

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	15-3028	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	
						00 - # OF REOPENINGS	I	

ELECTRONICALLY FILED COST REPORT DATE: 5/28/2008 TIME 12:33

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: REHABILITATION HOSPITAL OF INDIANA 15-3028 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		TITLE XVII		TITLE XIX
	1	A 2	B 3	4	
1					
100	HOSPITAL TOTAL	0	558,668	3,585	0
		0	558,668	3,585	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: 4141 SHORE DRIVE P.O. BOX:  
 1.01 CITY: INDIANAPOLIS STATE: IN ZIP CODE: 46254- COUNTY: MARION

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	REHABILITATION HOSPITAL OF INDIANA	15-3028	2.01	1/7/1992	V XVIII XIX N P 0

17 COST REPORTING PERIOD (MM/DD/YYYY) FROM: 1/1/2007 TO: 12/31/2007

18 TYPE OF CONTROL 4 2

TYPE OF HOSPITAL/SUBPROVIDER

19 HOSPITAL 5  
 20 SUBPROVIDER

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. 1 N 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 1

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

21.06 DOES THIS HOSPITAL QUALIFY FOR THE 3-YEAR TRANSITION OF HOLD HARMLESS PAYMENTS FOR SMALL RURAL HOSPITAL UNDER THE PROSPECTIVE PAYMENT SYSTEM FOR HOSPITAL OUTPATIENT SERVICES UNDER DRA 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? Y

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

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

25.03 AS A TEACHING HOSPITAL, DID YOU ELECT COST REIMBURSEMENT FOR PHYSICIANS' SERVICES AS DEFINED IN CMS PUB. 15-1, 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) N N

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

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

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

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

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

		1	2	3	4
28	IF THIS FACILITY CONTAINS A HOSPITAL-BASED SNF, ARE ALL PATIENTS UNDER MANAGED CARE OR THERE WERE NO MEDICARE UTILIZATION ENTER "Y". IF "N" COMPLETE LINES 28.01 AND 28.02				
28.01	IF HOSPITAL BASED SNF, ENTER APPROPRIATE TRANSITION PERIOD 1, 2, 3, OR 100 IN COLUMN 1. ENTER IN COLUMNS 2 AND 3 THE WAGE INDEX ADJUSTMENT FACTOR BEFORE AND ON OR AFTER THE OCTOBER 1ST (SEE INSTRUCTIONS)				
28.02	ENTER IN COLUMN 1 THE HOSPITAL BASED SNF FACILITY SPECIFIC RATE(FROM YOUR FISCAL INTERMEDIARY) IF YOU HAVE NOT TRANSITIONED TO 100% PPS SNF PPS PAYMENT. IN COLUMN 2 ENTER THE FACILITY CLASSIFICATION URBAN(1) OR RURAL (2). IN COLUMN 3 ENTER THE SNF MSA CODE OR TWO CHARACTER STATE CODE IF A RURAL BASED FACILITY. IN COLUMN 4, ENTER THE SNF CBSA CODE OR TWO CHARACTER CODE IF RURAL BASED FACILITY	0	0.0000	0.0000	
	A NOTICE PUBLISHED IN THE "FEDERAL REGISTER" VOL. 68, NO. 149 AUGUST 4, 2003 PROVIDED FOR AN INCREASE IN THE RUG PAYMENTS BEGINNING 10/01/2003. CONGRESS EXPECTED THIS INCREASE TO BE USED FOR DIRECT PATIENT CARE AND RELATED EXPENSES. ENTER IN COLUMN 1 THE PERCENTAGE OF TOTAL EXPENSES FOR EACH CATEGORY TO TOTAL SNF REVENUE FROM WORKSHEET G-2, PART I, LINE 6, COLUMN 3. INDICATE IN COLUMN 2 "Y" FOR YES OR "N" FOR NO IF THE SPENDING REFLECTS INCREASES ASSOCIATED WITH DIRECT PATIENT CARE AND RELATED EXPENSES FOR EACH CATEGORY. (SEE INSTR)		%	Y/N	
28.03	STAFFING	0.00%			
28.04	RECRUITMENT	0.00%			
28.05	RETENTION	0.00%			
28.06	TRAINING	0.00%			
29	IS THIS A RURAL HOSPITAL WITH A CERTIFIED SNF WHICH HAS FEWER THAN 50 BEDS IN THE AGGREGATE FOR BOTH COMPONENTS, USING THE SWING BED OPTIONAL METHOD OF REIMBURSEMENT?	N			
30	DOES THIS HOSPITAL QUALIFY AS A RURAL PRIMARY CARE HOSPITAL (RPCH)/CRITICAL ACCESS HOSPITAL(CAH)? (SEE 42 CFR 485.606ff)	N			
30.01	IF SO, IS THIS THE INITIAL 12 MONTH PERIOD FOR THE FACILITY OPERATED AS AN RPCH/CAH? SEE 42 CFR 413.70				
30.02	IF THIS FACILITY QUALIFIES AS AN RPCH/CAH, HAS IT ELECTED THE ALL-INCLUSIVE METHOD OF PAYMENT FOR OUTPATIENT SERVICES? (SEE INSTRUCTIONS)				
30.03	IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIBIBLE FOR COST REIMBURSEMENT FOR AMBULANCE SERVICES? IF YES, ENTER IN COLUMN 2 THE DATE OF ELIGIBILITY DETERMINATION (DATE MUST BE ON OR AFTER 12/21/2000).				
30.04	IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIBIBLE FOR COST REIMBURSEMENT FOR I&R TRAINING PROGRAMS? ENTER "Y" FOR YES AND "N" FOR NO. IF YES, THE GME ELIMINATION WOULD NOT BE ON WORKSHEET B, PART I, COLUMN 26 AND THE PROGRAM WOULD BE COST REIMBURSED. IF YES COMPLETE WORKSHEET D-2, PART II				
31	IS THIS A RURAL HOSPITAL QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).	N			
31.01	IS THIS A RURAL SUBPROVIDER 1 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).	N			
31.02	IS THIS A RURAL SUBPROVIDER 2 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).	N			
31.03	IS THIS A RURAL SUBPROVIDER 3 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).	N			
31.04	IS THIS A RURAL SUBPROVIDER 4 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).				
31.05	IS THIS A RURAL SUBPROVIDER 5 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).				
	MISCELLANEOUS COST REPORT INFORMATION				
32	IS THIS AN ALL-INCLUSIVE PROVIDER? IF YES, ENTER THE METHOD USED (A, B, OR E ONLY) COL 2.	N			
33	IS THIS A NEW HOSPITAL UNDER 42 CFR 412.300 PPS CAPITAL? ENTER "Y" FOR YES AND "N" FOR NO IN COLUMN 1. IF YES, FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 2002, DO YOU ELECT TO BE REIMBURSED AT 100% FEDERAL CAPITAL PAYMENT? ENTER "Y" FOR YES AND "N" FOR NO IN COLUMN 2	N			
34	IS THIS A NEW HOSPITAL UNDER 42 CFR 413.40 (f)(1)(i) TEFRA?	N			
35	HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?	N			
35.01	HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?	N			
35.02	HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?	N			
35.03	HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?	N			
35.04	HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?	N			
	PROSPECTIVE PAYMENT SYSTEM (PPS)-CAPITAL	V	XVIII	XIX	
36	DO YOU ELECT FULLY PROSPECTIVE PAYMENT METHODOLOGY FOR CAPITAL COSTS? (SEE INSTRUCTIONS)	1	2	3	
36.01	DOES YOUR FACILITY QUALIFY AND RECEIVE PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE WITH 42 CFR 412.320? (SEE INSTRUCTIONS)	N	Y	N	
37	DO YOU ELECT HOLD HARMLESS PAYMENT METHODOLOGY FOR CAPITAL COSTS? (SEE INSTRUCTIONS)	N	Y	N	
37.01	IF YOU ARE A HOLD HARMLESS PROVIDER, ARE YOU FILING ON THE BASIS OF 100% OF THE FED RATE?	N	N	N	

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

40 ARE THERE ANY RELATED ORGANIZATION OR HOME OFFICE COSTS AS DEFINED IN CMS PUB 15-I, CHAP 10?  
 IF YES, AND THERE ARE HOME OFFICE COSTS, ENTER IN COL 2 THE HOME OFFICE PROVIDER NUMBER.  
 IF THIS FACILITY IS PART OF A CHAIN ORGANIZATION ENTER THE NAME AND ADDRESS OF THE HOME OFFICE Y  
 40.01 NAME: FI/CONTRACTOR NAME FI/CONTRACTOR #  
 40.02 STREET: P. O. BOX:  
 40.03 CITY: STATE: ZIP CODE:  
 41 ARE PROVIDER BASED PHYSICIANS' COSTS INCLUDED IN WORKSHEET A? N  
 42 ARE PHYSICAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N  
 42.01 ARE OCCUPATIONAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N  
 42.02 ARE SPEECH PATHOLOGY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N  
 43 ARE RESPIRATORY THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N  
 44 IF YOU ARE CLAIMING COST FOR RENAL SERVICES ON WORKSHEET A, ARE THEY INPATIENT SERVICES ONLY? N  
 45 HAVE YOU CHANGED YOUR COST ALLOCATION METHODOLOGY FROM THE PREVIOUSLY FILED COST REPORT? N 00/00/0000  
 SEE CMS PUB. 15-II, SECTION 3617. IF YES, ENTER THE APPROVAL DATE IN COLUMN 2.  
 45.01 WAS THERE A CHANGE IN THE STATISTICAL BASIS? N  
 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 1	PART B 2	OUTPATIENT ASC 3	OUTPATIENT RADIOLOGY 4	OUTPATIENT DIAGNOSTIC 5
47.00 HOSPITAL	N	N	N	N	N

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

53.01 MDH PERIOD: BEGINNING: / / ENDING: / /  
 54 LIST AMOUNTS OF MALPRACTICE PREMIUMS AND PAID LOSSES:  
 PREMIUMS: 0  
 PAID LOSSES: 0  
 AND/OR SELF INSURANCE: 0

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

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

57 ARE YOU CLAIMING NURSING AND ALLIED HEALTH COSTS? N  
 58 ARE YOU AN INPATIENT REHABILITATION FACILITY (IRF), OR DO YOU CONTAIN AN IRF SUBPROVIDER? ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES HAVE YOU MADE THE ELECTION FOR 100% FEDERAL PPS REIMBURSEMENT? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. THIS OPTION IS ONLY AVAILABLE FOR COST REPORTING PERIODS BEGINNING ON OR AFTER 1/1/2002 AND BEFORE 10/1/2002. Y

58.01 IF LINE 58 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER "Y" FOR YES OR "N" FOR NO. IS THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR SEC. 412.424(d)(1)(iii)(2)? ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO. IF COLUMN 2 IS Y, ENTER 1, 2 OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS). IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5. (SEE INSTR). Y N 0

59 ARE YOU A LONG TERM CARE HOSPITAL (LTCH)? ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES, HAVE YOU MADE THE ELECTION FOR 100% FEDERAL PPS REIMBURSEMENT? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. (SEE INSTRUCTIONS) N

60 ARE YOU AN INPATIENT PSYCHIATRIC FACILITY (IPF), OR DO YOU CONTAIN AN IPF SUBPROVIDER? ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES, IS THE IPF OR IPF SUBPROVIDER A NEW FACILITY? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. (SEE INSTRUCTIONS) N

60.01 IF LINE 60 COLUMN 1 IS Y, 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 N/A 2.01	TITLE V 3	I/P DAYS / TITLE XVIII 4	O/P VISITS / NOT LTCH N/A 4.01	TRIPS TOTAL TITLE XIX 5
1 ADULTS & PEDIATRICS	90	32,850			12,702		3,928
2 HMO							
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS	90	32,850			12,702		3,928
6 INTENSIVE CARE UNIT							
7 CORONARY CARE UNIT							
8 BURN INTENSIVE CARE UNIT							
9 SURGICAL INTENSIVE CARE UNIT							
11 NURSERY							
12 TOTAL	90	32,850			12,702		3,928
13 RPCH VISITS							
14 SUBPROVIDER							
15 SKILLED NURSING FACILITY							
16 NURSING FACILITY							
16 01 ICF/MR							
17 OTHER LONG TERM CARE							
18 HOME HEALTH AGENCY							
20 AMBULATORY SURGICAL CENTER (							
21 HOSPICE							
23 CORF							
25 TOTAL	90						
26 OBSERVATION BED DAYS							
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							

COMPONENT	TITLE XIX ADMITTED 5.01	I/P DAYS / OBSERVATION BEDS NOT ADMITTED 5.02	O/P VISITS TOTAL ALL PATS 6	TRIPS TOTAL ADMITTED 6.01	OBSERVATION BEDS NOT ADMITTED 6.02	INTERNS & RES. TOTAL 7	FTES LESS I&R REPL NON-PHYS ANES 8
1 ADULTS & PEDIATRICS			26,083				
2 HMO							
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS			26,083				
6 INTENSIVE CARE UNIT							
7 CORONARY CARE UNIT							
8 BURN INTENSIVE CARE UNIT							
9 SURGICAL INTENSIVE CARE UNIT							
11 NURSERY							
12 TOTAL			26,083			3.08	
13 RPCH VISITS							
14 SUBPROVIDER							
15 SKILLED NURSING FACILITY							
16 NURSING FACILITY							
16 01 ICF/MR							
17 OTHER LONG TERM CARE							
18 HOME HEALTH AGENCY							
20 AMBULATORY SURGICAL CENTER (							
21 HOSPICE							
23 CORF							
25 TOTAL						3.08	
26 OBSERVATION BED DAYS							
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 XVIII 13	TITLE XIX 14	TOTAL ALL PATIENTS 15
1 ADULTS & PEDIATRICS					954	173	1,766
2 HMO							
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS							
6 INTENSIVE CARE UNIT							
7 CORONARY CARE UNIT							
8 BURN INTENSIVE CARE UNIT							
9 SURGICAL INTENSIVE CARE UNIT							
11 NURSERY							
12 TOTAL	3.08	279.84			954	173	1,766
13 RPCH VISITS							
14 SUBPROVIDER							
15 SKILLED NURSING FACILITY							
16 NURSING FACILITY							
16 01 ICF/MR							
17 OTHER LONG TERM CARE							
18 HOME HEALTH AGENCY							
20 AMBULATORY SURGICAL CENTER (							
21 HOSPICE							
23 CORF							
25 TOTAL	3.08	279.84					
26 OBSERVATION BED DAYS							
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							

COMPONENT	I & R FTES	--- FULL TIME	EQUIV ---	-----	DISCHARGES	-----	TOTAL ALL
	NET	EMPLOYEES ON PAYROLL	NONPAID WORKERS	TITLE V	TITLE XVIII	TITLE XIX	PATIENTS
28 01 EMP DISCOUNT DAYS -IRF	9	10	11	12	13	14	15

	COST CENTER	COST CENTER DESCRIPTION	SALARIES 1	OTHER 2	TOTAL 3	RECLASS- IFICATIONS 4	RECLASSIFIED TRIAL BALANCE 5
		GENERAL SERVICE COST CNTR					
1	0100	OLD CAP REL COSTS- BLDG & FIXT					
2	0200	OLD CAP REL COSTS- MVBLE EQUIP					
3	0300	NEW CAP REL COSTS- BLDG & FIXT		1,204,311	1,204,311		1,204,311
4	0400	NEW CAP REL COSTS- MVBLE EQUIP		325,487	325,487		325,487
5	0500	EMPLOYEE BENEFITS	232,919	5,101,397	5,334,316		5,334,316
6	0600	ADMINISTRATIVE & GENERAL	1,657,685	2,921,075	4,578,760	-431,289	4,147,471
7	0700	MAINTENANCE & REPAIRS					
8	0800	OPERATION OF PLANT	337,261	821,219	1,158,480		1,158,480
9	0900	LAUNDRY & LINEN SERVICE		148,021	148,021		148,021
10	1000	HOUSEKEEPING	234,842	102,650	337,492		337,492
11	1100	DIETARY	56,601	772,402	829,003	-266,856	562,147
12	1200	CAFETERIA				266,856	266,856
13	1300	MAINTENANCE OF PERSONNEL					
14	1400	NURSING ADMINISTRATION	830,627	34,341	864,968	65,334	930,302
15	1500	CENTRAL SERVICES & SUPPLY	46,113	241,833	287,946		287,946
16	1600	PHARMACY	356,001	344,659	700,660		700,660
17	1700	MEDICAL RECORDS & LIBRARY	138,341	106,184	244,525		244,525
18	1800	SOCIAL SERVICE	367,078	2,223	369,301		369,301
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				180,821	180,821
		INPAT ROUTINE SRVC CNTRS					
25	2500	ADULTS & PEDIATRICS	6,350,179	1,239,141	7,589,320		7,589,320
26	2600	INTENSIVE CARE UNIT					
27	2700	CORONARY CARE UNIT					
28	2800	BURN INTENSIVE CARE UNIT					
29	2900	SURGICAL INTENSIVE CARE UNIT					
31	3100	SUBPROVIDER					
33	3300	NURSERY					
34	3400	SKILLED NURSING FACILITY					
35	3500	NURSING FACILITY					
35.01	3510	ICF/MR					
36	3600	OTHER LONG TERM CARE					
		ANCILLARY SRVC COST CNTRS					
37	3700	OPERATING ROOM					
38	3800	RECOVERY ROOM					
39	3900	DELIVERY ROOM & LABOR ROOM					
40	4000	ANESTHESIOLOGY					
41	4100	RADIOLOGY- DIAGNOSTIC	49,687	69,495	119,182		119,182
42	4200	RADIOLOGY- THERAPEUTIC					
43	4300	RADIOISOTOPE					
44	4400	LABORATORY		551,178	551,178		551,178
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	221,373	156,264	377,637		377,637
50	5000	PHYSICAL THERAPY	1,651,959	671,815	2,323,774	245,968	2,569,742
51	5100	OCCUPATIONAL THERAPY	1,084,493	33,770	1,118,263	255,059	1,373,322
52	5200	SPEECH PATHOLOGY	396,674	144,002	540,676	173,278	713,954
53	5300	ELECTROCARDIOLOGY					
54	5400	ELECTROENCEPHALOGRAPHY					
55	5500	MEDICAL SUPPLIES CHARGED TO PATIENTS		260,784	260,784		260,784
56	5600	DRUGS CHARGED TO PATIENTS		1,033,593	1,033,593		1,033,593
57	5700	RENAL DIALYSIS					
58	5800	ASC (NON-DISTINCT PART)					
59	0000	PSYCHOLOGY	445,838	21,392	467,230		467,230
		OUTPAT SERVICE COST CNTRS					
60	6000	CLINIC	304,924	235,533	540,457		540,457
60.01	6001	SLEEP CENTER	258,621	26,958	285,579		285,579
61	6100	EMERGENCY					
62	6200	OBSERVATION BEDS (NON-DISTINCT PART)					
		OTHER REIMBURS COST CNTRS					
64	6400	HOME PROGRAM DIALYSIS					
65	6500	AMBULANCE SERVICES					
66	6600	DURABLE MEDICAL EQUIP- RENTED					
67	6700	DURABLE MEDICAL EQUIP- SOLD					
69	6900	CORF	477,954	196,351	674,305	-674,305	
70	7000	I&R SERVICES- NOT APPRVD PRGM					
71	7100	HOME HEALTH AGENCY					
		SPEC PURPOSE COST CENTERS					
82	8200	LUNG ACQUISITION					
83	8300	KIDNEY ACQUISITION					
84	8400	LIVER ACQUISITION					
85	8500	HEART ACQUISITION					
85.01	8510	PANCREAS ACQUISITION					
88	8800	INTEREST EXPENSE					
89	8900	UTILIZATION REVIEW- SNF					
90	9000	OTHER CAPITAL RELATED COSTS					
92	9200	AMBULATORY SURGICAL CENTER (D. P.)					
93	9300	HOSPICE					
95		SUBTOTALS	15,499,170	16,766,078	32,265,248	-185,134	32,080,114
		NONREIMBURS COST CENTERS					
96	9600	GIFT, FLOWER, COFFEE SHOP & CANTEEN		9,535	9,535		9,535
97	9700	RESEARCH	23,488	1,823	25,311		25,311
98	9800	PHYSICIANS' PRIVATE OFFICES	154,682	564,876	719,558	-8,822	710,736
99	9900	NONPAID WORKERS					
100	7950	FOUNDATION	161	-4,962	-4,801		-4,801
100.01	7951	PUBLIC RELATIONS				193,956	193,956
101		TOTAL	15,677,501	17,337,350	33,014,851	-0-	33,014,851

COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS	NET EXPENSES FOR ALLOC
		6	7
	GENERAL SERVICE COST CNTR		
1	0100 OLD CAP REL COSTS- BLDG & FIXT		
2	0200 OLD CAP REL COSTS- MVBLE EQUIP		
3	0300 NEW CAP REL COSTS- BLDG & FIXT	- 155, 921	1, 048, 390
4	0400 NEW CAP REL COSTS- MVBLE EQUIP		325, 487
5	0500 EMPLOYEE BENEFITS		5, 334, 316
6	0600 ADMINISTRATIVE & GENERAL	- 97, 707	4, 049, 764
7	0700 MAINTENANCE & REPAIRS		
8	0800 OPERATION OF PLANT	- 22, 096	1, 136, 384
9	0900 LAUNDRY & LINEN SERVICE		148, 021
10	1000 HOUSEKEEPING		337, 492
11	1100 DIETARY		562, 147
12	1200 CAFETERIA	- 90, 748	176, 108
13	1300 MAINTENANCE OF PERSONNEL		
14	1400 NURSING ADMINISTRATION		930, 302
15	1500 CENTRAL SERVICES & SUPPLY		287, 946
16	1600 PHARMACY	- 4, 134	696, 526
17	1700 MEDICAL RECORDS & LIBRARY	- 1, 273	243, 252
18	1800 SOCIAL SERVICE		369, 301
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		180, 821
	INPAT ROUTINE SRVC CNTRS		
25	2500 ADULTS & PEDIATRICS	- 3, 600	7, 585, 720
26	2600 INTENSIVE CARE UNIT		
27	2700 CORONARY CARE UNIT		
28	2800 BURN INTENSIVE CARE UNIT		
29	2900 SURGICAL INTENSIVE CARE UNIT		
31	3100 SUBPROVIDER		
33	3300 NURSERY		
34	3400 SKILLED NURSING FACILITY		
35	3500 NURSING FACILITY		
35.01	3510 ICF/MR		
36	3600 OTHER LONG TERM CARE		
	ANCILLARY SRVC COST CNTRS		
37	3700 OPERATING ROOM		
38	3800 RECOVERY ROOM		
39	3900 DELIVERY ROOM & LABOR ROOM		
40	4000 ANESTHESIOLOGY		
41	4100 RADIOLOGY- DIAGNOSTIC		119, 182
42	4200 RADIOLOGY- THERAPEUTIC		
43	4300 RADIOISOTOPE		
44	4400 LABORATORY	- 82, 640	468, 538
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		377, 637
50	5000 PHYSICAL THERAPY		2, 569, 742
51	5100 OCCUPATIONAL THERAPY		1, 373, 322
52	5200 SPEECH PATHOLOGY		713, 954
53	5300 ELECTROCARDIOLOGY		
54	5400 ELECTROENCEPHALOGRAPHY		
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS		260, 784
56	5600 DRUGS CHARGED TO PATIENTS		1, 033, 593
57	5700 RENAL DIALYSIS		
58	5800 ASC (NON-DISTINCT PART)		
59	0000 PSYCHOLOGY		467, 230
	OUTPAT SERVICE COST CNTRS		
60	6000 CLINIC		540, 457
60.01	6001 SLEEP CENTER		285, 579
61	6100 EMERGENCY		
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)		
	OTHER REIMBURS COST CNTRS		
64	6400 HOME PROGRAM DIALYSIS		
65	6500 AMBULANCE SERVICES		
66	6600 DURABLE MEDICAL EQUIP- RENTED		
67	6700 DURABLE MEDICAL EQUIP- SOLD		
69	6900 CORF		
70	7000 I&R SERVICES- NOT APPRVD PRGM		
71	7100 HOME HEALTH AGENCY		
	SPEC PURPOSE COST CENTERS		
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	- 458, 119	31, 621, 995
	NONREIMBURS COST CENTERS		
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN		9, 535
97	9700 RESEARCH		25, 311
98	9800 PHYSICIANS' PRIVATE OFFICES		710, 736
99	9900 NONPAID WORKERS		
100	7950 FOUNDATION	555, 008	550, 207
100.01	7951 PUBLIC RELATIONS		193, 956
101	TOTAL	96, 889	33, 111, 740

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	PSYCHOLOGY	0000	
	OUTPAT SERVICE COST		
60	CLINIC	6000	
60.01	SLEEP CENTER	6001	CLINIC
61	EMERGENCY	6100	
62	OBSERVATION BEDS (NON-DISTINCT PART)	6200	
	OTHER REIMBURS COST		
64	HOME PROGRAM DIALYSIS	6400	
65	AMBULANCE SERVICES	6500	
66	DURABLE MEDICAL EQUIP- RENTED	6600	
67	DURABLE MEDICAL EQUIP- SOLD	6700	
69	CORF	6900	
70	I&R SERVICES-NOT APPRVD PRGM	7000	
71	HOME HEALTH AGENCY	7100	
	SPEC PURPOSE COST CE		
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	FOUNDATION	7950	OTHER NONREIMBURSABLE COST CENTERS
100.01	PUBLIC RELATIONS	7951	OTHER NONREIMBURSABLE COST CENTERS
101	TOTAL	0000	



EXPLANATION OF RECLASSIFICATION	CODE		DECREASE			A-7 REF 10
	(1)	COST CENTER	LINE NO	SALARY	OTHER	
	1	6	7	8	9	
1 CAFETERIA	A	DIETARY	11	18,220	248,636	
2 DIRECTOR OF NURSING	B	ADMINISTRATIVE & GENERAL	6	65,334		
3 PUBLIC RELATIONS	C	ADMINISTRATIVE & GENERAL	6	51,870		
4 NURSE LIASON	D	ADMINISTRATIVE & GENERAL	6	142,086		
5 NCR (CORF)	E	CORF	69	477,954	196,351	
6						
7						
8 INTERNS & RESIDENTS EXPENSE	F	ADMINISTRATIVE & GENERAL	6		171,999	
9 INTERNS & RESIDENTS MEAL EXPENSE	G	PHYSICIANS' PRIVATE OFFICES	98		8,822	
36 TOTAL RECLASSIFICATIONS				755,464	625,808	

(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 : CAFETERIA

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	CAFETERIA	12	266,856
TOTAL RECLASSIFICATIONS FOR CODE A			266,856

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
DIETARY	11	266,856	
		266,856	

RECLASS CODE: B  
 EXPLANATION : DIRECTOR OF NURSING

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	NURSING ADMINISTRATION	14	65,334
TOTAL RECLASSIFICATIONS FOR CODE B			65,334

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
ADMINISTRATIVE & GENERAL	6	65,334	
		65,334	

RECLASS CODE: C  
 EXPLANATION : PUBLIC RELATIONS

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	PUBLIC RELATIONS	100.01	51,870
TOTAL RECLASSIFICATIONS FOR CODE C			51,870

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
ADMINISTRATIVE & GENERAL	6	51,870	
		51,870	

RECLASS CODE: D  
 EXPLANATION : NURSE LIASON

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	PUBLIC RELATIONS	100.01	142,086
TOTAL RECLASSIFICATIONS FOR CODE D			142,086

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
ADMINISTRATIVE & GENERAL	6	142,086	
		142,086	

RECLASS CODE: E  
 EXPLANATION : NCR (CORF)

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	PHYSICAL THERAPY	50	245,968
2.00	OCCUPATIONAL THERAPY	51	255,059
3.00	SPEECH PATHOLOGY	52	173,278
TOTAL RECLASSIFICATIONS FOR CODE E			674,305

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
CORF	69	674,305	
		0	
		0	
		674,305	

RECLASS CODE: F  
 EXPLANATION : INTERNS & RESIDENTS EXPENSE

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	I&R SERVICES-OTHER PRGM COSTS	23	171,999
TOTAL RECLASSIFICATIONS FOR CODE F			171,999

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
ADMINISTRATIVE & GENERAL	6	171,999	
		171,999	

RECLASS CODE: G  
 EXPLANATION : INTERNS & RESIDENTS MEAL EXPENSE

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	I&R SERVICES-OTHER PRGM COSTS	23	8,822
TOTAL RECLASSIFICATIONS FOR CODE G			8,822

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
PHYSICIANS' PRIVATE OFFICES	98	8,822	
		8,822	

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	2,560,228					40,318	2,519,910	
2	LAND IMPROVEMENTS	130,296	6,897		6,897			137,193	
3	BUILDINGS & FIXTURE	13,220,927	440,777		440,777			13,661,704	
4	BUILDING IMPROVEMEN	80,626					11,382	69,244	
5	FIXED EQUIPMENT	2,302,932					145,269	2,157,663	
6	MOVABLE EQUIPMENT	7,509,792					8,449	7,501,343	
7	SUBTOTAL	25,804,801	447,674		447,674		205,418	26,047,057	
8	RECONCILING ITEMS								
9	TOTAL	25,804,801	447,674		447,674		205,418	26,047,057	

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	16,388,051		16,388,051	.629171			
	NEW CAP REL COSTS-MV	9,659,006		9,659,006	.370829			
	TOTAL	26,047,057		26,047,057	1.000000			

* 1 2 3 4 5	DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL						TOTAL (1) 15
		DEPRECIATION 9	LEASE 10	INTEREST 11	INSURANCE 12	TAXES 13	OTHER CAPITAL RELATED COST 14	
	OLD CAP REL COSTS-BL							
	OLD CAP REL COSTS-MV							
	NEW CAP REL COSTS-BL	1,048,390					1,048,390	
	NEW CAP REL COSTS-MV	325,487					325,487	
	TOTAL	1,373,877					1,373,877	

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						TOTAL (1) 15
		DEPRECIATION 9	LEASE 10	INTEREST 11	INSURANCE 12	TAXES 13	OTHER CAPITAL RELATED COST 14	
	OLD CAP REL COSTS-BL							
	OLD CAP REL COSTS-MV							
	NEW CAP REL COSTS-BL	1,204,311					1,204,311	
	NEW CAP REL COSTS-MV	325,487					325,487	
	TOTAL	1,529,798					1,529,798	

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

ADJUSTMENTS TO EXPENSES

DESCRIPTION (1)	(2) BASIS/CODE	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST. A-7 REF. 5
			COST CENTER	LINE NO	
1 INVST INCOME-OLD BLDGS AND FIXTURES			OLD CAP REL COSTS- BLDG &	1	
2 INVESTMENT INCOME-OLD MOVABLE EQUIP			OLD CAP REL COSTS-MVBLE E	2	
3 INVST INCOME-NEW BLDGS AND FIXTURES	B	-155,921	NEW CAP REL COSTS- BLDG &	3	9
4 INVESTMENT INCOME-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E	4	
5 INVESTMENT INCOME-OTHER					
6 TRADE QUANTITY AND TIME DISCOUNTS	B	-55	ADMINISTRATIVE & GENERAL	6	
7 REFUNDS AND REBATES OF EXPENSES					
8 RENTAL OF PROVIDER SPACE BY SUPPLIERS	B	-42,072	ADMINISTRATIVE & GENERAL	6	
9 TELEPHONE SERVICES	A	-36,042	ADMINISTRATIVE & GENERAL	6	
10 TELEVISION AND RADIO SERVICE	A	-17,758	OPERATION OF PLANT	8	
11 PARKING LOT					
12 PROVIDER BASED PHYSICIAN ADJUSTMENT	A-8-2				
13 SALE OF SCRAP, WASTE, ETC.					
14 RELATED ORGANIZATION TRANSACTIONS	A-8-1	-82,640			
15 LAUNDRY AND LINEN SERVICE					
16 CAFETERIA - EMPLOYEES AND GUESTS	B	-90,748	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	B	-4,134	PHARMACY	16	
20 SALE OF MEDICAL RECORDS & ABSTRACTS	B	-1,273	MEDICAL RECORDS & LIBRARY	17	
21 NURSG SCHOOL(TUITN, FEES, BOOKS, ETC.)					
22 VENDING MACHINES	B	-4,338	OPERATION OF PLANT	8	
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 LOGOMAN REVENUE	B	-4,072	ADMINISTRATIVE & GENERAL	6	
38 MISC PHYSICIAN REVENUE	B	-3,600	ADULTS & PEDIATRICS	25	
39 MISC REVENUE	B	-15,466	ADMINISTRATIVE & GENERAL	6	
40 RHI FOUNDATION	A	555,008	FOUNDATION	100	
41 OTHER ADJUSTMENTS (SPECIFY)					
42 OTHER ADJUSTMENTS (SPECIFY)					
43 OTHER ADJUSTMENTS (SPECIFY)					
44 OTHER ADJUSTMENTS (SPECIFY)					
45 OTHER ADJUSTMENTS (SPECIFY)					
46 OTHER ADJUSTMENTS (SPECIFY)					
47 OTHER ADJUSTMENTS (SPECIFY)					
48 OTHER ADJUSTMENTS (SPECIFY)					
49 OTHER ADJUSTMENTS (SPECIFY)					
50 TOTAL (SUM OF LINES 1 THRU 49)		96,889			

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

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

LINE NO.	COST CENTER	EXPENSE ITEMS	AMOUNT OF ALLOWABLE COST	AMOUNT	NET* ADJUSTMENTS	WKSHT A-7 COL. REF.
1	2	3	4	5	6	
1	44	LABORATORY	LABORATORY- CLARIAN	466, 219	548, 859	-82, 640
2	5	EMPLOYEE BENEFITS	OVERLAPS- CLARIAN	130, 799	130, 799	
3	6	ADMINISTRATIVE & GENERAL	PASTORAL CARE	19, 565	19, 565	
4	6	ADMINISTRATIVE & GENERAL	INSURANCE - CLARIAN	187, 978	187, 978	
4.01	6	ADMINISTRATIVE & GENERAL	LIBRARY - CLARIAN	3, 409	3, 409	
4.02	5	EMPLOYEE BENEFITS	OCCUPATIONAL HEALTH - CLA	53, 295	53, 295	
4.03	5	EMPLOYEE BENEFITS	OVERLAPS - ST V	50, 672	50, 672	
4.04	6	ADMINISTRATIVE & GENERAL	PASTORAL CARE - ST V	26, 280	26, 280	
5		TOTALS		938, 217	1, 020, 857	-82, 640

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

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

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

SYMBOL (1)	NAME	PERCENTAGE OF OWNERSHIP	RELATED ORGANIZATION(S) AND/OR HOME OFFICE NAME	PERCENTAGE OF OWNERSHIP	TYPE OF BUSINESS
1	2	3	4	5	6
1	B	50.00	CLARIAN HEALTH	0.00	
2	B	50.00	ST. VINCENT HEALTH	0.00	
3		0.00		0.00	
4		0.00		0.00	
5		0.00		0.00	

