

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

FORM APPROVED
 OMB NO. 0938-0050

WORKSHEET S
 PARTS I & II

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX		PROVIDER NO:		PERIOD		INTERMEDIARY USE ONLY		DATE RECEIVED:
COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY		14-0286		FROM 5/ 1/2007		--AUDITED --DESK REVIEW		/ /
				TO 4/30/2008		--INITIAL --REOPENED		INTERMEDIARY NO:
						--FINAL 1-MCR CODE		
						00 - # OF REOPENINGS		

ELECTRONICALLY FILED COST REPORT DATE: 9/30/2008 TIME 11:46

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: KISHWAUKEE COMMUNITY HOSPITAL 14-0286 FOR THE COST REPORTING PERIOD BEGINNING 5/ 1/2007 AND ENDING 4/30/2008 AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS A TRUE, CORRECT, AND COMPLETE STATEMENT PREPARED FROM THE BOOKS AND RECORDS OF THE PROVIDER IN ACCORDANCE WITH APPLICABLE INSTRUCTIONS, EXCEPT AS NOTED. I FURTHER CERTIFY THAT I AM FAMILIAR WITH THE LAWS AND REGULATIONS REGARDING THE PROVISION OF HEALTH CARE SERVICES, AND THAT THE SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

 OFFICER OR ADMINISTRATOR OF PROVIDER(S)

 TITLE

 DATE

PART II - SETTLEMENT SUMMARY

	TITLE V	A	TITLE XVIII	B	TITLE XIX	
	1	2	3	4	5	
1	HOSPITAL	0	143,917	-43,048	0	
2	SUBPROVIDER	0	67,665	0	0	
3	SWING BED - SNF	0	0	0	0	
100	TOTAL	0	211,582	-43,048	0	

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

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

HOSPITAL WAGE INDEX INFORMATION

PART II - WAGE DATA	AMOUNT REPORTED 1	RECLASS OF SALARIES 2	ADJUSTED SALARIES 3	PAID HOURS RELATED TO SALARY 4	AVERAGE HOURLY WAGE 5	DATA SOURCE 6
SALARIES						
1 TOTAL SALARY	31,513,759		31,513,759	1,248,707.20	25.24	
2 NON-PHYSICIAN ANESTHETIST PART A						
3 NON-PHYSICIAN ANESTHETIST PART B						
4 PHYSICIAN - PART A						
4.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
5 PHYSICIAN - PART B						
5.01 NON-PHYSICIAN - PART B						
6 INTERNS & RESIDENTS (APPRVD)						
6.01 CONTRACT SERVICES, I&R						
7 HOME OFFICE PERSONNEL						
8 SNF						
8.01 EXCLUDED AREA SALARIES	623,184		623,184	22,713.60	27.44	
OTHER WAGES & RELATED COSTS						
9 CONTRACT LABOR:	579,024		579,024	11,348.87	51.02	SCHEDULE
9.01 PHARMACY SERVICES UNDER CONTRACT						
9.02 LABORATORY SERVICES UNDER CONTRACT						
9.03 MANAGEMENT & ADMINISTRATIVE UNDER CONTRACT						
10 CONTRACT LABOR: PHYS PART A	227,232		227,232	6,064.00	37.47	
10.01 TEACHING PHYSICIAN UNDER CONTRACT (SEE INSTRUCTIONS)						
11 HOME OFFICE SALARIES & WAGE RELATED COSTS	5,073,598		5,073,598	102,169.00	49.66	
12 HOME OFFICE: PHYS PART A						
12.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
WAGE RELATED COSTS						
13 WAGE-RELATED COSTS (CORE)	12,016,065		12,016,065			CMS 339
14 WAGE-RELATED COSTS (OTHER)						CMS 339
15 EXCLUDED AREAS	242,411		242,411			CMS 339
16 NON-PHYS ANESTHETIST PART A						CMS 339
17 NON-PHYS ANESTHETIST PART B						CMS 339
18 PHYSICIAN PART A						CMS 339
18.01 PART A TEACHING PHYSICIANS						CMS 339
19 PHYSICIAN PART B						CMS 339
19.01 WAGE-RELATD COSTS (RHC/FOHC)						CMS 339
20 INTERNS & RESIDENTS (APPRVD)						CMS 339
OVERHEAD COSTS - DIRECT SALARIES						
21 EMPLOYEE BENEFITS				62.40		
22 ADMINISTRATIVE & GENERAL	4,223,701	-194,627	4,029,074	221,894.40	18.16	
22.01 A & G UNDER CONTRACT	119,292		119,292	695.20	171.59	
23 MAINTENANCE & REPAIRS						
24 OPERATION OF PLANT						
25 LAUNDRY & LINEN SERVICE						
26 HOUSEKEEPING	538,866		538,866	46,592.00	11.57	
26.01 HOUSEKEEPING UNDER CONTRACT						
27 DIETARY	929,092	-250,892	678,200	51,958.40	13.05	
27.01 DIETARY UNDER CONTRACT						
28 CAFETERIA		250,892	250,892	19,219.20	13.05	
29 MAINTENANCE OF PERSONNEL	302,115		302,115	12,043.20	25.09	
30 NURSING ADMINISTRATION	976,103		976,103	33,176.00	29.42	
31 CENTRAL SERVICE AND SUPPLY	191,762		191,762	11,315.20	16.95	
32 PHARMACY	1,055,913		1,055,913	30,971.20	34.09	
33 MEDICAL RECORDS & MEDICAL RECORDS LIBRARY	1,118,766		1,118,766	38,708.80	28.90	
34 SOCIAL SERVICE	227,894		227,894	6,739.20	33.82	
35 OTHER GENERAL SERVICE						
PART III - HOSPITAL WAGE INDEX SUMMARY						
1 NET SALARIES	31,513,759		31,513,759	1,248,707.20	25.24	
2 EXCLUDED AREA SALARIES	623,184		623,184	22,713.60	27.44	
3 SUBTOTAL SALARIES	30,890,575		30,890,575	1,225,993.60	25.20	
4 SUBTOTAL OTHER WAGES & RELATED COSTS	5,879,854		5,879,854	119,581.87	49.17	
5 SUBTOTAL WAGE-RELATED COSTS	12,016,065		12,016,065		38.90	
6 TOTAL	48,786,494		48,786,494	1,345,575.47	36.26	
7 NET SALARIES						
8 EXCLUDED AREA SALARIES						
9 SUBTOTAL SALARIES						
10 SUBTOTAL OTHER WAGES & RELATED COSTS						
11 SUBTOTAL WAGE-RELATED COSTS						

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
12 TOTAL						
13 TOTAL OVERHEAD COSTS	9,683,504	-194,627	9,488,877	473,375.20	20.05	

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	8,044,021
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	8,044,021
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)	.403967
25	TOTAL STATE AND LOCAL INDIGENT CARE PROGRAM COST (LINE 23 * LINE 24)	

DESCRIPTION

26	TOTAL SCHIP CHARGES FROM YOUR RECORDS	
27	TOTAL SCHIP COST, (LINE 24 * LINE 26)	
28	TOTAL GROSS MEDICAID CHARGES FROM YOUR RECORDS	28,008,888
29	TOTAL GROSS MEDICAID COST (LINE 24 * LINE 28)	11,314,666
30	OTHER UNCOMPENSATED CARE CHARGES FROM YOUR RECORDS	4,306,076
31	UNCOMPENSATED CARE COST (LINE 24 * LINE 30)	1,739,513
32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL (SUM OF LINES 25, 27, AND 29)	11,314,666

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

PROVIDER NO: 14-0286

PERIOD: FROM 5/1/2007 TO 4/30/2008

PREPARED 9/30/2008 WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	SALARIES	OTHER	TOTAL	RECLASSIFICATIONS	RECLASSIFIED TRIAL BALANCE
		1	2	3	4	5
	GENERAL SERVICE COST CNTR					
1	0100 OLD CAP REL COSTS-BLDG & FIXT					
2	0200 OLD CAP REL COSTS-MVBLE EQUIP					
3	0300 NEW CAP REL COSTS-BLDG & FIXT		1,802,648	1,802,648	-1,003,722	798,926
3.01	0301 NEW CAP REL COSTS-BLDG & FIXT-NEW		7,591,874	7,591,874	-2,267,079	5,324,795
4	0400 NEW CAP REL COSTS-MVBLE EQUIP				5,509,817	5,509,817
5	0500 EMPLOYEE BENEFITS		12,936,296	12,936,296		12,936,296
6	0600 ADMINISTRATIVE & GENERAL	4,223,701	21,106,211	25,329,912	-196,694	25,133,218
8	0800 OPERATION OF PLANT					
9	0900 LAUNDRY & LINEN SERVICE		394,812	394,812		394,812
10	1000 HOUSEKEEPING	181,437	164,491	345,928		345,928
10.01	1001 HSKPG-NEW	357,429	277,897	635,326		635,326
11	1100 DIETARY	929,092	761,289	1,690,381	-456,471	1,233,910
12	1200 CAFETERIA				456,471	456,471
13	1300 MAINTENANCE OF PERSONNEL					
13.01	1950 MAINTENANCE OF PLANT	248,601	571,218	819,819	-50,679	769,140
13.02	1080 MAINTENANCE OF PLANT-NEW	53,514	499,793	553,307		553,307
14	1400 NURSING ADMINISTRATION	976,103	53,354	1,029,457		1,029,457
15	1500 CENTRAL SERVICES & SUPPLY	191,762	1,052,215	1,243,977	-251,204	992,773
16	1600 PHARMACY	1,055,913	2,621,106	3,677,019		3,677,019
17	1700 MEDICAL RECORDS & LIBRARY	1,118,766	303,877	1,422,643		1,422,643
18	1800 SOCIAL SERVICE	227,894	1,573	229,467		229,467
	INPAT ROUTINE SRVC CNTRS					
25	2500 ADULTS & PEDIATRICS	6,034,966	1,400,188	7,435,154	-1,241,544	6,193,610
26	2600 INTENSIVE CARE UNIT	2,231,281	227,338	2,458,619	770	2,459,389
31	3100 SUBPROVIDER I	396,693	10,706	407,399		407,399
33	3300 NURSERY				591,132	591,132
	ANCILLARY SRVC COST CNTRS					
37	3700 OPERATING ROOM	1,231,216	4,332,974	5,564,190	56,196	5,620,386
37.01	3950 AMBULATORY SERVICES	620,156	93,599	713,755	78,347	792,102
37.02	3340 ENDOSCOPY	277,725	297,203	574,928	73,057	647,985
38	3800 RECOVERY ROOM	442,941	28,750	471,691	882	472,573
39	3900 DELIVERY ROOM & LABOR ROOM				658,562	658,562
40	4000 ANESTHESIOLOGY		252,207	252,207		252,207
40.01	3953 PAIN CLINIC	121,615	36,489	158,104		158,104
41	4100 RADIOLOGY-DIAGNOSTIC	1,963,070	1,733,611	3,696,681	223	3,696,904
42	4200 RADIOLOGY-THERAPEUTIC	523,344	8,948,868	9,472,212		9,472,212
44	4400 LABORATORY	1,921,084	2,663,336	4,584,420	6,938	4,591,358
49	4900 RESPIRATORY THERAPY	769,740	142,156	911,896	4,738	916,634
50	5000 PHYSICAL THERAPY	1,564,136	832,308	2,396,444	3,198	2,399,642
51	5100 OCCUPATIONAL THERAPY	87,120	90,961	178,081		178,081
52	5200 SPEECH PATHOLOGY		93,730	93,730		93,730
53	5300 ELECTROCARDIOLOGY	315,029	241,041	556,070		556,070
53.01	3140 CARDIAC REHAB	332,826	42,770	375,596		375,596
54	5400 ELECTROENCEPHALOGRAPHY					
54.01	3951 SLEEP LAB	62,257	149,882	212,139	111	212,250
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS				259,576	259,576
56	5600 DRUGS CHARGED TO PATIENTS					
	OUTPAT SERVICE COST CNTRS					
61	6100 EMERGENCY	2,560,496	4,004,052	6,564,548	6,391	6,570,939
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)					
63	4950 CHEMICAL DEPENDENCY-OUTPATIENT	267,361	145,555	412,916		412,916
63.01	4951 PARTIAL HOSPITALIZATION PGM					
63.02	4952 OUTSIDE SERVICES		385,366	385,366		385,366
	OTHER REIMBURS COST CNTRS					
71	7100 HOME HEALTH AGENCY					
	SPEC PURPOSE COST CENTERS					
88	8800 INTEREST EXPENSE		2,239,016	2,239,016	-2,239,016	
95	SUBTOTALS	31,287,268	78,530,760	109,818,028	-0-	109,818,028
	NONREIMBURS COST CENTERS					
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN	28,325	120,831	149,156		149,156
97	9700 RESEARCH	198,166	86,953	285,119		285,119
98	9800 PHYSICIANS' PRIVATE OFFICES		311,778	311,778		311,778
100	7950 HOME OFFICE COSTS					
101	TOTAL	31,513,759	79,050,322	110,564,081	-0-	110,564,081

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

I PROVIDER NO:	I PERIOD:	I PREPARED
I 14-0286	I FROM 5/ 1/2007	I 9/30/2008
I	I TO 4/30/2008	I WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS	NET EXPENSES FOR ALLOC
		6	7
	GENERAL SERVICE COST CNTR		
1	0100 OLD CAP REL COSTS-BLDG & FIXT		
2	0200 OLD CAP REL COSTS-MVBLE EQUIP		
3	0300 NEW CAP REL COSTS-BLDG & FIXT	-437,792	361,134
3.01	0301 NEW CAP REL COSTS-BLDG & FIXT-NEW		5,324,795
4	0400 NEW CAP REL COSTS-MVBLE EQUIP	-210,505	5,299,312
5	0500 EMPLOYEE BENEFITS		12,936,296
6	0600 ADMINISTRATIVE & GENERAL	-3,424,354	21,708,864
8	0800 OPERATION OF PLANT		
9	0900 LAUNDRY & LINEN SERVICE		394,812
10	1000 HOUSEKEEPING		345,928
10.01	1001 HSKPG-NEW		635,326
11	1100 DIETARY	-5,954	1,227,956
12	1200 CAFETERIA	-417,495	38,976
13	1300 MAINTENANCE OF PERSONNEL		
13.01	1950 MAINTENANCE OF PLANT		769,140
13.02	1080 MAINTENANCE OF PLANT-NEW		553,307
14	1400 NURSING ADMINISTRATION		1,029,457
15	1500 CENTRAL SERVICES & SUPPLY		992,773
16	1600 PHARMACY	-10,329	3,666,690
17	1700 MEDICAL RECORDS & LIBRARY	-51,201	1,371,442
18	1800 SOCIAL SERVICE		229,467
	INPAT ROUTINE SRVC CNTRS		
25	2500 ADULTS & PEDIATRICS	-167,215	6,026,395
26	2600 INTENSIVE CARE UNIT	-279	2,459,110
31	3100 SUBPROVIDER I	-2,538	404,861
33	3300 NURSERY		591,132
	ANCILLARY SRVC COST CNTRS		
37	3700 OPERATING ROOM	-6,168	5,614,218
37.01	3950 AMBULATORY SERVICES	-27	792,075
37.02	3340 ENDOSCOPY	-226,333	421,652
38	3800 RECOVERY ROOM		472,573
39	3900 DELIVERY ROOM & LABOR ROOM		658,562
40	4000 ANESTHESIOLOGY		252,207
40.01	3953 PAIN CLINIC		158,104
41	4100 RADIOLOGY-DIAGNOSTIC	-14,426	3,682,478
42	4200 RADIOLOGY-THERAPEUTIC	-1,703,770	7,768,442
44	4400 LABORATORY	-149,802	4,441,556
49	4900 RESPIRATORY THERAPY		916,634
50	5000 PHYSICAL THERAPY	-101,426	2,298,216
51	5100 OCCUPATIONAL THERAPY		178,081
52	5200 SPEECH PATHOLOGY		93,730
53	5300 ELECTROCARDIOLOGY	-194,613	361,457
53.01	3140 CARDIAC REHAB	-73,135	302,461
54	5400 ELECTROENCEPHALOGRAPHY		
54.01	3951 SLEEP LAB	-28,477	183,773
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS	-259,575	1
56	5600 DRUGS CHARGED TO PATIENTS		
	OUTPAT SERVICE COST CNTRS		
61	6100 EMERGENCY	-3,439,405	3,131,534
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)		
63	4950 CHEMICAL DEPENDENCY-OUTPATIENT	-130,065	282,851
63.01	4951 PARTIAL HOSPITALIZATION PGM		
63.02	4952 OUTSIDE SERVICES		385,366
	OTHER REIMBURS COST CNTRS		
71	7100 HOME HEALTH AGENCY		
	SPEC PURPOSE COST CENTERS		
88	8800 INTEREST EXPENSE		-0-
95	SUBTOTALS	-11,054,884	98,763,144
	NONREIMBURS COST CENTERS		
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN		149,156
97	9700 RESEARCH		285,119
98	9800 PHYSICIANS' PRIVATE OFFICES		311,778
100	7950 HOME OFFICE COSTS		
101	TOTAL	-11,054,884	99,509,197

COST CENTERS USED IN COST REPORT

PROVIDER NO: 14-0286
 PERIOD: FROM 5/1/2007 TO 4/30/2008
 PREPARED 9/30/2008
 NOT A CMS WORKSHEET

LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
	GENERAL SERVICE COST		
1	OLD CAP REL COSTS-BLDG & FIXT	0100	
2	OLD CAP REL COSTS-MVBLE EQUIP	0200	
3	NEW CAP REL COSTS-BLDG & FIXT	0300	
3.01	NEW CAP REL COSTS-BLDG & FIXT-NEW	0301	NEW CAP REL COSTS-BLDG & FIXT
4	NEW CAP REL COSTS-MVBLE EQUIP	0400	
5	EMPLOYEE BENEFITS	0500	
6	ADMINISTRATIVE & GENERAL	0600	
8	OPERATION OF PLANT	0800	
9	LAUNDRY & LINEN SERVICE	0900	
10	HOUSEKEEPING	1000	
10.01	HSKPG-NEW	1001	HOUSEKEEPING
11	DIETARY	1100	
12	CAFETERIA	1200	
13	MAINTENANCE OF PERSONNEL	1300	
13.01	MAINTENANCE OF PLANT	1950	OTHER GENERAL SERVICE COST CENTERS
13.02	MAINTENANCE OF PLANT-NEW	1080	INSERVICE EDUCATION
14	NURSING ADMINISTRATION	1400	
15	CENTRAL SERVICES & SUPPLY	1500	
16	PHARMACY	1600	
17	MEDICAL RECORDS & LIBRARY	1700	
18	SOCIAL SERVICE	1800	
	INPAT ROUTINE SRVC C		
25	ADULTS & PEDIATRICS	2500	
26	INTENSIVE CARE UNIT	2600	
31	SUBPROVIDER I	3100	
33	NURSERY	3300	
	ANCILLARY SRVC COST		
37	OPERATING ROOM	3700	
37.01	AMBULATORY SERVICES	3950	OTHER ANCILLARY SERVICE COST CENTERS
37.02	ENDOSCOPY	3340	GASTRO INTESTINAL SERVICES
38	RECOVERY ROOM	3800	
39	DELIVERY ROOM & LABOR ROOM	3900	
40	ANESTHESIOLOGY	4000	
40.01	PAIN CLINIC	3953	OTHER ANCILLARY SERVICE COST CENTERS
41	RADIOLOGY-DIAGNOSTIC	4100	
42	RADIOLOGY-THERAPEUTIC	4200	
44	LABORATORY	4400	
49	RESPIRATORY THERAPY	4900	
50	PHYSICAL THERAPY	5000	
51	OCCUPATIONAL THERAPY	5100	
52	SPEECH PATHOLOGY	5200	
53	ELECTROCARDIOLOGY	5300	
53.01	CARDIAC REHAB	3140	CARDIOLOGY
54	ELECTROENCEPHALOGRAPHY	5400	
54.01	SLEEP LAB	3951	OTHER ANCILLARY SERVICE COST CENTERS
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	5500	
56	DRUGS CHARGED TO PATIENTS	5600	
	OUTPAT SERVICE COST		
61	EMERGENCY	6100	
62	OBSERVATION BEDS (NON-DISTINCT PART)	6200	
63	CHEMICAL DEPENDENCY-OUTPATIENT	4950	OTHER OUTPATIENT SERVICE COST CENTER
63.01	PARTIAL HOSPITALIZATION PGM	4951	OTHER OUTPATIENT SERVICE COST CENTER
63.02	OUTSIDE SERVICES	4952	OTHER OUTPATIENT SERVICE COST CENTER
	OTHER REIMBURS COST		
71	HOME HEALTH AGENCY	7100	
	SPEC PURPOSE COST CE		
88	INTEREST EXPENSE	8800	
95	SUBTOTALS		OLD CAP REL COSTS-BLDG & FIXT
	NONREIMBURS COST CEN		
96	GI FT, FLOWER, COFFEE SHOP & CANTEEN	9600	
97	RESEARCH	9700	
98	PHYSICIANS' PRIVATE OFFICES	9800	
100	HOME OFFICE COSTS	7950	OTHER NONREIMBURSABLE COST CENTERS
101	TOTAL		OLD CAP REL COSTS-BLDG & FIXT

