

WORKSHEET S
 PARTS I & II

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX	I	PROVIDER NO:	I	PERIOD	I	INTERMEDIARY USE ONLY	I	DATE RECEIVED:
COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	I	15-1330	I	FROM 1/ 1/2007	I	--AUDITED --DESK REVIEW	I	/ /
	I		I	TO 12/31/2007	I	--INITIAL --REOPENED	I	INTERMEDIARY NO:
	I		I		I	--FINAL 1-MCR CODE	I	
						OO - # OF REOPENINGS	I	

ELECTRONICALLY FILED COST REPORT DATE: 5/30/2008 TIME 12: 52

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:

ADAMS COUNTY MEMORIAL HOSPITAL 15-1330

FOR THE COST REPORTING PERIOD BEGINNING 1/ 1/2007 AND ENDING 12/31/2007 AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS A TRUE, CORRECT, AND COMPLETE STATEMENT PREPARED FROM THE BOOKS AND RECORDS OF THE PROVIDER IN ACCORDANCE WITH APPLICABLE INSTRUCTIONS, EXCEPT AS NOTED. I FURTHER CERTIFY THAT I AM FAMILIAR WITH THE LAWS AND REGULATIONS REGARDING THE PROVISION OF HEALTH CARE SERVICES, AND THAT THE SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

 OFFICER OR ADMINISTRATOR OF PROVIDER(S)

 TITLE

 DATE

PART II - SETTLEMENT SUMMARY

	TITLE V	A	TITLE XVIII	B	TITLE XIX	
	1	2		3	4	
1	HOSPITAL	0	88,479		99,899	0
2	SUBPROVIDER	0	150,059		0	0
3	SWING BED - SNF	0	1,869		0	0
5	HOSPITAL-BASED SNF	0	0		0	0
7	HOSPITAL-BASED HHA	0	0		0	0
100	TOTAL	0	240,407		99,899	0

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

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX ADDRESS
 1 STREET: 1100 MERCER AVENUE P. O. BOX:
 1.01 CITY: DECATUR STATE: IN ZIP CODE: 46733- COUNTY: ADAMS

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION:

COMPONENT	COMPONENT NAME	PROVIDER NO.	NPI NUMBER	DATE CERTIFIED	PAYMENT SYSTEM (P, T, O OR N)
02.00 HOSPITAL	ADAMS COUNTY MEMORIAL HOSPITAL	15-1330	2.01	11/ 1/2005	N 0 P
03.00 SUBPROVIDER	ADAMS COUNTY MEMORIAL HOSPITAL	15-M330		11/ 1/2005	N T P
04.00 SWING BED - SNF	ADAMS COUNTY MEMORIAL HOSPITAL	15-Z330		11/ 1/2005	N O P
06.00 HOSPITAL-BASED SNF	ADAMS COUNTY MEMORIAL HOSPITAL	15-5316		3/ 8/1988	N P N
09.00 HOSPITAL-BASED HHA	ADAMS COUNTY MEMORIAL HOSPITAL	15-7172		1/ 1/1992	N O N

17 COST REPORTING PERIOD (MM/DD/YYYY) FROM: 1/ 1/2007 TO: 12/31/2007 1 2
 18 TYPE OF CONTROL 9

TYPE OF HOSPITAL/SUBPROVIDER

19 HOSPITAL 1
 20 SUBPROVIDER 4

OTHER INFORMATION

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

21.01 DOES YOUR FACILITY QUALIFY AND IS CURRENTLY RECEIVING PAYMENT FOR DISPROPORTIONATE SHARE HOSPITAL ADJUSTMENT IN ACCORDANCE WITH 42 CFR 412.106? N

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

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

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

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

21.06 DOES THIS HOSPITAL QUALIFY FOR THE 3-YEAR TRANSITION OF HOLD HARMLESS PAYMENTS FOR SMALL RURAL HOSPITAL UNDER THE PROSPECTIVE PAYMENT SYSTEM FOR HOSPITAL OUTPATIENT SERVICES UNDER DRA SECTION 5105? ENTER "Y" FOR YES, AND "N" FOR NO. N

22 ARE YOU CLASSIFIED AS A REFERRAL CENTER? N

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

23.01 IF THIS IS A MEDICARE CERTIFIED KIDNEY TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE. / /

23.02 IF THIS IS A MEDICARE CERTIFIED HEART TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE. / /

23.03 IF THIS IS A MEDICARE CERTIFIED LIVER TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE. / /

23.04 IF THIS IS A MEDICARE CERTIFIED LUNG TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE. / /

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

23.06 IF THIS IS A MEDICARE CERTIFIED INTESTINAL TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE. / /

23.07 IF THIS IS A MEDICARE CERTIFIED ISLET TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE. / /

24 IF THIS IS AN ORGAN PROCUREMENT ORGANIZATION (OPO), ENTER THE OPO NUMBER IN COLUMN 2.

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

25.01 IS THIS TEACHING PROGRAM APPROVED IN ACCORDANCE WITH CMS PUB. 15-1, CHAPTER 4?

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

25.03 AS A TEACHING HOSPITAL, DID YOU ELECT COST REIMBURSEMENT FOR PHYSICIANS' SERVICES AS DEFINED IN CMS PUB. 15-1, SECTION 2148? IF YES, COMPLETE WORKSHEET D-9. N

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

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

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

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

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

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

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

TITLE XIX INPATIENT SERVICES
 38 DO YOU HAVE TITLE XIX INPATIENT HOSPITAL SERVICES? Y
 38.01 IS THIS HOSPITAL REIMBURSED FOR TITLE XIX THROUGH THE COST REPORT EITHER IN FULL OR IN PART? N
 38.02 DOES THE TITLE XIX PROGRAM REDUCE CAPITAL FOLLOWING THE MEDICARE METHODOLOGY? N
 38.03 ARE TITLE XIX NF PATIENTS OCCUPYING TITLE XVIII SNF BEDS (DUAL CERTIFICATION)? N
 38.04 DO YOU OPERATE AN ICF/MR FACILITY FOR PURPOSES OF TITLE XIX? N
 40 ARE THERE ANY RELATED ORGANIZATION OR HOME OFFICE COSTS AS DEFINED IN CMS PUB 15-I, CHAP 10?
 IF YES, AND 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 15h060
 40.01 NAME: ADAMS HEALTH NETWORK FI/CONTRACTOR NAME NATIONAL GOVERNEMENT SERVICES FI/CONTRACTOR #
 40.02 STREET: 1100 MERCER AVE P.O. BOX:
 40.03 CITY: DECATUR STATE: IN ZIP CODE: 46733-
 41 ARE PROVIDER BASED PHYSICIANS' COSTS INCLUDED IN WORKSHEET A? Y
 42 ARE PHYSICAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? Y
 42.01 ARE OCCUPATIONAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? Y
 42.02 ARE SPEECH PATHOLOGY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N
 43 ARE RESPIRATORY THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N
 44 IF YOU ARE CLAIMING COST FOR RENAL SERVICES ON WORKSHEET A, ARE THEY INPATIENT SERVICES ONLY? N
 45 HAVE YOU CHANGED YOUR COST ALLOCATION METHODOLOGY FROM THE PREVIOUSLY FILED COST REPORT? N 00/00/0000
 SEE CMS PUB. 15-II, SECTION 3617. IF YES, ENTER THE APPROVAL DATE IN COLUMN 2.
 45.01 WAS THERE A CHANGE IN THE STATISTICAL BASIS? Y
 45.02 WAS THERE A CHANGE IN THE ORDER OF ALLOCATION? N
 45.03 WAS THE CHANGE TO THE SIMPLIFIED COST FINDING METHOD? N
 46 IF YOU ARE PARTICIPATING IN THE NHCMP 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
47.00 HOSPITAL	1	2	3	4	5
48.00 SUBPROVIDER	N	N	N	N	N
49.00 SNF	N	N	N	N	N
50.00 HHA	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
 MDH PERIOD: BEGINNING: / / ENDING: / /

54 LIST AMOUNTS OF MALPRACTICE PREMIUMS AND PAID LOSSES:
 PREMIUMS: 0
 PAID LOSSES: 0
 AND/OR SELF INSURANCE: 0
 54.01 ARE MALPRACTICE PREMIUMS AND PAID LOSSES REPORTED IN OTHER THAN THE ADMINISTRATIVE AND GENERAL COST CENTER? IF YES, SUBMIT SUPPORTING SCHEDULE LISTING COST CENTERS AND AMOUNTS CONTAINED THEREIN. N
 55 DOES YOUR FACILITY QUALIFY FOR ADDITIONAL PROSPECTIVE PAYMENT IN ACCORDANCE WITH 42 CFR 412.107. ENTER "Y" FOR YES AND "N" FOR NO. N

56 ARE YOU CLAIMING AMBULANCE COSTS? IF YES, ENTER IN COLUMN 2 THE PAYMENT LIMIT PROVIDED FROM YOUR FISCAL INTERMEDIARY AND THE APPLICABLE DATES FOR THOSE LIMITS IN COLUMN 0. IF THIS IS THE FIRST YEAR OF OPERATION NO ENTRY IS REQUIRED IN COLUMN 2. IF COLUMN 1 IS Y, ENTER Y OR N IN COLUMN 3 WHETHER THIS IS YOUR FIRST YEAR OF OPERATIONS FOR RENDERING AMBULANCE SERVICES. ENTER IN COLUMN 4, IF APPLICABLE, THE FEE SCHEDULES AMOUNTS FOR THE PERIOD BEGINNING ON OR AFTER 4/1/2002. 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) Y 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

COMPONENT	NO. OF BEDS 1	BED DAYS AVAILABLE 2	CAH HOURS 2.01	TITLE V 3	I/P DAYS / TITLE XVIIII 4	O/P VISITS / NOT LTCH N/A 4.01	TRIPS TOTAL TITLE XIX 5
1 ADULTS & PEDIATRICS	21	7,665	104,712.00			2,270	175
2 HMO							
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF						55	
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS	21	7,665	104,712.00			2,325	175
6 INTENSIVE CARE UNIT	4	1,460	22,536.00			424	8
7 CORONARY CARE UNIT							
8 BURN INTENSIVE CARE UNIT							
9 SURGICAL INTENSIVE CARE UNIT							
11 NURSERY							134
12 TOTAL	25	9,125	127,248.00			2,749	317
13 RPCH VISITS							
14 SUBPROVIDER	10	3,650				1,287	322
15 SKILLED NURSING FACILITY	15	5,475				2,771	
16 NURSING FACILITY							
16 01 ICF/MR							
17 OTHER LONG TERM CARE							
18 HOME HEALTH AGENCY						5,300	1,397
20 AMBULATORY SURGICAL CENTER (
21 HOSPICE							
23 CORF							
25 TOTAL	50						
26 OBSERVATION BED DAYS							
26 01 OBSERVATION BED DAYS-SUB I							
27 AMBULANCE TRIPS						869	
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			4,363				
2 HMO							
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF			55				
4 ADULTS & PED-SB NF			25				
5 TOTAL ADULTS AND PEDS			4,443				
6 INTENSIVE CARE UNIT			939				
7 CORONARY CARE UNIT							
8 BURN INTENSIVE CARE UNIT							
9 SURGICAL INTENSIVE CARE UNIT							
11 NURSERY			413				
12 TOTAL			5,795				
13 RPCH VISITS							
14 SUBPROVIDER			2,793				
15 SKILLED NURSING FACILITY			3,935				
16 NURSING FACILITY							
16 01 ICF/MR							
17 OTHER LONG TERM CARE							
18 HOME HEALTH AGENCY			10,926				
20 AMBULATORY SURGICAL CENTER (
21 HOSPICE							
23 CORF							
25 TOTAL							
26 OBSERVATION BED DAYS			1,587	369	1,218		
26 01 OBSERVATION BED DAYS-SUB I							
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
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 XVIIII 13	TITLE XIX 14	TOTAL ALL PATIENTS 15
1 ADULTS & PEDIATRICS							
2 HMO					660	69	1,492
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		313.96			660	69	1,492
13 RPCH VISITS							
14 SUBPROVIDER		23.35			154	53	448
15 SKILLED NURSING FACILITY		18.22					
16 NURSING FACILITY							
16 01 ICF/MR							
17 OTHER LONG TERM CARE							
18 HOME HEALTH AGENCY		14.90					
20 AMBULATORY SURGICAL CENTER (
21 HOSPICE							
23 CORF							
25 TOTAL		370.43					
26 OBSERVATION BED DAYS							

HHA 1

	TITLE V 1	TITLE XVIII 2	TITLE XIX 3	OTHER 4
1 HOME HEALTH AIDE HOURS	0	5,328	0	2,942
2 UNDUPLICATED CENSUS COUNT		226.00		160.00
	TOTAL			
	5			
1 HOME HEALTH AIDE HOURS	8,270			
2 UNDUPLICATED CENSUS COUNT	386.00			
HOME HEALTH AGENCY - NUMBER OF EMPLOYEES (FULL TIME EQUIVALENT)				
ENTER THE NUMBER OF HOURS IN YOUR NORMAL WORK WEEK				
	40.00			
HHA NO. OF FTE EMPLOYEES (2080 HRS)				
	STAFF 1	CONTRACT 2	TOTAL 3	
3 ADMINISTRATOR AND ASSISTANT ADMINISTRATOR(S)	1.54		1.54	
4 DIRECTOR(S) AND ASSISTANT DIRECTOR(S)				
5 OTHER ADMINISTRATIVE PERSONEL	2.52		2.52	
6 DIRECTING NURSING SERVICE	6.87		6.87	
7 NURSING SUPERVISOR				
8 PHYSICAL THERAPY SERVICE				
9 PHYSICAL THERAPY SUPERVISOR				
10 OCCUPATIONAL THERAPY SERVICE				
11 OCCUPATIONAL THERAPY SUPERVISOR				
12 SPEECH PATHOLOGY SERVICE				
13 SPEECH PATHOLOGY SUPERVISOR				
14 MEDICAL SOCIAL SERVICE				
15 MEDICAL SOCIAL SERVICE SUPERVISOR				
16 HOME HEALTH AIDE	3.98		3.98	
17 HOME HEALTH AIDE SUPERVISOR				
18				
HOME HEALTH AGENCY MSA CODES				
	1	1.01		
19 HOW MANY MSAs IN COL. 1 OR CBSAs IN COL. 1.01 DID YOU PROVIDER SERVICES TO DURING THE C/R PERIOD?	4	6		
20 LIST THOSE MSA CODE(S) IN COL. 1 & CBSA CODE(S) IN COL. 1.01 SERVICED DURING THIS C/R PERIOD (LINE 20 CONTAINS THE FIRST CODE).	9915	23060		
20.01	9936	50036		
20.02	2670	50100		
20.03	2760	50225		
20.04		50255		
20.05		99915		

PPS ACTIVITY DATA - APPLICABLE FOR SERVICES ON OR AFTER OCTOBER 1, 2000

	WITHOUT OUTLIERS 1	FULL EPIISODES WITH OUTLIERS 2	LUPA EPIISODES 3	PEP ONLY EPIISODES 4
21 SKILLED NURSING VISITS	2,774	126	56	33
22 SKILLED NURSING VISIT CHARGES	334,988	15,120	6,960	3,960
23 PHYSICAL THERAPY VISITS	866	1	2	4
24 PHYSICAL THERAPY VISIT CHARGES	157,361	182	363	726
25 OCCUPATIONAL THERAPY VISITS	31	1	0	0
26 OCCUPATIONAL THERAPY VISIT CHARGES	6,588	213	0	0
27 SPEECH PATHOLOGY VISITS	15	0	0	0
28 SPEECH PATHOLOGY VISIT CHARGES	3,188	0	0	0
29 MEDICAL SOCIAL SERVICE VISITS	0	0	0	0
30 MEDICAL SOCIAL SERVICE VISIT CHARGES	0	0	0	0
31 HOME HEALTH AIDE VISITS	1,348	12	3	14
32 HOME HEALTH AIDE VISIT CHARGES	96,382	858	215	1,001
33 TOTAL VISITS (SUM OF LINES 21, 23, 25, 27, 29 & 31)	5,034	140	61	51
34 OTHER CHARGES	0	0	0	0
35 TOTAL CHARGES (SUM OF LNS 22, 24, 26, 28, 30, 32 & 34)	598,507	16,373	7,538	5,687
36 TOTAL NUMBER OF EPIISODES (STANDARD/NON OUTLIER)	338	0	23	7
37 TOTAL NUMBER OF OUTLIER EPIISODES	0	3	0	0
38 TOTAL NON-ROUTINE MEDICAL SUPPLY CHARGES	9,006	500	369	51

HHA 1

PPS ACTIVITY DATA - APPLICABLE FOR SERVICES ON OR AFTER OCTOBER 1, 2000

	SCIC WITHIN A PEP 5	SCIC ONLY EPIISODES 6	TOTAL (COLS. 1-6) 7
21 SKILLED NURSING VISITS	0	14	3,003
22 SKILLED NURSING VISIT CHARGES	0	1,680	362,708
23 PHYSICAL THERAPY VISITS	0	0	873
24 PHYSICAL THERAPY VISIT CHARGES	0	0	158,632
25 OCCUPATIONAL THERAPY VISITS	0	0	32
26 OCCUPATIONAL THERAPY VISIT CHARGES	0	0	6,801
27 SPEECH PATHOLOGY VISITS	0	0	15
28 SPEECH PATHOLOGY VISIT CHARGES	0	0	3,188
29 MEDICAL SOCIAL SERVICE VISITS	0	0	0
30 MEDICAL SOCIAL SERVICE VISIT CHARGES	0	0	0
31 HOME HEALTH AIDE VISITS	0	0	1,377
32 HOME HEALTH AIDE VISIT CHARGES	0	0	98,456
33 TOTAL VISITS (SUM OF LINES 21, 23, 25, 27, 29 & 31)	0	14	5,300
34 OTHER CHARGES	0	0	0
35 TOTAL CHARGES (SUM OF LNS 22, 24, 26, 28, 30, 32 & 34)	0	1,680	629,785
36 TOTAL NUMBER OF EPISODES (STANDARD/NON OUTLIER)	0	1	369
37 TOTAL NUMBER OF OUTLIER EPISODES	0	0	3
38 TOTAL NON-ROUTINE MEDICAL SUPPLY CHARGES	0	63	9,989

GROUP(1) 1	M3PI REVENUE CODE 2	SERVICES PRIOR TO RATE 3	10/1 DAYS 3.01	SERVICES ON/AFTER RATE 4	10/1 DAYS 4.01	SRVCS 4/1/01 TO 9/30/01 RATE 4.02	DAYS 4.03
1	RUC						
2	RUB						
3	RUA						
3 .01	RUX						
3 .02	RUL						
4	RVC		73				
5	RVB		65				
6	RVA		27				
6 .01	RVX		63				
6 .02	RVL		26				
7	RHC		208				
8	RHB		107				
9	RHA		30				
9 .01	RHX						
9 .02	RHL						
10	RMC		67				
11	RMB		58				
12	RMA		76				
12 .01	RMX		584				
12 .02	RML		999				
13	RLB						
14	RLA						
14 .01	RLX						
15	SE3		106				
16	SE2		171				
17	SE1		6				
18	SSC						
19	SSB						
20	SSA		96				
21	CC2		6				
22	CC1						
23	CB2						
24	CB1						
25	CA2						
26	CA1						
27	IB2						
28	IB1						
29	IA2						
30	IA1						
31	BB2						
32	BB1						
33	BA2						
34	BA1						
35	PE2						
36	PE1						
37	PD2						
38	PD1		3				
39	PC2						
40	PC1						
41	PB2						
42	PB1						
43	PA2						
44	PA1						
45	Default						
46	TOTAL		2,771				

(1) Enter in column 3.01 the days prior to October 1st and in column 4.01 the days on after October 1st. Enter in column 4.03 the days on 4/1/2001 through 9/30/2001. The sum of the days in column 3.01, 4.01, and 4.03 must agree with the days reported on Wkst. S-3, Part I, column 4, line 15. The sum of the days in column 4.06 must agree with the days reported on Wkst S-3, Part I column 4, line 3.

Worksheet S-2 reference data:
 Transition Period : 100% Federal
 Wage Index Factor (before 10/01) : 0.8539
 Wage Index Factor (after 10/01) : 0.8576
 SNF Facility Specific Rate : 0.00
 Urban/Rural Designation : RURAL
 SNF MSA Code : 9915
 SNF CBSA Code : 99915

GROUP(1)	M3PI REVENUE CODE	HIGH COST(2) RUGs DAYS	SWING BED SNF DAYS	TOTAL
1	2	4.05	4.06	5
1	RUC			
2	RUB			
3	RUA			
3 .01	RUX			
3 .02	RUL			
4	RVC			
5	RVB			
6	RVA			
6 .01	RVX			
6 .02	RVL			
7	RHC			
8	RHB			
9	RHA			
9 .01	RHX			
9 .02	RHL			
10	RMC			
11	RMB			
12	RMA			
12 .01	RMX			
12 .02	RML			
13	RLB			
14	RLA			
14 .01	RLX			
15	SE3			
16	SE2			
17	SE1			
18	SSC			
19	SSB			
20	SSA			
21	CC2			
22	CC1			
23	CB2			
24	CB1			
25	CA2			
26	CA1			
27	IB2			
28	IB1			
29	IA2			
30	IA1			
31	BB2			
32	BB1			
33	BA2			
34	BA1			
35	PE2			
36	PE1			
37	PD2			
38	PD1			
39	PC2			
40	PC1			
41	PB2			
42	PB1			
43	PA2			
44	PA1			
45	Default			
46	TOTAL			

- (2) Enter in column 4.05 those days in either column 3.01 or 4.01 which cover the period of 4/1/2000 through 9/30/2000. These RUGs will be incremented by an additional 20% payment.
- (3) Enter in column 4.06 the swing bed days for cost reporting periods beginning on or after 7/1/2002.

Worksheet S-2 reference data:
 Transition Period : 100% Federal
 Wage Index Factor (before 10/01) : 0.8539
 Wage Index Factor (after 10/01) : 0.8576
 SNF Facility Specific Rate : 0.00
 Urban/Rural Designation : RURAL
 SNF MSA Code : 9915
 SNF CBSA Code : 99915

	COST CENTER	COST CENTER DESCRIPTION	SALARIES 1	OTHER 2	TOTAL 3	RECLASS- IFICATIONS 4	RECLASSIFIED TRIAL BALANCE 5
		GENERAL SERVICE COST CNTR					
1	0100	OLD CAP REL COSTS-BLDG & FIXT					
2	0200	OLD CAP REL COSTS-MVBLE EQUIP					
3	0300	NEW CAP REL COSTS-BLDG & FIXT					
4	0400	NEW CAP REL COSTS-MVBLE EQUIP		6,067,595	6,067,595	47,830	6,115,425
5	0500	EMPLOYEE BENEFITS		6,438,681	6,438,681		6,438,681
6	0600	ADMINISTRATIVE & GENERAL	586,764	2,702,437	3,289,201	-74,533	3,214,668
7	0700	MAINTENANCE & REPAIRS					
8	0800	OPERATION OF PLANT	223,150	1,473,557	1,696,707	4,657	1,701,364
9	0900	LAUNDRY & LINEN SERVICE	90,009	33,686	123,695		123,695
10	1000	HOUSEKEEPING	358,188	42,950	401,138		401,138
11	1100	DIETARY	609,633	549,670	1,159,303	-895,098	264,205
12	1200	CAFETERIA				895,098	895,098
13	1300	MAINTENANCE OF PERSONNEL					
14	1400	NURSING ADMINISTRATION	619,624	95,587	715,211		715,211
15	1500	CENTRAL SERVICES & SUPPLY					
16	1600	PHARMACY					
17	1700	MEDICAL RECORDS & LIBRARY	391,823	98,131	489,954		489,954
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					
		INPAT ROUTINE SRVC CNTRS					
25	2500	ADULTS & PEDIATRICS	820,043	91,727	911,770	281,402	1,193,172
26	2600	INTENSIVE CARE UNIT	499,003	28,271	527,274		527,274
27	2700	CORONARY CARE UNIT					
28	2800	BURN INTENSIVE CARE UNIT					
29	2900	SURGICAL INTENSIVE CARE UNIT					
31	3100	SUBPROVIDER	927,596	160,373	1,087,969	-167,917	920,052
33	3300	NURSERY				207,069	207,069
34	3400	SKILLED NURSING FACILITY	734,104	15,027	749,131		749,131
35	3500	NURSING FACILITY					
35.01	3510	ICF/MR					
36	3600	OTHER LONG TERM CARE					
		ANCILLARY SRVC COST CNTRS					
37	3700	OPERATING ROOM	655,713	767,555	1,423,268		1,423,268
38	3800	RECOVERY ROOM					
39	3900	DELIVERY ROOM & LABOR ROOM	510,103	20,845	530,948	-488,471	42,477
40	4000	ANESTHESIOLOGY		897,361	897,361		897,361
41	4100	RADIOLOGY-DIAGNOSTIC	733,141	401,480	1,134,621		1,134,621
42	4200	RADIOLOGY-THERAPEUTIC					
43	4300	RADIOISOTOPE					
44	4400	LABORATORY	725,590	1,236,520	1,962,110		1,962,110
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	435,928	38,787	474,715	-108,982	365,733
50	5000	PHYSICAL THERAPY	567,873	112,533	680,406		680,406
51	5100	OCCUPATIONAL THERAPY	187,375	46,181	233,556		233,556
52	5200	SPEECH PATHOLOGY	125,087	6,481	131,568		131,568
53	5300	ELECTROCARDIOLOGY		10,806	10,806	108,982	119,788
54	5400	ELECTROENCEPHALOGRAPHY					
55	5500	MEDICAL SUPPLIES CHARGED TO PATIENTS		364,535	364,535		364,535
56	5600	DRUGS CHARGED TO PATIENTS	519,893	2,331,079	2,850,972		2,850,972
57	5700	RENAL DIALYSIS					
58	5800	ASC (NON-DISTINCT PART)				167,917	167,917
59	0000	O/P PSYCH					
		OUTPAT SERVICE COST CNTRS					
60	6000	CLINIC					
61	6100	EMERGENCY	609,155	1,169,857	1,779,012		1,779,012
62	6200	OBSERVATION BEDS (NON-DISTINCT PART)					
		OTHER REIMBURS COST CNTRS					
64	6400	HOME PROGRAM DIALYSIS					
65	6500	AMBULANCE SERVICES	563,662	95,530	659,192	30,392	689,584
66	6600	DURABLE MEDICAL EQUIP-RENTED					
67	6700	DURABLE MEDICAL EQUIP-SOLD	24,312	195,114	219,426		219,426
69	6900	CORF					
70	7000	I&R SERVICES-NOT APPRVD PRGM					
71	7100	HOME HEALTH AGENCY	615,120	47,177	662,297	9,258	671,555
		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					
95		SUBTOTALS	12,132,889	25,539,533	37,672,422	17,604	37,690,026
		NONREIMBURS COST CENTERS					
96	9600	GIFT, FLOWER, COFFEE SHOP & CANTEEN					
97	9700	RESEARCH					
98	9800	PHYSICIANS' PRIVATE OFFICES					
99	9900	NONPAID WORKERS					
100	7950	TITLE XX SERVICES	65,575	9,839	75,414		75,414
100.01	7951	OTHER NONREIMBURSABLE COST CENTERS	895,788	761,301	1,657,089	-17,604	1,639,485
101		TOTAL	13,094,252	26,310,673	39,404,925	-0-	39,404,925

COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS 6	NET EXPENSES FOR ALLOC 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		
4	0400 NEW CAP REL COSTS-MVBLE EQUIP	- 66,867	6,048,558
5	0500 EMPLOYEE BENEFITS	357,268	6,795,949
6	0600 ADMINISTRATIVE & GENERAL	714,933	3,929,601
7	0700 MAINTENANCE & REPAIRS		
8	0800 OPERATION OF PLANT	- 61,273	1,640,091
9	0900 LAUNDRY & LINEN SERVICE		123,695
10	1000 HOUSEKEEPING		401,138
11	1100 DIETARY		264,205
12	1200 CAFETERIA	- 391,814	503,284
13	1300 MAINTENANCE OF PERSONNEL		
14	1400 NURSING ADMINISTRATION		715,211
15	1500 CENTRAL SERVICES & SUPPLY		
16	1600 PHARMACY		
17	1700 MEDICAL RECORDS & LIBRARY	- 20,010	469,944
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		
	INPAT ROUTINE SRVC CNTRS		
25	2500 ADULTS & PEDIATRICS	- 1,313	1,191,859
26	2600 INTENSIVE CARE UNIT		527,274
27	2700 CORONARY CARE UNIT		
28	2800 BURN INTENSIVE CARE UNIT		
29	2900 SURGICAL INTENSIVE CARE UNIT		
31	3100 SUBPROVIDER		920,052
33	3300 NURSERY		207,069
34	3400 SKILLED NURSING FACILITY		749,131
35	3500 NURSING FACILITY		
35.01	3510 ICF/MR		
36	3600 OTHER LONG TERM CARE		
	ANCILLARY SRVC COST CNTRS		
37	3700 OPERATING ROOM		1,423,268
38	3800 RECOVERY ROOM		
39	3900 DELIVERY ROOM & LABOR ROOM		42,477
40	4000 ANESTHESIOLOGY	- 897,361	
41	4100 RADIOLOGY-DIAGNOSTIC		1,134,621
42	4200 RADIOLOGY-THERAPEUTIC		
43	4300 RADIOISOTOPE		
44	4400 LABORATORY		1,962,110
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	- 91,353	274,380
50	5000 PHYSICAL THERAPY		680,406
51	5100 OCCUPATIONAL THERAPY		233,556
52	5200 SPEECH PATHOLOGY		131,568
53	5300 ELECTROCARDIOLOGY	- 2,657	117,131
54	5400 ELECTROENCEPHALOGRAPHY		
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS		364,535
56	5600 DRUGS CHARGED TO PATIENTS		2,850,972
57	5700 RENAL DIALYSIS		
58	5800 ASC (NON-DISTINCT PART)		
59	0000 O/P PSYCH		167,917
	OUTPAT SERVICE COST CNTRS		
60	6000 CLINIC		
61	6100 EMERGENCY	- 820,836	958,176
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)		
	OTHER REIMBURS COST CNTRS		
64	6400 HOME PROGRAM DIALYSIS		
65	6500 AMBULANCE SERVICES	7,313	696,897
66	6600 DURABLE MEDICAL EQUIP-RENTED		
67	6700 DURABLE MEDICAL EQUIP-SOLD		219,426
69	6900 CORF		
70	7000 I&R SERVICES-NOT APPRVD PRGM		
71	7100 HOME HEALTH AGENCY		671,555
	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		
95	SUBTOTALS	- 1,273,970	36,416,056
	NONREIMBURS COST CENTERS		
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN		
97	9700 RESEARCH		
98	9800 PHYSICIANS' PRIVATE OFFICES		
99	9900 NONPAID WORKERS		
100	7950 TITLE XX SERVICES		75,414
100.01	7951 OTHER NONREIMBURSABLE COST CENTERS		1,639,485
101	TOTAL	- 1,273,970	38,130,955

LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
	GENERAL SERVICE COST		
1	OLD CAP REL COSTS- BLDG & FIXT	0100	
2	OLD CAP REL COSTS- MVBLE EQUIP	0200	
3	NEW CAP REL COSTS- BLDG & FIXT	0300	
4	NEW CAP REL COSTS- MVBLE EQUIP	0400	
5	EMPLOYEE BENEFITS	0500	
6	ADMINISTRATIVE & GENERAL	0600	
7	MAINTENANCE & REPAIRS	0700	
8	OPERATION OF PLANT	0800	
9	LAUNDRY & LINEN SERVICE	0900	
10	HOUSEKEEPING	1000	
11	DIETARY	1100	
12	CAFETERIA	1200	
13	MAINTENANCE OF PERSONNEL	1300	
14	NURSING ADMINISTRATION	1400	
15	CENTRAL SERVICES & SUPPLY	1500	
16	PHARMACY	1600	
17	MEDICAL RECORDS & LIBRARY	1700	
18	SOCIAL SERVICE	1800	
20	NONPHYSICIAN ANESTHETISTS	2000	
21	NURSING SCHOOL	2100	
22	I&R SERVICES-SALARY & FRINGES APPRVD	2200	
23	I&R SERVICES-OTHER PRGM COSTS APPRVD	2300	
	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	
59	O/P PSYCH	0000	
	OUTPAT SERVICE COST		
60	CLINIC	6000	
61	EMERGENCY	6100	
62	OBSERVATION BEDS (NON-DISTINCT PART)	6200	
	OTHER REIMBURS COST		
64	HOME PROGRAM DIALYSIS	6400	
65	AMBULANCE SERVICES	6500	
66	DURABLE MEDICAL EQUIP- RENTED	6600	
67	DURABLE MEDICAL EQUIP- SOLD	6700	
69	CORF	6900	
70	I&R SERVICES-NOT APPRVD PRGM	7000	
71	HOME HEALTH AGENCY	7100	
	SPEC PURPOSE COST CE		
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	
	NONREIMBURS COST CEN		
96	GIFT, FLOWER, COFFEE SHOP & CANTEEN	9600	
97	RESEARCH	9700	
98	PHYSICIANS' PRIVATE OFFICES	9800	
99	NONPAID WORKERS	9900	
100	TITLE XX SERVICES	7950	OTHER NONREIMBURSABLE COST CENTERS
100.01	OTHER NONREIMBURSABLE COST CENTERS	7951	OTHER NONREIMBURSABLE COST CENTERS
101	TOTAL	0000	

RECLASSIFICATIONS

PROVIDER NO:
151330PERIOD:
FROM 1/1/2007
TO 12/31/2007PREPARED 6/3/2008
WORKSHEET A-6

INCREASE

EXPLANATION OF RECLASSIFICATION	CODE		LINE	SALARY	OTHER
	(1)	COST CENTER	NO		
	1	2	3	4	5
1 OB, NURSERY & L&D	A	ADULTS & PEDIATRICS	25	270,354	11,048
2		NURSERY	33	198,940	8,129
3 PROPERTY INSURANCE	B	NEW CAP REL COSTS-MVBLE EQUIP	4		74,533
4 CAFETERIA	C	CAFETERIA	12	470,698	424,400
5 EKG SALARIES	D	ELECTROCARDIOLOGY	53	108,982	
6 HOSPITAL USE OF MOB	E	NEW CAP REL COSTS-MVBLE EQUIP	4		173
7		OPERATION OF PLANT	8		915
8 HOSPITAL USE OF SWISS CITY	F	NEW CAP REL COSTS-MVBLE EQUIP	4		12,774
9		OPERATION OF PLANT	8		3,742
10 EMS CAPITAL	G	AMBULANCE SERVICES	65		30,392
11 HHA CAPITAL	H	HOME HEALTH AGENCY	71		9,258
12 O/P PSYCH	I	O/P PSYCH	59	143,165	24,752
36 TOTAL RECLASSIFICATIONS				1,192,139	600,116

(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.