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

LINE NO.	COST CENTER DESCRIPTION	STATISTICS CODE	STATISTICS DESCRIPTION		
	GENERAL SERVICE COST				
1	OLD CAP REL COSTS-BLDG & FIXT	1	SQUARE	FEET	NOT ENTERED
2	OLD CAP REL COSTS-MVBLE EQUIP	2	DOLLAR	VALUE	NOT ENTERED
3	NEW CAP REL COSTS-BLDG & FIXT	3	SQUARE	FEET	ENTERED
4	NEW CAP REL COSTS-MVBLE EQUIP	3	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	3	SQUARE	FEET	ENTERED
9	LAUNDRY & LINEN SERVICE	8	POUNDS OF	LAUNDRY	ENTERED
10	HOUSEKEEPING	3	SQUARE	FEET	ENTERED
11	DIETARY	10	MEALS	SERVED	ENTERED
12	CAFETERIA	11	HOURS	PAID	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	PATIENT	DAYS	ENTERED
18	SOCIAL SERVICE	17	PATIENT	DAYS	ENTERED
20	NONPHYSICIAN ANESTHETISTS	18	ASSIGNED	TIME	NOT ENTERED
21	NURSING SCHOOL	19	ASSIGNED	TIME	NOT ENTERED
22	I&R SERVICES-SALARY & FRINGES APPRVD	20	ASSIGNED	TIME	ENTERED
23	I&R SERVICES-OTHER PRGM COSTS APPRVD	21	ASSIGNED	TIME	ENTERED

COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION	OLD CAP REL C OSTS-BLDG &	OLD CAP REL C OSTS-MVBLE E	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-MVBLE E	EMPLOYEE BENE FITS	SUBTOTAL
	0	1	2	3	4	5	5a.00
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &	1,048,390			1,048,390			
005 NEW CAP REL COSTS-MVBLE E	325,487				325,487		
006 EMPLOYEE BENEFITS	5,324,316			17,350	5,387	5,357,053	
007 ADMINISTRATIVE & GENERAL	4,049,764			52,767	16,382	527,810	4,646,723
008 MAINTENANCE & REPAIRS							
009 OPERATION OF PLANT	1,136,384			9,588	2,977	115,555	1,264,504
010 LAUNDRY & LINEN SERVICE	148,021						148,021
011 HOUSEKEEPING	337,492			8,987	2,790	80,463	429,732
012 DIETARY	562,147			54,962	17,064	13,150	647,323
013 CAFETERIA	176,108					6,243	182,351
014 MAINTENANCE OF PERSONNEL							
015 NURSING ADMINISTRATION	930,302			5,314	1,650	306,980	1,244,246
016 CENTRAL SERVICES & SUPPLY	287,946			9,160	2,844	15,800	315,750
017 PHARMACY	696,526			4,528	1,406	121,976	824,436
018 MEDICAL RECORDS & LIBRARY	243,252			12,083	3,751	47,399	306,485
019 SOCIAL SERVICE	369,301			3,211	997	125,771	499,280
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C	180,821			1,155	359		182,335
024 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRIC	7,585,720			429,554	133,361	2,175,741	10,324,376
026 INTENSIVE CARE UNIT							
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
030 SUBPROVIDER							
031 NURSERY							
032 SKILLED NURSING FACILITY							
033 NURSING FACILITY							
034 ICF/MR							
035 01 OTHER LONG TERM CARE							
036 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM							
038 RECOVERY ROOM							
039 DELIVERY ROOM & LABOR ROO							
040 ANESTHESIOLOGY							
041 RADIOLOGY-DIAGNOSTIC	119,182			6,065	1,883	17,024	144,154
042 RADIOLOGY-THERAPEUTIC							
043 RADIOISOTOPE							
044 LABORATORY	468,538			3,477	1,079		473,094
045 PBP CLINICAL LAB SERVICES							
046 WHOLE BLOOD & PACKED RED							
047 BLOOD STORING, PROCESSING							
048 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY	377,637			5,764	1,790	75,848	461,039
050 PHYSICAL THERAPY	2,569,742			186,071	57,768	625,741	3,439,322
051 OCCUPATIONAL THERAPY	1,373,322			128,892	40,016	433,520	1,975,750
052 SPEECH PATHOLOGY	713,954			23,842	7,402	177,993	923,191
053 ELECTROCARDIOLOGY							
054 ELECTROENCEPHALOGRAPHY							
055 MEDICAL SUPPLIES CHARGED	260,784						260,784
056 DRUGS CHARGED TO PATIENTS	1,033,593						1,033,593
057 RENAL DIALYSIS							
058 ASC (NON-DISTINCT PART)							
059 PSYCHOLOGY	467,230			9,461	2,937	152,756	632,384
060 OUTPAT SERVICE COST CNTRS							
060 01 CLINIC	540,457			34,054	10,572	104,475	689,558
061 SLEEP CENTER	285,579			34,654	10,759	88,611	419,603
062 EMERGENCY							
063 OBSERVATION BEDS (NON-DIS							
064 OTHER REIMBURS COST CNTRS							
065 HOME PROGRAM DIALYSIS							
066 AMBULANCE SERVICES							
067 DURABLE MEDICAL EQUIP-REN							
068 DURABLE MEDICAL EQUIP-SOL							
069 CORF							
070 I&R SERVICES-NOT APPRVD P							
071 HOME HEALTH AGENCY							
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	31,621,995			1,040,939	323,174	5,212,856	31,468,034
081 NONREIMBURS COST CENTERS							
082 GIFT, FLOWER, COFFEE SHOP	9,535						9,535
083 RESEARCH	25,311					8,048	33,359
084 PHYSICIANS' PRIVATE OFFIC	710,736			6,642	2,062	52,998	772,438
085 NONPAID WORKERS							
086 FOUNDATION	550,207			809	251	65,379	616,646
087 01 PUBLIC RELATIONS	193,956					17,772	211,728
088 CROSS FOOT ADJUSTMENT							
089 NEGATIVE COST CENTER							
090 TOTAL	33,111,740			1,048,390	325,487	5,357,053	33,111,740

COST ALLOCATION - GENERAL SERVICE COSTS

COST CENTER DESCRIPTION	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA
	6	7	8	9	10	11	12
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
007 ADMINISTRATIVE & GENERAL	4,646,723						
008 MAINTENANCE & REPAIRS							
009 OPERATION OF PLANT	206,421		1,470,925				
010 LAUNDRY & LINEN SERVICE	24,163			172,184			
011 HOUSEKEEPING	70,151		13,647		513,530		
012 DIETARY	105,671		83,458		29,410	865,862	
013 CAFETERIA	29,768						212,119
014 MAINTENANCE OF PERSONNEL							
015 NURSING ADMINISTRATION	203,114		8,069		2,843		11,827
016 CENTRAL SERVICES & SUPPLY	51,544		13,910		4,902		1,208
017 PHARMACY	134,583		6,876		2,423		3,849
018 MEDICAL RECORDS & LIBRARY	50,032		18,348		6,465		3,260
019 SOCIAL SERVICE	81,504		4,876		1,718		5,635
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C	29,765		1,754		618		
024 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	1,685,392		652,265	169,068	229,854	865,862	103,097
026 INTENSIVE CARE UNIT							
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
030 SUBPROVIDER							
031 NURSERY							
032 SKILLED NURSING FACILITY							
033 NURSING FACILITY							
034 ICF/MR							
035 OTHER LONG TERM CARE							
036 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM							
038 RECOVERY ROOM							
039 DELIVERY ROOM & LABOR ROO							
040 ANESTHESIOLOGY							
041 RADIOLOGY-DIAGNOSTIC	23,532		9,209		3,245		831
042 RADIOLOGY-THERAPEUTIC							
043 RADIOISOTOPE							
044 LABORATORY	77,229		5,280		1,861		
045 PBP CLINICAL LAB SERVICES							
046 WHOLE BLOOD & PACKED RED							
047 BLOOD STORING, PROCESSING							
048 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY	75,261		8,753		3,084		3,205
050 PHYSICAL THERAPY	561,445		282,545	3,116	99,566		29,573
051 OCCUPATIONAL THERAPY	322,527		195,719		68,969		20,177
052 SPEECH PATHOLOGY	150,704		36,204		12,758		8,067
053 ELECTROCARDIOLOGY							
054 ELECTROENCEPHALOGRAPHY							
055 MEDICAL SUPPLIES CHARGED	42,571						
056 DRUGS CHARGED TO PATIENTS	168,727						
057 RENAL DIALYSIS							
058 ASC (NON-DISTINCT PART)							
059 PSYCHOLOGY	103,232		14,366		5,062		5,372
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC	112,566		51,710		18,222		4,924
061 SLEEP CENTER	68,497		52,622		18,543		4,320
062 EMERGENCY							
063 OBSERVATION BEDS (NON-DIS							
064 OTHER REIMBURS COST CNTRS							
065 HOME PROGRAM DIALYSIS							
066 AMBULANCE SERVICES							
067 DURABLE MEDICAL EQUIP-REN							
068 DURABLE MEDICAL EQUIP-SOL							
069 CORF							
070 I&R SERVICES-NOT APPRVD P							
071 HOME HEALTH AGENCY							
072 LUNG ACQUISITION							
073 SPEC PURPOSE COST CENTERS							
074 KIDNEY ACQUISITION							
075 LIVER ACQUISITION							
076 HEART ACQUISITION							
077 PANCREAS ACQUISITION							
078 AMBULATORY SURGICAL CENTE							
079 HOSPICE							
080 SUBTOTALS	4,378,399		1,459,611	172,184	509,543	865,862	205,345
081 NONREIMBURS COST CENTERS							
082 GIFT, FLOWER, COFFEE SHOP	1,557						
083 RESEARCH	5,446						507
084 PHYSICIANS' PRIVATE OFFIC	126,095		10,086		3,554		3,238
085 NONPAID WORKERS							
086 FOUNDATION	100,663		1,228		433		2,564
087 PUBLIC RELATIONS	34,563						465
088 CROSS FOOT ADJUSTMENT							
089 NEGATIVE COST CENTER							
090 TOTAL	4,646,723		1,470,925	172,184	513,530	865,862	212,119

COST ALLOCATION - GENERAL SERVICE COSTS

COST CENTER DESCRIPTION	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS
	13	14	15	16	17	18	20
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		1,470,099					
016 CENTRAL SERVICES & SUPPLY			387,314				
017 PHARMACY		49,532	216,061	1,237,760			
018 MEDICAL RECORDS & LIBRARY		41,947	88		426,625		
019 SOCIAL SERVICE						593,013	
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		1,326,693	114,447		426,625	593,013	
027 INTENSIVE CARE UNIT							
028 CORONARY CARE UNIT							
029 BURN INTENSIVE CARE UNIT							
030 SURGICAL INTENSIVE CARE U							
031 SUBPROVIDER							
033 NURSERY							
034 SKILLED NURSING FACILITY							
035 NURSING FACILITY							
035 01 ICF/MR							
036 OTHER LONG TERM CARE							
037 ANCILLARY SRVC COST CNTRS							
038 OPERATING ROOM							
039 RECOVERY ROOM							
040 DELIVERY ROOM & LABOR ROO							
041 ANESTHESIOLOGY							
042 RADIOLOGY-DIAGNOSTIC		10,688					
043 RADIOLOGY-THERAPEUTIC							
044 RADIOISOTOPE							
045 LABORATORY			50				
046 PBP CLINICAL LAB SERVICES							
047 WHOLE BLOOD & PACKED RED							
048 BLOOD STORING, PROCESSING							
049 INTRAVENOUS THERAPY							
050 RESPIRATORY THERAPY		41,239	7,659				
051 PHYSICAL THERAPY			7,579				
052 OCCUPATIONAL THERAPY			4,374				
053 SPEECH PATHOLOGY			222				
054 ELECTROCARDIOLOGY							
055 ELECTROENCEPHALOGRAPHY							
056 MEDICAL SUPPLIES CHARGED							
057 DRUGS CHARGED TO PATIENTS				1,237,760			
058 RENAL DIALYSIS							
059 PSYCH (NON-DISTINCT PART)							
060 PSYCHOLOGY			7,853				
060 01 OUTPAT SERVICE COST CNTRS							
061 CLINIC			22,150				
062 SLEEP CENTER			3,868				
063 EMERGENCY							
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							
082 LUNG ACQUISITION							
083 SPEC PURPOSE COST CENTERS							
084 KIDNEY ACQUISITION							
085 LIVER ACQUISITION							
086 HEART ACQUISITION							
087 01 PANCREAS ACQUISITION							
088 AMBULATORY SURGICAL CENTE							
089 HOSPICE							
090 SUBTOTALS		1,470,099	384,351	1,237,760	426,625	593,013	
091 NONREIMBURS COST CENTERS							
092 GIFT, FLOWER, COFFEE SHOP							
093 RESEARCH							
094 PHYSICIANS' PRIVATE OFFIC			34				
095 NONPAID WORKERS							
100 FOUNDATION			2,929				
100 01 PUBLIC RELATIONS							
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL		1,470,099	387,314	1,237,760	426,625	593,013	

COST CENTER DESCRIPTION	NURSING SCHOOL	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			214,472			
023 I&R SERVICES-OTHER PRGM C				214,472		
025 INPAT ROUTINE SRVC CNTRS						
026 ADULTS & PEDIATRIC			214,472	16,705,164	-214,472	16,490,692
027 INTENSIVE CARE UNIT						
028 CORONARY CARE UNIT						
029 BURN INTENSIVE CARE UNIT						
030 SURGICAL INTENSIVE CARE U						
031 SUBPROVIDER						
032 NURSEY						
033 SKILLED NURSING FACILITY						
034 NURSING FACILITY						
035 ICF/MR						
036 OTHER LONG TERM CARE						
037 ANCILLARY SRVC COST CNTRS						
038 OPERATING ROOM						
039 RECOVERY ROOM						
040 DELIVERY ROOM & LABOR ROO						
041 ANESTHESIOLOGY						
042 RADIOLOGY-DIAGNOSTIC				191,659		191,659
043 RADIOLOGY-THERAPEUTIC						
044 RADIOISOTOPE						
045 LABORATORY				557,514		557,514
046 PBP CLINICAL LAB SERVICES						
047 WHOLE BLOOD & PACKED RED						
048 BLOOD STORING, PROCESSING						
049 INTRAVENOUS THERAPY						
050 RESPIRATORY THERAPY				600,240		600,240
051 PHYSICAL THERAPY				4,423,146		4,423,146
052 OCCUPATIONAL THERAPY				2,587,516		2,587,516
053 SPEECH PATHOLOGY				1,131,146		1,131,146
054 ELECTROCARDIOLOGY						
055 ELECTROENCEPHALOGRAPHY						
056 MEDICAL SUPPLIES CHARGED				303,355		303,355
057 DRUGS CHARGED TO PATIENTS				2,440,080		2,440,080
058 RENAL DIALYSIS						
059 PSYCHOLOGY				768,269		768,269
060 OUTPAT SERVICE COST CNTRS						
061 CLINIC				899,130		899,130
062 SLEEP CENTER				567,453		567,453
063 EMERGENCY						
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			214,472	31,174,672	-214,472	30,960,200
082 NONREIMBURS COST CENTERS						
083 GIFT, FLOWER, COFFEE SHOP				11,092		11,092
084 RESEARCH				39,312		39,312
085 PHYSICIANS' PRIVATE OFFIC				915,445		915,445
086 NONPAID WORKERS						
087 FOUNDATION				724,463		724,463
088 01 PUBLIC RELATIONS				246,756		246,756
089 CROSS FOOT ADJUSTMENT						
090 NEGATIVE COST CENTER						
091 TOTAL			214,472	33,111,740	-214,472	32,897,268

	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				17,350	5,387	22,737	22,737
007	ADMINISTRATIVE & GENERAL				52,767	16,382	69,149	2,240
008	MAINTENANCE & REPAIRS							
009	OPERATION OF PLANT				9,588	2,977	12,565	490
010	LAUNDRY & LINEN SERVICE							
011	HOUSEKEEPING				8,987	2,790	11,777	341
012	DIETARY				54,962	17,064	72,026	56
013	CAFETERIA							26
014	MAINTENANCE OF PERSONNEL							
015	NURSING ADMINISTRATION				5,314	1,650	6,964	1,303
016	CENTRAL SERVICES & SUPPLY				9,160	2,844	12,004	67
017	PHARMACY				4,528	1,406	5,934	518
018	MEDICAL RECORDS & LIBRARY				12,083	3,751	15,834	201
019	SOCIAL SERVICE				3,211	997	4,208	534
020	NONPHYSICIAN ANESTHETISTS							
021	NURSING SCHOOL							
022	I&R SERVICES-SALARY & FRI							
023	I&R SERVICES-OTHER PRGM C				1,155	359	1,514	
024	INPAT ROUTINE SRVC CNTRS							
025	ADULTS & PEDIATRICS				429,554	133,361	562,915	9,239
026	INTENSIVE CARE UNIT							
027	CORONARY CARE UNIT							
028	BURN INTENSIVE CARE UNIT							
029	SURGICAL INTENSIVE CARE U							
030	SUBPROVIDER							
031	NURSERY							
032	SKILLED NURSING FACILITY							
033	NURSING FACILITY							
034	ICF/MR							
035	OTHER LONG TERM CARE							
036	ANCILLARY SRVC COST CNTRS							
037	OPERATING ROOM							
038	RECOVERY ROOM							
039	DELIVERY ROOM & LABOR ROO							
040	ANESTHESIOLOGY							
041	RADIOLOGY-DIAGNOSTIC				6,065	1,883	7,948	72
042	RADIOLOGY-THERAPEUTIC							
043	RADIOISOTOPE							
044	LABORATORY				3,477	1,079	4,556	
045	PBP CLINICAL LAB SERVICES							
046	WHOLE BLOOD & PACKED RED							
047	BLOOD STORING, PROCESSING							
048	INTRAVENOUS THERAPY							
049	RESPIRATORY THERAPY				5,764	1,790	7,554	322
050	PHYSICAL THERAPY				186,071	57,768	243,839	2,655
051	OCCUPATIONAL THERAPY				128,892	40,016	168,908	1,840
052	SPEECH PATHOLOGY				23,842	7,402	31,244	755
053	ELECTROCARDIOLOGY							
054	ELECTROENCEPHALOGRAPHY							
055	MEDICAL SUPPLIES CHARGED							
056	DRUGS CHARGED TO PATIENTS							
057	RENAL DIALYSIS							
058	ASC (NON-DISTINCT PART)							
059	PSYCHOLOGY				9,461	2,937	12,398	648
060	OUTPAT SERVICE COST CNTRS							
061	CLINIC				34,054	10,572	44,626	443
062	SLEEP CENTER				34,654	10,759	45,413	376
063	EMERGENCY							
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	PANCREAS ACQUISITION							
079	AMBULATORY SURGICAL CENTE							
080	HOSPICE							
081	SUBTOTALS				1,040,939	323,174	1,364,113	22,126
082	NONREIMBURS COST CENTERS							
083	GIFT, FLOWER, COFFEE SHOP							
084	RESEARCH							
085	PHYSICIANS' PRIVATE OFFIC				6,642	2,062	8,704	34
086	NONPAID WORKERS							225
087	FOUNDATION				809	251	1,060	277
088	PUBLIC RELATIONS							75
089	CROSS FOOT ADJUSTMENTS							
090	NEGATIVE COST CENTER							
091	TOTAL				1,048,390	325,487	1,373,877	22,737