RECLASSIFICATIONS

PROVIDER NO:
140286

PERIOD:
FROM 5/ 1/2007
TO 4/30/2008

PREPARED 9/30/2008
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	----- INCREASE -----				
	CODE (1)	COST CENTER 2	LINE NO 3	SALARY 4	OTHER 5
1 CAFETERIA	A	CAFETERIA	12	250,892	205,579
2 SCHEDULING COSTS	B	OPERATING ROOM	37	44,814	476
3		AMBULATORY SERVICES	37.01	77,524	823
4		ENDOSCOPY	37.02	72,289	768
5 MAINTENANCE COSTS	C	CENTRAL SERVICES & SUPPLY	15		8,372
6		ADULTS & PEDIATRICS	25		3,198
7		INTENSIVE CARE UNIT	26		770
8		NURSERY	33		1,318
9		OPERATING ROOM	37		10,906
10		RECOVERY ROOM	38		882
11		DELIVERY ROOM & LABOR ROOM	39		3,634
12		RADIOLOGY-DIAGNOSTIC	41		223
13		LABORATORY	44		6,938
14		RESPIRATORY THERAPY	49		4,738
15		PHYSICAL THERAPY	50		3,198
16		EMERGENCY	61		6,391
17		SLEEP LAB	54.01		111
18 DELIVERY AND LABOR AND NURSERY	D	DELIVERY ROOM & LABOR ROOM	39	527,845	127,083
19		NURSERY	33	475,366	114,448
20 MEDICAL SUPPLY	E	MEDICAL SUPPLIES CHARGED TO PATIENTS	55		259,576
21 INTEREST	F	NEW CAP REL COSTS-BLDG & FIXT-NEW	3.01		2,239,016
22 DEPRECIATION	G	NEW CAP REL COSTS-MVBLE EQUIP	4		5,509,817
23					
36 TOTAL RECLASSIFICATIONS				1,448,730	8,508,265

(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:
140286

PERIOD:
FROM 5/ 1/2007
TO 4/30/2008

PREPARED 9/30/2008
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	----- DECREASE -----				A-7 REF 10	
	CODE (1)	COST CENTER	LINE NO	SALARY		OTHER
1 CAFETERIA	A	DIETARY	11	250,892	205,579	
2 SCHEDULING COSTS	B	ADMINISTRATIVE & GENERAL	6	194,627	2,067	
3						
4						
5 MAINTENANCE COSTS	C	MAINTENANCE OF PLANT	13.01		50,679	
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18 DELIVERY AND LABOR AND NURSERY	D	ADULTS & PEDIATRICS	25	1,003,211	241,531	
19						
20 MEDICAL SUPPLY	E	CENTRAL SERVICES & SUPPLY	15		259,576	
21 INTEREST	F	INTEREST EXPENSE	88		2,239,016	11
22 DEPRECIATION	G	NEW CAP REL COSTS-BLDG & FIXT	3		1,003,722	9
23		NEW CAP REL COSTS-BLDG & FIXT-NEW	3.01		4,506,095	9
36 TOTAL RECLASSIFICATIONS				1,448,730	8,508,265	

(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:
140286

PERIOD:
FROM 5/1/2007
TO 4/30/2008

PREPARED 9/30/2008
WORKSHEET A-6
NOT A CMS WORKSHEET

RECLASS CODE: A
EXPLANATION: CAFETERIA

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	CAFETERIA	12	456,471	DIETARY	11	456,471	
TOTAL RECLASSIFICATIONS FOR CODE A			456,471				456,471

RECLASS CODE: B
EXPLANATION: SCHEDULING COSTS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	OPERATING ROOM	37	45,290	ADMINISTRATIVE & GENERAL	6	196,694	
2.00	AMBULATORY SERVICES	37.01	78,347			0	
3.00	ENDOSCOPY	37.02	73,057			0	
TOTAL RECLASSIFICATIONS FOR CODE B			196,694				196,694

RECLASS CODE: C
EXPLANATION: MAINTENANCE COSTS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	CENTRAL SERVICES & SUPPLY	15	8,372	MAINTENANCE OF PLANT	13.01	50,679	
2.00	ADULTS & PEDIATRICS	25	3,198			0	
3.00	INTENSIVE CARE UNIT	26	770			0	
4.00	NURSERY	33	1,318			0	
5.00	OPERATING ROOM	37	10,906			0	
6.00	RECOVERY ROOM	38	882			0	
7.00	DELIVERY ROOM & LABOR ROOM	39	3,634			0	
8.00	RADIOLOGY-DIAGNOSTIC	41	223			0	
9.00	LABORATORY	44	6,938			0	
10.00	RESPIRATORY THERAPY	49	4,738			0	
11.00	PHYSICAL THERAPY	50	3,198			0	
12.00	EMERGENCY	61	6,391			0	
13.00	SLEEP LAB	54.01	111			0	
TOTAL RECLASSIFICATIONS FOR CODE C			50,679				50,679

RECLASS CODE: D
EXPLANATION: DELIVERY AND LABOR AND NURSERY

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	DELIVERY ROOM & LABOR ROOM	39	654,928	ADULTS & PEDIATRICS	25	1,244,742	
2.00	NURSERY	33	589,814			0	
TOTAL RECLASSIFICATIONS FOR CODE D			1,244,742				1,244,742

RECLASS CODE: E
EXPLANATION: MEDICAL SUPPLY

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	MEDICAL SUPPLIES CHARGED TO PA	55	259,576	CENTRAL SERVICES & SUPPLY	15	259,576	
TOTAL RECLASSIFICATIONS FOR CODE E			259,576				259,576

RECLASS CODE: F
EXPLANATION: INTEREST

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CAP REL COSTS-BLDG & FIXT-	3.01	2,239,016	INTEREST EXPENSE	88	2,239,016	
TOTAL RECLASSIFICATIONS FOR CODE F			2,239,016				2,239,016

RECLASS CODE: G
EXPLANATION: DEPRECIATION

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CAP REL COSTS-MVBLE EQUIP	4	5,509,817	NEW CAP REL COSTS-BLDG & FIXT	3	1,003,722	
2.00			0	NEW CAP REL COSTS-BLDG & FIXT-	3.01	4,506,095	
TOTAL RECLASSIFICATIONS FOR CODE G			5,509,817				5,509,817

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

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

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING BALANCES 1	PURCHASES 2	ACQUISITIONS DONATION 3	TOTAL 4	DI SPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7
1 LAND	4,272,224					4,272,224	
2 LAND IMPROVEMENTS	2,942,087	6,841,430		6,841,430		9,783,517	
3 BUILDINGS & FIXTURE	20,196,731	75,824,143		75,824,143		96,020,874	
4 BUILDING IMPROVEMENT							
5 FIXED EQUIPMENT	7,362,889	252,732		252,732		7,615,621	
6 MOVABLE EQUIPMENT	29,794,209	19,806,375		19,806,375		49,600,584	
7 SUBTOTAL	64,568,140	102,724,680		102,724,680		167,292,820	
8 RECONCILING ITEMS							
9 TOTAL	64,568,140	102,724,680		102,724,680		167,292,820	

PART III - RECONCILIATION OF CAPITAL COST CENTERS
 DESCRIPTION

		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL			TOTAL
		GROSS ASSETS	CAPITALIZED LEASES	GROSS ASSETS FOR RATIO	RATIO	INSURANCE	TAXES	OTHER CAPITAL RELATED COSTS
		1	2	3	4	5	6	7
*								
1	OLD CAP REL COSTS-BL							
2	OLD CAP REL COSTS-MV							
3	NEW CAP REL COSTS-BL	33,972,873		33,972,873	.534095			
3 01	NEW CAP REL COSTS-BL							
4	NEW CAP REL COSTS-MV	29,635,450		29,635,450	.465905			
5	TOTAL	63,608,323		63,608,323	1.000000			

DESCRIPTION

SUMMARY OF OLD AND NEW CAPITAL

		DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL RELATED COST	TOTAL (1)
		9	10	11	12	13	14	15
*								
1	OLD CAP REL COSTS-BL							
2	OLD CAP REL COSTS-MV							
3	NEW CAP REL COSTS-BL	662,764		-301,630				361,134
3 01	NEW CAP REL COSTS-BL	3,085,779		2,239,016				5,324,795
4	NEW CAP REL COSTS-MV	5,299,312						5,299,312
5	TOTAL	9,047,855		1,937,386				10,985,241

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

SUMMARY OF OLD AND NEW CAPITAL

		DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL RELATED COST	TOTAL (1)
		9	10	11	12	13	14	15
*								
1	OLD CAP REL COSTS-BL							
2	OLD CAP REL COSTS-MV							
3	NEW CAP REL COSTS-BL	1,802,648						1,802,648
3 01	NEW CAP REL COSTS-BL	7,591,874						7,591,874
4	NEW CAP REL COSTS-MV							
5	TOTAL	9,394,522						9,394,522

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

ADJUSTMENTS TO EXPENSES

DESCRPTION (1)	(2) BASIS/CODE	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST. A-7 REF. 5
			COST CENTER	LINE NO	
1 INVST INCOME-OLD BLDGS AND FIXTURES			OLD CAP REL COSTS-BLDG &	1	
2 INVESTMENT INCOME-OLD MOVABLE EQUIP			OLD CAP REL COSTS-MVBLE E	2	
3 INVST INCOME-NEW BLDGS AND FIXTURES	B	-75,658	NEW CAP REL COSTS-BLDG &	3	11
4 INVESTMENT INCOME-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E	4	
5 INVESTMENT INCOME-OTHER					
6 TRADE, QUANTITY AND TIME DISCOUNTS	B	-259,575	MEDICAL SUPPLIES CHARGED	55	
7 REFUNDS AND REBATES OF EXPENSES					
8 RENTAL OF PRVIDER SPACE BY SUPPLIERS					
9 TELEPHONE SERVICES					
10 TELEVISION AND RADIO SERVICE					
11 PARKING LOT					
12 PROVIDER BASED PHYSICIAN ADJUSTMENT	A-8-2	-6,118,116			
13 SALE OF SCRAP, WASTE, ETC.					
14 RELATED ORGANIZATION TRANSACTIONS	A-8-1	-561,874			
15 LAUNDRY AND LINEN SERVICE					
16 CAFETERIA--EMPLOYEES AND GUESTS	B	-417,495	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	-10,329	PHARMACY	16	
20 SALE OF MEDICAL RECORDS & ABSTRACTS	B	-41,495	MEDICAL RECORDS & LIBRARY	17	
21 NURSG SCHOOL(TUITN, FEES, BOOKS, ETC.)					
22 VENDING MACHINES					
23 INCOME FROM IMPOSITION OF INTEREST					
24 INTRST EXP ON MEDICARE OVERPAYMENTS					
25 ADJUSTMENT FOR RESPIRATORY THERAPY	A-8-3/A-8-4		RESPIRATORY THERAPY	49	
26 ADJUSTMENT FOR PHYSICAL THERAPY	A-8-3/A-8-4		PHYSICAL THERAPY	50	
27 ADJUSTMENT FOR HHA PHYSICAL THERAPY	A-8-3				
28 UTILIZATION REVIEW-PHYSIAN COMP			**COST CENTER DELETED**	89	
29 DEPRECIATION-OLD BLDGS AND FIXTURES			OLD CAP REL COSTS-BLDG &	1	
30 DEPRECIATION-OLD MOVABLE EQUIP			OLD CAP REL COSTS-MVBLE E	2	
31 DEPRECIATION-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &	3	
32 DEPRECIATION-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E	4	
33 NON-PHYSICIAN ANESTHETIST			**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 LOSS ON DEBT	A	-225,972	NEW CAP REL COSTS-BLDG &	3	11
37.02 LAMAZE REVENUE	B	-540	ADULTS & PEDIATRICS	25	
37.05 EMS REVENUE	B	-27,375	EMERGENCY	61	
37.07					
37.08 PHYSICIAN RECRUITMENT & AMORTIZATION	B	-2,076,461	ADMINISTRATIVE & GENERAL	6	
37.10 URPT MISC INCOME	B	-87,626	PHYSICAL THERAPY	50	
37.12 TALBOT PROPERTIES	B	-9,900	NEW CAP REL COSTS-BLDG &	3	9
37.13 IHA DUES	A	-15,841	ADMINISTRATIVE & GENERAL	6	
37.14 OTHER ADMIN REVENUE	B	-162,881	ADMINISTRATIVE & GENERAL	6	
37.15 AHA DUES	B	-4,792	ADMINISTRATIVE & GENERAL	6	
37.16 RTE 23 BLDG DEPRECIATION	A	-57,097	NEW CAP REL COSTS-BLDG &	3	9
37.17 KISHWAUKEE COUNTRY CLUB	A	-8,500	ADMINISTRATIVE & GENERAL	6	
37.18 ACCL DEPRECIATION ADJ	A	-210,505	NEW CAP REL COSTS-MVBLE E	4	9
37.20 TALBOT DEPRECIATION	A	-4,481	NEW CAP REL COSTS-BLDG &	3	9
37.21 MEDICAL BLDG DEPRECIATION	A	-64,684	NEW CAP REL COSTS-BLDG &	3	9
37.22 PHYSICIAN BILLING	A	-41,963	ADMINISTRATIVE & GENERAL	6	
37.23 HAUSER ROSS PAYROLL AND HR	A	-3,678	ADMINISTRATIVE & GENERAL	6	
37.25					
37.26 CONTRIBUTIONS	A	-19,408	ADMINISTRATIVE & GENERAL	6	
37.27 PROPERTY TAX	A	-11,293	ADMINISTRATIVE & GENERAL	6	
37.28 COMMUNITY RELATIONS	A	-50,001	ADMINISTRATIVE & GENERAL	6	
37.30 ADMIN PHYSICIANS	A	-255,160	ADMINISTRATIVE & GENERAL	6	
37.31 CONTRIBUTIONS	A	-5,325	ADULTS & PEDIATRICS	25	
37.32 CONTRIBUTIONS	A	-279	INTENSIVE CARE UNIT	26	
37.33 CONTRIBUTIONS	A	-14	SUBPROVIDER I	31	
37.34 CONTRIBUTIONS	A	-44	EMERGENCY	61	
37.35 CONTRIBUTIONS	A	-27	AMBULATORY SERVICES	37.01	
37.36 CONTRIBUTIONS	A	-11,732	RADIOLOGY-DIAGNOSTIC	41	
37.37 CONTRIBUTIONS	A	-119	SLEEP LAB	54.01	
38 MISC INCOME	B	-6,168	OPERATING ROOM	37	
38.01 MISC INCOME	B	-3,770	RADIOLOGY-THERAPEUTIC	42	
38.02 MISC INCOME	B	-2,694	RADIOLOGY-DIAGNOSTIC	41	
38.03 MISC INCOME	B	-73,135	CARDIAC REHAB	53.01	
38.04 MISC INCOME	B	-64,733	ENDOSCOPY	37.02	
38.05 MISC INCOME	B	-15,176	LABORATORY	44	
38.06 MISC INCOME	B	-5,954	DIETARY	11	
38.07 MISC INCOME	B	-9,706	MEDICAL RECORDS & LIBRARY	17	
38.08					
38.09 CARELINE REVENUE	B	-4,950	ADULTS & PEDIATRICS	25	
38.10					
38.11					
38.12 SLEEP LAB SLEEP SPECIAL	B	-28,358	SLEEP LAB	54.01	
39 OTHER ADJUSTMENTS (SPECIFY)					
40 OTHER ADJUSTMENTS (SPECIFY)					
41 OTHER ADJUSTMENTS (SPECIFY)					
42 OTHER ADJUSTMENTS (SPECIFY)					

ADJUSTMENTS TO EXPENSES

PROVIDER NO:
14-0286

PERIOD:
FROM 5/ 1/2007
TO 4/30/2008

PREPARED 9/30/2008
WORKSHEET A-8

DESCRIPTION (1)	(2) BASIS/CODE 1	AMOUNT 2	EXPENSE CLASSIFICATION ON		WKST. A-7 REF. 5
			WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED COST CENTER 3	LINE NO 4	
43 OTHER ADJUSTMENTS (SPECIFY)					
44 OTHER ADJUSTMENTS (SPECIFY)					
45 OTHER ADJUSTMENTS (SPECIFY)					
46 OTHER ADJUSTMENTS (SPECIFY)					
47 OTHER ADJUSTMENTS (SPECIFY)					
48 OTHER ADJUSTMENTS (SPECIFY)					
49 OTHER ADJUSTMENTS (SPECIFY)					
50 TOTAL (SUM OF LINES 1 THRU 49)		-11,054,884			

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

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

LINE NO.	COST CENTER	EXPENSE ITEMS	AMOUNT OF ALLOWABLE COST	AMOUNT	NET* ADJUSTMENTS	WKSHT A-7 COL. REF.	
1	2	3	4	5	6		
1	6	ADMINISTRATIVE & GENERAL	HOME OFFICE EXPENSE	8,139,313	8,701,187	-561,874	
2							
3							
4							
5		TOTALS		8,139,313	8,701,187	-561,874	

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

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

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

SYMBOL (1)	NAME	PERCENTAGE OF OWNERSHIP	RELATED ORGANIZATION(S) NAME	PERCENTAGE OF OWNERSHIP	TYPE OF BUSINESS
1	2	3	4	5	6
1	G	100.00	KISHWAUKEE HEALTH SYSTEM	100.00	HEALTH CARE
2		0.00		0.00	
3		0.00		0.00	
4		0.00		0.00	
5		0.00		0.00	