EXPLANATION OF RECLASSIFICATION	DECREASE					A-7 REF 10
	CODE (1)	COST CENTER 6	LINE NO 7	SALARY 8	OTHER 9	
1 OB, NURSERY & L&D	A	DELIVERY ROOM & LABOR ROOM	39	469,294	19,177	
2						
3 PROPERTY INSURANCE	B	ADMINISTRATIVE & GENERAL	6		74,533	9
4 CAFETERIA	C	DIETARY	11	470,698	424,400	
5 EKG SALARIES	D	RESPIRATORY THERAPY	49	108,982		
6 HOSPITAL USE OF MOB	E	OTHER NONREIMBURSABLE COST CENTERS	100.01		1,088	9
7						
8 HOSPITAL USE OF SWISS CITY	F	OTHER NONREIMBURSABLE COST CENTERS	100.01		16,516	9
9						
10 EMS CAPITAL	G	NEW CAP REL COSTS-MVBLE EQUIP	4		30,392	9
11 HHA CAPITAL	H	NEW CAP REL COSTS-MVBLE EQUIP	4		9,258	9
12 O/P PSYCH	I	SUBPROVIDER	31	143,165	24,752	
36 TOTAL RECLASSIFICATIONS				1,192,139	600,116	

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

RECLASS CODE: A
 EXPLANATION : OB, NURSERY & L&D

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	ADULTS & PEDIATRICS	25	281,402
2.00	NURSERY	33	207,069
TOTAL RECLASSIFICATIONS FOR CODE A			488,471

----- DECREASE -----		
COST CENTER	LINE	AMOUNT
DELIVERY ROOM & LABOR ROOM	39	488,471
		0
		488,471

RECLASS CODE: B
 EXPLANATION : PROPERTY INSURANCE

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	NEW CAP REL COSTS-MVBLE EQUIP	4	74,533
TOTAL RECLASSIFICATIONS FOR CODE B			74,533

----- DECREASE -----		
COST CENTER	LINE	AMOUNT
ADMINISTRATIVE & GENERAL	6	74,533
		74,533

RECLASS CODE: C
 EXPLANATION : CAFETERIA

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	CAFETERIA	12	895,098
TOTAL RECLASSIFICATIONS FOR CODE C			895,098

----- DECREASE -----		
COST CENTER	LINE	AMOUNT
DIETARY	11	895,098
		895,098

RECLASS CODE: D
 EXPLANATION : EKG SALARIES

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	ELECTROCARDIOLOGY	53	108,982
TOTAL RECLASSIFICATIONS FOR CODE D			108,982

----- DECREASE -----		
COST CENTER	LINE	AMOUNT
RESPIRATORY THERAPY	49	108,982
		108,982

RECLASS CODE: E
 EXPLANATION : HOSPITAL USE OF MOB

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	NEW CAP REL COSTS-MVBLE EQUIP	4	173
2.00	OPERATION OF PLANT	8	915
TOTAL RECLASSIFICATIONS FOR CODE E			1,088

----- DECREASE -----		
COST CENTER	LINE	AMOUNT
OTHER NONREIMBURSABLE COST CEN	100.01	1,088
		0
		1,088

RECLASS CODE: F
 EXPLANATION : HOSPITAL USE OF SWISS CITY

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	NEW CAP REL COSTS-MVBLE EQUIP	4	12,774
2.00	OPERATION OF PLANT	8	3,742
TOTAL RECLASSIFICATIONS FOR CODE F			16,516

----- DECREASE -----		
COST CENTER	LINE	AMOUNT
OTHER NONREIMBURSABLE COST CEN	100.01	16,516
		0
		16,516

RECLASS CODE: G
 EXPLANATION : EMS CAPITAL

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	AMBULANCE SERVICES	65	30,392
TOTAL RECLASSIFICATIONS FOR CODE G			30,392

----- DECREASE -----		
COST CENTER	LINE	AMOUNT
NEW CAP REL COSTS-MVBLE EQUIP	4	30,392
		30,392

RECLASS CODE: H
 EXPLANATION : HHA CAPITAL

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	HOME HEALTH AGENCY	71	9,258
TOTAL RECLASSIFICATIONS FOR CODE H			9,258

----- DECREASE -----		
COST CENTER	LINE	AMOUNT
NEW CAP REL COSTS-MVBLE EQUIP	4	9,258
		9,258

RECLASS CODE: I
 EXPLANATION : O/P PSYCH

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	O/P PSYCH	59	167,917
TOTAL RECLASSIFICATIONS FOR CODE I			167,917

----- DECREASE -----		
COST CENTER	LINE	AMOUNT
SUBPROVIDER	31	167,917
		167,917

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

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

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

	DESCRIPTION	BEGINNING BALANCES 1	PURCHASES 2	ACQUISITIONS		TOTAL 4	DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7
				DONATION 3					
1	LAND	360,951						360,951	
2	LAND IMPROVEMENTS	1,401,491						1,401,491	
3	BUILDINGS & FIXTURE	31,187,824						31,187,824	
4	BUILDING IMPROVEMEN								
5	FIXED EQUIPMENT	7,724,392						7,724,392	
6	MOVABLE EQUIPMENT	19,656,717						19,656,717	
7	SUBTOTAL	60,331,375						60,331,375	
8	RECONCILING ITEMS								
9	TOTAL	60,331,375						60,331,375	

PART III - RECONCILIATION OF CAPITAL COST CENTERS

* 1 2 3 4 5	DESCRIPTION	GROSS ASSETS 1	COMPUTATION OF RATIOS		RATIO 4	ALLOCATION OF OTHER CAPITAL		TOTAL 8
			CAPITALIZED LEASES 2	GROSS ASSETS FOR RATIO 3		INSURANCE 5	TAXES 6	
	OLD CAP REL COSTS-BL							
	OLD CAP REL COSTS-MV							
	NEW CAP REL COSTS-BL							
	NEW CAP REL COSTS-MV	60,331,375		60,331,375	1.000000			
	TOTAL	60,331,375		60,331,375	1.000000			

* 1 2 3 4 5	DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL					OTHER CAPITAL RELATED COST 14	TOTAL (1) 15
		DEPRECIATION 9	LEASE 10	INTEREST 11	INSURANCE 12	TAXES 13		
	OLD CAP REL COSTS-BL							
	OLD CAP REL COSTS-MV							
	NEW CAP REL COSTS-BL							
	NEW CAP REL COSTS-MV	6,048,558					6,048,558	
	TOTAL	6,048,558					6,048,558	

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

* 1 2 3 4 5	DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL					OTHER CAPITAL RELATED COST 14	TOTAL (1) 15
		DEPRECIATION 9	LEASE 10	INTEREST 11	INSURANCE 12	TAXES 13		
	OLD CAP REL COSTS-BL							
	OLD CAP REL COSTS-MV							
	NEW CAP REL COSTS-BL							
	NEW CAP REL COSTS-MV	6,067,595					6,067,595	
	TOTAL	6,067,595					6,067,595	

* 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).

DESCRIPTION (1)	(2) BASIS/CODE	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST. A-7 REF. 5
			COST CENTER	LINE NO	
1 INVST INCOME-OLD BLDGS AND FIXTURES	1		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	9
5 INVESTMENT INCOME-OTHER	B	-245,132			
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	-5,202	ADMINISTRATIVE & GENERAL	6	
11 PARKING LOT					
12 PROVIDER BASED PHYSICIAN ADJUSTMENT	A-8-2	-823,493			
13 SALE OF SCRAP, WASTE, ETC.					
14 RELATED ORGANIZATION TRANSACTIONS	A-8-1	1,198,874			
15 LAUNDRY AND LINEN SERVICE					
16 CAFETERIA - EMPLOYEES AND GUESTS	B	-391,814	CAFETERIA	12	
17 RENTAL OF QTRS TO EMPLOYEE AND OTHERS					
18 SALE OF MED AND SURG SUPPLIES					
19 SALE OF DRUGS TO OTHER THAN PATIENTS					
20 SALE OF MEDICAL RECORDS & ABSTRACTS	B	-20,010	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		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 OLD HOSPITAL UTILITIES	A	-61,273	OPERATION OF PLANT	8	
38 ANESTHESIOLOGY	A	-897,361	ANESTHESIOLOGY	40	
39 OB RENTALS	B	-1,313	ADULTS & PEDIATRICS	25	
40 WORTHMAN FITNESS CENTER	B	-91,353	RESPIRATORY THERAPY	49	
41 TRANSPORTATION	B	-4,103	ADMINISTRATIVE & GENERAL	6	
42 NONALLOWABLE AHA DUES	A	-3,212	ADMINISTRATIVE & GENERAL	6	
43 NONALLOWABLE IHHA DUES	A	-1,009	ADMINISTRATIVE & GENERAL	6	
44 SBA DEPRECIATION ADJUSTMENT	A	1,394	NEW CAP REL COSTS-MVBLE E	4	9
45 SBA INTEREST INCOME ADJUSTMENT	B	-64,387	NEW CAP REL COSTS-MVBLE E	4	9
46 SBA INTEREST EXPENSE ADJUSTMENT	A	78,000	NEW CAP REL COSTS-MVBLE E	4	9
47 SBA DEPRECIATION/PC ADJUSTMENT	A	61,252	NEW CAP REL COSTS-MVBLE E	4	9
48 SBA DEPRECIATION/PC ADJUSTMENT	A	-3,828	NEW CAP REL COSTS-MVBLE E	4	9
49 OTHER ADJUSTMENTS (SPECIFY)					
50 TOTAL (SUM OF LINES 1 THRU 49)		-1,273,970			

(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	9
1	4	NEW CAP REL COSTS-MVBLE E	AHN- CAPITAL	105,834	105,834	
2	5	EMPLOYEE BENEFITS	AHN- EMPLOYEE BENEFITS	357,268	357,268	
3	6	ADMINISTRATIVE & GENERAL	AHN- A&G	728,459	728,459	
4	65	AMBULANCE SERVICES	AMBULANCE SERVICES	7,313	7,313	
5		TOTALS		1,198,874	1,198,874	

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

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

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

SYMBOL (1)	NAME	PERCENTAGE OF OWNERSHIP	RELATED ORGANIZATION(S) NAME	PERCENTAGE OF OWNERSHIP	HOME OFFICE TYPE OF BUSINESS
1	2	3	4	5	6
B	ADAMS HEALTH NETWORK	0.00		0.00	MANAGEMENT
A	ADAMS COUNTY	100.00		0.00	COUNTY GOVERNMENT
		0.00		0.00	
		0.00		0.00	
		0.00		0.00	

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

WKSHT A LINE NO.	COST CENTER/ PHYSICIAN IDENTIFIER	TOTAL REMUN- ERATION	PROFES- SIONAL COMPONENT	PROVIDER COMPONENT	RCE AMOUNT	PHYSICIAN/ PROVIDER COMPONENT HOURS	UNADJUSTED RCE LIMIT	5 PERCENT OF UNADJUSTED RCE LIMIT
1	2	3	4	5	6	7	8	9
1	31 BEHAVIORAL HEALTH	79,583		79,583				
2	44 LAB	60,000		60,000				
3	53 EKG	2,657	2,657					
4	61 EMERGENCY	1,055,874	820,836	235,038				
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
101	TOTAL	1,198,114	823,493	374,621				

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	31							
2	44							
3	53							
4	61	BEHAVIORAL HEALTH						2,657
5		LAB						820,836
6		EKG						
7		EMERGENCY						
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						823,493

LINE NO.	COST CENTER DESCRIPTION	STATISTICS CODE	STATISTICS DESCRIPTION	
	GENERAL SERVICE COST			
1	OLD CAP REL COSTS-BLDG & FIXT	1	SQUARE FEET	NOT ENTERED
2	OLD CAP REL COSTS-MVBLE EQUIP	2	DOLLAR VALUE	NOT ENTERED
3	NEW CAP REL COSTS-BLDG & FIXT	3	SQUARE FEET	NOT ENTERED
4	NEW CAP REL COSTS-MVBLE EQUIP	4	SQUARE FEET	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	POUNDS OF LAUNDRY	ENTERED
10	HOUSEKEEPING	9	SQUARE FEET	ENTERED
11	DIETARY	10	MEALS SERVED	ENTERED
12	CAFETERIA	11	HOURS	ENTERED
13	MAINTENANCE OF PERSONNEL	12	NUMBER HOUSED	NOT ENTERED
14	NURSING ADMINISTRATION	13	DIRECT NRSING HRS	ENTERED
15	CENTRAL SERVICES & SUPPLY	14	COSTED REQUIS.	ENTERED
16	PHARMACY	15	COSTED REQUIS.	ENTERED
17	MEDICAL RECORDS & LIBRARY	16	TIME SPENT	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

COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION	OLD CAP REL C OSTS-BLDG &	OLD CAP REL C OSTS-MVBLE E	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-MVBLE E	EMPLOYEE BENE FITS	SUBTOTAL
	0	1	2	3	4	5	5a. 00
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &					6,048,558		
005 NEW CAP REL COSTS-MVBLE E	6,048,558						
006 EMPLOYEE BENEFITS	6,795,949					6,795,949	
007 ADMINISTRATIVE & GENERAL	3,929,601				671,695	309,401	4,910,697
008 MAINTENANCE & REPAIRS							
009 OPERATION OF PLANT	1,640,091				868,898	117,667	2,626,656
010 LAUNDRY & LINEN SERVICE	123,695				153,218	47,462	324,375
011 HOUSEKEEPING	401,138				33,021	188,873	623,032
012 DIETARY	264,205				181,220	73,260	518,685
013 CAFETERIA	503,284				167,880	139,554	810,718
014 MAINTENANCE OF PERSONNEL							
015 NURSING ADMINISTRATION	715,211				11,095	326,728	1,053,034
016 CENTRAL SERVICES & SUPPLY							
017 PHARMACY					66,130		66,130
018 MEDICAL RECORDS & LIBRARY	469,944				141,287	206,608	817,839
019 SOCIAL SERVICE							
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C							
024 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	1,191,859				895,270	574,962	2,662,091
026 INTENSIVE CARE UNIT	527,274				175,761	263,124	966,159
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
030 SUBPROVIDER	920,052				263,157	413,630	1,596,839
031 NURSERY	207,069				19,020	104,901	330,990
032 SKILLED NURSING FACILITY	749,131				482,946	387,093	1,619,170
033 NURSING FACILITY							
034 ICF/MR							
035 01 OTHER LONG TERM CARE							
036 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	1,423,268				491,443	345,757	2,260,468
038 RECOVERY ROOM							
039 DELIVERY ROOM & LABOR ROO	42,477					21,518	63,995
040 ANESTHESIOLOGY							
041 RADIOLOGY-DIAGNOSTIC	1,134,621				422,363	386,585	1,943,569
042 RADIOLOGY-THERAPEUTIC							
043 RADIOISOTOPE							
044 LABORATORY	1,962,110				165,987	382,604	2,510,701
045 PBP CLINICAL LAB SERVICES							
046 WHOLE BLOOD & PACKED RED							
047 BLOOD STORING, PROCESSING							
048 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY	274,380				60,407	172,399	507,186
050 PHYSICAL THERAPY	680,406				282,177	299,439	1,262,022
051 OCCUPATIONAL THERAPY	233,556				12,328	98,803	344,687
052 SPEECH PATHOLOGY	131,568				6,164	65,958	203,690
053 ELECTROCARDIOLOGY	117,131				5,283	57,466	179,880
054 ELECTROENCEPHALOGRAPHY							
055 MEDICAL SUPPLIES CHARGED	364,535						364,535
056 DRUGS CHARGED TO PATIENTS	2,850,972					274,140	3,125,112
057 RENAL DIALYSIS							
058 ASC (NON-DISTINCT PART)							
059 O/P PSYCH	167,917				47,991	75,491	291,399
060 OUTPAT SERVICE COST CNTRS							
061 CLINIC							
062 EMERGENCY	958,176				217,500	321,207	1,496,883
063 OBSERVATION BEDS (NON-DIS							
064 OTHER REIMBURS COST CNTRS							
065 HOME PROGRAM DIALYSIS							
066 AMBULANCE SERVICES	696,897					297,219	994,116
067 DURABLE MEDICAL EQUIP-REN							
068 DURABLE MEDICAL EQUIP-SOL	219,426				46,142	12,820	278,388
069 CORF							
070 I&R SERVICES-NOT APPRVD P							
071 HOME HEALTH AGENCY	671,555					324,353	995,908
072 LUNG ACQUISITION							
073 SPEC PURPOSE COST CENTERS							
074 KIDNEY ACQUISITION							
075 LIVER ACQUISITION							
076 HEART ACQUISITION							
077 01 PANCREAS ACQUISITION							
078 AMBULATORY SURGICAL CENTE							
079 HOSPICE							
080 SUBTOTALS	36,416,056				5,888,383	6,289,022	35,748,954
081 NONREIMBURS COST CENTERS							
082 GIFT, FLOWER, COFFEE SHOP					50,721		50,721
083 RESEARCH							
084 PHYSICIANS' PRIVATE OFFIC							
085 NONPAID WORKERS							
086 TITLE XX SERVICES	75,414					34,578	109,992
087 01 OTHER NONREIMBURSABLE COS	1,639,485				109,454	472,349	2,221,288
088 CROSS FOOT ADJUSTMENT							
089 NEGATIVE COST CENTER							
090 TOTAL	38,130,955				6,048,558	6,795,949	38,130,955

COST CENTER DESCRIPTION	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA
	6	7	8	9	10	11	12
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
007 ADMINISTRATIVE & GENERAL	4,910,697						
008 MAINTENANCE & REPAIRS							
009 OPERATION OF PLANT	388,278		3,014,934				
010 LAUNDRY & LINEN SERVICE	47,950		95,369	467,694			
011 HOUSEKEEPING	92,098		20,554	26,980	762,664		
012 DIETARY	76,673		112,799	2,722	30,294	741,173	
013 CAFETERIA	119,842		104,495	9,224	28,064		1,072,343
014 MAINTENANCE OF PERSONNEL							
015 NURSING ADMINISTRATION	155,662		6,906		1,855		47,553
016 CENTRAL SERVICES & SUPPLY							
017 PHARMACY	9,775		41,162		11,055		
018 MEDICAL RECORDS & LIBRARY	120,895		87,943		23,618		36,690
019 SOCIAL SERVICE							
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C							
025 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS	393,516		557,252	40,066	149,661	271,927	133,070
027 INTENSIVE CARE UNIT	142,820		109,401	6,727	29,381	57,470	42,919
028 CORONARY CARE UNIT							
029 BURN INTENSIVE CARE UNIT							
031 SURGICAL INTENSIVE CARE U							
033 SUBPROVIDER	236,048		163,800	7,293	43,991	170,941	94,573
034 NURSERY	48,928		11,839		3,180		17,707
035 SKILLED NURSING FACILITY	239,349		300,605	19,811	80,732	240,835	87,298
035 01 ICF/MR							
036 OTHER LONG TERM CARE							
037 ANCILLARY SRVC COST CNTRS							
038 OPERATING ROOM	334,147		305,895	19,726	82,153		75,871
039 RECOVERY ROOM							
040 DELIVERY ROOM & LABOR ROO	9,460			4,334			3,632
041 ANESTHESIOLOGY							
042 RADIOLOGY-DIAGNOSTIC	287,302		262,896	9,033	70,605		74,308
043 RADIOLOGY-THERAPEUTIC							
044 RADIOISOTOPE							
045 LABORATORY	371,137		103,317	252	27,747		89,493
046 PBP CLINICAL LAB SERVICES							
047 WHOLE BLOOD & PACKED RED							
048 BLOOD STORING, PROCESSING							
049 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY	74,973		37,600	953	10,098		35,085
050 PHYSICAL THERAPY	186,555		175,639	10,521	47,171		47,532
051 OCCUPATIONAL THERAPY	50,952		7,673		2,061		9,587
052 SPEECH PATHOLOGY	30,110		3,837		1,030		12,081
053 ELECTROCARDIOLOGY	26,590		3,289		883		11,694
054 ELECTROENCEPHALOGRAPHY							
055 MEDICAL SUPPLIES CHARGED	53,886						
056 DRUGS CHARGED TO PATIENTS	461,971						34,778
057 RENAL DIALYSIS							
058 ASC (NON-DISTINCT PART)							
059 O/P PSYCH	43,075		29,871	1,330	8,022		17,256
060 OUTPAT SERVICE COST CNTRS							
061 CLINIC							
062 EMERGENCY	221,272		135,381	10,140	36,359		89,083
064 OBSERVATION BEDS (NON-DIS							
065 OTHER REIMBURS COST CNTRS							
066 HOME PROGRAM DIALYSIS							
067 AMBULANCE SERVICES	146,952		59,250	4,236			102,979
069 DURABLE MEDICAL EQUIP-REN							
070 DURABLE MEDICAL EQUIP-SOL	41,152		28,720		7,713		4,947
071 CORF							
071 I&R SERVICES-NOT APPRVD P							
082 HOME HEALTH AGENCY	147,217		149,741		40,215		
083 LUNG ACQUISITION							
084 SPEC PURPOSE COST CENTERS							
085 KIDNEY ACQUISITION							
085 01 LIVER ACQUISITION							
085 01 PANCREAS ACQUISITION							
092 AMBULATORY SURGICAL CENTE							
093 HOSPICE							
095 SUBTOTALS	4,558,585		2,915,234	173,348	735,888	741,173	1,068,136
096 NONREIMBURS COST CENTERS							
097 GIFT, FLOWER, COFFEE SHOP	7,498		31,571		8,479		
098 RESEARCH							
099 PHYSICIANS' PRIVATE OFFIC							
100 NONPAID WORKERS							
101 TITLE XX SERVICES	16,259						
102 01 OTHER NONREIMBURSABLE COS	328,355		68,129	294,346	18,297		4,207
103 CROSS FOOT ADJUSTMENT							
103 NEGATIVE COST CENTER							
103 TOTAL	4,910,697		3,014,934	467,694	762,664	741,173	1,072,343

COST CENTER DESCRIPTION	MAINTENANCE PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	SERVICES	NONPHYSICIAN ANESTHETISTS
	13	14	15	16	17	18		20
001 GENERAL SERVICE COST CNTR								
002 OLD CAP REL COSTS-BLDG &								
003 OLD CAP REL COSTS-MVBLE E								
004 NEW CAP REL COSTS-BLDG &								
005 NEW CAP REL COSTS-MVBLE E								
006 EMPLOYEE BENEFITS								
007 ADMINISTRATIVE & GENERAL								
008 MAINTENANCE & REPAIRS								
009 OPERATION OF PLANT								
010 LAUNDRY & LINEN SERVICE								
011 HOUSEKEEPING								
012 DIETARY								
013 CAFETERIA								
014 MAINTENANCE OF PERSONNEL								
015 NURSING ADMINISTRATION		1,265,010						
016 CENTRAL SERVICES & SUPPLY								
017 PHARMACY				128,122				
018 MEDICAL RECORDS & LIBRARY					1,086,985			
019 SOCIAL SERVICE								
020 NONPHYSICIAN ANESTHETISTS								
021 NURSING SCHOOL								
022 I&R SERVICES-SALARY & FRI								
023 I&R SERVICES-OTHER PRGM C								
025 INPAT ROUTINE SRVC CNTRS								
026 ADULTS & PEDIATRICS		290,707			176,686			
027 INTENSIVE CARE UNIT		93,762			64,495			
028 CORONARY CARE UNIT								
029 BURN INTENSIVE CARE UNIT								
031 SURGICAL INTENSIVE CARE U								
033 SUBPROVIDER		206,606			65,648			
034 NURSERY		38,683			10,072			
035 SKILLED NURSING FACILITY		190,713			7,808			
035 01 ICF/MR								
036 OTHER LONG TERM CARE								
037 ANCILLARY SRVC COST CNTRS								
038 OPERATING ROOM		165,749			89,122			
039 RECOVERY ROOM								
040 DELIVERY ROOM & LABOR ROO		8,060						
041 ANESTHESIOLOGY								
042 RADIOLOGY-DIAGNOSTIC					243,546			
043 RADIOLOGY-THERAPEUTIC								
044 RADIOISOTOPE								
045 LABORATORY								
046 PBP CLINICAL LAB SERVICES								
047 WHOLE BLOOD & PACKED RED								
048 BLOOD STORING, PROCESSING								
049 INTRAVENOUS THERAPY								
050 RESPIRATORY THERAPY								
051 PHYSICAL THERAPY								
052 OCCUPATIONAL THERAPY								
053 SPEECH PATHOLOGY								
054 ELECTROCARDIOLOGY								
055 ELECTROENCEPHALOGRAPHY								
056 MEDICAL SUPPLIES CHARGED								
057 DRUGS CHARGED TO PATIENTS				128,122				
058 RENAL DIALYSIS								
059 ASC (NON-DISTINCT PART)								
060 O/P PSYCH					11,978			
061 OUTPAT SERVICE COST CNTRS								
062 CLINIC								
063 EMERGENCY		270,730			386,967			
064 OBSERVATION BEDS (NON-DIS								
065 OTHER REIMBURS COST CNTRS								
066 HOME PROGRAM DIALYSIS								
067 AMBULANCE SERVICES								
068 DURABLE MEDICAL EQUIP-REN								
069 DURABLE MEDICAL EQUIP-SOL								
070 CORF								
071 I&R SERVICES-NOT APPRVD P								
072 HOME HEALTH AGENCY								
073 LUNG ACQUISITION								
074 SPEC PURPOSE COST CENTERS								
075 KIDNEY ACQUISITION								
076 LIVER ACQUISITION								
077 HEART ACQUISITION								
078 01 PANCREAS ACQUISITION								
079 AMBULATORY SURGICAL CENTE								
080 HOSPICE								
081 SUBTOTALS		1,265,010		128,122	1,056,322			
082 NONREIMBURS COST CENTERS								
083 GIFT, FLOWER, COFFEE SHOP								
084 RESEARCH								
085 PHYSICIANS' PRIVATE OFFIC								
086 NONPAID WORKERS								
087 TITLE XX SERVICES								
088 01 OTHER NONREIMBURSABLE COS					30,663			
089 CROSS FOOT ADJUSTMENT								
090 NEGATIVE COST CENTER								
091 TOTAL		1,265,010		128,122	1,086,985			