ALLOCATION OF NEW CAPITAL RELATED COSTS

	COST CENTER DESCRIPTION	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA
		6	7	8	9	10	11	12
001	GENERAL SERVICE COST CNTR							
002	OLD CAP REL COSTS-BLDG &							
003	OLD CAP REL COSTS-MVBLE E							
004	NEW CAP REL COSTS-BLDG &							
005	NEW CAP REL COSTS-MVBLE E							
006	EMPLOYEE BENEFITS							
007	ADMINISTRATIVE & GENERAL	71,389						
008	MAINTENANCE & REPAIRS							
009	OPERATION OF PLANT	3,171		16,226				
010	LAUNDRY & LINEN SERVICE	371			371			
011	HOUSEKEEPING	1,078		151		13,347		
012	DIETARY	1,623		921		764	75,390	
013	CAFETERIA	457						483
014	MAINTENANCE OF PERSONNEL							
015	NURSING ADMINISTRATION	3,121		89		74		27
016	CENTRAL SERVICES & SUPPLY	792		153		127		3
017	PHARMACY	2,068		76		63		9
018	MEDICAL RECORDS & LIBRARY	769		202		168		7
019	SOCIAL SERVICE	1,252		54		45		13
020	NONPHYSICIAN ANESTHETISTS							
021	NURSING SCHOOL							
022	I&R SERVICES-SALARY & FRI							
023	I&R SERVICES-OTHER PRGM C	457		19		16		
025	INPAT ROUTINE SRVC CNTRS							
026	ADULTS & PEDIATRICS	25,893		7,196	364	5,974	75,390	236
027	INTENSIVE CARE UNIT							
028	CORONARY CARE UNIT							
029	BURN INTENSIVE CARE UNIT							
030	SURGICAL INTENSIVE CARE U							
031	SUBPROVIDER							
032	NURSERY							
033	SKILLED NURSING FACILITY							
034	NURSING FACILITY							
035	ICF/MR							
036	OTHER LONG TERM CARE							
037	ANCILLARY SRVC COST CNTRS							
038	OPERATING ROOM							
039	RECOVERY ROOM							
040	DELIVERY ROOM & LABOR ROO							
041	ANESTHESIOLOGY							
042	RADIOLOGY-DIAGNOSTIC	362		102		84		2
043	RADIOLOGY-THERAPEUTIC							
044	RADIOISOTOPE							
045	LABORATORY	1,187		58		48		
046	PBP CLINICAL LAB SERVICES							
047	WHOLE BLOOD & PACKED RED							
048	BLOOD STORING, PROCESSING							
049	INTRAVENOUS THERAPY							
050	RESPIRATORY THERAPY	1,156		97		80		7
051	PHYSICAL THERAPY	8,626		3,117	7	2,588		67
052	OCCUPATIONAL THERAPY	4,955		2,159		1,793		46
053	SPEECH PATHOLOGY	2,315		399		332		18
054	ELECTROCARDIOLOGY							
055	ELECTROENCEPHALOGRAPHY							
056	MEDICAL SUPPLIES CHARGED	654						
057	DRUGS CHARGED TO PATIENTS	2,592						
058	RENAL DIALYSIS							
059	ASC (NON-DISTINCT PART)							
060	PSYCHOLOGY	1,586		158		132		12
061	OUTPAT SERVICE COST CNTRS							
062	CLINIC	1,729		570		474		11
063	SLEEP CENTER	1,052		580		482		10
064	EMERGENCY							
065	OBSERVATION BEDS (NON-DIS							
066	OTHER REIMBURS COST CNTRS							
067	HOME PROGRAM DIALYSIS							
068	AMBULANCE SERVICES							
069	DURABLE MEDICAL EQUIP-REN							
070	DURABLE MEDICAL EQUIP-SOL							
071	CORF							
072	I&R SERVICES-NOT APPRVD P							
073	HOME HEALTH AGENCY							
074	LUNG ACQUISITION							
075	SPEC PURPOSE COST CENTERS							
076	KIDNEY ACQUISITION							
077	LIVER ACQUISITION							
078	HEART ACQUISITION							
079	PANCREAS ACQUISITION							
080	01 PANCREAS ACQUISITION							
081	AMBULATORY SURGICAL CENTE							
082	HOSPICE							
083	SUBTOTALS	67,266		16,101	371	13,244	75,390	468
084	NONREIMBURS COST CENTERS							
085	GIFT, FLOWER, COFFEE SHOP	24						
086	RESEARCH	84						1
087	PHYSICIANS' PRIVATE OFFIC	1,937		111		92		7
088	NONPAID WORKERS							
089	FOUNDATION	1,547		14		11		6
090	01 PUBLIC RELATIONS	531						1
091	CROSS FOOT ADJUSTMENTS							
092	NEGATIVE COST CENTER							
093	TOTAL	71,389		16,226	371	13,347	75,390	483

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 ADMINSTRATIVE & GENERAL							
008 MAINTENANCE & REPAIRS							
009 OPERATION OF PLANT							
010 LAUNDRY & LINEN SERVICE							
011 HOUSEKEEPING							
012 DIETARY							
013 CAFETERIA							
014 MAINTENANCE OF PERSONNEL							
015 NURSING ADMINISTRATION		11, 578					
016 CENTRAL SERVICES & SUPPLY			13, 146				
017 PHARMACY		390	7, 334	16, 392			
018 MEDICAL RECORDS & LIBRARY		330	3		17, 514		
019 SOCIAL SERVICE						6, 106	
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, 449	3, 884		17, 514	6, 106	
027 INTENSIVE CARE UNIT							
028 CORONARY CARE UNIT							
029 BURN INTENSIVE CARE UNIT							
030 SURGICAL INTENSIVE CARE U							
031 SUBPROVIDER							
033 NURSERY							
034 SKILLED NURSING FACILITY							
035 NURSING FACILITY							
035 01 ICF/MR							
036 OTHER LONG TERM CARE							
037 ANCILLARY SRVC COST CNTRS							
038 OPERATING ROOM							
039 RECOVERY ROOM							
040 DELIVERY ROOM & LABOR ROO							
041 ANESTHESIOLOGY							
042 RADIOLOGY-DIAGNOSTIC		84					
043 RADIOLOGY-THERAPEUTIC							
044 RADIOISOTOPE							
045 LABORATORY			2				
046 PBP CLINICAL LAB SERVICES							
047 WHOLE BLOOD & PACKED RED							
048 BLOOD STORING, PROCESSING							
049 INTRAVENOUS THERAPY							
050 RESPIRATORY THERAPY		325	260				
051 PHYSICAL THERAPY			257				
052 OCCUPATIONAL THERAPY			148				
053 SPEECH PATHOLOGY			8				
054 ELECTROCARDIOLOGY							
055 ELECTROENCEPHALOGRAPHY							
056 MEDICAL SUPPLIES CHARGED							
057 DRUGS CHARGED TO PATIENTS				16, 392			
058 RENAL DIALYSIS							
059 ASC (NON-DISTINCT PART)							
060 PSYCHOLOGY			267				
060 01 OUTPAT SERVICE COST CNTRS							
061 CLINIC			752				
062 SLEEP CENTER			131				
063 EMERGENCY							
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		11, 578	13, 046	16, 392	17, 514	6, 106	
082 NONREIMBURS COST CENTERS							
083 GIFT, FLOWER, COFFEE SHOP							
084 RESEARCH							
085 PHYSICIANS' PRIVATE OFFIC			1				
086 NONPAID WORKERS							
087 FOUNDATION			99				
088 01 PUBLIC RELATIONS							
089 CROSS FOOT ADJUSTMENTS							
090 NEGATIVE COST CENTER							
091 TOTAL		11, 578	13, 146	16, 392	17, 514	6, 106	

ALLOCATION OF NEW CAPITAL RELATED COSTS

	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			2,006			
025	INPAT ROUTINE SRVC CNTRS						
026	ADULTS & PEDIATRICS				725,160		725,160
027	INTENSIVE CARE UNIT						
028	CORONARY CARE UNIT						
029	BURN INTENSIVE CARE UNIT						
030	SURGICAL INTENSIVE CARE U						
031	SUBPROVIDER						
032	NURSERY						
033	SKILLED NURSING FACILITY						
034	NURSING FACILITY						
035	ICF/MR						
036	OTHER LONG TERM CARE						
037	ANCILLARY SRVC COST CNTRS						
038	OPERATING ROOM						
039	RECOVERY ROOM						
040	DELIVERY ROOM & LABOR ROO						
041	ANESTHESIOLOGY						
042	RADIOLOGY-DIAGNOSTIC				8,654		8,654
043	RADIOLOGY-THERAPEUTIC						
044	RADIOISOTOPE						
045	LABORATORY				5,851		5,851
046	PBP CLINICAL LAB SERVICES						
047	WHOLE BLOOD & PACKED RED						
048	BLOOD STORING, PROCESSING						
049	INTRAVENOUS THERAPY						
050	RESPIRATORY THERAPY				9,801		9,801
051	PHYSICAL THERAPY				261,156		261,156
052	OCCUPATIONAL THERAPY				179,849		179,849
053	SPEECH PATHOLOGY				35,071		35,071
054	ELECTROCARDIOLOGY						
055	ELECTROENCEPHALOGRAPHY						
056	MEDICAL SUPPLIES CHARGED				654		654
057	DRUGS CHARGED TO PATIENTS				18,984		18,984
058	RENAL DIALYSIS						
059	ASC (NON-DISTINCT PART)						
060	PSYCHOLOGY				15,201		15,201
061	OUTPAT SERVICE COST CNTRS						
062	CLINIC				48,605		48,605
063	SLEEP CENTER				48,044		48,044
064	EMERGENCY						
065	OBSERVATION BEDS (NON-DIS						
066	OTHER REIMBURS COST CNTRS						
067	HOME PROGRAM DIALYSIS						
068	AMBULANCE SERVICES						
069	DURABLE MEDICAL EQUIP-REN						
070	DURABLE MEDICAL EQUIP-SOL						
071	CORF						
072	I&R SERVICES-NOT APPRVD P						
073	HOME HEALTH AGENCY						
074	LUNG ACQUISITION						
075	SPEC PURPOSE COST CENTERS						
076	KIDNEY ACQUISITION						
077	LIVER ACQUISITION						
078	HEART ACQUISITION						
079	PANCREAS ACQUISITION						
080	AMBULATORY SURGICAL CENTE						
081	HOSPICE						
082	SUBTOTALS				1,357,030		1,357,030
083	NONREIMBURS COST CENTERS						
084	GIFT, FLOWER, COFFEE SHOP				24		24
085	RESEARCH				119		119
086	PHYSICIANS' PRIVATE OFFIC				11,077		11,077
087	NONPAID WORKERS						
088	FOUNDATION				3,014		3,014
089	PUBLIC RELATIONS				607		607
090	CROSS FOOT ADJUSTMENTS			2,006	2,006		2,006
091	NEGATIVE COST CENTER						
092	TOTAL			2,006	1,373,877		1,373,877

COST CENTER DESCRIPTION	OLD CAP REL C	OLD CAP REL C	NEW CAP REL C	NEW CAP REL C	EMPLOYEE BENE		RECONCILIATION
	OSTS-BLDG &	OSTS-MVBLE E	OSTS-BLDG &	OSTS-MVBLE E	FITS		
	( FEET )	( DOLLAR VALUE )	( FEET )	( FEET )	( SALARIES )		6a.00
	1	2	3	4	5		
001 GENERAL SERVICE COST							
002 OLD CAP REL COSTS- BLD							
003 OLD CAP REL COSTS- MVB							
004 NEW CAP REL COSTS- BLD			90,758				
005 NEW CAP REL COSTS- MVB				90,758			
006 EMPLOYEE BENEFITS			1,502	1,502	15,635,240		
007 ADMINISTRATION & GENE			4,568	4,568	1,540,481		-4,646,723
008 MAINTENANCE & REPAIRS							
009 OPERATION OF PLANT			830	830	337,261		
010 LAUNDRY & LINEN SERVI							
011 HOUSEKEEPING			778	778	234,842		
012 DIETARY			4,758	4,758	38,381		
013 CAFETERIA					18,220		
014 MAINTENANCE OF PERSON							
015 NURSING ADMINISTRATION			460	460	895,961		
016 CENTRAL SERVICES & SU			793	793	46,113		
017 PHARMACY			392	392	356,001		
018 MEDICAL RECORDS & LIB			1,046	1,046	138,341		
020 SOCIAL SERVICE			278	278	367,078		
021 NONPHYSICIAN ANESTHET							
022 NURSING SCHOOL							
023 I&R SERVICES-SALARY &			100	100			
025 I&R SERVICES-OTHER PR							
026 INPAT ROUTINE SRVC CN			37,186	37,186	6,350,179		
027 ADULTS & PEDIATRICS							
028 INTENSIVE CARE UNIT							
029 CORONARY CARE UNIT							
031 BURN INTENSIVE CARE U							
033 SURGICAL INTENSIVE CA							
034 SUBPROVIDER							
035 NURSERY							
036 SKILLED NURSING FACIL							
037 NURSING FACILITY							
038 01 ICF/MR							
039 OTHER LONG TERM CARE							
040 ANCILLARY SRVC COST C							
041 OPERATING ROOM							
042 RECOVERY ROOM							
043 DELIVERY ROOM & LABOR							
044 ANESTHESIOLOGY							
046 RADIOLOGY-DIAGNOSTIC			525	525	49,687		
047 RADIOLOGY-THERAPEUTIC							
048 RADIOISOTOPE							
049 LABORATORY			301	301			
050 PBP CLINICAL LAB SERV							
051 WHOLE BLOOD & PACKED							
052 BLOOD STORING, PROCES							
053 INTRAVENOUS THERAPY							
054 RESPIRATORY THERAPY			499	499	221,373		
055 PHYSICAL THERAPY			16,108	16,108	1,826,303		
056 OCCUPATIONAL THERAPY			11,158	11,158	1,265,282		
057 SPEECH PATHOLOGY			2,064	2,064	519,496		
058 ELECTROCARDIOLOGY							
059 ELECTROENCEPHALOGRAPH							
060 MEDICAL SUPPLIES							
061 MEDICAL SUPPLIES							
062 DRUGS CHARGED TO PATI							
064 RENAL DIALYSIS							
065 ASC (NON-DISTINCT PAR							
066 PSYCHOLOGY			819	819	445,838		
067 OUTPAT SERVICE COST C							
068 CLINIC			2,948	2,948	304,924		
069 01 SLEEP CENTER			3,000	3,000	258,621		
070 EMERGENCY							
071 OBSERVATION BEDS (NON							
072 OTHER REIMBURS COST C							
073 HOME PROGRAM DIALYSIS							
074 AMBULANCE SERVICES							
075 DURABLE MEDICAL EQUIP							
076 DURABLE MEDICAL EQUIP							
077 CORF							
078 I&R SERVICES-NOT APPR							
079 HOME HEALTH AGENCY							
080 LUNG ACQUISITION							
081 SPEC PURPOSE COST CEN							
082 KIDNEY ACQUISITION							
083 LIVER ACQUISITION							
084 HEART ACQUISITION							
085 01 PANCREAS ACQUISITION							
086 AMBULATORY SURGICAL C							
087 HOSPICE							
088 SUBTOTALS			90,113	90,113	15,214,382		-4,646,723
089 NONREIMBURS COST CENT							
090 GIFT, FLOWER, COFFEE							
091 RESEARCH					23,488		
092 PHYSICIANS' PRIVATE O			575	575	154,682		
093 NONPAID WORKERS							
094 FOUNDATION			70	70	190,818		
095 01 PUBLIC RELATIONS					51,870		
096 CROSS FOOT ADJUSTMENT							
097 NEGATIVE COST CENTER							
098 COST TO BE ALLOCATED			1,048,390	325,487	5,357,053		

COST CENTER  
 DESCRIPTION

OLD CAP REL C OLD CAP REL C NEW CAP REL C NEW CAP REL C EMPLOYEE BENE  
 OSTS-BLDG & OSTS-MVBLE E OSTS-BLDG & OSTS-MVBLE E FITS  
 ( SQUARE ) ( DOLLAR ) ( SQUARE ) ( SQUARE ) ( GROSS ) RECONCIL-  
 FEET VALUE FEET FEET SALARIES IATION  
 1 2 3 4 5 6a.00

NONREIMBURS COST CENT  
 (WRKSHT B, PART I)  
 104 UNIT COST MULTIPLIER  
 (WRKSHT B, PT I)  
 105 COST TO BE ALLOCATED  
 (WRKSHT B, PART II)  
 106 UNIT COST MULTIPLIER  
 (WRKSHT B, PT II)  
 107 COST TO BE ALLOCATED  
 (WRKSHT B, PART III)  
 108 UNIT COST MULTIPLIER  
 (WRKSHT B, PT III)