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

PROVIDER BASED PHYSICIAN ADJUSTMENTS

PROVIDER NO: 14-0286
 PERIOD: FROM 5/1/2007 TO 4/30/2008
 PREPARED: 9/30/2008
 WORKSHEET: A-8-2
 GROUP: 1

WKSHT A LINE NO.	COST CENTER/ PHYSICIAN IDENTIFIER	TOTAL REMUN- ERATION	PROFES- SIONAL COMPONENT	PROVIDER COMPONENT	RCE AMOUNT	PHYSICIAN/ PROVIDER COMPONENT HOURS	UNADJUSTED RCE LIMIT	5 PERCENT OF UNADJUSTED RCE LIMIT
1	2	3	4	5	6	7	8	9
1 6	ADMINISTRATIVE & GENERAL	409,041		409,041	177,200	2,307	196,539	9,827
2 31	SUBPROVIDER I	2,524	2,524					
3 37 2	ENDOSCOPY	161,600	161,600					
4 40	ANESTHESIOLOGY	41,280		41,280	200,300	1,227	118,158	5,908
5 42	RADIOLOGY-THERAPEUTIC	1,700,000	1,700,000					
6 44	LABORATORY	195,574	134,626	60,948	215,700	1,376	142,694	7,135
7 50	PHYSICAL THERAPY	13,800	13,800					
8 53	ELECTROCARDIOLOGY	194,613	194,613					
9 61	EMS MEDICAL DIRECTOR	125,004		125,004	177,200	802	68,324	3,416
10 63	CHEMICAL DEPENDENCY-OUTPA	130,065	130,065					
11 25	ADULTS & PEDIATRICS	156,400	156,400					
12 61	EMERGENCY DEPARTMENT	3,581,832	3,169,687	412,145	177,200	2,659	226,526	11,326
13								
14								
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
101	TOTAL	6,711,733	5,663,315	1,048,418		8,371	752,241	37,612

PROVIDER BASED PHYSICIAN ADJUSTMENTS

PROVIDER NO: 14-0286
 PERIOD: FROM 5/1/2007 TO 4/30/2008
 PREPARED: 9/30/2008
 WORKSHEET: A-8-2
 GROUP: 1

WKSHT A LINE NO.	COST CENTER/ PHYSICIAN IDENTIFIER	COST OF MEMBERSHIPS & CONTINUING EDUCATION	PROVIDER COMPONENT SHARE OF COL 12	PHYSICIAN COST OF MALPRACTICE INSURANCE	PROVIDER COMPONENT SHARE OF COL 14	ADJUSTED RCE LIMIT	RCE DIS- ALLOWANCE	ADJUSTMENT
10	11	12	13	14	15	16	17	18
1 6	ADMINISTRATIVE & GENERAL					196,539	212,502	212,502
2 31	SUBPROVIDER I							2,524
3 37 2	ENDOSCOPY							161,600
4 40	ANESTHESIOLOGY					118,158		
5 42	RADIOLOGY-THERAPEUTIC							1,700,000
6 44	LABORATORY					142,694		134,626
7 50	PHYSICAL THERAPY							13,800
8 53	ELECTROCARDIOLOGY							194,613
9 61	EMS MEDICAL DIRECTOR					68,324	56,680	56,680
10 63	CHEMICAL DEPENDENCY-OUTPA							130,065
11 25	ADULTS & PEDIATRICS							156,400
12 61	EMERGENCY DEPARTMENT					226,526	185,619	3,355,306
13								
14								
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
101	TOTAL					752,241	454,801	6,118,116

COST ALLOCATION STATISTICS

PROVIDER NO: 14-0286
 PERIOD: FROM 5/1/2007 TO 4/30/2008
 PREPARED 9/30/2008
 NOT A CMS WORKSHEET

LINE NO.	COST CENTER DESCRIPTION	STATISTICS CODE	STATISTICS DESCRIPTION		
	GENERAL SERVICE COST				
1	OLD CAP REL COSTS-BLDG & FIXT	1	SQUARE	FEET	NOT ENTERED
2	OLD CAP REL COSTS-MVBLE EQUIP	2	DOLLAR	VALUE	NOT ENTERED
3	NEW CAP REL COSTS-BLDG & FIXT	4	SQUARE	FEET	ENTERED
3.01	NEW CAP REL COSTS-BLDG & FIXT-NEW	3	SQUARE	FEET	ENTERED
4	NEW CAP REL COSTS-MVBLE EQUIP	8	DOLLAR	VALUE	ENTERED
5	EMPLOYEE BENEFITS	S	GROSS	SALARIES	ENTERED
6	ADMINISTRATIVE & GENERAL	-5	ACCUM.	COST	NOT ENTERED
8	OPERATION OF PLANT	6	SQUARE	FEET	NOT ENTERED
9	LAUNDRY & LINEN SERVICE	7	POUNDS OF	LAUNDRY	ENTERED
10	HOUSEKEEPING	4	SQUARE	FEET	ENTERED
10.01	HSKPG-NEW	3	SQUARE	FEET	ENTERED
11	DIETARY	9	PATIENT	DAYS	ENTERED
12	CAFETERIA	10	MEALS	SERVED	ENTERED
13	MAINTENANCE OF PERSONNEL	11	NUMBER	HOUSED	NOT ENTERED
13.01	MAINTENANCE OF PLANT	4	SQUARE	FEET	ENTERED
13.02	MAINTENANCE OF PLANT-NEW	3	SQUARE	FEET	ENTERED
14	NURSING ADMINISTRATION	13	DI RECT	NRSI NG HRS	ENTERED
15	CENTRAL SERVICES & SUPPLY	14	COSTED	REQUI S.	ENTERED
16	PHARMACY	15	COSTED	REQUI S.	ENTERED
17	MEDICAL RECORDS & LIBRARY	C	GROSS	CHARGES	ENTERED
18	SOCIAL SERVICE	9	PATIENT	DAYS	ENTERED

COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION	OLD CAP REL C OSTS-BLDG & 1	OLD CAP REL C OSTS-MVBLE E 2	NEW CAP REL C OSTS-BLDG & 3	NEW CAP REL C OSTS-BLDG & 3.01	NEW CAP REL C OSTS-MVBLE E 4	EMPLOYEE BENE FITS 5
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
003 01 NEW CAP REL COSTS-BLDG &	361,134			361,134			
004 01 NEW CAP REL COSTS-BLDG &	5,324,795				5,324,795		
004 02 NEW CAP REL COSTS-MVBLE E	5,299,312					5,299,312	
005 EMPLOYEE BENEFITS	12,936,296			1,712	53,159	1,932	12,993,099
006 ADMINISTRATIVE & GENERAL	21,708,864			16,944	270,765	1,302,506	1,661,183
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE	394,812			5,922	34,470		
010 HOUSEKEEPING	345,928			2,854			74,806
010 01 HSKPG-NEW	635,326				166,086	2,989	147,368
011 DIETARY	1,227,956			9,378	79,329	114,531	279,621
012 CAFETERIA	38,976			9,618	151,838	42,361	103,443
013 MAINTENANCE OF PERSONNEL							
013 01 MAINTENANCE OF PLANT	769,140			26,071		236,068	102,498
013 02 MAINTENANCE OF PLANT-NEW	553,307				401,667		22,064
014 NURSING ADMINISTRATION	1,029,457			476	45,440	136,099	402,446
015 CENTRAL SERVICES & SUPPLY	992,773			15,964	104,600	32,293	79,063
016 PHARMACY	3,666,690			3,338	80,571	32,770	435,352
017 MEDICAL RECORDS & LIBRARY	1,371,442			5,585	7,798	24,372	461,266
018 SOCIAL SERVICE	229,467						93,960
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	6,026,395			66,625	1,047,326	78,766	2,074,596
026 INTENSIVE CARE UNIT	2,459,110			19,848	267,514	123,359	919,955
031 SUBPROVIDER I	404,861			16,385	115,544	3,818	163,556
033 NURSERY	591,132			1,999	28,628	18,885	195,993
037 ANCILLARY SRVC COST CNTRS							
037 01 OPERATING ROOM	5,614,218			17,524	488,847	305,096	526,106
037 02 AMBULATORY SERVICES	792,075				209,015	3,364	287,653
038 ENDOSCOPY	421,652			1,939	13,534	63,931	144,310
038 RECOVERY ROOM	472,573			8,967	50,674	34,237	182,624
039 DELIVERY ROOM & LABOR ROO	658,562			920	74,227	109,508	217,630
040 ANESTHESIOLOGY	252,207			8,225	2,458	204,850	
040 01 PAIN CLINIC	158,104				32,514	7,798	50,142
041 RADIOLOGY-DIAGNOSTIC	3,682,478			20,331	343,724	1,973,686	809,372
042 RADIOLOGY-THERAPEUTIC	7,768,442				25,720	13,215	215,774
044 LABORATORY	4,441,556			11,497	202,459	71,471	792,061
049 RESPIRATORY THERAPY	916,634			2,786	52,022	40,204	317,363
050 PHYSICAL THERAPY	2,298,216			25,768	25,535	36,421	644,892
051 OCCUPATIONAL THERAPY	178,081						35,919
052 SPEECH PATHOLOGY	93,730						
053 ELECTROCARDIOLOGY	361,457				33,466	17,484	129,886
053 01 CARDIAC REHAB	302,461					8,067	137,224
054 ELECTROENCEPHALOGRAPHY				1,121			
054 01 SLEEP LAB	183,773				30,294	12,410	25,668
055 MEDICAL SUPPLIES CHARGED	1						
056 DRUGS CHARGED TO PATIENTS							
061 OUTPAT SERVICE COST CNTRS							
061 EMERGENCY	3,131,534			24,233	339,256	91,761	1,055,690
062 OBSERVATION BEDS (NON-DIS							
063 CHEMICAL DEPENDENCY-OUTPA	282,851			10,196		4,409	110,233
063 01 PARTIAL HOSPITALIZATION P							
063 02 OUTSIDE SERVICES	385,366						
071 OTHER REIMBURS COST CNTRS							
071 HOME HEALTH AGENCY							
095 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	98,763,144			336,226	4,778,480	5,148,661	12,899,717
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP	149,156			3,189	53,529		11,678
097 RESEARCH	285,119					3,628	81,704
098 PHYSICIANS' PRIVATE OFFIC	311,778					84,047	
100 HOME OFFICE COSTS				21,719	492,786	62,976	
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	99,509,197			361,134	5,324,795	5,299,312	12,993,099

COST CENTER DESCRIPTION	SUBTOTAL	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	HSKPG-NEW	DIETARY
	5a.00	6	8	9	10	10.01	11
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 01 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
008 ADMINISTRATIVE & GENERAL	24,960,262	24,960,262					
009 OPERATION OF PLANT							
010 LAUNDRY & LINEN SERVICE	435,204	145,714		580,918			
010 HOUSEKEEPING	423,588	141,824			565,412		
011 01 HSKPG-NEW	951,769	318,668				1,270,437	
012 DIETARY	1,710,815	572,810			15,889	20,995	2,320,509
013 CAFETERIA	346,236	115,926			16,297	40,185	
013 MAINTENANCE OF PERSONNEL							
013 01 MAINTENANCE OF PLANT	1,133,777	379,608			44,173		
013 02 MAINTENANCE OF PLANT-NEW	977,038	327,129				106,304	
014 NURSING ADMINISTRATION	1,613,918	540,367			806	12,026	
015 CENTRAL SERVICES & SUPPLY	1,224,693	410,048			27,049	27,683	
016 PHARMACY	4,218,721	1,412,500			5,655	21,324	
017 MEDICAL RECORDS & LIBRARY	1,870,463	626,263			9,464	2,064	
018 SOCIAL SERVICE	323,427	108,289					
025 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS	9,293,708	3,111,705		195,268	112,883	277,182	1,717,743
031 INTENSIVE CARE UNIT	3,789,786	1,268,885		77,923	33,629	70,799	361,110
033 SUBPROVIDER I	704,164	235,766		4,056	27,762	30,579	67,255
033 NURSERY	836,637	280,120		8,746	3,388	7,577	174,401
037 ANCILLARY SRVC COST CNTRS							
037 01 OPERATING ROOM	6,951,791	2,327,578		23,900	29,693	129,377	
037 02 AMBULATORY SERVICES	1,292,107	432,619		42,040		55,317	
038 ENDOSCOPY	645,366	216,080		3,726	3,286	3,582	
039 RECOVERY ROOM	749,075	250,803		9,816	15,194	13,411	
040 DELIVERY ROOM & LABOR ROO	1,060,847	355,190		22,526	1,559	19,645	
040 ANESTHESIOLOGY	467,740	156,607			13,936	651	
040 01 PAIN CLINIC	248,558	83,221				8,605	
041 RADIOLOGY-DIAGNOSTIC	6,829,591	2,286,663		45,805	34,449	90,969	
042 RADIOLOGY-THERAPEUTIC	8,023,151	2,686,287		925		6,807	
044 LABORATORY	5,519,044	1,847,870		3,580	19,481	53,582	
049 RESPIRATORY THERAPY	1,329,009	444,975			4,721	13,768	
050 PHYSICAL THERAPY	3,030,832	1,014,774		6,289	43,660	6,758	
051 OCCUPATIONAL THERAPY	214,000	71,651					
052 SPEECH PATHOLOGY	93,730	31,382					
053 ELECTROCARDIOLOGY	542,293	181,569		5,456		8,857	
053 01 CARDIAC REHAB	447,752	149,915					
054 ELECTROENCEPHALOGRAPHY	1,121	375			1,900		
054 01 SLEEP LAB	252,145	84,422		7,108		8,017	
055 MEDICAL SUPPLIES CHARGED	1						
056 DRUGS CHARGED TO PATIENTS							
061 OUTPAT SERVICE COST CNTRS							
062 EMERGENCY	4,642,474	1,554,379		123,754	41,060	89,787	
063 OBSERVATION BEDS (NON-DIS							
063 CHEMICAL DEPENDENCY-OUTPA	407,689	136,501			17,275		
063 01 PARTIAL HOSPITALIZATION P							
063 02 OUTSIDE SERVICES	385,366	129,027					
071 OTHER REIMBURS COST CNTRS							
095 HOME HEALTH AGENCY							
095 SPEC PURPOSE COST CENTERS							
096 SUBTOTALS	97,947,888	24,437,510		580,918	523,209	1,125,851	2,320,509
096 NONREIMBURS COST CENTERS							
097 GI FT, FLOWER, COFFEE SHOP	217,552	72,840			5,403	14,167	
098 RESEARCH	370,451	124,033					
098 PHYSICIANS' PRIVATE OFFIC	395,825	132,529					
100 HOME OFFICE COSTS	577,481	193,350			36,800	130,419	
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	99,509,197	24,960,262		580,918	565,412	1,270,437	2,320,509

COST CENTER DESCRIPTION	CAFETERIA	MAINTENANCE OF PERSONNEL	MAINTENANCE OF PLANT	MAINTENANCE OF PLANT-NEW	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY
	12	13	13.01	13.02	14	15	16
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
003 01 NEW CAP REL COSTS-BLDG &							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS							
006 ADMINISTRATIVE & GENERAL							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
010 01 HSKPG-NEW							
011 DIETARY							
012 CAFETERIA	518,644						
013 MAINTENANCE OF PERSONNEL							
013 01 MAINTENANCE OF PLANT	2,500		1,560,058				
013 02 MAINTENANCE OF PLANT-NEW	3,507			1,413,978			
014 NURSING ADMINISTRATION	16,547		2,571	15,417	2,201,652		
015 CENTRAL SERVICES & SUPPLY	5,644		86,285	35,490		1,816,892	
016 PHARMACY	15,447		18,040	27,337		165	5,719,189
017 MEDICAL RECORDS & LIBRARY	19,307		30,188	2,646			
018 SOCIAL SERVICE	3,361						
025 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS	95,144		360,097	355,344	861,996	14,304	
026 INTENSIVE CARE UNIT	34,132		107,277	90,764	309,231	1,636	
031 SUBPROVIDER I	6,660		88,559	39,203	60,342		
033 NURSERY			10,807	9,713	71,057	2,851	
037 ANCILLARY SRVC COST CNTRS							
037 01 OPERATING ROOM	21,278		94,718	165,860	192,776	1,522,609	
037 02 AMBULATORY SERVICES	9,710			70,916	87,976	899	
038 ENDOSCOPY	4,222		10,482	4,592	38,254	28,158	
038 RECOVERY ROOM	5,903		48,468	17,193	53,481	2,380	
039 DELIVERY ROOM & LABOR ROO	8,714		4,973	25,184	78,953	3,166	
040 ANESTHESIOLOGY			44,456	834		24,409	
040 01 PAIN CLINIC	2,303			11,032		6,039	
041 RADIOLOGY-DIAGNOSTIC	32,368		109,890	116,621		84,877	
042 RADIOLOGY-THERAPEUTIC	10,001			8,727		2,424	
044 LABORATORY	40,761		62,142	68,692		2,586	
049 RESPIRATORY THERAPY	15,873		15,059	17,651		3,979	
050 PHYSICAL THERAPY	26,123		139,273	8,664		7,890	
051 OCCUPATIONAL THERAPY	1,152					1,621	
052 SPEECH PATHOLOGY							
053 ELECTROCARDIOLOGY	3,921			11,355		74	
053 01 CARDIAC REHAB	5,592					1	
054 ELECTROENCEPHALOGRAPHY			6,060				
054 01 SLEEP LAB	1,286			10,278			
055 MEDICAL SUPPLIES CHARGED						93,338	
056 DRUGS CHARGED TO PATIENTS							5,719,189
061 OUTPAT SERVICE COST CNTRS							
061 EMERGENCY	44,734		130,981	115,106	405,290	12,446	
062 OBSERVATION BEDS (NON-DIS							
063 CHEMICAL DEPENDENCY-OUTPA	4,668		55,107		42,296		
063 01 PARTIAL HOSPITALIZATION P							
063 02 OUTSIDE SERVICES							
071 OTHER REIMBURS COST CNTRS							
071 HOME HEALTH AGENCY							
095 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	440,858		1,425,433	1,228,619	2,201,652	1,815,852	5,719,189
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP	1,006		17,234	18,162			
097 RESEARCH	3,662					1,040	
098 PHYSICIANS' PRIVATE OFFIC							
100 HOME OFFICE COSTS	73,118		117,391	167,197			
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	518,644		1,560,058	1,413,978	2,201,652	1,816,892	5,719,189

