

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

FORM APPROVED  
 OMB NO. 0938-0050

WORKSHEET S  
 PARTS I & II

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX	I	PROVIDER NO:	I	PERIOD	I	INTERMEDIARY USE ONLY	I	DATE RECEIVED:
COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	I	14-0075	I	FROM 1/ 1/2008	I	--AUDITED --DESK REVIEW	I	/ /
	I		I	TO 12/31/2008	I	--INITIAL --REOPENED	I	INTERMEDIARY NO:
	I		I		I	--FINAL 1-MCR CODE	I	
					I	00 - # OF REOPENINGS	I	

ELECTRONICALLY FILED COST REPORT DATE: 6/27/2009 TIME 7:51

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:  
 MICHAEL REESE HOSPITAL 14-0075

FOR THE COST REPORTING PERIOD BEGINNING 1/ 1/2008 AND ENDING 12/31/2008 AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS A TRUE, CORRECT, AND COMPLETE STATEMENT PREPARED FROM THE BOOKS AND RECORDS OF THE PROVIDER IN ACCORDANCE WITH APPLICABLE INSTRUCTIONS, EXCEPT AS NOTED. I FURTHER CERTIFY THAT I AM FAMILIAR WITH THE LAWS AND REGULATIONS REGARDING THE PROVISION OF HEALTH CARE SERVICES, AND THAT THE SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

\_\_\_\_\_  
 OFFICER OR ADMINISTRATOR OF PROVIDER(S)

\_\_\_\_\_  
 TITLE

\_\_\_\_\_  
 DATE

PART II - SETTLEMENT SUMMARY

	TITLE V	A	TITLE XVIII	B	TITLE XIX
	1	2	3	4	
1	HOSPITAL	0	-752,956	148,519	14,361,996
2	SUBPROVIDER	0	0	0	6,455,343
2 .01	SUBPROVIDER II	0	10,203	0	346,563
100	TOTAL	0	-742,753	148,519	21,163,902

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: 2929 SOUTH ELLIS AVENUE P.O. BOX:  
 1.01 CITY: CHICAGO STATE: IL ZIP CODE: 60616- COUNTY: COOK

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION;						PAYMENT SYSTEM (P,T,O OR N)		
COMPONENT	COMPONENT NAME	PROVIDER NO.	NPI NUMBER	DATE CERTIFIED	V	XVIII	XIX	
02.00	HOSPITAL	14-0075	2.01	1/ 7/1966	4	5	6	
03.00	SUBPROVIDER	14-S075		7/ 1/1985	N	P	O	
03.01	SUBPROVIDER 2	14-T075		7/ 1/1985	N	P	O	

17 COST REPORTING PERIOD (MM/DD/YYYY) FROM: 1/ 1/2008 TO: 12/31/2008  
 18 TYPE OF CONTROL

TYPE OF HOSPITAL/SUBPROVIDER  
 19 HOSPITAL  
 20 SUBPROVIDER  
 20.01 SUBPROVIDER II

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? Y  
 21.02 HAS YOUR FACILITY RECEIVED A NEW GEOGRAPHIC RECLASSIFICATION STATUS CHANGE AFTER THE FIRST DAY OF THE COST REPORTING PERIOD FROM RURAL TO URBAN AND VICE VERSA? ENTER "Y" FOR YES AND "N" FOR NO. IF YES, ENTER IN COLUMN 2 THE EFFECTIVE DATE (MM/DD/YYYY) (SEE INSTRUCTIONS).  
 21.03 ENTER IN COLUMN 1 YOUR GEOGRAPHIC LOCATION EITHER (1)URBAN OR (2)RURAL. IF YOU ANSWERED URBAN IN COLUMN 1 INDICATE IF YOU RECEIVED EITHER A WAGE OR STANDARD GEOGRAPHICAL RECLASSIFICATION TO A RURAL LOCATION, ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. IF COLUMN 2 IS YES, ENTER IN COLUMN 3 THE EFFECTIVE DATE (MM/DD/YYYY)(SEE INSTRUCTIONS) DOES YOUR FACILITY CONTAIN 100 OR FEWER BEDS IN ACCORDANCE WITH 42 CFR 412.105? ENTER IN COLUMN 4 "Y" OR "N". ENTER IN COLUMN 5 THE PROVIDERS ACTUAL MSA OR CBSA. 1 N N 16974  
 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 IN COL. 2 AND TERMINATION IN COL. 3. / / / /  
 23.02 IF THIS IS A MEDICARE CERTIFIED HEART TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3. / / / /  
 23.03 IF THIS IS A MEDICARE CERTIFIED LIVER TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3. / / / /  
 23.04 IF THIS IS A MEDICARE CERTIFIED LUNG TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3. / / / /  
 23.05 IF MEDICARE PANCREAS TRANSPLANTS ARE PERFORMED SEE INSTRUCTIONS FOR ENTERING CERTIFICATION AND TERMINATION DATE. / / / /  
 23.06 IF THIS IS A MEDICARE CERTIFIED INTESTINAL TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3. / / / /  
 23.07 IF THIS IS A MEDICARE CERTIFIED ISLET TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3. / / / /  
 24 IF THIS IS AN ORGAN PROCUREMENT ORGANIZATION (OPO), ENTER THE OPO NUMBER IN COLUMN 2 AND CERTIFICATION DATE OR RECERTIFICATION DATE (AFTER 12/26/2007) in column 3 (mm/dd/yyyy) / /  
 24.01 IF THIS IS A MEDICARE TRANSPLANT CENTER; ENTER THE CCN (PROVIDER NUMBER) IN COLUMN 2, THE CERTIFICATION DATE OR RECERTIFICATION DATE (AFTER 12/26/2007) IN COLUMN 3 (mm/dd/yyyy). / /  
 25 IS THIS A TEACHING HOSPITAL OR AFFILIATED WITH A TEACHING HOSPITAL AND YOU ARE RECEIVING PAYMENTS FOR I&R? Y  
 25.01 IS THIS TEACHING PROGRAM APPROVED IN ACCORDANCE WITH CMS PUB. 15-I, CHAPTER 4? Y  
 25.02 IF LINE 25.01 IS YES, WAS MEDICARE PARTICIPATION AND APPROVED TEACHING PROGRAM STATUS IN EFFECT DURING THE FIRST MONTH OF THE COST REPORTING PERIOD? IF YES, COMPLETE WORKSHEET E-3, PART IV. IF NO, COMPLETE WORKSHEET D-2, PART II. Y  
 25.03 AS A TEACHING HOSPITAL, DID YOU ELECT COST REIMBURSEMENT FOR PHYSICIANS' SERVICES AS DEFINED IN CMS PUB. 15-I, SECTION 2148? IF YES, COMPLETE WORKSHEET D-9. N  
 25.04 ARE YOU CLAIMING COSTS ON LINE 70 OF WORKSHEET A? IF YES, COMPLETE WORKSHEET D-2, PART I. N  
 25.05 HAS YOUR FACILITY DIRECT GME FTE CAP (COLUMN 1) OR IME FTE CAP (COLUMN 2) BEEN REDUCED UNDER 42 CFR 413.79(c)(3) OR 42 CFR 412.105(f)(1)(iv)(B)? ENTER "Y" FOR YES AND "N" FOR NO IN THE APPLICABLE COLUMNS. (SEE INSTRUCTIONS) Y Y



25.06 HAS YOUR FACILITY RECEIVED ADDITIONAL DIRECT GME FTE RESIDENT CAP SLOTS OR IME FTE RESIDENTS CAP SLOTS UNDER 42 CFR 413.79(c)(4) OR 42 CFR 412.105(f)(1)(iv)(c)? ENTER "Y" FOR YES AND "N" FOR NO IN THE APPLICABLE COLUMNS (SEE INSTRUCTIONS) N N  
 26 IF THIS IS A SOLE COMMUNITY HOSPITAL (SCH), ENTER THE NUMBER OF PERIODS SCH STATUS IN EFFECT IN THE C/R PERIOD. ENTER BEGINNING AND ENDING DATES OF SCH STATUS ON LINE 26.01. SUBSCRIPT LINE 26.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES. 0  
 26.01 ENTER THE APPLICABLE SCH DATES: BEGINNING: / / ENDING: / /  
 26.02 ENTER THE APPLICABLE SCH DATES: BEGINNING: / / ENDING: / /  
 27 DOES THIS HOSPITAL HAVE AN AGREEMENT UNDER EITHER SECTION 1883 OR SECTION 1913 FOR SWING BEDS. IF YES, ENTER THE AGREEMENT DATE (MM/DD/YYYY) IN COLUMN 2. N / /  
 28 IF THIS FACILITY CONTAINS A HOSPITAL-BASED SNF, ARE ALL PATIENTS UNDER MANAGED CARE OR THERE WERE NO MEDICARE UTILIZATION ENTER "Y", IF "N" COMPLETE LINES 28.01 AND 28.02  
 28.01 IF HOSPITAL BASED SNF, ENTER APPROPRIATE TRANSITION PERIOD 1, 2, 3, OR 100 IN COLUMN 1. 1 2 3 4  
 ENTER IN COLUMNS 2 AND 3 THE WAGE INDEX ADJUSTMENT FACTOR BEFORE AND ON OR AFTER THE OCTOBER 1ST (SEE INSTRUCTIONS) 0 0.0000 0.0000  
 28.02 ENTER IN COLUMN 1 THE HOSPITAL BASED SNF FACILITY SPECIFIC RATE(FROM YOUR FISCAL INTERMEDIARY) IF YOU HAVE NOT TRANSITIONED TO 100% PPS SNF PPS PAYMENT. IN COLUMN 2 ENTER THE FACILITY CLASSIFICATION URBAN(1) OR RURAL (2). IN COLUMN 3 ENTER THE SNF MSA CODE OR TWO CHARACTER STATE CODE IF A RURAL BASED FACILITY. IN COLUMN 4, ENTER THE SNF CBSA CODE OR TWO CHARACTER CODE IF RURAL BASED FACILITY 0.00 0

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

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



TITLE XIX INPATIENT SERVICES

- 38 DO YOU HAVE TITLE XIX INPATIENT HOSPITAL SERVICES? Y
- 38.01 IS THIS HOSPITAL REIMBURSED FOR TITLE XIX THROUGH THE COST REPORT EITHER IN FULL OR IN PART? Y
- 38.02 DOES THE TITLE XIX PROGRAM REDUCE CAPITAL FOLLOWING THE MEDICARE METHODOLOGY? N
- 38.03 ARE TITLE XIX NF PATIENTS OCCUPYING TITLE XVIII SNF BEDS (DUAL CERTIFICATION)? N
- 38.04 DO YOU OPERATE AN ICF/MR FACILITY FOR PURPOSES OF TITLE XIX? N
  
- 40 ARE THERE ANY RELATED ORGANIZATION OR HOME OFFICE COSTS AS DEFINED IN CMS PUB 15-I, CHAP 10? IF YES, AND 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 559019
- 40.01 NAME: ENVISION HOSPITAL CORP FI/CONTRACTOR NAME WISCONSIN PHYSICIAN SERVICES FI/CONTRACTOR #
- 40.02 STREET: 4400 N SCOTTSDALE ROAD #9347 P.O. BOX:
- 40.03 CITY: SCOTTSDALE STATE: AZ ZIP CODE: 85251-
- 41 ARE PROVIDER BASED PHYSICIANS' COSTS INCLUDED IN WORKSHEET A? Y
- 42 ARE PHYSICAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N
- 42.01 ARE OCCUPATIONAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N
- 42.02 ARE SPEECH PATHOLOGY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N
- 43 ARE RESPIRATORY THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N
- 44 IF YOU ARE CLAIMING COST FOR RENAL SERVICES ON WORKSHEET A, ARE THEY INPATIENT SERVICES ONLY? Y
- 45 HAVE YOU CHANGED YOUR COST ALLOCATION METHODOLOGY FROM THE PREVIOUSLY FILED COST REPORT? N 00/00/0000  
 SEE CMS PUB. 15-II, SECTION 3617. IF YES, ENTER THE APPROVAL DATE IN COLUMN 2.
- 45.01 WAS THERE A CHANGE IN THE STATISTICAL BASIS?
- 45.02 WAS THERE A CHANGE IN THE ORDER OF ALLOCATION?
- 45.03 WAS THE CHANGE TO THE SIMPLIFIED COST FINDING METHOD?
- 46 IF YOU ARE PARTICIPATING IN THE NHCMQ DEMONSTRATION PROJECT (MUST HAVE A HOSPITAL-BASED SNF) DURING THIS COST REPORTING PERIOD, ENTER THE PHASE (SEE INSTRUCTIONS).

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

	PART A	PART B	OUTPATIENT ASC	OUTPATIENT RADIOLOGY	OUTPATIENT DIAGNOSTIC
	1	2	3	4	5
47.00 HOSPITAL	N	N	N	N	N
48.00 SUBPROVIDER	N	N	N	N	N
48.01 SUBPROVIDER 2	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: 2,183,322
- 54.01 ARE MALPRACTICE PREMIUMS AND PAID LOSSES REPORTED IN OTHER THAN THE ADMINISTRATIVE AND GENERAL COST CENTER? IF YES, SUBMIT SUPPORTING SCHEDULE LISTING COST CENTERS AND AMOUNTS CONTAINED THEREIN. N
- 55 DOES YOUR FACILITY QUALIFY FOR ADDITIONAL PROSPECTIVE PAYMENT IN ACCORDANCE WITH 42 CFR 412.107. ENTER "Y" FOR YES AND "N" FOR NO. N
- 56 ARE YOU CLAIMING AMBULANCE COSTS? IF YES, ENTER IN COLUMN 2 THE PAYMENT LIMIT PROVIDED FROM YOUR FISCAL INTERMEDIARY AND THE APPLICABLE DATES FOR THOSE LIMITS IN COLUMN 0. IF THIS IS THE FIRST YEAR OF OPERATION NO ENTRY IS REQUIRED IN COLUMN 2. IF COLUMN 1 IS Y, ENTER Y OR N IN COLUMN 3 WHETHER THIS IS YOUR FIRST YEAR OF OPERATIONS FOR RENDERING AMBULANCE SERVICES. ENTER IN COLUMN 4, IF APPLICABLE, THE FEE SCHEDULES AMOUNTS FOR THE PERIOD BEGINNING ON OR AFTER 4/1/2002. DATE 0 Y OR N 1 LIMIT 2 Y OR N 3 FEES 4
- 56.01 ENTER SUBSEQUENT AMBULANCE PAYMENT LIMIT AS REQUIRED. SUBSCRIPT IF MORE THAN 2 LIMITS APPLY. ENTER IN COLUMN 4 THE FEE SCHEDULES AMOUNTS FOR INITIAL OR SUBSEQUENT PERIOD AS APPLICABLE. N 0.00 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 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). N
- 59 ARE YOU A LONG TERM CARE HOSPITAL (LTCH)? ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES, HAVE YOU MADE THE ELECTION FOR 100% FEDERAL PPS REIMBURSEMENT? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. (SEE INSTRUCTIONS) N
- 60 ARE YOU AN INPATIENT PSYCHIATRIC FACILITY (IPF), OR DO YOU CONTAIN AN IPF SUBPROVIDER? ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES, IS THE IPF OR IPF SUBPROVIDER A NEW FACILITY? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. (SEE INSTRUCTIONS) Y





60.01 IF LINE 60 COLUMN 1 IS Y, AND THE FACILITY IS AN IPF SUBPROVIDER, WERE RESIDENTS TRAINING IN THIS FACILITY IN ITS MOST RECENT COST REPORT FILED BEFORE NOV. 15, 2004? ENTER "Y" FOR YES OR "N" FOR NO. IS THIS FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR SEC. 412.424(d)(1)(iii)(2)? ENTER IN COL. 2 "Y" FOR YES OR "N" FOR NO. IF COL. 2 IS Y, ENTER 1, 2 OR 3 RESPECTIVELY IN COL. 3. (SEE 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 INSTRUCTIONS)      N      0

MULTICAMPUS

61.00 IS THIS FACILITY PART OF A MULTICAMPUS HOSPITAL THAT HAS ONE OR MORE CAMPUSES IN DIFFERENT CBSA? ENTER "Y" FOR YES AND "N" FOR NO.      N

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

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

SETTLEMENT DATA

63.00 WAS THE COST REPORT FILED USING THE PS&R (EITHER IN ITS ENTIRETY OR FOR TOTAL CHARGES AND DAYS ONLY)? ENTER "Y" FOR YES AND "N" FOR NO IN COL. 1. IF COL. 1 IS "Y", ENTER THE "PAID THROUGH" DATE OF THE PS&R IN COL. 2 (MM/DD/YYYY).      Y      5/31/2009



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	92	33,672				2,636	3,331
2 HMO						700	620
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS	92	33,672				2,636	3,331
6 INTENSIVE CARE UNIT	49	17,934				265	453
10 NEONATAL INTENSIVE CARE UNIT	15	5,490					359
11 NURSERY							655
12 TOTAL	156	57,096				2,901	4,798
13 RPCH VISITS							
14 SUBPROVIDER	69	25,254				1,194	8,877
14 01 REHABILITATION UNIT	30	10,980				526	152
25 TOTAL	255						
26 OBSERVATION BED DAYS							108
26 01 OBSERVATION BED DAYS-SUB I							
26 02 OBSERVATION BED DAYS-SUB II							
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							

COMPONENT	TITLE XIX ADMITTED 5.01	I/P DAYS / OBSERVATION NOT ADMITTED 5.02	O/P VISITS TOTAL ALL PATS 6	/ TRIPS TOTAL ADMITTED 6.01	DISCHARGES OBSERVATION BEDS NOT ADMITTED 6.02	-- INTERNS & RES. FTES -- TOTAL 7	-- LESS I&R REPL NON-PHYS ANES 8
1 ADULTS & PEDIATRICS			7,482				
2 HMO							
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS			7,482				
6 INTENSIVE CARE UNIT			956				
10 NEONATAL INTENSIVE CARE UNIT			759				
11 NURSERY			1,384				
12 TOTAL			10,581			33.84	
13 RPCH VISITS							
14 SUBPROVIDER			11,872				
14 01 REHABILITATION UNIT			936				
25 TOTAL						33.84	
26 OBSERVATION BED DAYS	27	81	230	39	191		
26 01 OBSERVATION BED DAYS-SUB I							
26 02 OBSERVATION BED DAYS-SUB II							
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					638	1,515	3,007
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							
10 NEONATAL INTENSIVE CARE UNIT							
11 NURSERY							
12 TOTAL	33.84	398.08			638	1,515	3,007
13 RPCH VISITS							
14 SUBPROVIDER		46.12			140	582	889
14 01 REHABILITATION UNIT		6.27			48	11	80
25 TOTAL	33.84	450.47					
26 OBSERVATION BED DAYS							
26 01 OBSERVATION BED DAYS-SUB I							
26 02 OBSERVATION BED DAYS-SUB II							
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							



HOSPITAL WAGE INDEX INFORMATION

PART II - WAGE DATA		AMOUNT REPORTED 1	RECLASS OF SALARIES 2	ADJUSTED SALARIES 3	PAID HOURS RELATED TO SALARY 4	AVERAGE HOURLY WAGE 5	DATA SOURCE 6
1	SALARIES						
1	TOTAL SALARY	30,205,017		30,205,017	936,971.60	32.24	
2	NON-PHYSICIAN ANESTHETIST PART A						
3	NON-PHYSICIAN ANESTHETIST PART B						
4	PHYSICIAN - PART A	472,018		472,018	4,294.00	109.93	W/S A-8-2, LABOR REPORT
4.01	TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)	37,453		37,453	213.00	175.84	W/S A-8-2, LABOR REPORT
5	PHYSICIAN - PART B						
5.01	NON-PHYSICIAN - PART B						
6	INTERNS & RESIDENTS (APPRVD)	1,756,776	186,237	1,943,013	83,630.40	23.23	LABOR SUMMARY REPORT, VE
6.01	CONTRACT SERVICES, I&R	271,564		271,564	8,738.58	31.08	IRIS
7	HOME OFFICE PERSONNEL						
8	SNF						
8.01	EXCLUDED AREA SALARIES	3,598,289	25,980	3,624,269	209,780.40	17.28	LABOR SUMMARY REPORT, VE
9	OTHER WAGES & RELATED COSTS						
9.01	CONTRACT LABOR: PHARMACY SERVICES UNDER CONTRACT	42,453		42,453	449.25	94.50	BARBARA, MRH ACCTS PAYAB
9.02	LABORATORY SERVICES UNDER CONTRACT						
9.03	MANAGEMENT & ADMINISTRATIVE UNDER CONTRACT						
10	CONTRACT LABOR: PHYS PART A	29,242		29,242	306.00	95.56	W/S A-8-2, OLIVIA WARD-G
10.01	TEACHING PHYSICIAN UNDER CONTRACT (SEE INSTRUCTIONS)	92,695		92,695	970.00	95.56	W/S A-8-2, OLIVIA WARD-G
11	HOME OFFICE SALARIES & WAGE RELATED COSTS						
12	HOME OFFICE: PHYS PART A						
12.01	TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
13	WAGE RELATED COSTS						
14	WAGE-RELATED COSTS (CORE)	5,086,412		5,086,412			CMS 339
15	WAGE-RELATED COSTS (OTHER)						CMS 339
16	EXCLUDED AREAS	1,075,325		1,075,325			CMS 339
17	NON-PHYS ANESTHETIST PART A						CMS 339
18	NON-PHYS ANESTHETIST PART B						CMS 339
18.01	PHYSICIAN PART A	98,500		98,500			CMS 339
19	PART A TEACHING PHYSICIANS						CMS 339
19.01	PHYSICIAN PART B						CMS 339
20	WAGE-RELATD COSTS (RHC/FQHC)						CMS 339
21	INTERNS & RESIDENTS (APPRVD)						CMS 339
22	OVERHEAD COSTS - DIRECT SALARIES						
22.01	EMPLOYEE BENEFITS	16,465		16,465	10,180.50	1.62	
23	ADMINISTRATIVE & GENERAL	3,656,599	9,740	3,666,339	104,795.50	34.99	
24	A & G UNDER CONTRACT						
25	MAINTENANCE & REPAIRS						
26	OPERATION OF PLANT	2,280,214		2,280,214	79,796.90	28.58	
27	LAUNDRY & LINEN SERVICE						
28	HOUSEKEEPING	907,114		907,114	65,737.60	13.80	
29	HOUSEKEEPING UNDER CONTRACT						
30	DIETARY	664,234	-348,789	315,445	22,209.05	14.20	
31	DIETARY UNDER CONTRACT		348,789	348,789	24,546.85	14.21	
32	CAFETERIA						
33	MAINTENANCE OF PERSONNEL	595,695		595,695	12,794.10	46.56	
34	NURSING ADMINISTRATION	39,714		39,714	2,264.70	17.54	
35	CENTRAL SERVICE AND SUPPLY	803,585		803,585	23,300.60	34.49	
36	PHARMACY	584,391		584,391	24,492.50	23.86	
37	MEDICAL RECORDS & MEDICAL RECORDS LIBRARY						
38	SOCIAL SERVICE						
39	OTHER GENERAL SERVICE						
PART III - HOSPITAL WAGE INDEX SUMMARY							
1	NET SALARIES	28,139,224	-186,237	27,952,987	844,389.62	33.10	
2	EXCLUDED AREA SALARIES	3,598,289	25,980	3,624,269	209,780.40	17.28	
3	SUBTOTAL SALARIES	24,540,935	-212,217	24,328,718	634,609.22	38.34	
4	SUBTOTAL OTHER WAGES & RELATED COSTS	164,390		164,390	1,725.25	95.28	
5	SUBTOTAL WAGE-RELATED COSTS	5,184,912		5,184,912		21.31	
6	TOTAL	29,890,237	-212,217	29,678,020	636,334.47	46.64	
7	NET SALARIES						
8	EXCLUDED AREA SALARIES						
9	SUBTOTAL SALARIES						
10	SUBTOTAL OTHER WAGES & RELATED COSTS						
11	SUBTOTAL WAGE-RELATED COSTS						
12	TOTAL						
13	TOTAL OVERHEAD COSTS	9,548,011	9,740	9,557,751	370,118.30	25.82	



HOSPITAL UNCOMPENSATED CARE DATA

I PROVIDER NO: I PERIOD: I PREPARED 6/27/2009  
 I 14-0075 I FROM 1/ 1/2008 I WORKSHEET S-10  
 I I TO 12/31/2008 I  
 I I I

DESCRIPTION

UNCOMPENSATED CARE INFORMATION

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

UNCOMPENSATED CARE REVENUES

- 17 REVENUE FROM UNCOMPENSATED CARE
- 17.01 GROSS MEDICAID REVENUES
- 18 REVENUES FROM STATE AND LOCAL INDIGENT CARE PROGRAMS
- 19 REVENUE RELATED TO SCHIP (SEE INSTRUCTIONS)
- 20 RESTRICTED GRANTS
- 21 NON-RESTRICTED GRANTS
- 22 TOTAL GROSS UNCOMPENSATED CARE REVENUES

UNCOMPENSATED CARE COST

- 23 TOTAL CHARGES FOR PATIENTS COVERED BY STATE AND LOCAL INDIGENT CARE PROGRAMS
- 24 COST TO CHARGE RATIO (WKST C, PART I, COLUMN 3, LINE 103, DIVIDED BY COLUMN 8, LINE 103) .547778
- 25 TOTAL STATE AND LOCAL INDIGENT CARE PROGRAM COST (LINE 23 \* LINE 24)
- 26 TOTAL SCHIP CHARGES FROM YOUR RECORDS
- 27 TOTAL SCHIP COST, (LINE 24 \* LINE 26)
- 28 TOTAL GROSS MEDICAID CHARGES FROM YOUR RECORDS
- 29 TOTAL GROSS MEDICAID COST (LINE 24 \* LINE 28)
- 30 OTHER UNCOMPENSATED CARE CHARGES FROM YOUR RECORDS
- 31 UNCOMPENSATED CARE COST (LINE 24 \* LINE 30)





HOSPITAL UNCOMPENSATED CARE DATA

I PROVIDER NO: I PERIOD: I PREPARED 6/27/2009  
I 14-0075 I FROM 1/ 1/2008 I WORKSHEET S-10  
I TO 12/31/2008 I  
I I I

DESCRIPTION

32 TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL  
(SUM OF LINES 25, 27, AND 29)



RECLASSIFICATION AND ADJUSTMENT OF  
TRIAL BALANCE OF EXPENSESI PROVIDER NO:  
I 14-0075  
II PERIOD:  
I FROM 1/ 1/2008  
I TO 12/31/2008I PREPARED 6/27/2009  
I WORKSHEET A  
I

COST CENTER	COST CENTER DESCRIPTION	SALARIES 1	OTHER 2	TOTAL 3	RECLASS- IFICATIONS 4	RECLASSIFIED TRIAL BALANCE 5
	GENERAL SERVICE COST CNTR					
3	0300 NEW CAP REL COSTS-BLDG & FIXT		402,893	402,893	4,335,000	4,737,893
4	0400 NEW CAP REL COSTS-MVBLE EQUIP		1,081,008	1,081,008	462,940	1,543,948
5	0500 EMPLOYEE BENEFITS	16,465	3,777,647	3,794,112	-1,740	3,792,372
6.01	1160 COMMUNICATIONS	253,577	220,231	473,808	-1,320	472,488
6.02	0620 DATA PROCESSING	189,971	375,893	565,864		565,864
6.03	0630 PURCHASING, RECEIVING AND STORES	322,056	39,683	361,739	-259	361,480
6.04	0640 ADMITTING	394,825	70,527	465,352		465,352
6.05	0650 CASHIERING/ACCOUNTS RECEIVABLE	121,100	3,049,353	3,170,453	-1,838	3,168,615
6.06	0660 OTHER ADMINISTRATIVE AND GENERAL	2,375,070	26,368,285	28,743,355	-4,282,968	24,460,387
8	0800 OPERATION OF PLANT	2,280,214	4,763,487	7,043,701	-153,990	6,889,711
9	0900 LAUNDRY & LINEN SERVICE		341,433	341,433		341,433
10	1000 HOUSEKEEPING	907,114	319,524	1,226,638	-1,933	1,224,705
11	1100 DIETARY	664,234	894,575	1,558,809	-819,596	739,213
12	1200 CAFETERIA				817,352	817,352
14	1400 NURSING ADMINISTRATION	595,695	57,799	653,494	8	653,502
15	1500 CENTRAL SERVICES & SUPPLY	39,714	19,303	59,017	-506	58,511
16	1600 PHARMACY	803,585	547,114	1,350,699	-456,450	894,249
17	1700 MEDICAL RECORDS & LIBRARY	584,391	150,713	735,104	-7,102	728,002
22	2200 I&R SERVICES-SALARY & FRINGES APPRVD	1,756,776	118,993	1,875,769	67,244	1,943,013
23	2300 I&R SERVICES-OTHER PRGM COSTS APPRVD	186,237	279,412	465,649	-67,244	398,405
	INPAT ROUTINE SRVC CNTRS					
25	2500 ADULTS & PEDIATRICS	1,770,833	300,249	2,071,082	-346,852	1,724,230
26	2600 INTENSIVE CARE UNIT	1,313,610	329,356	1,642,966	-79,292	1,563,674
30	2060 NEONATAL INTENSIVE CARE UNIT	1,086,739	50,798	1,137,537	-3,449	1,134,088
31	3100 SUBPROVIDER	2,782,627	275,340	3,057,967		3,057,967
31.01	3101 REHABILITATION UNIT	365,314	48,367	413,681	41,786	455,467
33	3300 NURSERY				344,941	344,941
	ANCILLARY SRVC COST CNTRS					
37	3700 OPERATING ROOM	588,976	345,858	934,834	-207,582	727,252
38	3800 RECOVERY ROOM	177,663	22,827	200,490		200,490
39	3900 DELIVERY ROOM & LABOR ROOM	1,513,630	356,513	1,870,143	-23,703	1,846,440
40	4000 ANESTHESIOLOGY	1,346,717	123,874	1,470,591	-6,341	1,464,250
41	4100 RADIOLOGY-DIAGNOSTIC	1,170,749	513,945	1,684,694	-160,465	1,524,229
43	4300 RADIOISOTOPE	116,778	57,884	174,662	-28,822	145,840
44	4400 LABORATORY	806,775	451,926	1,258,701	-632	1,258,069
46	4600 WHOLE BLOOD & PACKED RED BLOOD CELLS	160,574	133,381	293,955	-2,129	291,826
49	4900 RESPIRATORY THERAPY	336,277	100,668	436,945	-52,302	384,643
50	5000 PHYSICAL THERAPY	223,261	54,641	277,902	-90,217	187,685
51	5100 OCCUPATIONAL THERAPY	124,812	11,444	136,256	2,089	138,345
52	5200 SPEECH PATHOLOGY	45,887	4,358	50,245	4,178	54,423
53	5300 ELECTROCARDIOLOGY	308,344	21,948	330,292	6,075	336,367
54	5400 ELECTROENCEPHALOGRAPHY	36,292	16,839	53,131		53,131
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS				328,922	328,922
56	5600 DRUGS CHARGED TO PATIENTS				714,495	714,495
59	3950					
59.01	3330 ENDOSCOPY	208,331	74,667	282,998	-39,870	243,128
59.02	3420 LABORATORY-PATHOLOGICAL	198,645	190,415	389,060	-12,568	376,492
59.03	3560 PULMONARY FUNCTION TESTING	36,750	6,110	42,860		42,860
59.04	3630 ULTRA SOUND	138,108	13,230	151,338		151,338
59.05	3430 MAGNETIC RESONANCE IMAGING (MRI)	36,880	219,000	255,880	-199,769	56,111
59.06	3951 RENAL DIALYSIS		58,987	58,987		58,987
	OUTPAT SERVICE COST CNTRS					
60	6000 CLINIC	1,985,924	318,007	2,303,931	-58,993	2,244,938
61	6100 EMERGENCY	1,383,149	213,998	1,597,147	-2,187	1,594,960
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)					
	SPEC PURPOSE COST CENTERS					
95	SUBTOTALS	29,754,669	47,192,503	76,947,172	14,911	76,962,083
	NONREIMBURS COST CENTERS					
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN					
97	9700 RESEARCH					
97.02	9702 SENIOR ASSOCIATION		486	486		486
98	9800 PHYSICIANS' PRIVATE OFFICES	98,376	9,714	108,090		108,090
99	9900 NONPAID WORKERS					
99.01	9901 BUS SERVICE	97,398	39,313	136,711	-13,755	122,956
100	7950 MARKETING	254,574	36,655	291,229	-1,156	290,073
100.01	7951 SQUARE FOOTAGE					
101	TOTAL	30,205,017	47,278,671	77,483,688	-0-	77,483,688