11.551489  
 3.586317  
 .342627  
 22.737  
 .001454

COST ALLOCATION - STATISTICAL BASIS

COST CENTER DESCRIPTION	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN	HOUSEKEEPING	DIETARY	CAFETERIA
	( COST )	( FEET )	( FEET )	( LAUNDRY )	( FEET )	( MEALS )	( 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	28,465,017						
008 MAINTENANCE & REPAIRS							
009 OPERATION OF PLANT	1,264,504		83,858				
010 LAUNDRY & LINEN SERVICE	148,021			301,106			
011 HOUSEKEEPING	429,732		778		83,080		
012 DIETARY	647,323		4,758		4,758	78,249	
013 CAFETERIA	182,351						474,250
014 MAINTENANCE OF PERSON							
015 NURSING ADMINISTRATION	1,244,246		460		460		26,442
016 CENTRAL SERVICES & SUPPLY	315,750		793		793		2,700
017 PHARMACY	824,436		392		392		8,606
018 MEDICAL RECORDS & LIBRARY	306,485		1,046		1,046		7,288
020 SOCIAL SERVICE	499,280		278		278		12,598
021 NONPHYSICIAN ANESTHETIC							
022 NURSING SCHOOL							
023 I&R SERVICES-SALARY & BENEFITS	182,335		100		100		
025 I&R SERVICES-OTHER PERSONNEL	10,324,376		37,186	295,657	37,186	78,249	230,506
026 ADULTS & PEDIATRICS							
027 INTENSIVE CARE UNIT							
028 CORONARY CARE UNIT							
029 BURN INTENSIVE CARE UNIT							
031 SURGICAL INTENSIVE CARE							
033 SUBPROVIDER							
034 NURSERY							
035 SKILLED NURSING FACILITY							
036 NURSING FACILITY							
037 ICF/MR							
038 OTHER LONG TERM CARE							
039 ANCILLARY SERVICE COST CENTER							
040 OPERATING ROOM							
041 RECOVERY ROOM							
042 DELIVERY ROOM & LABOR							
043 ANESTHESIOLOGY							
044 RADIOLOGY-DIAGNOSTIC	144,154		525		525		1,857
045 RADIOLOGY-THERAPEUTIC							
046 RADIOISOTOPE							
047 LABORATORY	473,094		301		301		
048 PBP CLINICAL LAB SERVICE							
049 WHOLE BLOOD & PACKED							
050 BLOOD STORING, PROCESSING							
051 INTRAVENOUS THERAPY							
052 RESPIRATORY THERAPY	461,039		499		499		7,165
053 PHYSICAL THERAPY	3,439,322		16,108	5,449	16,108		66,118
054 OCCUPATIONAL THERAPY	1,975,750		11,158		11,158		45,111
055 SPEECH PATHOLOGY	923,191		2,064		2,064		18,037
056 ELECTROCARDIOLOGY							
057 ELECTROENCEPHALOGRAPHY							
058 MEDICAL SUPPLIES CHARACTERIZED	260,784						
059 DRUGS CHARGED TO PATIENTS	1,033,593						
060 RENAL DIALYSIS							
061 ASC (NON-DISTINCT PARADIGM)							
062 PSYCHOLOGY	632,384		819		819		12,010
064 OUTPAT SERVICE COST CENTER							
065 CLINIC	689,558		2,948		2,948		11,009
066 SLEEP CENTER	419,603		3,000		3,000		9,658
067 EMERGENCY							
068 OBSERVATION BEDS (NON-REIMBURSABLE)							
069 HOME PROGRAM DIALYSIS							
070 AMBULANCE SERVICES							
071 DURABLE MEDICAL EQUIPMENT							
072 DURABLE MEDICAL EQUIPMENT							
073 CORF							
074 I&R SERVICES-NOT APPROPRIATE							
075 HOME HEALTH AGENCY							
076 LUNG ACQUISITION							
077 SPEC PURPOSE COST CENTER							
078 KIDNEY ACQUISITION							
079 LIVER ACQUISITION							
080 HEART ACQUISITION							
081 PANCREAS ACQUISITION							
082 AMBULATORY SURGICAL CENTER							
083 HOSPICE							
084 SUBTOTALS	26,821,311		83,213	301,106	82,435	78,249	459,105
085 NONREIMBURSABLE COST CENTER							
086 GIFT, FLOWER, COFFEE	9,535						
087 RESEARCH	33,359						1,134
088 PHYSICIANS' PRIVATE OPPORTUNITIES	772,438		575		575		7,239
089 NONPAID WORKERS							
090 FOUNDATION	616,646		70		70		5,732
091 PUBLIC RELATIONS	211,728						1,040
092 CROSS FOOT ADJUSTMENT							
093 NEGATIVE COST CENTER							
094 COST TO BE ALLOCATED	4,646,723		1,470,925	172,184	513,530	865,862	212,119

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 PAID )
	6	7	8	9	10	11	12
NONREIMBURS COST CENT (WRKSHT B, PART I)							
104 UNIT COST MULTIPLIER (WRKSHT B, PT I)	.163243		17.540664	.571838	6.181151	11.065470	.447273
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)	71,389		16,226	371	13,347	75,390	483
108 UNIT COST MULTIPLIER (WRKSHT B, PT III)	.002508		.193494	.001232	.160652	.963463	.001018

COST ALLOCATION - STATISTICAL BASIS

COST CENTER DESCRIPTION	MAINTENANCE	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS
	( NUMBER HOUSED )	( DURING HRS )	( COSTED REQUIS. )	( COSTED REQUIS. )	( PATIENT DAYS )	( PATIENT DAYS )	( 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		255,422					
016 CENTRAL SERVICES & SU			452,310				
017 PHARMACY		8,606	252,318	100			
018 MEDICAL RECORDS & LIB		7,288	103		26,083		
020 SOCIAL SERVICE						26,083	
021 NONPHYSICIAN ANESTHET							
022 NURSING SCHOOL							
023 I&R SERVICES-SALARY &							
025 I&R SERVICES-OTHER PR							
026 INPAT ROUTINE SRVC CN		230,506	133,653		26,083	26,083	
027 ADULTS & PEDIATRICS							
028 INTENSIVE CARE UNIT							
029 CORONARY CARE UNIT							
031 BURN INTENSIVE CARE U							
033 SURGICAL INTENSIVE CA							
034 SUBPROVIDER							
035 NURSERY							
036 SKILLED NURSING FACIL							
037 NURSING FACILITY							
039 01 ICF/MR							
040 OTHER LONG TERM CARE							
041 ANCILLARY SRVC COST C							
042 OPERATING ROOM							
043 RECOVERY ROOM							
044 DELIVERY ROOM & LABOR							
045 ANESTHESIOLOGY							
046 RADIOLOGY-DIAGNOSTIC		1,857					
047 RADIOLOGY-THERAPEUTIC							
048 RADIOISOTOPE							
049 LABORATORY			58				
050 PBP CLINICAL LAB SERV							
051 WHOLE BLOOD & PACKED							
052 BLOOD STORING, PROCES							
053 INTRAVENOUS THERAPY							
054 RESPIRATORY THERAPY		7,165	8,944				
055 PHYSICAL THERAPY			8,851				
056 OCCUPATIONAL THERAPY			5,108				
057 SPEECH PATHOLOGY			259				
058 ELECTROCARDIOLOGY							
059 ELECTROENCEPHALOGRAPH							
060 MEDICAL SUPPLIES CHAR							
061 DRUGS CHARGED TO PATI				100			
062 RENAL DIALYSIS							
064 ASC (NON-DISTINCT PAR							
065 PSYCHOLOGY			9,171				
066 OUTPAT SERVICE COST C							
067 CLINIC			25,867				
068 01 SLEEP CENTER			4,517				
069 EMERGENCY							
070 OBSERVATION BEDS (NON							
071 OTHER REIMBURS COST C							
072 HOME PROGRAM DIALYSIS							
073 AMBULANCE SERVICES							
074 DURABLE MEDICAL EQUIP							
075 DURABLE MEDICAL EQUIP							
076 CORF							
077 I&R SERVICES-NOT APPR							
078 HOME HEALTH AGENCY							
079 LUNG ACQUISITION							
080 SPEC PURPOSE COST CEN							
081 KIDNEY ACQUISITION							
082 LIVER ACQUISITION							
083 HEART ACQUISITION							
084 01 PANCREAS ACQUISITION							
085 AMBULATORY SURGICAL C							
086 HOSPICE							
087 SUBTOTALS		255,422	448,849	100	26,083	26,083	
088 NONREIMBURS COST CENT							
089 GIFT, FLOWER, COFFEE							
090 RESEARCH							
091 PHYSICIANS' PRIVATE O			40				
092 NONPAID WORKERS							
093 FOUNDATION			3,421				
094 01 PUBLIC RELATIONS							
095 CROSS FOOT ADJUSTMENT							
096 NEGATIVE COST CENTER							
097 COST TO BE ALLOCATED		1,470,099	387,314	1,237,760	426,625	593,013	
2552-96 v1701.100							

COST CENTER DESCRIPTION	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS
	( NUMBER HOUSED )	( DIRECT NRSING HRS )	( COSTED REQUIS. )	( COSTED REQUIS. )	( PATIENT DAYS )	( PATIENT DAYS )	( ASSIGNED TIME )
	13	14	15	16	17	18	20
NONREIMBURS COST CENT (WRKSHT B, PART I)							
104 UNIT COST MULTIPLIER (WRKSHT B, PT I)		5.755569	.856302	12,377.600000	16.356439	22.735613	
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)		11,578	13,146	16,392	17,514	6,106	
108 UNIT COST MULTIPLIER (WRKSHT B, PT III)		.045329	.029064	163.920000	.671472	.234099	

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 ADMINISTRATIO			
016 CENTRAL SERVICES & SU			
017 PHARMACY			
018 MEDICAL RECORDS & LIB			
020 SOCIAL SERVICE			
021 NONPHYSICIAN ANESTHET			
022 NURSING SCHOOL			
023 I&R SERVICES- SALARY &		100	
I&R SERVICES- OTHER PR			100
INPAT ROUTINE SRVC CN			
ADULTS & PEDIATRICS		100	100
026 INTENSIVE CARE UNIT			
027 CORONARY CARE UNIT			
028 BURN INTENSIVE CARE U			
029 SURGICAL INTENSIVE CA			
031 SUBPROVIDER			
033 NURSERY			
034 SKILLED NURSING FACIL			
035 NURSING FACILITY			
036 01 ICF/MR			
037 OTHER LONG TERM CARE			
038 ANCILLARY SRVC COST C			
039 OPERATING ROOM			
040 RECOVERY ROOM			
041 DELIVERY ROOM & LABOR			
042 ANESTHESIOLOGY			
043 RADIOLOGY- DIAGNOSTIC			
044 RADIOLOGY- THERAPEUTIC			
045 RADIOISOTOPE			
046 LABORATORY			
047 PBP CLINICAL LAB SERV			
048 WHOLE BLOOD & PACKED			
049 BLOOD STORING, PROCES			
050 INTRAVENOUS THERAPY			
051 RESPIRATORY THERAPY			
052 PHYSICAL THERAPY			
053 OCCUPATIONAL THERAPY			
054 SPEECH PATHOLOGY			
055 ELECTROCARDIOLOGY			
056 ELECTROENCEPHALOGRAPH			
057 MEDICAL SUPPLIES CHAP			
058 DRUGS CHARGED TO PATI			
059 RENAL DIALYSIS			
060 ASC (NON-DISTINCT PAR			
061 PSYCHOLOGY			
062 OUTPAT SERVICE COST C			
063 CLINIC			
064 01 SLEEP CENTER			
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		100	100
084 NONREIMBURS COST CENT			
085 GIFT, FLOWER, COFFEE			
086 RESEARCH			
087 PHYSICIANS' PRIVATE O			
088 NONPAID WORKERS			
089 FOUNDATION			
090 01 PUBLIC RELATIONS			
091 CROSS FOOT ADJUSTMENT			
092 NEGATIVE COST CENTER			
093 COST TO BE ALLOCATED			214, 472
094			

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
NONREIMBURS COST CENT (PER WRKSHT B, PART UNIT COST MULTIPLIER (WRKSHT B, PT I)			2,144.720000
104 COST TO BE ALLOCATED (PER WRKSHT B, PART UNIT COST MULTIPLIER (WRKSHT B, PT II)			2,006
105 COST TO BE ALLOCATED (PER WRKSHT B, PART UNIT COST MULTIPLIER (WRKSHT B, PT III)			20.060000
106 COST TO BE ALLOCATED (PER WRKSHT B, PART UNIT COST MULTIPLIER (WRKSHT B, PT III)			
107 COST TO BE ALLOCATED (PER WRKSHT B, PART UNIT COST MULTIPLIER (WRKSHT B, PT III)			
108 COST TO BE ALLOCATED (PER WRKSHT B, PART 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
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS	16,490,692		16,490,692		16,490,692
26	INTENSIVE CARE UNIT					
27	CORONARY CARE UNIT					
28	BURN INTENSIVE CARE UNIT					
29	SURGICAL INTENSIVE CARE U					
31	SUBPROVIDER					
33	NURSERY					
34	SKILLED NURSING FACILITY					
35	NURSING FACILITY					
35 01	ICF/MR					
36	OTHER LONG TERM CARE ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM					
38	RECOVERY ROOM					
39	DELIVERY ROOM & LABOR ROO					
40	ANESTHESIOLOGY					
41	RADIOLOGY-DIAGNOSTIC	191,659		191,659		191,659
42	RADIOLOGY-THERAPEUTIC					
43	RADIOISOTOPE					
44	LABORATORY	557,514		557,514		557,514
45	PBP CLINICAL LAB SERVICES					
46	WHOLE BLOOD & PACKED RED					
47	BLOOD STORING, PROCESSING					
48	INTRAVENOUS THERAPY					
49	RESPIRATORY THERAPY	600,240		600,240		600,240
50	PHYSICAL THERAPY	4,423,146		4,423,146		4,423,146
51	OCCUPATIONAL THERAPY	2,587,516		2,587,516		2,587,516
52	SPEECH PATHOLOGY	1,131,146		1,131,146		1,131,146
53	ELECTROCARDIOLOGY					
54	ELECTROENCEPHALOGRAPHY					
55	MEDICAL SUPPLIES CHARGED	303,355		303,355		303,355
56	DRUGS CHARGED TO PATIENTS	2,440,080		2,440,080		2,440,080
57	RENAL DIALYSIS					
58	ASC (NON-DISTINCT PART)					
59	PSYCHOLOGY	768,269		768,269		768,269
60	OUTPAT SERVICE COST CNTRS CLINIC	899,130		899,130		899,130
60 01	SLEEP CENTER	567,453		567,453		567,453
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	SUBTOTAL	30,960,200		30,960,200		30,960,200
102	LESS OBSERVATION BEDS					
103	TOTAL	30,960,200		30,960,200		30,960,200

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
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS	23,728,406		23,728,406			
26	INTENSIVE CARE UNIT						
27	CORONARY CARE UNIT						
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U						
31	SUBPROVIDER						
33	NURSERY						
34	SKILLED NURSING FACILITY						
35	NURSING FACILITY						
35 01	ICF/MR						
36	OTHER LONG TERM CARE ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM						
38	RECOVERY ROOM						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC	255,527	34,648	290,175	.660495	.660495	.660495
42	RADIOLOGY-THERAPEUTIC						
43	RADIOISOTOPE						
44	LABORATORY	1,298,508	22,864	1,321,372	.421921	.421921	.421921
45	PBP CLINICAL LAB SERVICES						
46	WHOLE BLOOD & PACKED RED						
47	BLOOD STORING, PROCESSING						
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY	1,312,073	732	1,312,805	.457219	.457219	.457219
50	PHYSICAL THERAPY	7,704,942	4,060,327	11,765,269	.375949	.375949	.375949
51	OCCUPATIONAL THERAPY	7,274,394	1,509,925	8,784,319	.294561	.294561	.294561
52	SPEECH PATHOLOGY	3,041,638	765,070	3,806,708	.297145	.297145	.297145
53	ELECTROCARDIOLOGY						
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED	1,030,793	99,669	1,130,462	.268346	.268346	.268346
56	DRUGS CHARGED TO PATIENTS	3,746,825	654,988	4,401,813	.554335	.554335	.554335
57	RENAL DIALYSIS						
58	ASC (NON-DISTINCT PART)						
59	PSYCHOLOGY	705,303	604,047	1,309,350	.586756	.586756	.586756
60	OUTPAT SERVICE COST CNTRS CLINIC						
60 01	SLEEP CENTER	45,491	1,401,857	1,401,857	.641385	.641385	.641385
61	EMERGENCY		1,047,628	1,093,119	.519114	.519114	.519114
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS						
64	HOME PROGRAM DIALYSIS						
65	AMBULANCE SERVICES						
66	DURABLE MEDICAL EQUIP-REN						
67	DURABLE MEDICAL EQUIP-SOL						
101	SUBTOTAL	50,143,900	10,201,755	60,345,655			
102	LESS OBSERVATION BEDS						
103	TOTAL	50,143,900	10,201,755	60,345,655			