COST CENTER DESCRIPTION	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	SUBTOTAL	I&R COST POST STEP-DOWN ADJ 26	TOTAL
001 GENERAL SERVICE COST CNTR					
002 OLD CAP REL COSTS-BLDG &					
003 OLD CAP REL COSTS-MVBLE E					
004 NEW CAP REL COSTS-BLDG &					
005 NEW CAP REL COSTS-MVBLE E					
006 EMPLOYEE BENEFITS					
008 ADMINISTRATIVE & GENERAL					
009 OPERATION OF PLANT					
010 LAUNDRY & LINEN SERVICE					
010 HOUSEKEEPING					
011 HSKPG-NEW					
012 DIETARY					
013 CAFETERIA					
013 MAINTENANCE OF PERSONNEL					
013 01 MAINTENANCE OF PLANT					
013 02 MAINTENANCE OF PLANT-NEW					
014 NURSING ADMINISTRATION					
015 CENTRAL SERVICES & SUPPLY					
016 PHARMACY					
017 MEDICAL RECORDS & LIBRARY	2,560,395				
018 SOCIAL SERVICE		435,077			
025 INPAT ROUTINE SRVC CNTRS					
026 ADULTS & PEDIATRICS	214,004	322,063	16,931,441		16,931,441
031 INTENSIVE CARE UNIT	43,094	67,705	6,255,971		6,255,971
033 SUBPROVIDER I	8,073	12,610	1,285,029		1,285,029
033 NURSERY	13,176	32,699	1,451,172		1,451,172
037 ANCILLARY SRVC COST CNTRS					
037 01 OPERATING ROOM	279,644		11,739,224		11,739,224
037 02 AMBULATORY SERVICES	14,717		2,006,301		2,006,301
038 ENDOSCOPY	42,279		1,000,027		1,000,027
039 RECOVERY ROOM	10,956		1,176,680		1,176,680
040 DELIVERY ROOM & LABOR ROO	14,631		1,595,388		1,595,388
040 ANESTHESIOLOGY	14,371		723,004		723,004
040 01 PAIN CLINIC	10,129		369,887		369,887
041 RADIOLOGY-DIAGNOSTIC	431,782		10,063,015		10,063,015
042 RADIOLOGY-THERAPEUTIC	282,718		11,021,040		11,021,040
044 LABORATORY	353,143		7,970,881		7,970,881
049 RESPIRATORY THERAPY	103,202		1,948,237		1,948,237
050 PHYSICAL THERAPY	41,977		4,326,240		4,326,240
051 OCCUPATIONAL THERAPY	4,622		293,046		293,046
052 SPEECH PATHOLOGY	2,085		127,197		127,197
053 ELECTROCARDIOLOGY	23,892		777,417		777,417
053 01 CARDIAC REHAB	5,118		608,378		608,378
054 ELECTROENCEPHALOGRAPHY	993		10,449		10,449
054 01 SLEEP LAB	6,454		369,710		369,710
055 MEDICAL SUPPLIES CHARGED	33,922		127,261		127,261
056 DRUGS CHARGED TO PATIENTS	440,595		6,159,784		6,159,784
061 OUTPAT SERVICE COST CNTRS					
062 EMERGENCY	154,500		7,314,511		7,314,511
063 OBSERVATION BEDS (NON-DIS					
063 CHEMICAL DEPENDENCY-OUTPA	831		664,367		664,367
063 01 PARTIAL HOSPITALIZATION P					
063 02 OUTSIDE SERVICES	9,487		523,880		523,880
071 OTHER REIMBURS COST CNTRS					
095 HOME HEALTH AGENCY					
095 SPEC PURPOSE COST CENTERS					
095 SUBTOTALS	2,560,395	435,077	96,839,537		96,839,537
096 NONREIMBURS COST CENTERS					
096 GIFT, FLOWER, COFFEE SHOP			346,364		346,364
097 RESEARCH			499,186		499,186
098 PHYSICIANS' PRIVATE OFFIC			528,354		528,354
100 HOME OFFICE COSTS			1,295,756		1,295,756
101 CROSS FOOT ADJUSTMENT					
102 NEGATIVE COST CENTER					
103 TOTAL	2,560,395	435,077	99,509,197		99,509,197

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	DIR ASSGND NEW CAPITAL REL COSTS	OLD CAP REL C OSTS-BLDG & 1	OLD CAP REL C OSTS-MVBLE E 2	NEW CAP REL C OSTS-BLDG & 3	NEW CAP REL C OSTS-BLDG & 3.01	NEW CAP REL C OSTS-MVBLE E 4	SUBTOTAL 4a
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
003 NEW CAP REL COSTS-BLDG &							
004 01 NEW CAP REL COSTS-BLDG &							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS				1,712	53,159	1,932	56,803
006 ADMINISTRATIVE & GENERAL	137,664			16,944	270,765	1,302,506	1,727,879
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE	11,987			5,922	34,470		52,379
010 HOUSEKEEPING				2,854			2,854
010 01 HSKPG-NEW					166,086	2,989	169,075
011 DIETARY	360			9,378	79,329	114,531	203,598
012 CAFETERIA				9,618	151,838	42,361	203,817
013 MAINTENANCE OF PERSONNEL							
013 01 MAINTENANCE OF PLANT				26,071		236,068	262,139
013 02 MAINTENANCE OF PLANT-NEW					401,667		401,667
014 NURSING ADMINISTRATION				476	45,440	136,099	182,015
015 CENTRAL SERVICES & SUPPLY				15,964	104,600	32,293	152,857
016 PHARMACY				3,338	80,571	32,770	116,679
017 MEDICAL RECORDS & LIBRARY				5,585	7,798	24,372	37,755
018 SOCIAL SERVICE							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	53,510			66,625	1,047,326	78,766	1,246,227
026 INTENSIVE CARE UNIT	15,060			19,848	267,514	123,359	425,781
031 SUBPROVIDER I				16,385	115,544	3,818	135,747
033 NURSERY				1,999	28,628	18,885	49,512
037 ANCILLARY SRVC COST CNTRS							
037 01 OPERATING ROOM	57,739			17,524	488,847	305,096	869,206
037 01 AMBULATORY SERVICES					209,015	3,364	212,379
037 02 ENDOSCOPY				1,939	13,534	63,931	79,404
038 RECOVERY ROOM				8,967	50,674	34,237	93,878
039 DELIVERY ROOM & LABOR ROO				920	74,227	109,508	184,655
040 ANESTHESIOLOGY				8,225	2,458	204,850	215,533
040 01 PAIN CLINIC					32,514	7,798	40,312
041 RADIOLOGY-DIAGNOSTIC	4,627			20,331	343,724	1,973,686	2,342,368
042 RADIOLOGY-THERAPEUTIC	300				25,720	13,215	39,235
044 LABORATORY	15,276			11,497	202,459	71,471	300,703
049 RESPIRATORY THERAPY	4,310			2,786	52,022	40,204	99,322
050 PHYSICAL THERAPY	617,502			25,768	25,535	36,421	705,226
051 OCCUPATIONAL THERAPY							
052 SPEECH PATHOLOGY							
053 ELECTROCARDIOLOGY					33,466	17,484	50,950
053 01 CARDIAC REHAB						8,067	8,067
054 ELECTROENCEPHALOGRAPHY				1,121			1,121
054 01 SLEEP LAB	969				30,294	12,410	43,673
055 MEDICAL SUPPLIES CHARGED	64,310						64,310
056 DRUGS CHARGED TO PATIENTS							
061 OUTPAT SERVICE COST CNTRS							
061 EMERGENCY	3,413			24,233	339,256	91,761	458,663
062 OBSERVATION BEDS (NON-DIS							
063 CHEMICAL DEPENDENCY-OUTPA				10,196		4,409	14,605
063 01 PARTIAL HOSPITALIZATION P							
063 02 OUTSIDE SERVICES							
071 OTHER REIMBURS COST CNTRS							
071 HOME HEALTH AGENCY							
095 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	987,027			336,226	4,778,480	5,148,661	11,250,394
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP				3,189	53,529		56,718
097 RESEARCH						3,628	3,628
098 PHYSICIANS' PRIVATE OFFIC	14,400					84,047	98,447
100 HOME OFFICE COSTS				21,719	492,786	62,976	577,481
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	1,001,427			361,134	5,324,795	5,299,312	11,986,668

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	EMPLOYEE BENEFITS	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	HSKPG-NEW	DIETARY
	5	6	8	9	10	10.01	11
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 01 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS	56,803						
008 ADMINSTRATIVE & GENERAL	7,260	1,735,139					
009 OPERATION OF PLANT							
010 LAUNDRY & LINEN SERVICE				62,508			
010 HOUSEKEEPING	327				13,040		
011 01 HSKPG-NEW	644					191,871	
012 DIETARY	1,222				366	3,171	248,176
013 CAFETERIA	452				376	6,069	
013 MAINTENANCE OF PERSONNEL							
013 01 MAINTENANCE OF PLANT	448	26,389			1,019		
013 02 MAINTENANCE OF PLANT-NEW	96	22,741				16,055	
014 NURSING ADMINISTRATION	1,759	37,564			19	1,816	
015 CENTRAL SERVICES & SUPPLY	346	28,505			624	4,181	
016 PHARMACY	1,903	98,191			130	3,220	
017 MEDICAL RECORDS & LIBRARY	2,016	43,535			218	312	
018 SOCIAL SERVICE	411	7,528					
025 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS	9,082	216,320		21,010	2,604	41,863	183,711
031 INTENSIVE CARE UNIT	4,021	88,207		8,385	776	10,693	38,620
033 SUBPROVIDER I	715	16,389		436	640	4,618	7,193
033 NURSERY	857	19,473		941	78	1,144	18,652
037 ANCILLARY SRVC COST CNTRS							
037 01 OPERATING ROOM	2,299	161,803		2,572	685	19,539	
037 02 AMBULATORY SERVICES	1,257	30,074		4,524		8,354	
038 ENDOSCOPY	631	15,021		401	76	541	
039 RECOVERY ROOM	798	17,435		1,056	350	2,025	
040 DELIVERY ROOM & LABOR ROO	951	24,691		2,424	36	2,967	
040 ANESTHESIOLOGY		10,887			321	98	
040 01 PAIN CLINIC	219	5,785				1,300	
041 RADIOLOGY-DIAGNOSTIC	3,537	158,959		4,929	794	13,739	
042 RADIOLOGY-THERAPEUTIC	943	186,739		100		1,028	
044 LABORATORY	3,462	128,456		385	449	8,092	
049 RESPIRATORY THERAPY	1,387	30,933			109	2,079	
050 PHYSICAL THERAPY	2,819	70,543		677	1,007	1,021	
051 OCCUPATIONAL THERAPY	157	4,981					
052 SPEECH PATHOLOGY		2,182					
053 ELECTROCARDIOLOGY	568	12,622		587		1,338	
053 01 CARDIAC REHAB	600	10,421					
054 ELECTROENCEPHALOGRAPHY		26			44		
054 01 SLEEP LAB	112	5,869		765		1,211	
055 MEDICAL SUPPLIES CHARGED							
056 DRUGS CHARGED TO PATIENTS							
061 OUTPAT SERVICE COST CNTRS							
062 EMERGENCY	4,614	108,054		13,316	947	13,560	
063 OBSERVATION BEDS (NON-DIS							
063 CHEMICAL DEPENDENCY-OUTPA	482	9,489			398		
063 01 PARTIAL HOSPITALIZATION P							
063 02 OUTSIDE SERVICES		8,969					
071 OTHER REIMBURS COST CNTRS							
095 HOME HEALTH AGENCY							
095 SPEC PURPOSE COST CENTERS							
096 SUBTOTALS	56,395	1,698,799		62,508	12,066	170,034	248,176
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP	51	5,064			125	2,140	
097 RESEARCH	357	8,622					
098 PHYSICIANS' PRIVATE OFFIC		9,213					
100 HOME OFFICE COSTS		13,441			849	19,697	
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	56,803	1,735,139		62,508	13,040	191,871	248,176

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	CAFETERIA 12	MAINTENANCE O F PERSONNEL 13	MAINTENANCE O F PLANT 13.01	MAINTENANCE O F PLANT-NEW 13.02	NURSING ADMIN ISTRATION 14	CENTRAL SERVI CES & SUPPLY 15	PHARMACY 16
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 01 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
008 ADMINISTRATIVE & GENERAL							
009 OPERATION OF PLANT							
010 LAUNDRY & LINEN SERVICE							
010 01 HOUSEKEEPING							
011 HSKPG-NEW							
012 DIETARY							
013 CAFETERIA	218,773						
013 01 MAINTENANCE OF PERSONNEL			291,050				
013 02 MAINTENANCE OF PLANT-NEW	1,055			442,038			
014 NURSING ADMINISTRATION	1,479			4,820	235,453		
015 CENTRAL SERVICES & SUPPLY	6,980		480			216,087	
016 PHARMACY	2,381		16,098	11,095		20	238,571
017 MEDICAL RECORDS & LIBRARY	6,516		3,366	8,546			
018 SOCIAL SERVICE	8,144		5,632	827			
025 INPAT ROUTINE SRVC CNTRS	1,418						
026 ADULTS & PEDIATRICS	40,132		67,180	111,085	92,188	1,701	
031 INTENSIVE CARE UNIT	14,397		20,014	28,375	33,070	195	
033 SUBPROVIDER I	2,809		16,522	12,256	6,453		
037 NURSERY			2,016	3,037	7,599	339	
037 01 ANCILLARY SRVC COST CNTRS							
037 02 OPERATING ROOM	8,975		17,671	51,851	20,616	181,086	
038 01 AMBULATORY SERVICES	4,096			22,170	9,408	107	
038 02 ENDOSCOPY	1,781		1,956	1,436	4,091	3,349	
039 RECOVERY ROOM	2,490		9,042	5,375	5,719	283	
040 DELIVERY ROOM & LABOR ROO	3,676		928	7,873	8,443	377	
040 ANESTHESIOLOGY			8,294	261		2,903	
040 01 PAIN CLINIC	971			3,449		718	
041 RADIOLOGY-DIAGNOSTIC	13,653		20,501	36,458		10,095	
042 RADIOLOGY-THERAPEUTIC	4,219			2,728		288	
044 LABORATORY	17,194		11,594	21,475		308	
049 RESPIRATORY THERAPY	6,695		2,809	5,518		473	
050 PHYSICAL THERAPY	11,019		25,983	2,709		938	
051 OCCUPATIONAL THERAPY	486					193	
052 SPEECH PATHOLOGY							
053 ELECTROCARDIOLOGY	1,654			3,550		9	
053 01 CARDIAC REHAB	2,359						
054 ELECTROENCEPHALOGRAPHY			1,131				
054 01 SLEEP LAB	543			3,213			
055 MEDICAL SUPPLIES CHARGED						11,101	
056 DRUGS CHARGED TO PATIENTS							238,571
061 OUTPAT SERVICE COST CNTRS							
062 EMERGENCY	18,870		24,436	35,984	43,343	1,480	
063 OBSERVATION BEDS (NON-DIS							
063 01 CHEMICAL DEPENDENCY-OUTPA	1,969		10,281		4,523		
063 02 PARTIAL HOSPITALIZATION P							
071 OUTSIDE SERVICES							
095 OTHER REIMBURS COST CNTRS							
096 HOME HEALTH AGENCY							
097 SPEC PURPOSE COST CENTERS							
098 SUBTOTALS	185,961		265,934	384,091	235,453	215,963	238,571
099 NONREIMBURS COST CENTERS							
100 GIFT, FLOWER, COFFEE SHOP	424		3,215	5,678			
101 RESEARCH	1,545					124	
102 PHYSICIANS' PRIVATE OFFIC							
103 HOME OFFICE COSTS	30,843		21,901	52,269			
104 CROSS FOOT ADJUSTMENTS							
105 NEGATIVE COST CENTER							
106 TOTAL	218,773		291,050	442,038	235,453	216,087	238,571

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	SUBTOTAL	POST STEPDOWN ADJUSTMENT	TOTAL
	17	18	25	26	27
001 GENERAL SERVICE COST CNTR					
002 OLD CAP REL COSTS-BLDG &					
003 OLD CAP REL COSTS-MVBLE E					
003 NEW CAP REL COSTS-BLDG &					
004 01 NEW CAP REL COSTS-BLDG &					
004 NEW CAP REL COSTS-MVBLE E					
005 EMPLOYEE BENEFITS					
006 ADMINISTRATIVE & GENERAL					
008 OPERATION OF PLANT					
009 LAUNDRY & LINEN SERVICE					
010 HOUSEKEEPING					
010 01 HSKPG-NEW					
011 DIETARY					
012 CAFETERIA					
013 MAINTENANCE OF PERSONNEL					
013 01 MAINTENANCE OF PLANT					
013 02 MAINTENANCE OF PLANT-NEW					
014 NURSING ADMINISTRATION					
015 CENTRAL SERVICES & SUPPLY					
016 PHARMACY					
017 MEDICAL RECORDS & LIBRARY	98,439				
018 SOCIAL SERVICE		9,357			
INPAT ROUTINE SRVC CNTRS					
025 ADULTS & PEDIATRICS	8,235	6,927	2,048,265		2,048,265
026 INTENSIVE CARE UNIT	1,658	1,456	675,648		675,648
031 SUBPROVIDER I	311	271	204,360		204,360
033 NURSERY	507	703	104,858		104,858
ANCILLARY SRVC COST CNTRS					
037 OPERATING ROOM	10,761		1,347,064		1,347,064
037 01 AMBULATORY SERVICES	566		292,935		292,935
037 02 ENDOSCOPY	1,627		110,314		110,314
038 RECOVERY ROOM	422		138,873		138,873
039 DELIVERY ROOM & LABOR ROO	563		237,584		237,584
040 ANESTHESIOLOGY	553		238,850		238,850
040 01 PAIN CLINIC	390		53,144		53,144
041 RADIOLOGY-DIAGNOSTIC	16,615		2,621,648		2,621,648
042 RADIOLOGY-THERAPEUTIC	10,879		246,159		246,159
044 LABORATORY	13,589		505,707		505,707
049 RESPIRATORY THERAPY	3,971		153,296		153,296
050 PHYSICAL THERAPY	1,615		823,557		823,557
051 OCCUPATIONAL THERAPY	178		5,995		5,995
052 SPEECH PATHOLOGY	80		2,262		2,262
053 ELECTROCARDIOLOGY	919		72,197		72,197
053 01 CARDIAC REHAB	197		21,644		21,644
054 ELECTROENCEPHALOGRAPHY	38		2,360		2,360
054 01 SLEEP LAB	248		55,634		55,634
055 MEDICAL SUPPLIES CHARGED	1,305		76,716		76,716
056 DRUGS CHARGED TO PATIENTS	16,870		255,441		255,441
OUTPAT SERVICE COST CNTRS					
061 EMERGENCY	5,945		729,212		729,212
062 OBSERVATION BEDS (NON-DIS					
063 CHEMICAL DEPENDENCY-OUTPA	32		41,779		41,779
063 01 PARTIAL HOSPITALIZATION P					
063 02 OUTSIDE SERVICES	365		9,334		9,334
071 OTHER REIMBURS COST CNTRS					
HOME HEALTH AGENCY					
SPEC PURPOSE COST CENTERS					
095 SUBTOTALS	98,439	9,357	11,074,836		11,074,836
NONREIMBURS COST CENTERS					
096 GIFT, FLOWER, COFFEE SHOP			73,415		73,415
097 RESEARCH			14,276		14,276
098 PHYSICIANS' PRIVATE OFFIC			107,660		107,660
100 HOME OFFICE COSTS			716,481		716,481
101 CROSS FOOT ADJUSTMENTS					
102 NEGATIVE COST CENTER					
103 TOTAL	98,439	9,357	11,986,668		11,986,668