RECLASSIFICATION AND ADJUSTMENT OF  
TRIAL BALANCE OF EXPENSES

I PROVIDER NO: I  
I 14-0075 I  
I I

I PERIOD: I  
I FROM 1/ 1/2008 I  
I TO 12/31/2008 I  
I PREPARED 6/27/2009  
I WORKSHEET A I

COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS	NET EXPENSES FOR ALLOC
		6	7
	GENERAL SERVICE COST CNTR		
3	0300 NEW CAP REL COSTS-BLDG & FIXT		4,737,893
4	0400 NEW CAP REL COSTS-MVBLE EQUIP	-3,248	1,540,700
5	0500 EMPLOYEE BENEFITS	-28	3,792,344
6.01	1160 COMMUNICATIONS		472,488
6.02	0620 DATA PROCESSING		565,864
6.03	0630 PURCHASING, RECEIVING AND STORES	-118	361,362
6.04	0640 ADMITTING		465,352
6.05	0650 CASHIERING/ACCOUNTS RECEIVABLE	-142,692	3,025,923
6.06	0660 OTHER ADMINISTRATIVE AND GENERAL	-5,484,850	18,975,537
8	0800 OPERATION OF PLANT	-779	6,888,932
9	0900 LAUNDRY & LINEN SERVICE		341,433
10	1000 HOUSEKEEPING		1,224,705
11	1100 DIETARY	-3,661	735,552
12	1200 CAFETERIA	-146,657	670,695
14	1400 NURSING ADMINISTRATION		653,502
15	1500 CENTRAL SERVICES & SUPPLY		58,511
16	1600 PHARMACY		894,249
17	1700 MEDICAL RECORDS & LIBRARY	-1,219	726,783
22	2200 I&R SERVICES-SALARY & FRINGES APPRVD	-19,307	1,923,706
23	2300 I&R SERVICES-OTHER PRGM COSTS APPRVD	-151,535	246,870
	INPAT ROUTINE SRVC CNTRS		
25	2500 ADULTS & PEDIATRICS	-2,700	1,721,530
26	2600 INTENSIVE CARE UNIT	-49,330	1,514,344
30	2060 NEONATAL INTENSIVE CARE UNIT	-236,260	897,828
31	3100 SUBPROVIDER		3,057,967
31.01	3101 REHABILITATION UNIT		455,467
33	3300 NURSERY		344,941
	ANCILLARY SRVC COST CNTRS		
37	3700 OPERATING ROOM		727,252
38	3800 RECOVERY ROOM		200,490
39	3900 DELIVERY ROOM & LABOR ROOM	-529,476	1,316,964
40	4000 ANESTHESIOLOGY	-1,330,698	133,552
41	4100 RADIOLOGY-DIAGNOSTIC	-149,758	1,374,471
43	4300 RADIOISOTOPE		145,840
44	4400 LABORATORY	-848,606	409,463
46	4600 WHOLE BLOOD & PACKED RED BLOOD CELLS		291,826
49	4900 RESPIRATORY THERAPY		384,643
50	5000 PHYSICAL THERAPY	-110	187,575
51	5100 OCCUPATIONAL THERAPY		138,345
52	5200 SPEECH PATHOLOGY		54,423
53	5300 ELECTROCARDIOLOGY		336,367
54	5400 ELECTROENCEPHALOGRAPHY		53,131
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS		328,922
56	5600 DRUGS CHARGED TO PATIENTS	-94,551	619,944
59	3950		
59.01	3330 ENDOSCOPY		243,128
59.02	3420 LABORATORY-PATHOLOGICAL		376,492
59.03	3560 PULMONARY FUNCTION TESTING		42,860
59.04	3630 ULTRA SOUND		151,338
59.05	3430 MAGNETIC RESONANCE IMAGING (MRI)		56,111
59.06	3951 RENAL DIALYSIS		58,987
	OUTPAT SERVICE COST CNTRS		
60	6000 CLINIC	-1,134,180	1,110,758
61	6100 EMERGENCY	-444,344	1,150,616
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)		
	SPEC PURPOSE COST CENTERS		
95	SUBTOTALS	-10,774,107	66,187,976
	NONREIMBURS COST CENTERS		
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN		
97	9700 RESEARCH		
97.02	9702 SENIOR ASSOCIATION		486
98	9800 PHYSICIANS' PRIVATE OFFICES		108,090
99	9900 NONPAID WORKERS		
99.01	9901 BUS SERVICE		122,956
100	7950 MARKETING	-163	289,910
100.01	7951 SQUARE FOOTAGE		
101	TOTAL	-10,774,270	66,709,418



## COST CENTERS USED IN COST REPORT

I PROVIDER NO: I PERIOD: I PREPARED 6/27/2009  
 I 14-0075 I FROM 1/ 1/2008 I NOT A CMS WORKSHEET  
 I I TO 12/31/2008 I

LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
	GENERAL SERVICE COST		
3	NEW CAP REL COSTS-BLDG & FIXT	0300	
4	NEW CAP REL COSTS-MVBLE EQUIP	0400	
5	EMPLOYEE BENEFITS	0500	
6.01	COMMUNICATIONS	1160	COMMUNICATIONS
6.02	DATA PROCESSING	0620	DATA PROCESSING
6.03	PURCHASING, RECEIVING AND STORES	0630	PURCHASING, RECEIVING AND STORES
6.04	ADMITTING	0640	ADMITTING
6.05	CASHIERING/ACCOUNTS RECEIVABLE	0650	CASHIERING/ACCOUNTS RECEIVABLE
6.06	OTHER ADMINISTRATIVE AND GENERAL	0660	OTHER ADMINISTRATIVE AND GENERAL
8	OPERATION OF PLANT	0800	
9	LAUNDRY & LINEN SERVICE	0900	
10	HOUSEKEEPING	1000	
11	DIETARY	1100	
12	CAFETERIA	1200	
14	NURSING ADMINISTRATION	1400	
15	CENTRAL SERVICES & SUPPLY	1500	
16	PHARMACY	1600	
17	MEDICAL RECORDS & LIBRARY	1700	
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	
30	NEONATAL INTENSIVE CARE UNIT	2060	NEONATAL INTENSIVE CARE UNIT
31	SUBPROVIDER	3100	
31.01	REHABILITATION UNIT	3101	SUBPROVIDER #####
33	NURSERY	3300	
	ANCILLARY SRVC COST		
37	OPERATING ROOM	3700	
38	RECOVERY ROOM	3800	
39	DELIVERY ROOM & LABOR ROOM	3900	
40	ANESTHESIOLOGY	4000	
41	RADIOLOGY-DIAGNOSTIC	4100	
43	RADIOISOTOPE	4300	
44	LABORATORY	4400	
46	WHOLE BLOOD & PACKED RED BLOOD CELLS	4600	
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	
59		3950	OTHER ANCILLARY SERVICE COST CENTERS
59.01	ENDOSCOPY	3330	ENDOSCOPY
59.02	LABORATORY-PATHOLOGICAL	3420	LABORATORY-PATHOLOGICAL
59.03	PULMONARY FUNCTION TESTING	3560	PULMONARY FUNCTION TESTING
59.04	ULTRA SOUND	3630	ULTRA SOUND
59.05	MAGNETIC RESONANCE IMAGING (MRI)	3430	MAGNETIC RESONANCE IMAGING (MRI)
59.06	RENAL DIALYSIS	3951	OTHER ANCILLARY SERVICE COST CENTERS
	OUTPAT SERVICE COST		
60	CLINIC	6000	
61	EMERGENCY	6100	
62	OBSERVATION BEDS (NON-DISTINCT PART)	6200	
	SPEC PURPOSE COST CE		
95	SUBTOTALS	0000	
	NONREIMBURS COST CEN		
96	GIFT, FLOWER, COFFEE SHOP & CANTEEN	9600	
97	RESEARCH	9700	
97.02	SENIOR ASSOCIATION	9702	RESEARCH
98	PHYSICIANS' PRIVATE OFFICES	9800	
99	NONPAID WORKERS	9900	
99.01	BUS SERVICE	9901	NONPAID WORKERS
100	MARKETING	7950	OTHER NONREIMBURSABLE COST CENTERS
100.01	SQUARE FOOTAGE	7951	OTHER NONREIMBURSABLE COST CENTERS
101	TOTAL	0000	





RECLASSIFICATIONS

PROVIDER NO:  
140075

PERIOD:  
FROM 1/ 1/2008  
TO 12/31/2008

PREPARED 6/27/2009  
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER 2	INCREASE	
			LINE NO 3	SALARY 4 OTHER 5
1 PROPERTY TAXES	A	NEW CAP REL COSTS-BLDG & FIXT	3	1,381,347
2 REHABILITATION DIRECTOR SALARY	B	REHABILITATION UNIT	31.01	35,720
3		OCCUPATIONAL THERAPY	51	1,786
4		SPEECH PATHOLOGY	52	3,572
5		CLINIC	60	35,720
6 NURSERY COSTS	C	NURSERY	33	297,531
7 EMPLOYEE/PATIENT BUS SERVICE	D	OTHER ADMINISTRATIVE AND GENERAL	6.06	9,740
8 CHARGEABLE PHARMACEUTICAL COSTS	E	DRUGS CHARGED TO PATIENTS	56	714,495
9				
10				
11				
12				
13				
14				
15				
16				
17		ELECTROCARDIOLOGY	53	11,333
18				
19				
20				
21 CHARGEABLE MEDICAL SUPPLY COSTS	F	MEDICAL SUPPLIES CHARGED TO PATIENTS	55	328,922
22		NURSING ADMINISTRATION	14	8
23		REHABILITATION UNIT	31.01	8
24		MAGNETIC RESONANCE IMAGING (MRI)	59.05	4,397
25				
26				
27				
28				
29				
30				
31				
32				
33				
34				
35				
1 CHARGEABLE MEDICAL SUPPLY COSTS	F			
2				
3 EQUIPMENT RENTAL COSTS	G	NEW CAP REL COSTS-MVBLE EQUIP	4	462,940
4		PHARMACY	16	226,498
5		ADULTS & PEDIATRICS	25	24
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18 BUILDING/SPACE RENTAL COSTS	H	NEW CAP REL COSTS-BLDG & FIXT	3	2,953,653
19				
20				
21 CAFETERIA COSTS	I	CAFETERIA	12	348,789
22 I&R SALARY AND OTHER COSTS	J	I&R SERVICES-OTHER PRGM COSTS APPRVD	23	118,993
23		I&R SERVICES-SALARY & FRINGES APPRVD	22	186,237
36 TOTAL RECLASSIFICATIONS				919,095

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



EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER	DECREASE		SALARY	OTHER	A-7 REF
			LINE NO	6			
	1	6	7	8	9	10	
1 PROPERTY TAXES	A	OTHER ADMINISTRATIVE AND GENERAL	6.06			1,381,347	13
2 REHABILITATION DIRECTOR SALARY	B	PHYSICAL THERAPY	50		76,798	13,025	
3							
4							
5							
6 NURSERY COSTS	C	ADULTS & PEDIATRICS	25		297,531	47,410	
7 EMPLOYEE/PATIENT BUS SERVICE	D	BUS SERVICE	99.01		9,740	3,931	
8 CHARGEABLE PHARMACEUTICAL COSTS	E	EMPLOYEE BENEFITS	5			1,740	
9		PURCHASING, RECEIVING AND STORES	6.03			259	
10		DIETARY	11			2,244	
11		PHARMACY	16			682,948	
12		ADULTS & PEDIATRICS	25			91	
13		INTENSIVE CARE UNIT	26			1,139	
14		RADIOLOGY-DIAGNOSTIC	41			455	
15		RADIOISOTOPE	43			28,822	
16		LABORATORY	44			48	
17		ENDOSCOPY	59.01			10	
18		LABORATORY-PATHOLOGICAL	59.02			723	
19		CLINIC	60			6,193	
20		MARKETING	100			1,156	
21 CHARGEABLE MEDICAL SUPPLY COSTS	F	OPERATION OF PLANT	8			6,702	
22		CENTRAL SERVICES & SUPPLY	15			506	
23		ADULTS & PEDIATRICS	25			1,844	
24		NEONATAL INTENSIVE CARE UNIT	30			3,449	
25		OPERATING ROOM	37			200,940	
26		DELIVERY ROOM & LABOR ROOM	39			12,652	
27		ANESTHESIOLOGY	40			6,341	
28		RADIOLOGY-DIAGNOSTIC	41			70,684	
29		LABORATORY	44			584	
30		WHOLE BLOOD & PACKED RED BLOOD CELLS	46			2,129	
31		RESPIRATORY THERAPY	49			552	
32		PHYSICAL THERAPY	50			394	
33		ELECTROCARDIOLOGY	53			4,258	
34		ENDOSCOPY	59.01			17,520	
35		CLINIC	60			660	
1 CHARGEABLE MEDICAL SUPPLY COSTS	F	EMERGENCY	61			2,187	
2		HOUSEKEEPING	10			1,933	
3 EQUIPMENT RENTAL COSTS	G	COMMUNICATIONS	6.01			1,320	10
4		CASHIERING/ACCOUNTS RECEIVABLE	6.05			1,838	
5		OTHER ADMINISTRATIVE AND GENERAL	6.06			59,456	
6		OPERATION OF PLANT	8			147,288	
7		MEDICAL RECORDS & LIBRARY	17			3,203	
8		INTENSIVE CARE UNIT	26			78,153	
9		OPERATING ROOM	37			6,642	
10		DELIVERY ROOM & LABOR ROOM	39			11,051	
11		RADIOLOGY-DIAGNOSTIC	41			89,326	
12		RESPIRATORY THERAPY	49			51,750	
13		ELECTROCARDIOLOGY	53			1,000	
14		ENDOSCOPY	59.01			22,340	
15		LABORATORY-PATHOLOGICAL	59.02			11,845	
16		MAGNETIC RESONANCE IMAGING (MRI)	59.05			204,166	
17		BUS SERVICE	99.01			84	
18 BUILDING/SPACE RENTAL COSTS	H	OTHER ADMINISTRATIVE AND GENERAL	6.06			2,855,836	10
19		MEDICAL RECORDS & LIBRARY	17			3,899	
20		CLINIC	60			93,918	
21 CAFETERIA COSTS	I	DIETARY	11		348,789	468,563	
22 I&R SALARY AND OTHER COSTS	J	I&R SERVICES-SALARY & FRINGES APPRVD	22			118,993	
23		I&R SERVICES-OTHER PRGM COSTS APPRVD	23		186,237		
36 TOTAL RECLASSIFICATIONS					919,095	6,735,547	

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



RECLASSIFICATIONS

PROVIDER NO:  
140075

PERIOD:  
FROM 1/ 1/2008  
TO 12/31/2008

PREPARED 6/27/2009  
WORKSHEET A-6  
NOT A CMS WORKSHEET

RECLASS CODE: A  
EXPLANATION : PROPERTY TAXES

INCREASE		DECREASE	
LINE	COST CENTER	LINE	AMOUNT
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	1,381,347
TOTAL RECLASSIFICATIONS FOR CODE A			1,381,347

DECREASE		INCREASE	
COST CENTER	LINE	AMOUNT	LINE
OTHER ADMINISTRATIVE AND GENER	6.06	1,381,347	
			1,381,347

RECLASS CODE: B  
EXPLANATION : REHABILITATION DIRECTOR SALARY

INCREASE		DECREASE	
LINE	COST CENTER	LINE	AMOUNT
1.00	REHABILITATION UNIT	31.01	41,778
2.00	OCCUPATIONAL THERAPY	51	2,089
3.00	SPEECH PATHOLOGY	52	4,178
4.00	CLINIC	60	41,778
TOTAL RECLASSIFICATIONS FOR CODE B			89,823

DECREASE		INCREASE	
COST CENTER	LINE	AMOUNT	LINE
PHYSICAL THERAPY	50	89,823	
			89,823

RECLASS CODE: C  
EXPLANATION : NURSERY COSTS

INCREASE		DECREASE	
LINE	COST CENTER	LINE	AMOUNT
1.00	NURSERY	33	344,941
TOTAL RECLASSIFICATIONS FOR CODE C			344,941

DECREASE		INCREASE	
COST CENTER	LINE	AMOUNT	LINE
ADULTS & PEDIATRICS	25	344,941	
			344,941

RECLASS CODE: D  
EXPLANATION : EMPLOYEE/PATIENT BUS SERVICE

INCREASE		DECREASE	
LINE	COST CENTER	LINE	AMOUNT
1.00	OTHER ADMINISTRATIVE AND GENER	6.06	13,671
TOTAL RECLASSIFICATIONS FOR CODE D			13,671

DECREASE		INCREASE	
COST CENTER	LINE	AMOUNT	LINE
BUS SERVICE	99.01	13,671	
			13,671

RECLASS CODE: E  
EXPLANATION : CHARGEABLE PHARMACEUTICAL COSTS

INCREASE		DECREASE	
LINE	COST CENTER	LINE	AMOUNT
1.00	DRUGS CHARGED TO PATIENTS	56	714,495
2.00			0
3.00			0
4.00			0
5.00			0
6.00			0
7.00			0
8.00			0
9.00			0
10.00	ELECTROCARDIOLOGY	53	11,333
11.00			0
12.00			0
13.00			0
TOTAL RECLASSIFICATIONS FOR CODE E			725,828

DECREASE		INCREASE	
COST CENTER	LINE	AMOUNT	LINE
EMPLOYEE BENEFITS	5	1,740	
PURCHASING, RECEIVING AND STOR	6.03	259	
DIETARY	11	2,244	
PHARMACY	16	682,948	
ADULTS & PEDIATRICS	25	91	
INTENSIVE CARE UNIT	26	1,139	
RADIOLOGY-DIAGNOSTIC	41	455	
RADIOISOTOPE	43	28,822	
LABORATORY	44	48	
ENDOSCOPY	59.01	10	
LABORATORY-PATHOLOGICAL	59.02	723	
CLINIC	60	6,193	
MARKETING	100	1,156	
			725,828

RECLASS CODE: F  
EXPLANATION : CHARGEABLE MEDICAL SUPPLY COSTS

INCREASE		DECREASE	
LINE	COST CENTER	LINE	AMOUNT
1.00	MEDICAL SUPPLIES CHARGED TO PA	55	328,922
2.00	NURSING ADMINISTRATION	14	8
3.00	REHABILITATION UNIT	31.01	8
4.00	MAGNETIC RESONANCE IMAGING (MR	59.05	4,397
5.00			0
6.00			0
7.00			0
8.00			0
9.00			0
10.00			0
11.00			0
12.00			0
13.00			0
14.00			0
15.00			0
16.00			0
17.00			0
TOTAL RECLASSIFICATIONS FOR CODE F			333,335

DECREASE		INCREASE	
COST CENTER	LINE	AMOUNT	LINE
OPERATION OF PLANT	8	6,702	
CENTRAL SERVICES & SUPPLY	15	506	
ADULTS & PEDIATRICS	25	1,844	
NEONATAL INTENSIVE CARE UNIT	30	3,449	
OPERATING ROOM	37	200,940	
DELIVERY ROOM & LABOR ROOM	39	12,652	
ANESTHESIOLOGY	40	6,341	
RADIOLOGY-DIAGNOSTIC	41	70,684	
LABORATORY	44	584	
WHOLE BLOOD & PACKED RED BLOOD	46	2,129	
RESPIRATORY THERAPY	49	552	
PHYSICAL THERAPY	50	394	
ELECTROCARDIOLOGY	53	4,258	
ENDOSCOPY	59.01	17,520	
CLINIC	60	660	
EMERGENCY	61	2,187	
HOUSEKEEPING	10	1,933	
			333,335



RECLASSIFICATIONS

PROVIDER NO:	PERIOD:	PREPARED
140075	FROM 1/ 1/2008	6/27/2009
	TO 12/31/2008	WORKSHEET A-6
		NOT A CMS WORKSHEET

RECLASS CODE: G  
 EXPLANATION : EQUIPMENT RENTAL COSTS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CAP REL COSTS-MVBLE EQUIP	4	462,940	COMMUNICATIONS	6.01	1,320	
2.00	PHARMACY	16	226,498	CASHIERING/ACCOUNTS RECEIVABLE	6.05	1,838	
3.00	ADULTS & PEDIATRICS	25	24	OTHER ADMINISTRATIVE AND GENER	6.06	59,456	
4.00			0	OPERATION OF PLANT	8	147,288	
5.00			0	MEDICAL RECORDS & LIBRARY	17	3,203	
6.00			0	INTENSIVE CARE UNIT	26	78,153	
7.00			0	OPERATING ROOM	37	6,642	
8.00			0	DELIVERY ROOM & LABOR ROOM	39	11,051	
9.00			0	RADIOLOGY-DIAGNOSTIC	41	89,326	
10.00			0	RESPIRATORY THERAPY	49	51,750	
11.00			0	ELECTROCARDIOLOGY	53	1,000	
12.00			0	ENDOSCOPY	59.01	22,340	
13.00			0	LABORATORY-PATHOLOGICAL	59.02	11,845	
14.00			0	MAGNETIC RESONANCE IMAGING (MR	59.05	204,166	
15.00			0	BUS SERVICE	99.01	84	
TOTAL RECLASSIFICATIONS FOR CODE G			689,462	TOTAL RECLASSIFICATIONS FOR CODE G			689,462

RECLASS CODE: H  
 EXPLANATION : BUILDING/SPACE RENTAL COSTS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	2,953,653	OTHER ADMINISTRATIVE AND GENER	6.06	2,855,836	
2.00			0	MEDICAL RECORDS & LIBRARY	17	3,899	
3.00			0	CLINIC	60	93,918	
TOTAL RECLASSIFICATIONS FOR CODE H			2,953,653	TOTAL RECLASSIFICATIONS FOR CODE H			2,953,653

RECLASS CODE: I  
 EXPLANATION : CAFETERIA COSTS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	CAFETERIA	12	817,352	DIETARY	11	817,352	
TOTAL RECLASSIFICATIONS FOR CODE I			817,352	TOTAL RECLASSIFICATIONS FOR CODE I			817,352

RECLASS CODE: J  
 EXPLANATION : I&R SALARY AND OTHER COSTS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	I&R SERVICES-OTHER PRGM COSTS	23	118,993	I&R SERVICES-SALARY & FRINGES	22	118,993	
2.00	I&R SERVICES-SALARY & FRINGES	22	186,237	I&R SERVICES-OTHER PRGM COSTS	23	186,237	
TOTAL RECLASSIFICATIONS FOR CODE J			305,230	TOTAL RECLASSIFICATIONS FOR CODE J			305,230





PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

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

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

	DESCRIPTION	BEGINNING	ACQUISITIONS		TOTAL	DISPOSALS	ENDING	FULLY
		BALANCES	PURCHASES	DONATION		AND		BALANCE
		1	2	3	4	5	6	7
1	LAND							
2	LAND IMPROVEMENTS							
3	BUILDINGS & FIXTURE							
4	BUILDING IMPROVEMEN	722,165					722,165	
5	FIXED EQUIPMENT							
6	MOVABLE EQUIPMENT	58,703,121	14		14		58,703,135	
7	SUBTOTAL	59,425,286	14		14		59,425,300	
8	RECONCILING ITEMS							
9	TOTAL	59,425,286	14		14		59,425,300	



PART III - RECONCILIATION OF CAPITAL COST CENTERS  
 DESCRIPTION

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

DESCRIPTION

SUMMARY OF OLD AND NEW CAPITAL

	DEPRECIATION		LEASE		INTEREST		INSURANCE		TAXES		OTHER CAPITAL RELATED COST	TOTAL (1)
	9	10	11	12	13	14	15					
* 3 NEW CAP REL COSTS-BL	46,887	2,953,653		356,006	1,381,347		4,737,893					
4 NEW CAP REL COSTS-MV	1,036,503	462,940	10,750	30,507			1,540,700					
5 TOTAL	1,083,390	3,416,593	10,750	386,513	1,381,347		6,278,593					

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

DESCRIPTION

SUMMARY OF OLD AND NEW CAPITAL

	DEPRECIATION		LEASE		INTEREST		INSURANCE		TAXES		OTHER CAPITAL RELATED COST	TOTAL (1)
	9	10	11	12	13	14	15					
* 3 NEW CAP REL COSTS-BL	46,887			356,006			402,893					
4 NEW CAP REL COSTS-MV	1,039,751		10,750	30,507			1,081,008					
5 TOTAL	1,086,638		10,750	386,513			1,483,901					

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



ADJUSTMENTS TO EXPENSES

DESCRIPTION (1)	(2) BASIS/CODE 1	AMOUNT 2	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST. A-7 REF. 5
			COST CENTER 3	LINE NO 4	
1 INVST INCOME-OLD BLDGS AND FIXTURES			**COST CENTER DELETED**	1	
2 INVESTMENT INCOME-OLD MOVABLE EQUIP			**COST CENTER DELETED**	2	
3 INVST INCOME-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &	3	
4 INVESTMENT INCOME-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E	4	
5 INVESTMENT INCOME-OTHER	B	848	OTHER ADMINISTRATIVE AND	6.06	
6 TRADE, QUANTITY AND TIME DISCOUNTS	B	-118	PURCHASING, RECEIVING AND	6.03	
7 REFUNDS AND REBATES OF EXPENSES					
8 RENTAL OF PRVIDER SPACE BY SUPPLIERS					
9 TELEPHONE SERVICES					
10 TELEVISION AND RADIO SERVICE					
11 PARKING LOT	B	-80,728	OTHER ADMINISTRATIVE AND	6.06	
12 PROVIDER BASED PHYSICIAN ADJUSTMENT	A-8-2	-4,221,372			
13 SALE OF SCRAP, WASTE, ETC.					
14 RELATED ORGANIZATION TRANSACTIONS	A-8-1	600,846			
15 LAUNDRY AND LINEN SERVICE					
16 CAFETERIA--EMPLOYEES AND GUESTS	B	-146,657	CAFETERIA	12	
17 RENTAL OF QTRS TO EMPLOYEE AND OTHRS					
18 SALE OF MED AND SURG SUPPLIES					
19 SALE OF DRUGS TO OTHER THAN PATIENTS	B	-94,551	DRUGS CHARGED TO PATIENTS	56	
20 SALE OF MEDICAL RECORDS & ABSTRACTS	B	-1,219	MEDICAL RECORDS & LIBRARY	17	
21 NURSG SCHOOL(TUITN,FEES,BOOKS, ETC.)					
22 VENDING MACHINES	B	-3,661	DIETARY	11	
23 INCOME FROM IMPOSITION OF INTEREST					
24 INTRST EXP ON MEDICARE OVERPAYMENTS					
25 ADJUSTMENT FOR RESPIRATORY THERAPY	A-8-3/A-8-4		RESPIRATORY THERAPY	49	
26 ADJUSTMENT FOR PHYSICAL THERAPY	A-8-3/A-8-4		PHYSICAL THERAPY	50	
27 ADJUSTMENT FOR HHA PHYSICAL THERAPY	A-8-3				
28 UTILIZATION REVIEW-PHYSIAN COMP			**COST CENTER DELETED**	89	
29 DEPRECIATION-OLD BLDGS AND FIXTURES			**COST CENTER DELETED**	1	
30 DEPRECIATION-OLD MOVABLE EQUIP			**COST CENTER DELETED**	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			**COST CENTER DELETED**	20	
34 PHYSICIANS' ASSISTANT					
35 ADJUSTMENT FOR OCCUPATIONAL THERAPY	A-8-4		OCCUPATIONAL THERAPY	51	
36 ADJUSTMENT FOR SPEECH PATHOLOGY	A-8-4		SPEECH PATHOLOGY	52	
37 OTHER REVENUE	B	-290,459	OTHER ADMINISTRATIVE AND	6.06	
38 EMPLOYEE BUS SERVICE REVENUE	B	-145	OTHER ADMINISTRATIVE AND	6.06	
39 PHYSICIAN BILLING COSTS	A	-142,692	CASHIERING/ACCOUNTS RECEI	6.05	
40 PHYSICIAN BILLING COSTS	A	-56,988	OTHER ADMINISTRATIVE AND	6.06	
41 SALES TAX	A	-29,844	OTHER ADMINISTRATIVE AND	6.06	
42 ADVERTISING COSTS	A	-110	PHYSICAL THERAPY	50	
43 ADVERTISING COSTS	A	-790	OTHER ADMINISTRATIVE AND	6.06	
44 PATIENT TELEVISION DEPRECIATION	A	-3,248	NEW CAP REL COSTS-MVBLE E	4	9
45 PATIENT TELEVISION MAINTENANCE	A	-779	OPERATION OF PLANT	8	
46 BAD DEBT EXPENSE	A	-4,960,739	OTHER ADMINISTRATIVE AND	6.06	
47 INTERCOMPANY INTEREST EXPENSE	A	-492,776	OTHER ADMINISTRATIVE AND	6.06	
48 TAXI CAB FARES	A	-28	EMPLOYEE BENEFITS	5	
49 TAXI CAB FARES	A	-12	OTHER ADMINISTRATIVE AND	6.06	
49.01 TAXI CAB FARES	A	-279	I&R SERVICES-OTHER PRGM C	23	
49.02 TAXI CAB FARES	A	-163	MARKETING	100	
49.03 CLIENT LAB REVENUE	A	-848,606	LABORATORY	44	
50 TOTAL (SUM OF LINES 1 THRU 49)		-10,774,270			

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

(2) Basis for adjustment (see instructions).

