOWER, COFFEE SHOP	5,354		35		1,050		

COST CENTER DESCRIPTION	SUBTOTAL	EMPLOYEE BENEFITS	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING
	4a	5	6	7	8	9	10
097 NONREIMBURS COST CENTERS							
098 RESEARCH							
098 PHYSICIANS' PRIVATE OFFICE	11,699		77		2,293		
099 NONPAID WORKERS							
100 WIC			1,293				649
100 01 TOBACCO/CHILD GRANT							
100 02 CLINIC	113,526		5,936		21,572	70	1,623
100 03 OTHER NONREIMBURSABLE COSTS							
100 04 SPN	51,454		339		10,087		
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	1,395,019		114,405		169,761	1,887	30,941

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	DIETARY	CAFETERIA	MAINTENANCE O F PERSONNEL	NURSING ADMIN ISTRATION	CENTRAL SERVI CES & SUPPLY	PHARMACY	MEDI CAL RECOR DS & LIBRARY
	11	12	13	14	15	16	17
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
004 01 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS							
006 ADMINISTRATIVE & GENERAL							
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
011 DIETARY	16,220						
012 CAFETERIA		26,920					
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION				4,950			
015 CENTRAL SERVICES & SUPPLY					21,813		
016 PHARMACY						8	
017 MEDICAL RECORDS & LIBRARY						11	137,017
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	16,220	3,490		2,616	876		4,838
026 ADULTS & PEDIATRICS							
027 INTENSIVE CARE UNIT							
028 CORONARY CARE UNIT							
029 BURN INTENSIVE CARE UNIT							
031 SURGICAL INTENSIVE CARE U							
033 SUBPROVIDER							
034 NURSERY							
035 SKILLED NURSING FACILITY							
035 01 NURSING FACILITY							
036 ICF/MR							
037 OTHER LONG TERM CARE							
038 ANCILLARY SRVC COST CNTRS							
039 OPERATING ROOM		1,953		1,006	61		20,401
040 RECOVERY ROOM							
041 DELIVERY ROOM & LABOR ROO							
042 ANESTHESIOLOGY							
043 RADIOLOGY-DIAGNOSTIC		2,962		322	701		40,866
044 RADIOLOGY-THERAPEUTIC							
045 RADIOISOTOPE							
046 LABORATORY		2,743		362	270		29,824
047 PBP CLINICAL LAB SERVICES							
048 WHOLE BLOOD & PACKED RED							
049 BLOOD STORING, PROCESSING							
050 INTRAVENOUS THERAPY							
051 RESPIRATORY THERAPY						146	2,211
052 PHYSICAL THERAPY		229				197	4,503
053 OCCUPATIONAL THERAPY							
054 SPEECH PATHOLOGY							25
055 ELECTROCARDIOLOGY							1,204
056 ELECTROENCEPHALOGRAPHY							
057 MEDICAL SUPPLIES CHARGED					17,624		3,726
058 DRUGS CHARGED TO PATIENTS						15,690	6,937
060 RENAL DIALYSIS							
061 ASC (NON-DISTINCT PART)							
062 OUTPAT SERVICE COST CNTRS							
063 CLINIC							
064 EMERGENCY		3,175		644	1,446		20,243
065 OBSERVATION BEDS (NON-DIS							
066 OTHER OUTPATIENT SERVICE							
067 50 RURAL HEALTH CLINIC		6,881			432		
068 OTHER REIMBURS COST CNTRS							
069 HOME PROGRAM DIALYSIS							
070 AMBULANCE SERVICES							
071 DURABLE MEDICAL EQUIP-REN							
072 DURABLE MEDICAL EQUIP-SOL							
073 CORF							
074 I&R SERVICES-NOT APPRVD P							
075 HOME HEALTH AGENCY							
076 LUNG ACQUISITION							
077 SPEC PURPOSE COST CENTERS							
078 KIDNEY ACQUISITION							
079 LIVER ACQUISITION							
080 HEART ACQUISITION							
081 01 PANCREAS ACQUISITION							
082 AMBULATORY SURGICAL CENTE							
083 HOSPICE							
084 SUBTOTALS	16,220	25,626		4,950	21,772	15,690	134,778
085 NONREIMBURS COST CENTERS							
086 GIFT, FLOWER, COFFEE SHOP							

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION		DIETARY	CAFETERIA	MAINTENANCE O F PERSONNEL	NURSING ADMIN I STRATION	CENTRAL SERVI CES & SUPPLY	PHARMACY	MEDI CAL RECOR DS & LIBRARY
		11	12	13	14	15	16	17
097	NONREIMBURS COST CENTERS							
	RESEARCH							
098	PHYSICIANS' PRIVATE OFFIC							
099	NONPAID WORKERS							
100	WIC		625			8		
100	01 TOBACCO/CHILD GRANT							
100	02 CLINIC		669			33		2,239
100	03 OTHER NONREIMBURSABLE COS							
100	04 SPN							
101	CROSS FOOT ADJUSTMENTS							
102	NEGATIVE COST CENTER							
103	TOTAL	16,220	26,920		4,950	21,813	15,690	137,017

COST CENTER DESCRIPTION	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	I&R SERVICES- SALARY & FRI	I&R SERVICES- OTHER PRGM C	PARAMED ED PR GM	SUBTOTAL
	18	20	21	22	23	24	25
097 NONREIMBURS COST CENTERS							
098 RESEARCH							
099 PHYSICIANS' PRIVATE OFFICE							14,069
100 NONPAID WORKERS							
100 WIC							2,575
100 01 TOBACCO/CHILD GRANT							
100 02 CLINIC							145,668
100 03 OTHER NONREIMBURSABLE COSTS							
100 04 SPN							61,880
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL							1,395,019

	POST STEPDOWN ADJUSTMENT	TOTAL
	26	27
097	NONREIMBURS COST CENTERS	
	RESEARCH	
098	PHYSICIANS' PRIVATE OFFIC	14,069
099	NONPAID WORKERS	
100	WIC	2,575
100	01 TOBACCO/CHILD GRANT	
100	02 CLINIC	145,668
100	03 OTHER NONREIMBURSABLE COS	
100	04 SPN	61,880
101	CROSS FOOT ADJUSTMENTS	
102	NEGATIVE COST CENTER	
103	TOTAL	1,395,019

