

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

FORM APPROVED
 OMB NO. 0938-0050

WORKSHEET S
 PARTS I & II

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX	I	PROVIDER NO:	I	PERIOD	I	INTERMEDIARY USE ONLY	I	DATE RECEIVED:
COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	I	14-0300	I	FROM 12/ 1/2007	I	--AUDITED --DESK REVIEW	I	/ /
	I		I	TO 11/30/2008	I	--INITIAL --REOPENED	I	INTERMEDIARY NO:
	I		I		I	--FINAL 1-MCR CODE	I	
					I	00 - # OF REOPENINGS	I	

ELECTRONICALLY FILED COST REPORT DATE: 4/18/2009 TIME 8:55

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:
 PROVIDENT HOSPITAL OF COOK COUNTY 14-0300
 FOR THE COST REPORTING PERIOD BEGINNING 12/ 1/2007 AND ENDING 11/30/2008 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
1 HOSPITAL	0		83,377	18,357	10,398,880
100 TOTAL	0		83,377	18,357	10,398,880

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

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX ADDRESS

1 STREET: 500 EAST 51ST STREET P.O. BOX:
 1.01 CITY: CHICAGO STATE: IL ZIP CODE: 60615- COUNTY: COOK

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION;

COMPONENT	COMPONENT NAME	PROVIDER NO.	NPI NUMBER	DATE CERTIFIED	PAYMENT SYSTEM (P,T,O OR N)
02.00	HOSPITAL	14-0300	2.01	10/ 8/1993	V XVIII XIX 4 5 6 N P N

17 COST REPORTING PERIOD (MM/DD/YYYY) FROM: 12/ 1/2007 TO: 11/30/2008

18 TYPE OF CONTROL 1 2
8

TYPE OF HOSPITAL/SUBPROVIDER

19 HOSPITAL 1
20 SUBPROVIDER

OTHER INFORMATION

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

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

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

21.03 ENTER IN COLUMN 1 YOUR GEOGRAPHIC LOCATION EITHER (1)URBAN OR (2)RURAL. IF YOU ANSWERED URBAN IN COLUMN 1 INDICATE IF YOU RECEIVED EITHER A WAGE OR STANDARD GEOGRAPHICAL RECLASSIFICATION TO A RURAL LOCATION, ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. IF COLUMN 2 IS YES, ENTER IN COLUMN 3 THE EFFECTIVE DATE (MM/DD/YYYY)(SEE INSTRUCTIONS) DOES YOUR FACILITY CONTAIN 100 OR FEWER BEDS IN ACCORDANCE WITH 42 CFR 412.105? ENTER IN COLUMN 4 "Y" OR "N". ENTER IN COLUMN 5 THE PROVIDERS ACTUAL MSA OR CBSA. 1 N N 16974

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

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

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

22 ARE YOU CLASSIFIED AS A REFERRAL CENTER? N

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

23.01 IF THIS IS A MEDICARE CERTIFIED KIDNEY TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3. / / / /

23.02 IF THIS IS A MEDICARE CERTIFIED HEART TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3. / / / /

23.03 IF THIS IS A MEDICARE CERTIFIED LIVER TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3. / / / /

23.04 IF THIS IS A MEDICARE CERTIFIED LUNG TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3. / / / /

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

23.06 IF THIS IS A MEDICARE CERTIFIED INTESTINAL TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3. / / / /

23.07 IF THIS IS A MEDICARE CERTIFIED ISLET TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3. / / / /

24 IF THIS IS AN ORGAN PROCUREMENT ORGANIZATION (OPO), ENTER THE OPO NUMBER IN COLUMN 2 AND CERTIFICATION DATE OR RECERTIFICATION DATE (AFTER 12/26/2007) in column 3 (mm/dd/yyyy) / /

24.01 IF THIS IS A MEDICARE TRANSPLANT CENTER; ENTER THE CCN (PROVIDER NUMBER) IN COLUMN 2, THE CERTIFICATION DATE OR RECERTIFICATION DATE (AFTER 12/26/2007) IN COLUMN 3 (mm/dd/yyyy). / /