COST CENTER DESCRIPTION	NURSING SCHOO L	I&R SERVICES- SALARY & FRI	I&R SERVICES- OTHER PRGM C	SUBTOTAL	I&R COST POST STEP- DOWN ADJ	TOTAL
	21	22	23	25	26	27
001 GENERAL SERVICE COST CNTR						
002 OLD CAP REL COSTS-BLDG &						
003 OLD CAP REL COSTS-MVBLE E						
004 NEW CAP REL COSTS-BLDG &						
005 NEW CAP REL COSTS-MVBLE E						
006 EMPLOYEE BENEFITS						
007 ADMINISTRATIVE & GENERAL						
008 MAINTENANCE & REPAIRS						
009 OPERATION OF PLANT						
010 LAUNDRY & LINEN SERVICE						
011 HOUSEKEEPING						
012 DIETARY						
013 CAFETERIA						
014 MAINTENANCE OF PERSONNEL						
015 NURSING ADMINISTRATION						
016 CENTRAL SERVICES & SUPPLY						
017 PHARMACY						
018 MEDICAL RECORDS & LIBRARY						
019 SOCIAL SERVICE						
020 NONPHYSICIAN ANESTHETISTS						
021 NURSING SCHOOL						
022 I&R SERVICES-SALARY & FRI						
023 I&R SERVICES-OTHER PRGM C						
025 INPAT ROUTINE SRVC CNTRS						
026 ADULTS & PEDIATRICS				4,674,976		4,674,976
027 INTENSIVE CARE UNIT				1,513,134		1,513,134
028 CORONARY CARE UNIT						
029 BURN INTENSIVE CARE UNIT						
031 SURGICAL INTENSIVE CARE U						
033 SUBPROVIDER				2,585,739		2,585,739
034 NURSERY				461,399		461,399
035 SKILLED NURSING FACILITY				2,786,321		2,786,321
035 01 NURSING FACILITY						
036 ICF/MR						
038 OTHER LONG TERM CARE						
037 ANCILLARY SRVC COST CNTRS						
038 OPERATING ROOM				3,333,131		3,333,131
039 RECOVERY ROOM						
040 DELIVERY ROOM & LABOR ROO				89,481		89,481
041 ANESTHESIOLOGY						
042 RADIOLOGY-DIAGNOSTIC				2,891,259		2,891,259
043 RADIOLOGY-THERAPEUTIC						
044 RADIOISOTOPE						
045 LABORATORY				3,102,647		3,102,647
046 PBP CLINICAL LAB SERVICES						
047 WHOLE BLOOD & PACKED RED						
048 BLOOD STORING, PROCESSING						
049 INTRAVENOUS THERAPY						
050 RESPIRATORY THERAPY				665,895		665,895
051 PHYSICAL THERAPY				1,729,440		1,729,440
052 OCCUPATIONAL THERAPY				414,960		414,960
053 SPEECH PATHOLOGY				250,748		250,748
054 ELECTROCARDIOLOGY				222,336		222,336
055 ELECTROENCEPHALOGRAPHY						
056 MEDICAL SUPPLIES CHARGED				418,421		418,421
057 DRUGS CHARGED TO PATIENTS				3,749,983		3,749,983
058 RENAL DIALYSIS						
059 ASC (NON-DISTINCT PART)						
060 O/P PSYCH				402,931		402,931
061 OUTPAT SERVICE COST CNTRS						
062 CLINIC						
064 EMERGENCY				2,646,815		2,646,815
065 OBSERVATION BEDS (NON-DIS						
066 OTHER REIMBURS COST CNTRS						
067 HOME PROGRAM DIALYSIS						
069 AMBULANCE SERVICES				1,307,533		1,307,533
070 DURABLE MEDICAL EQUIP-REN						
071 DURABLE MEDICAL EQUIP-SOL				360,920		360,920
072 CORF						
073 I&R SERVICES-NOT APPRVD P						
074 HOME HEALTH AGENCY				1,333,081		1,333,081
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				34,941,150		34,941,150
084 NONREIMBURS COST CENTERS						
085 GIFT, FLOWER, COFFEE SHOP				98,269		98,269
086 RESEARCH						
087 PHYSICIANS' PRIVATE OFFIC						
088 NONPAID WORKERS						
089 TITLE XX SERVICES				126,251		126,251
090 01 OTHER NONREIMBURSABLE COS				2,965,285		2,965,285
091 CROSS FOOT ADJUSTMENT						
092 NEGATIVE COST CENTER						
093 TOTAL				38,130,955		38,130,955

COST CENTER DESCRIPTION	DIR ASSGND NEW CAPITAL REL COSTS	OLD CAP REL C OSTS-BLDG &	OLD CAP REL C OSTS-MVBLE E	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-MVBLE E	SUBTOTAL	EMPLOYEE BENE FITS
	0	1	2	3	4	4a	5
001	GENERAL SERVICE COST CNTR						
002	OLD CAP REL COSTS-BLDG &						
003	OLD CAP REL COSTS-MVBLE E						
004	NEW CAP REL COSTS-BLDG &						
005	NEW CAP REL COSTS-MVBLE E						
006	EMPLOYEE BENEFITS						
007	ADMINISTRATIVE & GENERAL				671,695	671,695	
008	MAINTENANCE & REPAIRS						
009	OPERATION OF PLANT				868,898	868,898	
010	LAUNDRY & LINEN SERVICE				153,218	153,218	
011	HOUSEKEEPING				33,021	33,021	
012	DIETARY				181,220	181,220	
013	CAFETERIA				167,880	167,880	
014	MAINTENANCE OF PERSONNEL						
015	NURSING ADMINISTRATION				11,095	11,095	
016	CENTRAL SERVICES & SUPPLY						
017	PHARMACY				66,130	66,130	
018	MEDICAL RECORDS & LIBRARY				141,287	141,287	
019	SOCIAL SERVICE						
020	NONPHYSICIAN ANESTHETISTS						
021	NURSING SCHOOL						
022	I&R SERVICES-SALARY & FRI						
023	I&R SERVICES-OTHER PRGMC						
024	INPAT ROUTINE SRVC CNTRS						
025	ADULTS & PEDIATRICS				895,270	895,270	
026	INTENSIVE CARE UNIT				175,761	175,761	
027	CORONARY CARE UNIT						
028	BURN INTENSIVE CARE UNIT						
029	SURGICAL INTENSIVE CARE U						
030	SUBPROVIDER						
031	NURSE				263,157	263,157	
032	NURSERY				19,020	19,020	
033	SKILLED NURSING FACILITY				482,946	482,946	
034	NURSING FACILITY						
035	ICF/MR						
036	OTHER LONG TERM CARE						
037	ANCILLARY SRVC COST CNTRS						
038	OPERATING ROOM				491,443	491,443	
039	RECOVERY ROOM						
040	DELIVERY ROOM & LABOR ROO						
041	ANESTHESIOLOGY						
042	RADIOLOGY-DIAGNOSTIC				422,363	422,363	
043	RADIOLOGY-THERAPEUTIC						
044	RADIOISOTOPE						
045	LABORATORY				165,987	165,987	
046	PBP CLINICAL LAB SERVICES						
047	WHOLE BLOOD & PACKED RED						
048	BLOOD STORING, PROCESSING						
049	INTRAVENOUS THERAPY						
050	RESPIRATORY THERAPY				60,407	60,407	
051	PHYSICAL THERAPY				282,177	282,177	
052	OCCUPATIONAL THERAPY				12,328	12,328	
053	SPEECH PATHOLOGY				6,164	6,164	
054	ELECTROCARDIOLOGY				5,283	5,283	
055	ELECTROENCEPHALOGRAPHY						
056	MEDICAL SUPPLIES CHARGED						
057	DRUGS CHARGED TO PATIENTS						
058	RENAL DIALYSIS						
059	ASC (NON-DISTINCT PART)						
060	O/P PSYCH				47,991	47,991	
061	OUTPAT SERVICE COST CNTRS						
062	CLINIC						
063	EMERGENCY				217,500	217,500	
064	OBSERVATION BEDS (NON-DIS						
065	OTHER REIMBURS COST CNTRS						
066	HOME PROGRAM DIALYSIS						
067	AMBULANCE SERVICES						
068	DURABLE MEDICAL EQUIP-REN						
069	DURABLE MEDICAL EQUIP-SOL				46,142	46,142	
070	CORF						
071	I&R SERVICES-NOT APPRVD P						
072	HOME HEALTH AGENCY						
073	LUNG ACQUISITION						
074	SPEC PURPOSE COST CENTERS						
075	KIDNEY ACQUISITION						
076	LIVER ACQUISITION						
077	HEART ACQUISITION						
078	PANCREAS ACQUISITION						
079	AMBULATORY SURGICAL CENTE						
080	HOSPICE						
081	SUBTOTALS				5,888,383	5,888,383	
082	NONREIMBURS COST CENTERS						
083	GIFT, FLOWER, COFFEE SHOP				50,721	50,721	
084	RESEARCH						
085	PHYSICIANS' PRIVATE OFFIC						
086	NONPAID WORKERS						
087	TITLE XX SERVICES						
088	OTHER NONREIMBURSABLE COS				109,454	109,454	
089	CROSS FOOT ADJUSTMENTS						
090	NEGATIVE COST CENTER						
091	TOTAL				6,048,558	6,048,558	

	COST CENTER DESCRIPTION	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA
		6	7	8	9	10	11	12
001	GENERAL SERVICE COST CNTR							
002	OLD CAP REL COSTS-BLDG &							
003	OLD CAP REL COSTS-MVBLE E							
004	NEW CAP REL COSTS-BLDG &							
005	NEW CAP REL COSTS-MVBLE E							
006	EMPLOYEE BENEFITS							
007	ADMINISTRATIVE & GENERAL	671,695						
008	MAINTENANCE & REPAIRS							
009	OPERATION OF PLANT	53,108		922,006				
010	LAUNDRY & LINEN SERVICE	6,559		29,165	188,942			
011	HOUSEKEEPING	12,597		6,286	10,900	62,804		
012	DIETARY	10,487		34,495	1,100	2,495	229,797	
013	CAFETERIA	16,392		31,956	3,726	2,311		222,265
014	MAINTENANCE OF PERSONNEL							
015	NURSING ADMINISTRATION	21,291		2,112		153		9,856
016	CENTRAL SERVICES & SUPPLY							
017	PHARMACY	1,337		12,588		910		
018	MEDICAL RECORDS & LIBRARY	16,536		26,894		1,945		7,605
019	SOCIAL SERVICE							
020	NONPHYSICIAN ANESTHETISTS							
021	NURSING SCHOOL							
022	I&R SERVICES-SALARY & FRI							
023	I&R SERVICES-OTHER PRGM C							
025	INPAT ROUTINE SRVC CNTRS							
026	ADULTS & PEDIATRICS	53,825		170,414	16,186	12,322	84,310	27,582
027	INTENSIVE CARE UNIT	19,535		33,456	2,718	2,420	17,818	8,896
028	CORONARY CARE UNIT							
029	BURN INTENSIVE CARE UNIT							
030	SURGICAL INTENSIVE CARE U							
031	SUBPROVIDER	32,286		50,092	2,946	3,623	52,999	19,602
032	NURSERY	6,692		3,621		262		3,670
033	SKILLED NURSING FACILITY	32,738		91,929	8,003	6,648	74,670	18,094
034	NURSING FACILITY							
035	01 ICF/MR							
036	OTHER LONG TERM CARE							
037	ANCILLARY SRVC COST CNTRS							
038	OPERATING ROOM	45,704		93,547	7,969	6,765		15,726
039	RECOVERY ROOM							
040	DELIVERY ROOM & LABOR ROO	1,294			1,751			753
041	ANESTHESIOLOGY							
042	RADIOLOGY-DIAGNOSTIC	39,297		80,397	3,649	5,814		15,402
043	RADIOLOGY-THERAPEUTIC							
044	RADIOISOTOPE							
045	LABORATORY	50,764		31,596	102	2,285		18,549
046	PBP CLINICAL LAB SERVICES							
047	WHOLE BLOOD & PACKED RED							
048	BLOOD STORING, PROCESSING							
049	INTRAVENOUS THERAPY							
050	RESPIRATORY THERAPY	10,255		11,498	385	832		7,272
051	PHYSICAL THERAPY	25,517		53,713	4,250	3,884		9,852
052	OCCUPATIONAL THERAPY	6,969		2,347		170		1,987
053	SPEECH PATHOLOGY	4,118		1,173		85		2,504
054	ELECTROCARDIOLOGY	3,637		1,006		73		2,424
055	ELECTROENCEPHALOGRAPHY							
056	MEDICAL SUPPLIES CHARGED	7,371						
057	DRUGS CHARGED TO PATIENTS	63,202						7,209
058	RENAL DIALYSIS							
059	ASC (NON-DISTINCT PART)							
060	O/P PSYCH	5,892		9,135	537	661		3,577
061	OUTPAT SERVICE COST CNTRS							
062	CLINIC							
063	EMERGENCY	30,265		41,401	4,096	2,994		18,464
064	OBSERVATION BEDS (NON-DIS							
065	OTHER REIMBURS COST CNTRS							
066	HOME PROGRAM DIALYSIS							
067	AMBULANCE SERVICES	20,100		18,119	1,711			21,344
068	DURABLE MEDICAL EQUIP-REN							
069	DURABLE MEDICAL EQUIP-SOL	5,629		8,783		635		1,025
070	CORF							
071	I&R SERVICES-NOT APPRVD P							
072	HOME HEALTH AGENCY	20,136		45,793		3,312		
073	LUNG ACQUISITION							
074	SPEC PURPOSE COST CENTERS							
075	KIDNEY ACQUISITION							
076	LIVER ACQUISITION							
077	HEART ACQUISITION							
078	01 PANCREAS ACQUISITION							
079	AMBULATORY SURGICAL CENTE							
080	HOSPICE							
081	SUBTOTALS	623,533		891,516	70,029	60,599	229,797	221,393
082	NONREIMBURS COST CENTERS							
083	GIFT, FLOWER, COFFEE SHOP	1,026		9,655		698		
084	RESEARCH							
085	PHYSICIANS' PRIVATE OFFIC							
086	NONPAID WORKERS							
087	TITLE XX SERVICES	2,224						
088	01 OTHER NONREIMBURSABLE COS	44,912		20,835	118,913	1,507		872
089	CROSS FOOT ADJUSTMENTS							
090	NEGATIVE COST CENTER							
091	TOTAL	671,695		922,006	188,942	62,804	229,797	222,265

COST CENTER DESCRIPTION	MAINTENANCE PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS
	13	14	15	16	17	18	20
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
007 ADMINISTRATIVE & GENERAL							
008 MAINTENANCE & REPAIRS							
009 OPERATION OF PLANT							
010 LAUNDRY & LINEN SERVICE							
011 HOUSEKEEPING							
012 DIETARY							
013 CAFETERIA							
014 MAINTENANCE OF PERSONNEL							
015 NURSING ADMINISTRATION		44, 507					
016 CENTRAL SERVICES & SUPPLY							
017 PHARMACY				80, 965			
018 MEDICAL RECORDS & LIBRARY					194, 267		
019 SOCIAL SERVICE							
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C							
025 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS		10, 227			31, 578		
027 INTENSIVE CARE UNIT		3, 299			11, 527		
028 CORONARY CARE UNIT							
029 BURN INTENSIVE CARE UNIT							
030 SURGICAL INTENSIVE CARE U							
031 SUBPROVIDER		7, 269			11, 733		
033 NURSERY		1, 361			1, 800		
034 SKILLED NURSING FACILITY		6, 710			1, 395		
035 NURSING FACILITY							
035 01 ICF/MR							
036 OTHER LONG TERM CARE							
037 ANCILLARY SRVC COST CNTRS							
038 OPERATING ROOM		5, 832			15, 928		
039 RECOVERY ROOM							
040 DELIVERY ROOM & LABOR ROO		284					
041 ANESTHESIOLOGY							
042 RADIOLOGY-DIAGNOSTIC					43, 527		
043 RADIOLOGY-THERAPEUTIC							
044 RADIOISOTOPE							
045 LABORATORY							
046 PBP CLINICAL LAB SERVICES							
047 WHOLE BLOOD & PACKED RED							
048 BLOOD STORING, PROCESSING							
049 INTRAVENOUS THERAPY							
050 RESPIRATORY THERAPY							
051 PHYSICAL THERAPY							
052 OCCUPATIONAL THERAPY							
053 SPEECH PATHOLOGY							
054 ELECTROCARDIOLOGY							
055 ELECTROENCEPHALOGRAPHY							
056 MEDICAL SUPPLIES CHARGED							
057 DRUGS CHARGED TO PATIENTS				80, 965			
058 RENAL DIALYSIS							
059 ASC (NON-DISTINCT PART)							
060 O/P PSYCH					2, 141		
061 OUTPAT SERVICE COST CNTRS							
062 CLINIC							
063 EMERGENCY		9, 525			69, 158		
064 OBSERVATION BEDS (NON-DIS							
065 OTHER REIMBURS COST CNTRS							
066 HOME PROGRAM DIALYSIS							
067 AMBULANCE SERVICES							
068 DURABLE MEDICAL EQUIP-REN							
069 DURABLE MEDICAL EQUIP-SOL							
070 CORF							
071 I&R SERVICES-NOT APPRVD P							
072 HOME HEALTH AGENCY							
073 LUNG ACQUISITION							
074 SPEC PURPOSE COST CENTERS							
075 KIDNEY ACQUISITION							
076 LIVER ACQUISITION							
077 HEART ACQUISITION							
078 01 PANCREAS ACQUISITION							
079 AMBULATORY SURGICAL CENTE							
080 HOSPICE							
081 SUBTOTALS		44, 507		80, 965	188, 787		
082 NONREIMBURS COST CENTERS							
083 GIFT, FLOWER, COFFEE SHOP							
084 RESEARCH							
085 PHYSICIANS' PRIVATE OFFIC							
086 NONPAID WORKERS							
087 TITLE XX SERVICES							
088 01 OTHER NONREIMBURSABLE COS					5, 480		
089 CROSS FOOT ADJUSTMENTS							
090 NEGATIVE COST CENTER							
091 TOTAL		44, 507		80, 965	194, 267		

	COST CENTER DESCRIPTION	NURSING SCHOOL	I&R SERVICES- SALARY & FRI	I&R SERVICES- OTHER PRGM C	SUBTOTAL	POST STEPDOWN ADJUSTMENT	TOTAL
		21	22	23	25	26	27
001	GENERAL SERVICE COST CNTR						
002	OLD CAP REL COSTS-BLDG &						
003	OLD CAP REL COSTS-MVBLE E						
004	NEW CAP REL COSTS-BLDG &						
005	NEW CAP REL COSTS-MVBLE E						
006	EMPLOYEE BENEFITS						
007	ADMINISTRATIVE & GENERAL						
008	MAINTENANCE & REPAIRS						
009	OPERATION OF PLANT						
010	LAUNDRY & LINEN SERVICE						
011	HOUSEKEEPING						
012	DIETARY						
013	CAFETERIA						
014	MAINTENANCE OF PERSONNEL						
015	NURSING ADMINISTRATION						
016	CENTRAL SERVICES & SUPPLY						
017	PHARMACY						
018	MEDICAL RECORDS & LIBRARY						
019	SOCIAL SERVICE						
020	NONPHYSICIAN ANESTHETISTS						
021	NURSING SCHOOL						
022	I&R SERVICES-SALARY & FRI						
023	I&R SERVICES-OTHER PRGM C						
025	INPAT ROUTINE SRVC CNTRS						
026	ADULTS & PEDIATRICS				1,301,714		1,301,714
027	INTENSIVE CARE UNIT				275,430		275,430
028	CORONARY CARE UNIT						
029	BURN INTENSIVE CARE UNIT						
030	SURGICAL INTENSIVE CARE U						
031	SUBPROVIDER				443,707		443,707
032	NURSERY				36,426		36,426
033	SKILLED NURSING FACILITY				723,133		723,133
034	NURSING FACILITY						
035	ICF/MR						
036	OTHER LONG TERM CARE						
037	ANCILLARY SRVC COST CNTRS						
038	OPERATING ROOM				682,914		682,914
039	RECOVERY ROOM						
040	DELIVERY ROOM & LABOR ROO				4,082		4,082
041	ANESTHESIOLOGY						
042	RADIOLOGY-DIAGNOSTIC				610,449		610,449
043	RADIOLOGY-THERAPEUTIC						
044	RADIOISOTOPE						
045	LABORATORY				269,283		269,283
046	PBP CLINICAL LAB SERVICES						
047	WHOLE BLOOD & PACKED RED						
048	BLOOD STORING, PROCESSING						
049	INTRAVENOUS THERAPY						
050	RESPIRATORY THERAPY				90,649		90,649
051	PHYSICAL THERAPY				379,393		379,393
052	OCCUPATIONAL THERAPY				23,801		23,801
053	SPEECH PATHOLOGY				14,044		14,044
054	ELECTROCARDIOLOGY				12,423		12,423
055	ELECTROENCEPHALOGRAPHY						
056	MEDICAL SUPPLIES CHARGED				7,371		7,371
057	DRUGS CHARGED TO PATIENTS				151,376		151,376
058	RENAL DIALYSIS						
059	ASC (NON-DISTINCT PART)						
060	O/P PSYCH				69,934		69,934
061	OUTPAT SERVICE COST CNTRS						
062	CLINIC						
063	EMERGENCY				393,403		393,403
064	OBSERVATION BEDS (NON-DIS						
065	OTHER REIMBURS COST CNTRS						
066	HOME PROGRAM DIALYSIS						
067	AMBULANCE SERVICES				61,274		61,274
068	DURABLE MEDICAL EQUIP-REN						
069	DURABLE MEDICAL EQUIP-SOL				62,214		62,214
070	CORF						
071	I&R SERVICES-NOT APPRVD P						
072	HOME HEALTH AGENCY				69,241		69,241
073	LUNG ACQUISITION						
074	SPEC PURPOSE COST CENTERS						
075	KIDNEY ACQUISITION						
076	LIVER ACQUISITION						
077	HEART ACQUISITION						
078	PANCREAS ACQUISITION						
079	01 AMBULATORY SURGICAL CENTE						
080	HOSPICE						
081	SUBTOTALS				5,682,261		5,682,261
082	NONREIMBURS COST CENTERS						
083	GIFT, FLOWER, COFFEE SHOP				62,100		62,100
084	RESEARCH						
085	PHYSICIANS' PRIVATE OFFIC						
086	NONPAID WORKERS						
087	TITLE XX SERVICES				2,224		2,224
088	01 OTHER NONREIMBURSABLE COS				301,973		301,973
089	CROSS FOOT ADJUSTMENTS						
090	NEGATIVE COST CENTER						
091	TOTAL				6,048,558		6,048,558

COST CENTER DESCRIPTION	OLD CAP REL C	OLD CAP REL C	NEW CAP REL C	NEW CAP REL C	EMPLOYEE BENE	RECONCILIATION
	OSTS-BLDG & FEET	OSTS-MVBLE & DOLLAR VALUE	OSTS-BLDG & FEET	OSTS-MVBLE & FEET	FITS SALARIES	
	1	2	3	4	5	6a.00
001 GENERAL SERVICE COST						
002 OLD CAP REL COSTS- BLD						
003 OLD CAP REL COSTS- MVB						
004 NEW CAP REL COSTS- BLD						
005 NEW CAP REL COSTS- MVB				137,379		
006 EMPLOYEE BENEFITS					12,888,212	
007 ADMINISTRATIVE & GENE				15,256	586,764	-4,910,697
008 MAINTENANCE & REPAIRS						
009 OPERATION OF PLANT				19,735	223,150	
010 LAUNDRY & LINEN SERVI				3,480	90,009	
011 HOUSEKEEPING					750	358,188
012 DIETARY					4,116	138,935
013 CAFETERIA				3,813	264,658	
014 MAINTENANCE OF PERSON						
015 NURSING ADMINISTRATIO				252	619,624	
016 CENTRAL SERVICES & SU						
017 PHARMACY				1,502		
018 MEDICAL RECORDS & LIB				3,209	391,823	
019 SOCIAL SERVICE						
020 NONPHYSICIAN ANESTHET						
021 NURSING SCHOOL						
022 I&R SERVICES-SALARY &						
023 I&R SERVICES-OTHER PR						
025 INPAT ROUTINE SRVC CN						
026 ADULTS & PEDIATRICS				20,334	1,090,398	
027 INTENSIVE CARE UNIT				3,992	499,003	
028 CORONARY CARE UNIT						
029 BURN INTENSIVE CARE U						
031 SURGICAL INTENSIVE CA						
033 SUBPROVIDER				5,977	784,431	
034 NURSERY				432	198,940	
035 SKILLED NURSING FACIL				10,969	734,104	
036 NURSING FACILITY						
037 ICF/MR						
038 OTHER LONG TERM CARE						
039 ANCILLARY SRVC COST C						
040 OPERATING ROOM				11,162	655,713	
041 RECOVERY ROOM						
042 DELIVERY ROOM & LABOR					40,808	
043 ANESTHESIOLOGY						
044 RADIOLOGY-DIAGNOSTIC				9,593	733,141	
045 RADIOLOGY-THERAPEUTIC						
046 RADIOISOTOPE						
047 LABORATORY				3,770	725,590	
048 PBP CLINICAL LAB SERV						
049 WHOLE BLOOD & PACKED						
050 BLOOD STORING, PROCES						
051 INTRAVENOUS THERAPY						
052 RESPIRATORY THERAPY				1,372	326,946	
053 PHYSICAL THERAPY				6,409	567,873	
054 OCCUPATIONAL THERAPY				280	187,375	
055 SPEECH PATHOLOGY				140	125,087	
056 ELECTROCARDIOLOGY				120	108,982	
057 ELECTROENCEPHALOGRAPH						
058 MEDICAL SUPPLIES						
059 DRUGS CHARGED TO PATI					519,893	
060 RENAL DIALYSIS						
061 ASC (NON-DISTINCT PAR						
062 O/P PSYCH				1,090	143,165	
063 OUTPAT SERVICE COST C						
064 CLINIC						
065 EMERGENCY				4,940	609,155	
066 OBSERVATION BEDS (NON						
067 OTHER REIMBURS COST C						
068 HOME PROGRAM DIALYSIS						
069 AMBULANCE SERVICES					563,662	
070 DURABLE MEDICAL EQUIP						
071 DURABLE MEDICAL EQUIP				1,048	24,312	
072 CORF						
073 I&R SERVICES-NOT APPR						
074 HOME HEALTH AGENCY					615,120	
075 LUNG ACQUISITION						
076 SPEC PURPOSE COST CEN						
077 KIDNEY ACQUISITION						
078 LIVER ACQUISITION						
079 HEART ACQUISITION						
080 PANCREAS ACQUISITION						
081 AMBULATORY SURGICAL C						
082 HOSPICE						
083 SUBTOTALS				133,741	11,926,849	-4,910,697
084 NONREIMBURS COST CENT						
085 GIFT, FLOWER, COFFEE				1,152		
086 RESEARCH						
087 PHYSICIANS' PRIVATE O						
088 NONPAID WORKERS						
089 TITLE XX SERVICES					65,575	
090 OTHER NONREIMBURSABLE				2,486	895,788	
091 CROSS FOOT ADJUSTMENT						
092 NEGATIVE COST CENTER						
093 COST TO BE ALLOCATED				6,048,558	6,795,949	
094 (WRKSHT B, PART I)						

COST ALLOCATION - STATISTICAL BASIS

COST CENTER DESCRIPTION	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICES	HOUSEKEEPING	DIETARY	CAFETERIA
	(COST)	(SQUARE FEET)	(SQUARE FEET)	(LAUNDRY)	(SQUARE FEET)	(MEALS SERVED)	(HOURS)
	6	7	8	9	10	11	12
001 GENERAL SERVICE COST							
002 OLD CAP REL COSTS-BLD							
003 OLD CAP REL COSTS-MVB							
004 NEW CAP REL COSTS-BLD							
005 NEW CAP REL COSTS-MVB							
006 EMPLOYEE BENEFITS							
007 ADMINISTRATIVE & GENERAL	33,220,258						
008 MAINTENANCE & REPAIRS							
009 OPERATION OF PLANT	2,626,656		110,014				
010 LAUNDRY & LINEN SERVICE	324,375		3,480	795,916			
011 HOUSEKEEPING	623,032		750	45,915	103,622		
012 DIETARY	518,685		4,116	4,633	4,116	36,330	
013 CAFETERIA	810,718		3,813	15,697	3,813		465,649
014 MAINTENANCE OF PERSON							
015 NURSING ADMINISTRATION	1,053,034		252		252		20,649
016 CENTRAL SERVICES & SUPPLY							
017 PHARMACY	66,130		1,502		1,502		
018 MEDICAL RECORDS & LIBRARY	817,839		3,209		3,209		15,932
019 SOCIAL SERVICE							
020 NONPHYSICIAN ANESTHETIC							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & BENEFITS							
023 I&R SERVICES-OTHER PERSONNEL							
024 INPAT ROUTINE SERVICE CENTER							
025 ADULTS & PEDIATRICS	2,662,091		20,334	68,184	20,334	13,329	57,784
026 INTENSIVE CARE UNIT	966,159		3,992	11,448	3,992	2,817	18,637
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE UNIT							
030 SUBPROVIDER	1,596,839		5,977	12,411	5,977	8,379	41,067
031 NURSERY	330,990		432		432		7,689
032 SKILLED NURSING FACILITY	1,619,170		10,969	33,714	10,969	11,805	37,908
033 NURSING FACILITY							
034 ICF/MR							
035 OTHER LONG TERM CARE							
036 ANCILLARY SERVICE CENTER							
037 OPERATING ROOM	2,260,468		11,162	33,569	11,162		32,946
038 RECOVERY ROOM							
039 DELIVERY ROOM & LABOR	63,995			7,375			1,577
040 ANESTHESIOLOGY							
041 RADIOLOGY-DIAGNOSTIC	1,943,569		9,593	15,373	9,593		32,267
042 RADIOLOGY-THERAPEUTIC							
043 RADIOISOTOPE							
044 LABORATORY	2,510,701		3,770	429	3,770		38,861
045 PBP CLINICAL LAB SERVICE							
046 WHOLE BLOOD & PACKED							
047 BLOOD STORING, PROCESSING							
048 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY	507,186		1,372	1,622	1,372		15,235
050 PHYSICAL THERAPY	1,262,022		6,409	17,904	6,409		20,640
051 OCCUPATIONAL THERAPY	344,687		280		280		4,163
052 SPEECH PATHOLOGY	203,690		140		140		5,246
053 ELECTROCARDIOLOGY	179,880		120		120		5,078
054 ELECTROENCEPHALOGRAPHY							
055 MEDICAL SUPPLIES CHARACTERIZED	364,535						
056 DRUGS CHARGED TO PATIENTS	3,125,112						15,102
057 RENAL DIALYSIS							
058 ASC (NON-DISTINCT PARADISE)							
059 OUTPAT SERVICE COST CENTER	291,399		1,090	2,264	1,090		7,493
060 CLINIC							
061 EMERGENCY	1,496,883		4,940	17,256	4,940		38,683
062 OBSERVATION BEDS (NON-REIMBURSABLE)							
063 OTHER REIMBURSABLE COST CENTER							
064 HOME PROGRAM DIALYSIS							
065 AMBULANCE SERVICES	994,116		2,162	7,208			44,717
066 DURABLE MEDICAL EQUIPMENT							
067 DURABLE MEDICAL EQUIPMENT	278,388		1,048		1,048		2,148
068 CORP							
069 I&R SERVICES-NOT APPROPRIATE							
070 HOME HEALTH AGENCY	995,908		5,464		5,464		
071 LUNG ACQUISITION							
072 SPEC PURPOSE COST CENTER							
073 KIDNEY ACQUISITION							
074 LIVER ACQUISITION							
075 HEART ACQUISITION							
076 PANCREAS ACQUISITION							
077 AMBULATORY SURGICAL CENTER							
078 HOSPICE							
079 SUBTOTALS	30,838,257		106,376	295,002	99,984	36,330	463,822
080 NONREIMBURSABLE COST CENTER							
081 GIFT, FLOWER, COFFEE	50,721		1,152		1,152		
082 RESEARCH							
083 PHYSICIANS' PRIVATE OFFICE							
084 NONPAID WORKERS							
085 TITLE XX SERVICES	109,992						
086 OTHER NONREIMBURSABLE COST CENTER	2,221,288		2,486	500,914	2,486		1,827
087 CROSS FOOT ADJUSTMENT							
088 NEGATIVE COST CENTER							
089 COST TO BE ALLOCATED (WORKSHEET B, PART I)	4,910,697		3,014,934	467,694	762,664	741,173	1,072,343

COST ALLOCATION - STATISTICAL BASIS

	COST CENTER DESCRIPTION	ADMINISTRATIVE & GENERAL	MAINTENANCE REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA
		(ACCUM COST)	(SQUARE FEET)	(SQUARE FEET)	(POUNDS OF LAUNDRY)	(SQUARE FEET)	(MEALS SERVED)	(HOURS)
		6	7	8	9	10	11	12
104	NONREIMBURS COST CENT UNIT COST MULTIPLIER (WRKSHT B, PT I)	.147822		27.405003	.587617	7.360059	20.401129	2.302900
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)	671,695		922,006	188,942	62,804	229,797	222,265
108	UNIT COST MULTIPLIER (WRKSHT B, PT III)	.020219		8.380806	.237389	.606088	6.325268	.477323