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS	16,705,164		16,705,164		16,705,164
26	INTENSIVE CARE UNIT					
27	CORONARY CARE UNIT					
28	BURN INTENSIVE CARE UNIT					
29	SURGICAL INTENSIVE CARE U					
31	SUBPROVIDER					
33	NURSERY					
34	SKILLED NURSING FACILITY					
35	NURSING FACILITY					
35	01 ICF/MR					
36	OTHER LONG TERM CARE					
37	ANCILLARY SRVC COST CNTRS					
38	OPERATING ROOM					
39	RECOVERY ROOM					
40	DELIVERY ROOM & LABOR ROO					
41	ANESTHESIOLOGY					
42	RADIOLOGY-DIAGNOSTIC	191,659		191,659		191,659
43	RADIOLOGY-THERAPEUTIC					
44	RADIOISOTOPE					
45	LABORATORY	557,514		557,514		557,514
46	PBP CLINICAL LAB SERVICES					
47	WHOLE BLOOD & PACKED RED					
48	BLOOD STORING, PROCESSING					
49	INTRAVENOUS THERAPY					
50	RESPIRATORY THERAPY	600,240		600,240		600,240
51	PHYSICAL THERAPY	4,423,146		4,423,146		4,423,146
52	OCCUPATIONAL THERAPY	2,587,516		2,587,516		2,587,516
53	SPEECH PATHOLOGY	1,131,146		1,131,146		1,131,146
54	ELECTROCARDIOLOGY					
55	ELECTROENCEPHALOGRAPHY					
56	MEDICAL SUPPLIES CHARGED	303,355		303,355		303,355
57	DRUGS CHARGED TO PATIENTS	2,440,080		2,440,080		2,440,080
58	RENAL DIALYSIS					
59	ASC (NON-DISTINCT PART)					
60	PSYCHOLOGY	768,269		768,269		768,269
61	OUTPAT SERVICE COST CNTRS					
62	CLINIC	899,130		899,130		899,130
63	01 SLEEP CENTER	567,453		567,453		567,453
64	EMERGENCY					
65	OBSERVATION BEDS (NON-DIS					
66	OTHER REIMBURS COST CNTRS					
67	HOME PROGRAM DIALYSIS					
101	AMBULANCE SERVICES					
102	DURABLE MEDICAL EQUIP-REN					
103	DURABLE MEDICAL EQUIP-SOL					
101	SUBTOTAL	31,174,672		31,174,672		31,174,672
102	LESS OBSERVATION BEDS					
103	TOTAL	31,174,672		31,174,672		31,174,672

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	23,728,406		23,728,406			
26	INTENSIVE CARE UNIT						
27	CORONARY CARE UNIT						
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U						
31	SUBPROVIDER						
33	NURSERY						
34	SKILLED NURSING FACILITY						
35	NURSING FACILITY						
35	01 ICF/MR						
36	OTHER LONG TERM CARE						
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM						
38	RECOVERY ROOM						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC	255,527	34,648	290,175	.660495	.660495	.660495
42	RADIOLOGY-THERAPEUTIC						
43	RADIOISOTOPE						
44	LABORATORY	1,298,508	22,864	1,321,372	.421921	.421921	.421921
45	PBP CLINICAL LAB SERVICES						
46	WHOLE BLOOD & PACKED RED						
47	BLOOD STORING, PROCESSING						
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY	1,312,073	732	1,312,805	.457219	.457219	.457219
50	PHYSICAL THERAPY	7,704,942	4,060,327	11,765,269	.375949	.375949	.375949
51	OCCUPATIONAL THERAPY	7,274,394	1,509,925	8,784,319	.294561	.294561	.294561
52	SPEECH PATHOLOGY	3,041,638	765,070	3,806,708	.297145	.297145	.297145
53	ELECTROCARDIOLOGY						
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED	1,030,793	99,669	1,130,462	.268346	.268346	.268346
56	DRUGS CHARGED TO PATIENTS	3,746,825	654,988	4,401,813	.554335	.554335	.554335
57	RENAL DIALYSIS						
58	ASC (NON-DISTINCT PART)						
59	PSYCHOLOGY	705,303	604,047	1,309,350	.586756	.586756	.586756
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60	01 SLEEP CENTER	45,491	1,401,857	1,401,857	.641385	.641385	.641385
61	EMERGENCY		1,047,628	1,093,119	.519114	.519114	.519114
62	OBSERVATION BEDS (NON-DIS						
	OTHER REIMBURS COST CNTRS						
64	HOME PROGRAM DIALYSIS						
65	AMBULANCE SERVICES						
66	DURABLE MEDICAL EQUIP-REN						
67	DURABLE MEDICAL EQUIP-SOL						
101	SUBTOTAL	50,143,900	10,201,755	60,345,655			
102	LESS OBSERVATION BEDS						
103	TOTAL	50,143,900	10,201,755	60,345,655			

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						
39	RECOVERY ROOM						
40	DELIVERY ROOM & LABOR ROO						
41	ANESTHESIOLOGY						
42	RADIOLOGY-DIAGNOSTIC	191,659	8,654	183,005			191,659
43	RADIOLOGY-THERAPEUTIC						
44	RADIOISOTOPE						
45	LABORATORY	557,514	5,851	551,663			557,514
46	PBP CLINICAL LAB SERVICES						
47	WHOLE BLOOD & PACKED RED						
48	BLOOD STORING, PROCESSING						
49	INTRAVENOUS THERAPY						
50	RESPIRATORY THERAPY	600,240	9,801	590,439			600,240
51	PHYSICAL THERAPY	4,423,146	261,156	4,161,990			4,423,146
52	OCCUPATIONAL THERAPY	2,587,516	179,849	2,407,667			2,587,516
53	SPEECH PATHOLOGY	1,131,146	35,071	1,096,075			1,131,146
54	ELECTROCARDIOLOGY						
55	ELECTROENCEPHALOGRAPHY						
56	MEDICAL SUPPLIES CHARGED	303,355	654	302,701			303,355
57	DRUGS CHARGED TO PATIENTS	2,440,080	18,984	2,421,096			2,440,080
58	RENAL DIALYSIS						
59	ASC (NON-DISTINCT PART)						
60	PSYCHOLOGY	768,269	15,201	753,068			768,269
61	OUTPAT SERVICE COST CNTRS						
62	CLINIC	899,130	48,605	850,525			899,130
63	SLEEP CENTER	567,453	48,044	519,409			567,453
64	EMERGENCY						
65	OBSERVATION BEDS (NON-DIS						
66	OTHER REIMBURS COST CNTRS						
67	HOME PROGRAM DIALYSIS						
68	AMBULANCE SERVICES						
69	DURABLE MEDICAL EQUIP-REN						
70	DURABLE MEDICAL EQUIP-SOL						
101	SUBTOTAL	14,469,508	631,870	13,837,638			14,469,508
102	LESS OBSERVATION BEDS						
103	TOTAL	14,469,508	631,870	13,837,638			14,469,508

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			
	OPERATING ROOM			
	RECOVERY ROOM			
	DELIVERY ROOM & LABOR ROO			
	ANESTHESIOLOGY			
41	RADIOLOGY-DIAGNOSTIC	290,175	.660495	.660495
42	RADIOLOGY-THERAPEUTIC			
43	RADIOISOTOPE			
44	LABORATORY	1,321,372	.421921	.421921
45	PBP CLINICAL LAB SERVICES			
46	WHOLE BLOOD & PACKED RED			
47	BLOOD STORING, PROCESSING			
48	INTRAVENOUS THERAPY			
49	RESPIRATORY THERAPY	1,312,805	.457219	.457219
50	PHYSICAL THERAPY	11,765,269	.375949	.375949
51	OCCUPATIONAL THERAPY	8,784,319	.294561	.294561
52	SPEECH PATHOLOGY	3,806,708	.297145	.297145
53	ELECTROCARDIOLOGY			
54	ELECTROENCEPHALOGRAPHY			
55	MEDICAL SUPPLIES CHARGED	1,130,462	.268346	.268346
56	DRUGS CHARGED TO PATIENTS	4,401,813	.554335	.554335
57	RENAL DIALYSIS			
58	ASC (NON-DISTINCT PART)			
59	PSYCHOLOGY	1,309,350	.586756	.586756
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	1,401,857	.641385	.641385
60 01	SLEEP CENTER	1,093,119	.519114	.519114
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	SUBTOTAL	36,617,249		
102	LESS OBSERVATION BEDS			
103	TOTAL	36,617,249		

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						
39	RECOVERY ROOM						
40	DELIVERY ROOM & LABOR ROO						
41	ANESTHESIOLOGY						
42	RADIOLOGY-DIAGNOSTIC	191,659	8,654	183,005	865	10,614	180,180
43	RADIOLOGY-THERAPEUTIC						
44	RADIOISOTOPE						
45	LABORATORY	557,514	5,851	551,663	585	31,996	524,933
46	PBP CLINICAL LAB SERVICES						
47	WHOLE BLOOD & PACKED RED						
48	BLOOD STORING, PROCESSING						
49	INTRAVENOUS THERAPY						
50	RESPIRATORY THERAPY	600,240	9,801	590,439	980	34,245	565,015
51	PHYSICAL THERAPY	4,423,146	261,156	4,161,990	26,116	241,395	4,155,635
52	OCCUPATIONAL THERAPY	2,587,516	179,849	2,407,667	17,985	139,645	2,429,886
53	SPEECH PATHOLOGY	1,131,146	35,071	1,096,075	3,507	63,572	1,064,067
54	ELECTROCARDIOLOGY						
55	ELECTROENCEPHALOGRAPHY						
56	MEDICAL SUPPLIES CHARGED	303,355	654	302,701	65	17,557	285,733
57	DRUGS CHARGED TO PATIENTS	2,440,080	18,984	2,421,096	1,898	140,424	2,297,758
58	RENAL DIALYSIS						
59	ASC (NON-DISTINCT PART)						
60	PSYCHOLOGY	768,269	15,201	753,068	1,520	43,678	723,071
61	OUTPAT SERVICE COST CNTRS						
62	CLINIC	899,130	48,605	850,525	4,861	49,330	844,939
63	SLEEP CENTER	567,453	48,044	519,409	4,804	30,126	532,523
64	EMERGENCY						
65	OBSERVATION BEDS (NON-DIS						
66	OTHER REIMBURS COST CNTRS						
67	HOME PROGRAM DIALYSIS						
68	AMBULANCE SERVICES						
69	DURABLE MEDICAL EQUIP-REN						
70	DURABLE MEDICAL EQUIP-SOL						
101	SUBTOTAL	14,469,508	631,870	13,837,638	63,186	802,582	13,603,740
102	LESS OBSERVATION BEDS						
103	TOTAL	14,469,508	631,870	13,837,638	63,186	802,582	13,603,740

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			
	OPERATING ROOM			
37	RECOVERY ROOM			
38	DELIVERY ROOM & LABOR ROO			
39	ANESTHESIOLOGY			
40	RADIOLOGY-DIAGNOSTIC	290,175	.620936	.657514
41	RADIOLOGY-THERAPEUTIC			
42	RADIOISOTOPE			
43	LABORATORY	1,321,372	.397264	.421478
44	PBP CLINICAL LAB SERVICES			
45	WHOLE BLOOD & PACKED RED			
46	BLOOD STORING, PROCESSING			
47	INTRAVENOUS THERAPY			
48	RESPIRATORY THERAPY	1,312,805	.430388	.456473
49	PHYSICAL THERAPY	11,765,269	.353212	.373730
50	OCCUPATIONAL THERAPY	8,784,319	.276616	.292513
51	SPEECH PATHOLOGY	3,806,708	.279524	.296224
52	ELECTROCARDIOLOGY			
53	ELECTROENCEPHALOGRAPHY			
54	MEDICAL SUPPLIES CHARGED	1,130,462	.252758	.268289
55	DRUGS CHARGED TO PATIENTS	4,401,813	.522003	.553904
56	RENAL DIALYSIS			
57	ASC (NON-DISTINCT PART)			
58	PSYCHOLOGY	1,309,350	.552237	.585595
59	OUTPAT SERVICE COST CNTRS			
60	CLINIC	1,401,857	.602728	.637917
60	01 SLEEP CENTER	1,093,119	.487159	.514719
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	SUBTOTAL	36,617,249		
102	LESS OBSERVATION BEDS			
103	TOTAL	36,617,249		

TITLE XVIII, PART A

PPS

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				725,160		725,160
27	INTENSIVE CARE UNIT						
28	CORONARY CARE UNIT						
29	BURN INTENSIVE CARE UNIT						
31	SURGICAL INTENSIVE CARE U						
33	SUBPROVIDER						
101	NURSERY						
	TOTAL				725,160		725,160

TITLE XVIII, PART A

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	26,083	12,702			27.80	353,116
26	INTENSIVE CARE UNIT						
27	CORONARY CARE UNIT						
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U						
31	SUBPROVIDER						
33	NURSERY						
101	TOTAL	26,083	12,702				353,116

TITLE XVIII, PART A		HOSPITAL		PPS		
WKST A	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST	NEW CAPITAL RELATED COST	TOTAL CHARGES	INPAT PROGRAM CHARGES	OLD CAPITAL COST/CHRG RATIO
LINE NO.		1	2	3	4	5
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM					
38	RECOVERY ROOM					
39	DELIVERY ROOM & LABOR ROO					
40	ANESTHESIOLOGY					
41	RADIOLOGY-DIAGNOSTIC		8,654	290,175	148,508	
42	RADIOLOGY-THERAPEUTIC					
43	RADIOISOTOPE					
44	LABORATORY		5,851	1,321,372	687,882	
45	PBP CLINICAL LAB SERVICES					
46	WHOLE BLOOD & PACKED RED					
47	BLOOD STORING, PROCESSING					
48	INTRAVENOUS THERAPY					
49	RESPIRATORY THERAPY		9,801	1,312,805	492,098	
50	PHYSICAL THERAPY		261,156	11,765,269	3,961,017	
51	OCCUPATIONAL THERAPY		179,849	8,784,319	3,720,114	
52	SPEECH PATHOLOGY		35,071	3,806,708	1,236,439	
53	ELECTROCARDIOLOGY					
54	ELECTROENCEPHALOGRAPHY					
55	MEDICAL SUPPLIES CHARGED		654	1,130,462	579,973	
56	DRUGS CHARGED TO PATIENTS		18,984	4,401,813	1,752,439	
57	RENAL DIALYSIS					
58	ASC (NON-DISTINCT PART)					
59	PSYCHOLOGY		15,201	1,309,350		
60	OUTPAT SERVICE COST CNTRS					
60	01 CLINIC		48,605	1,401,857		
60	01 SLEEP CENTER		48,044	1,093,119	6,188	
61	EMERGENCY					
62	OBSERVATION BEDS (NON-DIS					
64	OTHER REIMBURS COST CNTRS					
65	HOME PROGRAM DIALYSIS					
66	AMBULANCE SERVICES					
67	DURABLE MEDICAL EQUIP-REN					
67	DURABLE MEDICAL EQUIP-SOL					
101	TOTAL		631,870	36,617,249	12,584,658	

TITLE XVIII, PART A		HOSPITAL	
WKST A	COST CENTER DESCRIPTION	NEW CAPITAL	
LINE NO.		CST/CHRG RATIO	COSTS
		7	8
	ANCILLARY SRVC COST CNTRS		
	OPERATING ROOM		
37	RECOVERY ROOM		
38	DELIVERY ROOM & LABOR ROO		
39	ANESTHESIOLOGY		
40	RADIOLOGY-DIAGNOSTIC	.029823	4,429
41	RADIOLOGY-THERAPEUTIC		
42	RADIOISOTOPE		
43	LABORATORY	.004428	3,046
44	PBP CLINICAL LAB SERVICES		
45	WHOLE BLOOD & PACKED RED		
46	BLOOD STORING, PROCESSING		
47	INTRAVENOUS THERAPY		
48	RESPIRATORY THERAPY	.007466	3,674
49	PHYSICAL THERAPY	.022197	87,923
50	OCCUPATIONAL THERAPY	.020474	76,166
51	SPEECH PATHOLOGY	.009213	11,391
52	ELECTROCARDIOLOGY		
53	ELECTROENCEPHALOGRAPHY		
54	MEDICAL SUPPLIES CHARGED	.000579	336
55	DRUGS CHARGED TO PATIENTS	.004313	7,558
56	RENAL DIALYSIS		
57	ASC (NON-DISTINCT PART)		
58	PSYCHOLOGY	.011610	
59	OUTPAT SERVICE COST CNTRS		
60	CLINIC	.034672	
60	01 SLEEP CENTER	.043951	272
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		194,795

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					26,083	
26	INTENSIVE CARE UNIT						
27	CORONARY CARE UNIT						
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U						
31	SUBPROVIDER						
33	NURSERY						
34	SKILLED NURSING FACILITY						
35	NURSING FACILITY						
35 01	ICF/MR						
101	TOTAL					26,083	

WKST A	COST CENTER DESCRIPTION	INPATIENT	INPAT PROGRAM
LINE NO.		PROG DAYS	PASS THRU COST
		7	8
25	ADULTS & PEDIATRICS	12,702	
26	INTENSIVE CARE UNIT		
27	CORONARY CARE UNIT		
28	BURN INTENSIVE CARE UNIT		
29	SURGICAL INTENSIVE CARE U		
31	SUBPROVIDER		
33	NURSERY		
34	SKILLED NURSING FACILITY		
35	NURSING FACILITY		
35 01	ICF/MR		
101	TOTAL	12,702	

TITLE XVIII, PART A		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	PSYCHOLOGY					
60	01 OUTPAT SERVICE COST CNTRS					
61	CLINIC					
62	SLEEP CENTER					
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		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	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								
38	RECOVERY ROOM								
39	DELIVERY ROOM & LABOR ROO								
40	ANESTHESIOLOGY								
41	RADIOLOGY-DIAGNOSTIC			290,175			148,508		
42	RADIOLOGY-THERAPEUTIC								
43	RADIOISOTOPE								
44	LABORATORY			1,321,372			687,882		
45	PBP CLINICAL LAB SERVICES								
46	WHOLE BLOOD & PACKED RED								
47	BLOOD STORING, PROCESSING								
48	INTRAVENOUS THERAPY								
49	RESPIRATORY THERAPY			1,312,805			492,098		
50	PHYSICAL THERAPY			11,765,269			3,961,017		
51	OCCUPATIONAL THERAPY			8,784,319			3,720,114		
52	SPEECH PATHOLOGY			3,806,708			1,236,439		
53	ELECTROCARDIOLOGY								
54	ELECTROENCEPHALOGRAPHY								
55	MEDICAL SUPPLIES CHARGED			1,130,462			579,973		
56	DRUGS CHARGED TO PATIENTS			4,401,813			1,752,439		
57	RENAL DIALYSIS								
58	ASC (NON-DISTINCT PART)								
59	PSYCHOLOGY			1,309,350					
	OUTPAT SERVICE COST CNTRS								
60	CLINIC			1,401,857					
60	01 SLEEP CENTER			1,093,119			6,188		
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			36,617,249			12,584,658		