COST CENTER DESCRIPTION	OLD CAP REL COSTS-BLDG & (SQUARE FEET)	OLD CAP REL COSTS-MVBLE (DOLLAR VALUE)	NEW CAP REL COSTS-BLDG & (SQUARE FEET)	NEW CAP REL COSTS-BLDG & (SQUARE FEET)	NEW CAP REL COSTS-MVBLE (DOLLAR VALUE)	EMPLOYEE BENEFITS (GROSS SALARIES)
	1	2	3	3.01	4	5
001 GENERAL SERVICE COST						
002 OLD CAP REL COSTS-BLD						
003 OLD CAP REL COSTS-MVB						
003 NEW CAP REL COSTS-BLD			138,174			
003 01 NEW CAP REL COSTS-BLD				201,436		
004 NEW CAP REL COSTS-MVB					5,083,596	
005 EMPLOYEE BENEFITS			655	2,011	1,853	31,513,759
006 ADMINISTRATIVE & GENE			6,483	10,243	1,249,485	4,029,074
008 OPERATION OF PLANT						
009 LAUNDRY & LINEN SERVI			2,266	1,304		
010 HOUSEKEEPING			1,092			181,437
010 01 HSKPG-NEW				6,283	2,867	357,429
011 DIETARY			3,588	3,001	109,869	678,200
012 CAFETERIA			3,680	5,744	40,637	250,892
013 MAINTENANCE OF PERSON						
013 01 MAINTENANCE OF PLANT			9,975		226,458	248,601
013 02 MAINTENANCE OF PLANT-				15,195		53,514
014 NURSING ADMINISTRATIO			182	1,719	130,559	976,103
015 CENTRAL SERVICES & SU			6,108	3,957	30,978	191,762
016 PHARMACY			1,277	3,048	31,436	1,055,913
017 MEDICAL RECORDS & LIB			2,137	295	23,380	1,118,766
018 SOCIAL SERVICE						227,894
025 INPAT ROUTINE SRVC CN						
025 ADULTS & PEDIATRICS			25,491	39,620	75,560	5,031,755
026 INTENSIVE CARE UNIT			7,594	10,120	118,337	2,231,281
031 SUBPROVIDER I			6,269	4,371	3,663	396,693
033 NURSERY			765	1,083	18,116	475,366
037 ANCILLARY SRVC COST C						
037 OPERATING ROOM			6,705	18,493	292,677	1,276,030
037 01 AMBULATORY SERVICES				7,907	3,227	697,680
037 02 ENDOSCOPY			742	512	61,329	350,014
038 RECOVERY ROOM			3,431	1,917	32,843	442,941
039 DELIVERY ROOM & LABOR			352	2,808	105,050	527,845
040 ANESTHESIOLOGY			3,147	93	196,511	
040 01 PAIN CLINIC				1,230	7,481	121,615
041 RADIOLOGY-DIAGNOSTIC			7,779	13,003	1,893,346	1,963,070
042 RADIOLOGY-THERAPEUTIC				973	12,677	523,344
044 LABORATORY			4,399	7,659	68,562	1,921,084
049 RESPIRATORY THERAPY			1,066	1,968	38,567	769,740
050 PHYSICAL THERAPY			9,859	966	34,938	1,564,136
051 OCCUPATIONAL THERAPY						87,120
052 SPEECH PATHOLOGY						
053 ELECTROCARDIOLOGY				1,266	16,772	315,029
053 01 CARDIAC REHAB					7,739	332,826
054 ELECTROENCEPHALOGRAPH			429			
054 01 SLEEP LAB				1,146	11,905	62,257
055 MEDICAL SUPPLIES CHAR						
056 DRUGS CHARGED TO PATI						
061 OUTPAT SERVICE COST C						
061 EMERGENCY			9,272	12,834	88,026	2,560,496
062 OBSERVATION BEDS (NON						
063 CHEMICAL DEPENDENCY-O			3,901		4,230	267,361
063 01 PARTIAL HOSPITALIZATI						
063 02 OUTSIDE SERVICES						
071 OTHER REIMBURS COST C						
071 HOME HEALTH AGENCY						
095 SPEC PURPOSE COST CEN						
095 SUBTOTALS			128,644	180,769	4,939,078	31,287,268
096 NONREIMBURS COST CENT						
096 GIFT, FLOWER, COFFEE			1,220	2,025		28,325
097 RESEARCH					3,480	198,166
098 PHYSICIANS' PRIVATE O					80,626	
100 HOME OFFICE COSTS			8,310	18,642	60,412	
101 CROSS FOOT ADJUSTMENT						
102 NEGATIVE COST CENTER						
103 COST TO BE ALLOCATED			361,134	5,324,795	5,299,312	12,993,099
104 (WRKSHT B, PART I)						
104 UNIT COST MULTIPLIER			2.613618		1.042434	
104 (WRKSHT B, PT I)				26.434178		.412299
105 COST TO BE ALLOCATED						
105 (WRKSHT B, PART II)						
106 UNIT COST MULTIPLIER						
106 (WRKSHT B, PT II)						
107 COST TO BE ALLOCATED						56,803
107 (WRKSHT B, PART III)						
108 UNIT COST MULTIPLIER						.001802
108 (WRKSHT B, PT III)						

COST ALLOCATION - STATISTICAL BASIS

COST CENTER DESCRIPTION	RECONCILIATION	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	HSKPG-NEW	DIETARY
		(ACCUM. COST)	(SQUARE FEET)	(POUNDS OF)LAUNDRY	(SQUARE)FEET	(SQUARE) FEET	(PATIENT)DAYS
	6a.00	6	8	9	10	10.01	11
GENERAL SERVICE COST							
001 OLD CAP REL COSTS-BLD							
002 OLD CAP REL COSTS-MVB							
003 NEW CAP REL COSTS-BLD							
003 01 NEW CAP REL COSTS-BLD							
004 NEW CAP REL COSTS-MVB							
005 EMPLOYEE BENEFITS							
006 ADMINISTRATIVE & GENERAL	-24,960,262	74,548,935					
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE		435,204		43,970			
010 HOUSEKEEPING		423,588			127,678		
010 01 HSKPG-NEW		951,769				181,595	
011 DIETARY		1,710,815			3,588	3,001	21,116
012 CAFETERIA		346,236			3,680	5,744	
013 MAINTENANCE OF PERSON							
013 01 MAINTENANCE OF PLANT		1,133,777			9,975		
013 02 MAINTENANCE OF PLANT-		977,038				15,195	
014 NURSING ADMINISTRATION		1,613,918			182	1,719	
015 CENTRAL SERVICES & SU		1,224,693			6,108	3,957	
016 PHARMACY		4,218,721			1,277	3,048	
017 MEDICAL RECORDS & LIB		1,870,463			2,137	295	
018 SOCIAL SERVICE		323,427					
025 INPAT ROUTINE SRVC CN							
026 ADULTS & PEDIATRICS		9,293,708		14,780	25,491	39,620	15,631
026 INTENSIVE CARE UNIT		3,789,786		5,898	7,594	10,120	3,286
031 SUBPROVIDER I		704,164		307	6,269	4,371	612
033 NURSERY		836,637		662	765	1,083	1,587
037 ANCILLARY SRVC COST C							
037 01 OPERATING ROOM		6,951,791		1,809	6,705	18,493	
037 02 AMBULATORY SERVICES		1,292,107		3,182		7,907	
037 02 ENDOSCOPY		645,366		282	742	512	
038 RECOVERY ROOM		749,075		743	3,431	1,917	
039 DELIVERY ROOM & LABOR		1,060,847		1,705	352	2,808	
040 ANESTHESIOLOGY		467,740			3,147	93	
040 01 PAIN CLINIC		248,558				1,230	
041 RADIOLOGY-DIAGNOSTIC		6,829,591		3,467	7,779	13,003	
042 RADIOLOGY-THERAPEUTIC		8,023,151		70		973	
044 LABORATORY		5,519,044		271	4,399	7,659	
049 RESPIRATORY THERAPY		1,329,009			1,066	1,968	
050 PHYSICAL THERAPY		3,030,832		476	9,859	966	
051 OCCUPATIONAL THERAPY		214,000					
052 SPEECH PATHOLOGY		93,730					
053 ELECTROCARDIOLOGY		542,293		413		1,266	
053 01 CARDIAC REHAB		447,752					
054 ELECTROENCEPHALOGRAPH		1,121			429		
054 01 SLEEP LAB		252,145		538		1,146	
055 MEDICAL SUPPLIES CHAR		1					
056 DRUGS CHARGED TO PATI							
061 OUTPAT SERVICE COST C							
061 EMERGENCY		4,642,474		9,367	9,272	12,834	
062 OBSERVATION BEDS (NON							
063 CHEMICAL DEPENDENCY-O		407,689			3,901		
063 01 PARTIAL HOSPITALIZATI							
063 02 OUTSIDE SERVICES		385,366					
071 OTHER REIMBURS COST C							
071 HOME HEALTH AGENCY							
095 SPEC PURPOSE COST CEN							
095 SUBTOTALS	-24,960,262	72,987,626		43,970	118,148	160,928	21,116
096 NONREIMBURS COST CENT							
096 GIFT, FLOWER, COFFEE		217,552			1,220	2,025	
097 RESEARCH		370,451					
098 PHYSICIANS' PRIVATE O		395,825					
100 HOME OFFICE COSTS		577,481			8,310	18,642	
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 COST TO BE ALLOCATED		24,960,262		580,918	565,412	1,270,437	2,320,509
104 (WRKSHT B, PART I)							
104 UNIT COST MULTIPLIER		.334817		13.211690		6.995991	
104 (WRKSHT B, PT I)							
105 COST TO BE ALLOCATED					4.428421		109.893398
105 (WRKSHT B, PART II)							
106 UNIT COST MULTIPLIER							
106 (WRKSHT B, PT II)							
107 COST TO BE ALLOCATED		1,735,139		62,508	13,040	191,871	248,176
107 (WRKSHT B, PART III)							
108 UNIT COST MULTIPLIER		.023275		1.421606		1.056587	
108 (WRKSHT B, PT III)					.102132		11.752984

COST CENTER DESCRIPTION	CAFETERIA (MEALS SERVED)	MAINTENANCE F PERSONNEL (NUMBER HOUSED)	MAINTENANCE O F PLANT (SQUARE FEET)	MAINTENANCE O F PLANT-NEW (SQUARE FEET)	NURSING ADMINISTRATION (DIRECT NRSING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)
	12	13	13.01	13.02	14	15	16
GENERAL SERVICE COST							
001 OLD CAP REL COSTS-BLD							
002 OLD CAP REL COSTS-MVB							
003 NEW CAP REL COSTS-BLD							
003 01 NEW CAP REL COSTS-BLD							
004 NEW CAP REL COSTS-MVB							
005 EMPLOYEE BENEFITS							
006 ADMINISTRATIVE & GENERAL							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
010 01 HSKPG-NEW							
011 DIETARY							
012 CAFETERIA	49,993						
013 MAINTENANCE OF PERSONNEL							
013 01 MAINTENANCE OF PLANT	241		110,435				
013 02 MAINTENANCE OF PLANT-NEW	338			157,655			
014 NURSING ADMINISTRATION	1,595		182	1,719	23,424		
015 CENTRAL SERVICES & SUPPLY	544		6,108	3,957		5,052,843	
016 PHARMACY	1,489		1,277	3,048		458	1,000
017 MEDICAL RECORDS & LIBRARY	1,861		2,137	295			
018 SOCIAL SERVICE	324						
025 INPAT ROUTINE SRVC CNTR							
025 ADULTS & PEDIATRICS	9,171		25,491	39,620	9,171	39,779	
026 INTENSIVE CARE UNIT	3,290		7,594	10,120	3,290	4,551	
031 SUBPROVIDER I	642		6,269	4,371	642	1	
033 NURSERY			765	1,083	756	7,929	
037 ANCILLARY SRVC COST CENTER							
037 01 OPERATING ROOM	2,051		6,705	18,493	2,051	4,234,432	
037 02 AMBULATORY SERVICES	936			7,907	936	2,499	
037 02 ENDOSCOPY	407		742	512	407	78,309	
038 RECOVERY ROOM	569		3,431	1,917	569	6,619	
039 DELIVERY ROOM & LABOR	840		352	2,808	840	8,804	
040 ANESTHESIOLOGY			3,147	93		67,883	
040 01 PAIN CLINIC	222			1,230		16,796	
041 RADIOLOGY-DIAGNOSTIC	3,120		7,779	13,003		236,046	
042 RADIOLOGY-THERAPEUTIC	964			973		6,741	
044 LABORATORY	3,929		4,399	7,659		7,191	
049 RESPIRATORY THERAPY	1,530		1,066	1,968		11,066	
050 PHYSICAL THERAPY	2,518		9,859	966		21,941	
051 OCCUPATIONAL THERAPY	111					4,509	
052 SPEECH PATHOLOGY							
053 ELECTROCARDIOLOGY	378			1,266		206	
053 01 CARDIAC REHAB	539					3	
054 ELECTROENCEPHALOGRAPH			429				
054 01 SLEEP LAB	124			1,146			
055 MEDICAL SUPPLIES CHARGED TO PATIENT						259,576	
056 DRUGS CHARGED TO PATIENT							1,000
061 EMERGENCY	4,312		9,272	12,834	4,312	34,613	
062 OBSERVATION BEDS (NON-DEPENDENT)							
063 CHEMICAL DEPENDENCY-OUTPATIENT	450		3,901		450		
063 01 PARTIAL HOSPITALIZATION							
063 02 OUTSIDE SERVICES							
071 OTHER REIMBURSEMENT COST CENTER							
071 HOME HEALTH AGENCY							
095 SPEC PURPOSE COST CENTER							
095 SUBTOTALS	42,495		100,905	136,988	23,424	5,049,952	1,000
096 NONREIMBURSEMENT COST CENTER							
096 GIFT, FLOWER, COFFEE	97		1,220	2,025			
097 RESEARCH	353					2,891	
098 PHYSICIANS' PRIVATE OFFICE							
100 HOME OFFICE COSTS	7,048		8,310	18,642			
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 COST TO BE ALLOCATED (WRKSHT B, PART I)	518,644		1,560,058	1,413,978	2,201,652	1,816,892	5,719,189
104 UNIT COST MULTIPLIER (WRKSHT B, PT I)	10.374332		14.126482	8.968812	93.991291	.359578	5,719.189000
105 COST TO BE ALLOCATED (WRKSHT B, PART II)							
106 UNIT COST MULTIPLIER (WRKSHT B, PT II)							
107 COST TO BE ALLOCATED (WRKSHT B, PART III)	218,773		291,050	442,038	235,453	216,087	238,571
108 UNIT COST MULTIPLIER (WRKSHT B, PT III)	4.376073		2.635487	2.803831	10.051784	.042765	238.571000

COST CENTER DESCRIPTION	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE
	(GROSS CHARGES)	(PATIENT DAYS)
	17	18
GENERAL SERVICE COST		
001 OLD CAP REL COSTS-BLD		
002 OLD CAP REL COSTS-MVB		
003 NEW CAP REL COSTS-BLD		
003 01 NEW CAP REL COSTS-BLD		
004 NEW CAP REL COSTS-MVB		
005 EMPLOYEE BENEFITS		
006 ADMINISTRATIVE & GENERAL		
008 OPERATION OF PLANT		
009 LAUNDRY & LINEN SERVICE		
010 HOUSEKEEPING		
010 01 HSKPG-NEW		
011 DIETARY		
012 CAFETERIA		
013 MAINTENANCE OF PERSON		
013 01 MAINTENANCE OF PLANT		
013 02 MAINTENANCE OF PLANT-		
014 NURSING ADMINISTRATION		
015 CENTRAL SERVICES & SUPPLY		
016 PHARMACY		
017 MEDICAL RECORDS & LIBRARY	239,721,338	
018 SOCIAL SERVICE		21,116
INPAT ROUTINE SRVC CNTR		
025 ADULTS & PEDIATRICS	20,035,939	15,631
026 INTENSIVE CARE UNIT	4,034,686	3,286
031 SUBPROVIDER I	755,790	612
033 NURSERY	1,233,599	1,587
ANCILLARY SRVC COST CENTER		
037 OPERATING ROOM	26,181,427	
037 01 AMBULATORY SERVICES	1,377,861	
037 02 ENDOSCOPY	3,958,323	
038 RECOVERY ROOM	1,025,754	
039 DELIVERY ROOM & LABOR	1,369,786	
040 ANESTHESIOLOGY	1,345,482	
040 01 PAIN CLINIC	948,320	
041 RADIOLOGY-DIAGNOSTIC	40,425,229	
042 RADIOLOGY-THERAPEUTIC	26,469,221	
044 LABORATORY	33,062,774	
049 RESPIRATORY THERAPY	9,662,181	
050 PHYSICAL THERAPY	3,930,094	
051 OCCUPATIONAL THERAPY	432,718	
052 SPEECH PATHOLOGY	195,182	
053 ELECTROCARDIOLOGY	2,236,825	
053 01 CARDIAC REHAB	479,186	
054 ELECTROENCEPHALOGRAPH	93,013	
054 01 SLEEP LAB	604,252	
055 MEDICAL SUPPLIES CHARGED TO PATIENT	3,175,966	
056 DRUGS CHARGED TO PATIENT	41,256,722	
OUTPAT SERVICE COST CENTER		
061 EMERGENCY	14,464,978	
062 OBSERVATION BEDS (NON-REIMBURSABLE)		
063 CHEMICAL DEPENDENCY-OUTPAT	77,813	
063 01 PARTIAL HOSPITALIZATION		
063 02 OUTSIDE SERVICES	888,217	
OTHER REIMBURS COST CENTER		
071 HOME HEALTH AGENCY		
SPEC PURPOSE COST CENTER		
095 SUBTOTALS	239,721,338	21,116
NONREIMBURS COST CENTER		
096 GIFT, FLOWER, COFFEE		
097 RESEARCH		
098 PHYSICIANS' PRIVATE OFFICE		
100 HOME OFFICE COSTS		
101 CROSS FOOT ADJUSTMENT		
102 NEGATIVE COST CENTER		
103 COST TO BE ALLOCATED	2,560,395	435,077
(PER WRKSHT B, PART I)		
104 UNIT COST MULTIPLIER		20.604139
(WRKSHT B, PT I)	.010681	
105 COST TO BE ALLOCATED		
(PER WRKSHT B, PART I)		
106 UNIT COST MULTIPLIER		
(WRKSHT B, PT I I)		
107 COST TO BE ALLOCATED	98,439	9,357
(PER WRKSHT B, PART I)		
108 UNIT COST MULTIPLIER		.443124
(WRKSHT B, PT I I I)	.000411	

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	16,931,441		16,931,441		16,931,441
26	INTENSIVE CARE UNIT	6,255,971		6,255,971		6,255,971
31	SUBPROVIDER I	1,285,029		1,285,029		1,285,029
33	NURSERY	1,451,172		1,451,172		1,451,172
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	11,739,224		11,739,224		11,739,224
37	01 AMBULATORY SERVICES	2,006,301		2,006,301		2,006,301
37	02 ENDOSCOPY	1,000,027		1,000,027		1,000,027
38	RECOVERY ROOM	1,176,680		1,176,680		1,176,680
39	DELIVERY ROOM & LABOR ROO	1,595,388		1,595,388		1,595,388
40	ANESTHESIOLOGY	723,004		723,004		723,004
40	01 PAIN CLINIC	369,887		369,887		369,887
41	RADIOLOGY-DIAGNOSTIC	10,063,015		10,063,015		10,063,015
42	RADIOLOGY-THERAPEUTIC	11,021,040		11,021,040		11,021,040
44	LABORATORY	7,970,881		7,970,881		7,970,881
49	RESPIRATORY THERAPY	1,948,237		1,948,237		1,948,237
50	PHYSICAL THERAPY	4,326,240		4,326,240		4,326,240
51	OCCUPATIONAL THERAPY	293,046		293,046		293,046
52	SPEECH PATHOLOGY	127,197		127,197		127,197
53	ELECTROCARDIOLOGY	777,417		777,417		777,417
53	01 CARDIAC REHAB	608,378		608,378		608,378
54	ELECTROENCEPHALOGRAPHY	10,449		10,449		10,449
54	01 SLEEP LAB	369,710		369,710		369,710
55	MEDICAL SUPPLIES CHARGED	127,261		127,261		127,261
56	DRUGS CHARGED TO PATIENTS	6,159,784		6,159,784		6,159,784
	OUTPAT SERVICE COST CNTRS					
61	EMERGENCY	7,314,511		7,314,511	242,299	7,556,810
62	OBSERVATION BEDS (NON-DIS	1,898,475		1,898,475		1,898,475
63	CHEMICAL DEPENDENCY-OUTPA	664,367		664,367		664,367
63	01 PARTIAL HOSPITALIZATION P					
63	02 OUTSIDE SERVICES	523,880		523,880		523,880
	OTHER REIMBURS COST CNTRS					
101	SUBTOTAL	98,738,012		98,738,012	242,299	98,980,311
102	LESS OBSERVATION BEDS	1,898,475		1,898,475		1,898,475
103	TOTAL	96,839,537		96,839,537	242,299	97,081,836