COST CENTER DESCRIPTION	OLD CAP REL C OSTS-BLDG & (SQUARE FEET)	OLD CAP REL C OSTS-MVBLE E (DOLLAR VALUE)	NEW CAP REL C OSTS-BLDG & (SQUARE FEET)	NEW CAP REL C OSTS-BLDG & (SQUARE FEET)	NEW CAP REL C OSTS-MVBLE E (SQUARE FEET)	NEW CAP REL C OSTS-MVBLE E (SQUARE FEET)
	1	2	3	3.01	4	4.01
001 GENERAL SERVICE COST						
002 OLD CAP REL COSTS-BLD						
003 OLD CAP REL COSTS-MVB						
003 NEW CAP REL COSTS-BLD			71,117			
003 01 NEW CAP REL COSTS-BLD						
004 NEW CAP REL COSTS-MVB					71,117	
004 01 NEW CAP REL COSTS-MVB						
005 EMPLOYEE BENEFITS						
006 ADMINISTRATIVE & GENE			6,181		6,181	
007 MAINTENANCE & REPAIRS						
008 OPERATION OF PLANT			6,387		6,387	
009 LAUNDRY & LINEN SERVI			76		76	
010 HOUSEKEEPING			1,436		1,436	
011 DIETARY			708		708	
012 CAFETERIA			1,459		1,459	
013 MAINTENANCE OF PERSON						
014 NURSING ADMINISTRATIO			166		166	
015 CENTRAL SERVICES & SU			1,164		1,164	
016 PHARMACY			655		655	
017 MEDICAL RECORDS & LIB			6,693		6,693	
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						
025 ADULTS & PEDIATRICS			6,564		6,564	
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						
037 ANCILLARY SRVC COST C						
037 OPERATING ROOM			5,216		5,216	
038 RECOVERY ROOM						
039 DELIVERY ROOM & LABOR						
040 ANESTHESIOLOGY						
041 RADIOLOGY-DIAGNOSTIC			4,227		4,227	
042 RADIOLOGY-THERAPEUTIC						
043 RADIOISOTOPE						
044 LABORATORY			1,564		1,564	
045 PBP CLINICAL LAB SERV						
046 WHOLE BLOOD & PACKED						
047 BLOOD STORING, PROCES						
048 INTRAVENOUS THERAPY						
049 RESPIRATORY THERAPY						
050 PHYSICAL THERAPY			1,692		1,692	
051 OCCUPATIONAL THERAPY						
052 SPEECH PATHOLOGY						
053 ELECTROCARDIOLOGY			199		199	
054 ELECTROENCEPHALOGRAPH						
055 MEDICAL SUPPLIES CHAR						
056 DRUGS CHARGED TO PATI						
057 RENAL DIALYSIS						
058 ASC (NON-DISTINCT PAR						
060 OUTPAT SERVICE COST C						
061 CLINIC						
061 EMERGENCY			4,222		4,222	
062 OBSERVATION BEDS (NON						
063 OTHER OUTPATIENT SERV						
063 50 RURAL HEALTH CLINIC			10,436		10,436	
063 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						
082 LUNG ACQUISITION						
082 SPEC PURPOSE COST CEN						
083 KIDNEY ACQUISITION						
084 LIVER ACQUISITION						
085 HEART ACQUISITION						
085 01 PANCREAS ACQUISITION						

COST CENTER DESCRIPTION	OLD CAP REL C	OLD CAP REL C	NEW CAP REL C	NEW CAP REL C	NEW CAP REL C	NEW CAP REL C
	OSTS-BLDG &	OSTS-MVBLE E	OSTS-BLDG &	OSTS-BLDG &	OSTS-MVBLE E	OSTS-MVBLE E
	(SQUARE FEET	(DOLLAR VALUE	(SQUARE FEET	(SQUARE FEET	(SQUARE FEET	(SQUARE FEET
	1	2	3	3.01	4	4.01
092 SPEC PURPOSE COST CEN						
093 AMBULATORY SURGICAL C						
095 HOSPICE						
095 SUBTOTALS			59,045		59,045	
096 NONREIMBURS COST CENT						
097 GIFT, FLOWER, COFFEE			362		362	
097 RESEARCH						
098 PHYSICIANS' PRIVATE O			791		791	
099 NONPAID WORKERS						
100 WIC						
100 01 TOBACCO/CHILD GRANT						
100 02 CLINIC			7,440		7,440	
100 03 OTHER NONREIMBURSABLE						
100 04 SPN			3,479		3,479	
101 CROSS FOOT ADJUSTMENT						
102 NEGATIVE COST CENTER						
103 COST TO BE ALLOCATED (WRKSHT B, PART I)			1,051,816			
104 UNIT COST MULTIPLIER (WRKSHT B, PT I)			14.789938			
105 COST TO BE ALLOCATED (WRKSHT B, PART II)						
106 UNIT COST MULTIPLIER (WRKSHT B, PT II)						
107 COST TO BE ALLOCATED (WRKSHT B, PART III)						
108 UNIT COST MULTIPLIER (WRKSHT B, PT III)						

COST CENTER DESCRIPTION	EMPLOYEE BENEFITS		ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING
	(GROSS SALARIES	S RECONCILIATION	(ACCUM. COST	(SQUARE FEET	(SQUARE FEET	(ITEMIZED) ILLS	B(HOURS OF) SERVICE
	5	6a.00	6	7	8	9	10
001 GENERAL SERVICE COST							
002 OLD CAP REL COSTS-BLD							
003 OLD CAP REL COSTS-MVB							
003 NEW CAP REL COSTS-BLD							
004 01 NEW CAP REL COSTS-BLD							
004 NEW CAP REL COSTS-MVB							
004 01 NEW CAP REL COSTS-MVB							
005 EMPLOYEE BENEFITS	8,728,172						
006 ADMINISTRATIVE & GENERAL	627,614	-3,856,998	17,389,694				
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT	130,309		950,985		58,549		
009 LAUNDRY & LINEN SERVICE					76	81,577	
010 HOUSEKEEPING	309,218		516,312		1,436		3,812
011 DIETARY	36,592		51,562		708		168
012 CAFETERIA	80,387		168,895		1,459		
013 MAINTENANCE OF PERSON							
014 NURSING ADMINISTRATIVE	191,111		255,165		166		
015 CENTRAL SERVICES & SUPPLIES	76,331		120,213		1,164		
016 PHARMACY	136,243		532,909		655		30
017 MEDICAL RECORDS & LIBRARY	420,260		1,010,679		6,693		188
018 SOCIAL SERVICE							
020 NONPHYSICIAN ANESTHESIOLOGIST							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & BENEFITS							
023 I&R SERVICES-OTHER PERSONNEL							
024 PARAMEDICAL PROGRAM							
025 INPATIENT ROUTINE SERVICES	902,785		1,352,392		6,564	12,107	784
026 ADULTS & PEDIATRIC INTENSIVE CARE UNIT							
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE							
031 SUBPROVIDER							
033 NURSERY							
034 SKILLED NURSING FACILITY							
035 NURSING FACILITY							
035 01 ICF/MR							
036 OTHER LONG TERM CARE							
037 ANCILLARY SERVICE COST CENTER	629,409		926,280		5,216	32,317	480
038 OPERATING ROOM							
039 RECOVERY ROOM							
039 DELIVERY ROOM & LABOR							
040 ANESTHESIOLOGY							
041 RADIOLOGY-DIAGNOSTIC	869,295		2,147,428		4,227	9,063	304
042 RADIOLOGY-THERAPEUTIC							
043 RADIOISOTOPE							
044 LABORATORY	599,293		1,505,359		1,564	1,352	192
045 PBP CLINICAL LABORATORY							
046 WHOLE BLOOD & PACKED							
047 BLOOD STORAGE, PROCESSING							
048 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY	1,860		21,134				
050 PHYSICAL THERAPY	87,484		301,196		1,692	6,206	60
051 OCCUPATIONAL THERAPY							
052 SPEECH PATHOLOGY			273				
053 ELECTROCARDIOLOGY	10,615		17,934		199		
054 ELECTROENCEPHALOGRAPHY							
055 MEDICAL SUPPLIES CHARACTERIZED			891,394				
056 DRUGS CHARGED TO PATIENT							
057 RENAL DIALYSIS							
058 ASC (NON-DISTINCT) PATIENT SERVICE COST CENTER							
060 CLINIC							
061 EMERGENCY	863,552		2,031,178		4,222	14,629	588
062 OBSERVATION BEDS (NON-PAYING)							
063 OTHER OUTPATIENT SERVICES							
063 50 RURAL HEALTH CLINIC	2,190,570		3,338,572		10,436	2,888	738
063 OTHER REIMBURSED COST CENTER							
064 HOME PROGRAM DIALYSIS							
065 AMBULANCE SERVICES							
066 DURABLE MEDICAL EQUIPMENT							
067 DURABLE MEDICAL EQUIPMENT							
069 CORP							
070 I&R SERVICES-NOT APPROPRIATE							
071 HOME HEALTH AGENCY							
082 LUNG ACQUISITION							
083 SPECIFIC PURPOSE COST CENTER							
083 KIDNEY ACQUISITION							
084 LIVER ACQUISITION							
085 HEART ACQUISITION							
085 01 PANCREAS ACQUISITION							