TITLE XVIII, PART A		HOSPITAL				PPS		COL 8.01	COL 8.02
WKST A	COST CENTER DESCRIPTION	OUTPAT PROG	OUTPAT PROG	OUTPAT PROG	OUTPAT PROG	OUTPAT PROG	* COL 5	* COL 5	
LINE NO.		CHARGES	D, V COL 5.03	D, V COL 5.04	PASS THRU COST		9.01	9.02	
		8	8.01	8.02	9				
	ANCILLARY SRVC COST CNTRS								
	OPERATING ROOM								
	RECOVERY ROOM								
	DELIVERY ROOM & LABOR ROO								
	ANESTHESIOLOGY								
37	RADIOLOGY-DIAGNOSTIC		34,648						
38	RADIOLOGY-THERAPEUTIC								
39	RADIOISOTOPE								
40	LABORATORY								
41	PBP CLINICAL LAB SERVICES								
42	WHOLE BLOOD & PACKED RED								
43	BLOOD STORING, PROCESSING								
44	INTRAVENOUS THERAPY								
45	RESPIRATORY THERAPY		385						
46	PHYSICAL THERAPY		4,020						
47	OCCUPATIONAL THERAPY		5,088						
48	SPEECH PATHOLOGY								
49	ELECTROCARDIOLOGY								
50	ELECTROENCEPHALOGRAPHY								
51	MEDICAL SUPPLIES CHARGED		31,428						
52	DRUGS CHARGED TO PATIENTS		362,771						
53	RENAL DIALYSIS								
54	ASC (NON-DISTINCT PART)								
55	PSYCHOLOGY								
56	OUTPAT SERVICE COST CNTRS								
57	CLINIC		306,316						
58	SLEEP CENTER		196,879						
59	EMERGENCY								
60	OBSERVATION BEDS (NON-DIS								
61	OTHER REIMBURS COST CNTRS								
62	HOME PROGRAM DIALYSIS								
63	AMBULANCE SERVICES								
64	DURABLE MEDICAL EQUIP-REN								
65	DURABLE MEDICAL EQUIP-SOL								
66	TOTAL		941,535						
101									

TITLE XVIII, PART B

HOSPITAL

Cost Center Description	Cost/Charge Ratio (C, Pt I, col. 9)	Cost/Charge Ratio (C, Pt II, col. 9)	Outpatient Ambulatory Surgical Ctr	Outpatient Radiology	Other Outpatient Diagnostic
	1	1.02	2	3	4
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM					
38 RECOVERY ROOM					
39 DELIVERY ROOM & LABOR ROOM					
40 ANESTHESIOLOGY					
41 RADIOLOGY-DIAGNOSTIC	.660495	.660495			
42 RADIOLOGY-THERAPEUTIC					
43 RADIOISOTOPE					
44 LABORATORY	.421921	.421921			
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	.457219	.457219			
50 PHYSICAL THERAPY	.375949	.375949			
51 OCCUPATIONAL THERAPY	.294561	.294561			
52 SPEECH PATHOLOGY	.297145	.297145			
53 ELECTROCARDIOLOGY					
54 ELECTROENCEPHALOGRAPHY					
55 MEDICAL SUPPLIES CHARGED TO PATIENTS	.268346	.268346			
56 DRUGS CHARGED TO PATIENTS	.554335	.554335			
57 RENAL DIALYSIS					
58 ASC (NON-DISTINCT PART)					
59 PSYCHOLOGY	.586756	.586756			
60 OUTPAT SERVICE COST CNTRS					
60 01 CLINIC	.641385	.641385			
61 SLEEP CENTER	.519114	.519114			
61 EMERGENCY					
62 OBSERVATION BEDS (NON-DISTINCT PART)					
62 OTHER REIMBURS COST CNTRS					
64 HOME PROGRAM DIALYSIS					
65 AMBULANCE SERVICES					
66 DURABLE MEDICAL EQUIP-RENTED					
67 DURABLE MEDICAL EQUIP-SOLD					
101 SUBTOTAL					
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES					
104 NET CHARGES					

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

TITLE XVIII, PART B

HOSPITAL

Cost Center Description	All Other (1)	PPS Services FYB to 12/31	Non-PPS Services	PPS Services 1/1 to FYE	Outpatient Ambulatory Surgical Ctr
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM					
38 RECOVERY ROOM					
39 DELIVERY ROOM & LABOR ROOM					
40 ANESTHESIOLOGY					
41 RADIOLOGY-DIAGNOSTIC		34,648			
42 RADIOLOGY-THERAPEUTIC					
43 RADIOISOTOPE					
44 LABORATORY					
45 PBP CLINICAL LAB SERVICES-PRGM ONLY					
46 WHOLE BLOOD & PACKED RED BLOOD CELLS					
47 BLOOD STORING, PROCESSING & TRANS.					
48 INTRAVENOUS THERAPY					
49 RESPIRATORY THERAPY		385			
50 PHYSICAL THERAPY		4,020			
51 OCCUPATIONAL THERAPY		5,088			
52 SPEECH PATHOLOGY					
53 ELECTROCARDIOLOGY					
54 ELECTROENCEPHALOGRAPHY					
55 MEDICAL SUPPLIES CHARGED TO PATIENTS		31,428			
56 DRUGS CHARGED TO PATIENTS		362,771			
57 RENAL DIALYSIS					
58 ASC (NON-DISTINCT PART)					
59 PSYCHOLOGY					
60 OUTPAT SERVICE COST CNTRS					
60 01 CLINIC		306,316			
61 SLEEP CENTER		196,879			
61 EMERGENCY					
62 OBSERVATION BEDS (NON-DISTINCT PART)					
62 OTHER REIMBURS COST CNTRS					
64 HOME PROGRAM DIALYSIS					
65 AMBULANCE SERVICES					
66 DURABLE MEDICAL EQUIP-RENTED					
67 DURABLE MEDICAL EQUIP-SOLD					
101 SUBTOTAL		941,535			
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES					
104 NET CHARGES		941,535			

(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	Outpatient Radiology	Other Outpatient Diagnostic	All Other	PPS Services FYB to 12/31	Non-PPS Services
	7	8	9	9.01	9.02
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM					
38 RECOVERY ROOM					
39 DELIVERY ROOM & LABOR ROOM					
40 ANESTHESIOLOGY					
41 RADIOLOGY-DIAGNOSTIC				22,885	
42 RADIOLOGY-THERAPEUTIC					
43 RADIOISOTOPE					
44 LABORATORY					
45 PBP CLINICAL LAB SERVICES-PRGM ONLY					
46 WHOLE BLOOD & PACKED RED BLOOD CELLS					
47 BLOOD STORING, PROCESSING & TRANS.					
48 INTRAVENOUS THERAPY					
49 RESPIRATORY THERAPY				176	
50 PHYSICAL THERAPY				1,511	
51 OCCUPATIONAL THERAPY				1,499	
52 SPEECH PATHOLOGY					
53 ELECTROCARDIOLOGY					
54 ELECTROENCEPHALOGRAPHY					
55 MEDICAL SUPPLIES CHARGED TO PATIENTS				8,434	
56 DRUGS CHARGED TO PATIENTS				201,097	
57 RENAL DIALYSIS					
58 ASC (NON-DISTINCT PART)					
59 PSYCHOLOGY					
60 OUTPAT SERVICE COST CNTRS					
60 01 CLINIC				196,466	
61 SLEEP CENTER				102,203	
61 EMERGENCY					
62 OBSERVATION BEDS (NON-DISTINCT PART)					
62 OTHER REIMBURS COST CNTRS					
64 HOME PROGRAM DIALYSIS					
65 AMBULANCE SERVICES					
66 DURABLE MEDICAL EQUIP-RENTED					
67 DURABLE MEDICAL EQUIP-SOLD					
101 SUBTOTAL				534,271	
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES					
104 NET CHARGES				534,271	

(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

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

Cost Center Description 9.03 10 11

- (A) ANCILLARY SRVC COST CNTRS
- 37 OPERATING ROOM
- 38 RECOVERY ROOM
- 39 DELIVERY ROOM & LABOR ROOM
- 40 ANESTHESIOLOGY
- 41 RADIOLOGY-DIAGNOSTIC
- 42 RADIOLOGY-THERAPEUTIC
- 43 RADIOISOTOPE
- 44 LABORATORY
- 45 PBP CLINICAL LAB SERVICES-PRGM ONLY
- 46 WHOLE BLOOD & PACKED RED BLOOD CELLS
- 47 BLOOD STORING, PROCESSING & TRANS.
- 48 INTRAVENOUS THERAPY
- 49 RESPIRATORY THERAPY
- 50 PHYSICAL THERAPY
- 51 OCCUPATIONAL THERAPY
- 52 SPEECH PATHOLOGY
- 53 ELECTROCARDIOLOGY
- 54 ELECTROENCEPHALOGRAPHY
- 55 MEDICAL SUPPLIES CHARGED TO PATIENTS
- 56 DRUGS CHARGED TO PATIENTS
- 57 RENAL DIALYSIS
- 58 ASC (NON-DISTINCT PART)
- 59 PSYCHOLOGY
- 60 OUTPAT SERVICE COST CNTRS
- 60 01 CLINIC
- 61 SLEEP CENTER
- 61 EMERGENCY
- 62 OBSERVATION BEDS (NON-DISTINCT PART)
- 62 OTHER REIMBURS COST CNTRS
- 64 HOME PROGRAM DIALYSIS
- 65 AMBULANCE SERVICES
- 66 DURABLE MEDICAL EQUIP-RENTED
- 67 DURABLE MEDICAL EQUIP-SOLD
- 101 SUBTOTAL
- 102 CRNA CHARGES
- 103 LESS PBP CLINIC LAB SVCS-
- PROGRAM ONLY CHARGES
- 104 NET CHARGES

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

TITLE XVIII PART A

HOSPITAL

PPS

PART I - ALL PROVIDER COMPONENTS

1

INPATIENT DAYS

1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	26,083
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	26,083
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	26,083
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)	12,702
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	16,490,692
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	16,490,692

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	23,728,406
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	23,728,406
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.694977
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	909.73
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	16,490,692

TITLE XVIII PART A

HOSPITAL

PPS

PART II - HOSPITAL AND SUBPROVIDERS ONLY

1

PROGRAM INPATIENT OPERATING COST BEFORE  
 PASS THROUGH COST ADJUSTMENTS

38 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM 632.24  
 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST 8,030,712  
 40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM  
 41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST 8,030,712

	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					1 4,695,943
49 TOTAL PROGRAM INPATIENT COSTS					12,726,655

PASS THROUGH COST ADJUSTMENTS

50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES 353,116  
 51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES 194,795  
 52 TOTAL PROGRAM EXCLUDABLE COST 547,911  
 53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN  
 ANESTHETIST, AND MEDICAL EDUCATION COSTS 12,178,744

TARGET AMOUNT AND LIMIT COMPUTATION

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

PROGRAM INPATIENT ROUTINE SWING BED COST

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

TITLE XVIII PART A HOSPITAL PPS

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

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

PART IV - COMPUTATION OF OBSERVATION BED COST

83 TOTAL OBSERVATION BED DAYS  
 84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM 632.24  
 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		16,490,692			
87 NEW CAPITAL-RELATED COST	725,160	16,490,692	.043974		
88 NON PHYSICIAN ANESTHETIST		16,490,692			
89 MEDICAL EDUCATION		16,490,692			
89.01 MEDICAL EDUCATION - ALLIED HEA					
89.02 MEDICAL EDUCATION - ALL OTHER					

TITLE XVIII, PART A		HOSPITAL	PPS		
WKST A	COST CENTER DESCRIPTION		RATIO COST TO CHARGES	INPATIENT CHARGES	INPATIENT COST
LINE NO.			1	2	3
	INPAT ROUTINE SRVC CNTRS				
25	ADULTS & PEDIATRICS			11,330,458	
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				
38	RECOVERY ROOM				
39	DELIVERY ROOM & LABOR ROOM				
40	ANESTHESIOLOGY				
41	RADIOLOGY-DIAGNOSTIC		.660495	148,508	98,089
42	RADIOLOGY-THERAPEUTIC				
43	RADIOISOTOPE				
44	LABORATORY		.421921	687,882	290,232
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		.457219	492,098	224,997
50	PHYSICAL THERAPY		.375949	3,961,017	1,489,140
51	OCCUPATIONAL THERAPY		.294561	3,720,114	1,095,800
52	SPEECH PATHOLOGY		.297145	1,236,439	367,402
53	ELECTROCARDIOLOGY				
54	ELECTROENCEPHALOGRAPHY				
55	MEDICAL SUPPLIES CHARGED TO PATIENTS		.268346	579,973	155,633
56	DRUGS CHARGED TO PATIENTS		.554335	1,752,439	971,438
57	RENAL DIALYSIS				
58	ASC (NON-DISTINCT PART)				
59	PSYCHOLOGY		.586756		
	OUTPAT SERVICE COST CNTRS				
60	CLINIC		.641385		
60	01 SLEEP CENTER		.519114	6,188	3,212
61	EMERGENCY				
62	OBSERVATION BEDS (NON-DISTINCT PART)				
	OTHER REIMBURS COST CNTRS				
64	HOME PROGRAM DIALYSIS				
65	AMBULANCE SERVICES				
66	DURABLE MEDICAL EQUIP-RENTED				
67	DURABLE MEDICAL EQUIP-SOLD				
101	TOTAL			12,584,658	4,695,943
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES				
103	NET CHARGES			12,584,658	

TITLE XIX		HOSPITAL	OTHER	
WKST A	COST CENTER DESCRIPTION	RATIO COST	INPATIENT	INPATIENT
LINE NO.		TO CHARGES	CHARGES	COST
		1	2	3
	INPAT ROUTINE SRVC CNTRS			
25	ADULTS & PEDIATRICS		3,734,199	
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			
38	RECOVERY ROOM			
39	DELIVERY ROOM & LABOR ROOM			
40	ANESTHESIOLOGY			
41	RADIOLOGY-DIAGNOSTIC	.660495	23,595	15,584
42	RADIOLOGY-THERAPEUTIC			
43	RADIOISOTOPE			
44	LABORATORY	.421921	151,694	64,003
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	.457219	208,865	95,497
50	PHYSICAL THERAPY	.375949	1,095,210	411,743
51	OCCUPATIONAL THERAPY	.294561	960,899	283,043
52	SPEECH PATHOLOGY	.297145	506,563	150,523
53	ELECTROCARDIOLOGY			
54	ELECTROENCEPHALOGRAPHY			
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.268346		
56	DRUGS CHARGED TO PATIENTS	.554335	596,505	330,664
57	RENAL DIALYSIS			
58	ASC (NON-DISTINCT PART)			
59	PSYCHOLOGY	.586756		
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	.641385		
60	01 SLEEP CENTER	.519114	6,106	3,170
61	EMERGENCY			
62	OBSERVATION BEDS (NON-DISTINCT PART)			
	OTHER REIMBURS COST CNTRS			
64	HOME PROGRAM DIALYSIS			
65	AMBULANCE SERVICES			
66	DURABLE MEDICAL EQUIP-RENTED			
67	DURABLE MEDICAL EQUIP-SOLD			
101	TOTAL		3,549,437	1,354,227
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		3,549,437	

PART B - MEDICAL AND OTHER HEALTH SERVICES

HOSPITAL

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)	
1.01	MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER APRIL 1, 2001 (SEE INSTRUCTIONS).	534,271
1.02	PPS PAYMENTS RECEIVED INCLUDING OUTLIERS.	372,386
1.03	ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO.	866
1.04	LINE 1.01 TIMES LINE 1.03.	462,679
1.05	LINE 1.02 DIVIDED BY LINE 1.04.	80.48
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)	
	COMPUTATION OF LESSER OF COST OR CHARGES	
	REASONABLE CHARGES	
6	ANCILLARY SERVICE CHARGES	
7	INTERNS AND RESIDENTS SERVICE CHARGES	
8	ORGAN ACQUISITION CHARGES	
9	CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS.	
10	TOTAL REASONABLE CHARGES	
	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)	
17.01	TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 1.02, 1.06 AND 1.07)	372,386
	COMPUTATION OF REIMBURSEMENT SETTLEMENT	
18	DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)	
18.01	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 17.01 (SEE INSTRUCTIONS)	91,162
19	SUBTOTAL (SEE INSTRUCTIONS)	281,224
20	SUM OF AMOUNTS FROM WORKSHEET E PARTS C, D & E (SEE INSTR.)	
21	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	3,585
22	ESRD DIRECT MEDICAL EDUCATION COSTS	
23	SUBTOTAL	284,809
24	PRIMARY PAYER PAYMENTS	517
25	SUBTOTAL	284,292
	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)	
26	COMPOSITE RATE ESRD	
27	BAD DEBTS (SEE INSTRUCTIONS)	
27.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	
27.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	
28	SUBTOTAL	284,292
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	284,292
33	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
34	INTERIM PAYMENTS	280,707
34.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
35	BALANCE DUE PROVIDER/PROGRAM	3,585
36	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2	

TITLE XVIII HOSPITAL

DESCRIPTION	INPATIENT- PART A		PART B	
	MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		14, 181, 157		280, 707
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	10/ 9/2007	62, 232		
ADJUSTMENTS TO PROVIDER .02				
ADJUSTMENTS TO PROVIDER .03				
ADJUSTMENTS TO PROVIDER .04				
ADJUSTMENTS TO PROVIDER .05				
ADJUSTMENTS TO PROGRAM .50	8/16/2007	18, 874		
ADJUSTMENTS TO PROGRAM .51				
ADJUSTMENTS TO PROGRAM .52				
ADJUSTMENTS TO PROGRAM .53				
ADJUSTMENTS TO PROGRAM .54				
SUBTOTAL .99		43, 358		NONE
4 TOTAL INTERIM PAYMENTS		14, 224, 515		280, 707
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.