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

B. Amount Received - if cost cannot be determined.

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

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



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

LINE NO.	COST CENTER	EXPENSE ITEMS	AMOUNT OF ALLOWABLE COST	AMOUNT	NET* ADJUSTMENTS	WKSHT A-7 COL. REF.
1	2	3	4	5	6	
1	6	6 OTHER ADMINISTRATIVE AND ENVISION HOSPITAL CORP	2,629,007	2,028,161	600,846	
2						
3						
4						
5		TOTALS	2,629,007	2,028,161	600,846	

\* 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
B		0.00	ENVISION HOSPITAL CORPORA	100.00	HOME OFFICE
		0.00		0.00	
		0.00		0.00	
		0.00		0.00	
		0.00		0.00	

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





PROVIDER BASED PHYSICIAN ADJUSTMENTS

I PROVIDER NO:  
I 14-0075  
I

I PERIOD:  
I FROM 1/ 1/2008 I PREPARED 6/27/2009  
I TO 12/31/2008 I WORKSHEET A-8-2  
I GROUP 1

WKSHT A	COST CENTER/ PHYSICIAN	TOTAL REMUN- ERATION	PROFES- SIONAL COMPONENT	PROVIDER COMPONENT	RCE AMOUNT	PHYSICIAN/ PROVIDER COMPONENT HOURS	UNADJUSTED RCE LIMIT	5 PERCENT OF UNADJUSTED RCE LIMIT
LINE NO.	IDENTIFIER							
1	2	3	4	5	6	7	8	9
1 23	TEACHING AP PHYSICIANS	245,564	123,627	121,937	177,200	1,107	94,308	4,715
2 39	L&D AP PHYSICIANS	33,600	33,600					
3 40	ANESTHESIA AP PHYSICIANS	39,000	39,000					
4 6 6	A&G PAYROLL PHYSICIANS	400,504	14,700	385,804	177,200	2,658	226,441	11,322
5 22	I&R PAYROLL PHYSICIANS	37,453		37,453	177,200	213	18,146	907
6 25	A&P PAYROLL PHYSICIANS	2,700	2,700					
7 26	ICU PAYROLL PHYSICIANS	49,330	49,330					
8 30	NICU PAYROLL PHYSICIANS	236,260	236,260					
9 31	PSYCHIATRIC PAYROLL PHYSI	86,214		86,214	154,100	1,636	121,206	6,060
10 39	L&D PAYROLL PHYSICIANS	495,876	495,876					
11 40	ANESTHESIA PAYROLL PHYSIC	1,291,698	1,291,698					
12 41	RADIOLOGY PAYROLL PHYSICI	149,758	149,758					
13 60	CLINIC PAYROLL PHYSICIANS	1,134,180	1,134,180					
14 61	ER PAYROLL PHYSICIANS	444,344	444,344					
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
101	TOTAL	4,646,481	4,015,073	631,408		5,614	460,101	23,004



PROVIDER BASED PHYSICIAN ADJUSTMENTS

I PROVIDER NO: I PERIOD: I PREPARED 6/27/2009  
 I 14-0075 I FROM 1/ 1/2008 I WORKSHEET A-8-2  
 I I TO 12/31/2008 I GROUP 1

WKSHT A	COST CENTER/ PHYSICIAN	COST OF MEMBERSHIPS & CONTINUING EDUCATION	PROVIDER COMPONENT SHARE OF	PHYSICIAN COST OF MALPRACTICE INSURANCE	PROVIDER COMPONENT SHARE OF	ADJUSTED RCE	RCE DIS- ALLOWANCE	ADJUSTMENT
LINE NO.	IDENTIFIER	COL 12	COL 13	COL 14	COL 15	LIMIT	17	18
10	11	12	13	14	15	16	17	18
1	23	TEACHING AP PHYSICIANS				94,308	27,629	151,256
2	39	L&D AP PHYSICIANS						33,600
3	40	ANESTHESIA AP PHYSICIANS						39,000
4	6	6 A&G PAYROLL PHYSICIANS				226,441	159,363	174,063
5	22	I&R PAYROLL PHYSICIANS				18,146	19,307	19,307
6	25	A&P PAYROLL PHYSICIANS						2,700
7	26	ICU PAYROLL PHYSICIANS						49,330
8	30	NICU PAYROLL PHYSICIANS						236,260
9	31	PSYCHIATRIC PAYROLL PHYSI				121,206		
10	39	L&D PAYROLL PHYSICIANS						495,876
11	40	ANESTHESIA PAYROLL PHYSIC						1,291,698
12	41	RADIOLOGY PAYROLL PHYSICI						149,758
13	60	CLINIC PAYROLL PHYSICIANS						1,134,180
14	61	ER PAYROLL PHYSICIANS						444,344
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
101		TOTAL				460,101	206,299	4,221,372



COST ALLOCATION STATISTICS

LINE NO.	COST CENTER DESCRIPTION	STATISTICS CODE	STATISTICS DESCRIPTION		
	GENERAL SERVICE COST				
3	NEW CAP REL COSTS-BLDG & FIXT	1	SQUARE	FEET	ENTERED
4	NEW CAP REL COSTS-MVBLE EQUIP	2	SQUARE	FEET	ENTERED
5	EMPLOYEE BENEFITS	3	GROSS	SALARIES	ENTERED
6.01	COMMUNICATIONS	4	PERCENT		ENTERED
6.02	DATA PROCESSING	-5	ACCUM.	COST	NOT ENTERED
6.03	PURCHASING, RECEIVING AND STORES	6	PURCH	REQUISITIO	ENTERED
6.04	ADMITTING	7	INPATIENT	REVENUE	ENTERED
6.05	CASHIERING/ACCOUNTS RECEIVABLE	8	GROSS	REVENUE	ENTERED
6.06	OTHER ADMINISTRATIVE AND GENERAL	-9	ACCUM.	COST	NOT ENTERED
8	OPERATION OF PLANT	10	SQUARE	FEET	ENTERED
9	LAUNDRY & LINEN SERVICE	11	POUNDS OF	LAUNDRY	ENTERED
10	HOUSEKEEPING	12	SQUARE	FEET	ENTERED
11	DIETARY	13	MEALS	SERVED	ENTERED
12	CAFETERIA	14	FTE'S		ENTERED
14	NURSING ADMINISTRATION	15	DIRECT	NRSING HRS	ENTERED
15	CENTRAL SERVICES & SUPPLY	16	COSTED	REQUIS.	ENTERED
16	PHARMACY	17	COSTED	REQUIS.	ENTERED
17	MEDICAL RECORDS & LIBRARY	8	GROSS	REVENUE	ENTERED
22	I&R SERVICES-SALARY & FRINGES APPRVD	18	ASSIGNED	TIME	ENTERED
23	I&R SERVICES-OTHER PRGM COSTS APPRVD	18	ASSIGNED	TIME	ENTERED



COST ALLOCATION - GENERAL SERVICE COSTS

COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-MVBLE E	EMPLOYEE BENE FITS	COMMUNICATION S	SUBTOTAL	DATA PROCESSI NG
	0	3	4	5	6.01	6a.01	6.02
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG &	4,737,893	4,737,893					
005 NEW CAP REL COSTS-MVBLE E	1,540,700		1,540,700				
005 EMPLOYEE BENEFITS	3,792,344	1,939		837			
006 01 COMMUNICATIONS	472,488	1,765		762	31,878	506,893	
006 02 DATA PROCESSING	565,864	3,384		1,461	23,882	594,591	594,591
006 03 PURCHASING, RECEIVING AND	361,362	67,709		29,232	40,487	498,790	4,486
006 04 ADMITTING	465,352	64,111		27,678	49,635	606,776	5,457
006 05 CASHIERING/ACCOUNTS RECEI	3,025,923	2,974		1,284	15,224	3,045,405	27,387
006 06 OTHER ADMINISTRATIVE AND	18,975,537	129,185		55,772	299,804	19,967,191	179,586
008 OPERATION OF PLANT	6,888,932	583,523		251,922	286,655	8,011,032	72,043
009 LAUNDRY & LINEN SERVICE	341,433	6,699		2,892		351,024	3,157
010 HOUSEKEEPING	1,224,705	47,635		20,565	114,037	1,406,942	12,653
011 DIETARY	735,552	44,342		19,143	39,656	838,693	7,542
012 CAFETERIA	670,695	18,154		7,837	43,848	740,534	6,660
014 NURSING ADMINISTRATION	653,502	18,807		8,119	74,887	755,315	6,793
015 CENTRAL SERVICES & SUPPLY	58,511	26,904		11,615	4,993	102,023	917
016 PHARMACY	894,249	41,209		17,791	101,022	1,054,271	9,481
017 MEDICAL RECORDS & LIBRARY	726,783	22,710		9,804	73,466	832,763	7,489
022 I&R SERVICES-SALARY & FRI	1,923,706	225,069		97,167	244,264	2,490,206	22,394
023 I&R SERVICES-OTHER PRGM C	246,870					246,870	2,220
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	1,721,530	371,550	160,406	185,215		2,438,701	21,931
026 INTENSIVE CARE UNIT	1,514,344	206,465	89,135	165,139		1,975,083	17,762
030 NEONATAL INTENSIVE CARE U	897,828	39,234	16,938	136,618		1,090,618	9,808
031 SUBPROVIDER	3,057,967	27,753	11,982	349,811		3,447,513	31,003
031 01 REHABILITATION UNIT	455,467	55,122	23,797	50,416		584,802	5,259
033 NURSERY	344,941	28,236	12,190	37,404		422,771	3,802
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	727,252	133,335	57,564	74,043		992,194	8,923
038 RECOVERY ROOM	200,490	59,863	25,844	22,335		308,532	2,775
039 DELIVERY ROOM & LABOR ROO	1,316,964	124,741	53,853	190,284		1,685,842	15,161
040 ANESTHESIOLOGY	133,552	9,447	4,079	169,301		316,379	2,845
041 RADIOLOGY-DIAGNOSTIC	1,374,471	313,248	135,236	147,180		1,970,135	17,717
043 RADIOISOTOPE	145,840	32,549	14,052	14,681		207,122	1,863
044 LABORATORY	409,463	112,480	48,560	101,423		671,926	6,043
046 WHOLE BLOOD & PACKED RED	291,826	25,117	10,844	20,186		347,973	3,129
049 RESPIRATORY THERAPY	384,643	9,059	3,911	42,275		439,888	3,956
050 PHYSICAL THERAPY	187,575	34,735	14,996	18,412		255,718	2,300
051 OCCUPATIONAL THERAPY	138,345	23,799	10,275	15,915		188,334	1,694
052 SPEECH PATHOLOGY	54,423	40,385	17,435	6,218		118,461	1,065
053 ELECTROCARDIOLOGY	336,367	72,683	31,379	38,763		479,192	4,309
054 ELECTROENCEPHALOGRAPHY	53,131	54,207	23,402	4,562		135,302	1,217
055 MEDICAL SUPPLIES CHARGED	328,922					328,922	2,958
056 DRUGS CHARGED TO PATIENTS	619,944					619,944	5,575
059 01 ENDOSCOPY	243,128	39,081	16,872	26,190		325,271	2,925
059 02 LABORATORY-PATHOLOGICAL	376,492	112,091	48,392	24,972		561,947	5,054
059 03 PULMONARY FUNCTION TESTIN	42,860	16,926	7,308	4,620		71,714	645
059 04 ULTRA SOUND	151,338	12,599	5,439	17,362		186,738	1,679
059 05 MAGNETIC RESONANCE IMAGIN	56,111	9,331	4,028	4,636		74,106	666
059 06 RENAL DIALYSIS	58,987	657	284			59,928	539
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC	1,110,758	267,617	115,536	254,149		1,748,060	15,720
061 EMERGENCY	1,150,616	26,109	11,272	173,881		1,361,878	12,247
062 OBSERVATION BEDS (NON-DIS							
062 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	66,187,976	3,564,538	1,538,890	3,739,729	506,893	64,957,420	578,835
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP		3,631	1,567			5,198	47
097 RESEARCH							
097 02 SENIOR ASSOCIATION	486	563	243			1,292	12
098 PHYSICIANS' PRIVATE OFFIC	108,090	955,035		12,367		1,075,492	9,672
099 NONPAID WORKERS							
099 01 BUS SERVICE	122,956	22		11,020		133,998	1,205
100 MARKETING	289,910			32,004		321,914	2,895
100 01 SQUARE FOOTAGE		214,104				214,104	1,925
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	66,709,418	4,737,893	1,540,700	3,795,120	506,893	66,709,418	594,591





COST ALLOCATION - GENERAL SERVICE COSTS

COST CENTER DESCRIPTION	PURCHASING, RECEIVING AND	ADMITTING	CASHIERING/ACCOUNTS RECEI	SUBTOTAL	OTHER ADMINISTRATIVE AND	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE
	6.03	6.04	6.05	6a.05	6.06	8	9
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
006 01 COMMUNICATIONS							
006 02 DATA PROCESSING							
006 03 PURCHASING, RECEIVING AND	503,276						
006 04 ADMITTING	1,485	613,718					
006 05 CASHIERING/ACCOUNTS RECEI	1		3,072,793				
006 06 OTHER ADMINISTRATIVE AND	2,757			20,149,534	20,149,534		
008 OPERATION OF PLANT	20,292			8,103,367	3,506,865	11,610,232	
009 LAUNDRY & LINEN SERVICE	118			354,299	153,329	20,028	527,656
010 HOUSEKEEPING	35,473			1,455,068	629,704	142,419	
011 DIETARY	516			846,751	366,445	132,573	
012 CAFETERIA	570			747,764	323,607	54,275	
014 NURSING ADMINISTRATION	2,217			764,325	330,774	56,229	
015 CENTRAL SERVICES & SUPPLY	3,333			106,273	45,991	80,436	1,558
016 PHARMACY	3,775			1,067,527	461,989	123,205	
017 MEDICAL RECORDS & LIBRARY	2,655			842,907	364,781	67,899	
022 I&R SERVICES-SALARY & FRI				2,512,600	1,087,368	672,906	
023 I&R SERVICES-OTHER PRGM C	759			249,849	108,126		
023 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	31,053	54,876	318,821	2,865,382	1,240,040	1,110,854	144,833
026 INTENSIVE CARE UNIT	35,756	58,566	340,258	2,427,425	1,050,507	617,285	78,440
030 NEONATAL INTENSIVE CARE U	7,027	34,729	201,771	1,343,953	581,617	117,300	33,001
031 SUBPROVIDER	7,026	111,497	647,881	4,244,920	1,837,057	82,976	59,922
031 01 REHABILITATION UNIT	3,290	7,824	45,455	646,630	279,839	164,802	38,993
033 NURSERY	5,120	15,437	89,689	536,819	232,317	84,420	761
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	23,670	12,494	76,834	1,114,115	482,151	398,642	26,983
038 RECOVERY ROOM	1,817	1,102	16,418	330,644	143,091	178,979	2,302
039 DELIVERY ROOM & LABOR ROO	39,486	27,012	20,349	1,787,850	773,721	372,948	34,239
040 ANESTHESIOLOGY	6,922	11,840	39,401	377,387	163,320	28,245	
041 RADIOLOGY-DIAGNOSTIC	14,153	27,829	148,113	2,177,947	942,541	936,543	16,574
043 RADIOISOTOPE	584	3,568	14,747	227,884	98,620	97,316	2,271
044 LABORATORY	85,276	68,298	351,170	1,182,713	511,838	336,290	
046 WHOLE BLOOD & PACKED RED	10,493	9,071	41,858	412,524	178,526	75,095	
049 RESPIRATORY THERAPY	5,064	24,755	5,537	479,200	207,381	27,083	
050 PHYSICAL THERAPY	493	3,122	8,275	269,908	116,807	103,851	4,318
051 OCCUPATIONAL THERAPY	73	3,644	927	194,672	84,247	71,155	2,418
052 SPEECH PATHOLOGY	44	673	2,203	122,446	52,990	120,741	
053 ELECTROCARDIOLOGY	749	17,116	70,414	571,780	247,447	217,308	5,144
054 ELECTROENCEPHALOGRAPHY	128	326	1,073	138,046	59,742	162,066	285
055 MEDICAL SUPPLIES CHARGED	95,679	18,413	138,272	584,244	252,841		
056 DRUGS CHARGED TO PATIENTS		64,725	30,404	720,648	311,872		
059 01 ENDOSCOPY	4,371	2,012	38,413	372,992	161,418	116,844	6,092
059 02 LABORATORY-PATHOLOGICAL	6,334	2,602	43,798	619,735	268,200	335,129	
059 03 PULMONARY FUNCTION TESTIN	816	537	11,796	85,508	37,005	50,606	
059 04 ULTRA SOUND	483	2,330	53,745	244,975	106,017	37,667	2,760
059 05 MAGNETIC RESONANCE IMAGIN	4,298	2,546	24,633	106,249	45,981	27,898	
059 06 RENAL DIALYSIS	245	1,968	67	62,747	27,155	1,965	
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC	9,514	27	34,795	1,808,116	782,491	800,117	3,131
061 EMERGENCY	22,262	24,779	255,676	1,676,842	725,680	78,059	63,012
062 OBSERVATION BEDS (NON-DIS							
062 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	496,177	613,718	3,072,793	64,934,565	19,381,438	8,102,154	527,037
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP				5,245	2,270	10,855	
097 RESEARCH	141			141	61		
097 02 SENIOR ASSOCIATION				1,304	564	1,683	
098 PHYSICIANS' PRIVATE OFFIC	409			1,085,573	469,799	2,855,351	619
099 NONPAID WORKERS							
099 01 BUS SERVICE	4,939			140,142	60,649	65	
100 MARKETING	1,610			326,419	141,263		
100 01 SQUARE FOOTAGE				216,029	93,490	640,124	
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	503,276	613,718	3,072,793	66,709,418	20,149,534	11,610,232	527,656



COST ALLOCATION - GENERAL SERVICE COSTS

COST CENTER DESCRIPTION	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY
	10	11	12	14	15	16	17
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
006 01 COMMUNICATIONS							
006 02 DATA PROCESSING							
006 03 PURCHASING, RECEIVING AND							
006 04 ADMITTING							
006 05 CASHIERING/ACCOUNTS RECEI							
006 06 OTHER ADMINISTRATIVE AND							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING	2,227,191						
011 DIETARY	25,792	1,371,561					
012 CAFETERIA	10,559		1,136,205				
014 NURSING ADMINISTRATION	10,940		23,081	1,185,349			
015 CENTRAL SERVICES & SUPPLY	15,649		4,091	5,125	259,123		
016 PHARMACY	23,970		42,033		2,224	1,720,948	
017 MEDICAL RECORDS & LIBRARY	13,210		44,210		22		1,333,029
022 I&R SERVICES-SALARY & FRI	130,915						
023 I&R SERVICES-OTHER PRGM C			150,906		107		
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	216,119	510,095	79,112	248,945	24,313		138,311
026 INTENSIVE CARE UNIT	120,094	59,834	69,880	201,687	27,047		147,610
030 NEONATAL INTENSIVE CARE U	22,821		29,798	74,360	5,295		87,532
031 SUBPROVIDER	16,143	743,049	173,086	191,396	4,791		281,056
031 01 REHABILITATION UNIT	32,063	58,583	23,531	67,002	2,427		19,719
033 NURSERY	16,424		15,612	32,172	3,014		38,909
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	77,557		26,834	39,049	14,719		33,332
038 RECOVERY ROOM	34,821		8,181	27,432	1,366		7,122
039 DELIVERY ROOM & LABOR ROO	72,558		56,594	124,682	28,959		8,828
040 ANESTHESIOLOGY	5,495		15,274		5,352		17,093
041 RADIOLOGY-DIAGNOSTIC	182,206		48,000	3,620	4,313		64,254
043 RADIOISOTOPE	18,933		3,490		451		6,398
044 LABORATORY	65,426		63,913		5,606		152,344
046 WHOLE BLOOD & PACKED RED	14,610		10,508		19,038		18,159
049 RESPIRATORY THERAPY	5,269		19,628		3,742		2,402
050 PHYSICAL THERAPY	20,204		6,605		193		3,590
051 OCCUPATIONAL THERAPY	13,843		5,629		56		402
052 SPEECH PATHOLOGY	23,490		1,952				956
053 ELECTROCARDIOLOGY	42,278		14,224	3,421	247		30,547
054 ELECTROENCEPHALOGRAPHY	31,530		1,764		86		465
055 MEDICAL SUPPLIES CHARGED					73,980		59,985
056 DRUGS CHARGED TO PATIENTS					2,861	1,720,948	13,190
059 01 ENDOSCOPY	22,732		9,082	26,717	2,861		16,664
059 02 LABORATORY-PATHOLOGICAL	65,200		12,685		698		19,001
059 03 PULMONARY FUNCTION TESTIN	9,846		1,989		600		5,117
059 04 ULTRA SOUND	7,328		5,292		277		23,316
059 05 MAGNETIC RESONANCE IMAGIN	5,428		1,238		1,899		10,686
059 06 RENAL DIALYSIS	382				190		29
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC	155,664		82,753	20,775	4,281		15,095
061 EMERGENCY	15,187		54,193	118,966	16,815		110,917
062 OBSERVATION BEDS (NON-DIS							
062 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	1,544,686	1,371,561	1,105,168	1,185,349	257,830	1,720,948	1,333,029
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP	2,112						
097 RESEARCH							
097 02 SENIOR ASSOCIATION	327						
098 PHYSICIANS' PRIVATE OFFIC	555,516		5,967		233		
099 NONPAID WORKERS							
099 01 BUS SERVICE	13		8,482				
100 MARKETING			16,588		1,060		
100 01 SQUARE FOOTAGE	124,537						
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	2,227,191	1,371,561	1,136,205	1,185,349	259,123	1,720,948	1,333,029



COST ALLOCATION - GENERAL SERVICE COSTS

COST CENTER DESCRIPTION	I&R SERVICES- SALARY & FRI	I&R SERVICES- OTHER PRGM C	SUBTOTAL	I&R COST POST STEP-DOWN ADJ	TOTAL
	22	23	25	26	27
003 GENERAL SERVICE COST CNTR					
004 NEW CAP REL COSTS-BLDG &					
005 NEW CAP REL COSTS-MVBLE E					
006 EMPLOYEE BENEFITS					
006 01 COMMUNICATIONS					
006 02 DATA PROCESSING					
006 03 PURCHASING, RECEIVING AND					
006 04 ADMITTING					
006 05 CASHIERING/ACCOUNTS RECEI					
006 06 OTHER ADMINISTRATIVE AND					
008 OPERATION OF PLANT					
009 LAUNDRY & LINEN SERVICE					
010 HOUSEKEEPING					
011 DIETARY					
012 CAFETERIA					
014 NURSING ADMINISTRATION					
015 CENTRAL SERVICES & SUPPLY					
016 PHARMACY					
017 MEDICAL RECORDS & LIBRARY					
022 I&R SERVICES-SALARY & FRI	4,403,789				
023 I&R SERVICES-OTHER PRGM C		508,988			
023 INPAT ROUTINE SRVC CNTRS					
025 ADULTS & PEDIATRICS	4,279,464	494,618	11,352,086	-4,774,082	6,578,004
026 INTENSIVE CARE UNIT	2,438	282	4,802,529	-2,720	4,799,809
030 NEONATAL INTENSIVE CARE U			2,295,677		2,295,677
031 SUBPROVIDER			7,634,396		7,634,396
031 01 REHABILITATION UNIT			1,333,589		1,333,589
033 NURSERY			960,448		960,448
037 ANCILLARY SRVC COST CNTRS					
037 OPERATING ROOM			2,213,382		2,213,382
038 RECOVERY ROOM			733,938		733,938
039 DELIVERY ROOM & LABOR ROO			3,260,379		3,260,379
040 ANESTHESIOLOGY			612,166		612,166
041 RADIOLOGY-DIAGNOSTIC			4,375,998		4,375,998
043 RADIOISOTOPE			455,363		455,363
044 LABORATORY			2,318,130		2,318,130
046 WHOLE BLOOD & PACKED RED			728,460		728,460
049 RESPIRATORY THERAPY			744,705		744,705
050 PHYSICAL THERAPY			525,476		525,476
051 OCCUPATIONAL THERAPY			372,422		372,422
052 SPEECH PATHOLOGY			322,575		322,575
053 ELECTROCARDIOLOGY			1,132,396		1,132,396
054 ELECTROENCEPHALOGRAPHY			393,984		393,984
055 MEDICAL SUPPLIES CHARGED			971,050		971,050
056 DRUGS CHARGED TO PATIENTS			2,769,519		2,769,519
059 01 ENDOSCOPY			735,402		735,402
059 02 LABORATORY-PATHOLOGICAL			1,320,648		1,320,648
059 03 PULMONARY FUNCTION TESTIN			190,671		190,671
059 04 ULTRA SOUND			427,632		427,632
059 05 MAGNETIC RESONANCE IMAGIN			199,379		199,379
059 06 RENAL DIALYSIS			92,468		92,468
060 OUTPAT SERVICE COST CNTRS					
060 CLINIC	121,887	14,088	3,808,398	-135,975	3,672,423
061 EMERGENCY			2,859,671		2,859,671
062 OBSERVATION BEDS (NON-DIS					
062 SPEC PURPOSE COST CENTERS					
095 SUBTOTALS	4,403,789	508,988	59,942,937	-4,912,777	55,030,160
096 NONREIMBURS COST CENTERS					
096 GIFT, FLOWER, COFFEE SHOP			20,482		20,482
097 RESEARCH			202		202
097 02 SENIOR ASSOCIATION			3,878		3,878
098 PHYSICIANS' PRIVATE OFFIC			4,973,058		4,973,058
099 NONPAID WORKERS					
099 01 BUS SERVICE			209,351		209,351
100 MARKETING			485,330		485,330
100 01 SQUARE FOOTAGE			1,074,180		1,074,180
101 CROSS FOOT ADJUSTMENT					
102 NEGATIVE COST CENTER					
103 TOTAL	4,403,789	508,988	66,709,418	-4,912,777	61,796,641



ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	DIR ASSGND NEW CAPITAL REL COSTS 0	NEW CAP REL C OSTS-BLDG & 3	NEW CAP REL C OSTS-MVBLE E 4	SUBTOTAL 4a	EMPLOYEE BENE FITS 5	COMMUNICATION S 6.01	DATA PROCESSI NG 6.02
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS		1,939	837	2,776	2,776		
006 01 COMMUNICATIONS		1,765	762	2,527	23	2,550	
006 02 DATA PROCESSING		3,384	1,461	4,845	17		4,862
006 03 PURCHASING, RECEIVING AND		67,709	29,232	96,941	30		37
006 04 ADMITTING		64,111	27,678	91,789	36		45
006 05 CASHIERING/ACCOUNTS RECEI		2,974	1,284	4,258	11		225
006 06 OTHER ADMINISTRATIVE AND		129,185	55,772	184,957	219	2,550	1,448
008 OPERATION OF PLANT		583,523	251,922	835,445	210		593
009 LAUNDRY & LINEN SERVICE		6,699	2,892	9,591			26
010 HOUSEKEEPING		47,635	20,565	68,200	83		104
011 DIETARY		44,342	19,143	63,485	29		62
012 CAFETERIA		18,154	7,837	25,991	32		55
014 NURSING ADMINISTRATION		18,807	8,119	26,926	55		56
015 CENTRAL SERVICES & SUPPLY		26,904	11,615	38,519	4		8
016 PHARMACY		41,209	17,791	59,000	74		78
017 MEDICAL RECORDS & LIBRARY		22,710	9,804	32,514	54		62
022 I&R SERVICES-SALARY & FRI		225,069	97,167	322,236	179		184
023 I&R SERVICES-OTHER PRGM C							18
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS		371,550	160,406	531,956	136		180
026 INTENSIVE CARE UNIT		206,465	89,135	295,600	121		146
030 NEONATAL INTENSIVE CARE U		39,234	16,938	56,172	100		81
031 SUBPROVIDER		27,753	11,982	39,735	257		255
031 01 REHABILITATION UNIT		55,122	23,797	78,919	37		43
033 NURSERY		28,236	12,190	40,426	27		31
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM		133,335	57,564	190,899	54		73
038 RECOVERY ROOM		59,863	25,844	85,707	16		23
039 DELIVERY ROOM & LABOR ROO		124,741	53,853	178,594	139		125
040 ANESTHESIOLOGY		9,447	4,079	13,526	124		23
041 RADIOLOGY-DIAGNOSTIC		313,248	135,236	448,484	108		146
043 RADIOISOTOPE		32,549	14,052	46,601	11		15
044 LABORATORY		112,480	48,560	161,040	74		50
046 WHOLE BLOOD & PACKED RED		25,117	10,844	35,961	15		26
049 RESPIRATORY THERAPY		9,059	3,911	12,970	31		33
050 PHYSICAL THERAPY		34,735	14,996	49,731	13		19
051 OCCUPATIONAL THERAPY		23,799	10,275	34,074	12		14
052 SPEECH PATHOLOGY		40,385	17,435	57,820	5		9
053 ELECTROCARDIOLOGY		72,683	31,379	104,062	28		35
054 ELECTROENCEPHALOGRAPHY		54,207	23,402	77,609	3		10
055 MEDICAL SUPPLIES CHARGED							24
056 DRUGS CHARGED TO PATIENTS							46
059 01 ENDOSCOPY		39,081	16,872	55,953	19		24
059 02 LABORATORY-PATHOLOGICAL		112,091	48,392	160,483	18		42
059 03 PULMONARY FUNCTION TESTIN		16,926	7,308	24,234	3		5
059 04 ULTRA SOUND		12,599	5,439	18,038	13		14
059 05 MAGNETIC RESONANCE IMAGIN		9,331	4,028	13,359	3		5
059 06 RENAL DIALYSIS		657	284	941			4
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC		267,617	115,536	383,153	186		129
061 EMERGENCY		26,109	11,272	37,381	127		101
062 OBSERVATION BEDS (NON-DIS							
062 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS		3,564,538	1,538,890	5,103,428	2,736	2,550	4,732
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP		3,631	1,567	5,198			
097 RESEARCH							
097 02 SENIOR ASSOCIATION		563	243	806			
098 PHYSICIANS' PRIVATE OFFIC		955,035		955,035	9		80
099 NONPAID WORKERS							
099 01 BUS SERVICE		22		22	8		10
100 MARKETING					23		24
100 01 SQUARE FOOTAGE		214,104		214,104			16
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL		4,737,893	1,540,700	6,278,593	2,776	2,550	4,862





ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	PURCHASING, RECEIVING AND	ADMITTING	CASHIERING/ACCOUNTS RECEI	OTHER ADMINISTRATIVE AND	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING
	6.03	6.04	6.05	6.06	8	9	10
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
006 01 COMMUNICATIONS							
006 02 DATA PROCESSING							
006 03 PURCHASING, RECEIVING AND	97,008						
006 04 ADMITTING	286	92,156					
006 05 CASHIERING/ACCOUNTS RECEI			4,494				
006 06 OTHER ADMINISTRATIVE AND	531			189,705			
008 OPERATION OF PLANT	3,911			33,035	873,194		
009 LAUNDRY & LINEN SERVICE	23			1,443	1,506	12,589	
010 HOUSEKEEPING	6,838			5,928	10,711		91,864
011 DIETARY	99			3,450	9,971		1,064
012 CAFETERIA	110			3,046	4,082		436
014 NURSING ADMINISTRATION	427			3,114	4,229		451
015 CENTRAL SERVICES & SUPPLY	642			433	6,050	37	645
016 PHARMACY	728			4,349	9,266		989
017 MEDICAL RECORDS & LIBRARY	512			3,434	5,107		545
022 I&R SERVICES-SALARY & FRI				10,236	50,609		5,400
023 I&R SERVICES-OTHER PRGM C	146			1,018			
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	5,986	8,238	466	11,674	83,546	3,456	8,914
026 INTENSIVE CARE UNIT	6,892	8,792	498	9,889	46,425	1,871	4,953
030 NEONATAL INTENSIVE CARE U	1,354	5,214	295	5,475	8,822	787	941
031 SUBPROVIDER	1,354	16,759	949	17,294	6,241	1,430	666
031 01 REHABILITATION UNIT	634	1,175	66	2,634	12,395	930	1,322
033 NURSERY	987	2,318	131	2,187	6,349	18	677
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	4,562	1,876	112	4,539	29,981	644	3,199
038 RECOVERY ROOM	350	165	24	1,347	13,461	55	1,436
039 DELIVERY ROOM & LABOR ROO	7,611	4,055	30	7,284	28,049	817	2,993
040 ANESTHESIOLOGY	1,334	1,777	58	1,537	2,124		227
041 RADIOLOGY-DIAGNOSTIC	2,728	4,178	217	8,873	70,437	395	7,515
043 RADIOISOTOPE	113	536	22	928	7,319	54	781
044 LABORATORY	16,437	10,253	513	4,818	25,292		2,699
046 WHOLE BLOOD & PACKED RED	2,023	1,362	61	1,681	5,648		603
049 RESPIRATORY THERAPY	976	3,716	8	1,952	2,037		217
050 PHYSICAL THERAPY	95	469	12	1,100	7,810	103	833
051 OCCUPATIONAL THERAPY	14	547	1	793	5,352	58	571
052 SPEECH PATHOLOGY	9	101	3	499	9,081		969
053 ELECTROCARDIOLOGY	144	2,570	103	2,329	16,344	123	1,744
054 ELECTROENCEPHALOGRAPHY	25	49	2	562	12,189	7	1,301
055 MEDICAL SUPPLIES CHARGED	18,445	2,764	202	2,380			
056 DRUGS CHARGED TO PATIENTS		9,717	44	2,936			
059 01 ENDOSCOPY	842	302	56	1,520	8,788	145	938
059 02 LABORATORY-PATHOLOGICAL	1,221	391	64	2,525	25,205		2,689
059 03 PULMONARY FUNCTION TESTIN	157	81	17	348	3,806		406
059 04 ULTRA SOUND	93	350	79	998	2,833	66	302
059 05 MAGNETIC RESONANCE IMAGIN	829	382	36	433	2,098		224
059 06 RENAL DIALYSIS	47	295		256	148		16
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC	1,834	4	51	7,366	60,176	75	6,421
061 EMERGENCY	4,291	3,720	374	6,831	5,871	1,503	626
062 OBSERVATION BEDS (NON-DIS							
062 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	95,640	92,156	4,494	182,474	609,358	12,574	63,713
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP				21	816		87
097 RESEARCH	27			1			
097 02 SENIOR ASSOCIATION				5	127		14
098 PHYSICIANS' PRIVATE OFFIC	79			4,423	214,745	15	22,912
099 NONPAID WORKERS							
099 01 BUS SERVICE	952			571	5		1
100 MARKETING	310			1,330			
100 01 SQUARE FOOTAGE				880	48,143		5,137
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	97,008	92,156	4,494	189,705	873,194	12,589	91,864



ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	DIETARY	CAFETERIA	NURSING ADMIN	CENTRAL SERVI	PHARMACY	MEDICAL RECOR	I&R SERVICES-
	11	12	14	15	16	DS & LIBRARY	SALARY & FRI
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
006 01 COMMUNICATIONS							
006 02 DATA PROCESSING							
006 03 PURCHASING, RECEIVING AND							
006 04 ADMITTING							
006 05 CASHIERING/ACCOUNTS RECEI							
006 06 OTHER ADMINISTRATIVE AND							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
011 DIETARY	78,160						
012 CAFETERIA		33,752					
014 NURSING ADMINISTRATION		686	35,944				
015 CENTRAL SERVICES & SUPPLY		122	155	46,615			
016 PHARMACY		1,249		400	76,133		
017 MEDICAL RECORDS & LIBRARY		1,313		4		43,545	
022 I&R SERVICES-SALARY & FRI							388,844
023 I&R SERVICES-OTHER PRGM C				19			
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	29,068	2,350	7,548	4,374		4,515	
026 INTENSIVE CARE UNIT	3,410	2,076	6,116	4,866		4,819	
030 NEONATAL INTENSIVE CARE U		885	2,255	953		2,857	
031 SUBPROVIDER	42,344	5,140	5,804	862		9,204	
031 01 REHABILITATION UNIT	3,338	699	2,032	437		644	
033 NURSERY		464	976	542		1,270	
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM		797	1,184	2,648		1,088	
038 RECOVERY ROOM		243	832	246		233	
039 DELIVERY ROOM & LABOR ROO		1,681	3,781	5,210		288	
040 ANESTHESIOLOGY		454		963		558	
041 RADIOLOGY-DIAGNOSTIC		1,426	110	776		2,098	
043 RADIOISOTOPE		104		81		209	
044 LABORATORY		1,899		1,009		4,973	
046 WHOLE BLOOD & PACKED RED		312		3,425		593	
049 RESPIRATORY THERAPY		583		673		78	
050 PHYSICAL THERAPY		196		35		117	
051 OCCUPATIONAL THERAPY		167		10		13	
052 SPEECH PATHOLOGY		58				31	
053 ELECTROCARDIOLOGY		423	104	44		997	
054 ELECTROENCEPHALOGRAPHY		52		15		15	
055 MEDICAL SUPPLIES CHARGED				13,305		1,958	
056 DRUGS CHARGED TO PATIENTS				515	76,133	431	
059 01 ENDOSCOPY		270	810	515		544	
059 02 LABORATORY-PATHOLOGICAL		377		126		620	
059 03 PULMONARY FUNCTION TESTIN		59		108		167	
059 04 ULTRA SOUND		157		50		761	
059 05 MAGNETIC RESONANCE IMAGIN		37		342		349	
059 06 RENAL DIALYSIS				34		1	
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC		2,458	630	770		493	
061 EMERGENCY		1,610	3,607	3,025		3,621	
062 OBSERVATION BEDS (NON-DIS							
062 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	78,160	32,830	35,944	46,382	76,133	43,545	
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP							
097 RESEARCH							
097 02 SENIOR ASSOCIATION							
098 PHYSICIANS' PRIVATE OFFIC		177		42			
099 NONPAID WORKERS							
099 01 BUS SERVICE		252					
100 MARKETING		493		191			
100 01 SQUARE FOOTAGE							
101 CROSS FOOT ADJUSTMENTS							388,844
102 NEGATIVE COST CENTER							
103 TOTAL	78,160	33,752	35,944	46,615	76,133	43,545	388,844



ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	I&R SERVICES- OTHER PRGM C	SUBTOTAL	POST STEPDOWN ADJUSTMENT	TOTAL
	23	25	26	27
003 GENERAL SERVICE COST CNTR				
004 NEW CAP REL COSTS-BLDG &				
005 NEW CAP REL COSTS-MVBLE E				
006 EMPLOYEE BENEFITS				
006 01 COMMUNICATIONS				
006 02 DATA PROCESSING				
006 03 PURCHASING, RECEIVING AND				
006 04 ADMITTING				
006 05 CASHIERING/ACCOUNTS RECEI				
006 06 OTHER ADMINISTRATIVE AND				
008 OPERATION OF PLANT				
009 LAUNDRY & LINEN SERVICE				
010 HOUSEKEEPING				
011 DIETARY				
012 CAFETERIA				
014 NURSING ADMINISTRATION				
015 CENTRAL SERVICES & SUPPLY				
016 PHARMACY				
017 MEDICAL RECORDS & LIBRARY				
022 I&R SERVICES-SALARY & FRI				
023 I&R SERVICES-OTHER PRGM C	5,684			
023 INPAT ROUTINE SRVC CNTRS				
025 ADULTS & PEDIATRICS		702,407		702,407
026 INTENSIVE CARE UNIT		396,474		396,474
030 NEONATAL INTENSIVE CARE U		86,191		86,191
031 SUBPROVIDER		148,294		148,294
031 01 REHABILITATION UNIT		105,305		105,305
033 NURSERY		56,403		56,403
037 ANCILLARY SRVC COST CNTRS				
037 OPERATING ROOM		241,656		241,656
038 RECOVERY ROOM		104,138		104,138
039 DELIVERY ROOM & LABOR ROO		240,657		240,657
040 ANESTHESIOLOGY		22,705		22,705
041 RADIOLOGY-DIAGNOSTIC		547,491		547,491
043 RADIOISOTOPE		56,774		56,774
044 LABORATORY		229,057		229,057
046 WHOLE BLOOD & PACKED RED		51,710		51,710
049 RESPIRATORY THERAPY		23,274		23,274
050 PHYSICAL THERAPY		60,533		60,533
051 OCCUPATIONAL THERAPY		41,626		41,626
052 SPEECH PATHOLOGY		68,585		68,585
053 ELECTROCARDIOLOGY		129,050		129,050
054 ELECTROENCEPHALOGRAPHY		91,839		91,839
055 MEDICAL SUPPLIES CHARGED		39,078		39,078
056 DRUGS CHARGED TO PATIENTS		89,822		89,822
059 01 ENDOSCOPY		70,726		70,726
059 02 LABORATORY-PATHOLOGICAL		193,761		193,761
059 03 PULMONARY FUNCTION TESTIN		29,391		29,391
059 04 ULTRA SOUND		23,754		23,754
059 05 MAGNETIC RESONANCE IMAGIN		18,097		18,097
059 06 RENAL DIALYSIS		1,742		1,742
060 OUTPAT SERVICE COST CNTRS				
060 CLINIC		463,746		463,746
061 EMERGENCY		72,688		72,688
062 OBSERVATION BEDS (NON-DIS				
062 SPEC PURPOSE COST CENTERS				
095 SUBTOTALS		4,406,974		4,406,974
096 NONREIMBURS COST CENTERS				
096 GIFT, FLOWER, COFFEE SHOP		6,122		6,122
097 RESEARCH		28		28
097 02 SENIOR ASSOCIATION		952		952
098 PHYSICIANS' PRIVATE OFFIC		1,197,517		1,197,517
099 NONPAID WORKERS				
099 01 BUS SERVICE		1,821		1,821
100 MARKETING		2,371		2,371
100 01 SQUARE FOOTAGE		268,280		268,280
101 CROSS FOOT ADJUSTMENTS	5,684	394,528		394,528
102 NEGATIVE COST CENTER				
103 TOTAL	5,684	6,278,593		6,278,593



COST ALLOCATION - STATISTICAL BASIS

COST CENTER DESCRIPTION		NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-MVBLE E	EMPLOYEE BENE FITS	COMMUNICATION S	RECONCIL- IATION	DATA PROCESSI NG
		(SQUARE FEET	(SQUARE FEET	(GROSS SALARIES	(PERCENT )		( ACCUM. COST )
		3	4	5	6.01	6a.02	6.02
003	GENERAL SERVICE COST						
004	NEW CAP REL COSTS-BLD	1,304,944					
005	NEW CAP REL COSTS-MVB		982,925				
006	EMPLOYEE BENEFITS	534	534	30,188,549			
006	01 COMMUNICATIONS	486	486	253,577	100		
006	02 DATA PROCESSING	932	932	189,971		-594,591	66,114,827
006	03 PURCHASING, RECEIVING	18,649	18,649	322,056			498,790
006	04 ADMITTING	17,658	17,658	394,825			606,776
006	05 CASHIERING/ACCOUNTS R	819	819	121,100			3,045,405
006	06 OTHER ADMINISTRATIVE	35,581	35,581	2,384,810	100		19,967,191
008	OPERATION OF PLANT	160,718	160,718	2,280,214			8,011,032
009	LAUNDRY & LINEN SERVI	1,845	1,845				351,024
010	HOUSEKEEPING	13,120	13,120	907,114			1,406,942
011	DIETARY	12,213	12,213	315,445			838,693
012	CAFETERIA	5,000	5,000	348,789			740,534
014	NURSING ADMINISTRATIO	5,180	5,180	595,695			755,315
015	CENTRAL SERVICES & SU	7,410	7,410	39,714			102,023
016	PHARMACY	11,350	11,350	803,585			1,054,271
017	MEDICAL RECORDS & LIB	6,255	6,255	584,391			832,763
022	I&R SERVICES-SALARY &	61,990	61,990	1,943,013			2,490,206
023	I&R SERVICES-OTHER PR						246,870
025	INPAT ROUTINE SRVC CN						
026	ADULTS & PEDIATRICS	102,335	102,335	1,473,302			2,438,701
026	INTENSIVE CARE UNIT	56,866	56,866	1,313,610			1,975,083
030	NEONATAL INTENSIVE CA	10,806	10,806	1,086,736			1,090,618
031	SUBPROVIDER	7,644	7,644	2,782,627			3,447,513
031	01 REHABILITATION UNIT	15,182	15,182	401,034			584,802
033	NURSERY	7,777	7,777	297,531			422,771
037	ANCILLARY SRVC COST C						
038	OPERATING ROOM	36,724	36,724	588,976			992,194
038	RECOVERY ROOM	16,488	16,488	177,663			308,532
039	DELIVERY ROOM & LABOR	34,357	34,357	1,513,630			1,685,842
040	ANESTHESIOLOGY	2,602	2,602	1,346,717			316,379
041	RADIOLOGY-DIAGNOSTIC	86,277	86,277	1,170,749			1,970,135
043	RADIOISOTOPE	8,965	8,965	116,778			207,122
044	LABORATORY	30,980	30,980	806,775			671,926
046	WHOLE BLOOD & PACKED	6,918	6,918	160,574			347,973
049	RESPIRATORY THERAPY	2,495	2,495	336,277			439,888
050	PHYSICAL THERAPY	9,567	9,567	146,463			255,718
051	OCCUPATIONAL THERAPY	6,555	6,555	126,598			188,334
052	SPEECH PATHOLOGY	11,123	11,123	49,459			118,461
053	ELECTROCARDIOLOGY	20,019	20,019	308,344			479,192
054	ELECTROENCEPHALOGRAPH	14,930	14,930	36,292			135,302
055	MEDICAL SUPPLIES CHAR						328,922
056	DRUGS CHARGED TO PATI						619,944
059	01 ENDOSCOPY	10,764	10,764	208,331			325,271
059	02 LABORATORY-PATHOLOGIC	30,873	30,873	198,645			561,947
059	03 PULMONARY FUNCTION TE	4,662	4,662	36,750			71,714
059	04 ULTRA SOUND	3,470	3,470	138,108			186,738
059	05 MAGNETIC RESONANCE IM	2,570	2,570	36,880			74,106
059	06 RENAL DIALYSIS	181	181				59,928
060	OUTPAT SERVICE COST C						
061	CLINIC	73,709	73,709	2,021,644			1,748,060
062	EMERGENCY	7,191	7,191	1,383,149			1,361,878
062	OBSERVATION BEDS (NON						
095	SPEC PURPOSE COST CEN						
095	SUBTOTALS	981,770	981,770	29,747,941	100	-594,591	64,362,829
096	NONREIMBURS COST CENT						
097	GIFT, FLOWER, COFFEE	1,000	1,000				5,198
097	RESEARCH						
097	02 SENIOR ASSOCIATION	155	155				1,292
098	PHYSICIANS' PRIVATE O	263,043		98,376			1,075,492
099	NONPAID WORKERS						
099	01 BUS SERVICE	6		87,658			133,998
100	MARKETING			254,574			321,914
100	01 SQUARE FOOTAGE	58,970					214,104
101	CROSS FOOT ADJUSTMENT						
102	NEGATIVE COST CENTER						
103	COST TO BE ALLOCATED	4,737,893	1,540,700	3,795,120	506,893		594,591
104	(WRKSHT B, PART I)						
104	UNIT COST MULTIPLIER	3.630725		.125714			
105	(WRKSHT B, PT I)		1.567464		5,068.930000		.008993
106	COST TO BE ALLOCATED						
106	(WRKSHT B, PART II)						
106	UNIT COST MULTIPLIER						
107	(WRKSHT B, PT II)			2,776	2,550		4,862
107	COST TO BE ALLOCATED						
108	(WRKSHT B, PART III)			.000092	25.500000		.000074
108	UNIT COST MULTIPLIER						
108	(WRKSHT B, PT III)						





COST ALLOCATION - STATISTICAL BASIS

COST CENTER DESCRIPTION	PURCHASING, RECEIVING AND	ADMITTING (INPATIENT) REVENUE	CASHIERING/AC (GROSS) COUNTS RECEI (REVENUE)	RECONCILIATION	OTHER ADMINIS (ACCUM. COST)	OPERATION OF (SQUARE) PLANT (FEET)	LAUNDRY & LIN (POUNDS OF) EN SERVICE (LAUNDRY)
	(PURCH REQUISITIO)	(INPATIENT) REVENUE	(GROSS) REVENUE	RECONCILIATION	(ACCUM. COST)	(SQUARE) FEET	(POUNDS OF) LAUNDRY
GENERAL SERVICE COST	6.03	6.04	6.05	6a.06	6.06	8	9
003 NEW CAP REL COSTS-BLD							
004 NEW CAP REL COSTS-MVB							
005 EMPLOYEE BENEFITS							
006 01 COMMUNICATIONS							
006 02 DATA PROCESSING							
006 03 PURCHASING, RECEIVING	1,730,155						
006 04 ADMITTING	5,106	71,422,617					
006 05 CASHIERING/ACCOUNTS R	5		61,549,462				
006 06 OTHER ADMINISTRATIVE	9,478			-20,149,534	46,559,884		
008 OPERATION OF PLANT	69,758				8,103,367	1,069,567	
009 LAUNDRY & LINEN SERVI	405				354,299	1,845	327,141
010 HOUSEKEEPING	121,948				1,455,068	13,120	
011 DIETARY	1,773				846,751	12,213	
012 CAFETERIA	1,961				747,764	5,000	
014 NURSING ADMINISTRATIO	7,620				764,325	5,180	
015 CENTRAL SERVICES & SU	11,457				106,273	7,410	966
016 PHARMACY	12,976				1,067,527	11,350	
017 MEDICAL RECORDS & LIB	9,129				842,907	6,255	
022 I&R SERVICES-SALARY &					2,512,600	61,990	
023 I&R SERVICES-OTHER PR	2,609				249,849		
INPAT ROUTINE SRVC CN							
025 ADULTS & PEDIATRICS	106,754	6,386,117	6,386,117		2,865,382	102,335	89,795
026 INTENSIVE CARE UNIT	122,921	6,815,514	6,815,514		2,427,425	56,866	48,632
030 NEONATAL INTENSIVE CA	24,157	4,041,554	4,041,554		1,343,953	10,806	20,460
031 SUBPROVIDER	24,154	12,977,430	12,977,430		4,244,920	7,644	37,151
031 01 REHABILITATION UNIT	11,310	910,480	910,480		646,630	15,182	24,175
033 NURSERY	17,600	1,796,514	1,796,514		536,819	7,777	472
ANCILLARY SRVC COST C							
037 OPERATING ROOM	81,372	1,453,923	1,539,011		1,114,115	36,724	16,729
038 RECOVERY ROOM	6,248	128,230	328,860		330,644	16,488	1,427
039 DELIVERY ROOM & LABOR	135,746	3,143,470	407,600		1,787,850	34,357	21,228
040 ANESTHESIOLOGY	23,797	1,377,851	789,221		377,387	2,602	
041 RADIOLOGY-DIAGNOSTIC	48,656	3,238,555	2,966,773		2,177,947	86,277	10,276
043 RADIOISOTOPE	2,007	415,238	295,398		227,884	8,965	1,408
044 LABORATORY	293,160	7,948,154	7,034,094		1,182,713	30,980	
046 WHOLE BLOOD & PACKED	36,074	1,055,570	838,438		412,524	6,918	
049 RESPIRATORY THERAPY	17,409	2,880,800	110,905		479,200	2,495	
050 PHYSICAL THERAPY	1,696	363,343	165,755		269,908	9,567	2,677
051 OCCUPATIONAL THERAPY	251	424,036	18,559		194,672	6,555	1,499
052 SPEECH PATHOLOGY	152	78,274	44,128		122,446	11,123	
053 ELECTROCARDIOLOGY	2,574	1,991,884	1,410,432		571,780	20,019	3,189
054 ELECTROENCEPHALOGRAPH	441	37,888	21,487		138,046	14,930	177
055 MEDICAL SUPPLIES CHAR	328,922	2,142,808	2,769,654		584,244		
056 DRUGS CHARGED TO PATI		7,532,274	609,002		720,648		
059 01 ENDOSCOPY	15,026	234,139	769,424		372,992	10,764	3,777
059 02 LABORATORY-PATHOLOGIC	21,774	302,838	877,302		619,735	30,873	
059 03 PULMONARY FUNCTION TE	2,805	62,528	236,272		85,508	4,662	
059 04 ULTRA SOUND	1,660	271,109	1,076,531		244,975	3,470	1,711
059 05 MAGNETIC RESONANCE IM	14,777	296,278	493,408		106,249	2,570	
059 06 RENAL DIALYSIS	843	229,024	1,339		62,747	181	
OUTPAT SERVICE COST C							
060 CLINIC	32,707	3,163	696,957		1,808,116	73,709	1,941
061 EMERGENCY	76,532	2,883,631	5,121,303		1,676,842	7,191	39,067
062 OBSERVATION BEDS (NON							
095 SPEC PURPOSE COST CEN							
SUBTOTALS	1,705,750	71,422,617	61,549,462	-20,149,534	44,785,031	746,393	326,757
NONREIMBURS COST CENT							
096 GIFT, FLOWER, COFFEE					5,245	1,000	
097 RESEARCH	486				141		
097 02 SENIOR ASSOCIATION					1,304	155	
098 PHYSICIANS' PRIVATE O	1,405				1,085,573	263,043	384
099 NONPAID WORKERS							
099 01 BUS SERVICE	16,980				140,142	6	
100 MARKETING	5,534				326,419		
100 01 SQUARE FOOTAGE					216,029	58,970	
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 COST TO BE ALLOCATED	503,276	613,718	3,072,793		20,149,534	11,610,232	527,656
(WRKSHT B, PART I)							
104 UNIT COST MULTIPLIER		.008593				10.855077	
(WRKSHT B, PT I)	.290885		.049924		.432766		1.612931
105 COST TO BE ALLOCATED							
(WRKSHT B, PART II)							
106 UNIT COST MULTIPLIER							
(WRKSHT B, PT II)							
107 COST TO BE ALLOCATED	97,008	92,156	4,494		189,705	873,194	12,589
(WRKSHT B, PART III)							
108 UNIT COST MULTIPLIER		.001290				.816400	
(WRKSHT B, PT III)	.056069		.000073		.004074		.038482



COST ALLOCATION - STATISTICAL BASIS

	COST CENTER DESCRIPTION	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY
		(SQUARE FEET)	(MEALS SERVED)	(FTE'S)	(DIRECT NRSING HRS)	(COSTED REQUIS.)	(COSTED REQUIS.)	(GROSS REVENUE)
		10	11	12	14	15	16	17
003	GENERAL SERVICE COST							
004	NEW CAP REL COSTS-BLD							
005	NEW CAP REL COSTS-MVB							
006	EMPLOYEE BENEFITS							
006	01 COMMUNICATIONS							
006	02 DATA PROCESSING							
006	03 PURCHASING, RECEIVING							
006	04 ADMITTING							
006	05 CASHIERING/ACCOUNTS R							
006	06 OTHER ADMINISTRATIVE							
008	OPERATION OF PLANT							
009	LAUNDRY & LINEN SERVI							
010	HOUSEKEEPING	1,054,602						
011	DIETARY	12,213	65,742					
012	CAFETERIA			30,275				
014	NURSING ADMINISTRATIO	5,180		615	172,542			
015	CENTRAL SERVICES & SU	7,410		109	746	1,152,087		
016	PHARMACY	11,350		1,120		9,886	714,495	
017	MEDICAL RECORDS & LIB	6,255		1,178		96		61,549,462
022	I&R SERVICES-SALARY &	61,990						
023	I&R SERVICES-OTHER PR			4,021		477		
	INPAT ROUTINE SRVC CN							
025	ADULTS & PEDIATRICS	102,335	24,450	2,108	36,237	108,100		6,386,117
026	INTENSIVE CARE UNIT	56,866	2,868	1,862	29,358	120,254		6,815,514
030	NEONATAL INTENSIVE CA	10,806		794	10,824	23,544		4,041,554
031	SUBPROVIDER	7,644	35,616	4,612	27,860	21,303		12,977,430
031	01 REHABILITATION UNIT	15,182	2,808	627	9,753	10,789		910,480
033	NURSERY	7,777		416	4,683	13,401		1,796,514
	ANCILLARY SRVC COST C							
037	OPERATING ROOM	36,724		715	5,684	65,444		1,539,011
038	RECOVERY ROOM	16,488		218	3,993	6,073		328,860
039	DELIVERY ROOM & LABOR	34,357		1,508	18,149	128,756		407,600
040	ANESTHESIOLOGY	2,602		407		23,797		789,221
041	RADIOLOGY-DIAGNOSTIC	86,277		1,279	527	19,174		2,966,773
043	RADIOISOTOPE	8,965		93		2,007		295,398
044	LABORATORY	30,980		1,703		24,926		7,034,094
046	WHOLE BLOOD & PACKED	6,918		280		84,643		838,438
049	RESPIRATORY THERAPY	2,495		523		16,637		110,905
050	PHYSICAL THERAPY	9,567		176		857		165,755
051	OCCUPATIONAL THERAPY	6,555		150		251		18,559
052	SPEECH PATHOLOGY	11,123		52				44,128
053	ELECTROCARDIOLOGY	20,019		379	498	1,098		1,410,432
054	ELECTROENCEPHALOGRAPH	14,930		47		383		21,487
055	MEDICAL SUPPLIES CHAR					328,922		2,769,654
056	DRUGS CHARGED TO PATI					12,720	714,495	609,002
059								
059	01 ENDOSCOPY	10,764		242	3,889	12,720		769,424
059	02 LABORATORY-PATHOLOGIC	30,873		338		3,105		877,302
059	03 PULMONARY FUNCTION TE	4,662		53		2,668		236,272
059	04 ULTRA SOUND	3,470		141		1,230		1,076,531
059	05 MAGNETIC RESONANCE IM	2,570		33		8,443		493,408
059	06 RENAL DIALYSIS	181				843		1,339
	OUTPAT SERVICE COST C							
060	CLINIC	73,709		2,205	3,024	19,032		696,957
061	EMERGENCY	7,191		1,444	17,317	74,761		5,121,303
062	OBSERVATION BEDS (NON							
	SPEC PURPOSE COST CEN							
095	SUBTOTALS	731,428	65,742	29,448	172,542	1,146,340	714,495	61,549,462
	NONREIMBURS COST CENT							
096	GIFT, FLOWER, COFFEE	1,000						
097	RESEARCH							
097	02 SENIOR ASSOCIATION	155						
098	PHYSICIANS' PRIVATE O	263,043		159		1,034		
099	NONPAID WORKERS							
099	01 BUS SERVICE	6		226				
100	MARKETING			442		4,713		
100	01 SQUARE FOOTAGE	58,970						
101	CROSS FOOT ADJUSTMENT							
102	NEGATIVE COST CENTER							
103	COST TO BE ALLOCATED	2,227,191	1,371,561	1,136,205	1,185,349	259,123	1,720,948	1,333,029
	(WRKSHT B, PART I)							
104	UNIT COST MULTIPLIER		20.862782		6.869916		2.408621	
	(WRKSHT B, PT I)	2.111878		37.529480		.224916		.021658
105	COST TO BE ALLOCATED							
	(WRKSHT B, PART II)							
106	UNIT COST MULTIPLIER							
	(WRKSHT B, PT II)							
107	COST TO BE ALLOCATED	91,864	78,160	33,752	35,944	46,615	76,133	43,545
	(WRKSHT B, PART III)							
108	UNIT COST MULTIPLIER		1.188890		.208320		.106555	
	(WRKSHT B, PT III)	.087108		1.114847		.040461		.000707



COST ALLOCATION - STATISTICAL BASIS

	COST CENTER DESCRIPTION	I&R SERVICES- I&R SERVICES-	
		SALARY & FRI	OTHER PRGM C
		(ASSIGNED TIME	(ASSIGNED TIME )
		22	23
	GENERAL SERVICE COST		
003	NEW CAP REL COSTS-BLD		
004	NEW CAP REL COSTS-MVB		
005	EMPLOYEE BENEFITS		
006	01 COMMUNICATIONS		
006	02 DATA PROCESSING		
006	03 PURCHASING, RECEIVING		
006	04 ADMITTING		
006	05 CASHIERING/ACCOUNTS R		
006	06 OTHER ADMINISTRATIVE		
008	OPERATION OF PLANT		
009	LAUNDRY & LINEN SERVI		
010	HOUSEKEEPING		
011	DIETARY		
012	CAFETERIA		
014	NURSING ADMINISTRATIO		
015	CENTRAL SERVICES & SU		
016	PHARMACY		
017	MEDICAL RECORDS & LIB		
022	I&R SERVICES-SALARY &	3,613	
023	I&R SERVICES-OTHER PR		3,613
	INPAT ROUTINE SRVC CN		
025	ADULTS & PEDIATRICS	3,511	3,511
026	INTENSIVE CARE UNIT	2	2
030	NEONATAL INTENSIVE CA		
031	SUBPROVIDER		
031	01 REHABILITATION UNIT		
033	NURSERY		
	ANCILLARY SRVC COST C		
037	OPERATING ROOM		
038	RECOVERY ROOM		
039	DELIVERY ROOM & LABOR		
040	ANESTHESIOLOGY		
041	RADIOLOGY-DIAGNOSTIC		
043	RADIOISOTOPE		
044	LABORATORY		
046	WHOLE BLOOD & PACKED		
049	RESPIRATORY THERAPY		
050	PHYSICAL THERAPY		
051	OCCUPATIONAL THERAPY		
052	SPEECH PATHOLOGY		
053	ELECTROCARDIOLOGY		
054	ELECTROENCEPHALOGRAPH		
055	MEDICAL SUPPLIES CHAR		
056	DRUGS CHARGED TO PATI		
059			
059	01 ENDOSCOPY		
059	02 LABORATORY-PATHOLOGIC		
059	03 PULMONARY FUNCTION TE		
059	04 ULTRA SOUND		
059	05 MAGNETIC RESONANCE IM		
059	06 RENAL DIALYSIS		
	OUTPAT SERVICE COST C		
060	CLINIC	100	100
061	EMERGENCY		
062	OBSERVATION BEDS (NON		
	SPEC PURPOSE COST CEN		
095	SUBTOTALS	3,613	3,613
	NONREIMBURS COST CENT		
096	GIFT, FLOWER, COFFEE		
097	RESEARCH		
097	02 SENIOR ASSOCIATION		
098	PHYSICIANS' PRIVATE O		
099	NONPAID WORKERS		
099	01 BUS SERVICE		
100	MARKETING		
100	01 SQUARE FOOTAGE		
101	CROSS FOOT ADJUSTMENT		
102	NEGATIVE COST CENTER		
103	COST TO BE ALLOCATED	4,403,789	508,988
	(PER WRKSHT B, PART		
104	UNIT COST MULTIPLIER		140.876834
	(WRKSHT B, PT I)	1,218.873236	
105	COST TO BE ALLOCATED		
	(PER WRKSHT B, PART		
106	UNIT COST MULTIPLIER		
	(WRKSHT B, PT II)		
107	COST TO BE ALLOCATED	388,844	5,684
	(PER WRKSHT B, PART		
108	UNIT COST MULTIPLIER		1.573208
	(WRKSHT B, PT III)	107.623582	



## COMPUTATION OF RATIO OF COSTS TO CHARGES

I PROVIDER NO: I PERIOD: I PREPARED 6/27/2009  
 I 14-0075 I FROM 1/ 1/2008 I WORKSHEET C  
 I I TO 12/31/2008 I PART I

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5
	INPAT ROUTINE SRVC CNTRS					
25	ADULTS & PEDIATRICS	6,578,004		6,578,004		6,578,004
26	INTENSIVE CARE UNIT	4,799,809		4,799,809		4,799,809
30	NEONATAL INTENSIVE CARE U	2,295,677		2,295,677		2,295,677
31	SUBPROVIDER	7,634,396		7,634,396		7,634,396
31	01 REHABILITATION UNIT	1,333,589		1,333,589		1,333,589
33	NURSERY	960,448		960,448		960,448
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	2,213,382		2,213,382		2,213,382
38	RECOVERY ROOM	733,938		733,938		733,938
39	DELIVERY ROOM & LABOR ROO	3,260,379		3,260,379		3,260,379
40	ANESTHESIOLOGY	612,166		612,166		612,166
41	RADIOLOGY-DIAGNOSTIC	4,375,998		4,375,998		4,375,998
43	RADIOISOTOPE	455,363		455,363		455,363
44	LABORATORY	2,318,130		2,318,130		2,318,130
46	WHOLE BLOOD & PACKED RED	728,460		728,460		728,460
49	RESPIRATORY THERAPY	744,705		744,705		744,705
50	PHYSICAL THERAPY	525,476		525,476		525,476
51	OCCUPATIONAL THERAPY	372,422		372,422		372,422
52	SPEECH PATHOLOGY	322,575		322,575		322,575
53	ELECTROCARDIOLOGY	1,132,396		1,132,396		1,132,396
54	ELECTROENCEPHALOGRAPHY	393,984		393,984		393,984
55	MEDICAL SUPPLIES CHARGED	971,050		971,050		971,050
56	DRUGS CHARGED TO PATIENTS	2,769,519		2,769,519		2,769,519
59						
59	01 ENDOSCOPY	735,402		735,402		735,402
59	02 LABORATORY-PATHOLOGICAL	1,320,648		1,320,648		1,320,648
59	03 PULMONARY FUNCTION TESTIN	190,671		190,671		190,671
59	04 ULTRA SOUND	427,632		427,632		427,632
59	05 MAGNETIC RESONANCE IMAGIN	199,379		199,379		199,379
59	06 RENAL DIALYSIS	92,468		92,468		92,468
	OUTPAT SERVICE COST CNTRS					
60	CLINIC	3,672,423		3,672,423		3,672,423
61	EMERGENCY	2,859,671		2,859,671		2,859,671
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	196,181		196,181		196,181
101	SUBTOTAL	55,226,341		55,226,341		55,226,341
102	LESS OBSERVATION BEDS	196,181		196,181		196,181
103	TOTAL	55,030,160		55,030,160		55,030,160





COMPUTATION OF RATIO OF COSTS TO CHARGES

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT CHARGES 6	OUTPATIENT CHARGES 7	TOTAL CHARGES 8	COST OR OTHER RATIO 9	TEFRA INPAT- IENT RATIO 10	PPS INPAT- IENT RATIO 11
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	6,386,117		6,386,117			
26	INTENSIVE CARE UNIT	6,815,514		6,815,514			
30	NEONATAL INTENSIVE CARE U	4,041,554		4,041,554			
31	SUBPROVIDER	12,977,430		12,977,430			
31	01 REHABILITATION UNIT	910,480		910,480			
33	NURSERY	1,796,517		1,796,517			
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	1,453,923	1,539,011	2,992,934	.739536	.739536	.739536
38	RECOVERY ROOM	128,230	328,860	457,090	1.605675	1.605675	1.605675
39	DELIVERY ROOM & LABOR ROO	3,143,470	407,600	3,551,070	.918140	.918140	.918140
40	ANESTHESIOLOGY	1,377,851	789,221	2,167,072	.282485	.282485	.282485
41	RADIOLOGY-DIAGNOSTIC	3,238,555	2,966,773	6,205,328	.705200	.705200	.705200
43	RADIOISOTOPE	415,238	295,398	710,636	.640782	.640782	.640782
44	LABORATORY	7,948,154	7,034,094	14,982,248	.154725	.154725	.154725
46	WHOLE BLOOD & PACKED RED	1,055,570	838,438	1,894,008	.384613	.384613	.384613
49	RESPIRATORY THERAPY	2,880,800	110,905	2,991,705	.248923	.248923	.248923
50	PHYSICAL THERAPY	363,343	165,755	529,098	.993154	.993154	.993154
51	OCCUPATIONAL THERAPY	424,036	18,559	442,595	.841451	.841451	.841451
52	SPEECH PATHOLOGY	78,274	44,128	122,402	2.635374	2.635374	2.635374
53	ELECTROCARDIOLOGY	1,991,884	1,410,432	3,402,316	.332831	.332831	.332831
54	ELECTROENCEPHALOGRAPHY	37,888	21,487	59,375	6.635520	6.635520	6.635520
55	MEDICAL SUPPLIES CHARGED	2,342,808	2,569,654	4,912,462	.197671	.197671	.197671
56	DRUGS CHARGED TO PATIENTS	7,532,274	609,002	8,141,276	.340182	.340182	.340182
59	01 ENDOSCOPY	234,139	769,424	1,003,563	.732791	.732791	.732791
59	02 LABORATORY-PATHOLOGICAL	302,838	877,302	1,180,140	1.119060	1.119060	1.119060
59	03 PULMONARY FUNCTION TESTIN	62,528	236,272	298,800	.638122	.638122	.638122
59	04 ULTRA SOUND	271,109	1,076,531	1,347,640	.317319	.317319	.317319
59	05 MAGNETIC RESONANCE IMAGIN	296,278	493,408	789,686	.252479	.252479	.252479
59	06 RENAL DIALYSIS	229,024	1,339	230,363	.401401	.401401	.401401
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	3,163	696,957	700,120	5.245419	5.245419	5.245419
61	EMERGENCY	2,883,631	5,121,303	8,004,934	.357239	.357239	.357239
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	66,167	349,980	416,147	.471422	.471422	.471422
101	SUBTOTAL	71,688,787	28,771,833	100,460,620			
102	LESS OBSERVATION BEDS						
103	TOTAL	71,688,787	28,771,833	100,460,620			