	COST CENTER DESCRIPTION	EMPLOYEE BENEFITS		ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING
		(GROSS SALARIES	S RECONCILIATION	(ACCUM. COST	(SQUARE) FEET	(SQUARE) FEET	(ITEMIZED)ILLS	B(HOURS OF) SERVICE
		5	6a.00	6	7	8	9	10
092	SPEC PURPOSE COST CEN							
093	AMBULATORY SURGICAL C							
095	HOSPICE							
	SUBTOTALS	8,162,928	-3,856,998	16,222,388		46,477	78,562	3,532
096	NONREIMBURS COST CENT							
097	GIFT, FLOWER, COFFEE			5,354		362		
098	RESEARCH							
099	PHYSICIANS' PRIVATE O			11,699		791		
100	NONPAID WORKERS							
100	WIC	112,627		196,462				80
100	01 TOBACCO/CHILD GRANT							
100	02 CLINIC	452,617		902,337		7,440	3,015	200
100	03 OTHER NONREIMBURSABLE							
100	04 SPN			51,454		3,479		
101	CROSS FOOT ADJUSTMENT							
102	NEGATIVE COST CENTER							
103	COST TO BE ALLOCATED	2,812,927		3,856,998		1,161,912	102,341	659,327
	(WRKSHT B, PART I)							
104	UNIT COST MULTIPLIER						1.254533	
	(WRKSHT B, PT I)	.322281		.221798		19.845121		172.960913
105	COST TO BE ALLOCATED							
	(WRKSHT B, PART II)							
106	UNIT COST MULTIPLIER							
	(WRKSHT B, PT II)							
107	COST TO BE ALLOCATED			114,405		169,761	1,887	30,941
	(WRKSHT B, PART III)							
108	UNIT COST MULTIPLIER						.023132	
	(WRKSHT B, PT III)			.006579		2.899469		8.116737

COST CENTER DESCRIPTION	DIETARY (MEALS SERVED)	CAFETERIA (HOURS)	MAINTENANCE (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT HRS)	CENTRAL SERVICES & SUPPLY (COSTED EQUI S.)	PHARMACY (COSTED EQUI S.)	MEDICAL RECORDS & LIBRARY (GROSS REVENUE)
	11	12	13	14	15	16	17
001 GENERAL SERVICE COST							
002 OLD CAP REL COSTS-BLD							
003 OLD CAP REL COSTS-MVB							
003 NEW CAP REL COSTS-BLD							
004 01 NEW CAP REL COSTS-BLD							
004 NEW CAP REL COSTS-MVB							
004 01 NEW CAP REL COSTS-MVB							
005 EMPLOYEE BENEFITS							
006 ADMINISTRATIVE & GENERAL							
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
011 DIETARY	100						
012 CAFETERIA		347,233					
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION		4,320		123			
015 CENTRAL SERVICES & SUPPLY		5,577			906,720		
016 PHARMACY		4,458			338	100	
017 MEDICAL RECORDS & LIBRARY		39,733			450		41,081,442
018 SOCIAL SERVICE							
020 NONPHYSICIAN ANESTHETIC							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & BENEFIT							
023 I&R SERVICES-OTHER PERSONNEL							
024 PARAMEDICAL PROGRAM							
025 INPATIENT ROUTINE SERVICES	100	45,013		65	36,401		1,450,776
026 ADULTS & PEDIATRIC INTENSIVE CARE UNIT							
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE							
031 SUBPROVIDER							
033 NURSERY							
034 SKILLED NURSING FACILITY							
035 NURSING FACILITY							
035 01 ICF/MR							
036 OTHER LONG TERM CARE							
037 ANCILLARY SERVICE COST CENTER							
038 OPERATING ROOM		25,188		25	2,548		6,117,227
039 RECOVERY ROOM							
040 DELIVERY ROOM & LABOR							
041 ANESTHESIOLOGY							
042 RADIOLOGY-DIAGNOSTIC		38,208		8	29,125		12,251,045
043 RADIOLOGY-THERAPEUTIC							
044 RADIOISOTOPE LABORATORY		35,385		9	11,204		8,942,638
045 PBP CLINICAL LAB SERVICE							
046 WHOLE BLOOD & PACKED BLOOD STORAGE, PROCESSING							
047 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY					6,064		662,833
050 PHYSICAL THERAPY		2,950			8,191		1,350,327
051 OCCUPATIONAL THERAPY							
052 SPEECH PATHOLOGY							7,499
053 ELECTROCARDIOLOGY							360,941
054 ELECTROENCEPHALOGRAPHY							
055 MEDICAL SUPPLIES CHARACTERIZED					732,662		1,117,180
056 DRUGS CHARGED TO PATIENT						100	2,079,968
057 RENAL DIALYSIS							
058 ASC (NON-DISTINCT) PATIENT SERVICE COST CENTER							
060 CLINIC							
061 EMERGENCY		40,951		16	60,091		6,069,780
062 OBSERVATION BEDS (NON-ADMITTED)							
063 OTHER OUTPATIENT SERVICES							
063 50 RURAL HEALTH CLINIC		88,750			17,974		
063 OTHER REIMBURSED COST CENTER							
064 HOME PROGRAM DIALYSIS							
065 AMBULANCE SERVICES							
066 DURABLE MEDICAL EQUIPMENT							
067 DURABLE MEDICAL EQUIPMENT							
069 CORP							
070 I&R SERVICES-NOT APPROPRIATE							
071 HOME HEALTH AGENCY							
082 LUNG ACQUISITION							
083 SPECIFIC PURPOSE COST CENTER							
083 KIDNEY ACQUISITION							
084 LIVER ACQUISITION							
085 HEART ACQUISITION							
085 01 PANCREAS ACQUISITION							