COST CENTER DESCRIPTION	MAINTENANCE PERSONNEL	NURSING ADMIN ISTRATION	CENTRAL SERVI CES & SUPPLY	PHARMACY	MEDICAL RECOR DS & LIBRARY	SOCIAL SERVIC E	NONPHYSICIAN ANESTHETISTS
(NUMBER HOUSED)	(DIRING HRS)	(COSTED REQUIS.)	(COSTED REQUIS.)	(TIME SPENT)	(TIME SPENT)	(ASSIGNED TIME)	
13	14	15	16	17	18	20	
001	GENERAL SERVICE COST						
002	OLD CAP REL COSTS- BLD						
003	OLD CAP REL COSTS- MVB						
004	NEW CAP REL COSTS- BLD						
005	NEW CAP REL COSTS- MVB						
006	EMPLOYEE BENEFITS						
007	ADMINISTRATIVE & GENE						
008	MAINTENANCE & REPAIRS						
009	OPERATION OF PLANT						
010	LAUNDRY & LINEN SERVI						
011	HOUSEKEEPING						
012	DIETARY						
013	CAFETERIA						
014	MAINTENANCE OF PERSON						
015	NURSING ADMINISTRATION	251,446					
016	CENTRAL SERVICES & SU		100				
017	PHARMACY			100			
018	MEDICAL RECORDS & LIB				778,329		
020	SOCIAL SERVICE						
021	NONPHYSICIAN ANESTHET						
022	NURSING SCHOOL						
023	I&R SERVICES-SALARY &						
025	I&R SERVICES-OTHER PR						
026	INPAT ROUTINE SRVC CN						
027	ADULTS & PEDIATRICS	57,784			126,515		
028	INTENSIVE CARE UNIT	18,637			46,181		
029	CORONARY CARE UNIT						
031	BURN INTENSIVE CARE U						
033	SURGICAL INTENSIVE CA						
034	SUBPROVIDER	41,067			47,007		
035	NURSERY	7,689			7,212		
036	SKILLED NURSING FACIL	37,908			5,591		
037	NURSING FACILITY						
038	ICF/MR						
039	OTHER LONG TERM CARE						
040	ANCILLARY SRVC COST C						
041	OPERATING ROOM	32,946			63,815		
042	RECOVERY ROOM						
043	DELIVERY ROOM & LABOR	1,602					
044	ANESTHESIOLOGY						
045	RADIOLOGY-DIAGNOSTIC				174,390		
046	RADIOLOGY-THERAPEUTIC						
047	RADIOISOTOPE						
048	LABORATORY						
049	PBP CLINICAL LAB SERV						
050	WHOLE BLOOD & PACKED						
051	BLOOD STORING, PROCES						
052	INTRAVENOUS THERAPY						
053	RESPIRATORY THERAPY						
054	PHYSICAL THERAPY						
055	OCCUPATIONAL THERAPY						
056	SPEECH PATHOLOGY						
057	ELECTROCARDIOLOGY						
058	ELECTROENCEPHALOGRAPH						
059	MEDICAL SUPPLIES		100				
060	DRUGS CHARGED TO PATI			100			
061	RENAL DIALYSIS						
062	ASC (NON-DISTINCT PAR						
063	O/P PSYCH				8,577		
064	OUTPAT SERVICE COST C						
065	CLINIC						
066	EMERGENCY	53,813			277,085		
067	OBSERVATION BEDS (NON						
068	OTHER REIMBURS COST C						
069	HOME PROGRAM DIALYSIS						
070	AMBULANCE SERVICES						
071	DURABLE MEDICAL EQUIP						
072	DURABLE MEDICAL EQUIP						
073	CORF						
074	I&R SERVICES-NOT APPR						
075	HOME HEALTH AGENCY						
076	LUNG ACQUISITION						
077	SPEC PURPOSE COST CEN						
078	KIDNEY ACQUISITION						
079	LIVER ACQUISITION						
080	PANCREAS ACQUISITION						
081	AMBULATORY SURGICAL C						
082	HOSPICE						
083	SUBTOTALS	251,446	100	100	756,373		
084	NONREIMBURS COST CENT						
085	GIFT, FLOWER, COFFEE						
086	RESEARCH						
087	PHYSICIANS' PRIVATE O						
088	NONPAID WORKERS						
089	TITLE XX SERVICES						
090	OTHER NONREIMBURSABLE				21,956		
091	CROSS FOOT ADJUSTMENT						
092	NEGATIVE COST CENTER						
093	COST TO BE ALLOCATED	1,265,010		128,122	1,086,985		
094	(WRKSH B, PART I)						

COST CENTER DESCRIPTION	MAINTENANCE	NURSING	ADMIN	CENTRAL SERVI	PHARMACY	MEDICAL RECOR	SOCIAL SERVIC	NONPHYSICIAN
	F PERSONNEL	ISTRATION		CES & SUPPLY		DS & LIBRARY	E	ANESTHETISTS
	(NUMBER HOUSED)	(DIRECT NRSING HRS)	(COSTED REQUIS.)	(COSTED REQUIS.)	(TIME SPENT)	(TIME SPENT)	(ASSIGNED TIME)	
	13	14	15	16	17	18	20	
104 NONREIMBURS COST CENT UNIT COST MULTIPLIER (WRKSHT B, PT I)		5.030941		1,281.220000		1.396562		
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)		44,507		80,965		194,267		
108 UNIT COST MULTIPLIER (WRKSHT B, PT III)		.177004		809.650000		.249595		

COST CENTER DESCRIPTION	NURSING SCHOOL	I&R SERVICES- SALARY & FRI	I&R SERVICES- OTHER PRGM C
	(ASSIGNED TIME)	(ASSIGNED TIME)	(ASSIGNED TIME)
	21	22	23
001	GENERAL SERVICE COST		
002	OLD CAP REL COSTS- BLD		
003	OLD CAP REL COSTS- MVB		
004	NEW CAP REL COSTS- BLD		
005	NEW CAP REL COSTS- MVB		
006	EMPLOYEE BENEFITS		
007	ADMINISTRATIVE & GENE		
008	MAINTENANCE & REPAIRS		
009	OPERATION OF PLANT		
010	LAUNDRY & LINEN SERVI		
011	HOUSEKEEPING		
012	DIETARY		
013	CAFETERIA		
014	MAINTENANCE OF PERSON		
015	NURSING ADMINISTRATION		
016	CENTRAL SERVICES & SU		
017	PHARMACY		
018	MEDICAL RECORDS & LIB		
020	SOCIAL SERVICE		
021	NONPHYSICIAN ANESTHET		
022	NURSING SCHOOL		
023	I&R SERVICES- SALARY &		
	I&R SERVICES- OTHER PR		
025	INPAT ROUTINE SRVC CN		
026	ADULTS & PEDIATRICS		
027	INTENSIVE CARE UNIT		
028	CORONARY CARE UNIT		
029	BURN INTENSIVE CARE U		
031	SURGICAL INTENSIVE CA		
033	SUBPROVIDER		
034	NURSERY		
035	SKILLED NURSING FACIL		
036	NURSING FACILITY		
037	01 ICF/MR		
038	OTHER LONG TERM CARE		
039	ANCILLARY SRVC COST C		
040	OPERATING ROOM		
041	RECOVERY ROOM		
042	DELIVERY ROOM & LABOR		
043	ANESTHESIOLOGY		
044	RADIOLOGY- DIAGNOSTIC		
045	RADIOLOGY- THERAPEUTIC		
046	RADIOISOTOPE		
047	LABORATORY		
048	PBP CLINICAL LAB SERV		
049	WHOLE BLOOD & PACKED		
050	BLOOD STORING, PROCES		
051	INTRAVENOUS THERAPY		
052	RESPIRATORY THERAPY		
053	PHYSICAL THERAPY		
054	OCCUPATIONAL THERAPY		
055	SPEECH PATHOLOGY		
056	ELECTROCARDIOLOGY		
057	ELECTROENCEPHALOGRAPH		
058	MEDICAL SUPPLIES CHAP		
059	DRUGS CHARGED TO PATI		
060	RENAL DIALYSIS		
061	ASC (NON-DISTINCT PAR		
062	O/P PSYCH		
063	OUTPAT SERVICE COST C		
064	CLINIC		
065	EMERGENCY		
066	OBSERVATION BEDS (NON		
067	OTHER REIMBURS COST C		
068	HOME PROGRAM DIALYSIS		
069	AMBULANCE SERVICES		
070	DURABLE MEDICAL EQUIP		
071	DURABLE MEDICAL EQUIP		
072	CORF		
073	I&R SERVICES- NOT APPR		
074	HOME HEALTH AGENCY		
075	LUNG ACQUISITION		
076	SPEC PURPOSE COST CEN		
077	KIDNEY ACQUISITION		
078	LIVER ACQUISITION		
079	HEART ACQUISITION		
080	01 PANCREAS ACQUISITION		
081	AMBULATORY SURGICAL C		
082	HOSPICE		
083	SUBTOTALS		
084	NONREIMBURS COST CENT		
085	GIFT, FLOWER, COFFEE		
086	RESEARCH		
087	PHYSICIANS' PRIVATE O		
088	NONPAID WORKERS		
089	TITLE XX SERVICES		
090	01 OTHER NONREIMBURSABLE		
091	CROSS FOOT ADJUSTMENT		
092	NEGATIVE COST CENTER		
093	COST TO BE ALLOCATED		
094	(PER WRKSHT B, PART		

COST CENTER DESCRIPTION	NURSING SCHOO	I&R SERVICES-	I&R SERVICES-
	L	SALARY & FRI	OTHER PRGM C
	(ASSIGNED	(ASSIGNED	(ASSIGNED
	TIME)	TIME)	TIME)
	21	22	23

104 NONREIMBURS COST CENT
 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 DISALLOWANCE 4	TOTAL COSTS 5
	INPAT ROUTINE SRVC CNTRS					
25	ADULTS & PEDIATRICS	4, 674, 976		4, 674, 976		4, 674, 976
26	INTENSIVE CARE UNIT	1, 513, 134		1, 513, 134		1, 513, 134
27	CORONARY CARE UNIT					
28	BURN INTENSIVE CARE UNIT					
29	SURGICAL INTENSIVE CARE U					
31	SUBPROVIDER	2, 585, 739		2, 585, 739		2, 585, 739
33	NURSERY	461, 399		461, 399		461, 399
34	SKILLED NURSING FACILITY	2, 786, 321		2, 786, 321		2, 786, 321
35	NURSING FACILITY					
35	01 ICF/MR					
36	OTHER LONG TERM CARE					
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	3, 333, 131		3, 333, 131		3, 333, 131
38	RECOVERY ROOM					
39	DELIVERY ROOM & LABOR ROO	89, 481		89, 481		89, 481
40	ANESTHESIOLOGY					
41	RADIOLOGY-DIAGNOSTIC	2, 891, 259		2, 891, 259		2, 891, 259
42	RADIOLOGY-THERAPEUTIC					
43	RADIOISOTOPE					
44	LABORATORY	3, 102, 647		3, 102, 647		3, 102, 647
45	PBP CLINICAL LAB SERVICES					
46	WHOLE BLOOD & PACKED RED					
47	BLOOD STORING, PROCESSING					
48	INTRAVENOUS THERAPY					
49	RESPIRATORY THERAPY	665, 895		665, 895		665, 895
50	PHYSICAL THERAPY	1, 729, 440		1, 729, 440		1, 729, 440
51	OCCUPATIONAL THERAPY	414, 960		414, 960		414, 960
52	SPEECH PATHOLOGY	250, 748		250, 748		250, 748
53	ELECTROCARDIOLOGY	222, 336		222, 336		222, 336
54	ELECTROENCEPHALOGRAPHY					
55	MEDICAL SUPPLIES CHARGED	418, 421		418, 421		418, 421
56	DRUGS CHARGED TO PATIENTS	3, 749, 983		3, 749, 983		3, 749, 983
57	RENAL DIALYSIS					
58	ASC (NON-DISTINCT PART)					
59	O/P PSYCH	402, 931		402, 931		402, 931
	OUTPAT SERVICE COST CNTRS					
60	CLINIC					
61	EMERGENCY	2, 646, 815		2, 646, 815		2, 646, 815
62	OBSERVATION BEDS (NON-DIS	1, 234, 607		1, 234, 607		1, 234, 607
	OTHER REIMBURS COST CNTRS					
64	HOME PROGRAM DIALYSIS					
65	AMBULANCE SERVICES	1, 307, 533		1, 307, 533		1, 307, 533
66	DURABLE MEDICAL EQUIP-REN					
67	DURABLE MEDICAL EQUIP-SOL					
101	SUBTOTAL	34, 842, 676		34, 842, 676		34, 842, 676
102	LESS OBSERVATION BEDS	1, 234, 607		1, 234, 607		1, 234, 607
103	TOTAL	33, 608, 069		33, 608, 069		33, 608, 069

COMPUTATION OF RATIO OF COSTS TO CHARGES

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT CHARGES 6	OUTPATIENT CHARGES 7	TOTAL CHARGES 8	COST OR OTHER RATIO 9	TEFRA INPAT- IENT RATIO 10	PPS INPAT- IENT RATIO 11
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	4,378,545		4,378,545			
26	INTENSIVE CARE UNIT	1,852,164		1,852,164			
27	CORONARY CARE UNIT						
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U						
31	SUBPROVIDER	3,433,438		3,433,438			
33	NURSERY	230,105		230,105			
34	SKILLED NURSING FACILITY	1,854,182		1,854,182			
35	NURSING FACILITY						
35	01 ICF/MR						
36	OTHER LONG TERM CARE						
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	629,335	4,758,105	5,387,440	.618685	.618685	.618685
38	RECOVERY ROOM						
39	DELIVERY ROOM & LABOR ROO	109,830	60,635	170,465	.524923	.524923	.524923
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC	1,554,343	14,609,640	16,163,983	.178870	.178870	.178870
42	RADIOLOGY-THERAPEUTIC						
43	RADIOISOTOPE						
44	LABORATORY	2,642,792	11,302,191	13,944,983	.222492	.222492	.222492
45	PBP CLINICAL LAB SERVICES						
46	WHOLE BLOOD & PACKED RED						
47	BLOOD STORING, PROCESSING						
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY	2,398,313	826,838	3,225,151	.206469	.206469	.206469
50	PHYSICAL THERAPY	728,139	1,683,670	2,411,809	.717072	.717072	.717072
51	OCCUPATIONAL THERAPY	352,483	778,993	1,131,476	.366742	.366742	.366742
52	SPEECH PATHOLOGY	116,083	319,313	435,396	.575908	.575908	.575908
53	ELECTROCARDIOLOGY	370,166	1,456,184	1,826,350	.121738	.121738	.121738
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED	1,456,562	1,552,539	3,009,101	.139052	.139052	.139052
56	DRUGS CHARGED TO PATIENTS	7,659,760	5,464,495	13,124,255	.285729	.285729	.285729
57	RENAL DIALYSIS						
58	ASC (NON-DISTINCT PART)						
59	O/P PSYCH		626,630	626,630	.643013	.643013	.643013
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
61	EMERGENCY	48,641	2,257,126	2,305,767	1.147911	1.147911	1.147911
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS		2,202,658	2,202,658	.560508	.560508	.560508
64	HOME PROGRAM DIALYSIS						
65	AMBULANCE SERVICES		2,266,545	2,266,545	.576884	.576884	.576884
66	DURABLE MEDICAL EQUIP-REN						
67	DURABLE MEDICAL EQUIP-SOL		389,651	389,651	.926265	.926265	.926265
101	SUBTOTAL	29,814,881	50,555,213	80,370,094			
102	LESS OBSERVATION BEDS						
103	TOTAL	29,814,881	50,555,213	80,370,094			

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5
	INPAT ROUTINE SRVC CNTRS					
25	ADULTS & PEDIATRICS	4, 674, 976		4, 674, 976		4, 674, 976
26	INTENSIVE CARE UNIT	1, 513, 134		1, 513, 134		1, 513, 134
27	CORONARY CARE UNIT					
28	BURN INTENSIVE CARE UNIT					
29	SURGICAL INTENSIVE CARE U					
31	SUBPROVIDER	2, 585, 739		2, 585, 739		2, 585, 739
33	NURSERY	461, 399		461, 399		461, 399
34	SKILLED NURSING FACILITY	2, 786, 321		2, 786, 321		2, 786, 321
35	NURSING FACILITY					
35	01 ICF/MR					
36	OTHER LONG TERM CARE					
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	3, 333, 131		3, 333, 131		3, 333, 131
38	RECOVERY ROOM					
39	DELIVERY ROOM & LABOR ROO	89, 481		89, 481		89, 481
40	ANESTHESIOLOGY					
41	RADIOLOGY-DIAGNOSTIC	2, 891, 259		2, 891, 259		2, 891, 259
42	RADIOLOGY-THERAPEUTIC					
43	RADIOISOTOPE					
44	LABORATORY	3, 102, 647		3, 102, 647		3, 102, 647
45	PBP CLINICAL LAB SERVICES					
46	WHOLE BLOOD & PACKED RED					
47	BLOOD STORING, PROCESSING					
48	INTRAVENOUS THERAPY					
49	RESPIRATORY THERAPY	665, 895		665, 895		665, 895
50	PHYSICAL THERAPY	1, 729, 440		1, 729, 440		1, 729, 440
51	OCCUPATIONAL THERAPY	414, 960		414, 960		414, 960
52	SPEECH PATHOLOGY	250, 748		250, 748		250, 748
53	ELECTROCARDIOLOGY	222, 336		222, 336		222, 336
54	ELECTROENCEPHALOGRAPHY					
55	MEDICAL SUPPLIES CHARGED	418, 421		418, 421		418, 421
56	DRUGS CHARGED TO PATIENTS	3, 749, 983		3, 749, 983		3, 749, 983
57	RENAL DIALYSIS					
58	ASC (NON-DISTINCT PART)					
59	O/P PSYCH	402, 931		402, 931		402, 931
	OUTPAT SERVICE COST CNTRS					
60	CLINIC					
61	EMERGENCY	2, 646, 815		2, 646, 815		2, 646, 815
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	1, 234, 607		1, 234, 607		1, 234, 607
64	HOME PROGRAM DIALYSIS					
65	AMBULANCE SERVICES	1, 307, 533		1, 307, 533		1, 307, 533
66	DURABLE MEDICAL EQUIP-REN					
67	DURABLE MEDICAL EQUIP-SOL					
101	SUBTOTAL	34, 842, 676		34, 842, 676		34, 842, 676
102	LESS OBSERVATION BEDS	1, 234, 607		1, 234, 607		1, 234, 607
103	TOTAL	33, 608, 069		33, 608, 069		33, 608, 069

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT CHARGES 6	OUTPATIENT CHARGES 7	TOTAL CHARGES 8	COST OR OTHER RATIO 9	TEFRA INPAT- IENT RATIO 10	PPS INPAT- IENT RATIO 11
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	4, 378, 545		4, 378, 545			
26	INTENSIVE CARE UNIT	1, 852, 164		1, 852, 164			
27	CORONARY CARE UNIT						
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U						
31	SUBPROVIDER	3, 433, 438		3, 433, 438			
33	NURSERY	230, 105		230, 105			
34	SKILLED NURSING FACILITY	1, 854, 182		1, 854, 182			
35	NURSING FACILITY						
35	01 ICF/MR						
36	OTHER LONG TERM CARE						
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	629, 335	4, 758, 105	5, 387, 440	. 618685	. 618685	. 618685
38	RECOVERY ROOM						
39	DELIVERY ROOM & LABOR ROO	109, 830	60, 635	170, 465	. 524923	. 524923	. 524923
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC	1, 554, 343	14, 609, 640	16, 163, 983	. 178870	. 178870	. 178870
42	RADIOLOGY-THERAPEUTIC						
43	RADIOISOTOPE						
44	LABORATORY	2, 642, 792	11, 302, 191	13, 944, 983	. 222492	. 222492	. 222492
45	PBP CLINICAL LAB SERVICES						
46	WHOLE BLOOD & PACKED RED						
47	BLOOD STORING, PROCESSING						
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY	2, 398, 313	826, 838	3, 225, 151	. 206469	. 206469	. 206469
50	PHYSICAL THERAPY	728, 139	1, 683, 670	2, 411, 809	. 717072	. 717072	. 717072
51	OCCUPATIONAL THERAPY	352, 483	778, 993	1, 131, 476	. 366742	. 366742	. 366742
52	SPEECH PATHOLOGY	116, 083	319, 313	435, 396	. 575908	. 575908	. 575908
53	ELECTROCARDIOLOGY	370, 166	1, 456, 184	1, 826, 350	. 121738	. 121738	. 121738
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED	1, 456, 562	1, 552, 539	3, 009, 101	. 139052	. 139052	. 139052
56	DRUGS CHARGED TO PATIENTS	7, 659, 760	5, 464, 495	13, 124, 255	. 285729	. 285729	. 285729
57	RENAL DIALYSIS						
58	ASC (NON-DISTINCT PART)						
59	O/P PSYCH		626, 630	626, 630	. 643013	. 643013	. 643013
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
61	EMERGENCY	48, 641	2, 257, 126	2, 305, 767	1. 147911	1. 147911	1. 147911
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS		2, 202, 658	2, 202, 658	. 560508	. 560508	. 560508
64	HOME PROGRAM DIALYSIS						
65	AMBULANCE SERVICES		2, 266, 545	2, 266, 545	. 576884	. 576884	. 576884
66	DURABLE MEDICAL EQUIP-REN						
67	DURABLE MEDICAL EQUIP-SOL		389, 651	389, 651	. 926265	. 926265	. 926265
101	SUBTOTAL	29, 814, 881	50, 555, 213	80, 370, 094			
102	LESS OBSERVATION BEDS						
103	TOTAL	29, 814, 881	50, 555, 213	80, 370, 094			

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	3,333,131	682,914	2,650,217			3,333,131
39	RECOVERY ROOM						
40	DELIVERY ROOM & LABOR ROO	89,481	4,082	85,399			89,481
41	ANESTHESIOLOGY						
42	RADIOLOGY-DIAGNOSTIC	2,891,259	610,449	2,280,810			2,891,259
43	RADIOLOGY-THERAPEUTIC						
44	RADIOISOTOPE						
45	LABORATORY	3,102,647	269,283	2,833,364			3,102,647
46	PBP CLINICAL LAB SERVICES						
47	WHOLE BLOOD & PACKED RED						
48	BLOOD STORING, PROCESSING						
49	INTRAVENOUS THERAPY						
50	RESPIRATORY THERAPY	665,895	90,649	575,246			665,895
51	PHYSICAL THERAPY	1,729,440	379,393	1,350,047			1,729,440
52	OCCUPATIONAL THERAPY	414,960	23,801	391,159			414,960
53	SPEECH PATHOLOGY	250,748	14,044	236,704			250,748
54	ELECTROCARDIOLOGY	222,336	12,423	209,913			222,336
55	ELECTROENCEPHALOGRAPHY						
56	MEDICAL SUPPLIES CHARGED	418,421	7,371	411,050			418,421
57	DRUGS CHARGED TO PATIENTS	3,749,983	151,376	3,598,607			3,749,983
58	RENAL DIALYSIS						
59	ASC (NON-DISTINCT PART)						
60	O/P PSYCH	402,931	69,934	332,997			402,931
61	OUTPAT SERVICE COST CNTRS						
62	CLINIC						
63	EMERGENCY	2,646,815	393,403	2,253,412			2,646,815
64	OBSERVATION BEDS (NON-DIS	1,234,607		1,234,607			1,234,607
65	OTHER REIMBURS COST CNTRS						
66	HOME PROGRAM DIALYSIS						
67	AMBULANCE SERVICES	1,307,533	61,274	1,246,259			1,307,533
101	DURABLE MEDICAL EQUIP-REN	360,920	62,214	298,706			360,920
102	SUBTOTAL	22,821,107	2,832,610	19,988,497			22,821,107
103	LESS OBSERVATION BEDS	1,234,607		1,234,607			1,234,607
	TOTAL	21,586,500	2,832,610	18,753,890			21,586,500

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRGRATIO	I/P PT B COST TO CHRGRATIO
		7	8	9
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	5,387,440	.618685	.618685
38	RECOVERY ROOM			
39	DELIVERY ROOM & LABOR ROO	170,465	.524923	.524923
40	ANESTHESIOLOGY			
41	RADIOLOGY-DIAGNOSTIC	16,163,983	.178870	.178870
42	RADIOLOGY-THERAPEUTIC			
43	RADIOISOTOPE			
44	LABORATORY	13,944,983	.222492	.222492
45	PBP CLINICAL LAB SERVICES			
46	WHOLE BLOOD & PACKED RED			
47	BLOOD STORING, PROCESSING			
48	INTRAVENOUS THERAPY			
49	RESPIRATORY THERAPY	3,225,151	.206469	.206469
50	PHYSICAL THERAPY	2,411,809	.717072	.717072
51	OCCUPATIONAL THERAPY	1,131,476	.366742	.366742
52	SPEECH PATHOLOGY	435,396	.575908	.575908
53	ELECTROCARDIOLOGY	1,826,350	.121738	.121738
54	ELECTROENCEPHALOGRAPHY			
55	MEDICAL SUPPLIES CHARGED	3,009,101	.139052	.139052
56	DRUGS CHARGED TO PATIENTS	13,124,255	.285729	.285729
57	RENAL DIALYSIS			
58	ASC (NON-DISTINCT PART)			
59	O/P PSYCH	626,630	.643013	.643013
	OUTPAT SERVICE COST CNTRS			
60	CLINIC			
61	EMERGENCY	2,305,767	1.147911	1.147911
62	OBSERVATION BEDS (NON-DIS	2,202,658	.560508	.560508
	OTHER REIMBURS COST CNTRS			
64	HOME PROGRAM DIALYSIS			
65	AMBULANCE SERVICES	2,266,545	.576884	.576884
66	DURABLE MEDICAL EQUIP-REN			
67	DURABLE MEDICAL EQUIP-SOL	389,651	.926265	.926265
101	SUBTOTAL	68,621,660		
102	LESS OBSERVATION BEDS	2,202,658		
103	TOTAL	66,419,002		

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	3,333,131	682,914	2,650,217			3,333,131
39	RECOVERY ROOM						
40	DELIVERY ROOM & LABOR ROO	89,481	4,082	85,399			89,481
41	ANESTHESIOLOGY						
42	RADIOLOGY-DIAGNOSTIC	2,891,259	610,449	2,280,810			2,891,259
43	RADIOLOGY-THERAPEUTIC						
44	RADIOISOTOPE						
45	LABORATORY	3,102,647	269,283	2,833,364			3,102,647
46	PBP CLINICAL LAB SERVICES						
47	WHOLE BLOOD & PACKED RED						
48	BLOOD STORING, PROCESSING						
49	INTRAVENOUS THERAPY						
50	RESPIRATORY THERAPY	665,895	90,649	575,246			665,895
51	PHYSICAL THERAPY	1,729,440	379,393	1,350,047			1,729,440
52	OCCUPATIONAL THERAPY	414,960	23,801	391,159			414,960
53	SPEECH PATHOLOGY	250,748	14,044	236,704			250,748
54	ELECTROCARDIOLOGY	222,336	12,423	209,913			222,336
55	ELECTROENCEPHALOGRAPHY						
56	MEDICAL SUPPLIES CHARGED	418,421	7,371	411,050			418,421
57	DRUGS CHARGED TO PATIENTS	3,749,983	151,376	3,598,607			3,749,983
58	RENAL DIALYSIS						
59	ASC (NON-DISTINCT PART)						
60	O/P PSYCH	402,931	69,934	332,997			402,931
61	OUTPAT SERVICE COST CNTRS						
62	CLINIC						
63	EMERGENCY	2,646,815	393,403	2,253,412			2,646,815
64	OBSERVATION BEDS (NON-DIS	1,234,607		1,234,607			1,234,607
65	OTHER REIMBURS COST CNTRS						
66	HOME PROGRAM DIALYSIS						
67	AMBULANCE SERVICES	1,307,533	61,274	1,246,259			1,307,533
101	DURABLE MEDICAL EQUIP-REN	360,920	62,214	298,706			360,920
102	SUBTOTAL	22,821,107	2,832,610	19,988,497			22,821,107
103	LESS OBSERVATION BEDS	1,234,607		1,234,607			1,234,607
103	TOTAL	21,586,500	2,832,610	18,753,890			21,586,500

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
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	5,387,440	.618685	.618685
38	RECOVERY ROOM			
39	DELIVERY ROOM & LABOR ROO	170,465	.524923	.524923
40	ANESTHESIOLOGY			
41	RADIOLOGY-DIAGNOSTIC	16,163,983	.178870	.178870
42	RADIOLOGY-THERAPEUTIC			
43	RADIOISOTOPE			
44	LABORATORY	13,944,983	.222492	.222492
45	PBP CLINICAL LAB SERVICES			
46	WHOLE BLOOD & PACKED RED			
47	BLOOD STORING, PROCESSING			
48	INTRAVENOUS THERAPY			
49	RESPIRATORY THERAPY	3,225,151	.206469	.206469
50	PHYSICAL THERAPY	2,411,809	.717072	.717072
51	OCCUPATIONAL THERAPY	1,131,476	.366742	.366742
52	SPEECH PATHOLOGY	435,396	.575908	.575908
53	ELECTROCARDIOLOGY	1,826,350	.121738	.121738
54	ELECTROENCEPHALOGRAPHY			
55	MEDICAL SUPPLIES CHARGED	3,009,101	.139052	.139052
56	DRUGS CHARGED TO PATIENTS	13,124,255	.285729	.285729
57	RENAL DIALYSIS			
58	ASC (NON-DISTINCT PART)			
59	O/P PSYCH	626,630	.643013	.643013
	OUTPAT SERVICE COST CNTRS			
60	CLINIC			
61	EMERGENCY	2,305,767	1.147911	1.147911
62	OBSERVATION BEDS (NON-DIS	2,202,658	.560508	.560508
	OTHER REIMBURS COST CNTRS			
64	HOME PROGRAM DIALYSIS			
65	AMBULANCE SERVICES	2,266,545	.576884	.576884
66	DURABLE MEDICAL EQUIP-REN			
67	DURABLE MEDICAL EQUIP-SOL	389,651	.926265	.926265
101	SUBTOTAL	68,621,660		
102	LESS OBSERVATION BEDS	2,202,658		
103	TOTAL	66,419,002		

WKST A LINE NO.	COST CENTER DESCRIPTION	CAPITAL REL COST (B, I I) 1	OLD CAPITAL SWING BED ADJUSTMENT 2	REDUCED CAP RELATED COST 3	CAPITAL REL COST (B, I I I) 4	NEW CAPITAL SWING BED ADJUSTMENT 5	REDUCED CAP RELATED COST 6
25	INPAT ROUTINE SRVC CNTRS						
26	ADULTS & PEDIATRICS				1,301,714	12,865	1,288,849
27	INTENSIVE CARE UNIT				275,430		275,430
28	CORONARY CARE UNIT						
29	BURN INTENSIVE CARE UNIT						
31	SURGICAL INTENSIVE CARE U						
33	SUBPROVIDER				443,707		443,707
101	NURSERY				36,426		36,426
	TOTAL				2,057,277		2,044,412

TITLE XVIII, PART A

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL PATIENT DAYS 7	INPATIENT PROGRAM DAYS 8	OLD CAPITAL PER DIEM 9	INPAT PROGRAM OLD CAP CST 10	NEW CAPITAL PER DIEM 11	INPAT PROGRAM NEW CAP CST 12
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS	5,950	2,270			216.61	491,705
26	INTENSIVE CARE UNIT	939	424			293.32	124,368
27	CORONARY CARE UNIT						
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U						
31	SUBPROVIDER	2,793	1,287			158.86	204,453
33	NURSERY	413				88.20	
101	TOTAL	10,095	3,981				820,526

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST 1	MED EDUCATN COST 2	SWING BED ADJ AMOUNT 3	TOTAL COSTS 4	TOTAL PATIENT DAYS 5	PER DIEM 6
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS					5,950	
26	INTENSIVE CARE UNIT					939	
27	CORONARY CARE UNIT						
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U						
31	SUBPROVIDER					2,793	
33	NURSERY					413	
34	SKILLED NURSING FACILITY					3,935	
35	NURSING FACILITY						
35 01	ICF/MR						
101	TOTAL					14,030	