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	18,371,705		18,371,705			
26	INTENSIVE CARE UNIT	4,034,686		4,034,686			
31	SUBPROVIDER I	755,790		755,790			
33	NURSERY	1,233,599		1,233,599			
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	14,040,450	12,140,977	26,181,427	.448380	.448380	.448380
37	01 AMBULATORY SERVICES	67,319	1,310,542	1,377,861	1.456098	1.456098	1.456098
37	02 ENDOSCOPY	752,390	3,205,933	3,958,323	.252639	.252639	.252639
38	RECOVERY ROOM	396,729	629,025	1,025,754	1.147137	1.147137	1.147137
39	DELIVERY ROOM & LABOR ROO	1,138,735	231,051	1,369,786	1.164699	1.164699	1.164699
40	ANESTHESIOLOGY	556,571	788,911	1,345,482	.537357	.537357	.537357
40	01 PAIN CLINIC	9,967	938,353	948,320	.390044	.390044	.390044
41	RADIOLOGY-DIAGNOSTIC	11,626,125	28,799,104	40,425,229	.248929	.248929	.248929
42	RADIOLOGY-THERAPEUTIC	216,655	26,252,566	26,469,221	.416372	.416372	.416372
44	LABORATORY	13,971,453	19,091,321	33,062,774	.241083	.241083	.241083
49	RESPIRATORY THERAPY	8,331,004	1,331,177	9,662,181	.201635	.201635	.201635
50	PHYSICAL THERAPY	708,272	3,221,822	3,930,094	1.100798	1.100798	1.100798
51	OCCUPATIONAL THERAPY	106,139	326,579	432,718	.677222	.677222	.677222
52	SPEECH PATHOLOGY	54,322	140,860	195,182	.651684	.651684	.651684
53	ELECTROCARDIOLOGY	972,224	1,264,601	2,236,825	.347554	.347554	.347554
53	01 CARDIAC REHAB	1,210	477,976	479,186	1.269607	1.269607	1.269607
54	ELECTROENCEPHALOGRAPHY	39,811	53,202	93,013	.112339	.112339	.112339
54	01 SLEEP LAB	7,299	596,953	604,252	.611847	.611847	.611847
55	MEDICAL SUPPLIES CHARGED	1,834,763	1,341,203	3,175,966	.040070	.040070	.040070
56	DRUGS CHARGED TO PATIENTS	26,327,411	14,929,311	41,256,722	.149304	.149304	.149304
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY	4,010,138	10,454,840	14,464,978	.505670	.505670	.522421
62	OBSERVATION BEDS (NON-DIS	247,022	1,417,212	1,664,234	1.140750	1.140750	1.140750
63	CHEMICAL DEPENDENCY-OUTPA		77,813	77,813	8.537995	8.537995	8.537995
63	01 PARTIAL HOSPITALIZATION P						
63	02 OUTSIDE SERVICES	216,187	672,030	888,217	.589811	.589811	.589811
	OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	110,027,976	129,693,362	239,721,338			
102	LESS OBSERVATION BEDS						
103	TOTAL	110,027,976	129,693,362	239,721,338			

COMPUTATION OF RATIO OF COSTS TO CHARGES
SPECIAL TITLE XIX WORKSHEET

PROVIDER NO:
14-0286

PERIOD:
FROM 5/ 1/2007
TO 4/30/2008

PREPARED 9/30/2008
WORKSHEET C
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	18,371,705		18,371,705			
26	INTENSIVE CARE UNIT	4,034,686		4,034,686			
31	SUBPROVIDER I	755,790		755,790			
33	NURSERY	1,233,599		1,233,599			
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	14,040,450	12,140,977	26,181,427	.448380	.448380	.448380
37	01 AMBULATORY SERVICES	67,319	1,310,542	1,377,861	1.456098	1.456098	1.456098
37	02 ENDOSCOPY	752,390	3,205,933	3,958,323	.252639	.252639	.252639
38	RECOVERY ROOM	396,729	629,025	1,025,754	1.147137	1.147137	1.147137
39	DELIVERY ROOM & LABOR ROO	1,138,735	231,051	1,369,786	1.164699	1.164699	1.164699
40	ANESTHESIOLOGY	556,571	788,911	1,345,482	.537357	.537357	.537357
40	01 PAIN CLINIC	9,967	938,353	948,320	.390044	.390044	.390044
41	RADIOLOGY-DIAGNOSTIC	11,626,125	28,799,104	40,425,229	.248929	.248929	.248929
42	RADIOLOGY-THERAPEUTIC	216,655	26,252,566	26,469,221	.416372	.416372	.416372
44	LABORATORY	13,971,453	19,091,321	33,062,774	.241083	.241083	.241083
49	RESPIRATORY THERAPY	8,331,004	1,331,177	9,662,181	.201635	.201635	.201635
50	PHYSICAL THERAPY	708,272	3,221,822	3,930,094	1.100798	1.100798	1.100798
51	OCCUPATIONAL THERAPY	106,139	326,579	432,718	.677222	.677222	.677222
52	SPEECH PATHOLOGY	54,322	140,860	195,182	.651684	.651684	.651684
53	ELECTROCARDIOLOGY	972,224	1,264,601	2,236,825	.347554	.347554	.347554
53	01 CARDIAC REHAB	1,210	477,976	479,186	1.269607	1.269607	1.269607
54	ELECTROENCEPHALOGRAPHY	39,811	53,202	93,013	.112339	.112339	.112339
54	01 SLEEP LAB	7,299	596,953	604,252	.611847	.611847	.611847
55	MEDICAL SUPPLIES CHARGED	1,834,763	1,341,203	3,175,966	.040070	.040070	.040070
56	DRUGS CHARGED TO PATIENTS	26,327,411	14,929,311	41,256,722	.149304	.149304	.149304
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY	4,010,138	10,454,840	14,464,978	.505670	.505670	.522421
62	OBSERVATION BEDS (NON-DIS	247,022	1,417,212	1,664,234	1.140750	1.140750	1.140750
63	CHEMICAL DEPENDENCY-OUTPA		77,813	77,813	8.537995	8.537995	8.537995
63	01 PARTIAL HOSPITALIZATION P						
63	02 OUTSIDE SERVICES	216,187	672,030	888,217	.589811	.589811	.589811
	OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	110,027,976	129,693,362	239,721,338			
102	LESS OBSERVATION BEDS						
103	TOTAL	110,027,976	129,693,362	239,721,338			

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	11,739,224	1,347,064	10,392,160			11,739,224
37 01	AMBULATORY SERVICES	2,006,301	292,935	1,713,366			2,006,301
37 02	ENDOSCOPY	1,000,027	110,314	889,713			1,000,027
38	RECOVERY ROOM	1,176,680	138,873	1,037,807			1,176,680
39	DELIVERY ROOM & LABOR ROO	1,595,388	237,584	1,357,804			1,595,388
40	ANESTHESIOLOGY	723,004	238,850	484,154			723,004
40 01	PAIN CLINIC	369,887	53,144	316,743			369,887
41	RADIOLOGY-DIAGNOSTIC	10,063,015	2,621,648	7,441,367			10,063,015
42	RADIOLOGY-THERAPEUTIC	11,021,040	246,159	10,774,881			11,021,040
44	LABORATORY	7,970,881	505,707	7,465,174			7,970,881
49	RESPIRATORY THERAPY	1,948,237	153,296	1,794,941			1,948,237
50	PHYSICAL THERAPY	4,326,240	823,557	3,502,683			4,326,240
51	OCCUPATIONAL THERAPY	293,046	5,995	287,051			293,046
52	SPEECH PATHOLOGY	127,197	2,262	124,935			127,197
53	ELECTROCARDIOLOGY	777,417	72,197	705,220			777,417
53 01	CARDIAC REHAB	608,378	21,644	586,734			608,378
54	ELECTROENCEPHALOGRAPHY	10,449	2,360	8,089			10,449
54 01	SLEEP LAB	369,710	55,634	314,076			369,710
55	MEDICAL SUPPLIES CHARGED	127,261	76,716	50,545			127,261
56	DRUGS CHARGED TO PATIENTS OUTPAT SERVICE COST CNTRS	6,159,784	255,441	5,904,343			6,159,784
61	EMERGENCY	7,314,511	729,212	6,585,299			7,314,511
62	OBSERVATION BEDS (NON-DIS	1,898,475	229,666	1,668,809			1,898,475
63	CHEMICAL DEPENDENCY-OUTPA	664,367	41,779	622,588			664,367
63 01	PARTIAL HOSPITALIZATION P						
63 02	OUTSIDE SERVICES	523,880	9,334	514,546			523,880
	OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	72,814,399	8,271,371	64,543,028			72,814,399
102	LESS OBSERVATION BEDS	1,898,475	229,666	1,668,809			1,898,475
103	TOTAL	70,915,924	8,041,705	62,874,219			70,915,924

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRG RATIO	I/P PT B COST TO CHRG RATIO
		7	8	9
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	26,181,427	.448380	.448380
37 01	AMBULATORY SERVICES	1,377,861	1.456098	1.456098
37 02	ENDOSCOPY	3,958,323	.252639	.252639
38	RECOVERY ROOM	1,025,754	1.147137	1.147137
39	DELIVERY ROOM & LABOR ROO	1,369,786	1.164699	1.164699
40	ANESTHESIOLOGY	1,345,482	.537357	.537357
40 01	PAIN CLINIC	948,320	.390044	.390044
41	RADIOLOGY-DIAGNOSTIC	40,425,229	.248929	.248929
42	RADIOLOGY-THERAPEUTIC	26,469,221	.416372	.416372
44	LABORATORY	33,062,774	.241083	.241083
49	RESPIRATORY THERAPY	9,662,181	.201635	.201635
50	PHYSICAL THERAPY	3,930,094	1.100798	1.100798
51	OCCUPATIONAL THERAPY	432,718	.677222	.677222
52	SPEECH PATHOLOGY	195,182	.651684	.651684
53	ELECTROCARDIOLOGY	2,236,825	.347554	.347554
53 01	CARDIAC REHAB	479,186	1.269607	1.269607
54	ELECTROENCEPHALOGRAPHY	93,013	.112339	.112339
54 01	SLEEP LAB	604,252	.611847	.611847
55	MEDICAL SUPPLIES CHARGED	3,175,966	.040070	.040070
56	DRUGS CHARGED TO PATIENTS	41,256,722	.149304	.149304
	OUTPAT SERVICE COST CNTRS			
61	EMERGENCY	14,464,978	.505670	.505670
62	OBSERVATION BEDS (NON-DIS	1,664,234	1.140750	1.140750
63	CHEMICAL DEPENDENCY-OUTPA	77,813	8.537995	8.537995
63 01	PARTIAL HOSPITALIZATION P			
63 02	OUTSIDE SERVICES	888,217	.589811	.589811
	OTHER REIMBURS COST CNTRS			
101	SUBTOTAL	215,325,558		
102	LESS OBSERVATION BEDS	1,664,234		
103	TOTAL	213,661,324		

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	11,739,224	1,347,064	10,392,160	134,706	602,745	11,001,773
37	01 AMBULATORY SERVICES	2,006,301	292,935	1,713,366	29,294	99,375	1,877,632
37	02 ENDOSCOPY	1,000,027	110,314	889,713	11,031	51,603	937,393
38	RECOVERY ROOM	1,176,680	138,873	1,037,807	13,887	60,193	1,102,600
39	DELIVERY ROOM & LABOR ROO	1,595,388	237,584	1,357,804	23,758	78,753	1,492,877
40	ANESTHESIOLOGY	723,004	238,850	484,154	23,885	28,081	671,038
40	01 PAIN CLINIC	369,887	53,144	316,743	5,314	18,371	346,202
41	RADIOLOGY-DIAGNOSTIC	10,063,015	2,621,648	7,441,367	262,165	431,599	9,369,251
42	RADIOLOGY-THERAPEUTIC	11,021,040	246,159	10,774,881	24,616	624,943	10,371,481
44	LABORATORY	7,970,881	505,707	7,465,174	50,571	432,980	7,487,330
49	RESPIRATORY THERAPY	1,948,237	153,296	1,794,941	15,330	104,107	1,828,800
50	PHYSICAL THERAPY	4,326,240	823,557	3,502,683	82,356	203,156	4,040,728
51	OCCUPATIONAL THERAPY	293,046	5,995	287,051	600	16,649	275,797
52	SPEECH PATHOLOGY	127,197	2,262	124,935	226	7,246	119,725
53	ELECTROCARDIOLOGY	777,417	72,197	705,220	7,220	40,903	729,294
53	01 CARDIAC REHAB	608,378	21,644	586,734	2,164	34,031	572,183
54	ELECTROENCEPHALOGRAPHY	10,449	2,360	8,089	236	469	9,744
54	01 SLEEP LAB	369,710	55,634	314,076	5,563	18,216	345,931
55	MEDICAL SUPPLIES CHARGED	127,261	76,716	50,545	7,672	2,932	116,657
56	DRUGS CHARGED TO PATIENTS OUTPAT SERVICE COST CNTRS	6,159,784	255,441	5,904,343	25,544	342,452	5,791,788
61	EMERGENCY	7,314,511	729,212	6,585,299	72,921	381,947	6,859,643
62	OBSERVATION BEDS (NON-DIS	1,898,475	229,666	1,668,809	22,967	96,791	1,778,717
63	CHEMICAL DEPENDENCY-OUTPA	664,367	41,779	622,588	4,178	36,110	624,079
63	01 PARTIAL HOSPITALIZATION P						
63	02 OUTSIDE SERVICES	523,880	9,334	514,546	933	29,844	493,103
	OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	72,814,399	8,271,371	64,543,028	827,137	3,743,496	68,243,766
102	LESS OBSERVATION BEDS	1,898,475	229,666	1,668,809	22,967	96,791	1,778,717
103	TOTAL	70,915,924	8,041,705	62,874,219	804,170	3,646,705	66,465,049

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRG RATIO	I/P PT B COST TO CHRG RATIO
		7	8	9
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	26,181,427	.420213	.443235
37 01	AMBULATORY SERVICES	1,377,861	1.362715	1.434838
37 02	ENDOSCOPY	3,958,323	.236816	.249852
38	RECOVERY ROOM	1,025,754	1.074917	1.133598
39	DELIVERY ROOM & LABOR ROO	1,369,786	1.089861	1.147354
40	ANESTHESIOLOGY	1,345,482	.498734	.519605
40 01	PAIN CLINIC	948,320	.365069	.384441
41	RADIOLOGY-DIAGNOSTIC	40,425,229	.231767	.242444
42	RADIOLOGY-THERAPEUTIC	26,469,221	.391832	.415442
44	LABORATORY	33,062,774	.226458	.239554
49	RESPIRATORY THERAPY	9,662,181	.189274	.200049
50	PHYSICAL THERAPY	3,930,094	1.028150	1.079843
51	OCCUPATIONAL THERAPY	432,718	.637360	.675835
52	SPEECH PATHOLOGY	195,182	.613402	.650526
53	ELECTROCARDIOLOGY	2,236,825	.326040	.344326
53 01	CARDIAC REHAB	479,186	1.194073	1.265091
54	ELECTROENCEPHALOGRAPHY	93,013	.104760	.109802
54 01	SLEEP LAB	604,252	.572495	.602641
55	MEDICAL SUPPLIES CHARGED	3,175,966	.036731	.037654
56	DRUGS CHARGED TO PATIENTS	41,256,722	.140384	.148685
	OUTPAT SERVICE COST CNTRS			
61	EMERGENCY	14,464,978	.474224	.500629
62	OBSERVATION BEDS (NON-DIS	1,664,234	1.068790	1.126950
63	CHEMICAL DEPENDENCY-OUTPA	77,813	8.020241	8.484302
63 01	PARTIAL HOSPITALIZATION P			
63 02	OUTSIDE SERVICES	888,217	.555161	.588760
	OTHER REIMBURS COST CNTRS			
101	SUBTOTAL	215,325,558		
102	LESS OBSERVATION BEDS	1,664,234		
103	TOTAL	213,661,324		

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL			NEW CAPITAL		
		CAPITAL REL COST (B, 11) 1	SWING BED ADJUSTMENT 2	REDUCED CAP RELATED COST 3	CAPITAL REL COST (B, 111) 4	SWING BED ADJUSTMENT 5	REDUCED CAP RELATED COST 6
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS				2,048,265		2,048,265
26	INTENSIVE CARE UNIT				675,648		675,648
31	SUBPROVIDER I				204,360		204,360
33	NURSERY				104,858		104,858
101	TOTAL				3,033,131		3,033,131

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	17,605	10,058			116.35	1,170,248
26	INTENSIVE CARE UNIT	3,286	1,154			205.61	237,274
31	SUBPROVIDER I	612	154			333.92	51,424
33	NURSERY	1,587				66.07	
101	TOTAL	23,090	11,366				1,458,946

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

PROVIDER NO:	PERIOD:	PREPARED 9/30/2008
14-0286	FROM 5/ 1/2007	WORKSHEET D
	TO 4/30/2008	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					17,605	
26	INTENSIVE CARE UNIT					3,286	
31	SUBPROVIDER I					612	
33	NURSERY					1,587	
101	TOTAL					23,090	

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

PROVIDER NO:	PERIOD:	PREPARED 9/30/2008
14-0286	FROM 5/ 1/2007	WORKSHEET D
	TO 4/30/2008	PART III

WKST A	COST CENTER DESCRIPTION	INPATIENT	INPAT PROGRAM
LINE NO.		PROG DAYS	PASS THRU COST
		7	8
25	ADULTS & PEDIATRICS	10,058	
26	INTENSIVE CARE UNIT	1,154	
31	SUBPROVIDER I	154	
33	NURSERY		
101	TOTAL	11,366	

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						
37	01 AMBULATORY SERVICES						
37	02 ENDOSCOPY						
38	RECOVERY ROOM						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
40	01 PAIN CLINIC						
41	RADIOLOGY-DIAGNOSTIC						
42	RADIOLOGY-THERAPEUTIC						
44	LABORATORY						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
53	01 CARDIAC REHAB						
54	ELECTROENCEPHALOGRAPHY						
54	01 SLEEP LAB						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
63	CHEMICAL DEPENDENCY-OUTPA						
63	01 PARTIAL HOSPITALIZATION P						
63	02 OUTSIDE SERVICES						
	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			26,181,427			6,738,015	
37	01 OPERATING ROOM			1,377,861			44,035	
37	02 ENDOSCOPY			3,958,323			499,293	
38	RECOVERY ROOM			1,025,754				
39	DELIVERY ROOM & LABOR ROO			1,369,786			2,182	
40	ANESTHESIOLOGY			1,345,482			183,990	
40	01 PAIN CLINIC			948,320			8,418	
41	RADIOLOGY-DIAGNOSTIC			40,425,229			6,906,873	
42	RADIOLOGY-THERAPEUTIC			26,469,221			130,008	
44	LABORATORY			33,062,774			8,389,308	
49	RESPIRATORY THERAPY			9,662,181			5,889,461	
50	PHYSICAL THERAPY			3,930,094			535,384	
51	OCCUPATIONAL THERAPY			432,718			75,239	
52	SPEECH PATHOLOGY			195,182			46,823	
53	ELECTROCARDIOLOGY			2,236,825			652,559	
53	01 CARDIAC REHAB			479,186			1,155	
54	ELECTROENCEPHALOGRAPHY			93,013			21,226	
54	01 SLEEP LAB			604,252			2,945	
55	MEDICAL SUPPLIES CHARGED			3,175,966			964,327	
56	DRUGS CHARGED TO PATIENTS			41,256,722			13,512,374	
	OUTPAT SERVICE COST CNTRS							
61	EMERGENCY			14,464,978			2,091,666	
62	OBSERVATION BEDS (NON-DIS			1,664,234				
63	CHEMICAL DEPENDENCY-OUTPA			77,813				
63	01 PARTIAL HOSPITALIZATION P							
63	02 OUTSIDE SERVICES			888,217			177,997	
	OTHER REIMBURS COST CNTRS							
101	TOTAL			215,325,558			46,873,278	