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

1	INPATIENT HOSPITAL SERVICES (SEE INSTRUCTIONS)	
1.01	HOSPITAL SPECIFIC AMOUNT (SEE INSTRUCTIONS)	
1.02	ENTER FROM THE PS&R, THE IRF PPS PAYMENT	13,265,332
1.03	MEDICAID SSI RATIO (IRF PPS ONLY) (SEE INSTR.)	.0296
1.04	INPATIENT REHABILITATION FACILITY LIP PAYMENTS (SEE INSTRUCTIONS)	1,442,154
1.05	OUTLIER PAYMENTS	295,718
1.06	TOTAL PPS PAYMENTS (SUM OF LINES 1.01, (1.02, 1.04 FOR COLUMNS 1 & 1.01), 1.05 AND 1.42)	15,060,072
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)	
1.09	NET IPF PPS OUTLIER PAYMENTS	
1.10	NET IPF PPS ECT PAYMENTS	
1.11	UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR LATEST COST REPORT FILED PRIOR TO NOVEMBER 15, 2004 (SEE INSTRUCTIONS)	
1.12	NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTRUCTIONS)	
1.13	CURRENT YEARS UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.14	CURRENT YEARS UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.15	INTERN AND RESIDENT COUNT FOR IPF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)	
1.16	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)	
1.17	MEDICAL EDUCATION ADJUSTMENT FACTOR $\{(1 + (\text{LINE } 1.15/1.16)) \text{ RAISED TO THE POWER OF } .5150 - 1\}$	
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)	
1.20	STOP LOSS PAYMENT FLOOR (LINE 1 x 70%)	
1.21	ADJUSTED NET PAYMENT FLOOR (LINE 1.20 x THE APPROPRIATE FEDERAL BLEND PERCENTAGE)	
1.22	STOP LOSS ADJUSTMENT (IF LINE 1.21 IS GREATER THAN LINE 1.19 ENTER THE AMOUNT ON LINE 1.21 LESS LINE 1.19 OTHERWISE ENTER -0-)	
1.23	TOTAL IPF PPS PAYMENTS (SUM OF LINES 1.01, 1.19 AND 1.22)	
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.)	.34
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.)	3.08
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)	.34
1.40	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)	71.460274
1.41	MEDICAL EDUCATION ADJUSTMENT FACTOR $\{(1 + (\text{LINE } 1.39/1.40)) \text{ RAISED TO THE POWER OF } .9012 - 1\}$	.004287
1.42	MEDICAL EDUCATION ADJUSTMENT (LINE 1.02 MULTIPLIED BY LINE 1.41)	56,868
2	ORGAN ACQUISITION	
3	COST OF TEACHING PHYSICIANS	
4	SUBTOTAL (SEE INSTRUCTIONS)	15,060,072
5	PRIMARY PAYER PAYMENTS	109,482
6	SUBTOTAL	14,950,590
7	DEDUCTIBLES	92,094
8	SUBTOTAL	14,858,496
9	COINSURANCE	160,048
10	SUBTOTAL	14,698,448
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	14,698,448
13	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	84,735
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)	14,783,183
18	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
19	INTERIM PAYMENTS	14,224,515
19.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
20	BALANCE DUE PROVIDER/PROGRAM	558,668
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  
HOSPITAL

- 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.

TITLE XVIII

COMPUTATION OF TOTAL DIRECT GME AMOUNT		
1	NUMBER OF FTE RESIDENTS FOR OB/GYN & PRIMARY CARE	
1.01	NUMBER OF FTE RESIDENTS FOR ALL OTHER (SEE INSTR)	
2	UPDATED PER RESIDENT AMOUNT FOR OB/GYN & PRIMARY	
2.01	UPDATED PER RESIDENT AMOUNT FOR ALL OTHER (SEE INSTR)	
3	AGGREGATE APPROVED AMOUNT	
3.01	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR COST REPTG PERIODS ENDING ON OR BEFORE 12/31/96	
3.02	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS WHICH MEET THE CRITERIA FOR AN ADD ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH 42 CFR 413.86(g)(6)	
3.03	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGS FOR AFFILIATED PROGS IN ACCORD W/ 42 CFR 413.86(g)(4).	E-3, PT 6 LN 4 + LINE 3.03
3.04	FTE ADJUSTMENT CAP (SUM OF LINES 3.01 THRU 3.03)	3.08
3.05	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR THE CURRENT YEAR FROM YOUR RECORDS	3.08
3.06	ENTER THE LESSER OF LINE 3.04 OR LINE 3.05.	3.08
3.07	WEIGHTED FTE COUNT FOR PRIMARY CARE PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR IN COLUMN 1. IF CURRENT YEAR IS ZERO AND TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COL. ZERO.	
3.08	WEIGHTED FTE COUNT FOR ALL OTHER PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR IN COLUMN 1. IF CURRENT YEAR IS ZERO AND TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COL. ZERO.	2.92
3.09	ENTER THE SUM OF LINES 3.07 AND 3.08.	2.92
3.10	SEE INSTRUCTIONS	2.92
3.11	WEIGHTED DENTAL & PODIATRIC RESIDENT FTE COUNT FOR CUR YEAR IN COLUMN 1. IF CURRENT YEAR IS ZERO & TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COL. ZERO.	
3.12	SEE INSTRUCTIONS	2.92
3.13	TOTAL WEIGHTED RESIDENT FTE COUNT FOR NONPRIMARY CARE RESIDENTS FOR THE PRIOR COST REPORTING YEAR (SEE INSTRUCTIONS)	2.84
3.14	TOTAL WEIGHTED RESIDENT FTE COUNT FOR NONPRIMARY CARE RESIDENTS FOR THE PENULTIMATE COST REPORTING YEAR (SEE INSTRUCTIONS)	1.99
3.15	ROLLING AVERAGE FTE COUNT (SEE INSTRUCTIONS)	RES INIT YEARS
3.16	ENTER THE SUM OF LINE 3.15 PLUS THE WEIGHTED NUMBER OF NONPRIMARY CARE FTE RESIDENTS IN THE INITIAL YEAR OF NEW ALLOPATHIC AND OSTEOPATHIC PROGRAMS. (SEE INSTRUCTIONS)	2.58
3.17	ENTER THE NONPRIMARY CARE PER RESIDENT AMOUNT.	70,295.15
3.18	SEE INSTRUCTIONS	181,361
3.19	ENTER THE WEIGHTED FTE RESIDENT COUNT FOR PRIMARY CARE AND OB/GYN RESIDENTS FOR THE PRIOR YEAR (SEE INSTRUCTIONS)	
3.20	ENTER THE WEIGHTED FTE RESIDENT COUNT FOR PRIMARY CARE AND OB/GYN RESIDENTS FOR THE PENULTIMATE YEAR (SEE INSTRUCTIONS)	
3.21	SEE INSTRUCTIONS	RES INIT YEARS
3.22	SEE INSTRUCTIONS	
3.23	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001	
3.24	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001	
3.25	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001	181,361
COMPUTATION OF PROGRAM PATIENT LOAD		
4	PROGRAM PART A INPATIENT DAYS	12,702
5	TOTAL INPATIENT DAYS	26,083
6	RATIO OF PROGRAM INPATIENT DAYS TO TOTAL INPATIENT DAYS.	LN 6 * LN 3.25 + E-3, 6 L 11
6.01	TOTAL GME PAYMENT FOR NON-MANAGED CARE DAYS	88,320
6.02	PROGRAM MANAGED CARE DAYS OCCURRING ON OR AFTER JANUARY 1 OF THIS COST REPORTING PERIOD (SEE INSTRUCTIONS)	
6.03	ENTER THE TOTAL INPATIENT DAYS FROM LINE 5 ABOVE.	26,083
6.04	ENTER THE APPROPRIATE PERCENTAGE FOR INCLUSION OF THE MANAGED CARE DAYS (SEE INSTRUCTIONS)	100.00
6.05	GRADUATE MEDICAL EDUCATION PAYMENT FOR MANAGED CARE DAYS ON OR AFTER JAN 1 THROUGH THE END OF THE COST REPORTING PERIOD.	
6.06	PROGRAM MANAGED CARE DAYS OCCURRING BEFORE JAN 1 OF THIS COST REPORTING YEAR (SEE INSTRUCTIONS)	
6.07	ENTER THE APPROPRIATE PERCENTAGE USING THE CRITERIA IDENTIFIED ON LINE 6.04 ABOVE. (SEE INSTRUCTIONS)	100.00
6.08	GRADUATE MEDICAL EDUCATION PAYMENT FOR MANAGED CARE DAYS PRIOR TO JANUARY 1 OF THIS COST REPORTING PERIOD	PRIOR TO 422 E-3, 6 LN 12
DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY		
7	RENAL DIALYSIS DIRECT MEDICAL EDUCATION COSTS	
8	RENAL DIALYSIS AND HOME DIALYSIS TOTAL CHARGES	
9	RATIO OF DIRECT MEDICAL EDUCATION COSTS TO TOTAL CHARGES	
10	MEDICARE OUTPATIENT ESRD CHARGES	
11	MEDICARE OUTPATIENT ESRD DIRECT MEDICAL EDUCATION COSTS	
APPORTIONMENT BASED ON MEDICARE REASONABLE COST TITLE XVIII ONLY		
PART A REASONABLE COST		
12	REASONABLE COST (SEE INSTRUCTIONS)	12,726,655
13	ORGAN ACQUISITION COSTS	
14	COST OF TEACHING PHYSICIANS	
15	PRIMARY PAYER PAYMENTS	109,482
16	TOTAL PART A REASONABLE COST	12,617,173

TITLE XVIII

PART B REASONABLE COST		
17	REASONABLE COST	534,271
18	PRIMARY PAYER PAYMENTS	517
19	TOTAL PART B REASONABLE COST	533,754
20	TOTAL REASONABLE COST	13,150,927
21	RATIO OF PART A REASONABLE COST TO TOTAL REASONABLE COST	.959413
22	RATIO OF PART B REASONABLE COST TO TOTAL REASONABLE COST	.040587
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B		
23	TOTAL PROGRAM GME PAYMENT	
23.01	FOR COST REPORTING PERIODS BEGINNING ON OR AFTER 10/1/97 (SUM OF LINES 6.01, 6.05, & 6.08)	88,320
24	PART A MEDICARE GME PAYMENT--TITLE XVIII ONLY	84,735
25	PART B MEDICARE GME PAYMENT--TITLE XVIII ONLY	3,585

ASSETS		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
CURRENT ASSETS					
1	CASH ON HAND AND IN BANKS	1,131,987			
2	TEMPORARY INVESTMENTS	416			
3	NOTES RECEIVABLE				
4	ACCOUNTS RECEIVABLE	15,399,653			
5	OTHER RECEIVABLES	-14,681,086			
6	LESS: ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE	-8,475,941			
7	INVENTORY	280,480			
8	PREPAID EXPENSES	141,578			
9	OTHER CURRENT ASSETS	2,272			
10	DUE FROM OTHER FUNDS				
11	TOTAL CURRENT ASSETS	-6,200,641			
FIXED ASSETS					
12	LAND	2,519,910			
13	LAND IMPROVEMENTS	137,193			
13.01	LESS ACCUMULATED DEPRECIATION	-83,542			
14	BUILDINGS	13,661,704			
14.01	LESS ACCUMULATED DEPRECIATION	-7,105,627			
15	LEASEHOLD IMPROVEMENTS	69,244			
15.01	LESS ACCUMULATED DEPRECIATION	-60,933			
16	FIXED EQUIPMENT	2,157,663			
16.01	LESS ACCUMULATED DEPRECIATION	-1,576,657			
17	AUTOMOBILES AND TRUCKS				
17.01	LESS ACCUMULATED DEPRECIATION				
18	MAJOR MOVABLE EQUIPMENT	7,310,545			
18.01	LESS ACCUMULATED DEPRECIATION	-5,798,826			
19	MINOR EQUIPMENT DEPRECIABLE	190,798			
19.01	LESS ACCUMULATED DEPRECIATION				
20	MINOR EQUIPMENT-NONDEPRECIABLE				
21	TOTAL FIXED ASSETS	11,421,472			
OTHER ASSETS					
22	INVESTMENTS	467,219			
23	DEPOSITS ON LEASES				
24	DUE FROM OWNERS/OFFICERS				
25	OTHER ASSETS	382,979			
26	TOTAL OTHER ASSETS	850,198			
27	TOTAL ASSETS	6,071,029			

	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
	1	2	3	4
LIABILITIES AND FUND BALANCE				
CURRENT LIABILITIES				
28 ACCOUNTS PAYABLE	-6,608,576			
29 SALARIES, WAGES & FEES PAYABLE	-2,857,706			
30 PAYROLL TAXES PAYABLE	87,954			
31 NOTES AND LOANS PAYABLE (SHORT TERM)	816,922			
32 DEFERRED INCOME				
33 ACCELERATED PAYMENTS				
34 DUE TO OTHER FUNDS				
35 OTHER CURRENT LIABILITIES	-296,266			
36 TOTAL CURRENT LIABILITIES	-8,857,672			
LONG TERM LIABILITIES				
37 MORTGAGE PAYABLE	14,780,424			
38 NOTES PAYABLE				
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	14,780,424			
43 TOTAL LIABILITIES	5,922,752			
CAPITAL ACCOUNTS				
44 GENERAL FUND BALANCE	148,277			
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	148,277			
52 TOTAL LIABILITIES AND FUND BALANCES	6,071,029			

STATEMENT OF CHANGES IN FUND BALANCES

	GENERAL FUND 1	2	SPECIFIC PURPOSE FUND 3	4
1 FUND BALANCE AT BEGINNING		-806,458		
2 OF PERIOD				
3 NET INCOME (LOSS)		954,735		
4 TOTAL		148,277		
5 ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
6				
7				
8				
9				
10 TOTAL ADDITIONS				
11 SUBTOTAL		148,277		
12 DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
13				
14				
15				
16				
17				
18 TOTAL DEDUCTIONS				
19 FUND BALANCE AT END OF PERIOD PER BALANCE SHEET		148,277		

	ENDOWMENT FUND 5	6	PLANT FUND 7	8
1 FUND BALANCE AT BEGINNING				
2 OF PERIOD				
3 NET INCOME (LOSS)				
4 TOTAL				
5 ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
6				
7				
8				
9				
10 TOTAL ADDITIONS				
11 SUBTOTAL				
12 DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
13				
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			
2 00 HOSPITAL	23,728,406		23,728,406
4 00 SUBPROVIDER			
5 00 SWING BED - SNF			
6 00 SWING BED - NF			
7 00 SKILLED NURSING FACILITY			
7 00 NURSING FACILITY			
7 01 ICF/MR			
8 00 OTHER LONG TERM CARE			
9 00 TOTAL GENERAL INPATIENT ROUTINE CARE INTENSIVE CARE TYPE INPATIENT HOSPITAL SVCS	23,728,406		23,728,406
10 00 INTENSIVE CARE UNIT			
11 00 CORONARY CARE UNIT			
12 00 BURN INTENSIVE CARE UNIT			
13 00 SURGICAL INTENSIVE CARE UNIT			
15 00 TOTAL INTENSIVE CARE TYPE INPAT HOSP			
16 00 TOTAL INPATIENT ROUTINE CARE SERVICE	23,728,406		23,728,406
17 00 ANCILLARY SERVICES	26,446,201	10,171,047	36,617,248
18 00 OUTPATIENT SERVICES		91,990	91,990
19 00 HOME HEALTH AGENCY			
20 00 AMBULANCE SERVICES			
21 00 CORF			
22 00 AMBULATORY SURGICAL CENTER (D. P.)			
23 00 HOSPICE			
24 00			
25 00 TOTAL PATIENT REVENUES	50,174,607	10,263,037	60,437,644

PART II - OPERATING EXPENSES

26 00 OPERATING EXPENSES		33,014,851	
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		33,014,851	

STATEMENT OF REVENUES AND EXPENSES

DESCRIPTION

1	TOTAL PATIENT REVENUES	60,437,644
2	LESS: ALLOWANCES AND DISCOUNTS ON	25,622,428
3	NET PATIENT REVENUES	34,815,216
4	LESS: TOTAL OPERATING EXPENSES	33,014,851
5	NET INCOME FROM SERVICE TO PATIENT	1,800,365
	OTHER INCOME	
6	CONTRIBUTIONS, DONATIONS, BEQUES	51,626
7	INCOME FROM INVESTMENTS	155,921
8	REVENUE FROM TELEPHONE AND TELEG	
9	REVENUE FROM TELEVISION AND RADI	
10	PURCHASE DISCOUNTS	55
11	REBATES AND REFUNDS OF EXPENSES	
12	PARKING LOT RECEIPTS	
13	REVENUE FROM LAUNDRY AND LINEN S	
14	REVENUE FROM MEALS SOLD TO EMPLO	90,748
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	4,134
18	REVENUE FROM SALE OF MEDICAL REC	1,273
19	TUTION (FEES, SALE OF TEXTBOOKS	
20	REVENUE FROM GIFTS, FLOWER, COFFE	3,892
21	RENTAL OF VENDING MACHINES	4,338
22	RENTAL OF HOSPITAL SPACE	42,072
23	GOVERNMENTAL APPROPRIATIONS	
24	MISCELLANEOUS REVENUE	23,137
24.01	GAIN/LOSS ON SALE OF ASSET	139,213
24.02	NET UNREALIZED GAIN/LOSS	-326,029
25	TOTAL OTHER INCOME	190,380
26	TOTAL	1,990,745
	OTHER EXPENSES	
27	BAD DEBT EXPENSE	1,036,010
28		
29		
30	TOTAL OTHER EXPENSES	1,036,010
31	NET INCOME (OR LOSS) FOR THE PERIO	954,735