WKST A	COST CENTER DESCRIPTION	INPATIENT	INPAT PROGRAM
LINE NO.		PROG DAYS	PASS THRU COST
		7	8
25	ADULTS & PEDIATRICS	2,270	
26	INTENSIVE CARE UNIT	424	
27	CORONARY CARE UNIT		
28	BURN INTENSIVE CARE UNIT		
29	SURGICAL INTENSIVE CARE U		
31	SUBPROVIDER	1,287	
33	NURSERY		
34	SKILLED NURSING FACILITY	2,771	
35	NURSING FACILITY		
35 01	ICF/MR		
101	TOTAL	6,752	

TITLE XVIII, PART B

HOSPITAL

Cost Center Description	Cost/Charge Ratio (C, Pt I, col. 9)	Cost/Charge Ratio (C, Pt I, col. 9)	Cost/Charge Ratio (C, Pt II, col. 9)	Outpatient Ambulatory Surgical Ctr	Outpatient Radiology
	1	1.01	1.02	2	3
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM	.618685		.618685		
38 RECOVERY ROOM					
39 DELIVERY ROOM & LABOR ROOM	.524923		.524923		
40 ANESTHESIOLOGY					
41 RADIOLOGY-DIAGNOSTIC	.178870		.178870		
42 RADIOLOGY-THERAPEUTIC					
43 RADIOISOTOPE					
44 LABORATORY	.222492		.222492		
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	.206469		.206469		
50 PHYSICAL THERAPY	.717072		.717072		
51 OCCUPATIONAL THERAPY	.366742		.366742		
52 SPEECH PATHOLOGY	.575908		.575908		
53 ELECTROCARDIOLOGY	.121738		.121738		
54 ELECTROENCEPHALOGRAPHY					
55 MEDICAL SUPPLIES CHARGED TO PATIENTS	.139052		.139052		
56 DRUGS CHARGED TO PATIENTS	.285729		.285729		
57 RENAL DIALYSIS					
58 ASC (NON-DISTINCT PART)					
59 O/P PSYCH	.643013		.643013		
60 OUTPAT SERVICE COST CNTRS					
61 CLINIC					
61 EMERGENCY	1.147911		1.147911		
62 OBSERVATION BEDS (NON-DISTINCT PART)	.560508		.560508		
63 OTHER REIMBURS COST CNTRS					
64 HOME PROGRAM DIALYSIS					
65 AMBULANCE SERVICES	.576884		.576884		
66 DURABLE MEDICAL EQUIP-RENTED					
67 DURABLE MEDICAL EQUIP-SOLD	.926265		.926265		
101 SUBTOTAL					
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-					
PROGRAM ONLY CHARGES					
104 NET CHARGES					

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

TITLE XVIII, PART B

HOSPITAL

Cost Center Description	Other Outpatient Diagnostic	All Other (1)	Outpatient Ambulatory Surgical Ctr	Outpatient Radiology	Other Outpatient Diagnostic
	4	5	6	7	8
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM		1,292,740			
38 RECOVERY ROOM					
39 DELIVERY ROOM & LABOR ROOM					
40 ANESTHESIOLOGY					
41 RADIOLOGY-DIAGNOSTIC		3,514,927			
42 RADIOLOGY-THERAPEUTIC					
43 RADIOISOTOPE					
44 LABORATORY		1,907,944			
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		210,797			
50 PHYSICAL THERAPY		483,824			
51 OCCUPATIONAL THERAPY		75,799			
52 SPEECH PATHOLOGY		30,271			
53 ELECTROCARDIOLOGY		704,682			
54 ELECTROENCEPHALOGRAPHY					
55 MEDICAL SUPPLIES CHARGED TO PATIENTS		489,681			
56 DRUGS CHARGED TO PATIENTS		1,426,531			
57 RENAL DIALYSIS					
58 ASC (NON-DISTINCT PART)					
59 O/P PSYCH		85,685			
60 OUTPAT SERVICE COST CNTRS					
61 CLINIC					
62 EMERGENCY		572,843			
63 OBSERVATION BEDS (NON-DISTINCT PART)		770,467			
64 OTHER REIMBURS COST CNTRS					
65 HOME PROGRAM DIALYSIS					
66 AMBULANCE SERVICES					
67 DURABLE MEDICAL EQUIP-RENTED					
101 DURABLE MEDICAL EQUIP-SOLD					
102 SUBTOTAL		11,566,191			
103 CRNA CHARGES					
104 LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES					
NET CHARGES		11,566,191			

(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

All Other Hospital I/P Hospital I/P
 Part B Charges Part B Costs

Cost Center Description 9 10 11

Cost Center	Description	9	10	11
(A)	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM			
38	RECOVERY ROOM	799,799		
39	DELIVERY ROOM & LABOR ROOM			
40	ANESTHESIOLOGY			
41	RADIOLOGY-DIAGNOSTIC	628,715		
42	RADIOLOGY-THERAPEUTIC			
43	RADIOISOTOPE			
44	LABORATORY	424,502		
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	43,523		
50	PHYSICAL THERAPY	346,937		
51	OCCUPATIONAL THERAPY	27,799		
52	SPEECH PATHOLOGY	17,433		
53	ELECTROCARDIOLOGY	85,787		
54	ELECTROENCEPHALOGRAPHY			
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	68,091		
56	DRUGS CHARGED TO PATIENTS	407,601		
57	RENAL DIALYSIS			
58	ASC (NON-DISTINCT PART)			
59	O/P PSYCH	55,097		
60	OUTPAT SERVICE COST CNTRS			
61	CLINIC			
61	EMERGENCY	657,573		
62	OBSERVATION BEDS (NON-DISTINCT PART)	431,853		
	OTHER REIMBURS COST CNTRS			
64	HOME PROGRAM DIALYSIS			
65	AMBULANCE SERVICES			
66	DURABLE MEDICAL EQUIP-RENTED			
67	DURABLE MEDICAL EQUIP-SOLD			
101	SUBTOTAL	3,994,710		
102	CRNA CHARGES			
103	LESS PBP CLINIC LAB SVCS-			
104	PROGRAM ONLY CHARGES			
	NET CHARGES	3,994,710		

(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

PART VI - VACCINE COST APPORTIONMENT

1	DRUGS CHARGED TO PATIENTS-RATIO OF COST TO CHARGES	1	285729
2	PROGRAM VACCINE CHARGES		1,996
3	PROGRAM COSTS		570

WKST A LINE NO.	COST CENTER DESCRIPTION	SUBPROVIDER 1		TOTAL CHARGES 3	INPAT PROGRAM CHARGES 4	OLD CAPITAL CST/CHRG RATIO 5	CAPITAL COSTS 6
		OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2				
37	ANCILLARY SRVC COST CNTRS						
38	OPERATING ROOM		682,914	5,387,440	1,637		
39	RECOVERY ROOM						
40	DELIVERY ROOM & LABOR ROO		4,082	170,465			
41	ANESTHESIOLOGY						
42	RADIOLOGY-DIAGNOSTIC		610,449	16,163,983	19,052		
43	RADIOLOGY-THERAPEUTIC						
44	RADIOISOTOPE						
45	LABORATORY		269,283	13,944,983	116,010		
46	PBP CLINICAL LAB SERVICES						
47	WHOLE BLOOD & PACKED RED						
48	BLOOD STORING, PROCESSING						
49	INTRAVENOUS THERAPY						
50	RESPIRATORY THERAPY		90,649	3,225,151	24,855		
51	PHYSICAL THERAPY		379,393	2,411,809	1,197		
52	OCCUPATIONAL THERAPY		23,801	1,131,476	1,417		
53	SPEECH PATHOLOGY		14,044	435,396	1,126		
54	ELECTROCARDIOLOGY		12,423	1,826,350	18,176		
55	ELECTROENCEPHALOGRAPHY						
56	MEDICAL SUPPLIES CHARGED		7,371	3,009,101	40,219		
57	DRUGS CHARGED TO PATIENTS		151,376	13,124,255	261,537		
58	RENAL DIALYSIS						
59	ASC (NON-DISTINCT PART)						
60	O/P PSYCH		69,934	626,630			
61	OUTPAT SERVICE COST CNTRS						
62	CLINIC						
63	EMERGENCY		393,403	2,305,767			
64	OBSERVATION BEDS (NON-DIS			2,202,658			
65	OTHER REIMBURS COST CNTRS						
66	HOME PROGRAM DIALYSIS						
67	AMBULANCE SERVICES						
68	DURABLE MEDICAL EQUIP-REN						
69	DURABLE MEDICAL EQUIP-SOL		62,214	389,651			
101	TOTAL		2,771,336	66,355,115	485,226		

WKST A LINE NO.	COST CENTER DESCRIPTION	SUBPROVIDER 1	
		CST/CHRG 7	NEW CAPITAL RATIO COSTS 8
37	ANCILLARY SRVC COST CNTRS		
38	OPERATING ROOM	.126760	208
39	RECOVERY ROOM		
40	DELIVERY ROOM & LABOR ROO	.023946	
41	ANESTHESIOLOGY		
42	RADIOLOGY-DIAGNOSTIC	.037766	720
43	RADIOLOGY-THERAPEUTIC		
44	RADIOISOTOPE		
45	LABORATORY	.019310	2,240
46	PBP CLINICAL LAB SERVICES		
47	WHOLE BLOOD & PACKED RED		
48	BLOOD STORING, PROCESSING		
49	INTRAVENOUS THERAPY		
50	RESPIRATORY THERAPY	.028107	699
51	PHYSICAL THERAPY	.157306	188
52	OCCUPATIONAL THERAPY	.021035	30
53	SPEECH PATHOLOGY	.032256	36
54	ELECTROCARDIOLOGY	.006802	124
55	ELECTROENCEPHALOGRAPHY		
56	MEDICAL SUPPLIES CHARGED	.002450	99
57	DRUGS CHARGED TO PATIENTS	.011534	3,017
58	RENAL DIALYSIS		
59	ASC (NON-DISTINCT PART)		
60	O/P PSYCH	.111603	
61	OUTPAT SERVICE COST CNTRS		
62	CLINIC		
63	EMERGENCY	.170617	
64	OBSERVATION BEDS (NON-DIS		
65	OTHER REIMBURS COST CNTRS		
66	HOME PROGRAM DIALYSIS		
67	AMBULANCE SERVICES		
68	DURABLE MEDICAL EQUIP-REN		
69	DURABLE MEDICAL EQUIP-SOL	.159666	
101	TOTAL		7,361

WKST A LINE NO.	TITLE XVIII, PART A COST CENTER DESCRIPTION	SUBPROVIDER 1 NONPHYSICIAN ANESTHETIST	1.01	MED ED NRS SCHOOL COST	2	MED ED ALLIED HEALTH COST	2.01	MED ED ALL OTHER COSTS	2.02	BLOOD CLOT FOR HEMOPHILIACS	2.03
	ANCILLARY SRVC COST CNTRS										
37	OPERATING ROOM										
38	RECOVERY ROOM										
39	DELIVERY ROOM & LABOR ROO										
40	ANESTHESIOLOGY										
41	RADIOLOGY-DIAGNOSTIC										
42	RADIOLOGY-THERAPEUTIC										
43	RADIOISOTOPE										
44	LABORATORY										
45	PBP CLINICAL LAB SERVICES										
46	WHOLE BLOOD & PACKED RED										
47	BLOOD STORING, PROCESSING										
48	INTRAVENOUS THERAPY										
49	RESPIRATORY THERAPY										
50	PHYSICAL THERAPY										
51	OCCUPATIONAL THERAPY										
52	SPEECH PATHOLOGY										
53	ELECTROCARDIOLOGY										
54	ELECTROENCEPHALOGRAPHY										
55	MEDICAL SUPPLIES CHARGED										
56	DRUGS CHARGED TO PATIENTS										
57	RENAL DIALYSIS										
58	ASC (NON-DISTINCT PART)										
59	O/P PSYCH										
60	OUTPAT SERVICE COST CNTRS										
61	CLINIC										
62	EMERGENCY										
62	OBSERVATION BEDS (NON-DIS										
62	OTHER REIMBURS COST CNTRS										
64	HOME PROGRAM DIALYSIS										
65	AMBULANCE SERVICES										
66	DURABLE MEDICAL EQUIP-REN										
67	DURABLE MEDICAL EQUIP-SOL										
101	TOTAL										

TITLE XVIII, PART A		SUBPROVIDER 1		TEFRA				
WKST A	COST CENTER DESCRIPTION	TOTAL COSTS	O/P PASS THRU COSTS	TOTAL CHARGES	RATIO OF COST TO CHARGES	O/P RATIO OF CST TO CHARGES	INPAT PROG CHARGE	INPAT PROG PASS THRU COST
LINE NO.		3	3.01	4	5	5.01	6	7
37	ANCILLARY SRVC COST CNTRS							
38	OPERATING ROOM			5,387,440			1,637	
39	RECOVERY ROOM							
40	DELIVERY ROOM & LABOR ROO			170,465				
41	ANESTHESIOLOGY							
42	RADIOLOGY-DIAGNOSTIC			16,163,983			19,052	
43	RADIOLOGY-THERAPEUTIC							
44	RADIOISOTOPE							
45	LABORATORY			13,944,983			116,010	
46	PBP CLINICAL LAB SERVICES							
47	WHOLE BLOOD & PACKED RED							
48	BLOOD STORING, PROCESSING							
49	INTRAVENOUS THERAPY							
50	RESPIRATORY THERAPY			3,225,151			24,855	
51	PHYSICAL THERAPY			2,411,809			1,197	
52	OCCUPATIONAL THERAPY			1,131,476			1,417	
53	SPEECH PATHOLOGY			435,396			1,126	
54	ELECTROCARDIOLOGY			1,826,350			18,176	
55	ELECTROENCEPHALOGRAPHY							
56	MEDICAL SUPPLIES CHARGED			3,009,101			40,219	
57	DRUGS CHARGED TO PATIENTS			13,124,255			261,537	
58	RENAL DIALYSIS							
59	ASC (NON-DISTINCT PART)							
60	O/P PSYCH			626,630				
61	OUTPAT SERVICE COST CNTRS							
62	CLINIC							
63	EMERGENCY			2,305,767				
64	OBSERVATION BEDS (NON-DIS			2,202,658				
65	OTHER REIMBURS COST CNTRS							
66	HOME PROGRAM DIALYSIS							
67	AMBULANCE SERVICES							
101	DURABLE MEDICAL EQUIP-REN			389,651				
	DURABLE MEDICAL EQUIP-SOL							
	TOTAL			66,355,115			485,226	

WKST A LINE NO.	COST CENTER DESCRIPTION	SUBPROVIDER 1				TEFRA		COL 8.01 * COL 5 9.01	COL 8.02 * COL 5 9.02
		OUTPAT PROG CHARGES 8	OUTPAT PROG D, V COL 5.03 8.01	OUTPAT PROG D, V COL 5.04 8.02	OUTPAT PROG PASS THRU COST 9				
37	ANCILLARY SRVC COST CNTRS								
38	OPERATING ROOM								
39	RECOVERY ROOM								
40	DELIVERY ROOM & LABOR ROO								
41	ANESTHESIOLOGY								
42	RADIOLOGY-DIAGNOSTIC								
43	RADIOLOGY-THERAPEUTIC								
44	RADIOISOTOPE								
45	LABORATORY								
46	PBP CLINICAL LAB SERVICES								
47	WHOLE BLOOD & PACKED RED								
48	BLOOD STORING, PROCESSING								
49	INTRAVENOUS THERAPY								
50	RESPIRATORY THERAPY								
51	PHYSICAL THERAPY								
52	OCCUPATIONAL THERAPY								
53	SPEECH PATHOLOGY								
54	ELECTROCARDIOLOGY								
55	ELECTROENCEPHALOGRAPHY								
56	MEDICAL SUPPLIES CHARGED								
57	DRUGS CHARGED TO PATIENTS								
58	RENAL DIALYSIS								
59	ASC (NON-DISTINCT PART)								
60	O/P PSYCH								
61	OUTPAT SERVICE COST CNTRS								
62	CLINIC								
63	EMERGENCY								
64	OBSERVATION BEDS (NON-DIS								
65	OTHER REIMBURS COST CNTRS								
66	HOME PROGRAM DIALYSIS								
67	AMBULANCE SERVICES								
101	DURABLE MEDICAL EQUIP-REN								
	DURABLE MEDICAL EQUIP-SOL								
	TOTAL								

TITLE XVIII, PART A SKILLED NURSING FACILITY PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2	TOTAL CHARGES 3	INPAT PROGRAM CHARGES 4	OLD CAPITAL CST/CHRG RATIO 5	CAPITAL COSTS 6
37	ANCILLARY SRVC COST CNTRS						
38	OPERATING ROOM						
39	RECOVERY ROOM						
40	DELIVERY ROOM & LABOR ROO						
41	ANESTHESIOLOGY						
42	RADIOLOGY-DIAGNOSTIC						
43	RADIOLOGY-THERAPEUTIC						
44	RADIOISOTOPE						
45	LABORATORY						
46	PBP CLINICAL LAB SERVICES						
47	WHOLE BLOOD & PACKED RED						
48	BLOOD STORING, PROCESSING						
49	INTRAVENOUS THERAPY						
50	RESPIRATORY THERAPY						
51	PHYSICAL THERAPY						
52	OCCUPATIONAL THERAPY						
53	SPEECH PATHOLOGY						
54	ELECTROCARDIOLOGY						
55	ELECTROENCEPHALOGRAPHY						
56	MEDICAL SUPPLIES CHARGED						
57	DRUGS CHARGED TO PATIENTS						
58	RENAL DIALYSIS						
59	ASC (NON-DISTINCT PART)						
60	O/P PSYCH						
61	OUTPAT SERVICE COST CNTRS						
62	CLINIC						
63	EMERGENCY						
64	OBSERVATION BEDS (NON-DIS						
65	OTHER REIMBURS COST CNTRS						
66	HOME PROGRAM DIALYSIS						
67	AMBULANCE SERVICES						
101	DURABLE MEDICAL EQUIP-REN						
	DURABLE MEDICAL EQUIP-SOL						
	TOTAL						

TITLE XVIII, PART A SKILLED NURSING FACILITY PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	CST/CHRG 7	NEW CAPITAL RATIO	COSTS 8
37	ANCILLARY SRVC COST CNTRS			
38	OPERATING ROOM			
39	RECOVERY ROOM			
40	DELIVERY ROOM & LABOR ROO			
41	ANESTHESIOLOGY			
42	RADIOLOGY-DIAGNOSTIC			
43	RADIOLOGY-THERAPEUTIC			
44	RADIOISOTOPE			
45	LABORATORY			
46	PBP CLINICAL LAB SERVICES			
47	WHOLE BLOOD & PACKED RED			
48	BLOOD STORING, PROCESSING			
49	INTRAVENOUS THERAPY			
50	RESPIRATORY THERAPY			
51	PHYSICAL THERAPY			
52	OCCUPATIONAL THERAPY			
53	SPEECH PATHOLOGY			
54	ELECTROCARDIOLOGY			
55	ELECTROENCEPHALOGRAPHY			
56	MEDICAL SUPPLIES CHARGED			
57	DRUGS CHARGED TO PATIENTS			
58	RENAL DIALYSIS			
59	ASC (NON-DISTINCT PART)			
60	O/P PSYCH			
61	OUTPAT SERVICE COST CNTRS			
62	CLINIC			
63	EMERGENCY			
64	OBSERVATION BEDS (NON-DIS			
65	OTHER REIMBURS COST CNTRS			
66	HOME PROGRAM DIALYSIS			
67	AMBULANCE SERVICES			
101	DURABLE MEDICAL EQUIP-REN			
	DURABLE MEDICAL EQUIP-SOL			
	TOTAL			

TITLE XVIII, PART A		SKILLED NURSING FACILITY		PPS		
WKST A	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST	MED ED NRS SCHOOL COST	MED ED ALLIED HEALTH COST	MED ED ALL OTHER COSTS	BLOOD CLOT FOR HEMOPHILIACS
LINE NO.		1	2	2.01	2.02	2.03
	ANCILLARY SRVC COST CNTRS	1.01				
37	OPERATING ROOM					
38	RECOVERY ROOM					
39	DELIVERY ROOM & LABOR ROO					
40	ANESTHESIOLOGY					
41	RADIOLOGY-DIAGNOSTIC					
42	RADIOLOGY-THERAPEUTIC					
43	RADIOISOTOPE					
44	LABORATORY					
45	PBP CLINICAL LAB SERVICES					
46	WHOLE BLOOD & PACKED RED					
47	BLOOD STORING, PROCESSING					
48	INTRAVENOUS THERAPY					
49	RESPIRATORY THERAPY					
50	PHYSICAL THERAPY					
51	OCCUPATIONAL THERAPY					
52	SPEECH PATHOLOGY					
53	ELECTROCARDIOLOGY					
54	ELECTROENCEPHALOGRAPHY					
55	MEDICAL SUPPLIES CHARGED					
56	DRUGS CHARGED TO PATIENTS					
57	RENAL DIALYSIS					
58	ASC (NON-DISTINCT PART)					
59	O/P PSYCH					
60	OUTPAT SERVICE COST CNTRS					
61	CLINIC					
62	EMERGENCY					
62	OBSERVATION BEDS (NON-DIS					
62	OTHER REIMBURS COST CNTRS					
64	HOME PROGRAM DIALYSIS					
65	AMBULANCE SERVICES					
66	DURABLE MEDICAL EQUIP-REN					
67	DURABLE MEDICAL EQUIP-SOL					
101	TOTAL					

TITLE XVIII, PART A

SKILLED NURSING FACILITY

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF CST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
37	ANCILLARY SRVC COST CNTRS							
38	OPERATING ROOM			5,387,440				
39	RECOVERY ROOM							
40	DELIVERY ROOM & LABOR ROO			170,465				
41	ANESTHESIOLOGY							
42	RADIOLOGY-DIAGNOSTIC			16,163,983			42,426	
43	RADIOLOGY-THERAPEUTIC							
44	RADIOISOTOPE							
45	LABORATORY			13,944,983			212,309	
46	PBP CLINICAL LAB SERVICES							
47	WHOLE BLOOD & PACKED RED							
48	BLOOD STORING, PROCESSING							
49	INTRAVENOUS THERAPY			3,225,151			259,646	
50	RESPIRATORY THERAPY			2,411,809			416,300	
51	PHYSICAL THERAPY			1,131,476			218,868	
52	OCCUPATIONAL THERAPY			435,396			70,154	
53	SPEECH PATHOLOGY			1,826,350			3,320	
54	ELECTROCARDIOLOGY							
55	ELECTROENCEPHALOGRAPHY							
56	MEDICAL SUPPLIES CHARGED			3,009,101			379,577	
57	DRUGS CHARGED TO PATIENTS			13,124,255			964,577	
58	RENAL DIALYSIS							
59	ASC (NON-DISTINCT PART)							
60	O/P PSYCH			626,630				
61	OUTPAT SERVICE COST CNTRS							
62	CLINIC							
63	EMERGENCY			2,305,767				
64	OBSERVATION BEDS (NON-DIS			2,202,658				
65	OTHER REIMBURS COST CNTRS							
66	HOME PROGRAM DIALYSIS							
67	AMBULANCE SERVICES							
101	DURABLE MEDICAL EQUIP-REN			389,651				
	DURABLE MEDICAL EQUIP-SOL							
	TOTAL			66,355,115			2,567,177	

TITLE XVIII, PART A SKILLED NURSING FACILITY PPS

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

WKST A LINE NO.	COST CENTER DESCRIPTION	CAPITAL REL COST (B, I I) 1	OLD CAPITAL SWING BED ADJUSTMENT 2	REDUCED CAP RELATED COST 3	CAPITAL REL COST (B, I I I) 4	NEW CAPITAL SWING BED ADJUSTMENT 5	REDUCED CAP RELATED COST 6
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS				1,301,714		1,301,714
26	INTENSIVE CARE UNIT				275,430		275,430
27	CORONARY CARE UNIT						
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U						
31	SUBPROVIDER				443,707		443,707
33	NURSERY				36,426		36,426
101	TOTAL				2,057,277		2,057,277

TITLE XIX

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL PATIENT DAYS 7	INPATIENT PROGRAM DAYS 8	OLD CAPITAL PER DIEM 9	INPAT PROGRAM OLD CAP CST 10	NEW CAPITAL PER DIEM 11	INPAT PROGRAM NEW CAP CST 12
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS	5,950	175			218.78	38,287
26	INTENSIVE CARE UNIT	939	8			293.32	2,347
27	CORONARY CARE UNIT						
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U						
31	SUBPROVIDER	2,793	322			158.86	51,153
33	NURSERY	413	134			88.20	11,819
101	TOTAL	10,095	639				103,606

WKST A LINE NO.	COST CENTER DESCRIPTION	CAPITAL REL COST (B, I I) 1	OLD CAPITAL SWING BED ADJUSTMENT 2	REDUCED CAP RELATED COST 3	CAPITAL REL COST (B, I I I) 4	NEW CAPITAL SWING BED ADJUSTMENT 5	REDUCED CAP RELATED COST 6
25	ADULTS & PEDIATRICS				1,301,714		1,301,714
26	INTENSIVE CARE UNIT				275,430		275,430
27	CORONARY CARE UNIT						
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U						
31	SUBPROVIDER				443,707		443,707
33	NURSERY				36,426		36,426
101	TOTAL				2,057,277		2,057,277

TITLE XIX

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL PATIENT DAYS 7	INPATIENT PROGRAM DAYS 8	OLD CAPITAL PER DIEM 9	INPAT PROGRAM OLD CAP CST 10	NEW CAPITAL PER DIEM 11	INPAT PROGRAM NEW CAP CST 12
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS	5,950	175			218.78	38,287
26	INTENSIVE CARE UNIT	939	8			293.32	2,347
27	CORONARY CARE UNIT						
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U						
31	SUBPROVIDER	2,793	322			158.86	51,153
33	NURSERY	413	134			88.20	11,819
101	TOTAL	10,095	639				103,606

WKST A LINE NO.	TITLE XIX COST CENTER DESCRIPTION	HOSPITAL		TOTAL CHARGES 3	INPAT PROGRAM CHARGES 4	OLD CAPITAL CST/CHRG RATIO 5	CAPITAL COSTS 6
		OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2				
37	ANCILLARY SRVC COST CNTRS						
38	OPERATING ROOM		682,914	5,387,440	64,319		
39	RECOVERY ROOM						
40	DELIVERY ROOM & LABOR ROO		4,082	170,465	25,062		
41	ANESTHESIOLOGY						
42	RADIOLOGY-DIAGNOSTIC		610,449	16,163,983	41,662		
43	RADIOLOGY-THERAPEUTIC						
44	RADIOISOTOPE						
45	LABORATORY		269,283	13,944,983	125,390		
46	PBP CLINICAL LAB SERVICES						
47	WHOLE BLOOD & PACKED RED						
48	BLOOD STORING, PROCESSING						
49	INTRAVENOUS THERAPY						
50	RESPIRATORY THERAPY		90,649	3,225,151	55,513		
51	PHYSICAL THERAPY		379,393	2,411,809	239		
52	OCCUPATIONAL THERAPY		23,801	1,131,476			
53	SPEECH PATHOLOGY		14,044	435,396			
54	ELECTROCARDIOLOGY		12,423	1,826,350			
55	ELECTROENCEPHALOGRAPHY						
56	MEDICAL SUPPLIES CHARGED		7,371	3,009,101	71,609		
57	DRUGS CHARGED TO PATIENTS		151,376	13,124,255	260,356		
58	RENAL DIALYSIS						
59	ASC (NON-DISTINCT PART)						
60	O/P PSYCH		69,934	626,630			
61	OUTPAT SERVICE COST CNTRS						
62	CLINIC						
63	EMERGENCY		393,403	2,305,767	44,269		
64	OBSERVATION BEDS (NON-DIS			2,202,658			
65	OTHER REIMBURS COST CNTRS						
66	HOME PROGRAM DIALYSIS						
67	AMBULANCE SERVICES						
68	DURABLE MEDICAL EQUIP-REN						
69	DURABLE MEDICAL EQUIP-SOL		62,214	389,651			
70	TOTAL		2,771,336	66,355,115	688,419		

WKST LINE	A NO.	TITLE XIX COST CENTER DESCRIPTION	HOSPITAL	
			CST/CHRG 7	NEW CAPITAL RATIO COSTS 8
37		ANCILLARY SRVC COST CNTRS		
38		OPERATING ROOM	.126760	8,153
39		RECOVERY ROOM		
40		DELIVERY ROOM & LABOR ROO	.023946	600
41		ANESTHESIOLOGY		
42		RADIOLOGY-DIAGNOSTIC	.037766	1,573
43		RADIOLOGY-THERAPEUTIC		
44		RADIOISOTOPE		
45		LABORATORY	.019310	2,421
46		PBP CLINICAL LAB SERVICES		
47		WHOLE BLOOD & PACKED RED		
48		BLOOD STORING, PROCESSING		
49		INTRAVENOUS THERAPY		
50		RESPIRATORY THERAPY	.028107	1,560
51		PHYSICAL THERAPY	.157306	38
52		OCCUPATIONAL THERAPY	.021035	
53		SPEECH PATHOLOGY	.032256	
54		ELECTROCARDIOLOGY	.006802	
55		ELECTROENCEPHALOGRAPHY		
56		MEDICAL SUPPLIES CHARGED	.002450	175
57		DRUGS CHARGED TO PATIENTS	.011534	3,003
58		RENAL DIALYSIS		
59		ASC (NON-DISTINCT PART)		
60		O/P PSYCH	.111603	
61		OUTPAT SERVICE COST CNTRS		
62		CLINIC		
63		EMERGENCY	.170617	7,553
64		OBSERVATION BEDS (NON-DIS		
65		OTHER REIMBURS COST CNTRS		
66		HOME PROGRAM DIALYSIS		
67		AMBULANCE SERVICES		
68		DURABLE MEDICAL EQUIP-REN		
69		DURABLE MEDICAL EQUIP-SOL	.159666	
101		TOTAL		25,076

WKST A	COST CENTER	DESCRIPTION	NONPHYSICIAN ANESTHETIST	MED EDUCATN COST	SWING BED ADJ AMOUNT	TOTAL COSTS	TOTAL PATIENT DAYS	PER DIEM
LINE NO.			1	2	3	4	5	6
		INPAT ROUTINE SRVC CNTRS						
25		ADULTS & PEDIATRICS					5,950	
26		INTENSIVE CARE UNIT					939	
27		CORONARY CARE UNIT						
28		BURN INTENSIVE CARE UNIT						
29		SURGICAL INTENSIVE CARE U						
31		SUBPROVIDER					2,793	
33		NURSERY					413	
34		SKILLED NURSING FACILITY					3,935	
35		NURSING FACILITY						
35	01	ICF/MR						
101		TOTAL					14,030	

WKST LINE	A NO.	COST CENTER DESCRIPTION	INPATIENT PROG DAYS	INPAT PROGRAM PASS THRU COST
			7	8
25		ADULTS & PEDIATRICS		175
26		INTENSIVE CARE UNIT		8
27		CORONARY CARE UNIT		
28		BURN INTENSIVE CARE UNIT		
29		SURGICAL INTENSIVE CARE U		
31		SUBPROVIDER	322	
33		NURSERY	134	
34		SKILLED NURSING FACILITY		
35		NURSING FACILITY		
35	01	ICF/MR		
101		TOTAL	639	