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
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	2,110,879					
37 01	AMBULATORY SERVICES	386,462					
37 02	ENDOSCOPY	941,078					
38	RECOVERY ROOM						
39	DELIVERY ROOM & LABOR ROO	1,952					
40	ANESTHESIOLOGY	119,732					
40 01	PAIN CLINIC	381,363					
41	RADIOLOGY-DIAGNOSTIC	5,783,241					
42	RADIOLOGY-THERAPEUTIC	843,003					
44	LABORATORY	431,398					
49	RESPIRATORY THERAPY	399,551					
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY	1,301					
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY	389,506					
53 01	CARDIAC REHAB	218,070					
54	ELECTROENCEPHALOGRAPHY	7,698					
54 01	SLEEP LAB	96,096					
55	MEDICAL SUPPLIES CHARGED	230,566					
56	DRUGS CHARGED TO PATIENTS	14,928,421					
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY	1,082,468					
62	OBSERVATION BEDS (NON-DIS						
63	CHEMICAL DEPENDENCY-OUTPA						
63 01	PARTIAL HOSPITALIZATION P						
63 02	OUTSIDE SERVICES	372,543					
	OTHER REIMBURS COST CNTRS						
101	TOTAL	28,725,328					

TITLE XVIII, PART B HOSPITAL

Cost Center Description	Outpatient Radiology	Other Outpatient Diagnostic	All Other	PPS Services FYB to 12/31	Non-PPS Services
	7	8	9	9.01	9.02
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM				946,476	705
37 01 AMBULATORY SERVICES				562,727	
37 02 ENDOSCOPY				237,753	
38 RECOVERY ROOM					
39 DELIVERY ROOM & LABOR ROOM				2,273	
40 ANESTHESIOLOGY				64,339	
40 01 PAIN CLINIC				148,748	583
41 RADIOLOGY-DIAGNOSTIC				1,439,616	
42 RADIOLOGY-THERAPEUTIC				351,003	
44 LABORATORY				104,003	
49 RESPIRATORY THERAPY				80,563	
50 PHYSICAL THERAPY					
51 OCCUPATIONAL THERAPY				881	
52 SPEECH PATHOLOGY					
53 ELECTROCARDIOLOGY				135,374	
53 01 CARDIAC REHAB				276,863	
54 ELECTROENCEPHALOGRAPHY				865	
54 01 SLEEP LAB				58,796	
55 MEDICAL SUPPLIES CHARGED TO PATIENTS				9,239	6
56 DRUGS CHARGED TO PATIENTS				2,228,873	133
61 EMERGENCY				547,372	
62 OBSERVATION BEDS (NON-DISTINCT PART)					
63 CHEMICAL DEPENDENCY-OUTPATIENT					
63 01 PARTIAL HOSPITALIZATION PGM					
63 02 OUTSIDE SERVICES				219,730	
101 SUBTOTAL				7,415,494	1,427
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES					
104 NET CHARGES				7,415,494	1,427

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

TITLE XVIII, PART A SUBPROVIDER 1 TEFRA

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		1,347,064	26,181,427	9,372		
37	01 AMBULATORY SERVICES		292,935	1,377,861			
37	02 ENDOSCOPY		110,314	3,958,323	2,079		
38	RECOVERY ROOM		138,873	1,025,754			
39	DELIVERY ROOM & LABOR ROO		237,584	1,369,786			
40	ANESTHESIOLOGY		238,850	1,345,482			
40	01 PAIN CLINIC		53,144	948,320			
41	RADIOLOGY-DIAGNOSTIC		2,621,648	40,425,229	16,815		
42	RADIOLOGY-THERAPEUTIC		246,159	26,469,221	477		
44	LABORATORY		505,707	33,062,774	42,106		
49	RESPIRATORY THERAPY		153,296	9,662,181	5,873		
50	PHYSICAL THERAPY		823,557	3,930,094	1,258		
51	OCCUPATIONAL THERAPY		5,995	432,718	181		
52	SPEECH PATHOLOGY		2,262	195,182			
53	ELECTROCARDIOLOGY		72,197	2,236,825	2,014		
53	01 CARDIAC REHAB		21,644	479,186			
54	ELECTROENCEPHALOGRAPHY		2,360	93,013	643		
54	01 SLEEP LAB		55,634	604,252			
55	MEDICAL SUPPLIES CHARGED		76,716	3,175,966	353		
56	DRUGS CHARGED TO PATIENTS		255,441	41,256,722	54,927		
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY		729,212	14,464,978	4,807		
62	OBSERVATION BEDS (NON-DIS		229,666	1,664,234			
63	CHEMICAL DEPENDENCY-OUTPA		41,779	77,813			
63	01 PARTIAL HOSPITALIZATION P						
63	02 OUTSIDE SERVICES		9,334	888,217			
	OTHER REIMBURS COST CNTRS						
101	TOTAL		8,271,371	215,325,558	140,905		

TITLE XVIII, PART A

SUBPROVIDER 1

TEFRA

WKST A LINE NO.	COST CENTER	DESCRIPTION	NONPHYSICIAN ANESTHETIST		MED ED NRS SCHOOL COST	MED ED ALLIED HEALTH COST	MED ED ALL OTHER COSTS	BLOOD CLOT FOR HEMOPHILIACS
			1	1.01	2	2.01	2.02	2.03
37		ANCILLARY SRVC COST CNTRS						
		OPERATING ROOM						
37	01	AMBULATORY SERVICES						
37	02	ENDOSCOPY						
38		RECOVERY ROOM						
39		DELIVERY ROOM & LABOR ROO						
40		ANESTHESIOLOGY						
40	01	PAIN CLINIC						
41		RADIOLOGY-DIAGNOSTIC						
42		RADIOLOGY-THERAPEUTIC						
44		LABORATORY						
49		RESPIRATORY THERAPY						
50		PHYSICAL THERAPY						
51		OCCUPATIONAL THERAPY						
52		SPEECH PATHOLOGY						
53		ELECTROCARDIOLOGY						
53	01	CARDIAC REHAB						
54		ELECTROENCEPHALOGRAPHY						
54	01	SLEEP LAB						
55		MEDICAL SUPPLIES CHARGED						
56		DRUGS CHARGED TO PATIENTS						
		OUTPAT SERVICE COST CNTRS						
61		EMERGENCY						
62		OBSERVATION BEDS (NON-DIS						
63		CHEMICAL DEPENDENCY-OUTPA						
63	01	PARTIAL HOSPITALIZATION P						
63	02	OUTSIDE SERVICES						
		OTHER REIMBURS COST CNTRS						
101		TOTAL						

TITLE XVIII, PART A

SUBPROVIDER 1

TEFRA

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			26,181,427			9,372	
37	01 OPERATING ROOM			1,377,861				
37	02 AMBULATORY SERVICES			3,958,323			2,079	
38	02 ENDOSCOPY			1,025,754				
38	RECOVERY ROOM			1,369,786				
39	DELIVERY ROOM & LABOR ROO			1,345,482				
40	01 ANESTHESIOLOGY			948,320				
40	01 PAIN CLINIC			40,425,229			16,815	
41	RADIOLOGY-DIAGNOSTIC			26,469,221			477	
42	RADIOLOGY-THERAPEUTIC			33,062,774			42,106	
44	LABORATORY			9,662,181			5,873	
49	RESPIRATORY THERAPY			3,930,094			1,258	
50	PHYSICAL THERAPY			432,718			181	
51	OCCUPATIONAL THERAPY			195,182				
52	SPEECH PATHOLOGY			2,236,825			2,014	
53	01 ELECTROCARDIOLOGY			479,186				
53	01 CARDIAC REHAB			93,013			643	
54	01 ELECTROENCEPHALOGRAPHY			604,252				
55	01 SLEEP LAB			3,175,966			353	
56	MEDICAL SUPPLIES CHARGED			41,256,722			54,927	
56	DRUGS CHARGED TO PATIENTS							
61	OUTPAT SERVICE COST CNTRS							
61	EMERGENCY			14,464,978			4,807	
62	OBSERVATION BEDS (NON-DIS			1,664,234				
63	01 CHEMICAL DEPENDENCY-OUTPA			77,813				
63	01 PARTIAL HOSPITALIZATION P							
63	02 OUTSIDE SERVICES			888,217				
63	02 OTHER REIMBURS COST CNTRS							
101	TOTAL			215,325,558			140,905	

TITLE XVIII, PART A

SUBPROVIDER 1

TEFRA

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						
37	01 AMBULATORY SERVICES						
37	02 ENDOSCOPY						
38	RECOVERY ROOM						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
40	01 PAIN CLINIC						
41	RADIOLOGY-DIAGNOSTIC						
42	RADIOLOGY-THERAPEUTIC						
44	LABORATORY						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
53	01 CARDIAC REHAB						
54	ELECTROENCEPHALOGRAPHY						
54	01 SLEEP LAB						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
63	CHEMICAL DEPENDENCY-OUTPA						
63	01 PARTIAL HOSPITALIZATION P						
63	02 OUTSIDE SERVICES						
	OTHER REIMBURS COST CNTRS						
101	TOTAL						

COMPUTATION OF INPATIENT OPERATING COST

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	2,099.72
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	184,775
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM	
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	184,775

	TOTAL I/P COST	TOTAL I/P DAYS	AVERAGE PER DIEM	PROGRAM DAYS	PROGRAM COST
	1	2	3	4	5
42	NURSERY (TITLE V & XIX ONLY)				
	INTENSIVE CARE TYPE INPATIENT				
	HOSPITAL UNITS				
43	INTENSIVE CARE UNIT				
44	CORONARY CARE UNIT				
45	BURN INTENSIVE CARE UNIT				
46	SURGICAL INTENSIVE CARE UNIT				
47	OTHER SPECIAL CARE				
					1
48	PROGRAM INPATIENT ANCILLARY SERVICE COST				
49	TOTAL PROGRAM INPATIENT COSTS				
					43,190
					227,965

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

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
	INPAT ROUTINE SRVC CNTRS			
25	ADULTS & PEDIATRICS		10,407,684	
26	INTENSIVE CARE UNIT		2,384,760	
31	SUBPROVIDER I			
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.448380	6,738,015	3,021,191
37 01	AMBULATORY SERVICES	1.456098	44,035	64,119
37 02	ENDOSCOPY	.252639	499,293	126,141
38	RECOVERY ROOM	1.147137		
39	DELIVERY ROOM & LABOR ROOM	1.164699	2,182	2,541
40	ANESTHESIOLOGY	.537357	183,990	98,868
40 01	PAIN CLINIC	.390044	8,418	3,283
41	RADIOLOGY-DIAGNOSTIC	.248929	6,906,873	1,719,321
42	RADIOLOGY-THERAPEUTIC	.416372	130,008	54,132
44	LABORATORY	.241083	8,389,308	2,022,520
49	RESPIRATORY THERAPY	.201635	5,889,461	1,187,521
50	PHYSICAL THERAPY	1.100798	535,384	589,350
51	OCCUPATIONAL THERAPY	.677222	75,239	50,954
52	SPEECH PATHOLOGY	.651684	46,823	30,514
53	ELECTROCARDIOLOGY	.347554	652,559	226,799
53 01	CARDIAC REHAB	1.269607	1,155	1,466
54	ELECTROENCEPHALOGRAPHY	.112339	21,226	2,385
54 01	SLEEP LAB	.611847	2,945	1,802
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.040070	964,327	38,641
56	DRUGS CHARGED TO PATIENTS	.149304	13,512,374	2,017,451
	OUTPAT SERVICE COST CNTRS			
61	EMERGENCY	.522421	2,091,666	1,092,730
62	OBSERVATION BEDS (NON-DISTINCT PART)	1.140750		
63	CHEMICAL DEPENDENCY-OUTPATIENT	8.537995		
63 01	PARTIAL HOSPITALIZATION PGM			
63 02	OUTSIDE SERVICES	.589811	177,997	104,985
	OTHER REIMBURS COST CNTRS			
101	TOTAL		46,873,278	12,456,714
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		46,873,278	

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
	TITLE XVIII, PART A SUBPROVIDER 1			
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS			
26	INTENSIVE CARE UNIT			
31	SUBPROVIDER I ANCILLARY SRVC COST CNTRS		190,558	
37	OPERATING ROOM	.448380	9,372	4,202
37 01	AMBULATORY SERVICES	1.456098		
37 02	ENDOSCOPY	.252639	2,079	525
38	RECOVERY ROOM	1.147137		
39	DELIVERY ROOM & LABOR ROOM	1.164699		
40	ANESTHESIOLOGY	.537357		
40 01	PAIN CLINIC	.390044		
41	RADIOLOGY-DIAGNOSTIC	.248929	16,815	4,186
42	RADIOLOGY-THERAPEUTIC	.416372	477	199
44	LABORATORY	.241083	42,106	10,151
49	RESPIRATORY THERAPY	.201635	5,873	1,184
50	PHYSICAL THERAPY	1.100798	1,258	1,385
51	OCCUPATIONAL THERAPY	.677222	181	123
52	SPEECH PATHOLOGY	.651684		
53	ELECTROCARDIOLOGY	.347554	2,014	700
53 01	CARDIAC REHAB	1.269607		
54	ELECTROENCEPHALOGRAPHY	.112339	643	72
54 01	SLEEP LAB	.611847		
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.040070	353	14
56	DRUGS CHARGED TO PATIENTS OUTPAT SERVICE COST CNTRS	.149304	54,927	8,201
61	EMERGENCY	.505670	4,807	2,431
62	OBSERVATION BEDS (NON-DISTINCT PART)	1.140750		
63	CHEMICAL DEPENDENCY-OUTPATIENT	8.537995		
63 01	PARTIAL HOSPITALIZATION PGM			
63 02	OUTSIDE SERVICES	.589811		
	OTHER REIMBURS COST CNTRS			
101	TOTAL		140,905	33,373
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		140,905	

WKST A LINE NO.	TITLE XIX COST CENTER DESCRIPTION	HOSPITAL	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS			1,720,424	
26	INTENSIVE CARE UNIT			236,557	
31	SUBPROVIDER I ANCILLARY SRVC COST CNTRS				
37	OPERATING ROOM		.448380	940,905	421,883
37 01	AMBULATORY SERVICES		1.456098	252	367
37 02	ENDOSCOPY		.252639	25,829	6,525
38	RECOVERY ROOM		1.147137	31,831	36,515
39	DELIVERY ROOM & LABOR ROOM		1.164699	529,719	616,963
40	ANESTHESIOLOGY		.537357	115,395	62,008
40 01	PAIN CLINIC		.390044	105	41
41	RADIOLOGY-DIAGNOSTIC		.248929	612,412	152,447
42	RADIOLOGY-THERAPEUTIC		.416372	8,404	3,499
44	LABORATORY		.241083	1,066,584	257,135
49	RESPIRATORY THERAPY		.201635	467,672	94,299
50	PHYSICAL THERAPY		1.100798	17,493	19,256
51	OCCUPATIONAL THERAPY		.677222	2,782	1,884
52	SPEECH PATHOLOGY		.651684	1,629	1,062
53	ELECTROCARDIOLOGY		.347554	29,841	10,371
53 01	CARDIAC REHAB		1.269607		
54	ELECTROENCEPHALOGRAPHY		.112339	4,642	521
54 01	SLEEP LAB		.611847		
55	MEDICAL SUPPLIES CHARGED TO PATIENTS		.040070	130,727	5,238
56	DRUGS CHARGED TO PATIENTS OUTPAT SERVICE COST CNTRS		.149304	2,441,028	364,455
61	EMERGENCY		.505670	354,465	179,242
62	OBSERVATION BEDS (NON-DISTINCT PART)		1.140750		
63	CHEMICAL DEPENDENCY-OUTPATIENT		8.537995		
63 01	PARTIAL HOSPITALIZATION PGM				
63 02	OUTSIDE SERVICES		.589811	21,264	12,542
	OTHER REIMBURS COST CNTRS				
101	TOTAL			6,802,979	2,246,253
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES				
103	NET CHARGES			6,802,979	

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			
31	SUBPROVIDER I ANCILLARY SRVC COST CNTRS		383,432	
37	OPERATING ROOM	.448380		
37 01	AMBULATORY SERVICES	1.456098		
37 02	ENDOSCOPY	.252639		
38	RECOVERY ROOM	1.147137		
39	DELIVERY ROOM & LABOR ROOM	1.164699		
40	ANESTHESIOLOGY	.537357		
40 01	PAIN CLINIC	.390044		
41	RADIOLOGY-DIAGNOSTIC	.248929	20,054	4,992
42	RADIOLOGY-THERAPEUTIC	.416372		
44	LABORATORY	.241083	81,409	19,626
49	RESPIRATORY THERAPY	.201635	4,239	855
50	PHYSICAL THERAPY	1.100798	53	58
51	OCCUPATIONAL THERAPY	.677222		
52	SPEECH PATHOLOGY	.651684		
53	ELECTROCARDIOLOGY	.347554		
53 01	CARDIAC REHAB	1.269607		
54	ELECTROENCEPHALOGRAPHY	.112339	3,666	412
54 01	SLEEP LAB	.611847		
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.040070	291	12
56	DRUGS CHARGED TO PATIENTS OUTPAT SERVICE COST CNTRS	.149304	59,701	8,914
61	EMERGENCY	.505670	16,456	8,321
62	OBSERVATION BEDS (NON-DISTINCT PART)	1.140750		
63	CHEMICAL DEPENDENCY-OUTPATIENT	8.537995		
63 01	PARTIAL HOSPITALIZATION PGM			
63 02	OUTSIDE SERVICES	.589811		
	OTHER REIMBURS COST CNTRS			
101	TOTAL		185,869	43,190
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		185,869	

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS
 HOSPITAL

DESCRIPTION	1	1.01
DRG AMOUNT		
1 OTHER THAN OUTLIER PAYMENTS OCCURRING PRIOR TO OCTOBER 1	5,892,659	
1.01 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER OCTOBER 1 AND BEFORE JANUARY 1	3,681,799	
1.02 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER JAN 1	5,067,831	
MANAGED CARE PATIENTS		
1.03 PAYMENTS PRIOR TO MARCH 1ST OR OCTOBER 1ST		
1.04 PAYMENTS ON OR AFTER OCTOBER 1 AND PRIOR TO JANUARY 1		
1.05 PAYMENTS ON OR AFTER JANUARY 1ST BUT BEFORE 4/1 / 10/1		
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)	703,541	
3 BED DAYS AVAILABLE DIVIDED BY # DAYS IN COST RPTG PERIOD	103.53	
INDIRECT MEDICAL EDUCATION ADJUSTMENT		
3.01 NUMBER OF INTERNS & RESIDENTS FROM WKST S-3, PART I		
3.02 INDIRECT MEDICAL EDUCATION PERCENTAGE (SEE INSTRUCTIONS)		
3.03 INDIRECT MEDICAL EDUCATION ADJUSTMENT		
3.04 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE 12/31/1996.		
3.05 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS WHICH MEET THE CRITERIA FOR AN ADD-ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii)		
3.06 ADJUSTED FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR AFFILIATED PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii)		
		FOR CR PERIODS ENDING ON OR AFTER 7/1/2005 E-3 PT 6 LN 15 PLUS LN 3.06
3.07 SUM OF LINES 3.04 THROUGH 3.06 (SEE INSTRUCTIONS)		
3.08 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS IN THE CURRENT YEAR FROM YOUR RECORDS		
3.09 FOR COST REPORTING PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING PRIOR TO OCTOBER 1.		
3.10 FOR COST REPORTING PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING ON OR AFTER OCTOBER 1		
3.11 FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.09		
3.12 FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.10		
3.13 FTE COUNT FOR RESIDENTS IN DENTAL AND PODIATRIC PROGRAMS.		
3.14 CURRENT YEAR ALLOWABLE FTE (SEE INSTRUCTIONS)		
3.15 TOTAL ALLOWABLE FTE COUNT FOR THE PRIOR YEAR, IF NONE BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE		
3.16 TOTAL ALLOWABLE FTE COUNT FOR THE PENULTIMATE YEAR IF THAT YEAR ENDED ON OR AFTER SEPTEMBER 30, 1997, OTHERWISE ENTER ZERO. IF THERE WAS NO FTE COUNT IN THIS PERIOD BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE		
3.17 SUM OF LINES 3.14 THRU 3.16 DIVIDED BY THE NUMBER OF THOSE LINES IN EXCESS OF ZERO (SEE INSTRUCTIONS).		
3.18 CURRENT YEAR RESIDENT TO BED RATIO (LN 3.17 DIVIDED BY LN 3)		
3.19 PRIOR YEAR RESIDENT TO BED RATIO (SEE INSTRUCTIONS)		
3.20 FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 1997, ENTER THE LESSER OF LINES 3.18 OR 3.19		
3.21 I ME PAYMENTS FOR DISCHARGES OCCURRING PRIOR TO OCT 1		
3.22 I ME PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER OCT 1, BUT BEFORE JANUARY 1 (SEE INSTRUCTIONS)		
3.23 I ME PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER JANUARY 1		
	SUM OF LINES 3.21 - 3.23	PLUS E-3, PT VI, LINE 23
3.24 SUM OF LINES 3.21 THROUGH 3.23 (SEE INSTRUCTIONS).		
DISPROPORTIONATE SHARE ADJUSTMENT		
4 PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS (SEE INSTRUCTIONS)		1.28
4.01 PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS REPORTED ON WORKSHEET S-3, PART I		16.18
4.02 SUM OF LINES 4 AND 4.01		17.46
4.03 ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTRUC)		4.09
4.04 DISPROPORTIONATE SHARE ADJUSTMENT (SEE INSTRUCTIONS)		598,870
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, AND 317.		