COST CENTER DESCRIPTION	DIETARY (MEALS SERVED)	CAFETERIA S(HOURS)	MAINTENANCE F PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT SING HRS)	CENTRAL SERVICES & SUPPLY NR(COSTED EQUIS.)	PHARMACY R(COSTED EQUIS.)	MEDICAL RECORDS & LIBRARY R(GROSS VENUE)	R
	11	12	13	14	15	16	17	
092 SPEC PURPOSE COST CEN								
093 AMBULATORY SURGICAL C								
095 HOSPICE								
096 SUBTOTALS	100	330,533		123	905,048	100	40,410,214	
097 NONREIMBURS COST CENT								
098 GIFT, FLOWER, COFFEE								
099 RESEARCH								
100 PHYSICIANS' PRIVATE O								
100 NONPAID WORKERS								
100 WIC		8,066			316			
100 01 TOBACCO/CHILD GRANT								
100 02 CLINIC		8,634			1,356		671,228	
100 03 OTHER NONREIMBURSABLE								
100 04 SPN								
101 CROSS FOOT ADJUSTMENT								
102 NEGATIVE COST CENTER								
103 COST TO BE ALLOCATED	106,105	235,310		317,982	173,755	672,381	1,427,198	
(WRKSHT B, PART I)								
104 UNIT COST MULTIPLIER		.677672		2,585.219512		6,723.810000		
(WRKSHT B, PT I)	1,061.050000				.191630		.034741	
105 COST TO BE ALLOCATED								
(WRKSHT B, PART II)								
106 UNIT COST MULTIPLIER								
(WRKSHT B, PT II)								
107 COST TO BE ALLOCATED	16,220	26,920		4,950	21,813	15,690	137,017	
(WRKSHT B, PART III)								
108 UNIT COST MULTIPLIER		.077527		40.243902		156.900000		
(WRKSHT B, PT III)	162.200000				.024057		.003335	

COST CENTER DESCRIPTION	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	I&R SERVICES-SALARY & FRI	I&R SERVICES-OTHER PRGM	PARAMED ED PRGM
	(TIME SPENT)	(ASSIGNED TIME)	(ASSIGNED TIME)	(ASSIGNED TIME)	(ASSIGNED TIME)	(ASSIGNED TIME)
GENERAL SERVICE COST	18	20	21	22	23	24
001 OLD CAP REL COSTS-BLD						
002 OLD CAP REL COSTS-MVB						
003 NEW CAP REL COSTS-BLD						
003 01 NEW CAP REL COSTS-BLD						
004 NEW CAP REL COSTS-MVB						
004 01 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						
056 DRUGS CHARGED TO PATI						
057 RENAL DIALYSIS						
058 ASC (NON-DISTINCT PAR						
OUTPAT SERVICE COST C						
060 CLINIC						
061 EMERGENCY						
062 OBSERVATION BEDS (NON						
063 OTHER OUTPATIENT SERV						
063 50 RURAL HEALTH CLINIC						
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						
082 LUNG ACQUISITION						
SPEC PURPOSE COST CEN						
083 KIDNEY ACQUISITION						
084 LIVER ACQUISITION						
085 HEART ACQUISITION						
085 01 PANCREAS ACQUISITION						

COST CENTER DESCRIPTION	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	I&R SERVICES- SALARY & FRI	I&R SERVICES- OTHER PRGM C	PARAMED ED PRGM
	(TIME SPENT)	(ASSIGNED TIME)	(ASSIGNED TIME)	(ASSIGNED TIME)	(ASSIGNED TIME)	(ASSIGNED TIME)
SPEC PURPOSE COST CEN	18	20	21	22	23	24
092 AMBULATORY SURGICAL C						
093 HOSPICE						
095 SUBTOTALS						
NONREIMBURS COST CENT						
096 GIFT, FLOWER, COFFEE						
097 RESEARCH						
098 PHYSICIANS' PRIVATE O						
099 NONPAID WORKERS						
100 WIC						
100 01 TOBACCO/CHILD GRANT						
100 02 CLINIC						
100 03 OTHER NONREIMBURSABLE						
100 04 SPN						
101 CROSS FOOT ADJUSTMENT						
102 NEGATIVE COST CENTER						
103 COST TO BE ALLOCATED (PER WRKSHT B, PART						
104 UNIT COST MULTIPLIER (WRKSHT B, PT I)						
105 COST TO BE ALLOCATED (PER WRKSHT B, PART						
106 UNIT COST MULTIPLIER (WRKSHT B, PT II)						
107 COST TO BE ALLOCATED (PER WRKSHT B, PART						
108 UNIT COST MULTIPLIER (WRKSHT B, PT III)						

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DI ALLOWANCE 4	TOTAL COSTS 5
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS	2,295,429		2,295,429		
26	INTENSIVE CARE UNIT					
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					
36	OTHER LONG TERM CARE ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	1,653,508		1,653,508		
38	RECOVERY ROOM					
39	DELIVERY ROOM & LABOR ROO					
40	ANESTHESIOLOGY					
41	RADIOLOGY-DIAGNOSTIC	3,249,315		3,249,315		
42	RADIOLOGY-THERAPEUTIC					
43	RADIOISOTOPE					
44	LABORATORY	2,265,256		2,265,256		
45	PBP CLINICAL LAB SERVICES					
46	WHOLE BLOOD & PACKED RED					
47	BLOOD STORING, PROCESSING					
48	INTRAVENOUS THERAPY					
49	RESPIRATORY THERAPY	50,010		50,010		
50	PHYSICAL THERAPY	470,224		470,224		
51	OCCUPATIONAL THERAPY					
52	SPEECH PATHOLOGY	595		595		
53	ELECTROCARDIOLOGY	38,400		38,400		
54	ELECTROENCEPHALOGRAPHY					
55	MEDICAL SUPPLIES CHARGED	1,268,315		1,268,315		
56	DRUGS CHARGED TO PATIENTS	744,641		744,641		
57	RENAL DIALYSIS					
58	ASC (NON-DISTINCT PART) OUTPAT SERVICE COST CNTRS					
60	CLINIC					
61	EMERGENCY	2,977,029		2,977,029		
62	OBSERVATION BEDS (NON-DIS	344,494		344,494		
63	OTHER OUTPATIENT SERVICE					
63	50 RURAL HEALTH CLINIC	4,481,019		4,481,019		
64	OTHER REIMBURS COST CNTRS					
65	HOME PROGRAM DIALYSIS					
66	AMBULANCE SERVICES					
67	DURABLE MEDICAL EQUIP-REN					
67	DURABLE MEDICAL EQUIP-SOL					
101	SUBTOTAL	19,838,235		19,838,235		
102	LESS OBSERVATION BEDS	344,494		344,494		
103	TOTAL	19,493,741		19,493,741		