WKST A	COST CENTER	DESCRIPTION	NONPHYSICIAN ANESTHETIST	MED EDUCATN COST	SWING BED ADJ AMOUNT	TOTAL COSTS	TOTAL PATIENT DAYS	PER DIEM
LINE NO.			1	2	3	4	5	6
		INPAT ROUTINE SRVC CNTRS						
25		ADULTS & PEDIATRICS					5,950	
26		INTENSIVE CARE UNIT					939	
27		CORONARY CARE UNIT						
28		BURN INTENSIVE CARE UNIT						
29		SURGICAL INTENSIVE CARE U						
31		SUBPROVIDER					2,793	
33		NURSERY					413	
34		SKILLED NURSING FACILITY					3,935	
35		NURSING FACILITY						
35	01	ICF/MR						
101		TOTAL					14,030	

WKST LINE	A NO.	COST CENTER DESCRIPTION	INPATIENT PROG DAYS	INPAT PROGRAM PASS THRU COST
			7	8
25		ADULTS & PEDIATRICS		175
26		INTENSIVE CARE UNIT		8
27		CORONARY CARE UNIT		
28		BURN INTENSIVE CARE UNIT		
29		SURGICAL INTENSIVE CARE U		
31		SUBPROVIDER		322
33		NURSERY		134
34		SKILLED NURSING FACILITY		
35		NURSING FACILITY		
35	01	ICF/MR		
101		TOTAL		639

TITLE XIX		HOSPITAL		PPS		
WKST A	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST	MED ED NRS SCHOOL COST	MED ED ALLIED HEALTH COST	MED ED ALL OTHER COSTS	BLOOD CLOT FOR HEMOPHILIACS
LINE NO.						
		1	2	2.01	2.02	2.03
		1.01				
37	ANCILLARY SRVC COST CNTRS					
38	OPERATING ROOM					
39	RECOVERY ROOM					
40	DELIVERY ROOM & LABOR ROO					
41	ANESTHESIOLOGY					
42	RADIOLOGY-DIAGNOSTIC					
43	RADIOLOGY-THERAPEUTIC					
44	RADIOISOTOPE					
45	LABORATORY					
46	PBP CLINICAL LAB SERVICES					
47	WHOLE BLOOD & PACKED RED					
48	BLOOD STORING, PROCESSING					
49	INTRAVENOUS THERAPY					
50	RESPIRATORY THERAPY					
51	PHYSICAL THERAPY					
52	OCCUPATIONAL THERAPY					
53	SPEECH PATHOLOGY					
54	ELECTROCARDIOLOGY					
55	ELECTROENCEPHALOGRAPHY					
56	MEDICAL SUPPLIES CHARGED					
57	DRUGS CHARGED TO PATIENTS					
58	RENAL DIALYSIS					
59	ASC (NON-DISTINCT PART)					
60	O/P PSYCH					
61	OUTPAT SERVICE COST CNTRS					
62	CLINIC					
63	EMERGENCY					
64	OBSERVATION BEDS (NON-DIS					
65	OTHER REIMBURS COST CNTRS					
66	HOME PROGRAM DIALYSIS					
67	AMBULANCE SERVICES					
101	DURABLE MEDICAL EQUIP-REN					
	DURABLE MEDICAL EQUIP-SOL					
	TOTAL					

WKST LINE	A NO.	TITLE XIX	HOSPITAL		PPS			INPAT PROG CHARGE	INPAT PROG PASS THRU COST
		COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF CST TO CHARGES 5.01		
37		ANCILLARY SRVC COST CNTRS							
38		OPERATING ROOM			5,387,440			64,319	
39		RECOVERY ROOM							
40		DELIVERY ROOM & LABOR ROO			170,465			25,062	
41		ANESTHESIOLOGY							
42		RADIOLOGY-DIAGNOSTIC			16,163,983			41,662	
43		RADIOLOGY-THERAPEUTIC							
44		RADIOISOTOPE							
45		LABORATORY			13,944,983			125,390	
46		PBP CLINICAL LAB SERVICES							
47		WHOLE BLOOD & PACKED RED							
48		BLOOD STORING, PROCESSING							
49		INTRAVENOUS THERAPY							
50		RESPIRATORY THERAPY			3,225,151			55,513	
51		PHYSICAL THERAPY			2,411,809			239	
52		OCCUPATIONAL THERAPY			1,131,476				
53		SPEECH PATHOLOGY			435,396				
54		ELECTROCARDIOLOGY			1,826,350				
55		ELECTROENCEPHALOGRAPHY							
56		MEDICAL SUPPLIES CHARGED			3,009,101			71,609	
57		DRUGS CHARGED TO PATIENTS			13,124,255			260,356	
58		RENAL DIALYSIS							
59		ASC (NON-DISTINCT PART)							
60		O/P PSYCH			626,630				
61		OUTPAT SERVICE COST CNTRS							
62		CLINIC							
63		EMERGENCY			2,305,767			44,269	
64		OBSERVATION BEDS (NON-DIS			2,202,658				
65		OTHER REIMBURS COST CNTRS							
66		HOME PROGRAM DIALYSIS							
67		AMBULANCE SERVICES							
101		DURABLE MEDICAL EQUIP-REN			389,651				
		DURABLE MEDICAL EQUIP-SOL							
		TOTAL			66,355,115			688,419	

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

WKST A LINE NO.	TITLE XIX COST CENTER DESCRIPTION	SUBPROVIDER 1		TOTAL CHARGES 3	INPAT PROGRAM CHARGES 4	OLD CAPITAL CST/CHRG RATIO 5	CAPITAL COSTS 6
		OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2				
37	ANCILLARY SRVC COST CNTRS						
38	OPERATING ROOM		682,914	5,387,440			
39	RECOVERY ROOM						
40	DELIVERY ROOM & LABOR ROO		4,082	170,465			
41	ANESTHESIOLOGY						
42	RADIOLOGY-DIAGNOSTIC		610,449	16,163,983	3,960		
43	RADIOLOGY-THERAPEUTIC						
44	RADIOISOTOPE						
45	LABORATORY		269,283	13,944,983	37,366		
46	PBP CLINICAL LAB SERVICES						
47	WHOLE BLOOD & PACKED RED						
48	BLOOD STORING, PROCESSING						
49	INTRAVENOUS THERAPY						
50	RESPIRATORY THERAPY		90,649	3,225,151	6,294		
51	PHYSICAL THERAPY		379,393	2,411,809			
52	OCCUPATIONAL THERAPY		23,801	1,131,476			
53	SPEECH PATHOLOGY		14,044	435,396			
54	ELECTROCARDIOLOGY		12,423	1,826,350	6,706		
55	ELECTROENCEPHALOGRAPHY						
56	MEDICAL SUPPLIES CHARGED		7,371	3,009,101	2,859		
57	DRUGS CHARGED TO PATIENTS		151,376	13,124,255	66,095		
58	RENAL DIALYSIS						
59	ASC (NON-DISTINCT PART)						
60	O/P PSYCH		69,934	626,630			
61	OUTPAT SERVICE COST CNTRS						
62	CLINIC						
63	EMERGENCY		393,403	2,305,767	308		
64	OBSERVATION BEDS (NON-DIS			2,202,658			
65	OTHER REIMBURS COST CNTRS						
66	HOME PROGRAM DIALYSIS						
67	AMBULANCE SERVICES						
68	DURABLE MEDICAL EQUIP-REN						
69	DURABLE MEDICAL EQUIP-SOL		62,214	389,651			
101	TOTAL		2,771,336	66,355,115	123,588		

TITLE XIX		SUBPROVIDER 1	
WKST A	COST CENTER DESCRIPTION	NEW CAPITAL	
LINE NO.		CST/CHRG RATIO	COSTS
		7	8
37	ANCILLARY SRVC COST CNTRS		
38	OPERATING ROOM	.126760	
39	RECOVERY ROOM		
40	DELIVERY ROOM & LABOR ROO	.023946	
41	ANESTHESIOLOGY		
42	RADIOLOGY-DIAGNOSTIC	.037766	150
43	RADIOLOGY-THERAPEUTIC		
44	RADIOISOTOPE		
45	LABORATORY	.019310	722
46	PBP CLINICAL LAB SERVICES		
47	WHOLE BLOOD & PACKED RED		
48	BLOOD STORING, PROCESSING		
49	INTRAVENOUS THERAPY		
50	RESPIRATORY THERAPY	.028107	177
51	PHYSICAL THERAPY	.157306	
52	OCCUPATIONAL THERAPY	.021035	
53	SPEECH PATHOLOGY	.032256	
54	ELECTROCARDIOLOGY	.006802	46
55	ELECTROENCEPHALOGRAPHY		
56	MEDICAL SUPPLIES CHARGED	.002450	7
57	DRUGS CHARGED TO PATIENTS	.011534	762
58	RENAL DIALYSIS		
59	ASC (NON-DISTINCT PART)		
60	O/P PSYCH	.111603	
61	OUTPAT SERVICE COST CNTRS		
62	CLINIC		
63	EMERGENCY	.170617	53
64	OBSERVATION BEDS (NON-DIS		
65	OTHER REIMBURS COST CNTRS		
66	HOME PROGRAM DIALYSIS		
67	AMBULANCE SERVICES		
68	DURABLE MEDICAL EQUIP-REN		
69	DURABLE MEDICAL EQUIP-SOL	.159666	
101	TOTAL		1,917

TITLE XIX		SUBPROVIDER 1		PPS			
WKST A	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST	MED ED NRS SCHOOL COST	MED ED ALLIED HEALTH COST	MED ED ALL OTHER COSTS	BLOOD CLOT FOR HEMOPHILIACS	
LINE NO.		1	2	2.01	2.02	2.03	
	ANCILLARY SRVC COST CNTRS	1.01					
37	OPERATING ROOM						
38	RECOVERY ROOM						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
42	RADIOLOGY-THERAPEUTIC						
43	RADIOISOTOPE						
44	LABORATORY						
45	PBP CLINICAL LAB SERVICES						
46	WHOLE BLOOD & PACKED RED						
47	BLOOD STORING, PROCESSING						
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
57	RENAL DIALYSIS						
58	ASC (NON-DISTINCT PART)						
59	O/P PSYCH						
60	OUTPAT SERVICE COST CNTRS						
61	CLINIC						
62	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
62	OTHER REIMBURS COST CNTRS						
64	HOME PROGRAM DIALYSIS						
65	AMBULANCE SERVICES						
66	DURABLE MEDICAL EQUIP-REN						
67	DURABLE MEDICAL EQUIP-SOL						
101	TOTAL						

TITLE XIX		SUBPROVIDER 1		PPS					
WKST A	COST CENTER DESCRIPTION	TOTAL COSTS	O/P PASS THRU COSTS	TOTAL CHARGES	RATIO OF COST TO CHARGES	O/P CST TO CHARGES	RATIO OF	INPAT PROG CHARGE	INPAT PROG PASS THRU COST
LINE NO.		3	3.01	4	5	5.01		6	7
	ANCILLARY SRVC COST CNTRS								
37	OPERATING ROOM			5,387,440					
38	RECOVERY ROOM								
39	DELIVERY ROOM & LABOR ROO			170,465					
40	ANESTHESIOLOGY								
41	RADIOLOGY-DIAGNOSTIC			16,163,983				3,960	
42	RADIOLOGY-THERAPEUTIC								
43	RADIOISOTOPE								
44	LABORATORY			13,944,983				37,366	
45	PBP CLINICAL LAB SERVICES								
46	WHOLE BLOOD & PACKED RED								
47	BLOOD STORING, PROCESSING								
48	INTRAVENOUS THERAPY								
49	RESPIRATORY THERAPY			3,225,151				6,294	
50	PHYSICAL THERAPY			2,411,809					
51	OCCUPATIONAL THERAPY			1,131,476					
52	SPEECH PATHOLOGY			435,396					
53	ELECTROCARDIOLOGY			1,826,350				6,706	
54	ELECTROENCEPHALOGRAPHY								
55	MEDICAL SUPPLIES CHARGED			3,009,101				2,859	
56	DRUGS CHARGED TO PATIENTS			13,124,255				66,095	
57	RENAL DIALYSIS								
58	ASC (NON-DISTINCT PART)								
59	O/P PSYCH			626,630					
	OUTPAT SERVICE COST CNTRS								
60	CLINIC								
61	EMERGENCY			2,305,767				308	
62	OBSERVATION BEDS (NON-DIS			2,202,658					
	OTHER REIMBURS COST CNTRS								
64	HOME PROGRAM DIALYSIS								
65	AMBULANCE SERVICES								
66	DURABLE MEDICAL EQUIP-REN								
67	DURABLE MEDICAL EQUIP-SOL			389,651					
101	TOTAL			66,355,115				123,588	

WKST A LINE NO.	COST CENTER DESCRIPTION	SUBPROVIDER 1				PPS		COL 8.01 * COL 5 9.01	COL 8.02 * COL 5 9.02
		OUTPAT PROG CHARGES 8	OUTPAT PROG D, V COL 5.03 8.01	OUTPAT PROG D, V COL 5.04 8.02	OUTPAT PROG PASS THRU COST 9				
37	ANCILLARY SRVC COST CNTRS								
38	OPERATING ROOM								
39	RECOVERY ROOM								
40	DELIVERY ROOM & LABOR ROO								
41	ANESTHESIOLOGY								
42	RADIOLOGY-DIAGNOSTIC								
43	RADIOLOGY-THERAPEUTIC								
44	RADIOISOTOPE								
45	LABORATORY								
46	PBP CLINICAL LAB SERVICES								
47	WHOLE BLOOD & PACKED RED								
48	BLOOD STORING, PROCESSING								
49	INTRAVENOUS THERAPY								
50	RESPIRATORY THERAPY								
51	PHYSICAL THERAPY								
52	OCCUPATIONAL THERAPY								
53	SPEECH PATHOLOGY								
54	ELECTROCARDIOLOGY								
55	ELECTROENCEPHALOGRAPHY								
56	MEDICAL SUPPLIES CHARGED								
57	DRUGS CHARGED TO PATIENTS								
58	RENAL DIALYSIS								
59	ASC (NON-DISTINCT PART)								
60	O/P PSYCH								
61	OUTPAT SERVICE COST CNTRS								
62	CLINIC								
63	EMERGENCY								
64	OBSERVATION BEDS (NON-DIS								
65	OTHER REIMBURS COST CNTRS								
66	HOME PROGRAM DIALYSIS								
67	AMBULANCE SERVICES								
101	DURABLE MEDICAL EQUIP-REN								
	DURABLE MEDICAL EQUIP-SOL								
	TOTAL								

TITLE XVIII PART A HOSPITAL OTHER

PART I - ALL PROVIDER COMPONENTS

1

INPATIENT DAYS

1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	6,030
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	5,950
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	5,950
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	55
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
7	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	25
8	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
9	TOTAL INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	2,270
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	55
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLE V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)	
15	TOTAL NURSERY DAYS (TITLE V OR XIX ONLY)	
16	NURSERY DAYS (TITLE V OR XIX ONLY)	

SWING-BED ADJUSTMENT

17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	136.64
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	4,674,976
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	3,416
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)	46,203
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	4,628,773

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	4,608,650
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	4,608,650
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	1.004366
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	774.56
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL	
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL	
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT	
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	4,628,773

TITLE XVIII PART A HOSPITAL OTHER

PART II - HOSPITAL AND SUBPROVIDERS ONLY

PROGRAM INPATIENT OPERATING COST BEFORE
 PASS THROUGH COST ADJUSTMENTS

38	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM					777.95
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST					1,765,947
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM					
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST					1,765,947

	TOTAL I/P COST 1	TOTAL I/P DAYS 2	AVERAGE PER DIEM 3	PROGRAM DAYS 4	PROGRAM COST 5
42	NURSERY (TITLE V & XIX ONLY)				
	INTENSIVE CARE TYPE INPATIENT				
	HOSPITAL UNITS				
43	1,513,134	939	1,611.43	424	683,246
44	CORONARY CARE UNIT				
45	BURN INTENSIVE CARE UNIT				
46	SURGICAL INTENSIVE CARE UNIT				
47	OTHER SPECIAL CARE				
48	PROGRAM INPATIENT ANCILLARY SERVICE COST				
49	TOTAL PROGRAM INPATIENT COSTS				

PASS THROUGH COST ADJUSTMENTS

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

TARGET AMOUNT AND LIMIT COMPUTATION

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

PROGRAM INPATIENT ROUTINE SWING BED COST

60	MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS)	42,787
61	MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS)	
62	TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS	42,787
63	TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
64	TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
65	TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS	

TITLE XVIII PART A HOSPITAL OTHER

PART III - SKILLED NURSING FACILITY, NURSING FACILITY & ICF/MR ONLY 1

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

PART IV - COMPUTATION OF OBSERVATION BED COST

- 83 TOTAL OBSERVATION BED DAYS 1,587
- 84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM 777.95
- 85 OBSERVATION BED COST 1,234,607

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 XVIII PART A SUBPROVIDER I TEFRA

PART I - ALL PROVIDER COMPONENTS

1

INPATIENT DAYS

1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	2,793
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	2,793
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	2,793
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
7	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
8	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
9	TOTAL INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	1,287
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLE V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)	
15	TOTAL NURSERY DAYS (TITLE V OR XIX ONLY)	
16	NURSERY DAYS (TITLE V OR XIX ONLY)	

SWING-BED ADJUSTMENT

17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	2,585,739
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)	
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	2,585,739

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	3,433,438
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	3,433,438
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.753105
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	1,229.30
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL	
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL	
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT	
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	2,585,739

TITLE XVIII PART A SUBPROVIDER I TEFRA

PART II - HOSPITAL AND SUBPROVIDERS ONLY

1

PROGRAM INPATIENT OPERATING COST BEFORE
 PASS THROUGH COST ADJUSTMENTS

38	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM					925.79
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST					1,191,492
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM					
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST					1,191,492

		TOTAL I/P COST 1	TOTAL I/P DAYS 2	AVERAGE PER DIEM 3	PROGRAM DAYS 4	PROGRAM COST 5
42	NURSERY (TITLE V & XIX ONLY)					
	INTENSIVE CARE TYPE INPATIENT					
	HOSPITAL UNITS					
43	INTENSIVE CARE UNIT					
44	CORONARY CARE UNIT					
45	BURN INTENSIVE CARE UNIT					
46	SURGICAL INTENSIVE CARE UNIT					
47	OTHER SPECIAL CARE					
48	PROGRAM INPATIENT ANCILLARY SERVICE COST					119,925
49	TOTAL PROGRAM INPATIENT COSTS					1,311,417

PASS THROUGH COST ADJUSTMENTS

50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES					204,453
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES					7,361
52	TOTAL PROGRAM EXCLUDABLE COST					211,814
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST, AND MEDICAL EDUCATION COSTS					1,099,603

TARGET AMOUNT AND LIMIT COMPUTATION

54	PROGRAM DISCHARGES					154
55	TARGET AMOUNT PER DISCHARGE					10,614.95
56	TARGET AMOUNT					1,634,702
57	DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT					535,099
58	BONUS PAYMENT					32,694
58.01	LESSER OF LINES 53/54 OR 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED AND COMPOUNDED BY THE MARKET BASKET					
58.02	LESSER OF LINES 53/54 OR 55 FROM PRIOR YEAR COST REPORT, UPDATED BY THE MARKET BASKET					
58.03	IF LINES 53/54 IS LESS THAN THE LOWER OF LINES 55, 58.01 OR 58.02 ENTER THE LESSER OF 50% OF THE AMOUNT BY WHICH OPERATING COSTS (LINE 53) ARE LESS THAN EXPECTED COSTS (LINES 54 x 58.02), OR 1 PERCENT OF THE TARGET AMOUNT (LINE 56) OTHERWISE ENTER ZERO.					
58.04	RELIEF PAYMENT					
59	ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT					1,344,111
59.01	ALLOWABLE INPATIENT COST PER DISCHARGE (LINE 59 / LINE 54) (LTCH ONLY)					
59.02	PROGRAM DISCHARGES PRIOR TO JULY 1					
59.03	PROGRAM DISCHARGES AFTER JULY 1					
59.04	PROGRAM DISCHARGES (SEE INSTRUCTIONS)					
59.05	REDUCED INPATIENT COST PER DISCHARGE FOR DISCHARGES PRIOR TO JULY 1 (SEE INSTRUCTIONS) (LTCH ONLY)					
59.06	REDUCED INPATIENT COST PER DISCHARGE FOR DISCHARGES AFTER JULY 1 (SEE INSTRUCTIONS) (LTCH ONLY)					
59.07	REDUCED INPATIENT COST PER DISCHARGE (SEE INSTRUCTIONS) (LTCH ONLY)					
59.08	REDUCED INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTRUCTIONS)					

PROGRAM INPATIENT ROUTINE SWING BED COST

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

TITLE XVIII PART A SUBPROVIDER I TEFRA

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

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

PART IV - COMPUTATION OF OBSERVATION BED COST

83	TOTAL OBSERVATION BED DAYS	
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	925.79
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	2,585,739			
87	NEW CAPITAL-RELATED COST	443,707	.171598		
88	NON PHYSICIAN ANESTHETIST	2,585,739			
89	MEDICAL EDUCATION	2,585,739			
89.01	MEDICAL EDUCATION - ALLIED HEA				
89.02	MEDICAL EDUCATION - ALL OTHER				

TITLE XVIII PART A SNF PPS

PART I - ALL PROVIDER COMPONENTS

1

INPATIENT DAYS

1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	3,935
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	3,935
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	3,935
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
7	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
8	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
9	TOTAL INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	2,771
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLE V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)	
15	TOTAL NURSERY DAYS (TITLE V OR XIX ONLY)	
16	NURSERY DAYS (TITLE V OR XIX ONLY)	

SWING-BED ADJUSTMENT

17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	2,786,321
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)	
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	2,786,321

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	1,854,182
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	1,854,182
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	1.502722
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	471.20
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL	
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL	
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT	
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	2,786,321

TITLE XVIII PART A SNF PPS

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

66	SKILLED NURSING FACILITY/OTHER NURSING FACILITY/ICF/MR ROUTINE SERVICE COST	2,786,321
67	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	708.09
68	PROGRAM ROUTINE SERVICE COST	1,962,117
69	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO PROGRAM	
70	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COSTS	1,962,117
71	CAPITAL-RELATED COST ALLOCATED TO INPATIENT ROUTINE SERVICE COSTS	723,133
72	PER DIEM CAPITAL-RELATED COSTS	183.77
73	PROGRAM CAPITAL-RELATED COSTS	509,227
74	INPATIENT ROUTINE SERVICE COST	1,452,890
75	AGGREGATE CHARGES TO BENEFICIARIES FOR EXCESS COSTS	
76	TOTAL PROGRAM ROUTINE SERVICE COSTS FOR COMPARISON TO THE COST LIMITATION	1,452,890
77	INPATIENT ROUTINE SERVICE COST PER DIEM LIMITATION	
78	INPATIENT ROUTINE SERVICE COST LIMITATION	
79	REASONABLE INPATIENT ROUTINE SERVICE COSTS	1,962,117
80	PROGRAM INPATIENT ANCILLARY SERVICES	856,415
81	UTILIZATION REVIEW - PHYSICIAN COMPENSATION	
82	TOTAL PROGRAM INPATIENT OPERATING COSTS	2,818,532

PART IV - COMPUTATION OF OBSERVATION BED COST

83	TOTAL OBSERVATION BED DAYS
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				

WKST A LINE NO.	TITLE XVIII, PART A COST CENTER DESCRIPTION	HOSPITAL	OTHER		
			RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS			2,564,028	
26	INTENSIVE CARE UNIT			856,897	
27	CORONARY CARE UNIT				
28	BURN INTENSIVE CARE UNIT				
29	SURGICAL INTENSIVE CARE UNIT				
31	SUBPROVIDER ANCILLARY SRVC COST CNTRS				
37	OPERATING ROOM	.618685	184,451		114,117
38	RECOVERY ROOM				
39	DELIVERY ROOM & LABOR ROOM	.524923	982		515
40	ANESTHESIOLOGY				
41	RADIOLOGY-DIAGNOSTIC	.178870	520,610		93,122
42	RADIOLOGY-THERAPEUTIC				
43	RADIOISOTOPE				
44	LABORATORY	.222492	1,070,321		238,138
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	.206469	456,680		94,290
50	PHYSICAL THERAPY	.717072	62,671		44,940
51	OCCUPATIONAL THERAPY	.366742	19,068		6,993
52	SPEECH PATHOLOGY	.575908	27,096		15,605
53	ELECTROCARDIOLOGY	.121738	340,828		41,492
54	ELECTROENCEPHALOGRAPHY				
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.139052	952,409		132,434
56	DRUGS CHARGED TO PATIENTS	.285729	2,822,623		806,505
57	RENAL DIALYSIS				
58	ASC (NON-DISTINCT PART)				
59	O/P PSYCH	.643013			
60	OUTPAT SERVICE COST CNTRS CLINIC				
61	EMERGENCY	1.147911	4,064		4,665
62	OBSERVATION BEDS (NON-DISTINCT PART)	.560508			
64	OTHER REIMBURS COST CNTRS				
65	HOME PROGRAM DIALYSIS				
66	AMBULANCE SERVICES				
67	DURABLE MEDICAL EQUIP-RENTED				
67	DURABLE MEDICAL EQUIP-SOLD	.926265			
101	TOTAL		6,461,803		1,592,816
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES				
103	NET CHARGES		6,461,803		

TITLE XVIII, PART A		SUBPROVIDER 1		TEFRA	
WKST A	COST CENTER DESCRIPTION	RATIO COST	INPATIENT	INPATIENT	
LINE NO.		TO CHARGES	CHARGES	COST	
		1	2	3	
25	INPAT ROUTINE SRVC CNTRS				
26	ADULTS & PEDIATRICS				
27	INTENSIVE CARE UNIT				
28	CORONARY CARE UNIT				
29	BURN INTENSIVE CARE UNIT				
30	SURGICAL INTENSIVE CARE UNIT				
31	SUBPROVIDER		1,438,925		
	ANCILLARY SRVC COST CNTRS				
37	OPERATING ROOM	.618685	1,637	1,013	
38	RECOVERY ROOM				
39	DELIVERY ROOM & LABOR ROOM	.524923			
40	ANESTHESIOLOGY				
41	RADIOLOGY-DIAGNOSTIC	.178870	19,052	3,408	
42	RADIOLOGY-THERAPEUTIC				
43	RADIOISOTOPE				
44	LABORATORY	.222492	116,010	25,811	
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	.206469	24,855	5,132	
50	PHYSICAL THERAPY	.717072	1,197	858	
51	OCCUPATIONAL THERAPY	.366742	1,417	520	
52	SPEECH PATHOLOGY	.575908	1,126	648	
53	ELECTROCARDIOLOGY	.121738	18,176	2,213	
54	ELECTROENCEPHALOGRAPHY				
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.139052	40,219	5,593	
56	DRUGS CHARGED TO PATIENTS	.285729	261,537	74,729	
57	RENAL DIALYSIS				
58	ASC (NON-DISTINCT PART)				
59	O/P PSYCH	.643013			
	OUTPAT SERVICE COST CNTRS				
60	CLINIC				
61	EMERGENCY	1.147911			
62	OBSERVATION BEDS (NON-DISTINCT PART)	.560508			
	OTHER REIMBURS COST CNTRS				
64	HOME PROGRAM DIALYSIS				
65	AMBULANCE SERVICES				
66	DURABLE MEDICAL EQUIP-RENTED				
67	DURABLE MEDICAL EQUIP-SOLD	.926265			
101	TOTAL		485,226	119,925	
102	LESS PBP CLINIC LABORATORY SERVICES -				
	PROGRAM ONLY CHARGES				
103	NET CHARGES		485,226		

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	OTHER	
			INPATIENT CHARGES 2	INPATIENT COST 3
	TITLE XVIII, PART A			
	SWING BED SNF			
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS			
26	INTENSIVE CARE UNIT			
27	CORONARY CARE UNIT			
28	BURN INTENSIVE CARE UNIT			
29	SURGICAL INTENSIVE CARE UNIT			
31	SUBPROVIDER ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.618685		
38	RECOVERY ROOM			
39	DELIVERY ROOM & LABOR ROOM	.524923		
40	ANESTHESIOLOGY			
41	RADIOLOGY-DIAGNOSTIC	.178870	660	118
42	RADIOLOGY-THERAPEUTIC			
43	RADIOISOTOPE			
44	LABORATORY	.222492	5,672	1,262
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	.206469	3,530	729
50	PHYSICAL THERAPY	.717072	5,581	4,002
51	OCCUPATIONAL THERAPY	.366742	3,360	1,232
52	SPEECH PATHOLOGY	.575908		
53	ELECTROCARDIOLOGY	.121738	1,136	138
54	ELECTROENCEPHALOGRAPHY			
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.139052	9,889	1,375
56	DRUGS CHARGED TO PATIENTS	.285729	45,286	12,940
57	RENAL DIALYSIS			
58	ASC (NON-DISTINCT PART)			
59	O/P PSYCH	.643013		
60	OUTPAT SERVICE COST CNTRS CLINIC			
61	EMERGENCY	1.147911		
62	OBSERVATION BEDS (NON-DISTINCT PART)	.560508		
64	OTHER REIMBURS COST CNTRS			
65	HOME PROGRAM DIALYSIS			
66	AMBULANCE SERVICES			
67	DURABLE MEDICAL EQUIP-RENTED			
67	DURABLE MEDICAL EQUIP-SOLD	.926265		
101	TOTAL		75,114	21,796
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		75,114	

TITLE XVIII, PART A SKILLED NURSING FACILITY PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS			
26	INTENSIVE CARE UNIT			
27	CORONARY CARE UNIT			
28	BURN INTENSIVE CARE UNIT			
29	SURGICAL INTENSIVE CARE UNIT			
31	SUBPROVIDER ANCI LLARY SRVC COST CNTRS			
37	OPERATING ROOM	.618685		
38	RECOVERY ROOM			
39	DELIVERY ROOM & LABOR ROOM	.524923		
40	ANESTHESIOLOGY			
41	RADIOLOGY-DIAGNOSTIC	.178870	42,426	7,589
42	RADIOLOGY-THERAPEUTIC			
43	RADIOISOTOPE			
44	LABORATORY	.222492	212,309	47,237
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	.206469	259,646	53,609
50	PHYSICAL THERAPY	.717072	416,300	298,517
51	OCCUPATIONAL THERAPY	.366742	218,868	80,268
52	SPEECH PATHOLOGY	.575908	70,154	40,402
53	ELECTROCARDIOLOGY	.121738	3,320	404
54	ELECTROENCEPHALOGRAPHY			
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.139052	379,577	52,781
56	DRUGS CHARGED TO PATIENTS	.285729	964,577	275,608
57	RENAL DIALYSIS			
58	ASC (NON-DISTINCT PART)			
59	O/P PSYCH	.643013		
60	OUTPAT SERVICE COST CNTRS CLINIC			
61	EMERGENCY	1.147911		
62	OBSERVATION BEDS (NON-DISTINCT PART)	.560508		
64	OTHER REIMBURS COST CNTRS			
65	HOME PROGRAM DIALYSIS			
66	AMBULANCE SERVICES			
67	DURABLE MEDICAL EQUIP-RENTED			
67	DURABLE MEDICAL EQUIP-SOLD	.926265		
101	TOTAL		2,567,177	856,415
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		2,567,177	