COMPUTATION OF RATIO OF COSTS TO CHARGES  
SPECIAL TITLE XIX WORKSHEET

I PROVIDER NO: I PERIOD: I PREPARED 6/27/2009  
I 14-0075 I FROM 1/ 1/2008 I WORKSHEET C  
I I TO 12/31/2008 I PART I

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	11,352,086		11,352,086		11,352,086
26	INTENSIVE CARE UNIT	4,802,529		4,802,529		4,802,529
30	NEONATAL INTENSIVE CARE U	2,295,677		2,295,677		2,295,677
31	SUBPROVIDER	7,634,396		7,634,396		7,634,396
31	01 REHABILITATION UNIT	1,333,589		1,333,589		1,333,589
33	NURSERY	960,448		960,448		960,448
37	ANCILLARY SRVC COST CNTRS OPERATING ROOM	2,213,382		2,213,382		2,213,382
38	RECOVERY ROOM	733,938		733,938		733,938
39	DELIVERY ROOM & LABOR ROO	3,260,379		3,260,379		3,260,379
40	ANESTHESIOLOGY	612,166		612,166		612,166
41	RADIOLOGY-DIAGNOSTIC	4,375,998		4,375,998		4,375,998
43	RADIOISOTOPE	455,363		455,363		455,363
44	LABORATORY	2,318,130		2,318,130		2,318,130
46	WHOLE BLOOD & PACKED RED	728,460		728,460		728,460
49	RESPIRATORY THERAPY	744,705		744,705		744,705
50	PHYSICAL THERAPY	525,476		525,476		525,476
51	OCCUPATIONAL THERAPY	372,422		372,422		372,422
52	SPEECH PATHOLOGY	322,575		322,575		322,575
53	ELECTROCARDIOLOGY	1,132,396		1,132,396		1,132,396
54	ELECTROENCEPHALOGRAPHY	393,984		393,984		393,984
55	MEDICAL SUPPLIES CHARGED	971,050		971,050		971,050
56	DRUGS CHARGED TO PATIENTS	2,769,519		2,769,519		2,769,519
59	01 ENDOSCOPY	735,402		735,402		735,402
59	02 LABORATORY-PATHOLOGICAL	1,320,648		1,320,648		1,320,648
59	03 PULMONARY FUNCTION TESTIN	190,671		190,671		190,671
59	04 ULTRA SOUND	427,632		427,632		427,632
59	05 MAGNETIC RESONANCE IMAGIN	199,379		199,379		199,379
59	06 RENAL DIALYSIS	92,468		92,468		92,468
60	OUTPAT SERVICE COST CNTRS CLINIC	3,808,398		3,808,398		3,808,398
61	EMERGENCY	2,859,671		2,859,671		2,859,671
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	196,181		196,181		196,181
101	SUBTOTAL	60,139,118		60,139,118		60,139,118
102	LESS OBSERVATION BEDS	196,181		196,181		196,181
103	TOTAL	59,942,937		59,942,937		59,942,937



COMPUTATION OF RATIO OF COSTS TO CHARGES  
SPECIAL TITLE XIX WORKSHEET

I PROVIDER NO: I PERIOD: I PREPARED 6/27/2009  
I 14-0075 I FROM 1/ 1/2008 I WORKSHEET C  
I I TO 12/31/2008 I PART I

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	6,386,117		6,386,117			
26	INTENSIVE CARE UNIT	6,815,514		6,815,514			
30	NEONATAL INTENSIVE CARE U	4,041,554		4,041,554			
31	SUBPROVIDER	12,977,430		12,977,430			
31	01 REHABILITATION UNIT	910,480		910,480			
33	NURSERY	1,796,517		1,796,517			
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	1,453,923	1,539,011	2,992,934	.739536	.739536	.739536
38	RECOVERY ROOM	128,230	328,860	457,090	1.605675	1.605675	1.605675
39	DELIVERY ROOM & LABOR ROO	3,143,470	407,600	3,551,070	.918140	.918140	.918140
40	ANESTHESIOLOGY	1,377,851	789,221	2,167,072	.282485	.282485	.282485
41	RADIOLOGY-DIAGNOSTIC	3,238,555	2,966,773	6,205,328	.705200	.705200	.705200
43	RADIOISOTOPE	415,238	295,398	710,636	.640782	.640782	.640782
44	LABORATORY	7,948,154	7,034,094	14,982,248	.154725	.154725	.154725
46	WHOLE BLOOD & PACKED RED	1,055,570	838,438	1,894,008	.384613	.384613	.384613
49	RESPIRATORY THERAPY	2,880,800	110,905	2,991,705	.248923	.248923	.248923
50	PHYSICAL THERAPY	363,343	165,755	529,098	.993154	.993154	.993154
51	OCCUPATIONAL THERAPY	424,036	18,559	442,595	.841451	.841451	.841451
52	SPEECH PATHOLOGY	78,274	44,128	122,402	2.635374	2.635374	2.635374
53	ELECTROCARDIOLOGY	1,991,884	1,410,432	3,402,316	.332831	.332831	.332831
54	ELECTROENCEPHALOGRAPHY	37,888	21,487	59,375	6.635520	6.635520	6.635520
55	MEDICAL SUPPLIES CHARGED	2,342,808	2,569,654	4,912,462	.197671	.197671	.197671
56	DRUGS CHARGED TO PATIENTS	7,532,274	609,002	8,141,276	.340182	.340182	.340182
59	01 ENDOSCOPY	234,139	769,424	1,003,563	.732791	.732791	.732791
59	02 LABORATORY-PATHOLOGICAL	302,838	877,302	1,180,140	1.119060	1.119060	1.119060
59	03 PULMONARY FUNCTION TESTIN	62,528	236,272	298,800	.638122	.638122	.638122
59	04 ULTRA SOUND	271,109	1,076,531	1,347,640	.317319	.317319	.317319
59	05 MAGNETIC RESONANCE IMAGIN	296,278	493,408	789,686	.252479	.252479	.252479
59	06 RENAL DIALYSIS	229,024	1,339	230,363	.401401	.401401	.401401
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	3,163	696,957	700,120	5.439636	5.439636	5.439636
61	EMERGENCY	2,883,631	5,121,303	8,004,934	.357239	.357239	.357239
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	66,167	349,980	416,147	.471422	.471422	.471422
101	SUBTOTAL	71,688,787	28,771,833	100,460,620			
102	LESS OBSERVATION BEDS						
103	TOTAL	71,688,787	28,771,833	100,460,620			



WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27 1	CAPITAL COST WKST B PT II & III, COL. 27 2	OPERATING COST NET OF CAPITAL COST 3	CAPITAL REDUCTION 4	OPERATING COST REDUCTION AMOUNT 5	COST NET OF CAP AND OPER COST REDUCTION 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM	2,213,382	241,656	1,971,726			2,213,382
38	RECOVERY ROOM	733,938	104,138	629,800			733,938
39	DELIVERY ROOM & LABOR ROO	3,260,379	240,657	3,019,722			3,260,379
40	ANESTHESIOLOGY	612,166	22,705	589,461			612,166
41	RADIOLOGY-DIAGNOSTIC	4,375,998	547,491	3,828,507			4,375,998
43	RADIOISOTOPE	455,363	56,774	398,589			455,363
44	LABORATORY	2,318,130	229,057	2,089,073			2,318,130
46	WHOLE BLOOD & PACKED RED	728,460	51,710	676,750			728,460
49	RESPIRATORY THERAPY	744,705	23,274	721,431			744,705
50	PHYSICAL THERAPY	525,476	60,533	464,943			525,476
51	OCCUPATIONAL THERAPY	372,422	41,626	330,796			372,422
52	SPEECH PATHOLOGY	322,575	68,585	253,990			322,575
53	ELECTROCARDIOLOGY	1,132,396	129,050	1,003,346			1,132,396
54	ELECTROENCEPHALOGRAPHY	393,984	91,839	302,145			393,984
55	MEDICAL SUPPLIES CHARGED	971,050	39,078	931,972			971,050
56	DRUGS CHARGED TO PATIENTS	2,769,519	89,822	2,679,697			2,769,519
59							
59	01 ENDOSCOPY	735,402	70,726	664,676			735,402
59	02 LABORATORY-PATHOLOGICAL	1,320,648	193,761	1,126,887			1,320,648
59	03 PULMONARY FUNCTION TESTIN	190,671	29,391	161,280			190,671
59	04 ULTRA SOUND	427,632	23,754	403,878			427,632
59	05 MAGNETIC RESONANCE IMAGIN	199,379	18,097	181,282			199,379
59	06 RENAL DIALYSIS	92,468	1,742	90,726			92,468
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	3,672,423	463,746	3,208,677			3,672,423
61	EMERGENCY	2,859,671	72,688	2,786,983			2,859,671
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	196,181	20,948	175,233			196,181
101	SUBTOTAL	31,624,418	2,932,848	28,691,570			31,624,418
102	LESS OBSERVATION BEDS	196,181	20,948	175,233			196,181
103	TOTAL	31,428,237	2,911,900	28,516,337			31,428,237





WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRGRATIO	I/P PT B COST TO CHRGRATIO
		7	8	9
37	ANCILLARY SRVC COST CNTRS			
	OPERATING ROOM	2,992,934	.739536	.739536
38	RECOVERY ROOM	457,090	1.605675	1.605675
39	DELIVERY ROOM & LABOR ROO	3,551,070	.918140	.918140
40	ANESTHESIOLOGY	2,167,072	.282485	.282485
41	RADIOLOGY-DIAGNOSTIC	6,205,328	.705200	.705200
43	RADIOISOTOPE	710,636	.640782	.640782
44	LABORATORY	14,982,248	.154725	.154725
46	WHOLE BLOOD & PACKED RED	1,894,008	.384613	.384613
49	RESPIRATORY THERAPY	2,991,705	.248923	.248923
50	PHYSICAL THERAPY	529,098	.993154	.993154
51	OCCUPATIONAL THERAPY	442,595	.841451	.841451
52	SPEECH PATHOLOGY	122,402	2.635374	2.635374
53	ELECTROCARDIOLOGY	3,402,316	.332831	.332831
54	ELECTROENCEPHALOGRAPHY	59,375	6.635520	6.635520
55	MEDICAL SUPPLIES CHARGED	4,912,462	.197671	.197671
56	DRUGS CHARGED TO PATIENTS	8,141,276	.340182	.340182
59				
59	01 ENDOSCOPY	1,003,563	.732791	.732791
59	02 LABORATORY-PATHOLOGICAL	1,180,140	1.119060	1.119060
59	03 PULMONARY FUNCTION TESTIN	298,800	.638122	.638122
59	04 ULTRA SOUND	1,347,640	.317319	.317319
59	05 MAGNETIC RESONANCE IMAGIN	789,686	.252479	.252479
59	06 RENAL DIALYSIS	230,363	.401401	.401401
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	700,120	5.245419	5.245419
61	EMERGENCY	8,004,934	.357239	.357239
62	OBSERVATION BEDS (NON-DIS	416,147	.471422	.471422
	OTHER REIMBURS COST CNTRS			
101	SUBTOTAL	67,533,008		
102	LESS OBSERVATION BEDS	416,147		
103	TOTAL	67,116,861		



WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27 1	CAPITAL COST WKST B PT II & III, COL. 27 2	OPERATING COST NET OF CAPITAL COST 3	CAPITAL REDUCTION 4	OPERATING COST REDUCTION AMOUNT 5	COST NET OF CAP AND OPER COST REDUCTION 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM	2,213,382	241,656	1,971,726	24,166	114,360	2,074,856
38	RECOVERY ROOM	733,938	104,138	629,800	10,414	36,528	686,996
39	DELIVERY ROOM & LABOR ROO	3,260,379	240,657	3,019,722	24,066	175,144	3,061,169
40	ANESTHESIOLOGY	612,166	22,705	589,461	2,271	34,189	575,706
41	RADIOLOGY-DIAGNOSTIC	4,375,998	547,491	3,828,507	54,749	222,053	4,099,196
43	RADIOISOTOPE	455,363	56,774	398,589	5,677	23,118	426,568
44	LABORATORY	2,318,130	229,057	2,089,073	22,906	121,166	2,174,058
46	WHOLE BLOOD & PACKED RED	728,460	51,710	676,750	5,171	39,252	684,037
49	RESPIRATORY THERAPY	744,705	23,274	721,431	2,327	41,843	700,535
50	PHYSICAL THERAPY	525,476	60,533	464,943	6,053	26,967	492,456
51	OCCUPATIONAL THERAPY	372,422	41,626	330,796	4,163	19,186	349,073
52	SPEECH PATHOLOGY	322,575	68,585	253,990	6,859	14,731	300,985
53	ELECTROCARDIOLOGY	1,132,396	129,050	1,003,346	12,905	58,194	1,061,297
54	ELECTROENCEPHALOGRAPHY	393,984	91,839	302,145	9,184	17,524	367,276
55	MEDICAL SUPPLIES CHARGED	971,050	39,078	931,972	3,908	54,054	913,088
56	DRUGS CHARGED TO PATIENTS	2,769,519	89,822	2,679,697	8,982	155,422	2,605,115
59							
59	01 ENDOSCOPY	735,402	70,726	664,676	7,073	38,551	689,778
59	02 LABORATORY-PATHOLOGICAL	1,320,648	193,761	1,126,887	19,376	65,359	1,235,913
59	03 PULMONARY FUNCTION TESTIN	190,671	29,391	161,280	2,939	9,354	178,378
59	04 ULTRA SOUND	427,632	23,754	403,878	2,375	23,425	401,832
59	05 MAGNETIC RESONANCE IMAGIN	199,379	18,097	181,282	1,810	10,514	187,055
59	06 RENAL DIALYSIS	92,468	1,742	90,726	174	5,262	87,032
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	3,808,398	463,746	3,344,652	46,375	193,990	3,568,033
61	EMERGENCY	2,859,671	72,688	2,786,983	7,269	161,645	2,690,757
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	196,181	20,948	175,233	2,095	10,164	183,922
101	SUBTOTAL	31,760,393	2,932,848	28,827,545	293,287	1,671,995	29,795,111
102	LESS OBSERVATION BEDS	196,181	20,948	175,233	2,095	10,164	183,922
103	TOTAL	31,564,212	2,911,900	28,652,312	291,192	1,661,831	29,611,189



WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRG RATIO	I/P PT B COST TO CHRG RATIO
		7	8	9
37	ANCILLARY SRVC COST CNTRS			
	OPERATING ROOM	2,992,934	.693252	.731462
38	RECOVERY ROOM	457,090	1.502978	1.582892
39	DELIVERY ROOM & LABOR ROO	3,551,070	.862041	.911363
40	ANESTHESIOLOGY	2,167,072	.265661	.281437
41	RADIOLOGY-DIAGNOSTIC	6,205,328	.660593	.696377
43	RADIOISOTOPE	710,636	.600262	.632794
44	LABORATORY	14,982,248	.145109	.153196
46	WHOLE BLOOD & PACKED RED	1,894,008	.361158	.381883
49	RESPIRATORY THERAPY	2,991,705	.234159	.248145
50	PHYSICAL THERAPY	529,098	.930746	.981714
51	OCCUPATIONAL THERAPY	442,595	.788696	.832045
52	SPEECH PATHOLOGY	122,402	2.458988	2.579337
53	ELECTROCARDIOLOGY	3,402,316	.311934	.329038
54	ELECTROENCEPHALOGRAPHY	59,375	6.185701	6.480842
55	MEDICAL SUPPLIES CHARGED	4,912,462	.185872	.196875
56	DRUGS CHARGED TO PATIENTS	8,141,276	.319989	.339079
59				
59	01 ENDOSCOPY	1,003,563	.687329	.725743
59	02 LABORATORY-PATHOLOGICAL	1,180,140	1.047260	1.102642
59	03 PULMONARY FUNCTION TESTIN	298,800	.596981	.628286
59	04 ULTRA SOUND	1,347,640	.298175	.315557
59	05 MAGNETIC RESONANCE IMAGIN	789,686	.236873	.250187
59	06 RENAL DIALYSIS	230,363	.377804	.400646
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	700,120	5.096316	5.373397
61	EMERGENCY	8,004,934	.336137	.356330
62	OBSERVATION BEDS (NON-DIS	416,147	.441964	.466388
	OTHER REIMBURS COST CNTRS			
101	SUBTOTAL	67,533,008		
102	LESS OBSERVATION BEDS	416,147		
103	TOTAL	67,116,861		



APPORIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

I PROVIDER NO: I PERIOD: I PREPARED 6/27/2009  
 I 14-0075 I FROM 1/ 1/2008 I WORKSHEET D  
 I I TO 12/31/2008 I PART I

TITLE XVIII, PART A

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL			NEW CAPITAL		
		CAPITAL REL COST (B, II) 1	SWING BED ADJUSTMENT 2	REDUCED CAP RELATED COST 3	CAPITAL REL COST (B, III) 4	SWING BED ADJUSTMENT 5	REDUCED CAP RELATED COST 6
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS				702,407		702,407
26	INTENSIVE CARE UNIT				396,474		396,474
30	NEONATAL INTENSIVE CARE U				86,191		86,191
31	SUBPROVIDER				148,294		148,294
31	01 REHABILITATION UNIT				105,305		105,305
33	NURSERY				56,403		56,403
101	TOTAL				1,495,074		1,495,074





APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

I PROVIDER NO: I PERIOD: I PREPARED 6/27/2009  
 I 14-0075 I FROM 1/ 1/2008 I WORKSHEET D  
 I I TO 12/31/2008 I PART I

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	7,712	2,636			91.08	240,087
26	INTENSIVE CARE UNIT	956	265			414.72	109,901
30	NEONATAL INTENSIVE CARE U	759				113.56	
31	SUBPROVIDER	11,872	1,194			12.49	14,913
31	01 REHABILITATION UNIT	936	526			112.51	59,180
33	NURSERY	1,384				40.75	
101	TOTAL	23,619	4,621				424,081



APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

I PROVIDER NO: I PERIOD: I PREPARED 6/27/2009  
 I 14-0075 I FROM 1/ 1/2008 I WORKSHEET D  
 I COMPONENT NO: I TO 12/31/2008 I PART II  
 I 14-0075 I I

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2	TOTAL CHARGES 3	INPAT PROGRAM CHARGES 4	OLD CAPITAL CST/CHRG RATIO 5	CAPITAL COSTS 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM		241,656	2,992,934	476,631		
38	RECOVERY ROOM		104,138	457,090	27,475		
39	DELIVERY ROOM & LABOR ROO		240,657	3,551,070			
40	ANESTHESIOLOGY		22,705	2,167,072	122,251		
41	RADIOLOGY-DIAGNOSTIC		547,491	6,205,328	1,353,333		
43	RADIOISOTOPE		56,774	710,636	191,795		
44	LABORATORY		229,057	14,982,248	3,083,230		
46	WHOLE BLOOD & PACKED RED		51,710	1,894,008	286,949		
49	RESPIRATORY THERAPY		23,274	2,991,705	1,934,983		
50	PHYSICAL THERAPY		60,533	529,098	64,404		
51	OCCUPATIONAL THERAPY		41,626	442,595	57,758		
52	SPEECH PATHOLOGY		68,585	122,402	10,962		
53	ELECTROCARDIOLOGY		129,050	3,402,316	891,669		
54	ELECTROENCEPHALOGRAPHY		91,839	59,375	17,760		
55	MEDICAL SUPPLIES CHARGED		39,078	4,912,462	1,022,272		
56	DRUGS CHARGED TO PATIENTS		89,822	8,141,276	2,163,415		
59							
59	01 ENDOSCOPY		70,726	1,003,563	127,817		
59	02 LABORATORY-PATHOLOGICAL		193,761	1,180,140	4,728		
59	03 PULMONARY FUNCTION TESTIN		29,391	298,800			
59	04 ULTRA SOUND		23,754	1,347,640	97,455		
59	05 MAGNETIC RESONANCE IMAGIN		18,097	789,686	116,366		
59	06 RENAL DIALYSIS		1,742	230,363	107,120		
	OUTPAT SERVICE COST CNTRS						
60	CLINIC		463,746	700,120	1,344		
61	EMERGENCY		72,688	8,004,934	641,824		
62	OBSERVATION BEDS (NON-DIS		20,948	416,147	10,737		
	OTHER REIMBURS COST CNTRS						
101	TOTAL		2,932,848	67,533,008	12,812,278		



I PROVIDER NO: I PERIOD: I PREPARED 6/27/2009  
 I 14-0075 I FROM 1/ 1/2008 I WORKSHEET D  
 I COMPONENT NO: I TO 12/31/2008 I PART II  
 I 14-0075 I I

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

TITLE XVIII, PART A HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NEW CAPITAL	
		CST/CHRG 7	RATIO COSTS 8
37	ANCILLARY SRVC COST CNTRS		
	OPERATING ROOM	.080742	38,484
38	RECOVERY ROOM	.227828	6,260
39	DELIVERY ROOM & LABOR ROO	.067770	
40	ANESTHESIOLOGY	.010477	1,281
41	RADIOLOGY-DIAGNOSTIC	.088229	119,403
43	RADIOISOTOPE	.079892	15,323
44	LABORATORY	.015289	47,140
46	WHOLE BLOOD & PACKED RED	.027302	7,834
49	RESPIRATORY THERAPY	.007780	15,054
50	PHYSICAL THERAPY	.114408	7,368
51	OCCUPATIONAL THERAPY	.094050	5,432
52	SPEECH PATHOLOGY	.560326	6,142
53	ELECTROCARDIOLOGY	.037930	33,821
54	ELECTROENCEPHALOGRAPHY	1.546762	27,470
55	MEDICAL SUPPLIES CHARGED	.007955	8,132
56	DRUGS CHARGED TO PATIENTS	.011033	23,869
59			
59	01 ENDOSCOPY	.070475	9,008
59	02 LABORATORY-PATHOLOGICAL	.164185	776
59	03 PULMONARY FUNCTION TESTIN	.098363	
59	04 ULTRA SOUND	.017626	1,718
59	05 MAGNETIC RESONANCE IMAGIN	.022917	2,667
59	06 RENAL DIALYSIS	.007562	810
	OUTPAT SERVICE COST CNTRS		
60	CLINIC	.662381	890
61	EMERGENCY	.009080	5,828
62	OBSERVATION BEDS (NON-DIS	.050338	540
	OTHER REIMBURS COST CNTRS		
101	TOTAL		385,250



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

I PROVIDER NO: I PERIOD: I PREPARED 6/27/2009  
 I 14-0075 I FROM 1/ 1/2008 I WORKSHEET D  
 I I TO 12/31/2008 I PART III  
 PPS

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					7,712	
26	INTENSIVE CARE UNIT					956	
30	NEONATAL INTENSIVE CARE U					759	
31	SUBPROVIDER					11,872	
31 01	REHABILITATION UNIT					936	
33	NURSERY					1,384	
101	TOTAL					23,619	





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

I PROVIDER NO: I PERIOD: I PREPARED 6/27/2009  
 I 14-0075 I FROM 1/ 1/2008 I WORKSHEET D  
 I I TO 12/31/2008 I PART III

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT PROG DAYS 7	INPAT PROGRAM PASS THRU COST 8
25	ADULTS & PEDIATRICS		2,636
26	INTENSIVE CARE UNIT		265
30	NEONATAL INTENSIVE CARE U		
31	SUBPROVIDER		1,194
31 01	REHABILITATION UNIT		526
33	NURSERY		
101	TOTAL		4,621



TITLE XVIII, PART A

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST	HOSPITAL	MED ED NRS SCHOOL COST	MED ED ALLIED HEALTH COST	MED ED ALL OTHER COSTS	BLOOD CLOT FOR HEMOPHILIACS
		1	1.01	2	2.01	2.02	2.03
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM						
38	RECOVERY ROOM						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
43	RADIOISOTOPE						
44	LABORATORY						
46	WHOLE BLOOD & PACKED RED						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
59							
59	01 ENDOSCOPY						
59	02 LABORATORY-PATHOLOGICAL						
59	03 PULMONARY FUNCTION TESTIN						
59	04 ULTRA SOUND						
59	05 MAGNETIC RESONANCE IMAGIN						
59	06 RENAL DIALYSIS						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
	OTHER REIMBURS COST CNTRS						
101	TOTAL						



TITLE XVIII, PART A

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF CST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
37	ANCILLARY SRVC COST CNTRS							
	OPERATING ROOM			2,992,934			476,631	
38	RECOVERY ROOM			457,090			27,475	
39	DELIVERY ROOM & LABOR ROO			3,551,070				
40	ANESTHESIOLOGY			2,167,072			122,251	
41	RADIOLOGY-DIAGNOSTIC			6,205,328			1,353,333	
43	RADIOISOTOPE			710,636			191,795	
44	LABORATORY			14,982,248			3,083,230	
46	WHOLE BLOOD & PACKED RED			1,894,008			286,949	
49	RESPIRATORY THERAPY			2,991,705			1,934,983	
50	PHYSICAL THERAPY			529,098			64,404	
51	OCCUPATIONAL THERAPY			442,595			57,758	
52	SPEECH PATHOLOGY			122,402			10,962	
53	ELECTROCARDIOLOGY			3,402,316			891,669	
54	ELECTROENCEPHALOGRAPHY			59,375			17,760	
55	MEDICAL SUPPLIES CHARGED			4,912,462			1,022,272	
56	DRUGS CHARGED TO PATIENTS			8,141,276			2,163,415	
59								
59	01 ENDOSCOPY			1,003,563			127,817	
59	02 LABORATORY-PATHOLOGICAL			1,180,140			4,728	
59	03 PULMONARY FUNCTION TESTIN			298,800				
59	04 ULTRA SOUND			1,347,640			97,455	
59	05 MAGNETIC RESONANCE IMAGIN			789,686			116,366	
59	06 RENAL DIALYSIS			230,363			107,120	
	OUTPAT SERVICE COST CNTRS							
60	CLINIC			700,120			1,344	
61	EMERGENCY			8,004,934			641,824	
62	OBSERVATION BEDS (NON-DIS			416,147			10,737	
	OTHER REIMBURS COST CNTRS							
101	TOTAL			67,533,008			12,812,278	



TITLE XVIII, PART A

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES 8	OUTPAT PROG D,V COL 5.03 8.01	OUTPAT PROG D,V COL 5.04 8.02	OUTPAT PROG PASS THRU COST 9	COL 8.01 * COL 5 9.01	COL 8.02 * COL 5 9.02
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM	690,962					
38	RECOVERY ROOM	112,084					
39	DELIVERY ROOM & LABOR ROO	406					
40	ANESTHESIOLOGY	295,183					
41	RADIOLOGY-DIAGNOSTIC	739,616					
43	RADIOISOTOPE	81,162					
44	LABORATORY	94,397					
46	WHOLE BLOOD & PACKED RED	1,255					
49	RESPIRATORY THERAPY	86,762					
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY	380,113					
54	ELECTROENCEPHALOGRAPHY	2,374					
55	MEDICAL SUPPLIES CHARGED	628,795					
56	DRUGS CHARGED TO PATIENTS	184,363					
59							
59	01 ENDOSCOPY	224,019					
59	02 LABORATORY-PATHOLOGICAL	2,751					
59	03 PULMONARY FUNCTION TESTIN						
59	04 ULTRA SOUND	70,979					
59	05 MAGNETIC RESONANCE IMAGIN	83,410					
59	06 RENAL DIALYSIS						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	143,522					
61	EMERGENCY	420,115					
62	OBSERVATION BEDS (NON-DIS	35,440					
	OTHER REIMBURS COST CNTRS						
101	TOTAL	4,277,708					





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	.739536	.739536			
38 RECOVERY ROOM	1.605675	1.605675			
39 DELIVERY ROOM & LABOR ROOM	.918140	.918140			
40 ANESTHESIOLOGY	.282485	.282485			
41 RADIOLOGY-DIAGNOSTIC	.705200	.705200			
43 RADIOISOTOPE	.640782	.640782			
44 LABORATORY	.154725	.154725			
46 WHOLE BLOOD & PACKED RED BLOOD CELLS	.384613	.384613			
49 RESPIRATORY THERAPY	.248923	.248923			
50 PHYSICAL THERAPY	.993154	.993154			
51 OCCUPATIONAL THERAPY	.841451	.841451			
52 SPEECH PATHOLOGY	2.635374	2.635374			
53 ELECTROCARDIOLOGY	.332831	.332831			
54 ELECTROENCEPHALOGRAPHY	6.635520	6.635520			
55 MEDICAL SUPPLIES CHARGED TO PATIENTS	.197671	.197671			
56 DRUGS CHARGED TO PATIENTS	.340182	.340182			
59 01 ENDOSCOPY	.732791	.732791			
59 02 LABORATORY-PATHOLOGICAL	1.119060	1.119060			
59 03 PULMONARY FUNCTION TESTING	.638122	.638122			
59 04 ULTRA SOUND	.317319	.317319			
59 05 MAGNETIC RESONANCE IMAGING (MRI)	.252479	.252479			
59 06 RENAL DIALYSIS	.401401	.401401			
60 OUTPAT SERVICE COST CNTRS					
60 CLINIC	5.245419	5.245419			
61 EMERGENCY	.357239	.357239			
62 OBSERVATION BEDS (NON-DISTINCT PART)	.471422	.471422			
101 SUBTOTAL					
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES					
104 NET CHARGES					



TITLE XVIII, PART B		HOSPITAL				
		All Other (1)	PPS Services FYB to 12/31	Non-PPS Services	PPS Services 1/1 to FYE	Outpatient Ambulatory Surgical Ctr
Cost Center Description		5	5.01	5.02	5.03	6
(A)	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM		690,962			
38	RECOVERY ROOM		112,084			
39	DELIVERY ROOM & LABOR ROOM		406			
40	ANESTHESIOLOGY		295,183			
41	RADIOLOGY-DIAGNOSTIC		739,616			
43	RADIOISOTOPE		81,162			
44	LABORATORY		94,397			
46	WHOLE BLOOD & PACKED RED BLOOD CELLS		1,255			
49	RESPIRATORY THERAPY		86,762			
50	PHYSICAL THERAPY					
51	OCCUPATIONAL THERAPY					
52	SPEECH PATHOLOGY					
53	ELECTROCARDIOLOGY		380,113			
54	ELECTROENCEPHALOGRAPHY		2,374			
55	MEDICAL SUPPLIES CHARGED TO PATIENTS		628,795			
56	DRUGS CHARGED TO PATIENTS		184,363			
59						
59	01 ENDOSCOPY		224,019			
59	02 LABORATORY-PATHOLOGICAL		2,751			
59	03 PULMONARY FUNCTION TESTING					
59	04 ULTRA SOUND		70,979			
59	05 MAGNETIC RESONANCE IMAGING (MRI)		83,410			
59	06 RENAL DIALYSIS					
	OUTPAT SERVICE COST CNTRS					
60	CLINIC		143,522			
61	EMERGENCY		420,115			
62	OBSERVATION BEDS (NON-DISTINCT PART)		35,440			
101	SUBTOTAL		4,277,708			
102	CRNA CHARGES					
103	LESS PBP CLINIC LAB SVCS- PROGRAM ONLY CHARGES					
104	NET CHARGES		4,277,708			