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27 1	CAPITAL COST WKST B PT II & III, COL. 27 2	OPERATING COST NET OF CAPITAL COST 3	CAPITAL REDUCTION 4	OPERATING COST REDUCTION AMOUNT 5	COST NET OF CAP AND OPER COST REDUCTION 6
37	ANCILLARY SRVC COST CNTRS						
38	OPERATING ROOM	1,653,508	210,426	1,443,082			1,653,508
39	RECOVERY ROOM						
40	DELIVERY ROOM & LABOR ROO						
41	ANESTHESIOLOGY						
42	RADIOLOGY-DIAGNOSTIC	3,249,315	206,530	3,042,785			3,249,315
43	RADIOLOGY-THERAPEUTIC						
44	RADIOISOTOPE						
45	LABORATORY	2,265,256	89,856	2,175,400			2,265,256
46	PBP CLINICAL LAB SERVICES						
47	WHOLE BLOOD & PACKED RED						
48	BLOOD STORING, PROCESSING						
49	INTRAVENOUS THERAPY						
50	RESPIRATORY THERAPY	50,010	2,496	47,514			50,010
51	PHYSICAL THERAPY	470,224	40,078	430,146			470,224
52	OCCUPATIONAL THERAPY						
53	SPEECH PATHOLOGY	595	27	568			595
54	ELECTROCARDIOLOGY	38,400	5,797	32,603			38,400
55	ELECTROENCEPHALOGRAPHY						
56	MEDICAL SUPPLIES CHARGED	1,268,315	27,214	1,241,101			1,268,315
57	DRUGS CHARGED TO PATIENTS	744,641	22,627	722,014			744,641
58	RENAL DIALYSIS						
59	ASC (NON-DISTINCT PART)						
60	OUTPAT SERVICE COST CNTRS						
61	CLINIC						
62	EMERGENCY	2,977,029	129,874	2,847,155			2,977,029
63	OBSERVATION BEDS (NON-DIS	344,494		344,494			344,494
64	OTHER OUTPATIENT SERVICE						
65	RURAL HEALTH CLINIC	4,481,019	233,487	4,247,532			4,481,019
66	OTHER REIMBURS COST CNTRS						
67	HOME PROGRAM DIALYSIS						
68	AMBULANCE SERVICES						
69	DURABLE MEDICAL EQUIP-REN						
70	DURABLE MEDICAL EQUIP-SOL						
101	SUBTOTAL	17,542,806	968,412	16,574,394			17,542,806
102	LESS OBSERVATION BEDS	344,494		344,494			344,494
103	TOTAL	17,198,312	968,412	16,229,900			17,198,312

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRG RATIO	I/P PT B COST TO CHRG RATIO
		7	8	9
37	ANCILLARY SRVC COST CNTRS			
38	OPERATING ROOM	6,117,227	.270304	.270304
39	RECOVERY ROOM			
40	DELIVERY ROOM & LABOR ROO			
41	ANESTHESIOLOGY			
42	RADIOLOGY-DIAGNOSTIC	12,251,045	.265228	.265228
43	RADIOLOGY-THERAPEUTIC			
44	RADIOISOTOPE			
45	LABORATORY	8,942,638	.253310	.253310
46	PBP CLINICAL LAB SERVICES			
47	WHOLE BLOOD & PACKED RED			
48	BLOOD STORING, PROCESSING			
49	INTRAVENOUS THERAPY			
50	RESPIRATORY THERAPY	662,833	.075449	.075449
51	PHYSICAL THERAPY	1,350,326	.348230	.348230
52	OCCUPATIONAL THERAPY			
53	SPEECH PATHOLOGY	7,499	.079344	.079344
54	ELECTROCARDIOLOGY	360,941	.106389	.106389
55	ELECTROENCEPHALOGRAPHY			
56	MEDICAL SUPPLIES CHARGED	1,117,180	1.135283	1.135283
57	DRUGS CHARGED TO PATIENTS	2,079,968	.358006	.358006
58	RENAL DIALYSIS			
59	ASC (NON-DISTINCT PART)			
60	OUTPAT SERVICE COST CNTRS			
61	CLINIC			
62	EMERGENCY	6,069,780	.490467	.490467
63	OBSERVATION BEDS (NON-DIS	273,863	1.257906	1.257906
64	OTHER OUTPATIENT SERVICE			
65	RURAL HEALTH CLINIC	4,052,281	1.105802	1.105802
66	OTHER REIMBURS COST CNTRS			
67	HOME PROGRAM DIALYSIS			
68	AMBULANCE SERVICES			
69	DURABLE MEDICAL EQUIP-REN			
70	DURABLE MEDICAL EQUIP-SOL			
101	SUBTOTAL	43,285,581		
102	LESS OBSERVATION BEDS	273,863		
103	TOTAL	43,011,718		

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27 1	CAPITAL COST WKST B PT II & III, COL. 27 2	OPERATING COST NET OF CAPITAL COST 3	CAPITAL REDUCTION 4	OPERATING COST REDUCTION AMOUNT 5	COST NET OF CAP AND OPER COST REDUCTION 6
37	ANCILLARY SRVC COST CNTRS						
38	OPERATING ROOM	1,653,508	210,426	1,443,082			1,653,508
39	RECOVERY ROOM						
40	DELIVERY ROOM & LABOR ROO						
41	ANESTHESIOLOGY						
42	RADIOLOGY-DIAGNOSTIC	3,249,315	206,530	3,042,785			3,249,315
43	RADIOLOGY-THERAPEUTIC						
44	RADIOISOTOPE						
45	LABORATORY	2,265,256	89,856	2,175,400			2,265,256
46	PBP CLINICAL LAB SERVICES						
47	WHOLE BLOOD & PACKED RED						
48	BLOOD STORING, PROCESSING						
49	INTRAVENOUS THERAPY						
50	RESPIRATORY THERAPY	50,010	2,496	47,514			50,010
51	PHYSICAL THERAPY	470,224	40,078	430,146			470,224
52	OCCUPATIONAL THERAPY						
53	SPEECH PATHOLOGY	595	27	568			595
54	ELECTROCARDIOLOGY	38,400	5,797	32,603			38,400
55	ELECTROENCEPHALOGRAPHY						
56	MEDICAL SUPPLIES CHARGED	1,268,315	27,214	1,241,101			1,268,315
57	DRUGS CHARGED TO PATIENTS	744,641	22,627	722,014			744,641
58	RENAL DIALYSIS						
59	ASC (NON-DISTINCT PART)						
60	OUTPAT SERVICE COST CNTRS						
61	CLINIC						
62	EMERGENCY	2,977,029	129,874	2,847,155			2,977,029
63	OBSERVATION BEDS (NON-DIS	344,494		344,494			344,494
64	OTHER OUTPATIENT SERVICE						
65	RURAL HEALTH CLINIC	4,481,019	233,487	4,247,532			4,481,019
66	OTHER REIMBURS COST CNTRS						
67	HOME PROGRAM DIALYSIS						
68	AMBULANCE SERVICES						
69	DURABLE MEDICAL EQUIP-REN						
70	DURABLE MEDICAL EQUIP-SOL						
101	SUBTOTAL	17,542,806	968,412	16,574,394			17,542,806
102	LESS OBSERVATION BEDS	344,494		344,494			344,494
103	TOTAL	17,198,312	968,412	16,229,900			17,198,312