WKST A LINE NO.	TITLE XIX COST CENTER DESCRIPTION	HOSPITAL	PPS		
			RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS			236,679	
26	INTENSIVE CARE UNIT				
27	CORONARY CARE UNIT				
28	BURN INTENSIVE CARE UNIT				
29	SURGICAL INTENSIVE CARE UNIT				
31	SUBPROVIDER ANCILLARY SRVC COST CNTRS				
37	OPERATING ROOM		.618685	64,319	39,793
38	RECOVERY ROOM				
39	DELIVERY ROOM & LABOR ROOM		.524923	25,062	13,156
40	ANESTHESIOLOGY				
41	RADIOLOGY-DIAGNOSTIC		.178870	41,662	7,452
42	RADIOLOGY-THERAPEUTIC				
43	RADIOISOTOPE				
44	LABORATORY		.222492	125,390	27,898
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		.206469	55,513	11,462
50	PHYSICAL THERAPY		.717072	239	171
51	OCCUPATIONAL THERAPY		.366742		
52	SPEECH PATHOLOGY		.575908		
53	ELECTROCARDIOLOGY		.121738		
54	ELECTROENCEPHALOGRAPHY				
55	MEDICAL SUPPLIES CHARGED TO PATIENTS		.139052	71,609	9,957
56	DRUGS CHARGED TO PATIENTS		.285729	260,356	74,391
57	RENAL DIALYSIS				
58	ASC (NON-DISTINCT PART)				
59	O/P PSYCH		.643013		
60	OUTPAT SERVICE COST CNTRS CLINIC				
61	EMERGENCY		1.147911	44,269	50,817
62	OBSERVATION BEDS (NON-DISTINCT PART)		.560508		
64	OTHER REIMBURS COST CNTRS				
65	HOME PROGRAM DIALYSIS				
66	AMBULANCE SERVICES				
67	DURABLE MEDICAL EQUIP-RENTED				
67	DURABLE MEDICAL EQUIP-SOLD		.926265		
101	TOTAL			688,419	235,097
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES				
103	NET CHARGES			688,419	

TITLE XIX		SUBPROVIDER 1	PPS		
WKST A	COST CENTER DESCRIPTION	RATIO COST	INPATIENT	INPATIENT	
LINE NO.		TO CHARGES	CHARGES	COST	
		1	2	3	
25	INPAT ROUTINE SRVC CNTRS				
26	ADULTS & PEDIATRICS				
27	INTENSIVE CARE UNIT				
28	CORONARY CARE UNIT				
29	BURN INTENSIVE CARE UNIT				
30	SURGICAL INTENSIVE CARE UNIT				
31	SUBPROVIDER		383,791		
	ANCILLARY SRVC COST CNTRS				
37	OPERATING ROOM	.618685			
38	RECOVERY ROOM				
39	DELIVERY ROOM & LABOR ROOM	.524923			
40	ANESTHESIOLOGY				
41	RADIOLOGY-DIAGNOSTIC	.178870	3,960	708	
42	RADIOLOGY-THERAPEUTIC				
43	RADIOISOTOPE				
44	LABORATORY	.222492	37,366	8,314	
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	.206469	6,294	1,300	
50	PHYSICAL THERAPY	.717072			
51	OCCUPATIONAL THERAPY	.366742			
52	SPEECH PATHOLOGY	.575908			
53	ELECTROCARDIOLOGY	.121738	6,706	816	
54	ELECTROENCEPHALOGRAPHY				
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.139052	2,859	398	
56	DRUGS CHARGED TO PATIENTS	.285729	66,095	18,885	
57	RENAL DIALYSIS				
58	ASC (NON-DISTINCT PART)				
59	O/P PSYCH	.643013			
60	OUTPAT SERVICE COST CNTRS				
61	CLINIC				
61	EMERGENCY	1.147911	308	354	
62	OBSERVATION BEDS (NON-DISTINCT PART)	.560508			
62	OTHER REIMBURS COST CNTRS				
64	HOME PROGRAM DIALYSIS				
65	AMBULANCE SERVICES				
66	DURABLE MEDICAL EQUIP-RENTED				
67	DURABLE MEDICAL EQUIP-SOLD	.926265			
101	TOTAL		123,588	30,775	
102	LESS PBP CLINIC LABORATORY SERVICES -				
102	PROGRAM ONLY CHARGES				
103	NET CHARGES		123,588		

PART B - MEDICAL AND OTHER HEALTH SERVICES

HOSPITAL

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)	3,995,280
1.01	MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER APRIL 1, 2001 (SEE INSTRUCTIONS).	
1.02	PPS PAYMENTS RECEIVED INCLUDING OUTLIERS.	
1.03	ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO.	
1.04	LINE 1.01 TIMES LINE 1.03.	
1.05	LINE 1.02 DIVIDED BY LINE 1.04.	
1.06	TRANSITIONAL CORRIDOR PAYMENT (SEE INSTRUCTIONS)	
1.07	ENTER THE AMOUNT FROM WORKSHEET D, PART IV, (COLS 9, 9.01, 9.02) LINE 101.	
2	INTERNS AND RESIDENTS	
3	ORGAN ACQUISITIONS	
4	COST OF TEACHING PHYSICIANS	
5	TOTAL COST (SEE INSTRUCTIONS)	3,995,280

COMPUTATION OF LESSER OF COST OR CHARGES

6	REASONABLE CHARGES	
7	ANCILLARY SERVICE CHARGES	
8	INTERNS AND RESIDENTS SERVICE CHARGES	
9	ORGAN ACQUISITION CHARGES	
10	CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS.	
10	TOTAL REASONABLE CHARGES	
11	CUSTOMARY CHARGES	
11	AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS	
12	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e).	
13	RATIO OF LINE 11 TO LINE 12	
14	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)	
15	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	
16	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	
17	LESSER OF COST OR CHARGES (FOR CAH SEE INSTRUC)	4,035,233
17.01	TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 1.02, 1.06 AND 1.07)	

COMPUTATION OF REIMBURSEMENT SETTLEMENT

18	CAH DEDUCTIBLES	32,052
18.01	CAH ACTUAL BILLED COINSURANCE	1,940,310
	LINE 17.01 (SEE INSTRUCTIONS)	
19	SUBTOTAL (SEE INSTRUCTIONS)	2,062,871
20	SUM OF AMOUNTS FROM WORKSHEET E PARTS C, D & E (SEE INSTR.)	
21	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	
22	ESRD DIRECT MEDICAL EDUCATION COSTS	
23	SUBTOTAL	2,062,871
24	PRIMARY PAYER PAYMENTS	426
25	SUBTOTAL	2,062,445

REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)

26	COMPOSITE RATE ESRD	
27	BAD DEBTS (SEE INSTRUCTIONS)	149,422
27.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	149,422
27.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	149,422
28	SUBTOTAL	2,211,867
29	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION.	
30	OTHER ADJUSTMENTS (SPECIFY)	
30.99	OTHER ADJUSTMENTS (MSP-LCC RECONCILIATION AMOUNT)	
31	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS.	
32	SUBTOTAL	2,211,867
33	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
34	INTERIM PAYMENTS	2,111,968
34.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
35	BALANCE DUE PROVIDER/PROGRAM	99,899
36	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2	

TITLE XVIII HOSPITAL

DESCRIPTION	INPATIENT- PART A		P A R T B	
	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		3,912,162		2,153,610
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	4/12/2007	235,112		
ADJUSTMENTS TO PROVIDER .02				
ADJUSTMENTS TO PROVIDER .03				
ADJUSTMENTS TO PROVIDER .04				
ADJUSTMENTS TO PROVIDER .05				
ADJUSTMENTS TO PROGRAM .50	2/26/2007	93,919	7/10/2007	41,642
ADJUSTMENTS TO PROGRAM .51	7/10/2007	429,426		
ADJUSTMENTS TO PROGRAM .52				
ADJUSTMENTS TO PROGRAM .53				
ADJUSTMENTS TO PROGRAM .54				
ADJUSTMENTS TO PROGRAM .99				
4 TOTAL INTERIM PAYMENTS		3,623,929		2,111,968
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
TENTATIVE TO PROVIDER .01				
TENTATIVE TO PROVIDER .02				
TENTATIVE TO PROVIDER .03				
TENTATIVE TO PROGRAM .50				
TENTATIVE TO PROGRAM .51				
TENTATIVE TO PROGRAM .52				
TENTATIVE TO PROGRAM .99				
6 DETERMINED NET SETTLEMENT		NONE		NONE
AMOUNT (BALANCE DUE)				
BASED ON COST REPORT (1)				
7 TOTAL MEDICARE PROGRAM LIABILITY				

NAME OF INTERMEDIARY:
 INTERMEDIARY NO: 00000

SIGNATURE OF AUTHORIZED PERSON: _____

DATE: ___/___/___

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

TITLE XVIII SUBPROVIDER 1

DESCRIPTION	INPATIENT- PART A		PART B	
	MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		1,017,293		NONE
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.		NONE		NONE
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
ADJUSTMENTS TO PROVIDER .01				
ADJUSTMENTS TO PROVIDER .02				
ADJUSTMENTS TO PROVIDER .03				
ADJUSTMENTS TO PROVIDER .04				
ADJUSTMENTS TO PROVIDER .05				
ADJUSTMENTS TO PROGRAM .50	7/10/2007	211,743		
ADJUSTMENTS TO PROGRAM .51				
ADJUSTMENTS TO PROGRAM .52				
ADJUSTMENTS TO PROGRAM .53				
ADJUSTMENTS TO PROGRAM .54				
SUBTOTAL .99		-211,743		NONE
4 TOTAL INTERIM PAYMENTS		805,550		
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: 00000

SIGNATURE OF AUTHORIZED PERSON: _____

DATE: ___/___/___

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

TITLE XVIII SNF

DESCRIPTION	INPATIENT- PART A		P A R T B	
	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		846,761		NONE
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.		NONE		NONE
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
ADJUSTMENTS TO PROVIDER .01				
ADJUSTMENTS TO PROVIDER .02				
ADJUSTMENTS TO PROVIDER .03				
ADJUSTMENTS TO PROVIDER .04				
ADJUSTMENTS TO PROVIDER .05				
ADJUSTMENTS TO PROGRAM .50				
ADJUSTMENTS TO PROGRAM .51				
ADJUSTMENTS TO PROGRAM .52				
ADJUSTMENTS TO PROGRAM .53				
ADJUSTMENTS TO PROGRAM .54				
SUBTOTAL .99		NONE		NONE
4 TOTAL INTERIM PAYMENTS		846,761		NONE
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: 00000

SIGNATURE OF AUTHORIZED PERSON: _____

DATE: ___/___/___

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

TITLE XVIII SWING BED SNF

DESCRIPTION	INPATIENT- PART A		P A R T B	
	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		63,360		NONE
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.		NONE		NONE
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
ADJUSTMENTS TO PROVIDER .01				
ADJUSTMENTS TO PROVIDER .02				
ADJUSTMENTS TO PROVIDER .03				
ADJUSTMENTS TO PROVIDER .04				
ADJUSTMENTS TO PROVIDER .05				
ADJUSTMENTS TO PROGRAM .50				
ADJUSTMENTS TO PROGRAM .51				
ADJUSTMENTS TO PROGRAM .52				
ADJUSTMENTS TO PROGRAM .53				
ADJUSTMENTS TO PROGRAM .54				
SUBTOTAL .99		NONE		NONE
4 TOTAL INTERIM PAYMENTS		63,360		
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: 00000

SIGNATURE OF AUTHORIZED PERSON: _____

DATE: ___/___/___

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

TITLE XVIII SWING BED SNF

COMPUTATION OF NET COST OF COVERED SERVICES		PART A	PART B
		1	2
1	INPATIENT ROUTINE SERVICES - SWING BED-SNF (SEE INSTR)	43,215	
2	INPATIENT ROUTINE SERVICES - SWING BED-NF (SEE INSTR)		
3	ANCILLARY SERVICES (SEE INSTRUCTIONS)	22,014	
4	PER DIEM COST FOR INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM (SEE INSTRUCTIONS)		
5	PROGRAM DAYS		55
6	INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM (SEE INSTRUCTIONS)		
7	UTILIZATION REVIEW - PHYSICIAN COMPENSATION - SNF OPTIONAL METHOD ONLY		
8	SUBTOTAL	65,229	
9	PRIMARY PAYER PAYMENTS (SEE INSTRUCTIONS)		
10	SUBTOTAL	65,229	
11	DEDUCTIBLES BILLED TO PROGRAM PATIENTS (EXCLUDE AMOUNTS APPLICABLE TO PHYSICIAN PROFESSIONAL SERVICES)		
12	SUBTOTAL	65,229	
13	COINSURANCE BILLED TO PROGRAM PATIENTS (FROM PROVIDER RECORDS) (EXCLUDE COINSURANCE FOR PHYSICIAN PROFESSIONAL SERVICES)		
14	80% OF PART B COSTS		
15	SUBTOTAL	65,229	
16	OTHER ADJUSTMENTS (SPECIFY)		
17	REIMBURSABLE BAD DEBTS		
17.01	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)		
18	TOTAL	65,229	
19	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)		
20	INTERIM PAYMENTS	63,360	
20.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
21	BALANCE DUE PROVIDER/PROGRAM	1,869	
22	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.		

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

1	INPATIENT HOSPITAL SERVICES (SEE INSTRUCTIONS)	1,344,111
1.01	HOSPITAL SPECIFIC AMOUNT (SEE INSTRUCTIONS)	336,028
1.02	ENTER FROM THE PS&R, THE IRF PPS PAYMENT	
1.03	MEDICAID SSI RATIO (IRF PPS ONLY) (SEE INSTR.)	
1.04	INPATIENT REHABILITATION FACILITY LIP PAYMENTS (SEE INSTRUCTIONS)	
1.05	OUTLIER PAYMENTS	
1.06	TOTAL PPS PAYMENTS (SUM OF LINES 1.01, (1.02, 1.04 FOR COLUMNS 1 & 1.01), 1.05 AND 1.42)	
1.07	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT (SEE INSTRUCTIONS)	
1.08	INPATIENT PSYCHIATRIC FACILITY (IPF) NET FEDERAL IPF PPS PAYMENTS (EXCLUDING OUTLIER, ECT, STOP-LOSS, AND MEDICAL EDUCATION PAYMENTS)	737,676
1.09	NET IPF PPS OUTLIER PAYMENTS	1,390
1.10	NET IPF PPS ECT PAYMENTS	
1.11	UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR LATEST COST REPORT FILED PRIOR TO NOVEMBER 15, 2004 (SEE INSTRUCTIONS)	
1.12	NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTRUCTIONS)	
1.13	CURRENT YEARS UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.14	CURRENT YEARS UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.15	INTERN AND RESIDENT COUNT FOR IPF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)	
1.16	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)	7.652055
1.17	MEDICAL EDUCATION ADJUSTMENT FACTOR $\{((1 + (\text{LINE } 1.15/1.16)) \text{ RAISED TO THE POWER OF } .5150 - 1)\}$	
1.18	MEDICAL EDUCATION ADJUSTMENT (LINE 1.08 MULTIPLIED BY LINE 1.17)	
1.19	ADJUSTED NET IPF PPS PAYMENTS (SUM OF LINES 1.08, 1.09, 1.10 AND 1.18)	739,066
1.20	STOP LOSS PAYMENT FLOOR (LINE 1 x 70%)	940,878
1.21	ADJUSTED NET PAYMENT FLOOR (LINE 1.20 x THE APPROPRIATE FEDERAL BLEND PERCENTAGE)	705,659
1.22	STOP LOSS ADJUSTMENT (IF LINE 1.21 IS GREATER THAN LINE 1.19 ENTER THE AMOUNT ON LINE 1.21 LESS LINE 1.19 OTHERWISE ENTER -0-)	
1.23	TOTAL IPF PPS PAYMENTS (SUM OF LINES 1.01, 1.19 AND 1.22)	1,075,094
1.35	INPATIENT REHABILITATION FACILITY (IRF) UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR COST REPORT PERIODS ENDING ON/OR PRIOR TO NOVEMBER 15, 2004. (SEE INST.)	
1.36	NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTRUCTIONS)	
1.37	CURRENT YEAR'S UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.38	CURRENT YEAR'S UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.39	INTERN AND RESIDENT COUNT FOR IRF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)	
1.40	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)	
1.41	MEDICAL EDUCATION ADJUSTMENT FACTOR $\{((1 + (\text{LINE } 1.39/1.40)) \text{ RAISED TO THE POWER OF } .9012 - 1)\}$	
1.42	MEDICAL EDUCATION ADJUSTMENT (LINE 1.02 MULTIPLIED BY LINE 1.41)	
2	ORGAN ACQUISITION	
3	COST OF TEACHING PHYSICIANS	
4	SUBTOTAL (SEE INSTRUCTIONS)	1,075,094
5	PRIMARY PAYER PAYMENTS	5,237
6	SUBTOTAL	1,069,857
7	DEDUCTIBLES	86,224
8	SUBTOTAL	983,633
9	COINSURANCE	28,024
10	SUBTOTAL	955,609
11	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROF SERV)	
11.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	
11.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	
12	SUBTOTAL	955,609
13	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	
13.01	OTHER PASS THROUGH COSTS (SEE INSTRUCTIONS)	
14	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION	
15	OTHER ADJUSTMENTS (SPECIFY)	
15.99	OUTLIER RECONCILIATION ADJUSTMENT	
16	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS	
17	TOTAL AMOUNT PAYABLE TO THE PROVIDER (SEE INSTRUCTIONS)	955,609
18	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
19	INTERIM PAYMENTS	805,550
19.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
20	BALANCE DUE PROVIDER/PROGRAM	150,059
21	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2.	

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

- FI ONLY -----
- 50 ENTER THE ORIGINAL OUTLIER AMOUNT FROM E-3, I LN 1.05 (IRF)
 OR 1.09 (IPF).
- 51 ENTER THE OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)
- 52 ENTER THE INTEREST RATE USED TO CALCULATE THE TIME VALUE
 OF MONEY. (SEE INSTRUCTIONS).
- 53 ENTER THE TIME VALUE OF MONEY.

PART II - MEDICARE PART A SERVICES - COST REIMBURSEMENT HOSPITAL

1	INPATIENT SERVICES	4,042,009
1.01	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT	
2	ORGAN ACQUISITION	
3	COST OF TEACHING PHYSICIANS	
4	SUBTOTAL	4,042,009
5	PRIMARY PAYER PAYMENTS	
6	TOTAL COST FOR CAH (SEE INSTRUCTIONS)	4,082,429
COMPUTATION OF LESSER OF COST OR CHARGES		
REASONABLE CHARGES		
7	ROUTINE SERVICE CHARGES	
8	ANCILLARY SERVICE CHARGES	
9	ORGAN ACQUISITION CHARGES, NET OF REVENUE	
10	TEACHING PHYSICIANS	
11	TOTAL REASONABLE CHARGES	
CUSTOMARY CHARGES		
12	AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS	
13	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e)	
14	RATIO OF LINE 12 TO LINE 13 (NOT TO EXCEED 1.000000)	
15	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)	
16	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	
17	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	
COMPUTATION OF REIMBURSEMENT SETTLEMENT		
18	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	
19	COST OF COVERED SERVICES	4,082,429
20	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)	457,312
21	EXCESS REASONABLE COST	
22	SUBTOTAL	3,625,117
23	COINSURANCE	2,232
24	SUBTOTAL	3,622,885
25	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES (SEE INSTRUCTIONS))	89,523
25.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	89,523
25.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	89,523
26	SUBTOTAL	3,712,408
27	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION	
28	OTHER ADJUSTMENTS (SPECIFY)	
29	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS	
30	SUBTOTAL	3,712,408
31	SEQUESTRATION ADJUSTMENT	
32	INTERIM PAYMENTS	3,623,929
32.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
33	BALANCE DUE PROVIDER/PROGRAM	88,479
34	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2.	

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

	TITLE XVIII	SNF	PPS 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			
3	MEDICAL AND OTHER SERVICES			
4	INTERNS AND RESIDENTS (SEE INSTRUCTIONS)			
5	ORGAN ACQUISITION (CERT TRANSPLANT CENTERS ONLY)			
6	COST OF TEACHING PHYSICIANS (SEE INSTRUCTIONS)			
7	SUBTOTAL			
8	INPATIENT PRIMARY PAYER PAYMENTS			
9	OUTPATIENT PRIMARY PAYER PAYMENTS			
	SUBTOTAL			
	COMPUTATION OF LESSER OF COST OR CHARGES			
	REASONABLE CHARGES			
10	ROUTINE SERVICE CHARGES			
11	ANCILLARY SERVICE CHARGES			
12	INTERNS AND RESIDENTS SERVICE CHARGES			
13	ORGAN ACQUISITION CHARGES, NET OF REVENUE			
14	TEACHING PHYSICIANS			
15	INCENTIVE FROM TARGET AMOUNT COMPUTATION			
16	TOTAL REASONABLE CHARGES			
	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)			
21	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST			
22	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			
23	COST OF COVERED SERVICES			
	PROSPECTIVE PAYMENT AMOUNT			
24	OTHER THAN OUTLIER PAYMENTS			
25	OUTLIER PAYMENTS			
26	PROGRAM CAPITAL PAYMENTS			
27	CAPITAL EXCEPTION PAYMENTS (SEE INSTRUCTIONS)			
28	ROUTINE SERVICE OTHER PASS THROUGH COSTS			
29	ANCILLARY SERVICE OTHER PASS THROUGH COSTS			
30	SUBTOTAL			
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			
33	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)			
	COMPUTATION OF REIMBURSEMENT SETTLEMENT			
34	EXCESS OF REASONABLE COST			
35	SUBTOTAL			
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)			
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			
53	INDIRECT MEDICAL EDUCATION ADJUSTMENT (PPS ONLY)			
54	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS			
55	TOTAL AMOUNT PAYABLE TO THE PROVIDER			
56	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)			
57	INTERIM PAYMENTS			
57.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)			
58	BALANCE DUE PROVIDER/PROGRAM			
59	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS)			
	IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2.			

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

	TITLE XIX	HOSPITAL	PPS 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			
3	MEDICAL AND OTHER SERVICES			
4	INTERNS AND RESIDENTS (SEE INSTRUCTIONS)			
5	ORGAN ACQUISITION (CERT TRANSPLANT CENTERS ONLY)			
6	COST OF TEACHING PHYSICIANS (SEE INSTRUCTIONS)			
7	SUBTOTAL			
8	INPATIENT PRIMARY PAYER PAYMENTS			
9	OUTPATIENT PRIMARY PAYER PAYMENTS			
	SUBTOTAL			
	COMPUTATION OF LESSER OF COST OR CHARGES			
	REASONABLE CHARGES			
10	ROUTINE SERVICE CHARGES		236,679	
11	ANCILLARY SERVICE CHARGES		688,419	
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		925,098	
	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)		925,098	
21	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST		925,098	
22	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			
23	COST OF COVERED SERVICES			
	PROSPECTIVE PAYMENT AMOUNT			
24	OTHER THAN OUTLIER PAYMENTS			
25	OUTLIER PAYMENTS			
26	PROGRAM CAPITAL PAYMENTS			
27	CAPITAL EXCEPTION PAYMENTS (SEE INSTRUCTIONS)			
28	ROUTINE SERVICE OTHER PASS THROUGH COSTS			
29	ANCILLARY SERVICE OTHER PASS THROUGH COSTS			
30	SUBTOTAL			
31	CUSTOMARY CHARGES (TITLE XIX PPS COVERED SERVICES ONLY)		925,098	
32	TITLES V OR XIX PPS, LESSER OF LNS 30 OR 31; NON PPS & TITLE			
	XVIII ENTER AMOUNT FROM LINE 30			
33	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)			
	COMPUTATION OF REIMBURSEMENT SETTLEMENT			
34	EXCESS OF REASONABLE COST			
35	SUBTOTAL			
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)			
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			
	SUBTOTAL			
52	INDIRECT MEDICAL EDUCATION ADJUSTMENT (PPS ONLY)			
53	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS			
54	TOTAL AMOUNT PAYABLE TO THE PROVIDER			
55	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)			
56	INTERIM PAYMENTS			
57.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)			
58	BALANCE DUE PROVIDER/PROGRAM			
59	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS)			
	IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.			

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

	TITLE XIX	SUBPROVIDER 1	PPS TITLE V OR TITLE XIX 1	TITLE XVIII SNF PPS 2
1	COMPUTATION OF NET COST OF COVERED SERVICE			
2	INPATIENT HOSPITAL/SNF/NF SERVICES			
3	MEDICAL AND OTHER SERVICES			
4	INTERNS AND RESIDENTS (SEE INSTRUCTIONS)			
5	ORGAN ACQUISITION (CERT TRANSPLANT CENTERS ONLY)			
6	COST OF TEACHING PHYSICIANS (SEE INSTRUCTIONS)			
7	SUBTOTAL			
8	INPATIENT PRIMARY PAYER PAYMENTS			
9	OUTPATIENT PRIMARY PAYER PAYMENTS			
	SUBTOTAL			
	COMPUTATION OF LESSER OF COST OR CHARGES			
	REASONABLE CHARGES			
10	ROUTINE SERVICE CHARGES		383,791	
11	ANCILLARY SERVICE CHARGES		123,588	
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		507,379	
	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)		507,379	
21	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST		507,379	
22	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			
23	COST OF COVERED SERVICES			
	PROSPECTIVE PAYMENT AMOUNT			
24	OTHER THAN OUTLIER PAYMENTS			
25	OUTLIER PAYMENTS			
26	PROGRAM CAPITAL PAYMENTS			
27	CAPITAL EXCEPTION PAYMENTS (SEE INSTRUCTIONS)			
28	ROUTINE SERVICE OTHER PASS THROUGH COSTS			
29	ANCILLARY SERVICE OTHER PASS THROUGH COSTS			
30	SUBTOTAL			
31	CUSTOMARY CHARGES (TITLE XIX PPS COVERED SERVICES ONLY)		507,379	
32	TITLES V OR XIX PPS, LESSER OF LNS 30 OR 31; NON PPS & TITLE XVIII ENTER AMOUNT FROM LINE 30			
33	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)			
	COMPUTATION OF REIMBURSEMENT SETTLEMENT			
34	EXCESS OF REASONABLE COST			
35	SUBTOTAL			
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)			
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			
53	INDIRECT MEDICAL EDUCATION ADJUSTMENT (PPS ONLY)			
54	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS			
55	TOTAL AMOUNT PAYABLE TO THE PROVIDER			
56	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)			
57	INTERIM PAYMENTS			
57.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)			
58	BALANCE DUE PROVIDER/PROGRAM			
59	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.			

ASSETS		GENERAL FUND	SPECIFIC FUND PURPOSE	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
CURRENT ASSETS					
1	CASH ON HAND AND IN BANKS	1,206,084			
2	TEMPORARY INVESTMENTS				
3	NOTES RECEIVABLE				
4	ACCOUNTS RECEIVABLE	17,269,327			
5	OTHER RECEIVABLES				
6	LESS: ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE				
7	INVENTORY	630,087			
8	PREPAID EXPENSES	844,234			
9	OTHER CURRENT ASSETS				
10	DUE FROM OTHER FUNDS	15,320,272			
11	TOTAL CURRENT ASSETS	35,270,004			
FIXED ASSETS					
12	LAND	350,871			
12.01	LAND IMPROVEMENTS	1,183,900			
13	LESS ACCUMULATED DEPRECIATION	-340,477			
14	BUILDINGS	26,824,559			
14.01	LESS ACCUMULATED DEPRECIATION	-3,251,204			
15	LEASEHOLD IMPROVEMENTS				
15.01	LESS ACCUMULATED DEPRECIATION				
16	FIXED EQUIPMENT	4,140,451			
16.01	LESS ACCUMULATED DEPRECIATION	-512,642			
17	AUTOMOBILES AND TRUCKS				
17.01	LESS ACCUMULATED DEPRECIATION				
18	MAJOR MOVABLE EQUIPMENT	20,128,953			
18.01	LESS ACCUMULATED DEPRECIATION	-11,381,185			
19	MINOR EQUIPMENT DEPRECIABLE				
19.01	LESS ACCUMULATED DEPRECIATION				
20	MINOR EQUIPMENT-NONDEPRECIABLE				
21	TOTAL FIXED ASSETS	37,143,226			
OTHER ASSETS					
22	INVESTMENTS	9,775,285			
23	DEPOSITS ON LEASES				
24	DUE FROM OWNERS/OFFICERS				
25	OTHER ASSETS				
26	TOTAL OTHER ASSETS	9,775,285			
27	TOTAL ASSETS	82,188,515			

	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
	1	2	3	4
LIABILITIES AND FUND BALANCE				
CURRENT LIABILITIES				
28 ACCOUNTS PAYABLE	1,670,102			
29 SALARIES, WAGES & FEES PAYABLE	602,413			
30 PAYROLL TAXES PAYABLE				
31 NOTES AND LOANS PAYABLE (SHORT TERM)				
32 DEFERRED INCOME				
33 ACCELERATED PAYMENTS				
34 DUE TO OTHER FUNDS	9,979,636			
35 OTHER CURRENT LIABILITIES	2,980,465			
36 TOTAL CURRENT LIABILITIES	15,232,616			
LONG TERM LIABILITIES				
37 MORTGAGE PAYABLE	3,476,302			
38 NOTES PAYABLE	37,418,576			
39 UNSECURED LOANS				
40.01 LOANS PRIOR TO 7/1/66				
40.02 ON OR AFTER 7/1/66				
41 OTHER LONG TERM LIABILITIES				
42 TOTAL LONG-TERM LIABILITIES	40,894,878			
43 TOTAL LIABILITIES	56,127,494			
CAPITAL ACCOUNTS				
44 GENERAL FUND BALANCE	26,061,021			
45 SPECIFIC PURPOSE FUND				
46 DONOR CREATED- ENDOWMENT FUND BALANCE- RESTRICTED				
47 DONOR CREATED- ENDOWMENT FUND BALANCE- UNRESTRICT				
48 GOVERNING BODY CREATED- ENDOWMENT FUND BALANCE				
49 PLANT FUND BALANCE-INVESTED IN PLANT				
50 PLANT FUND BALANCE- RESERVE FOR PLANT IMPROVEMENT, REPLACEMENT AND EXPANSION				
51 TOTAL FUND BALANCES	26,061,021			
52 TOTAL LIABILITIES AND FUND BALANCES	82,188,515			

	GENERAL FUND		SPECIFIC PURPOSE FUND	
	1	2	3	4
1 FUND BALANCE AT BEGINNING		29,389,524		
2 OF PERIOD				
3 NET INCOME (LOSS)		-2,802,063		
4 TOTAL		26,587,461		
5 ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
6 HOME OFFICE		25,457		
7 CREDIT MONEY FROM COUNTY	1,083,067			
8 MISC	56,062			
9				
10 TOTAL ADDITIONS		1,164,586		
11 SUBTOTAL		27,752,047		
12 DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
13 SBA ADJUSTMENTS	1,691,026			
14				
15				
16				
17				
18 TOTAL DEDUCTIONS		1,691,026		
19 FUND BALANCE AT END OF PERIOD PER BALANCE SHEET		26,061,021		

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

PART I - PATIENT REVENUES

REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3
1 00 GENERAL INPATIENT ROUTINE CARE SERVICES			
1 00 HOSPITAL	4,608,650		4,608,650
2 00 SUBPROVIDER	3,433,438		3,433,438
4 00 SWING BED - SNF			
5 00 SWING BED - NF			
6 00 SKILLED NURSING FACILITY	1,854,182		1,854,182
7 00 NURSING FACILITY			
7 01 ICF/MR			
8 00 OTHER LONG TERM CARE			
9 00 TOTAL GENERAL INPATIENT ROUTINE CARE	9,896,270		9,896,270
INTENSIVE CARE TYPE INPATIENT HOSPITAL SVCS			
10 00 INTENSIVE CARE UNIT	1,852,164		1,852,164
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	1,852,164		1,852,164
16 00 TOTAL INPATIENT ROUTINE CARE SERVICE	11,748,434		11,748,434
17 00 ANCILLARY SERVICES	18,373,949	50,943,173	69,317,122
18 00 OUTPATIENT SERVICES		703,992	703,992
19 00 HOME HEALTH AGENCY		816,851	816,851
20 00 AMBULANCE SERVICES			
21 00 CORF			
22 00 AMBULATORY SURGICAL CENTER (D. P.)			
23 00 HOSPICE			
24 00 ER PHYSICIANS		2,282,396	2,282,396
24 01 TITLE XX		128,473	128,473
25 00 TOTAL PATIENT REVENUES	30,122,383	54,874,885	84,997,268