TITLE XVIII, PART B

HOSPITAL

	Outpatient Radiology	Other Outpatient Diagnostic	All other	PPS Services FYB to 12/31	Non-PPS Services
Cost Center Description	7	8	9	9.01	9.02
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM				510,991	
38 RECOVERY ROOM				179,970	
39 DELIVERY ROOM & LABOR ROOM				373	
40 ANESTHESIOLOGY				83,385	
41 RADIOLOGY-DIAGNOSTIC				521,577	
43 RADIOISOTOPE				52,007	
44 LABORATORY				14,606	
46 WHOLE BLOOD & PACKED RED BLOOD CELLS				483	
49 RESPIRATORY THERAPY				21,597	
50 PHYSICAL THERAPY					
51 OCCUPATIONAL THERAPY					
52 SPEECH PATHOLOGY					
53 ELECTROCARDIOLOGY				126,513	
54 ELECTROENCEPHALOGRAPHY				15,753	
55 MEDICAL SUPPLIES CHARGED TO PATIENTS				124,295	
56 DRUGS CHARGED TO PATIENTS				62,717	
59 01 ENDOSCOPY				164,159	
59 02 LABORATORY-PATHOLOGICAL				3,079	
59 03 PULMONARY FUNCTION TESTING					
59 04 ULTRA SOUND				22,523	
59 05 MAGNETIC RESONANCE IMAGING (MRI)				21,059	
59 06 RENAL DIALYSIS					
60 OUTPAT SERVICE COST CNTRS					
60 CLINIC				752,833	
61 EMERGENCY				150,081	
62 OBSERVATION BEDS (NON-DISTINCT PART)				16,707	
101 SUBTOTAL				2,844,708	
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS- PROGRAM ONLY CHARGES					
104 NET CHARGES				2,844,708	



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
- 43 RADIOISOTOPE
- 44 LABORATORY
- 46 WHOLE BLOOD & PACKED RED BLOOD CELLS
- 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
- 59
- 59 01 ENDOSCOPY
- 59 02 LABORATORY-PATHOLOGICAL
- 59 03 PULMONARY FUNCTION TESTING
- 59 04 ULTRA SOUND
- 59 05 MAGNETIC RESONANCE IMAGING (MRI)
- 59 06 RENAL DIALYSIS
- 60 OUTPAT SERVICE COST CNTRS
- 60 CLINIC
- 61 EMERGENCY
- 62 OBSERVATION BEDS (NON-DISTINCT PART)
- 101 SUBTOTAL
- 102 CRNA CHARGES
- 103 LESS PBP CLINIC LAB SVCS-
- PROGRAM ONLY CHARGES
- 104 NET CHARGES





APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COST

I	PROVIDER NO:	I	PERIOD:	I	PREPARED 6/27/2009
I	14-0075	I	FROM 1/ 1/2008	I	WORKSHEET D
I	COMPONENT NO:	I	TO 12/31/2008	I	PART VI
I	14-0075	I		I	

TITLE XVIII, PART B

HOSPITAL

PART VI - VACCINE COST APPORTIONMENT

1	DRUGS CHARGED TO PATIENTS-RATIO OF COST TO CHARGES
2	PROGRAM VACCINE CHARGES
3	PROGRAM COSTS

1
.340182
222
76



TITLE XVIII, PART A SUBPROVIDER 1 PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2	TOTAL CHARGES 3	INPAT PROGRAM CHARGES 4	OLD CAPITAL CST/CHRG RATIO 5	CAPITAL COSTS 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM		241,656	2,992,934	816		
38	RECOVERY ROOM		104,138	457,090			
39	DELIVERY ROOM & LABOR ROO		240,657	3,551,070			
40	ANESTHESIOLOGY		22,705	2,167,072			
41	RADIOLOGY-DIAGNOSTIC		547,491	6,205,328	7,522		
43	RADIOISOTOPE		56,774	710,636			
44	LABORATORY		229,057	14,982,248	200,130		
46	WHOLE BLOOD & PACKED RED		51,710	1,894,008			
49	RESPIRATORY THERAPY		23,274	2,991,705	6,402		
50	PHYSICAL THERAPY		60,533	529,098	272		
51	OCCUPATIONAL THERAPY		41,626	442,595	146		
52	SPEECH PATHOLOGY		68,585	122,402			
53	ELECTROCARDIOLOGY		129,050	3,402,316	7,998		
54	ELECTROENCEPHALOGRAPHY		91,839	59,375			
55	MEDICAL SUPPLIES CHARGED		39,078	4,912,462	1,541		
56	DRUGS CHARGED TO PATIENTS		89,822	8,141,276	258,787		
59							
59	01 ENDOSCOPY		70,726	1,003,563			
59	02 LABORATORY-PATHOLOGICAL		193,761	1,180,140			
59	03 PULMONARY FUNCTION TESTIN		29,391	298,800			
59	04 ULTRA SOUND		23,754	1,347,640			
59	05 MAGNETIC RESONANCE IMAGIN		18,097	789,686			
59	06 RENAL DIALYSIS		1,742	230,363			
	OUTPAT SERVICE COST CNTRS						
60	CLINIC		463,746	700,120			
61	EMERGENCY		72,688	8,004,934	151,307		
62	OBSERVATION BEDS (NON-DIS		20,948	416,147			
	OTHER REIMBURS COST CNTRS						
101	TOTAL		2,932,848	67,533,008	634,921		



I PROVIDER NO: I PERIOD: I PREPARED 6/27/2009  
 I 14-0075 I FROM 1/ 1/2008 I WORKSHEET D  
 I COMPONENT NO: I TO 12/31/2008 I PART II  
 I 14-S075 I I

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

TITLE XVIII, PART A SUBPROVIDER 1

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NEW CAPITAL	
		CST/CHRG 7	RATIO COSTS 8
37	ANCILLARY SRVC COST CNTRS		
	OPERATING ROOM	.080742	66
38	RECOVERY ROOM	.227828	
39	DELIVERY ROOM & LABOR ROO	.067770	
40	ANESTHESIOLOGY	.010477	
41	RADIOLOGY-DIAGNOSTIC	.088229	664
43	RADIOISOTOPE	.079892	
44	LABORATORY	.015289	3,060
46	WHOLE BLOOD & PACKED RED	.027302	
49	RESPIRATORY THERAPY	.007780	50
50	PHYSICAL THERAPY	.114408	31
51	OCCUPATIONAL THERAPY	.094050	14
52	SPEECH PATHOLOGY	.560326	
53	ELECTROCARDIOLOGY	.037930	303
54	ELECTROENCEPHALOGRAPHY	1.546762	
55	MEDICAL SUPPLIES CHARGED	.007955	12
56	DRUGS CHARGED TO PATIENTS	.011033	2,855
59			
59	01 ENDOSCOPY	.070475	
59	02 LABORATORY-PATHOLOGICAL	.164185	
59	03 PULMONARY FUNCTION TESTIN	.098363	
59	04 ULTRA SOUND	.017626	
59	05 MAGNETIC RESONANCE IMAGIN	.022917	
59	06 RENAL DIALYSIS	.007562	
	OUTPAT SERVICE COST CNTRS		
60	CLINIC	.662381	
61	EMERGENCY	.009080	1,374
62	OBSERVATION BEDS (NON-DIS	.050338	
	OTHER REIMBURS COST CNTRS		
101	TOTAL		8,429









TITLE XVIII, PART A

SUBPROVIDER 1

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF CST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
37	ANCILLARY SRVC COST CNTRS							
	OPERATING ROOM			2,992,934			816	
38	RECOVERY ROOM			457,090				
39	DELIVERY ROOM & LABOR ROO			3,551,070				
40	ANESTHESIOLOGY			2,167,072				
41	RADIOLOGY-DIAGNOSTIC			6,205,328			7,522	
43	RADIOISOTOPE			710,636				
44	LABORATORY			14,982,248			200,130	
46	WHOLE BLOOD & PACKED RED			1,894,008				
49	RESPIRATORY THERAPY			2,991,705			6,402	
50	PHYSICAL THERAPY			529,098			272	
51	OCCUPATIONAL THERAPY			442,595			146	
52	SPEECH PATHOLOGY			122,402				
53	ELECTROCARDIOLOGY			3,402,316			7,998	
54	ELECTROENCEPHALOGRAPHY			59,375				
55	MEDICAL SUPPLIES CHARGED			4,912,462			1,541	
56	DRUGS CHARGED TO PATIENTS			8,141,276			258,787	
59								
59	01 ENDOSCOPY			1,003,563				
59	02 LABORATORY-PATHOLOGICAL			1,180,140				
59	03 PULMONARY FUNCTION TESTIN			298,800				
59	04 ULTRA SOUND			1,347,640				
59	05 MAGNETIC RESONANCE IMAGIN			789,686				
59	06 RENAL DIALYSIS			230,363				
	OUTPAT SERVICE COST CNTRS							
60	CLINIC			700,120				
61	EMERGENCY			8,004,934			151,307	
62	OBSERVATION BEDS (NON-DIS			416,147				
	OTHER REIMBURS COST CNTRS							
101	TOTAL			67,533,008			634,921	



TITLE XVIII, PART A

SUBPROVIDER 1

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES 8	OUTPAT PROG D,V COL 5.03 8.01	OUTPAT PROG D,V COL 5.04 8.02	OUTPAT PROG PASS THRU COST 9	COL 8.01 * COL 5 9.01	COL 8.02 * COL 5 9.02
37	ANCILLARY SRVC COST CNTRS						
38	OPERATING ROOM		408				
39	RECOVERY ROOM						
40	DELIVERY ROOM & LABOR ROO						
41	ANESTHESIOLOGY						
43	RADIOLOGY-DIAGNOSTIC		405				
44	RADIOISOTOPE						
46	LABORATORY						
49	WHOLE BLOOD & PACKED RED						
50	RESPIRATORY THERAPY						
51	PHYSICAL THERAPY						
52	OCCUPATIONAL THERAPY						
53	SPEECH PATHOLOGY						
54	ELECTROCARDIOLOGY		2,064				
55	ELECTROENCEPHALOGRAPHY						
56	MEDICAL SUPPLIES CHARGED		40				
59	DRUGS CHARGED TO PATIENTS						
59	01 ENDOSCOPY						
59	02 LABORATORY-PATHOLOGICAL						
59	03 PULMONARY FUNCTION TESTIN						
59	04 ULTRA SOUND						
59	05 MAGNETIC RESONANCE IMAGIN						
59	06 RENAL DIALYSIS						
60	OUTPAT SERVICE COST CNTRS						
61	CLINIC						
62	EMERGENCY						
101	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS						
	TOTAL		2,917				



TITLE XVIII, PART B SUBPROVIDER 1

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	.739536	.739536			
38 RECOVERY ROOM	1.605675	1.605675			
39 DELIVERY ROOM & LABOR ROOM	.918140	.918140			
40 ANESTHESIOLOGY	.282485	.282485			
41 RADIOLOGY-DIAGNOSTIC	.705200	.705200			
43 RADIOISOTOPE	.640782	.640782			
44 LABORATORY	.154725	.154725			
46 WHOLE BLOOD & PACKED RED BLOOD CELLS	.384613	.384613			
49 RESPIRATORY THERAPY	.248923	.248923			
50 PHYSICAL THERAPY	.993154	.993154			
51 OCCUPATIONAL THERAPY	.841451	.841451			
52 SPEECH PATHOLOGY	2.635374	2.635374			
53 ELECTROCARDIOLOGY	.332831	.332831			
54 ELECTROENCEPHALOGRAPHY	6.635520	6.635520			
55 MEDICAL SUPPLIES CHARGED TO PATIENTS	.197671	.197671			
56 DRUGS CHARGED TO PATIENTS	.340182	.340182			
59 01 ENDOSCOPY	.732791	.732791			
59 02 LABORATORY-PATHOLOGICAL	1.119060	1.119060			
59 03 PULMONARY FUNCTION TESTING	.638122	.638122			
59 04 ULTRA SOUND	.317319	.317319			
59 05 MAGNETIC RESONANCE IMAGING (MRI)	.252479	.252479			
59 06 RENAL DIALYSIS	.401401	.401401			
60 OUTPAT SERVICE COST CNTRS					
60 CLINIC	5.245419	5.245419			
61 EMERGENCY	.357239	.357239			
62 OBSERVATION BEDS (NON-DISTINCT PART)	.471422	.471422			
101 SUBTOTAL					
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES					
104 NET CHARGES					



TITLE XVIII, PART B SUBPROVIDER 1

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
	5	5.01	5.02	5.03	6
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM		408			
38 RECOVERY ROOM					
39 DELIVERY ROOM & LABOR ROOM					
40 ANESTHESIOLOGY					
41 RADIOLOGY-DIAGNOSTIC		405			
43 RADIOISOTOPE					
44 LABORATORY					
46 WHOLE BLOOD & PACKED RED BLOOD CELLS					
49 RESPIRATORY THERAPY					
50 PHYSICAL THERAPY					
51 OCCUPATIONAL THERAPY					
52 SPEECH PATHOLOGY					
53 ELECTROCARDIOLOGY		2,064			
54 ELECTROENCEPHALOGRAPHY					
55 MEDICAL SUPPLIES CHARGED TO PATIENTS		40			
56 DRUGS CHARGED TO PATIENTS					
59 01 ENDOSCOPY					
59 02 LABORATORY-PATHOLOGICAL					
59 03 PULMONARY FUNCTION TESTING					
59 04 ULTRA SOUND					
59 05 MAGNETIC RESONANCE IMAGING (MRI)					
59 06 RENAL DIALYSIS					
60 OUTPAT SERVICE COST CNTRS					
61 CLINIC					
62 EMERGENCY					
62 OBSERVATION BEDS (NON-DISTINCT PART)					
101 SUBTOTAL		2,917			
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS- PROGRAM ONLY CHARGES					
104 NET CHARGES		2,917			





TITLE XVIII, PART B SUBPROVIDER 1

Cost Center Description	7 Outpatient Radiology	8 Other Outpatient Diagnostic	9 All other	9.01 PPS Services FYB to 12/31	9.02 Non-PPS Services
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM				302	
38 RECOVERY ROOM					
39 DELIVERY ROOM & LABOR ROOM					
40 ANESTHESIOLOGY					
41 RADIOLOGY-DIAGNOSTIC				286	
43 RADIOISOTOPE					
44 LABORATORY					
46 WHOLE BLOOD & PACKED RED BLOOD CELLS					
49 RESPIRATORY THERAPY					
50 PHYSICAL THERAPY					
51 OCCUPATIONAL THERAPY					
52 SPEECH PATHOLOGY					
53 ELECTROCARDIOLOGY				687	
54 ELECTROENCEPHALOGRAPHY					
55 MEDICAL SUPPLIES CHARGED TO PATIENTS				8	
56 DRUGS CHARGED TO PATIENTS					
59 01 ENDOSCOPY					
59 02 LABORATORY-PATHOLOGICAL					
59 03 PULMONARY FUNCTION TESTING					
59 04 ULTRA SOUND					
59 05 MAGNETIC RESONANCE IMAGING (MRI)					
59 06 RENAL DIALYSIS					
60 OUTPAT SERVICE COST CNTRS					
61 CLINIC					
62 EMERGENCY					
62 OBSERVATION BEDS (NON-DISTINCT PART)					
101 SUBTOTAL				1,283	
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-					
PROGRAM ONLY CHARGES					
104 NET CHARGES				1,283	



TITLE XVIII, PART B

SUBPROVIDER 1

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
- 43 RADIOISOTOPE
- 44 LABORATORY
- 46 WHOLE BLOOD & PACKED RED BLOOD CELLS
- 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
- 59
- 59 01 ENDOSCOPY
- 59 02 LABORATORY-PATHOLOGICAL
- 59 03 PULMONARY FUNCTION TESTING
- 59 04 ULTRA SOUND
- 59 05 MAGNETIC RESONANCE IMAGING (MRI)
- 59 06 RENAL DIALYSIS
- 60 OUTPAT SERVICE COST CNTRS
- 60 CLINIC
- 61 EMERGENCY
- 62 OBSERVATION BEDS (NON-DISTINCT PART)
- 101 SUBTOTAL
- 102 CRNA CHARGES
- 103 LESS PBP CLINIC LAB SVCS-
- PROGRAM ONLY CHARGES
- 104 NET CHARGES



APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

I PROVIDER NO: I PERIOD: I PREPARED 6/27/2009  
 I 14-0075 I FROM 1/ 1/2008 I WORKSHEET D  
 I COMPONENT NO: I TO 12/31/2008 I PART II  
 I 14-T075 I I

TITLE XVIII, PART A

SUBPROVIDER 2

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2	TOTAL CHARGES 3	INPAT PROGRAM CHARGES 4	OLD CAPITAL CST/CHRG RATIO 5	COSTS 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM		241,656	2,992,934	7,120		
38	RECOVERY ROOM		104,138	457,090	626		
39	DELIVERY ROOM & LABOR ROO		240,657	3,551,070			
40	ANESTHESIOLOGY		22,705	2,167,072	1,094		
41	RADIOLOGY-DIAGNOSTIC		547,491	6,205,328	13,933		
43	RADIOISOTOPE		56,774	710,636			
44	LABORATORY		229,057	14,982,248	48,106		
46	WHOLE BLOOD & PACKED RED		51,710	1,894,008			
49	RESPIRATORY THERAPY		23,274	2,991,705	39,850		
50	PHYSICAL THERAPY		60,533	529,098	148,771		
51	OCCUPATIONAL THERAPY		41,626	442,595	189,035		
52	SPEECH PATHOLOGY		68,585	122,402	31,389		
53	ELECTROCARDIOLOGY		129,050	3,402,316	516		
54	ELECTROENCEPHALOGRAPHY		91,839	59,375			
55	MEDICAL SUPPLIES CHARGED		39,078	4,912,462	35,934		
56	DRUGS CHARGED TO PATIENTS		89,822	8,141,276	190,725		
59							
59	01 ENDOSCOPY		70,726	1,003,563			
59	02 LABORATORY-PATHOLOGICAL		193,761	1,180,140			
59	03 PULMONARY FUNCTION TESTIN		29,391	298,800			
59	04 ULTRA SOUND		23,754	1,347,640	671		
59	05 MAGNETIC RESONANCE IMAGIN		18,097	789,686			
59	06 RENAL DIALYSIS		1,742	230,363	9,373		
	OUTPAT SERVICE COST CNTRS						
60	CLINIC		463,746	700,120			
61	EMERGENCY		72,688	8,004,934	1,329		
62	OBSERVATION BEDS (NON-DIS		20,948	416,147			
	OTHER REIMBURS COST CNTRS						
101	TOTAL		2,932,848	67,533,008	718,472		



I PROVIDER NO: I PERIOD: I PREPARED 6/27/2009  
 I 14-0075 I FROM 1/ 1/2008 I WORKSHEET D  
 I COMPONENT NO: I TO 12/31/2008 I PART II  
 I 14-T075 I I

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

TITLE XVIII, PART A SUBPROVIDER 2

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NEW CAPITAL	
		CST/CHRG 7	RATIO COSTS 8
37	ANCILLARY SRVC COST CNTRS		
	OPERATING ROOM	.080742	575
38	RECOVERY ROOM	.227828	143
39	DELIVERY ROOM & LABOR ROO	.067770	
40	ANESTHESIOLOGY	.010477	11
41	RADIOLOGY-DIAGNOSTIC	.088229	1,229
43	RADIOISOTOPE	.079892	
44	LABORATORY	.015289	735
46	WHOLE BLOOD & PACKED RED	.027302	
49	RESPIRATORY THERAPY	.007780	310
50	PHYSICAL THERAPY	.114408	17,021
51	OCCUPATIONAL THERAPY	.094050	17,779
52	SPEECH PATHOLOGY	.560326	17,588
53	ELECTROCARDIOLOGY	.037930	20
54	ELECTROENCEPHALOGRAPHY	1.546762	
55	MEDICAL SUPPLIES CHARGED	.007955	286
56	DRUGS CHARGED TO PATIENTS	.011033	2,104
59			
59	01 ENDOSCOPY	.070475	
59	02 LABORATORY-PATHOLOGICAL	.164185	
59	03 PULMONARY FUNCTION TESTIN	.098363	
59	04 ULTRA SOUND	.017626	12
59	05 MAGNETIC RESONANCE IMAGIN	.022917	
59	06 RENAL DIALYSIS	.007562	71
	OUTPAT SERVICE COST CNTRS		
60	CLINIC	.662381	
61	EMERGENCY	.009080	12
62	OBSERVATION BEDS (NON-DIS	.050338	
	OTHER REIMBURS COST CNTRS		
101	TOTAL		57,896









TITLE XVIII, PART A

SUBPROVIDER 2

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF CST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
37	ANCILLARY SRVC COST CNTRS							
	OPERATING ROOM			2,992,934			7,120	
38	RECOVERY ROOM			457,090			626	
39	DELIVERY ROOM & LABOR ROO			3,551,070				
40	ANESTHESIOLOGY			2,167,072			1,094	
41	RADIOLOGY-DIAGNOSTIC			6,205,328			13,933	
43	RADIOISOTOPE			710,636				
44	LABORATORY			14,982,248			48,106	
46	WHOLE BLOOD & PACKED RED			1,894,008				
49	RESPIRATORY THERAPY			2,991,705			39,850	
50	PHYSICAL THERAPY			529,098			148,771	
51	OCCUPATIONAL THERAPY			442,595			189,035	
52	SPEECH PATHOLOGY			122,402			31,389	
53	ELECTROCARDIOLOGY			3,402,316			516	
54	ELECTROENCEPHALOGRAPHY			59,375				
55	MEDICAL SUPPLIES CHARGED			4,912,462			35,934	
56	DRUGS CHARGED TO PATIENTS			8,141,276			190,725	
59								
59	01 ENDOSCOPY			1,003,563				
59	02 LABORATORY-PATHOLOGICAL			1,180,140				
59	03 PULMONARY FUNCTION TESTIN			298,800				
59	04 ULTRA SOUND			1,347,640			671	
59	05 MAGNETIC RESONANCE IMAGIN			789,686				
59	06 RENAL DIALYSIS			230,363			9,373	
	OUTPAT SERVICE COST CNTRS							
60	CLINIC			700,120				
61	EMERGENCY			8,004,934			1,329	
62	OBSERVATION BEDS (NON-DIS			416,147				
	OTHER REIMBURS COST CNTRS							
101	TOTAL			67,533,008			718,472	



TITLE XVIII, PART A

SUBPROVIDER 2

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES 8	OUTPAT PROG D,V COL 5.03 8.01	OUTPAT PROG D,V COL 5.04 8.02	OUTPAT PROG PASS THRU COST 9	COL 8.01 * COL 5 9.01	COL 8.02 * COL 5 9.02
37	ANCILLARY SRVC COST CNTRS						
38	OPERATING ROOM		845				
39	RECOVERY ROOM						
40	DELIVERY ROOM & LABOR ROO						
41	ANESTHESIOLOGY						
43	RADIOLOGY-DIAGNOSTIC		243				
44	RADIOISOTOPE						
46	LABORATORY						
49	WHOLE BLOOD & PACKED RED						
50	RESPIRATORY THERAPY						
51	PHYSICAL THERAPY						
52	OCCUPATIONAL THERAPY						
53	SPEECH PATHOLOGY						
54	ELECTROCARDIOLOGY						
55	ELECTROENCEPHALOGRAPHY						
56	MEDICAL SUPPLIES CHARGED		580				
59	DRUGS CHARGED TO PATIENTS						
59	01 ENDOSCOPY						
59	02 LABORATORY-PATHOLOGICAL						
59	03 PULMONARY FUNCTION TESTIN						
59	04 ULTRA SOUND						
59	05 MAGNETIC RESONANCE IMAGIN						
59	06 RENAL DIALYSIS						
60	OUTPAT SERVICE COST CNTRS						
61	CLINIC						
62	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
62	OTHER REIMBURS COST CNTRS						
101	TOTAL		1,668				



TITLE XVIII, PART B SUBPROVIDER 2

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	.739536	.739536			
38 RECOVERY ROOM	1.605675	1.605675			
39 DELIVERY ROOM & LABOR ROOM	.918140	.918140			
40 ANESTHESIOLOGY	.282485	.282485			
41 RADIOLOGY-DIAGNOSTIC	.705200	.705200			
43 RADIOISOTOPE	.640782	.640782			
44 LABORATORY	.154725	.154725			
46 WHOLE BLOOD & PACKED RED BLOOD CELLS	.384613	.384613			
49 RESPIRATORY THERAPY	.248923	.248923			
50 PHYSICAL THERAPY	.993154	.993154			
51 OCCUPATIONAL THERAPY	.841451	.841451			
52 SPEECH PATHOLOGY	2.635374	2.635374			
53 ELECTROCARDIOLOGY	.332831	.332831			
54 ELECTROENCEPHALOGRAPHY	6.635520	6.635520			
55 MEDICAL SUPPLIES CHARGED TO PATIENTS	.197671	.197671			
56 DRUGS CHARGED TO PATIENTS	.340182	.340182			
59 01 ENDOSCOPY	.732791	.732791			
59 02 LABORATORY-PATHOLOGICAL	1.119060	1.119060			
59 03 PULMONARY FUNCTION TESTING	.638122	.638122			
59 04 ULTRA SOUND	.317319	.317319			
59 05 MAGNETIC RESONANCE IMAGING (MRI)	.252479	.252479			
59 06 RENAL DIALYSIS	.401401	.401401			
60 OUTPAT SERVICE COST CNTRS					
60 CLINIC	5.245419	5.245419			
61 EMERGENCY	.357239	.357239			
62 OBSERVATION BEDS (NON-DISTINCT PART)	.471422	.471422			
101 SUBTOTAL					
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES					
104 NET CHARGES					





TITLE XVIII, PART B SUBPROVIDER 2

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
	5	5.01	5.02	5.03	6
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM		845			
38 RECOVERY ROOM					
39 DELIVERY ROOM & LABOR ROOM					
40 ANESTHESIOLOGY					
41 RADIOLOGY-DIAGNOSTIC		243			
43 RADIOISOTOPE					
44 LABORATORY					
46 WHOLE BLOOD & PACKED RED BLOOD CELLS					
49 RESPIRATORY THERAPY					
50 PHYSICAL THERAPY					
51 OCCUPATIONAL THERAPY					
52 SPEECH PATHOLOGY					
53 ELECTROCARDIOLOGY					
54 ELECTROENCEPHALOGRAPHY					
55 MEDICAL SUPPLIES CHARGED TO PATIENTS		580			
56 DRUGS CHARGED TO PATIENTS					
59 01 ENDOSCOPY					
59 02 LABORATORY-PATHOLOGICAL					
59 03 PULMONARY FUNCTION TESTING					
59 04 ULTRA SOUND					
59 05 MAGNETIC RESONANCE IMAGING (MRI)					
59 06 RENAL DIALYSIS					
60 OUTPAT SERVICE COST CNTRS					
61 CLINIC					
62 EMERGENCY					
62 OBSERVATION BEDS (NON-DISTINCT PART)					
101 SUBTOTAL		1,668			
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS- PROGRAM ONLY CHARGES					
104 NET CHARGES		1,668			



TITLE XVIII, PART B

SUBPROVIDER 2

Cost Center Description	7 Outpatient Radiology	8 Other Outpatient Diagnostic	9 All other	9.01 PPS Services FYB to 12/31	9.02 Non-PPS Services
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM				625	
38 RECOVERY ROOM					
39 DELIVERY ROOM & LABOR ROOM					
40 ANESTHESIOLOGY					
41 RADIOLOGY-DIAGNOSTIC				171	
43 RADIOISOTOPE					
44 LABORATORY					
46 WHOLE BLOOD & PACKED RED BLOOD CELLS					
49 RESPIRATORY THERAPY					
50 PHYSICAL THERAPY					
51 OCCUPATIONAL THERAPY					
52 SPEECH PATHOLOGY					
53 ELECTROCARDIOLOGY					
54 ELECTROENCEPHALOGRAPHY					
55 MEDICAL SUPPLIES CHARGED TO PATIENTS				115	
56 DRUGS CHARGED TO PATIENTS					
59 01 ENDOSCOPY					
59 02 LABORATORY-PATHOLOGICAL					
59 03 PULMONARY FUNCTION TESTING					
59 04 ULTRA SOUND					
59 05 MAGNETIC RESONANCE IMAGING (MRI)					
59 06 RENAL DIALYSIS					
60 OUTPAT SERVICE COST CNTRS					
61 CLINIC					
62 EMERGENCY					
62 OBSERVATION BEDS (NON-DISTINCT PART)					
101 SUBTOTAL				911	
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-					
PROGRAM ONLY CHARGES					
104 NET CHARGES				911	



TITLE XVIII, PART B

SUBPROVIDER 2

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
- 43 RADIOISOTOPE
- 44 LABORATORY
- 46 WHOLE BLOOD & PACKED RED BLOOD CELLS
- 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
- 59
- 59 01 ENDOSCOPY
- 59 02 LABORATORY-PATHOLOGICAL
- 59 03 PULMONARY FUNCTION TESTING
- 59 04 ULTRA SOUND
- 59 05 MAGNETIC RESONANCE IMAGING (MRI)
- 59 06 RENAL DIALYSIS
- 60 OUTPAT SERVICE COST CNTRS
- 60 CLINIC
- 61 EMERGENCY
- 62 OBSERVATION BEDS (NON-DISTINCT PART)
- 101 SUBTOTAL
- 102 CRNA CHARGES
- 103 LESS PBP CLINIC LAB SVCS-
- PROGRAM ONLY CHARGES
- 104 NET CHARGES









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					852.96
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST					2,248,403
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM					
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST					2,248,403

	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	4,799,809	956	5,020.72	265	1,330,491
44	CORONARY CARE UNIT				
45	BURN INTENSIVE CARE UNIT				
46	SURGICAL INTENSIVE CARE UNIT				
47	2,295,677	759	3,024.61		
48	PROGRAM INPATIENT ANCILLARY SERVICE COST				
49	TOTAL PROGRAM INPATIENT COSTS				

PASS THROUGH COST ADJUSTMENTS

50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES					349,988
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES					385,250
52	TOTAL PROGRAM EXCLUDABLE COST					735,238
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST, AND MEDICAL EDUCATION COSTS					7,358,897

TARGET AMOUNT AND LIMIT COMPUTATION

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

PROGRAM INPATIENT ROUTINE SWING BED COST

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



TITLE XVIII PART A HOSPITAL PPS

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

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

PART IV - COMPUTATION OF OBSERVATION BED COST

83	TOTAL OBSERVATION BED DAYS	230
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	852.96
85	OBSERVATION BED COST	196,181

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	6,578,004		196,181	
87	NEW CAPITAL-RELATED COST	702,407	.106781	196,181	20,948
88	NON PHYSICIAN ANESTHETIST	6,578,004		196,181	
89	MEDICAL EDUCATION	6,578,004		196,181	
89.01	MEDICAL EDUCATION - ALLIED HEA				
89.02	MEDICAL EDUCATION - ALL OTHER				







TITLE XVIII PART A SUBPROVIDER I PPS

PART II - HOSPITAL AND SUBPROVIDERS ONLY

1

PROGRAM INPATIENT OPERATING COST BEFORE  
 PASS THROUGH COST ADJUSTMENTS

38	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	643.06
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	767,814
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM	
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	767,814

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

48	PROGRAM INPATIENT ANCILLARY SERVICE COST	183,915
49	TOTAL PROGRAM INPATIENT COSTS	951,729

PASS THROUGH COST ADJUSTMENTS

50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	14,913
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES	8,429
52	TOTAL PROGRAM EXCLUDABLE COST	23,342
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST, AND MEDICAL EDUCATION COSTS	928,387

TARGET AMOUNT AND LIMIT COMPUTATION

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

PROGRAM INPATIENT ROUTINE SWING BED COST

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





TITLE XVIII PART A SUBPROVIDER I PPS

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

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

PART IV - COMPUTATION OF OBSERVATION BED COST

83	TOTAL OBSERVATION BED DAYS	
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	643.06
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	7,634,396			
87	NEW CAPITAL-RELATED COST	148,294	.019424		
88	NON PHYSICIAN ANESTHETIST	7,634,396			
89	MEDICAL EDUCATION	7,634,396			
89.01	MEDICAL EDUCATION - ALLIED HEA				
89.02	MEDICAL EDUCATION - ALL OTHER				



TITLE XVIII PART A SUBPROVIDER II PPS

PART I - ALL PROVIDER COMPONENTS

1

INPATIENT DAYS

1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	936
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	936
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	936
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)	526
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	1,333,589
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	1,333,589

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	910,480
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	910,480
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	1.464710
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	972.74
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	1,333,589



TITLE XVIII PART A SUBPROVIDER II 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 1,424.77  
 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST 749,429  
 40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM  
 41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST 749,429