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS
HOSPITAL

DESCRIPTION	1	1.01
5.01 TOTAL ESRD MEDICARE DISCHARGES EXCLUDING DRGs 302, 316 & 317		
5.02 DIVIDE LINE 5.01 BY LINE 5 (IF LESS THAN 10%, YOU DO NOT QUALIFY FOR ADJUSTMENT)		
5.03 TOTAL MEDICARE ESRD INPATIENT DAYS EXCLUDING DRGs 302, 316, AND 317.		
5.04 RATIO OF AVERAGE LENGTH OF STAY TO ONE WEEK		
5.05 AVERAGE WEEKLY COST FOR DIALYSIS TREATMENTS (SEE INSTRUC)	335.00	
5.06 TOTAL ADDITIONAL PAYMENT		
6 SUBTOTAL (SEE INSTRUCTIONS)	15,944,700	
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)	15,944,700	
9 PAYMENT FOR INPATIENT PROGRAM CAPITAL	1,369,301	
10 EXCEPTION PAYMENT FOR INPATIENT PROGRAM CAPITAL		
11 DIRECT GRADUATE MEDICAL EDUCATION PAYMENT		
11.01 NURSING AND ALLIED HEALTH MANAGED CARE		
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	17,314,001	
17 PRIMARY PAYER PAYMENTS		
18 TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES	17,314,001	
19 DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	1,779,515	
20 COINSURANCE BILLED TO PROGRAM BENEFICIARIES	53,776	
21 REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	61,736	
21.01 ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	43,215	
21.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	61,736	
22 SUBTOTAL	15,523,925	
23 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION		
24 OTHER ADJUSTMENTS (SPECIFY)		
24.99 OUTLIER RECONCILIATION ADJUSTMENT		
25 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS		
26 AMOUNT DUE PROVIDER	15,523,925	
27 SEQUESTRATION ADJUSTMENT		
28 INTERIM PAYMENTS	15,380,008	
28.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
29 BALANCE DUE PROVIDER (PROGRAM)	143,917	
30 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, 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)		

PART B - MEDICAL AND OTHER HEALTH SERVICES

HOSPITAL

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)	1,427
1.01	MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER APRIL 1, 2001 (SEE INSTRUCTIONS).	7,415,494
1.02	PPS PAYMENTS RECEIVED INCLUDING OUTLIERS.	
1.03	ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO.	5,576,101
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)	1,427
COMPUTATION OF LESSER OF COST OR CHARGES		
REASONABLE CHARGES		
6	ANCILLARY SERVICE CHARGES	4,107
7	INTERNS AND RESIDENTS SERVICE CHARGES	
8	ORGAN ACQUISITION CHARGES	
9	CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS.	
10	TOTAL REASONABLE CHARGES	4,107
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)	4,107
15	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	2,680
16	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	
17	LESSER OF COST OR CHARGES (FOR CAH SEE INSTRUC)	1,427
17.01	TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 1.02, 1.06 AND 1.07)	5,576,101
COMPUTATION OF REIMBURSEMENT SETTLEMENT		
18	DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)	1,409,634
18.01	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 17.01 (SEE INSTRUCTIONS)	
19	SUBTOTAL (SEE INSTRUCTIONS)	4,167,894
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	4,167,894
24	PRIMARY PAYER PAYMENTS	85
25	SUBTOTAL	4,167,809
REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)		
26	COMPOSITE RATE ESRD	
27	BAD DEBTS (SEE INSTRUCTIONS)	28,467
27.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	19,927
27.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	28,467
28	SUBTOTAL	4,187,736
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	4,187,736
33	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
34	INTERIM PAYMENTS	4,230,784
34.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
35	BALANCE DUE PROVIDER/PROGRAM	-43,048
36	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2	

TITLE XVII HOSPITAL

DESCRIPTION	INPATIENT-PART A		PART B	
	MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT
	1	2	3	4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		15,101,404		4,166,382
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.		93,746		64,402
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	11/9/2007	184,858	
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		184,858	NONE
4 TOTAL INTERIM PAYMENTS		15,380,008		4,230,784
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
TENTATIVE TO PROVIDER	.01			
TENTATIVE TO PROVIDER	.02			
TENTATIVE TO PROVIDER	.03			
TENTATIVE TO PROGRAM	.50			
TENTATIVE TO PROGRAM	.51			
TENTATIVE TO PROGRAM	.52			
SUBTOTAL	.99		NONE	NONE
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)				
SETTLEMENT TO PROVIDER	.01			
SETTLEMENT TO PROGRAM	.02			
7 TOTAL MEDICARE PROGRAM LIABILITY				

NAME OF INTERMEDIARY:
 INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: _____

DATE: ___/___/___

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

TITLE XVII I SUBPROVIDER 1

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		129,556		
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				
ADJUSTMENTS TO PROGRAM .59				
SUBTOTAL		NONE		NONE
4 TOTAL INTERIM PAYMENTS		129,556		
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				
TENTATIVE TO PROGRAM .59				
SUBTOTAL		NONE		NONE
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)	SETTLEMENT TO PROVIDER .01			
	SETTLEMENT TO PROGRAM .02			
7 TOTAL MEDICARE PROGRAM LIABILITY				

NAME OF INTERMEDIARY:
 INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: _____

DATE: ___/___/___

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

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

1	INPATIENT HOSPITAL SERVICES (SEE INSTRUCTIONS)		267,650
1.01	HOSPITAL SPECIFIC AMOUNT (SEE INSTRUCTIONS)		66,913
1.02	ENTER FROM THE PS&R, THE IRF PPS PAYMENT		
1.03	MEDICAID SSI RATIO (IRF PPS ONLY) (SEE INSTR.)		
1.04	INPATIENT REHABILITATION FACILITY LIP PAYMENTS (SEE INSTRUCTIONS)		
1.05	OUTLIER PAYMENTS		
1.06	TOTAL PPS PAYMENTS (SUM OF LINES 1.01, (1.02, 1.04 FOR COLUMNS 1 & 1.01), 1.05 AND 1.42)		
1.07	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT (SEE INSTRUCTIONS)		
INPATIENT PSYCHIATRIC FACILITY (IPF)			
1.08	NET FEDERAL IPF PPS PAYMENTS (EXCLUDING OUTLIER, ECT, STOP-LOSS, AND MEDICAL EDUCATION PAYMENTS)		84,450
1.09	NET IPF PPS OUTLIER PAYMENTS		15,778
1.10	NET IPF PPS ECT PAYMENTS		1,469
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)		1.672131
1.17	MEDICAL EDUCATION ADJUSTMENT FACTOR $\{((1 + (\text{LINE } 1.15/1.16))) \text{ RAISED TO THE POWER OF } .5150 - 1\}$.		
1.18	MEDICAL EDUCATION ADJUSTMENT (LINE 1.08 MULTIPLIED BY LINE 1.17).		
1.19	ADJUSTED NET IPF PPS PAYMENTS (SUM OF LINES 1.08, 1.09, 1.10 AND 1.18)		101,697
1.20	STOP LOSS PAYMENT FLOOR (LINE 1 x 70%)		187,355
1.21	ADJUSTED NET PAYMENT FLOOR (LINE 1.20 x THE APPROPRIATE FEDERAL BLEND PERCENTAGE)		140,516
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-)		38,819
1.23	TOTAL IPF PPS PAYMENTS (SUM OF LINES 1.01, 1.19 AND 1.22)		207,429
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 $\{((1 + (\text{LINE } 1.39/1.40))) \text{ RAISED TO THE POWER OF } .9012 - 1\}$.		
1.42	MEDICAL EDUCATION ADJUSTMENT (LINE 1.02 MULTIPLIED BY LINE 1.41).		
2	ORGAN ACQUISITION		
3	COST OF TEACHING PHYSICIANS		
4	SUBTOTAL (SEE INSTRUCTIONS)		207,429
5	PRIMARY PAYER PAYMENTS		
6	SUBTOTAL		207,429
7	DEDUCTIBLES		10,208
8	SUBTOTAL		197,221
9	COINSURANCE		
10	SUBTOTAL		197,221
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		197,221
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		

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

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)	197,221	
18	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)		
19	INTERIM PAYMENTS	129,556	
19.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
20	BALANCE DUE PROVIDER/PROGRAM	67,665	
21	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, 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.

	GENERAL FUND	SPECIFIC FUND PURPOSE	ENDOWMENT FUND	PLANT FUND
ASSETS	1	2	3	4
CURRENT ASSETS				
1 CASH ON HAND AND IN BANKS	14,759,529			
2 TEMPORARY INVESTMENTS				
3 NOTES RECEIVABLE				
4 ACCOUNTS RECEIVABLE	19,762,578			
5 OTHER RECEIVABLES	5,185,093			
6 LESS: ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE				
7 INVENTORY	3,016,728			
8 PREPAID EXPENSES	2,116,944			
9 OTHER CURRENT ASSETS				
10 DUE FROM OTHER FUNDS				
11 TOTAL CURRENT ASSETS	44,840,872			
FIXED ASSETS				
12 LAND	14,055,740			
12.01 LAND IMPROVEMENTS				
13.01 LESS ACCUMULATED DEPRECIATION	-51,021,670			
14 BUILDINGS	95,893,090			
14.01 LESS ACCUMULATED DEPRECIATION	-3,753,917			
15 LEASEHOLD IMPROVEMENTS	127,784			
15.01 LESS ACCUMULATED DEPRECIATION				
16 FIXED EQUIPMENT	7,615,621			
16.01 LESS ACCUMULATED DEPRECIATION				
17 AUTOMOBILES AND TRUCKS	138,134			
17.01 LESS ACCUMULATED DEPRECIATION				
18 MAJOR MOVABLE EQUIPMENT	49,462,450			
18.01 LESS ACCUMULATED DEPRECIATION				
19 MINOR EQUIPMENT DEPRECIABLE				
19.01 LESS ACCUMULATED DEPRECIATION				
20 MINOR EQUIPMENT-NONDEPRECIABLE				
21 TOTAL FIXED ASSETS	112,517,232			
OTHER ASSETS				
22 INVESTMENTS	84,412,683			
23 DEPOSITS ON LEASES				
24 DUE FROM OWNERS/OFFICERS				
25 OTHER ASSETS	1,142,264			
26 TOTAL OTHER ASSETS	85,554,947			
27 TOTAL ASSETS	242,913,051			

	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
LIABILITIES AND FUND BALANCE	1	2	3	4
CURRENT LIABILITIES				
28 ACCOUNTS PAYABLE	19,188,849			
29 SALARIES, WAGES & FEES PAYABLE	6,635,027			
30 PAYROLL TAXES PAYABLE				
31 NOTES AND LOANS PAYABLE (SHORT TERM)	71,371,256			
32 DEFERRED INCOME				
33 ACCELERATED PAYMENTS				
34 DUE TO OTHER FUNDS				
35 OTHER CURRENT LIABILITIES	988,127			
36 TOTAL CURRENT LIABILITIES	98,183,259			
LONG TERM LIABILITIES				
37 MORTGAGE PAYABLE				
38 NOTES PAYABLE				
39 UNSECURED LOANS				
40.01 LOANS PRIOR TO 7/1/66				
40.02 ON OR AFTER 7/1/66				
41 OTHER LONG TERM LIABILITIES	1,107,720			
42 TOTAL LONG-TERM LIABILITIES	1,107,720			
43 TOTAL LIABILITIES	99,290,979			
CAPITAL ACCOUNTS				
44 GENERAL FUND BALANCE	143,622,072			
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	143,622,072			
52 TOTAL LIABILITIES AND FUND BALANCES	242,913,051			

	GENERAL FUND		SPECIFIC PURPOSE FUND	
	1	2	3	4
1 FUND BALANCE AT BEGINNING OF PERIOD		140,727,401		
2 NET INCOME (LOSS)		2,894,672		
3 TOTAL		143,622,073		
4 ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
5 ADDITIONS (CREDIT ADJUSTM				
6				
7				
8				
9				
10 TOTAL ADDITIONS				
11 SUBTOTAL		143,622,073		
12 DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
13				
14				
15				
16				
17				
18 TOTAL DEDUCTIONS				
19 FUND BALANCE AT END OF PERIOD PER BALANCE SHEET		143,622,073		

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

PART I - PATIENT REVENUES

REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3
GENERAL INPATIENT ROUTINE CARE SERVICES			
1 00 HOSPITAL	18,371,705		18,371,705
2 00 SUBPROVIDER I	755,790		755,790
4 00 SWING BED - SNF			
5 00 SWING BED - NF			
9 00 TOTAL GENERAL INPATIENT ROUTINE CARE	19,127,495		19,127,495
INTENSIVE CARE TYPE INPATIENT HOSPITAL SVCS			
10 00 INTENSIVE CARE UNIT	4,034,686		4,034,686
15 00 TOTAL INTENSIVE CARE TYPE INPAT HOSP	4,034,686		4,034,686
16 00 TOTAL INPATIENT ROUTINE CARE SERVICE	23,162,181		23,162,181
17 00 ANCILLARY SERVICES	89,129,072	127,430,084	216,559,156
18 00 OUTPATIENT SERVICES			
19 00 HOME HEALTH AGENCY			
24 00 OCCUPATIONAL MED		22,611	22,611
24 01 ER PRO FEES	1,367,183	6,090,452	7,457,635
24 02			
25 00 TOTAL PATIENT REVENUES	113,658,436	133,543,147	247,201,583

PART II - OPERATING EXPENSES

26 00 OPERATING EXPENSES		110,564,081	
ADD (SPECIFY)			
27 00 ADD (SPECIFY)			
28 00 HAUSER ROSS			
29 00 CANCER CENTER			
30 00 BAD DEBTS	9,656,050		
31 00 IMMATERIAL VARIANCE	912		
32 00			
33 00 TOTAL ADDITIONS		9,656,962	
DEDUCT (SPECIFY)			
34 00 DEDUCT (SPECIFY)			
35 00			
36 00			
37 00			
38 00			
39 00 TOTAL DEDUCTIONS			
40 00 TOTAL OPERATING EXPENSES		120,221,043	

DESCRIPTION

1	TOTAL PATIENT REVENUES	247,201,583
2	LESS: ALLOWANCES AND DISCOUNTS ON PATIENT'S ACCTS	126,221,805
3	NET PATIENT REVENUES	120,979,778
4	LESS: TOTAL OPERATING EXPENSES	120,221,043
5	NET INCOME FROM SERVICE TO PATIENTS	758,735
	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	
11	REBATES AND REFUNDS OF EXPENSES	
12	PARKING LOT RECEIPTS	
13	REVENUE FROM LAUNDRY AND LINEN SERVICE	
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS	
15	REVENUE FROM RENTAL OF LIVING QUARTERS	
16	REVENUE FROM SALE OF MEDICAL & SURGICAL SUPPLIES TO OTHER THAN PATIENTS	
17	REVENUE FROM SALE OF DRUGS TO OTHER THAN PATIENTS	
18	REVENUE FROM SALE OF MEDICAL RECORDS & ABSTRACTS	
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC)	
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOP & CANTEEN	
21	RENTAL OF VENDING MACHINES	
22	RENTAL OF HOSPITAL SPACE	
23	GOVERNMENTAL APPROPRIATIONS	
24	OTHER OPERATING REVENUE	2,058,782
24.01	NON OPERATING REVENUE	4,559,263
24.02		
24.03		
25	TOTAL OTHER INCOME	6,618,045
26	TOTAL	7,376,780
	OTHER EXPENSES	
27	ROUNDING	1
28	OTHER GAINS/LOSSES	3,230,719
29	UNREALIZED GAINS/LOSSES	1,251,388
30	TOTAL OTHER EXPENSES	4,482,108
31	NET INCOME (OR LOSS) FOR THE PERIOD	2,894,672

CALCULATION OF CAPITAL PAYMENT

PROVIDER NO:	PERIOD:	PREPARED
14-0286	FROM 5/1/2007	9/30/2008
COMPONENT NO:	TO 4/30/2008	WORKSHEET L
14-0286		PARTS I-IV

TITLE XVIII, PART A

HOSPITAL

FULLY PROSPECTIVE METHOD

PART I - FULLY PROSPECTIVE METHOD

1	CAPITAL HOSPITAL SPECIFIC RATE PAYMENTS	
	CAPITAL FEDERAL AMOUNT	
2	CAPITAL DRG OTHER THAN OUTLIER	1,277,393
3	CAPITAL DRG OUTLIER PAYMENTS PRIOR TO 10/01/1997	
3.01	CAPITAL DRG OUTLIER PAYMENTS AFTER 10/01/1997	45,922
	INDIRECT MEDICAL EDUCATION ADJUSTMENT	
4	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS	51.69
	IN THE COST REPORTING PERIOD	
4.01	NUMBER OF INTERNS AND RESIDENTS	.00
	(SEE INSTRUCTIONS)	
4.02	INDIRECT MEDICAL EDUCATION PERCENTAGE	.00
4.03	INDIRECT MEDICAL EDUCATION ADJUSTMENT	
	(SEE INSTRUCTIONS)	
5	PERCENTAGE OF SSI RECEIPT PATIENT DAYS TO	1.28
	MEDI CARE PART A PATIENT DAYS	
5.01	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL	16.18
	DAYS REPORTED ON S-3, PART I	
5.02	SUM OF 5 AND 5.01	17.46
5.03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE	3.60
5.04	DISPROPORTIONATE SHARE ADJUSTMENT	45,986
6	TOTAL PROSPECTIVE CAPITAL PAYMENTS	1,369,301

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)	