PART II - OPERATING EXPENSES

26 00 OPERATING EXPENSES		39,404,925	
ADD (SPECIFY)			
27 00			
28 00			
29 00			
30 00			
31 00			
32 00			
33 00 TOTAL ADDITIONS			
DEDUCT (SPECIFY)			
34 00			
35 00			
36 00			
37 00			
38 00			
39 00 TOTAL DEDUCTIONS			
40 00 TOTAL OPERATING EXPENSES		39,404,925	

DESCRIPTION

1	TOTAL PATIENT REVENUES	84,997,268
2	LESS: ALLOWANCES AND DISCOUNTS ON	48,617,725
3	NET PATIENT REVENUES	36,379,543
4	LESS: TOTAL OPERATING EXPENSES	39,404,925
5	NET INCOME FROM SERVICE TO PATIENT	-3,025,382
	OTHER INCOME	
6	CONTRIBUTIONS, DONATIONS, BEQUES	15,286
7	INCOME FROM INVESTMENTS	245,132
8	REVENUE FROM TELEPHONE AND TELEG	
9	REVENUE FROM TELEVISION AND RADI	
10	PURCHASE DISCOUNTS	
11	REBATES AND REFUNDS OF EXPENSES	
12	PARKING LOT RECEIPTS	
13	REVENUE FROM LAUNDRY AND LINEN S	
14	REVENUE FROM MEALS SOLD TO EMPLO	391,814
15	REVENUE FROM RENTAL OF LIVING QU	
16	REVENUE FROM SALE OF MEDICAL & S	
	TO OTHER THAN PATIENTS	
17	REVENUE FROM SALE OF DRUGS TO OT	
18	REVENUE FROM SALE OF MEDICAL REC	20,010
19	TUTION (FEES, SALE OF TEXTBOOKS	
20	REVENUE FROM GIFTS, FLOWER, COFFE	
21	RENTAL OF VENDING MACHINES	
22	RENTAL OF HOSPITAL SPACE	165,148
23	GOVERNMENTAL APPROPRIATIONS	413,800
24	FEES FROM NURSING HOMES	-1,253,233
24.01	GRANT REVENUE	60,000
24.02	LIFELINE	35,414
24.03	OB RENTAL	1,313
24.04	ADULT DAY CARE	33,179
24.05	WORTHMAN FITNESS CENTER	91,353
24.06	TRANSPORTATION	4,103
25	TOTAL OTHER INCOME	223,319
26	TOTAL	-2,802,063
	OTHER EXPENSES	
27		
28		
29		
30	TOTAL OTHER EXPENSES	
31	NET INCOME (OR LOSS) FOR THE PERIO	-2,802,063

HHA 1

	SALARIES 1	EMPLOYEE BENEFITS 2	TRANSPORTATION 3	CONTRACTED/ PURCHASED SVCS 4	OTHER COSTS 5	TOTAL 6
GENERAL SERVICE COST CENTERS						
1						
2						
3						
4						
5	178,027				47,178	225,205
HHA REIMBURSABLE SERVICES						
6	387,929					387,929
7						
8						
9						
10						
11	49,163					49,163
12						
13						
13.20						
14						
HHA NONREIMBURSABLE SERVICES						
15						
16						
17						
18						
19						
20						
21						
22						
23						
23.50						
24	615,119				47,178	662,297

	RECLASSIFI - CATIONS 7	RECLASSIFIED TRIAL BALANCE 8	ADJUSTMENTS 9	NET EXPENSES FOR ALLOCATION 10
GENERAL SERVICE COST CENTERS				
1				
2				
3				
4				
5	9,258	234,463		234,463
HHA REIMBURSABLE SERVICES				
6		387,929		387,929
7				
8				
9				
10				
11		49,163		49,163
12				
13				
13.20				
14				
HHA NONREIMBURSABLE SERVICES				
15				
16				
17				
18				
19				
20				
21				
22				
23				
23.50				
24	9,258	671,555		671,555

HHA 1

	NET EXPENSES FOR COST ALLOCATION	CAP-REL COST-BLDG & FIX	CAP-REL COST-MOV EQUIP	PLANT OPER & MAINT	TRANSPORTATIO N	SUBTOTAL	ADMINISTRATIV E & GENERAL
	0	1	2	3	4	4A	5
GENERAL SERVICE COST CENTERS							
1							
2							
3							
4							
5							
	234,463					234,463	234,463
HHA REIMBURSABLE SERVICES							
6	387,929					387,929	208,091
7							
8							
9							
10							
11	49,163					49,163	26,372
12							
13							
13.20							
14							
HHA NONREIMBURSABLE SERVICES							
15							
16							
17							
18							
19							
20							
21							
22							
23							
23.50							
24	671,555					671,555	

TOTAL

	NET EXPENSES FOR COST ALLOCATION	CAP-REL COST-BLDG & FIX	CAP-REL COST-MOV EQUIP	PLANT OPER & MAINT	TRANSPORTATIO N	SUBTOTAL	ADMINISTRATIV E & GENERAL
	0	1	2	3	4	4A	5
GENERAL SERVICE COST CENTERS							
1							
2							
3							
4							
5							
	596,020						
HHA REIMBURSABLE SERVICES							
6							
7							
8							
9							
10							
11	75,535						
12							
13							
13.20							
14							
HHA NONREIMBURSABLE SERVICES							
15							
16							
17							
18							
19							
20							
21							
22							
23							
23.50							
24	671,555						

HHA 1

	CAP-REL COST-BLDG & FIX (FEET SQUARE)	CAP-REL COST-MOV EQUIP (DOLLAR VALUE)	PLANT OPER & MAINT (FEET SQUARE)	TRANSPORTATION (MILEAGE)	RECONCILIATION ()	ADMINISTRATIVE & GENERAL (COST ACCUM)
	1	2	3	4	5A	5
GENERAL SERVICE COST CENTERS						
1 CAP-REL COST-BLDG & FIX						
2 CAP-REL COST-MOV EQUIP						
3 PLANT OPER & MAINT						
4 TRANSPORTATION						
5 ADMINISTRATIVE & GENERAL					- 234,463	437,092
HHA REIMBURSABLE SERVICES						
6 SKILLED NURSING CARE						387,929
7 PHYSICAL THERAPY						
8 OCCUPATIONAL THERAPY						
9 SPEECH PATHOLOGY						
10 MEDICAL SOCIAL SERVICES						
11 HOME HEALTH AIDE						49,163
12 SUPPLIES						
13 DRUGS						
13.20 COST ADMINISTERING DRUGS						
14 DME						
HHA NONREIMBURSABLE SERVICES						
15 HOME DIALYSIS AIDE SVCS						
16 RESPIRATORY THERAPY						
17 PRIVATE DUTY NURSING						
18 CLINIC						
19 HEALTH PROM ACTIVITIES						
20 DAY CARE PROGRAM						
21 HOME DEL MEALS PROGRAM						
22 HOMEMAKER SERVICE						
23 ALL OTHERS						
23.50 TELEMEDICINE						
24 TOTAL (SUM OF LINES 1-23)					- 234,463	437,092
25 COST TO BE ALLOCATED						234,463
26 UNIT COST MULTIPLIER						.536416

HHA 1

HHA COST CENTER	HHA TRIAL BALANCE (1)	OLD CAP REL COSTS-BLDG & (2)	OLD CAP REL COSTS-MVBLE (3)	NEW CAP REL COSTS-BLDG & (4)	NEW CAP REL COSTS-MVBLE (5)	EMPLOYEE BENEFITS (6)
1 ADMIN & GENERAL						324,353
2 SKILLED NURSING CARE	596,020					
3 PHYSICAL THERAPY						
4 OCCUPATIONAL THERAPY						
5 SPEECH PATHOLOGY						
6 MEDICAL SOCIAL SERVICES						
7 HOME HEALTH AIDE	75,535					
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19) (2)	671,555					324,353
21 UNIT COST MULTIPLIER						

(1) COLUMN 0, LINE 20 MUST AGREE WITH WKST. A, COLUMN 7, LINE 71.
 (2) COLUMNS 0 THROUGH 27, LINE 20 MUST AGREE WITH THE CORRESPONDING COLUMNS OF WKST. B, PART I, LINE 71.

HHA COST CENTER	SUBTOTAL 5A	ADMINISTRATIVE & GENERAL 6	MAINTENANCE & REPAIRS 7	OPERATION OF PLANT 8	LAUNDRY & LINEN SERVICE 9	HOUSEKEEPING 10
1 ADMIN & GENERAL	324,353	47,947		149,741		40,215
2 SKILLED NURSING CARE	596,020	88,104				
3 PHYSICAL THERAPY						
4 OCCUPATIONAL THERAPY						
5 SPEECH PATHOLOGY						
6 MEDICAL SOCIAL SERVICES						
7 HOME HEALTH AIDE	75,535	11,166				
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19) (2)	995,908	147,217		149,741		40,215
21 UNIT COST MULTIPLIER						

(1) COLUMN 0, LINE 20 MUST AGREE WITH WKST. A, COLUMN 7, LINE 71.
 (2) COLUMNS 0 THROUGH 27, LINE 20 MUST AGREE WITH THE CORRESPONDING COLUMNS OF WKST. B, PART I, LINE 71.

HHA COST CENTER	DIETARY 11	CAFETERIA 12	MAINTENANCE OF PERSONNEL 13	NURSING ADMINISTRATION 14	CENTRAL SERVICES & SUPPLIES 15	PHARMACY 16
1 ADMIN & GENERAL						
2 SKILLED NURSING CARE						
3 PHYSICAL THERAPY						
4 OCCUPATIONAL THERAPY						
5 SPEECH PATHOLOGY						
6 MEDICAL SOCIAL SERVICES						
7 HOME HEALTH AIDE						
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19) (2)						
21 UNIT COST MULTIPLIER						

(1) COLUMN 0, LINE 20 MUST AGREE WITH WKST. A, COLUMN 7, LINE 71.
 (2) COLUMNS 0 THROUGH 27, LINE 20 MUST AGREE WITH THE CORRESPONDING COLUMNS OF WKST. B, PART I, LINE 71.

HHA COST CENTER	DIETARY 11	CAFETERIA 12	MAINTENANCE OF PERSONNEL 13	NURSING ADMINISTRATION 14	CENTRAL SERVICES & SUPPLIES 15	PHARMACY 16
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HHA COST CENTER	MEDICAL RECORDS & LIBRARY 17	SOCIAL SERVICE 18	NONPHYSICIAN ANESTHETIST 20	NURSING SCHOOL 21	I&R SERVICES - SALARY & FR 22	I&R SERVICES - OTHER PRGM 23
-----------------	---------------------------------	----------------------	--------------------------------	----------------------	----------------------------------	---------------------------------

- 1 ADMIN & GENERAL
- 2 SKILLED NURSING CARE
- 3 PHYSICAL THERAPY
- 4 OCCUPATIONAL THERAPY
- 5 SPEECH PATHOLOGY
- 6 MEDICAL SOCIAL SERVICES
- 7 HOME HEALTH AIDE
- 8 SUPPLIES
- 9 DRUGS
- 9.20 COST ADMINISTERING DRUGS
- 10 DME
- 11 HOME DIALYSIS AIDE SVCS
- 12 RESPIRATORY THERAPY
- 13 PRIVATE DUTY NURSING
- 14 CLINIC
- 15 HEALTH PROM ACTIVITIES
- 16 DAY CARE PROGRAM
- 17 HOME DEL MEALS PROGRAM
- 18 HOMEMAKER SERVICE
- 19 ALL OTHER
- 19.50 TELEMEDICINE
- 20 TOTAL (SUM OF 1-19) (2)
- 21 UNIT COST MULTIPLIER

(1) COLUMN 0, LINE 20 MUST AGREE WITH WKST. A, COLUMN 7, LINE 71.
 (2) COLUMNS 0 THROUGH 27, LINE 20 MUST AGREE WITH THE CORRESPONDING COLUMNS OF WKST. B, PART I, LINE 71.

HHA COST CENTER	SUBTOTAL 25	POST STEP DOWN ADJUST 26	SUBTOTAL 27	ALLOCATED HHA A & G 28	TOTAL HHA COSTS 29
1 ADMIN & GENERAL	562,256		562,256		
2 SKILLED NURSING CARE	684,124		684,124	499,014	1,183,138
3 PHYSICAL THERAPY					
4 OCCUPATIONAL THERAPY					
5 SPEECH PATHOLOGY					
6 MEDICAL SOCIAL SERVICES					
7 HOME HEALTH AIDE	86,701		86,701	63,242	149,943
8 SUPPLIES					
9 DRUGS					
9.20 COST ADMINISTERING DRUGS					
10 DME					
11 HOME DIALYSIS AIDE SVCS					
12 RESPIRATORY THERAPY					
13 PRIVATE DUTY NURSING					
14 CLINIC					
15 HEALTH PROM ACTIVITIES					
16 DAY CARE PROGRAM					
17 HOME DEL MEALS PROGRAM					
18 HOMEMAKER SERVICE					
19 ALL OTHER					
19.50 TELEMEDICINE					
20 TOTAL (SUM OF 1-19) (2)	1,333,081		1,333,081	562,256	1,333,081
21 UNIT COST MULTIPLIER				0.729421	

(1) COLUMN 0, LINE 20 MUST AGREE WITH WKST. A, COLUMN 7, LINE 71.
 (2) COLUMNS 0 THROUGH 27, LINE 20 MUST AGREE WITH THE CORRESPONDING COLUMNS OF WKST. B, PART I, LINE 71.

HHA 1

HHA COST CENTER	OLD CAP REL COSTS-BLDG & (SQUARE FEET) 1	OLD CAP REL COSTS-MVBLE (DOLLAR VALUE) 2	NEW CAP REL COSTS-BLDG & (SQUARE FEET) 3	NEW CAP REL COSTS-MVBLE (SQUARE FEET) 4	EMPLOYEE BEN EFITS (GROSS SALARIES) 5	RECONCILIATION 6A
1 ADMIN & GENERAL					615,120	
2 SKILLED NURSING CARE						
3 PHYSICAL THERAPY						
4 OCCUPATIONAL THERAPY						
5 SPEECH PATHOLOGY						
6 MEDICAL SOCIAL SERVICES						
7 HOME HEALTH AIDE						
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19)					615,120	
21 COST TO BE ALLOCATED					324,353	
22 UNIT COST MULTIPLIER					0.527300	

HHA COST CENTER	ADMINISTRATIVE & GENERAL (ACCUM COST) 6	MAINTENANCE & REPAIRS (SQUARE FEET) 7	OPERATION OF PLANT (SQUARE FEET) 8	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY) 9	HOUSEKEEPING (SQUARE FEET) 10	DIETARY (MEALS SERVED) 11
1 ADMIN & GENERAL	324,353		5,464		5,464	
2 SKILLED NURSING CARE	596,020					
3 PHYSICAL THERAPY						
4 OCCUPATIONAL THERAPY						
5 SPEECH PATHOLOGY						
6 MEDICAL SOCIAL SERVICES						
7 HOME HEALTH AIDE	75,535					
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19)	995,908		5,464		5,464	
21 COST TO BE ALLOCATED	147,217		149,741		40,215	
22 UNIT COST MULTIPLIER	0.147822		27.405015		7.359993	

HHA COST CENTER	CAFETERIA (HOURS) 12	MAINTENANCE OF PERSONNEL (NUMBER HOUSED) 13	NURSING ADMINISTRATION (DIRECT NRSNG HRS) 14	CENTRAL SERVICES & SUPPLIES (COSTED REQUIS.) 15	PHARMACY (COSTED REQUIS.) 16	MEDICAL RECORDS & LIBRARY (TIME SPENT) 17
1 ADMIN & GENERAL						
2 SKILLED NURSING CARE						
3 PHYSICAL THERAPY						
4 OCCUPATIONAL THERAPY						
5 SPEECH PATHOLOGY						
6 MEDICAL SOCIAL SERVICES						
7 HOME HEALTH AIDE						
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19)						
21 COST TO BE ALLOCATED						
22 UNIT COST MULTIPLIER						

HHA 1

HHA COST CENTER	SOCIAL SERVI	NONPHYSICIAN	NURSING SCHO	I&R SERVICES	I&R SERVICES
	CE	ANESTHETIST	OL	-SALARY & FR	-OTHER PRGM
	(TIME	(ASSIGNED	(ASSIGNED	(ASSIGNED	(ASSIGNED
	SPENT	TIME)	TIME)	TIME)	TIME)
	18	20	21	22	23
1 ADMIN & GENERAL					
2 SKILLED NURSING CARE					
3 PHYSICAL THERAPY					
4 OCCUPATIONAL THERAPY					
5 SPEECH PATHOLOGY					
6 MEDICAL SOCIAL SERVICES					
7 HOME HEALTH AIDE					
8 SUPPLIES					
9 DRUGS					
9.20 COST ADMINISTERING DRUGS					
10 DME					
11 HOME DIALYSIS AIDE SVCS					
12 RESPIRATORY THERAPY					
13 PRIVATE DUTY NURSING					
14 CLINIC					
15 HEALTH PROM ACTIVITIES					
16 DAY CARE PROGRAM					
17 HOME DEL MEALS PROGRAM					
18 HOMEMAKER SERVICE					
19 ALL OTHER					
19.50 TELEMEDICINE					
20 TOTAL (SUM OF 1-19)					
21 COST TO BE ALLOCATED					
22 UNIT COST MULTIPLIER					

[] TITLE V [X] TITLE XVIII [] TITLE XIX

PART I - APPORTIONMENT OF HHA COST CENTERS:
 COMPUTATION OF THE LESSER OF AGGREGATE MEDICARE COST OR THE AGGREGATE OF THE MEDICARE LIMITATION

PATIENT SERVICES	FROM WKST H-5 PART I COL. 29, LINE:	FACILITY COSTS (FROM WKST H-5 PART I)	SHARED ANCILLARY COSTS (FROM PART II)	TOTAL HHA COSTS	TOTAL VISITS	AVERAGE COST PER VISIT	PROGRAM VISITS PART A
1 SKILLED NURSING	2	1,183,138	2	1,183,138	4,551	259.97	1,545
2 PHYSICAL THERAPY	3				1,195		483
3 OCCUPATIONAL THERAPY	4				70		19
4 SPEECH PATHOLOGY	5				24		13
5 MEDICAL SOCIAL SERVICES	6						
6 HOME HEALTH AIDE SERVICES	7	149,943		149,943	5,086	29.48	489
7 TOTAL		1,333,081		1,333,081	10,926		2,549

PATIENT SERVICES	PROGRAM VISITS		COST OF SERVICES		TOTAL PROGRAM COST
	NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR	PART A	PART B	
1 SKILLED NURSING	7	1,458	401,654	379,036	780,690
2 PHYSICAL THERAPY		390			
3 OCCUPATIONAL THERAPY		13			
4 SPEECH PATHOLOGY		2			
5 MEDICAL SOCIAL SERVICES					
6 HOME HEALTH AIDE SERVICES		888	14,416	26,178	40,594
7 TOTAL		2,751	416,070	405,214	821,284

PATIENT SERVICES	1	2	3	4	PROGRAM COST LIMITS	PROGRAM VISITS PART A
8 SKILLED NURSING	9915					
8.01 SKILLED NURSING	9936					
8.02 SKILLED NURSING	2670					
8.03 SKILLED NURSING	2760					
8.04 SKILLED NURSING						
8.05 SKILLED NURSING						
9 PHYSICAL THERAPY	9915					
9.01 PHYSICAL THERAPY	9936					
9.02 PHYSICAL THERAPY	2670					
9.03 PHYSICAL THERAPY	2760					
9.04 PHYSICAL THERAPY						
9.05 PHYSICAL THERAPY						
10 OCCUPATIONAL THERAPY	9915					
10.01 OCCUPATIONAL THERAPY	9936					
10.02 OCCUPATIONAL THERAPY	2670					
10.03 OCCUPATIONAL THERAPY	2760					
10.04 OCCUPATIONAL THERAPY						
10.05 OCCUPATIONAL THERAPY						
11 SPEECH PATHOLOGY	9915					
11.01 SPEECH PATHOLOGY	9936					
11.02 SPEECH PATHOLOGY	2670					
11.03 SPEECH PATHOLOGY	2760					
11.04 SPEECH PATHOLOGY						
11.05 SPEECH PATHOLOGY						
12 MEDICAL SOCIAL SERVICES	9915					
12.01 MEDICAL SOCIAL SERVICES	9936					
12.02 MEDICAL SOCIAL SERVICES	2670					
12.03 MEDICAL SOCIAL SERVICES	2760					
12.04 MEDICAL SOCIAL SERVICES						
12.05 MEDICAL SOCIAL SERVICES						
13 HOME HEALTH AIDE SERVICES	9915					
13.01 HOME HEALTH AIDE SERVICES	9936					
13.02 HOME HEALTH AIDE SERVICES	2670					
13.03 HOME HEALTH AIDE SERVICES	2760					
13.04 HOME HEALTH AIDE SERVICES						
13.05 HOME HEALTH AIDE SERVICES						
14 TOTAL						

PATIENT SERVICES	PROGRAM VISITS		COST OF SERVICES		TOTAL PROGRAM COST
	NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR	PART A	PART B	
8 SKILLED NURSING	7	1,458	401,654	379,036	780,690
8.01 SKILLED NURSING		390			
8.02 SKILLED NURSING		13			
8.03 SKILLED NURSING		2			
8.04 SKILLED NURSING					
8.05 SKILLED NURSING					
9 PHYSICAL THERAPY		888	14,416	26,178	40,594
9.01 PHYSICAL THERAPY					
9.02 PHYSICAL THERAPY					
9.03 PHYSICAL THERAPY					

I PROVIDER NO: I PERIOD: I PREPARED 6/ 3/2008
 I 15-1330 I FROM 1/ 1/2007 I WORKSHEET H-6
 I HHA NO: I TO 12/31/2007 I PARTS I II & III
 I 15-7172 I I HHA 1

[] TITLE V [X] TITLE XVIII [] TITLE XIX

	-----PROGRAM VISITS-----		-----COST OF SERVICES-----		TOTAL PROGRAM COST	
	NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR	PART A	PART B		
9.04 PHYSICAL THERAPY	7	8	9	10	11	12
9.05 PHYSICAL THERAPY						
10 OCCUPATIONAL THERAPY						
10.01 OCCUPATIONAL THERAPY						
10.02 OCCUPATIONAL THERAPY						
10.03 OCCUPATIONAL THERAPY						
10.04 OCCUPATIONAL THERAPY						
10.05 OCCUPATIONAL THERAPY						
11 SPEECH PATHOLOGY						
11.01 SPEECH PATHOLOGY						
11.02 SPEECH PATHOLOGY						
11.03 SPEECH PATHOLOGY						
11.04 SPEECH PATHOLOGY						
11.05 SPEECH PATHOLOGY						
12 MEDICAL SOCIAL SERVICES						
12.01 MEDICAL SOCIAL SERVICES						
12.02 MEDICAL SOCIAL SERVICES						
12.03 MEDICAL SOCIAL SERVICES						
12.04 MEDICAL SOCIAL SERVICES						
12.05 MEDICAL SOCIAL SERVICES						
13 HOME HEALTH AIDE SERVICES						
13.01 HOME HEALTH AIDE SERVICES						
13.02 HOME HEALTH AIDE SERVICES						
13.03 HOME HEALTH AIDE SERVICES						
13.04 HOME HEALTH AIDE SERVICES						
13.05 HOME HEALTH AIDE SERVICES						
14 TOTAL						

[] TITLE V [X] TITLE XVIII [] TITLE XIX

PART I - APPORTIONMENT OF HHA COST CENTERS:
 COMPUTATION OF THE LESSER OF AGGREGATE MEDICARE COST OR THE AGGREGATE OF THE MEDICARE LIMITATION

SUPPLIES AND EQUIPMENT COST COMPUTATION	FROM WKST H-5 PART I COL. 29, LINE:	FACILITY COSTS (FROM WKST H-5 PART I)	SHARED ANCILLARY COSTS (FROM PART II)	TOTAL HHA COSTS	TOTAL CHARGES	RATIO	PROGRAM COVERED CHARGES PART A
OTHER PATIENT SERVICES							
15 COST OF MEDICAL SUPPLIES	8	1	2	3	4	5	6
16 COST OF DRUGS	9			1,389	9,990	139039	5,878
16.20 COST OF DRUGS	9						

	PROGRAM COVERED CHARGES		COST OF SERVICES	
	NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR	NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR
	7	8	9	10
15 COST OF MEDICAL SUPPLIES	4,112		817	572
16 COST OF DRUGS				
16.20 COST OF DRUGS				

PER BENEFICIARY COST LIMITATION:	MSA NUMBER	AMOUNT
162 PROGRAM UN DUP CENSUS FROM WRKST S-4	9915	2
16.01 PROGRAM UN DUP CENSUS FROM WRKST S-4	9936	
16.02 PROGRAM UN DUP CENSUS FROM WRKST S-4	2670	
16.03 PROGRAM UN DUP CENSUS FROM WRKST S-4	2760	
16.04 PROGRAM UN DUP CENSUS FROM WRKST S-4		
16.05 PROGRAM UN DUP CENSUS FROM WRKST S-4		
17 PER BENE COST LIMITATION (FRM FI)	9915	
17.01 PER BENE COST LIMITATION (FRM FI)	9936	
17.02 PER BENE COST LIMITATION (FRM FI)	2670	
17.03 PER BENE COST LIMITATION (FRM FI)	2760	
17.04 PER BENE COST LIMITATION (FRM FI)		
17.05 PER BENE COST LIMITATION (FRM FI)		
18 PER BENE COST LIMITATION (LN 17*18)		

PART II - APPORTIONMENT OF COST OF HHA SERVICES FURNISHED BY SHARED HOSPITAL DEPARTMENTS

	FROM WKST C PT I, COL 9	COST TO CHARGE RATIO	TOTAL HHA CHARGES	HHA SHARED ANCILLARY COSTS	TRANSFER TO PART I AS INDICATED
		1	2	3	4
1 PHYSICAL THERAPY	50	.717072			COL 2, LN 2
2 OCCUPATIONAL THERAPY	51	.366742			COL 2, LN 3
3 SPEECH PATHOLOGY	52	.575908			COL 2, LN 4
4 MEDICAL SUPPLIES CHARGED TO PATIENT	55	.139052	9,990	1,389	COL 2, LN 15
5 DRUGS CHARGED TO PATIENTS	56	.285729			COL 2, LN 16

PART III - OUTPATIENT THERAPY REDUCTION COMPUTATION

	FROM PART I, COL 5	COST PER VISIT	PART B SERVICES SUBJECT TO DEDUCTIBLES AND COINSURANCE		PROGRAM COSTS	PROG VISITS ON OR AFTER
			PRIOR 1/1/1998 TO 12/31/1998	1/1/1998 TO 12/31/1998		
	1	2	3	4	5	
1 PHYSICAL THERAPY	2	2.01		3.01		
2 OCCUPATIONAL THERAPY	3					
3 SPEECH PATHOLOGY	4					
4 TOTAL (SUM OF LINES 1-3)						

TITLE XVIII HHA 1

PART I - COMPUTATION OF THE LESSER OF REASONABLE COST OR CUSTOMARY CHARGES

	PART A	PART B NOT SUBJECT TO DED & COINS	PART B SUBJECT TO DED & COINS
	1	2	3
1 REASONABLE COST OF SERVICES			
2 TOTAL CHARGES			
3 CUSTOMARY CHARGES			
4 AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS			
5 AMOUNT 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(B)			
6 RATIO OF LINE 3 TO 4 (NOT TO EXCEED 1.000000)			
7 TOTAL CUSTOMARY CHARGES			
8 EXCESS OF TOTAL CUSTOMARY CHARGES OVER TOTAL REASONABLE COST			
9 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES PRIMARY PAYOR AMOUNTS			

PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT

	PART A SERVICES 1	PART B SERVICES 2
10 TOTAL REASONABLE COST		
10.01 TOTAL PPS REIMBURSEMENT-FULL EPISODES WITHOUT OUTLIERS	396,569	376,382
10.02 TOTAL PPS REIMBURSEMENT-FULL EPISODES WITH OUTLIERS	2,234	4,197
10.03 TOTAL PPS REIMBURSEMENT-LUPA EPISODES	3,395	2,103
10.04 TOTAL PPS REIMBURSEMENT-PEP EPISODES	1,661	1,770
10.05 TOTAL PPS REIMBURSEMENT-SCIC WITHIN A PEP EPISODE		
10.06 TOTAL PPS REIMBURSEMENT-SCIC EPISODES		2,133
10.07 TOTAL PPS OUTLIER REIMBURSEMENT-FULL EPISODES WITH OUTLIERS	508	618
10.08 TOTAL PPS OUTLIER REIMBURSEMENT-PEP EPISODES		
10.09 TOTAL PPS OUTLIER REIMBURSEMENT-SCIC WITHIN A PEP EPISODE		
10.10 TOTAL PPS OUTLIER REIMBURSEMENT-SCIC EPISODES		
10.11 TOTAL OTHER PAYMENTS		
10.12 DME PAYMENTS		
10.13 OXYGEN PAYMENTS		
10.14 PROSTHETIC AND ORTHOTIC PAYMENTS		
11 PART B DEDUCTIBLES BILLED TO MEDICARE PATIENTS (EXCLUDE COINSURANCE)		
12 SUBTOTAL	404,367	387,203
13 EXCESS REASONABLE COST		
14 SUBTOTAL	404,367	387,203
15 COINSURANCE BILLED TO PROGRAM PATIENTS		
16 NET COST	404,367	387,203
17 REIMBURSABLE BAD DEBTS		
17.01 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)		
18 TOTAL COSTS - CURRENT COST REPORTING PERIOD	404,367	387,203
19 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS		
20 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM AGENCIES' TERMINATION OR DECREASE IN MEDICARE UTILIZATION		
21 OTHER ADJUSTMENTS (SPECIFY)		
22 SUBTOTAL	404,367	387,203
23 SEQUESTRATION ADJUSTMENT		
24 SUBTOTAL	404,367	387,203
25 INTERIM PAYMENTS	404,367	387,203
25.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
26 BALANCE DUE PROVIDER/PROGRAM		
27 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11 SECTION 115.2		

TITLE XVIII HHA 1

DESCRIPTION	P A R T A		P A R T B	
	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		404,367		387,203
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.		NONE		NONE
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
ADJUSTMENTS TO PROVIDER .01				
ADJUSTMENTS TO PROVIDER .02				
ADJUSTMENTS TO PROVIDER .03				
ADJUSTMENTS TO PROVIDER .04				
ADJUSTMENTS TO PROVIDER .05				
ADJUSTMENTS TO PROGRAM .50				
ADJUSTMENTS TO PROGRAM .51				
ADJUSTMENTS TO PROGRAM .52				
ADJUSTMENTS TO PROGRAM .53				
ADJUSTMENTS TO PROGRAM .54				
SUBTOTAL .99		NONE		NONE
4 TOTAL INTERIM PAYMENTS		404,367		387,203
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: 00000

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 XIX HOSPITAL

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

TITLE XIX SUBPROVIDER 1

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