	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)					
43 INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS					
44 INTENSIVE CARE UNIT					
45 CORONARY CARE UNIT					
46 BURN INTENSIVE CARE UNIT					
47 SURGICAL INTENSIVE CARE UNIT					
47 NEONATAL INTENSIVE CARE UNIT					1
48 PROGRAM INPATIENT ANCILLARY SERVICE COST					499,913
49 TOTAL PROGRAM INPATIENT COSTS					1,249,342

PASS THROUGH COST ADJUSTMENTS

50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES 59,180  
 51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES 57,896  
 52 TOTAL PROGRAM EXCLUDABLE COST 117,076  
 53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN  
 ANESTHETIST, AND MEDICAL EDUCATION COSTS 1,132,266

TARGET AMOUNT AND LIMIT COMPUTATION

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

PROGRAM INPATIENT ROUTINE SWING BED COST

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



TITLE XVIII PART A SUBPROVIDER II PPS

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

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

PART IV - COMPUTATION OF OBSERVATION BED COST

83	TOTAL OBSERVATION BED DAYS	
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	1,424.77
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	1,333,589			
87	NEW CAPITAL-RELATED COST	105,305	.078964		
88	NON PHYSICIAN ANESTHETIST	1,333,589			
89	MEDICAL EDUCATION	1,333,589			
89.01	MEDICAL EDUCATION - ALLIED HEA				
89.02	MEDICAL EDUCATION - ALL OTHER				









TITLE XIX - I/P HOSPITAL OTHER

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 1,472.00  
 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST 4,903,232  
 40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM  
 41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST 4,903,232

	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	960,448	1,384	693.97	655	454,550
43 INTENSIVE CARE UNIT	4,802,529	956	5,023.57	453	2,275,677
44 CORONARY CARE UNIT					
45 BURN INTENSIVE CARE UNIT					
46 SURGICAL INTENSIVE CARE UNIT					
47 NEONATAL INTENSIVE CARE UNIT	2,295,677	759	3,024.61	359	1,085,835
48 PROGRAM INPATIENT ANCILLARY SERVICE COST					5,642,702
49 TOTAL PROGRAM INPATIENT COSTS					14,361,996

PASS THROUGH COST ADJUSTMENTS

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

TARGET AMOUNT AND LIMIT COMPUTATION

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

PROGRAM INPATIENT ROUTINE SWING BED COST

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



TITLE XIX - I/P HOSPITAL OTHER

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

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

PART IV - COMPUTATION OF OBSERVATION BED COST

83	TOTAL OBSERVATION BED DAYS	230
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	1,472.00
85	OBSERVATION BED COST	338,560

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

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









TITLE XIX - I/P SUBPROVIDER I OTHER

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 643.06  
 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST 5,708,444  
 40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM  
 41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST 5,708,444

	TOTAL I/P COST 1	TOTAL I/P DAYS 2	AVERAGE PER DIEM 3	PROGRAM DAYS 4	PROGRAM COST 5
42 NURSERY (TITLE V & XIX ONLY)					
INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS					
43 INTENSIVE CARE UNIT					
44 CORONARY CARE UNIT					
45 BURN INTENSIVE CARE UNIT					
46 SURGICAL INTENSIVE CARE UNIT					
47 NEONATAL INTENSIVE CARE UNIT					1
48 PROGRAM INPATIENT ANCILLARY SERVICE COST					746,899
49 TOTAL PROGRAM INPATIENT COSTS					6,455,343

PASS THROUGH COST ADJUSTMENTS

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

TARGET AMOUNT AND LIMIT COMPUTATION

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

PROGRAM INPATIENT ROUTINE SWING BED COST

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



TITLE XIX - I/P SUBPROVIDER I OTHER

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

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

PART IV - COMPUTATION OF OBSERVATION BED COST

83	TOTAL OBSERVATION BED DAYS	
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	643.06
85	OBSERVATION BED COST	

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

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







TITLE XIX - I/P SUBPROVIDER II OTHER

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	1,424.77
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	216,565
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM	
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	216,565

	TOTAL I/P COST 1	TOTAL I/P DAYS 2	AVERAGE PER DIEM 3	PROGRAM DAYS 4	PROGRAM COST 5
42	NURSERY (TITLE V & XIX ONLY)				
	INTENSIVE CARE TYPE INPATIENT				
	HOSPITAL UNITS				
43	INTENSIVE CARE UNIT				
44	CORONARY CARE UNIT				
45	BURN INTENSIVE CARE UNIT				
46	SURGICAL INTENSIVE CARE UNIT				
47	NEONATAL INTENSIVE CARE UNIT				
					1
48	PROGRAM INPATIENT ANCILLARY SERVICE COST				
49	TOTAL PROGRAM INPATIENT COSTS				
					142,607
					359,172

PASS THROUGH COST ADJUSTMENTS

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

TARGET AMOUNT AND LIMIT COMPUTATION

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

PROGRAM INPATIENT ROUTINE SWING BED COST

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





TITLE XIX - I/P SUBPROVIDER II OTHER

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

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

PART IV - COMPUTATION OF OBSERVATION BED COST

83	TOTAL OBSERVATION BED DAYS	
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	1,424.77
85	OBSERVATION BED COST	

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

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



TITLE XVIII, PART A HOSPITAL PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS		3,548,890	
26	INTENSIVE CARE UNIT		694,300	
30	NEONATAL INTENSIVE CARE UNIT			
31	SUBPROVIDER			
31	01 REHABILITATION UNIT ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.739536	476,631	352,486
38	RECOVERY ROOM	1.605675	27,475	44,116
39	DELIVERY ROOM & LABOR ROOM	.918140		
40	ANESTHESIOLOGY	.282485	122,251	34,534
41	RADIOLOGY-DIAGNOSTIC	.705200	1,353,333	954,370
43	RADIOISOTOPE	.640782	191,795	122,899
44	LABORATORY	.154725	3,083,230	477,053
46	WHOLE BLOOD & PACKED RED BLOOD CELLS	.384613	286,949	110,364
49	RESPIRATORY THERAPY	.248923	1,934,983	481,662
50	PHYSICAL THERAPY	.993154	64,404	63,963
51	OCCUPATIONAL THERAPY	.841451	57,758	48,601
52	SPEECH PATHOLOGY	2.635374	10,962	28,889
53	ELECTROCARDIOLOGY	.332831	891,669	296,775
54	ELECTROENCEPHALOGRAPHY	6.635520	17,760	117,847
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.197671	1,022,272	202,074
56	DRUGS CHARGED TO PATIENTS	.340182	2,163,415	735,955
59	01 ENDOSCOPY	.732791	127,817	93,663
59	02 LABORATORY-PATHOLOGICAL	1.119060	4,728	5,291
59	03 PULMONARY FUNCTION TESTING	.638122		
59	04 ULTRA SOUND	.317319	97,455	30,924
59	05 MAGNETIC RESONANCE IMAGING (MRI)	.252479	116,366	29,380
59	06 RENAL DIALYSIS	.401401	107,120	42,998
60	OUTPAT SERVICE COST CNTRS CLINIC	5.245419	1,344	7,050
61	EMERGENCY	.357239	641,824	229,285
62	OBSERVATION BEDS (NON-DISTINCT PART) OTHER REIMBURS COST CNTRS	.471422	10,737	5,062
101	TOTAL		12,812,278	4,515,241
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		12,812,278	



TITLE XVIII, PART A SUBPROVIDER 1 PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS			
26	INTENSIVE CARE UNIT			
30	NEONATAL INTENSIVE CARE UNIT			
31	SUBPROVIDER		1,367,130	
31	01 REHABILITATION UNIT ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.739536	816	603
38	RECOVERY ROOM	1.605675		
39	DELIVERY ROOM & LABOR ROOM	.918140		
40	ANESTHESIOLOGY	.282485		
41	RADIOLOGY-DIAGNOSTIC	.705200	7,522	5,305
43	RADIOISOTOPE	.640782		
44	LABORATORY	.154725	200,130	30,965
46	WHOLE BLOOD & PACKED RED BLOOD CELLS	.384613		
49	RESPIRATORY THERAPY	.248923	6,402	1,594
50	PHYSICAL THERAPY	.993154	272	270
51	OCCUPATIONAL THERAPY	.841451	146	123
52	SPEECH PATHOLOGY	2.635374		
53	ELECTROCARDIOLOGY	.332831	7,998	2,662
54	ELECTROENCEPHALOGRAPHY	6.635520		
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.197671	1,541	305
56	DRUGS CHARGED TO PATIENTS	.340182	258,787	88,035
59	01 ENDOSCOPY	.732791		
59	02 LABORATORY-PATHOLOGICAL	1.119060		
59	03 PULMONARY FUNCTION TESTING	.638122		
59	04 ULTRA SOUND	.317319		
59	05 MAGNETIC RESONANCE IMAGING (MRI)	.252479		
59	06 RENAL DIALYSIS	.401401		
60	OUTPAT SERVICE COST CNTRS CLINIC	5.245419		
61	EMERGENCY	.357239	151,307	54,053
62	OBSERVATION BEDS (NON-DISTINCT PART) OTHER REIMBURS COST CNTRS	.471422		
101	TOTAL		634,921	183,915
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		634,921	









TITLE XIX		HOSPITAL	OTHER	
WKST A	COST CENTER DESCRIPTION	RATIO COST	INPATIENT	INPATIENT
LINE NO.		TO CHARGES	CHARGES	COST
		1	2	3
25	INPAT ROUTINE SRVC CNTRS			
	ADULTS & PEDIATRICS		2,684,772	
26	INTENSIVE CARE UNIT		1,422,524	
30	NEONATAL INTENSIVE CARE UNIT		3,653,891	
31	SUBPROVIDER			
31	01 REHABILITATION UNIT			
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.739536	394,882	292,029
38	RECOVERY ROOM	1.605675	39,663	63,686
39	DELIVERY ROOM & LABOR ROOM	.918140	2,478,242	2,275,373
40	ANESTHESIOLOGY	.282485	792,504	223,870
41	RADIOLOGY-DIAGNOSTIC	.705200	633,931	447,048
43	RADIOISOTOPE	.640782	86,658	55,529
44	LABORATORY	.154725	1,933,888	299,221
46	WHOLE BLOOD & PACKED RED BLOOD CELLS	.384613	312,259	120,099
49	RESPIRATORY THERAPY	.248923	829,832	206,564
50	PHYSICAL THERAPY	.993154	11,620	11,540
51	OCCUPATIONAL THERAPY	.841451	8,789	7,396
52	SPEECH PATHOLOGY	2.635374	2,404	6,335
53	ELECTROCARDIOLOGY	.332831	418,161	139,177
54	ELECTROENCEPHALOGRAPHY	6.635520	8,880	58,923
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.197671	1,235,852	244,292
56	DRUGS CHARGED TO PATIENTS	.340182	2,101,488	714,888
59				
59	01 ENDOSCOPY	.732791		
59	02 LABORATORY-PATHOLOGICAL	1.119060	181,873	203,527
59	03 PULMONARY FUNCTION TESTING	.638122	2,261	1,443
59	04 ULTRA SOUND	.317319	102,991	32,681
59	05 MAGNETIC RESONANCE IMAGING (MRI)	.252479	58,926	14,878
59	06 RENAL DIALYSIS	.401401	77,717	31,196
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	5.439636	478	2,600
61	EMERGENCY	.357239	491,402	175,548
62	OBSERVATION BEDS (NON-DISTINCT PART)	.471422	31,519	14,859
	OTHER REIMBURS COST CNTRS			
101	TOTAL		12,236,220	5,642,702
102	LESS PBP CLINIC LABORATORY SERVICES -			
	PROGRAM ONLY CHARGES			
103	NET CHARGES		12,236,220	



TITLE XIX		SUBPROVIDER 1		OTHER	
WKST A	COST CENTER DESCRIPTION	RATIO COST	INPATIENT	INPATIENT	
LINE NO.		TO CHARGES	CHARGES	COST	
		1	2	3	
25	INPAT ROUTINE SRVC CNTRS				
	ADULTS & PEDIATRICS				
26	INTENSIVE CARE UNIT				
30	NEONATAL INTENSIVE CARE UNIT				
31	SUBPROVIDER		9,808,070		
31	01 REHABILITATION UNIT				
	ANCILLARY SRVC COST CNTRS				
37	OPERATING ROOM	.739536	4,592	3,396	
38	RECOVERY ROOM	1.605675	409	657	
39	DELIVERY ROOM & LABOR ROOM	.918140			
40	ANESTHESIOLOGY	.282485	2,252	636	
41	RADIOLOGY-DIAGNOSTIC	.705200	13,074	9,220	
43	RADIOISOTOPE	.640782			
44	LABORATORY	.154725	736,839	114,007	
46	WHOLE BLOOD & PACKED RED BLOOD CELLS	.384613			
49	RESPIRATORY THERAPY	.248923	3,371	839	
50	PHYSICAL THERAPY	.993154	269	267	
51	OCCUPATIONAL THERAPY	.841451	568	478	
52	SPEECH PATHOLOGY	2.635374			
53	ELECTROCARDIOLOGY	.332831	63,383	21,096	
54	ELECTROENCEPHALOGRAPHY	6.635520			
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.197671	4,244	839	
56	DRUGS CHARGED TO PATIENTS	.340182	1,062,167	361,330	
59					
59	01 ENDOSCOPY	.732791	4,598	3,369	
59	02 LABORATORY-PATHOLOGICAL	1.119060			
59	03 PULMONARY FUNCTION TESTING	.638122			
59	04 ULTRA SOUND	.317319	764	242	
59	05 MAGNETIC RESONANCE IMAGING (MRI)	.252479			
59	06 RENAL DIALYSIS	.401401			
	OUTPAT SERVICE COST CNTRS				
60	CLINIC	5.439636	747	4,063	
61	EMERGENCY	.357239	633,918	226,460	
62	OBSERVATION BEDS (NON-DISTINCT PART)	.471422			
	OTHER REIMBURS COST CNTRS				
101	TOTAL		2,531,195	746,899	
102	LESS PBP CLINIC LABORATORY SERVICES -				
	PROGRAM ONLY CHARGES				
103	NET CHARGES		2,531,195		



TITLE XIX SUBPROVIDER 2 OTHER

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS			
26	INTENSIVE CARE UNIT			
30	NEONATAL INTENSIVE CARE UNIT			
31	SUBPROVIDER			
31 01	REHABILITATION UNIT		136,360	
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.739536		
38	RECOVERY ROOM	1.605675		
39	DELIVERY ROOM & LABOR ROOM	.918140		
40	ANESTHESIOLOGY	.282485		
41	RADIOLOGY-DIAGNOSTIC	.705200	2,647	1,867
43	RADIOISOTOPE	.640782		
44	LABORATORY	.154725	11,424	1,768
46	WHOLE BLOOD & PACKED RED BLOOD CELLS	.384613		
49	RESPIRATORY THERAPY	.248923	40,772	10,149
50	PHYSICAL THERAPY	.993154	39,979	39,705
51	OCCUPATIONAL THERAPY	.841451	53,413	44,944
52	SPEECH PATHOLOGY	2.635374	10,122	26,675
53	ELECTROCARDIOLOGY	.332831	2,826	941
54	ELECTROENCEPHALOGRAPHY	6.635520		
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.197671	4,816	952
56	DRUGS CHARGED TO PATIENTS	.340182	32,825	11,166
59				
59 01	ENDOSCOPY	.732791		
59 02	LABORATORY-PATHOLOGICAL	1.119060		
59 03	PULMONARY FUNCTION TESTING	.638122		
59 04	ULTRA SOUND	.317319	964	306
59 05	MAGNETIC RESONANCE IMAGING (MRI)	.252479		
59 06	RENAL DIALYSIS	.401401	9,373	3,762
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	5.439636		
61	EMERGENCY	.357239	1,042	372
62	OBSERVATION BEDS (NON-DISTINCT PART) OTHER REIMBURS COST CNTRS	.471422		
101	TOTAL		210,203	142,607
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		210,203	



CALCULATION OF REIMBURSEMENT SETTLEMENT

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS HOSPITAL

DESCRIPTION	1	1.01
DRG AMOUNT		
1 OTHER THAN OUTLIER PAYMENTS OCCURRING PRIOR TO OCTOBER 1	3,522,629	
1.01 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER OCTOBER 1 AND BEFORE JANUARY 1		
1.02 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER JAN 1		
MANAGED CARE PATIENTS		
1.03 PAYMENTS PRIOR TO MARCH 1ST OR OCTOBER 1ST	894,528	
1.04 PAYMENTS ON OR AFTER OCTOBER 1 AND PRIOR TO JANUARY 1		
1.05 PAYMENTS ON OR AFTER JANUARY 1ST BUT BEFORE 4/1 / 10/1		
1.06 ADDITIONAL AMOUNT RECEIVED OR TO BE RECEIVED (SEE INSTR)		
1.07 PAYMENTS FOR DISCHARGES ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001.		
1.08 SIMULATED PAYMENTS FROM PS&R ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001.		
2 OUTLIER PAYMENTS FOR DISCHARGES OCCURRING PRIOR TO 10/1/97		
2.01 OUTLIER PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER OCTOBER 1, 1997 (SEE INSTRUCTIONS)	22,290	
3 BED DAYS AVAILABLE DIVIDED BY # DAYS IN COST RPTG PERIOD	155.48	
INDIRECT MEDICAL EDUCATION ADJUSTMENT		
3.01 NUMBER OF INTERNS & RESIDENTS FROM WKST S-3, PART I		
3.02 INDIRECT MEDICAL EDUCATION PERCENTAGE (SEE INSTRUCTIONS)		
3.03 INDIRECT MEDICAL EDUCATION ADJUSTMENT		
3.04 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE 12/31/1996.	200.82	
3.05 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS WHICH MEET THE CRITERIA FOR AN ADD-ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii)		
3.06 ADJUSTED FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR AFFILIATED PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(vii)	-35.47	
	FOR CR PERIODS ENDING ON OR AFTER 7/1/2005	
3.07 SUM OF LINES 3.04 THROUGH 3.06 (SEE INSTRUCTIONS)	E-3 PT 6 LN 15 156.43	PLUS LN 3.06 -35.47 120.96
3.08 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS IN THE CURRENT YEAR FROM YOUR RECORDS		33.84
3.09 FOR COST REPORTING PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING PRIOR TO OCTOBER 1.		
3.10 FOR COST REPORTING PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING ON OR AFTER OCTOBER 1		
3.11 FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.09		
3.12 FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.10		
3.13 FTE COUNT FOR RESIDENTS IN DENTAL AND PODIATRIC PROGRAMS.		2.98
3.14 CURRENT YEAR ALLOWABLE FTE (SEE INSTRUCTIONS)		36.82
3.15 TOTAL ALLOWABLE FTE COUNT FOR THE PRIOR YEAR, IF NONE BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE		86.04
3.16 TOTAL ALLOWABLE FTE COUNT FOR THE PENULTIMATE YEAR IF THAT YEAR ENDED ON OR AFTER SEPTEMBER 30, 1997, OTHERWISE ENTER ZERO. IF THERE WAS NO FTE COUNT IN THIS PERIOD BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE		93.50
3.17 SUM OF LINES 3.14 THRU 3.16 DIVIDED BY THE NUMBER OF THOSE LINES IN EXCESS OF ZERO (SEE INSTRUCTIONS).		72.12
3.18 CURRENT YEAR RESIDENT TO BED RATIO (LN 3.17 DIVIDED BY LN 3)		.463854
3.19 PRIOR YEAR RESIDENT TO BED RATIO (SEE INSTRUCTIONS)		.556353
3.20 FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 1997, ENTER THE LESSER OF LINES 3.18 OR 3.19 (SEE INST)		.463854
3.21 IME PAYMENTS FOR DISCHARGES OCCURRING PRIOR TO OCT 1		995,137
3.22 IME PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER OCT 1, BUT BEFORE JANUARY 1 (SEE INSTRUCTIONS)		
3.23 IME PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER JANUARY 1		
3.24 SUM OF LINES 3.21 THROUGH 3.23 (SEE INSTRUCTIONS).	SUM OF LINES 3.21 - 3.23 995,137	PLUS E-3, PT VI, LINE 23 995,137
DISPROPORTIONATE SHARE ADJUSTMENT		
4 PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS (SEE INSTRUCTIONS)		14.19
4.01 PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS REPORTED ON WORKSHEET S-3, PART I		51.27
4.02 SUM OF LINES 4 AND 4.01		65.46
4.03 ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTRUC)		43.22
4.04 DISPROPORTIONATE SHARE ADJUSTMENT (SEE INSTRUCTIONS)		1,522,480
ADDITIONAL PAYMENT FOR HIGH PERCENTAGE OF ESRD BENEFICIARY DISCHARGES		
5 TOTAL MEDICARE DISCHARGES ON WKST S-3, PART I EXCLUDING DISCHARGES FOR DRGS 302, 316, 317 OR MS-DRGS 652, 682 - 685.(SEE INSTRUCTIONS)		
5.01 TOTAL ESRD MEDICARE DISCHARGES EXCLUDING DRGS 302, 316, 317 OR MS-DRGS 652 AND 682 - 685. (SEE INSTRUCTIONS)		
5.02 DIVIDE LINE 5.01 BY LINE 5 (IF LESS THAN 10%, YOU DO NOT QUALIFY FOR ADJUSTMENT)		





CALCULATION OF REIMBURSEMENT SETTLEMENT

I PROVIDER NO: I PERIOD: I PREPARED 6/27/2009  
 I 14-0075 I FROM 1/ 1/2008 I WORKSHEET E  
 I COMPONENT NO: I TO 12/31/2008 I PART A  
 I 14-0075 I I

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS HOSPITAL

DESCRIPTION	1	1.01
5.03 TOTAL MEDICARE ESRD INPATIENT DAYS EXCLUDING DRGS 302, 316, 317, OR MS-DRGS 652, 682-685. (SEE INSTRUCTIONS)		
5.04 RATIO OF AVERAGE LENGTH OF STAY TO ONE WEEK		
5.05 AVERAGE WEEKLY COST FOR DIALYSIS TREATMENTS (SEE INSTRUC)		
5.06 TOTAL ADDITIONAL PAYMENT		
6 SUBTOTAL (SEE INSTRUCTIONS)	6,062,536	
7 HOSPITAL SPECIFIC PAYMENTS (TO BE COMPLETED BY SCH AND MDH, SMALL RURAL HOSPITALS ONLY, SEE INSTRUCTIONS)		
7.01 HOSPITAL SPECIFIC PAYMENTS (TO BE COMPLETED BY SCH AND MDH, SMALL RURAL HOSPITALS ONLY, SEE INSTRUCTIONS FY BEG. 10/1/2000)		
8 TOTAL PAYMENT FOR INPATIENT OPERATING COSTS SCH AND MDH ONLY (SEE INSTRUCTIONS)	6,062,536	
9 PAYMENT FOR INPATIENT PROGRAM CAPITAL		501,654
10 EXCEPTION PAYMENT FOR INPATIENT PROGRAM CAPITAL (WORKSHEET L, PART IV, SEE INSTRUCTIONS)		
11 DIRECT GRADUATE MEDICAL EDUCATION PAYMENT (FROM WORKSHEET E-3, PART IV, SEE INSTRUCTIONS)	1,207,317	
11.01 NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT		
11.02 SPECIAL ADD-ON PAYMENTS FOR NEW TECHNOLOGIES		
12 NET ORGAN ACQUISITION COST		
13 COST OF TEACHING PHYSICIANS		
14 ROUTINE SERVICE OTHER PASS THROUGH COSTS		
15 ANCILLARY SERVICE OTHER PASS THROUGH COSTS		
16 TOTAL	7,771,507	
17 PRIMARY PAYER PAYMENTS		
18 TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES	7,771,507	
19 DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES		393,728
20 COINSURANCE BILLED TO PROGRAM BENEFICIARIES		40,816
21 REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)		704,744
21.01 ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)		493,321
21.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES		625,258
22 SUBTOTAL	7,830,284	
23 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION		
24 OTHER ADJUSTMENTS (SPECIFY)		
24.98 CREDIT FOR MANUFACTURER REPLACED MEDICAL DEVICES		
24.99 OUTLIER RECONCILIATION ADJUSTMENT		
25 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS		
26 AMOUNT DUE PROVIDER	7,830,284	
27 SEQUESTRATION ADJUSTMENT		
28 INTERIM PAYMENTS	8,583,240	
28.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
29 BALANCE DUE PROVIDER (PROGRAM)		-752,956
30 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2.		
----- FI ONLY -----		
50 OPERATING OUTLIER AMOUNT FROM WKS E, A, L2.01		
51 CAPITAL OUTLIER AMOUNT FROM WKS L, I, L3.01		
52 OPERATING OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)		
53 CAPITAL OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)		
54 THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY		
55 TIME VALUE OF MONEY (SEE INSTRUCTIONS)		
56 CAPITAL TIME VALUE OF MONEY (SEE INSTRUCTIONS)		



CALCULATION OF REIMBURSEMENT SETTLEMENT

I PROVIDER NO: I PERIOD: I PREPARED 6/27/2009  
 I 14-0075 I FROM 1/ 1/2008 I WORKSHEET E  
 I COMPONENT NO: I TO 12/31/2008 I PART B  
 I 14-0075 I I

PART B - MEDICAL AND OTHER HEALTH SERVICES

HOSPITAL

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)	76
1.01	MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER APRIL 1, 2001 (SEE INSTRUCTIONS).	2,844,708
1.02	PPS PAYMENTS RECEIVED INCLUDING OUTLIERS.	997,523
1.03	ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO.	
1.04	LINE 1.01 TIMES LINE 1.03.	
1.05	LINE 1.02 DIVIDED BY LINE 1.04.	
1.06	TRANSITIONAL CORRIDOR PAYMENT (SEE INSTRUCTIONS)	
1.07	ENTER THE AMOUNT FROM WORKSHEET D, PART IV, (COLS 9, 9.01, 9.02) LINE 101.	
2	INTERNS AND RESIDENTS	
3	ORGAN ACQUISITIONS	
4	COST OF TEACHING PHYSICIANS	
5	TOTAL COST (SEE INSTRUCTIONS)	76
COMPUTATION OF LESSER OF COST OR CHARGES		
REASONABLE CHARGES		
6	ANCILLARY SERVICE CHARGES	222
7	INTERNS AND RESIDENTS SERVICE CHARGES	
8	ORGAN ACQUISITION CHARGES	
9	CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS.	
10	TOTAL REASONABLE CHARGES	222
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)	222
15	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	146
16	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	
17	LESSER OF COST OR CHARGES (FOR CAH SEE INSTRUC)	76
17.01	TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 1.02, 1.06 AND 1.07)	997,523
COMPUTATION OF REIMBURSEMENT SETTLEMENT		
18	DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)	
18.01	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 17.01 (SEE INSTRUCTIONS)	279,740
19	SUBTOTAL (SEE INSTRUCTIONS)	717,859
20	SUM OF AMOUNTS FROM WORKSHEET E PARTS C, D & E (SEE INSTR.)	
21	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	333,864
22	ESRD DIRECT MEDICAL EDUCATION COSTS	
23	SUBTOTAL	1,051,723
24	PRIMARY PAYER PAYMENTS	
25	SUBTOTAL	1,051,723
REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)		
26	COMPOSITE RATE ESRD	
27	BAD DEBTS (SEE INSTRUCTIONS)	262,735
27.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	183,915
27.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	246,707
28	SUBTOTAL	1,235,638
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	1,235,638
33	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
34	INTERIM PAYMENTS	1,087,119
34.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
35	BALANCE DUE PROVIDER/PROGRAM	148,519
36	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2	



CALCULATION OF REIMBURSEMENT SETTLEMENT

I	PROVIDER NO:	I	PERIOD:	I	PREPARED	6/27/2009
I	14-0075	I	FROM 1/ 1/2008	I	WORKSHEET E	
I	COMPONENT NO:	I	TO 12/31/2008	I	PART B	
I	14-S075	I		I		

PART B - MEDICAL AND OTHER HEALTH SERVICES

SUBPROVIDER 1

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)	
1.01	MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER APRIL 1, 2001 (SEE INSTRUCTIONS).	1,283
1.02	PPS PAYMENTS RECEIVED INCLUDING OUTLIERS.	588
1.03	ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO.	
1.04	LINE 1.01 TIMES LINE 1.03.	
1.05	LINE 1.02 DIVIDED BY LINE 1.04.	
1.06	TRANSITIONAL CORRIDOR PAYMENT (SEE INSTRUCTIONS)	
1.07	ENTER THE AMOUNT FROM WORKSHEET D, PART IV, (COLS 9, 9.01, 9.02) LINE 101.	
2	INTERNS AND RESIDENTS	
3	ORGAN ACQUISITIONS	
4	COST OF TEACHING PHYSICIANS	
5	TOTAL COST (SEE INSTRUCTIONS)	
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)	588
COMPUTATION OF REIMBURSEMENT SETTLEMENT		
18	DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)	
18.01	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 17.01 (SEE INSTRUCTIONS)	137
19	SUBTOTAL (SEE INSTRUCTIONS)	451
20	SUM OF AMOUNTS FROM WORKSHEET E PARTS C, D & E (SEE INSTR.)	
21	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	
22	ESRD DIRECT MEDICAL EDUCATION COSTS	
23	SUBTOTAL	451
24	PRIMARY PAYER PAYMENTS	
25	SUBTOTAL	451
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	451
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	451
33	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
34	INTERIM PAYMENTS	451
34.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
35	BALANCE DUE PROVIDER/PROGRAM	
36	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2	



CALCULATION OF REIMBURSEMENT SETTLEMENT

I	PROVIDER NO:	I	PERIOD:	I	PREPARED	6/27/2009
I	14-0075	I	FROM 1/ 1/2008	I	WORKSHEET E	
I	COMPONENT NO:	I	TO 12/31/2008	I	PART B	
I	14-T075	I		I		

PART B - MEDICAL AND OTHER HEALTH SERVICES

SUBPROVIDER 2

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)	
1.01	MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER APRIL 1, 2001 (SEE INSTRUCTIONS).	911
1.02	PPS PAYMENTS RECEIVED INCLUDING OUTLIERS.	203
1.03	ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO.	
1.04	LINE 1.01 TIMES LINE 1.03.	
1.05	LINE 1.02 DIVIDED BY LINE 1.04.	
1.06	TRANSITIONAL CORRIDOR PAYMENT (SEE INSTRUCTIONS)	
1.07	ENTER THE AMOUNT FROM WORKSHEET D, PART IV, (COLS 9, 9.01, 9.02) LINE 101.	
2	INTERNS AND RESIDENTS	
3	ORGAN ACQUISITIONS	
4	COST OF TEACHING PHYSICIANS	
5	TOTAL COST (SEE INSTRUCTIONS)	
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)	203
COMPUTATION OF REIMBURSEMENT SETTLEMENT		
18	DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)	
18.01	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 17.01 (SEE INSTRUCTIONS)	72
19	SUBTOTAL (SEE INSTRUCTIONS)	131
20	SUM OF AMOUNTS FROM WORKSHEET E PARTS C, D & E (SEE INSTR.)	
21	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	
22	ESRD DIRECT MEDICAL EDUCATION COSTS	
23	SUBTOTAL	131
24	PRIMARY PAYER PAYMENTS	
25	SUBTOTAL	131
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	131
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	131
33	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
34	INTERIM PAYMENTS	131
34.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
35	BALANCE DUE PROVIDER/PROGRAM	
36	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2	





ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

I PROVIDER NO: I PERIOD: I PREPARED 6/27/2009  
 I 14-0075 I FROM 1/ 1/2008 I WORKSHEET E-1  
 I COMPONENT NO: I TO 12/31/2008 I  
 I 14-0075 I I

TITLE XVIII HOSPITAL

DESCRIPTION	INPATIENT-PART A		P A R T B	
	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		8,583,240		1,087,119
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.		NONE		NONE
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
ADJUSTMENTS TO PROVIDER		.01		
ADJUSTMENTS TO PROVIDER		.02		
ADJUSTMENTS TO PROVIDER		.03		
ADJUSTMENTS TO PROVIDER		.04		
ADJUSTMENTS TO PROVIDER		.05		
ADJUSTMENTS TO PROGRAM		.50		
ADJUSTMENTS TO PROGRAM		.51		
ADJUSTMENTS TO PROGRAM		.52		
ADJUSTMENTS TO PROGRAM		.53		
ADJUSTMENTS TO PROGRAM		.54		
SUBTOTAL		.99		
4 TOTAL INTERIM PAYMENTS		NONE		NONE
		8,583,240		1,087,119
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		
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)		NONE		NONE
SETTLEMENT TO PROVIDER		.01		148,519
SETTLEMENT TO PROGRAM		.02	752,956	
7 TOTAL MEDICARE PROGRAM LIABILITY			7,830,284	1,235,638