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRGRATIO	I/P PT B COST TO CHRGRATIO
		7	8	9
37	ANCILLARY SRVC COST CNTRS			
38	OPERATING ROOM	6,117,227	.270304	.270304
39	RECOVERY ROOM			
40	DELIVERY ROOM & LABOR ROO			
41	ANESTHESIOLOGY			
42	RADIOLOGY-DIAGNOSTIC	12,251,045	.265228	.265228
43	RADIOLOGY-THERAPEUTIC			
44	RADIOISOTOPE			
45	LABORATORY	8,942,638	.253310	.253310
46	PBP CLINICAL LAB SERVICES			
47	WHOLE BLOOD & PACKED RED			
48	BLOOD STORING, PROCESSING			
49	INTRAVENOUS THERAPY			
50	RESPIRATORY THERAPY	662,833	.075449	.075449
51	PHYSICAL THERAPY	1,350,326	.348230	.348230
52	OCCUPATIONAL THERAPY			
53	SPEECH PATHOLOGY	7,499	.079344	.079344
54	ELECTROCARDIOLOGY	360,941	.106389	.106389
55	ELECTROENCEPHALOGRAPHY			
56	MEDICAL SUPPLIES CHARGED	1,117,180	1.135283	1.135283
57	DRUGS CHARGED TO PATIENTS	2,079,968	.358006	.358006
58	RENAL DIALYSIS			
59	ASC (NON-DISTINCT PART)			
60	OUTPAT SERVICE COST CNTRS			
61	CLINIC			
62	EMERGENCY	6,069,780	.490467	.490467
63	OBSERVATION BEDS (NON-DIS	273,863	1.257906	1.257906
64	OTHER OUTPATIENT SERVICE			
65	RURAL HEALTH CLINIC	4,052,281	1.105802	1.105802
66	OTHER REIMBURS COST CNTRS			
67	HOME PROGRAM DIALYSIS			
68	AMBULANCE SERVICES			
69	DURABLE MEDICAL EQUIP-REN			
70	DURABLE MEDICAL EQUIP-SOL			
101	SUBTOTAL	43,285,581		
102	LESS OBSERVATION BEDS	273,863		
103	TOTAL	43,011,718		

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27 1	TOTAL ANCILLARY CHARGES 2	TOTAL INP ANCILLARY CHARGES 3	CHARGE TO CHARGE RATIO 4	TOTAL INPATIENT COST 5
37	ANCILLARY SRVC COST CNTRS					
38	OPERATING ROOM	1,653,508	6,117,227			
39	RECOVERY ROOM					
40	DELIVERY ROOM & LABOR ROO					
41	ANESTHESIOLOGY					
42	RADIOLOGY-DIAGNOSTIC	3,249,315	12,251,045			
43	RADIOLOGY-THERAPEUTIC					
44	RADIOISOTOPE					
45	LABORATORY	2,265,256	8,942,638			
46	PBP CLINICAL LAB SERVICES					
47	WHOLE BLOOD & PACKED RED					
48	BLOOD STORING, PROCESSING					
49	INTRAVENOUS THERAPY					
50	RESPIRATORY THERAPY	50,010	662,833			
51	PHYSICAL THERAPY	470,224	1,350,326			
52	OCCUPATIONAL THERAPY					
53	SPEECH PATHOLOGY	595	7,499			
54	ELECTROCARDIOLOGY	38,400	360,941			
55	ELECTROENCEPHALOGRAPHY					
56	MEDICAL SUPPLIES CHARGED	1,268,315	1,117,180			
57	DRUGS CHARGED TO PATIENTS	744,641	2,079,968			
58	RENAL DIALYSIS					
59	ASC (NON-DISTINCT PART)					
60	OUTPAT SERVICE COST CNTRS					
61	CLINIC					
62	EMERGENCY	2,977,029	6,069,780			
63	OBSERVATION BEDS (NON-DIS	344,494	273,863			
64	OTHER OUTPATIENT SERVICE					
65	RURAL HEALTH CLINIC	4,481,019	4,052,281			
66	OTHER REIMBURS COST CNTRS					
67	HOME PROGRAM DIALYSIS					
68	AMBULANCE SERVICES					
69	DURABLE MEDICAL EQUIP-REN					
70	DURABLE MEDICAL EQUIP-SOL					
101	TOTAL	17,542,806	43,285,581			

TITLE XVIII, PART B

HOSPITAL

Cost Center Description	Other Outpatient Diagnostic	All Other (1)	Outpatient Ambulatory Surgical Ctr	Outpatient Radiology	Other Outpatient Diagnostic
	4	5	6	7	8
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM		2,238,379			
38 RECOVERY ROOM					
39 DELIVERY ROOM & LABOR ROOM					
40 ANESTHESIOLOGY					
41 RADIOLOGY-DIAGNOSTIC		2,726,555			
42 RADIOLOGY-THERAPEUTIC					
43 RADIOISOTOPE					
44 LABORATORY		2,711,637			
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		1,798			
50 PHYSICAL THERAPY		384,918			
51 OCCUPATIONAL THERAPY					
52 SPEECH PATHOLOGY					
53 ELECTROCARDIOLOGY		244,010			
54 ELECTROENCEPHALOGRAPHY					
55 MEDICAL SUPPLIES CHARGED TO PATIENTS		560,239			
56 DRUGS CHARGED TO PATIENTS		367,609			
57 RENAL DIALYSIS					
58 ASC (NON-DISTINCT PART)					
60 OUTPAT SERVICE COST CNTRS					
61 CLINIC					
62 EMERGENCY		1,436,236			
63 OBSERVATION BEDS (NON-DISTINCT PART)		112,764			
63 50 OTHER OUTPATIENT SERVICE COST CENTER					
64 RURAL HEALTH CLINIC					
65 OTHER REIMBURS COST CNTRS					
66 HOME PROGRAM DIALYSIS					
67 AMBULANCE SERVICES					
101 DURABLE MEDICAL EQUIP-RENTED					
102 DURABLE MEDICAL EQUIP-SOLD					
103 SUBTOTAL		10,784,145			
104 CRNA CHARGES					
105 LESS PBP CLINIC LAB SVCS-					
106 PROGRAM ONLY CHARGES					
107 NET CHARGES		10,784,145			

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

TITLE XVIII, PART B

HOSPITAL

Cost Center Description	All	Other	Hospital I/P Part B Charges	Hospital I/P Part B Costs
	9	10	11	
(A) ANCILLARY SRVC COST CNTRS				
37 OPERATING ROOM		605,043		
38 RECOVERY ROOM				
39 DELIVERY ROOM & LABOR ROOM				
40 ANESTHESIOLOGY				
41 RADIOLOGY-DIAGNOSTIC		723,159		
42 RADIOLOGY-THERAPEUTIC				
43 RADIOISOTOPE				
44 LABORATORY		686,885		
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		136		
50 PHYSICAL THERAPY		134,040		
51 OCCUPATIONAL THERAPY				
52 SPEECH PATHOLOGY				
53 ELECTROCARDIOLOGY		25,960		
54 ELECTROENCEPHALOGRAPHY				
55 MEDICAL SUPPLIES CHARGED TO PATIENTS		636,030		
56 DRUGS CHARGED TO PATIENTS		131,606		
57 RENAL DIALYSIS				
58 ASC (NON-DISTINCT PART)				
60 OUTPAT SERVICE COST CNTRS				
61 CLINIC				
62 EMERGENCY		704,426		
63 OBSERVATION BEDS (NON-DISTINCT PART)		141,847		
63 OTHER OUTPATIENT SERVICE COST CENTER				
63 50 RURAL HEALTH CLINIC				
64 OTHER REIMBURS COST CNTRS				
65 HOME PROGRAM DIALYSIS				
66 AMBULANCE SERVICES				
67 DURABLE MEDICAL EQUIP-RENTED				
101 DURABLE MEDICAL EQUIP-SOLD				
102 SUBTOTAL		3,789,132		
103 CRNA CHARGES				
104 LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES				
NET CHARGES		3,789,132		