NAME OF INTERMEDIARY:  
 INTERMEDIARY NO:

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

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

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



ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

I PROVIDER NO: I PERIOD: I PREPARED 6/27/2009  
 I 14-0075 I FROM 1/ 1/2008 I WORKSHEET E-1  
 I COMPONENT NO: I TO 12/31/2008 I  
 I 14-S075 I I

TITLE XVIII SUBPROVIDER 1

DESCRIPTION	INPATIENT-PART A		P A R T B	
	MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER	1	744,570	3	451
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.		NONE		NONE
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
ADJUSTMENTS TO PROVIDER		.01		
ADJUSTMENTS TO PROVIDER		.02		
ADJUSTMENTS TO PROVIDER		.03		
ADJUSTMENTS TO PROVIDER		.04		
ADJUSTMENTS TO PROVIDER		.05		
ADJUSTMENTS TO PROGRAM		.50		
ADJUSTMENTS TO PROGRAM		.51		
ADJUSTMENTS TO PROGRAM		.52		
ADJUSTMENTS TO PROGRAM		.53		
ADJUSTMENTS TO PROGRAM		.54		
SUBTOTAL		.99		
4 TOTAL INTERIM PAYMENTS			NONE	NONE
			744,570	451
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		
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)			NONE	NONE
SETTLEMENT TO PROVIDER		.01		
SETTLEMENT TO PROGRAM		.02		
7 TOTAL MEDICARE PROGRAM LIABILITY			744,570	451

NAME OF INTERMEDIARY:  
 INTERMEDIARY NO:

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

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

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



ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

I PROVIDER NO: I PERIOD: I PREPARED 6/27/2009  
 I 14-0075 I FROM 1/ 1/2008 I WORKSHEET E-1  
 I COMPONENT NO: I TO 12/31/2008 I  
 I 14-T075 I I

TITLE XVIII SUBPROVIDER 2

DESCRIPTION	INPATIENT-PART A		P A R T B	
	MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT
	1	2	3	4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		859,009		131
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.		NONE		NONE
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
ADJUSTMENTS TO PROVIDER		.01		
ADJUSTMENTS TO PROVIDER		.02		
ADJUSTMENTS TO PROVIDER		.03		
ADJUSTMENTS TO PROVIDER		.04		
ADJUSTMENTS TO PROVIDER		.05		
ADJUSTMENTS TO PROGRAM		.50		
ADJUSTMENTS TO PROGRAM		.51		
ADJUSTMENTS TO PROGRAM		.52		
ADJUSTMENTS TO PROGRAM		.53		
ADJUSTMENTS TO PROGRAM		.54		
SUBTOTAL		.99		
4 TOTAL INTERIM PAYMENTS			NONE	NONE
			859,009	131
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		
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)			NONE	NONE
SETTLEMENT TO PROVIDER		.01	10,203	
SETTLEMENT TO PROGRAM		.02		
7 TOTAL MEDICARE PROGRAM LIABILITY			869,212	131

NAME OF INTERMEDIARY:  
 INTERMEDIARY NO:

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

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

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



CALCULATION OF REIMBURSEMENT SETTLEMENT

I PROVIDER NO: I PERIOD: I PREPARED 6/27/2009  
 I 14-0075 I FROM 1/ 1/2008 I WORKSHEET E-3  
 I COMPONENT NO: I TO 12/31/2008 I PART I  
 I 14-S075 I I

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

1	INPATIENT HOSPITAL SERVICES (SEE INSTRUCTIONS)	
1.01	HOSPITAL SPECIFIC AMOUNT (SEE INSTRUCTIONS)	
1.02	ENTER FROM THE PS&R, THE IRF PPS PAYMENT	
1.03	MEDICARE SSI RATIO (IRF PPS ONLY) (SEE INSTR.)	
1.04	INPATIENT REHABILITATION FACILITY LIP PAYMENTS (SEE INSTRUCTIONS)	
1.05	OUTLIER PAYMENTS	
1.06	TOTAL PPS PAYMENTS (SUM OF LINES 1.01, (1.02, 1.04 FOR COLUMNS 1 & 1.01), 1.05 AND 1.42)	
1.07	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT (SEE INSTRUCTIONS)	
	INPATIENT PSYCHIATRIC FACILITY (IPF)	
1.08	NET FEDERAL IPF PPS PAYMENTS (EXCLUDING OUTLIER, ECT, STOP-LOSS, AND MEDICAL EDUCATION PAYMENTS)	863,546
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)	32.437158
1.17	MEDICAL EDUCATION ADJUSTMENT FACTOR $\{(1 + (LINE 1.15/1.16))\}$ RAISED TO THE POWER OF $.5150 - 1$ .	
1.18	MEDICAL EDUCATION ADJUSTMENT (LINE 1.08 MULTIPLIED BY LINE 1.17).	
1.19	ADJUSTED NET IPF PPS PAYMENTS (SUM OF LINES 1.08, 1.09, 1.10 AND 1.18)	863,546
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)	863,546
	INPATIENT REHABILITATION FACILITY (IRF)	
1.35	UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR COST REPORT PERIODS ENDING ON/OR PRIOR TO NOVEMBER 15, 2004. (SEE INST.)	
1.36	NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTRUCTIONS)	
1.37	CURRENT YEAR'S UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.38	CURRENT YEAR'S UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.39	INTERN AND RESIDENT COUNT FOR IRF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)	
1.40	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)	
1.41	MEDICAL EDUCATION ADJUSTMENT FACTOR $\{(1 + (LINE 1.39/1.40))\}$ RAISED TO THE POWER OF $.9012 - 1$ .	
1.42	MEDICAL EDUCATION ADJUSTMENT (LINE 1.02 MULTIPLIED BY LINE 1.41).	
2	ORGAN ACQUISITION	
3	COST OF TEACHING PHYSICIANS	
4	SUBTOTAL (SEE INSTRUCTIONS)	863,546
5	PRIMARY PAYER PAYMENTS	
6	SUBTOTAL	863,546
7	DEDUCTIBLES	52,160
8	SUBTOTAL	811,386
9	COINSURANCE	66,816
10	SUBTOTAL	744,570
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	744,570
13	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	
13.01	OTHER PASS THROUGH COSTS (SEE INSTRUCTIONS)	
14	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION	
15	OTHER ADJUSTMENTS (SPECIFY)	
15.99	OUTLIER RECONCILIATION ADJUSTMENT	
16	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS	
17	TOTAL AMOUNT PAYABLE TO THE PROVIDER (SEE INSTRUCTIONS)	744,570
18	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	





CALCULATION OF REIMBURSEMENT SETTLEMENT

I	PROVIDER NO:	I	PERIOD:	I	PREPARED	6/27/2009
I	14-0075	I	FROM 1/ 1/2008	I	WORKSHEET	E-3
I	COMPONENT NO:	I	TO 12/31/2008	I	PART	I
I	14-S075	I		I		

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

19 INTERIM PAYMENTS 744,570

19.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)

20 BALANCE DUE PROVIDER/PROGRAM

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

----- 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.



CALCULATION OF REIMBURSEMENT SETTLEMENT

I PROVIDER NO: I PERIOD: I PREPARED 6/27/2009  
 I 14-0075 I FROM 1/ 1/2008 I WORKSHEET E-3  
 I COMPONENT NO: I TO 12/31/2008 I PART I  
 I 14-T075 I I

PART I - MEDICARE PART A SERVICES - TEFRA AND IRF PPS AND LTCH PPS AND IPF PPS  
 SUBPROVIDER 2

1	INPATIENT HOSPITAL SERVICES (SEE INSTRUCTIONS)	
1.01	HOSPITAL SPECIFIC AMOUNT (SEE INSTRUCTIONS)	
1.02	ENTER FROM THE PS&R, THE IRF PPS PAYMENT	741,453
1.03	MEDICARE SSI RATIO (IRF PPS ONLY) (SEE INSTR.)	.1318
1.04	INPATIENT REHABILITATION FACILITY LIP PAYMENTS (SEE INSTRUCTIONS)	129,206
1.05	OUTLIER PAYMENTS	3,673
1.06	TOTAL PPS PAYMENTS (SUM OF LINES 1.01, (1.02, 1.04 FOR COLUMNS 1 & 1.01), 1.05 AND 1.42)	874,332
1.07	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT (SEE INSTRUCTIONS)	
	INPATIENT PSYCHIATRIC FACILITY (IPF)	
1.08	NET FEDERAL IPF PPS PAYMENTS (EXCLUDING OUTLIER, ECT, STOP-LOSS, AND MEDICAL EDUCATION PAYMENTS)	
1.09	NET IPF PPS OUTLIER PAYMENTS	
1.10	NET IPF PPS ECT PAYMENTS	
1.11	UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR LATEST COST REPORT FILED PRIOR TO NOVEMBER 15, 2004 (SEE INSTRUCTIONS)	
1.12	NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTRUCTIONS)	
1.13	CURRENT YEARS UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.14	CURRENT YEARS UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.15	INTERN AND RESIDENT COUNT FOR IPF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)	
1.16	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)	
1.17	MEDICAL EDUCATION ADJUSTMENT FACTOR $\{(1 + (LINE 1.15/1.16))\}$ RAISED TO THE POWER OF .5150 - 1}.	
1.18	MEDICAL EDUCATION ADJUSTMENT (LINE 1.08 MULTIPLIED BY LINE 1.17).	
1.19	ADJUSTED NET IPF PPS PAYMENTS (SUM OF LINES 1.08, 1.09, 1.10 AND 1.18)	
1.20	STOP LOSS PAYMENT FLOOR (LINE 1 x 70%)	
1.21	ADJUSTED NET PAYMENT FLOOR (LINE 1.20 x THE APPROPRIATE FEDERAL BLEND PERCENTAGE)	
1.22	STOP LOSS ADJUSTMENT (IF LINE 1.21 IS GREATER THAN LINE 1.19 ENTER THE AMOUNT ON LINE 1.21 LESS LINE 1.19 OTHERWISE ENTER -0-)	
1.23	TOTAL IPF PPS PAYMENTS (SUM OF LINES 1.01, 1.19 AND 1.22)	
	INPATIENT REHABILITATION FACILITY (IRF)	
1.35	UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR COST REPORT PERIODS ENDING ON/OR PRIOR TO NOVEMBER 15, 2004. (SEE INST.)	
1.36	NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTRUCTIONS)	
1.37	CURRENT YEAR'S UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.38	CURRENT YEAR'S UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.39	INTERN AND RESIDENT COUNT FOR IRF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)	
1.40	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)	2.557377
1.41	MEDICAL EDUCATION ADJUSTMENT FACTOR $\{(1 + (LINE 1.39/1.40))\}$ RAISED TO THE POWER OF .9012 - 1}.	
1.42	MEDICAL EDUCATION ADJUSTMENT (LINE 1.02 MULTIPLIED BY LINE 1.41).	
2	ORGAN ACQUISITION	
3	COST OF TEACHING PHYSICIANS	
4	SUBTOTAL (SEE INSTRUCTIONS)	874,332
5	PRIMARY PAYER PAYMENTS	
6	SUBTOTAL	874,332
7	DEDUCTIBLES	3,072
8	SUBTOTAL	871,260
9	COINSURANCE	2,048
10	SUBTOTAL	869,212
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	869,212
13	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	
13.01	OTHER PASS THROUGH COSTS (SEE INSTRUCTIONS)	
14	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION	
15	OTHER ADJUSTMENTS (SPECIFY)	
15.99	OUTLIER RECONCILIATION ADJUSTMENT	
16	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS	
17	TOTAL AMOUNT PAYABLE TO THE PROVIDER (SEE INSTRUCTIONS)	869,212
18	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	



CALCULATION OF REIMBURSEMENT SETTLEMENT

I	PROVIDER NO:	I	PERIOD:	I	PREPARED	6/27/2009
I	14-0075	I	FROM 1/ 1/2008	I	WORKSHEET	E-3
I	COMPONENT NO:	I	TO 12/31/2008	I	PART I	
I	14-T075	I		I		

PART I - MEDICARE PART A SERVICES - TEFRA AND IRF PPS AND LTCH PPS AND IPF PPS  
SUBPROVIDER 2

19	INTERIM PAYMENTS	859,009
19.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
20	BALANCE DUE PROVIDER/PROGRAM	10,203
21	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2.	

----- 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.



CALCULATION OF REIMBURSEMENT SETTLEMENT

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

	TITLE XIX	HOSPITAL	OTHER TITLE V OR TITLE XIX 1	TITLE XVIII SNF PPS 2
	COMPUTATION OF NET COST OF COVERED SERVICE			
1				
			14,361,996	
2				
3				
4				
5				
6			14,361,996	
7				
8				
9			14,361,996	
	COMPUTATION OF LESSER OF COST OR CHARGES			
	REASONABLE CHARGES			
10			9,159,298	
11			12,236,220	
12				
13				
14				
15				
16			21,395,518	
	CUSTOMARY CHARGES			
17				
18				
19				
20			21,395,518	
21			7,033,522	
22				
23			14,361,996	
	PROSPECTIVE PAYMENT AMOUNT			
24				
25				
26				
27				
28				
29				
30			14,361,996	
31				
32			14,361,996	
33				
	COMPUTATION OF REIMBURSEMENT SETTLEMENT			
34				
35			14,361,996	
36				
37				
38				
38.01				
38.02				
38.03				
39				
40			14,361,996	
41				
42				
43				
44				
45				
46				
47				
48				
49				
50				
51				
52			14,361,996	
53				
54				
55			14,361,996	
56				
57				
57.01				
58			14,361,996	
59				





CALCULATION OF REIMBURSEMENT SETTLEMENT

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

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



CALCULATION OF REIMBURSEMENT SETTLEMENT

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

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



TITLE XVIII

COMPUTATION OF TOTAL DIRECT GME AMOUNT

1	NUMBER OF FTE RESIDENTS FOR OB/GYN & PRIMARY CARE		
1.01	NUMBER OF FTE RESIDENTS FOR ALL OTHER (SEE INSTR)		
2	UPDATED PER RESIDENT AMOUNT FOR OB/GYN & PRIMARY		
2.01	UPDATED PER RESIDENT AMOUNT ALL OTHER (SEE INSTR)		
3	AGGREGATE APPROVED AMOUNT		
3.01	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR COST REPTG PERIODS ENDING ON OR BEFORE 12/31/96		199.52
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	-35.47
3.04	FTE ADJUSTMENT CAP (SUM OF LINES 3.01 THRU 3.03)	155.04 -35.47	119.57
3.05	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR THE CURRENT YEAR FROM YOUR RECORDS		33.84
3.06	ENTER THE LESSER OF LINE 3.04 OR LINE 3.05.		33.84
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.		28.82
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.		3.00
3.09	ENTER THE SUM OF LINES 3.07 AND 3.08.		31.82
3.10	SEE INSTRUCTIONS		31.82
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.		2.49
3.12	SEE INSTRUCTIONS		5.49
3.13	TOTAL WEIGHTED RESIDENT FTE COUNT FOR NONPRIMARY CARE RESIDENTS FOR THE PRIOR COST REPORTING YEAR (SEE INSTRUCTIONS)		11.88
3.14	TOTAL WEIGHTED RESIDENT FTE COUNT FOR NONPRIMARY CARE RESIDENTS FOR THE PENULTIMATE COST REPORTING YEAR (SEE INSTRUCTIONS)		24.99
3.15	ROLLING AVERAGE FTE COUNT (SEE INSTRUCTIONS)	RES INIT YEARS	14.12
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)		14.12
3.17	ENTER THE NONPRIMARY CARE PER RESIDENT AMOUNT.		93,798.95
3.18	SEE INSTRUCTIONS		1,324,441
3.19	ENTER THE WEIGHTED FTE RESIDENT COUNT FOR PRIMARY CARE AND OB/GYN RESIDENTS FOR THE PRIOR YEAR (SEE INSTRUCTIONS)		63.15
3.20	ENTER THE WEIGHTED FTE RESIDENT COUNT FOR PRIMARY CARE AND OB/GYN RESIDENTS FOR THE PENULTIMATE YEAR (SEE INSTRUCTIONS)		64.59
3.21	SEE INSTRUCTIONS	RES INIT YEARS	52.19
3.22	SEE INSTRUCTIONS		52.19
3.23	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001		99,057.76
3.24	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001		5,169,824
3.25	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001		6,494,265

COMPUTATION OF PROGRAM PATIENT LOAD

4	PROGRAM PART A INPATIENT DAYS		4,621
5	TOTAL INPATIENT DAYS		22,005
6	RATIO OF PROGRAM INPATIENT DAYS TO TOTAL INPATIENT DAYS.	LN 6 * LN 3.25 + E-3, 6 L 11	.209998
6.01	TOTAL GME PAYMENT FOR NON-MANAGED CARE DAYS	1,363,783	1,363,783
6.02	PROGRAM MANAGED CARE DAYS OCCURING ON OR AFTER JANUARY 1 OF THIS COST REPORTING PERIOD (SEE INSTRUCTIONS)		700
6.03	ENTER THE TOTAL INPATIENT DAYS FROM LINE 5 ABOVE.		22,005
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.		177,398
6.06	PROGRAM MANAGED CARE DAYS OCCURRING BEFORE JAN 1 OF THIS COST REPORTING YEAR (SEE INSTRUCTIONS)		
6.07	ENTER THE APPROPRIATE PERCENTAGE USING THE CRITERIA IDENTIFIED ON LINE 6.04 ABOVE. (SEE INSTRUCTIONS)	PRIOR TO 422 E-3,6 LN 12	100.00
6.08	GRADUATE MEDICAL EDUCATION PAYMENT FOR MANAGED CARE DAYS PRIOR TO JANUARY 1 OF THIS COST REPORTING PERIOD		

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

7	RENAL DIALYSIS DIRECT MEDICAL EDUCATION COSTS
8	RENAL DIALYSIS AND HOME DIALYSIS TOTAL CHARGES
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)	10,295,206
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TITLE XVIII

13	ORGAN ACQUISITION COSTS	
14	COST OF TEACHING PHYSICIANS	
15	PRIMARY PAYER PAYMENTS	
16	TOTAL PART A REASONABLE COST	10,295,206
PART B REASONABLE COST		
17	REASONABLE COST	2,846,978
18	PRIMARY PAYER PAYMENTS	
19	TOTAL PART B REASONABLE COST	2,846,978
20	TOTAL REASONABLE COST	13,142,184
21	RATIO OF PART A REASONABLE COST TO TOTAL REASONABLE COST	.783371
22	RATIO OF PART B REASONABLE COST TO TOTAL REASONABLE COST	.216629
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B		
23	TOTAL PROGRAM GME PAYMENT	
23.01	FOR COST REPORTING PERIODS BEGINNING ON OR AFTER 10/1/97 (SUM OF LINES 6.01, 6.05, & 6.08)	1,541,181
24	PART A MEDICARE GME PAYMENT--TITLE XVIII ONLY	1,207,317
25	PART B MEDICARE GME PAYMENT--TITLE XVIII ONLY	333,864





TITLE XVIII

CALCULATION OF REDUCED DIRECT GME CAP UNDER SECTION 422 OF MMA

	COLUMN 1	COLUMN 1.01
1 RATIO OF DAYS OCCURRING ON OR AFTER 7/1/2005 TO TOTAL DAYS IN THE COST REPORTING PERIOD.	1.000000	
2 REDUCED DIRECT GME FTE CAP (SEE INSTRUCTIONS)	155.04	
3 UNADJUSTED DIRECT GME FTE CAP (WKST E-3, PART IV, SUM OF LINES 3.01 AND 3.02)	199.52	
4 PRORATED REDUCED DIRECT GME FTE CAP (SEE INSTRUCTIONS)	155.04	

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

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

CALCULATION OF REDUCED IME CAP UNDER SECTION 422 OF MMA

13 REDUCED IME FTE CAP (SEE INSTRUCTIONS)	156.43
14 UNADJUSTED IME FTE CAP (WKST E, PART A, SUM OF LINES 3.04 AND 3.05)	200.82
15 PRORATED REDUCED ALLOWABLE IME FTE CAP	156.43

CALCULATION OF ADDITIONAL IME PAYMENTS ATTRIBUTABLE TO SECTION 422 OF MMA

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



	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
ASSETS	1	2	3	4
CURRENT ASSETS				
1 CASH ON HAND AND IN BANKS	317,771			
2 TEMPORARY INVESTMENTS				
3 NOTES RECEIVABLE				
4 ACCOUNTS RECEIVABLE	7,168,139			
5 OTHER RECEIVABLES	8,586,338			
6 LESS: ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE	-5,992,305			
7 INVENTORY	2,248,187			
8 PREPAID EXPENSES	1,725,619			
9 OTHER CURRENT ASSETS				
10 DUE FROM OTHER FUNDS				
11 TOTAL CURRENT ASSETS	14,053,749			
FIXED ASSETS				
12 LAND				
12.01 LAND IMPROVEMENTS				
13.01 LESS ACCUMULATED DEPRECIATION				
14 BUILDINGS				
14.01 LESS ACCUMULATED DEPRECIATION				
15 LEASEHOLD IMPROVEMENTS	722,165			
15.01 LESS ACCUMULATED DEPRECIATION	-120,798			
16 FIXED EQUIPMENT				
16.01 LESS ACCUMULATED DEPRECIATION				
17 AUTOMOBILES AND TRUCKS				
17.01 LESS ACCUMULATED DEPRECIATION				
18 MAJOR MOVABLE EQUIPMENT	54,212,999			
18.01 LESS ACCUMULATED DEPRECIATION	-48,602,022			
19 MINOR EQUIPMENT DEPRECIABLE	4,490,136			
19.01 LESS ACCUMULATED DEPRECIATION	-4,116,293			
20 MINOR EQUIPMENT-NONDEPRECIABLE				
21 TOTAL FIXED ASSETS	6,586,187			
OTHER ASSETS				
22 INVESTMENTS				
23 DEPOSITS ON LEASES				
24 DUE FROM OWNERS/OFFICERS				
25 OTHER ASSETS	2,068,415			
26 TOTAL OTHER ASSETS	2,068,415			
27 TOTAL ASSETS	22,708,351			



BALANCE SHEET

	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
LIABILITIES AND FUND BALANCE	1	2	3	4
CURRENT LIABILITIES				
28 ACCOUNTS PAYABLE	26,224,548			
29 SALARIES, WAGES & FEES PAYABLE	656,167			
30 PAYROLL TAXES PAYABLE	71,100			
31 NOTES AND LOANS PAYABLE (SHORT TERM)				
32 DEFERRED INCOME				
33 ACCELERATED PAYMENTS				
34 DUE TO OTHER FUNDS				
35 OTHER CURRENT LIABILITIES	8,599,700			
36 TOTAL CURRENT LIABILITIES	35,551,515			
LONG TERM LIABILITIES				
37 MORTGAGE PAYABLE				
38 NOTES PAYABLE	18,255,229			
39 UNSECURED LOANS				
40.01 LOANS PRIOR TO 7/1/66				
40.02 ON OR AFTER 7/1/66				
41 OTHER LONG TERM LIABILITIES	30,554,542			
42 TOTAL LONG-TERM LIABILITIES	48,809,771			
43 TOTAL LIABILITIES	84,361,286			
CAPITAL ACCOUNTS				
44 GENERAL FUND BALANCE	-61,652,935			
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	-61,652,935			
52 TOTAL LIABILITIES AND FUND BALANCES	22,708,351			



STATEMENT OF CHANGES IN FUND BALANCES

	GENERAL FUND		SPECIFIC PURPOSE FUND	
	1	2	3	4
1 FUND BALANCE AT BEGINNING		-37,135,681		
2 OF PERIOD				
2 NET INCOME (LOSS)		-24,517,254		
3 TOTAL		-61,652,935		
4 ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
5 ADDITIONS (CREDIT ADJUSTM				
6				
7				
8				
9				
10 TOTAL ADDITIONS				
11 SUBTOTAL		-61,652,935		
12 DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
13 DEDUCTIONS (DEBIT ADJUSTM				
14				
15				
16				
17				
18 TOTAL DEDUCTIONS				
19 FUND BALANCE AT END OF		-61,652,935		
PERIOD PER BALANCE SHEET				

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





STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES  
 I PROVIDER NO: I PERIOD: I PREPARED 6/27/2009  
 I 14-0075 I FROM 1/ 1/2008 I WORKSHEET G-2  
 I I TO 12/31/2008 I PARTS I & II

PART I - PATIENT REVENUES

REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3
GENERAL INPATIENT ROUTINE CARE SERVICES			
1 00 HOSPITAL	6,386,117		6,386,117
2 00 SUBPROVIDER	12,977,430		12,977,430
2 01 REHABILITATION UNIT	910,480		910,480
4 00 SWING BED - SNF			
5 00 SWING BED - NF			
9 00 TOTAL GENERAL INPATIENT ROUTINE CARE	20,274,027		20,274,027
INTENSIVE CARE TYPE INPATIENT HOSPITAL SVCS			
10 00 INTENSIVE CARE UNIT	6,815,514		6,815,514
14 00 NEONATAL INTENSIVE CARE UNIT	4,041,554		4,041,554
15 00 TOTAL INTENSIVE CARE TYPE INPAT HOSP	10,857,068		10,857,068
16 00 TOTAL INPATIENT ROUTINE CARE SERVICE	31,131,095		31,131,095
17 00 ANCILLARY SERVICES	36,560,919	21,850,888	58,411,807
18 00 OUTPATIENT SERVICES	2,952,961	6,168,240	9,121,201
24 00 NURSERY REVENUE	1,796,517		1,796,517
25 00 TOTAL PATIENT REVENUES	72,441,492	28,019,128	100,460,620

PART II-OPERATING EXPENSES

26 00 OPERATING EXPENSES		77,483,688	
ADD (SPECIFY)			
27 00 ADD (SPECIFY)			
28 00			
29 00			
30 00			
31 00			
32 00			
33 00 TOTAL ADDITIONS			
DEDUCT (SPECIFY)			
34 00 DEDUCT (SPECIFY)			
35 00			
36 00			
37 00			
38 00			
39 00 TOTAL DEDUCTIONS			
40 00 TOTAL OPERATING EXPENSES		77,483,688	



STATEMENT OF REVENUES AND EXPENSES

I PROVIDER NO: I PERIOD: I PREPARED 6/27/2009  
 I 14-0075 I FROM 1/ 1/2008 I WORKSHEET G-3  
 I I TO 12/31/2008 I

DESCRIPTION

1	TOTAL PATIENT REVENUES	100,460,620
2	LESS: ALLOWANCES AND DISCOUNTS ON PATIENT'S ACCTS	48,425,892
3	NET PATIENT REVENUES	52,034,728
4	LESS: TOTAL OPERATING EXPENSES	77,483,688
5	NET INCOME FROM SERVICE TO PATIENTS	-25,448,960
	OTHER INCOME	
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.	
7	INCOME FROM INVESTMENTS	
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE	
9	REVENUE FROM TELEVISION AND RADIO SERVICE	
10	PURCHASE DISCOUNTS	118
11	REBATES AND REFUNDS OF EXPENSES	
12	PARKING LOT RECEIPTS	73,094
13	REVENUE FROM LAUNDRY AND LINEN SERVICE	
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS	146,657
15	REVENUE FROM RENTAL OF LIVING QUARTERS	
16	REVENUE FROM SALE OF MEDICAL & SURGICAL SUPPLIES TO OTHER THAN PATIENTS	
17	REVENUE FROM SALE OF DRUGS TO OTHR THAN PATIENTS	94,551
18	REVENUE FROM SALE OF MEDICAL RECORDS & ABSTRACTS	1,219
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC)	
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOP & CANTEEN	
21	RENTAL OF VENDING MACHINES	3,661
22	RENTAL OF HOSPITAL SPACE	315,016
23	GOVERNMENTAL APPROPRIATIONS	
24	EMPLOYEE PARKING REVENUE	7,634
24.01	EMPLOYEE BUS SERVICE REVENUE	145
24.02	OTHER OPERATING REVENUE	289,611
25	TOTAL OTHER INCOME	931,706
26	TOTAL	-24,517,254
	OTHER EXPENSES	
27		
28		
29		
30	TOTAL OTHER EXPENSES	
31	NET INCOME (OR LOSS) FOR THE PERIOD	-24,517,254



I PROVIDER NO: I PERIOD: I PREPARED 6/27/2009  
 I 14-0075 I FROM 1/ 1/2008 I WORKSHEET L  
 I COMPONENT NO: I TO 12/31/2008 I PARTS I-IV  
 I 14-0075 I I

CALCULATION OF CAPITAL PAYMENT

FULLY PROSPECTIVE METHOD

TITLE XVIII, PART A HOSPITAL

PART I - FULLY PROSPECTIVE METHOD

1	CAPITAL HOSPITAL SPECIFIC RATE PAYMENTS	
	CAPITAL FEDERAL AMOUNT	
2	CAPITAL DRG OTHER THAN OUTLIER	300,477
3	CAPITAL DRG OUTLIER PAYMENTS PRIOR TO 10/01/1997	
3 .01	CAPITAL DRG OUTLIER PAYMENTS AFTER 10/01/1997	248
	INDIRECT MEDICAL EDUCATION ADJUSTMENT	
4	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS	25.13
	IN THE COST REPORTING PERIOD	
4 .01	NUMBER OF INTERNS AND RESIDENTS	72.12
	(SEE INSTRUCTIONS)	
4 .02	INDIRECT MEDICAL EDUCATION PERCENTAGE	52.70
4 .03	INDIRECT MEDICAL EDUCATION ADJUSTMENT	158,351
	(SEE INSTRUCTIONS)	
5	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO	14.19
	MEDICARE PART A PATIENT DAYS	
5 .01	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL	51.27
	DAYS REPORTED ON S-3, PART I	
5 .02	SUM OF 5 AND 5.01	65.46
5 .03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE	14.17
5 .04	DISPROPORTIONATE SHARE ADJUSTMENT	42,578
6	TOTAL PROSPECTIVE CAPITAL PAYMENTS	501,654
PART II - HOLD HARMLESS METHOD		
1	NEW CAPITAL	
2	OLD CAPITAL	
3	TOTAL CAPITAL	
4	RATIO OF NEW CAPITAL TO OLD CAPITAL	.000000
5	TOTAL CAPITAL PAYMENTS UNDER 100% FEDERAL RATE	
6	REDUCTION FACTOR FOR HOLD HARMLESS PAYMENT	
7	REDUCED OLD CAPITAL AMOUNT	
8	HOLD HARMLESS PAYMENT FOR NEW CAPITAL	
9	SUBTOTAL	
10	PAYMENT UNDER HOLD HARMLESS	
PART III - PAYMENT UNDER REASONABLE COST		
1	PROGRAM INPATIENT ROUTINE CAPITAL COST	
2	PROGRAM INPATIENT ANCILLARY CAPITAL COST	
3	TOTAL INPATIENT PROGRAM CAPITAL COST	
4	CAPITAL COST PAYMENT FACTOR	
5	TOTAL INPATIENT PROGRAM CAPITAL COST	
PART IV - COMPUTATION OF EXCEPTION PAYMENTS		
1	PROGRAM INPATIENT CAPITAL COSTS	
2	PROGRAM INPATIENT CAPITAL COSTS FOR EXTRAORDINARY	
	CIRCUMSTANCES	
3	NET PROGRAM INPATIENT CAPITAL COSTS	
4	APPLICABLE EXCEPTION PERCENTAGE	.00
5	CAPITAL COST FOR COMPARISON TO PAYMENTS	
6	PERCENTAGE ADJUSTMENT FOR EXTRAORDINARY	.00
	CIRCUMSTANCES	
7	ADJUSTMENT TO CAPITAL MINIMUM PAYMENT LEVEL	
	FOR EXTRAORDINARY CIRCUMSTANCES	
8	CAPITAL MINIMUM PAYMENT LEVEL	
9	CURRENT YEAR CAPITAL PAYMENTS	
10	CURRENT YEAR COMPARISON OF CAPITAL MINIMUM PAYMENT	
	LEVEL TO CAPITAL PAYMENTS	
11	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT	
	LEVEL OVER CAPITAL PAYMENT	
12	NET COMPARISON OF CAPITAL MINIMUM PAYMENT LEVEL	
	TO CAPITAL PAYMENTS	
13	CURRENT YEAR EXCEPTION PAYMENT	
14	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT	
	LEVEL OVER CAPITAL PAYMENT FOR FOLLOWING PERIOD	
15	CUR YEAR ALLOWABLE OPERATING AND CAPITAL PAYMENT	
16	CURRENT YEAR OPERATING AND CAPITAL COSTS	
17	CURRENT YEAR EXCEPTION OFFSET AMOUNT	
	(SEE INSTRUCTIONS)	