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

TITLE XVIII PART A HOSPITAL OTHER

PART 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	319
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	1,079.92
85	OBSERVATION BED COST	344,494

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

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

TITLE XIX - I/P HOSPITAL OTHER

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

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

PART IV - COMPUTATION OF OBSERVATION BED COST

83	TOTAL OBSERVATION BED DAYS	319
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	
85	OBSERVATION BED COST	

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

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

TITLE XVII HOSPITAL

DESCRIPTION	INPATIENT-PART A		PART B	
	MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT
	1	2	3	4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		1,006,165		2,211,540
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.		NONE		NONE
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
ADJUSTMENTS TO PROVIDER	.01	2/ 1/2008	39,181	
ADJUSTMENTS TO PROVIDER	.02			
ADJUSTMENTS TO PROVIDER	.03			
ADJUSTMENTS TO PROVIDER	.04			
ADJUSTMENTS TO PROVIDER	.05			
ADJUSTMENTS TO PROGRAM	.50		2/ 1/2008	101,270
ADJUSTMENTS TO PROGRAM	.51			
ADJUSTMENTS TO PROGRAM	.52			
ADJUSTMENTS TO PROGRAM	.53			
ADJUSTMENTS TO PROGRAM	.54			
SUBTOTAL	.99		39,181	-101,270
4 TOTAL INTERIM PAYMENTS		1,045,346		2,110,270
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
TENTATIVE TO PROVIDER	.01			
TENTATIVE TO PROVIDER	.02			
TENTATIVE TO PROVIDER	.03			
TENTATIVE TO PROGRAM	.50			
TENTATIVE TO PROGRAM	.51			
TENTATIVE TO PROGRAM	.52			
SUBTOTAL	.99		NONE	NONE
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)				
SETTLEMENT TO PROVIDER	.01			
SETTLEMENT TO PROGRAM	.02			
7 TOTAL MEDICARE PROGRAM LIABILITY				

NAME OF INTERMEDIARY:
 INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: _____

DATE: ___/___/___

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

TITLE XVII SWING BED SNF

DESCRIPTION	INPATIENT-PART A		PART B	
	MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT
	1	2	3	4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		698,354		
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.		NONE		NONE
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
ADJUSTMENTS TO PROVIDER	.01	2/1/2008	52,743	
ADJUSTMENTS TO PROVIDER	.02			
ADJUSTMENTS TO PROVIDER	.03			
ADJUSTMENTS TO PROVIDER	.04			
ADJUSTMENTS TO PROVIDER	.05			
ADJUSTMENTS TO PROGRAM	.50			
ADJUSTMENTS TO PROGRAM	.51			
ADJUSTMENTS TO PROGRAM	.52			
ADJUSTMENTS TO PROGRAM	.53			
ADJUSTMENTS TO PROGRAM	.54			
SUBTOTAL	.99		52,743	NONE
4 TOTAL INTERIM PAYMENTS			751,097	
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
TENTATIVE TO PROVIDER	.01			
TENTATIVE TO PROVIDER	.02			
TENTATIVE TO PROVIDER	.03			
TENTATIVE TO PROGRAM	.50			
TENTATIVE TO PROGRAM	.51			
TENTATIVE TO PROGRAM	.52			
SUBTOTAL	.99		NONE	NONE
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)				
SETTLEMENT TO PROVIDER	.01			
SETTLEMENT TO PROGRAM	.02			
7 TOTAL MEDICARE PROGRAM LIABILITY				

NAME OF INTERMEDIARY:
 INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: _____

DATE: ___/___/___

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

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

	TITLE XIX HOSPITAL	TITLE V OR TITLE XIX 1	TITLE XVIII SNF PPS 2
1	COMPUTATION OF NET COST OF COVERED SERVICE		
2	INPATIENT HOSPITAL/SNF/NF SERVICES	112,500	
3	MEDICAL AND OTHER SERVICES		
4	INTERNS AND RESIDENTS (SEE INSTRUCTIONS)		
5	ORGAN ACQUISITION (CERT TRANSPLANT CENTERS ONLY)		
6	COST OF TEACHING PHYSICIANS (SEE INSTRUCTIONS)		
7	SUBTOTAL	112,500	
8	INPATIENT PRIMARY PAYER PAYMENTS		
9	OUTPATIENT PRIMARY PAYER PAYMENTS		
	SUBTOTAL	112,500	
	COMPUTATION OF LESSER OF COST OR CHARGES		
	REASONABLE CHARGES		
10	ROUTINE SERVICE CHARGES		
11	ANCILLARY SERVICE CHARGES	398,640	
12	INTERNS AND RESIDENTS SERVICE CHARGES		
13	ORGAN ACQUISITION CHARGES, NET OF REVENUE		
14	TEACHING PHYSICIANS		
15	INCENTIVE FROM TARGET AMOUNT COMPUTATION		
16	TOTAL REASONABLE CHARGES	398,640	
	CUSTOMARY CHARGES		
17	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS		
18	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e)		
19	RATIO OF LINE 17 TO LINE 18		
20	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)	398,640	
21	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	286,140	
22	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES		
23	COST OF COVERED SERVICES	112,500	
	PROSPECTIVE PAYMENT AMOUNT		
24	OTHER THAN OUTLIER PAYMENTS		
25	OUTLIER PAYMENTS		
26	PROGRAM CAPITAL PAYMENTS		
27	CAPITAL EXCEPTION PAYMENTS (SEE INSTRUCTIONS)		
28	ROUTINE SERVICE OTHER PASS THROUGH COSTS		
29	ANCILLARY SERVICE OTHER PASS THROUGH COSTS		
30	SUBTOTAL	112,500	
31	CUSTOMARY CHARGES (TITLE XIX PPS COVERED SERVICES ONLY)		
32	TITLES V OR XIX PPS, LESSER OF LNS 30 OR 31; NON PPS & TITLE XVIII ENTER AMOUNT FROM LINE 30	112,500	
33	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)		
	COMPUTATION OF REIMBURSEMENT SETTLEMENT		
34	EXCESS OF REASONABLE COST		
35	SUBTOTAL	112,500	
36	COINSURANCE		
37	SUM OF AMOUNTS FROM WKST. E, PARTS C, D & E, LN 19		
38	REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)		
38.01	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS ENDING BEFORE 10/01/05 (SEE INSTRUCTIONS)		
38.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES		
38.03	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS BEGINNING ON OR AFTER 10/01/05 (SEE INSTRUCTIONS)		
39	UTILIZATION REVIEW		
40	SUBTOTAL (SEE INSTRUCTIONS)	112,500	
41	INPATIENT ROUTINE SERVICE COST		
42	MEDICARE INPATIENT ROUTINE CHARGES		
43	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS		
44	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT OF PART A SERVICES		
45	RATIO OF LINE 43 TO 44		
46	TOTAL CUSTOMARY CHARGES		
47	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST		
48	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES		
49	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION		
50	OTHER ADJUSTMENTS (SPECIFY)		
51	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS		
52	SUBTOTAL	112,500	
53	INDIRECT MEDICAL EDUCATION ADJUSTMENT (PPS ONLY)		
54	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS		
55	TOTAL AMOUNT PAYABLE TO THE PROVIDER	112,500	
56	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)		
57	INTERIM PAYMENTS	112,500	
57.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
58	BALANCE DUE PROVIDER/PROGRAM		

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

TITLE XIX

HOSPITAL

TITLE V OR
TITLE XIX
1

TITLE XVIII
SNF PPS
2

59 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS)
 IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.

	GENERAL FUND		SPECIFIC PURPOSE FUND	
	1	2	3	4
1 FUND BALANCE AT BEGINNING OF PERIOD		1,061,433		71,597
2 NET INCOME (LOSS)		-307,767		
3 TOTAL		753,666		71,597
4 ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
5 RESTRICTED CONTRIBUTIONS		23,568		
6 DEFERRED PENSION COSTS		208,892		
7 TRANSFER FROM AFFILIATES		10,276		
8 GRANT REVENUE			8,487	
9 CONTRIBUTIONS			51,785	
10 OTHER RESTRICTED ACTIVITY			44,146	
11 TOTAL ADDITIONS		242,736		104,418
12 SUBTOTAL		996,402		176,015
13 DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
14 OTHER UNRESTRICTED ACTIVITY		82,466		
15 NET ASSETS RELEASED RESTR			53,923	
16				
17				
18 TOTAL DEDUCTIONS		82,466		53,923
19 FUND BALANCE AT END OF PERIOD PER BALANCE SHEET		913,936		122,092

	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 RESTRICTED CONTRIBUTIONS				
6 DEFERRED PENSION COSTS				
7 TRANSFER FROM AFFILIATES				
8 GRANT REVENUE				
9 CONTRIBUTIONS				
10 OTHER RESTRICTED ACTIVITY				
11 TOTAL ADDITIONS				
12 SUBTOTAL				
13 DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
14 OTHER UNRESTRICTED ACTIVITY				
15 NET ASSETS RELEASED RESTR				
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	1,154,445		1,154,445
2 00 SUBPROVIDER			
4 00 SWING BED - SNF	193,801		193,801
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	1,348,246		1,348,246
INTENSIVE CARE TYPE INPATIENT HOSPITAL SVCS			
10 00 INTENSIVE CARE UNIT			
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			
16 00 TOTAL INPATIENT ROUTINE CARE SERVICE	1,348,246		1,348,246
17 00 ANCILLARY SERVICES	3,276,089		3,276,089
18 00 OUTPATIENT SERVICES		39,035,395	39,035,395
18 50 RURAL HEALTH CLINIC		4,102,998	4,102,998
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	4,624,335	43,138,393	47,762,728

PART II - OPERATING EXPENSES

26 00 OPERATING EXPENSES		20,628,677	
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		20,628,677	

ALLOCATION OF OVERHEAD
TO RHC/FQHC SERVICES

PROVIDER NO:	PERIOD:	PREPARED
15-1303	FROM 7/ 1/2007	12/ 9/2008
COMPONENT NO:	TO 6/30/2008	WORKSHEET M-2
15-3991		

RHC 1

VISITS AND PRODUCTIVITY

	NUMBER OF FTE PERSONNEL 1	TOTAL VISITS 2	PRODUCTIVITY STANDARD(1) 3	MINIMUM VISITS 4	
POSITIONS					
1	PHYSICIANS	3.00	36,460	4,200	12,600
2	PHYSICIAN ASSISTANTS	1.00		2,100	2,100
3	NURSE PRACTITIONERS	6.00		2,100	12,600
4	SUBTOTAL (SUM OF LINES 1-3)	10.00	36,460		27,300
5	VISITING NURSE				
6	CLINICAL PSYCHOLOGIST				
7	CLINICAL SOCIAL WORKER				
8	TOTAL FTEs AND VISITS (SUM OF LINES 4-7)	10.00	36,460		
9	PHYSICIAN SERVICES UNDER AGREEMENTS				
DETERMINATION OF ALLOWABLE COST APPLICABLE TO RHC/FQHC SERVICES					
10	TOTAL COSTS OF HEALTH CARE SERVICES (FROM WORKSHEET M-1, COLUMN 7, LINE 22)	2,461,484			
11	TOTAL NONREIMBURSABLE COSTS (FROM WORKSHEET M-1, COLUMN 7, LINE 28)				
12	COST OF ALL SERVICES (EXCLUDING OVERHEAD) (SUM OF LINES 10 AND 11)	2,461,484			
13	RATIO OF RHC/FQHC SERVICES (LINE 10 DIVIDED BY LINE 12)	1.000000			
14	TOTAL FACILITY OVERHEAD (FROM WORKSHEET M-1, COLUMN 7, LINE 31)	16,755			
15	PARENT PROVIDER OVERHEAD ALLOCATED TO FACILITY (SEE INSTRUCTIONS)	2,002,780			
16	TOTAL OVERHEAD (SUM OF LINES 14 AND 15)	2,019,535			
17	ALLOWABLE GME OVERHEAD (SEE INSTRUCTIONS)				
18	SUBTRACT LINE 17 FROM LINE 16	2,019,535			
19	OVERHEAD APPLICABLE TO RHC/FQHC SERVICES (LINE 13 X LINE 18)	2,019,535			
20	TOTAL ALLOWABLE COST OF RHC/FQHC SERVICES (SUM OF LINES 10 AND 19)	4,481,019			
		GREATER OF COL. 2 OR COL. 4 5			
POSITIONS					
1	PHYSICIANS				
2	PHYSICIAN ASSISTANTS				
3	NURSE PRACTITIONERS				
4	SUBTOTAL (SUM OF LINES 1-3)	36,460			
5	VISITING NURSE				
6	CLINICAL PSYCHOLOGIST				
7	CLINICAL SOCIAL WORKER				
8	TOTAL FTEs AND VISITS (SUM OF LINES 4-7)	36,460			
9	PHYSICIAN SERVICES UNDER AGREEMENTS				

(1) THE PRODUCTIVITY STANDARD FOR PHYSICIANS IS 4,200 AND 2,100 FOR ALL OTHERS. IF AN EXCEPTION TO THE STANDARD HAS BEEN GRANTED (WORKSHEET S-8, LINE 13 EQUALS "Y"), COLUMN 3, LINES 1 THRU 3 OF THIS WORKSHEET SHOULD BE BLANK. THIS APPLIES TO RHC ONLY.