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

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

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

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

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

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

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

A NOTICE PUBLISHED IN THE "FEDERAL REGISTER" VOL. 68, NO. 149 AUGUST 4, 2003 PROVIDED FOR AN INCREASE IN THE RUG PAYMENTS BEGINNING 10/01/2003. CONGRESS EXPECTED THIS INCREASE TO BE USED FOR DIRECT PATIENT CARE AND RELATED EXPENSES. ENTER IN COLUMN 1 THE PERCENTAGE OF TOTAL EXPENSES FOR EACH CATEGORY TO TOTAL SNF REVENUE FROM WORKSHEET G-2, PART I, LINE 6, COLUMN 3. INDICATE IN COLUMN 2 "Y" FOR YES OR "N" FOR NO IF THE SPENDING REFLECTS INCREASES ASSOCIATED WITH DIRECT PATIENT CARE AND RELATED EXPENSES FOR EACH CATEGORY. (SEE INSTR) % Y/N
 28.03 STAFFING 0.00%
 28.04 RECRUITMENT 0.00%
 28.05 RETENTION 0.00%
 28.06 TRAINING 0.00%
 28.07 0.00%
 28.08 0.00%
 28.09 0.00%
 28.10 0.00%
 28.11 0.00%
 28.12 0.00%
 28.13 0.00%
 28.14 0.00%
 28.15 0.00%
 28.16 0.00%
 28.17 0.00%
 28.18 0.00%
 28.19 0.00%
 28.20 0.00%

29 IS THIS A RURAL HOSPITAL WITH A CERTIFIED SNF WHICH HAS FEWER THAN 50 BEDS IN THE AGGREGATE FOR BOTH COMPONENTS, USING THE SWING BED OPTIONAL METHOD OF REIMBURSEMENT? N
 30 DOES THIS HOSPITAL QUALIFY AS A RURAL PRIMARY CARE HOSPITAL (RPCH)/CRITICAL ACCESS HOSPITAL(CAH)? (SEE 42 CFR 485.606ff) N
 30.01 IF SO, IS THIS THE INITIAL 12 MONTH PERIOD FOR THE FACILITY OPERATED AS AN RPCH/CAH? SEE 42 CFR 413.70
 30.02 IF THIS FACILITY QUALIFIES AS AN RPCH/CAH, HAS IT ELECTED THE ALL-INCLUSIVE METHOD OF PAYMENT FOR OUTPATIENT SERVICES? (SEE INSTRUCTIONS) N
 30.03 IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIBIBLE FOR COST REIMBURSEMENT FOR AMBULANCE SERVICES? IF YES, ENTER IN COLUMN 2 THE DATE OF ELIGIBILITY DETERMINATION (DATE MUST BE ON OR AFTER 12/21/2000). N
 30.04 IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIBIBLE FOR COST REIMBURSEMENT FOR I&R TRAINING PROGRAMS? ENTER "Y" FOR YES AND "N" FOR NO. IF YES, THE GME ELIMINATION WOULD NOT BE ON WORKSHEET B, PART I, COLUMN 26 AND THE PROGRAM WOULD BE COST REIMBURSED. IF YES COMPLETE WORKSHEET D-2, PART II N
 31 IS THIS A RURAL HOSPITAL QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c). N
 31.01 IS THIS A RURAL SUBPROVIDER 1 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c). N
 31.02 IS THIS A RURAL SUBPROVIDER 2 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c). N
 31.03 IS THIS A RURAL SUBPROVIDER 3 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c). N
 31.04 IS THIS A RURAL SUBPROVIDER 4 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c). N
 31.05 IS THIS A RURAL SUBPROVIDER 5 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c). N

MISCELLANEOUS COST REPORT INFORMATION
 32 IS THIS AN ALL-INCLUSIVE PROVIDER? IF YES, ENTER THE METHOD USED (A, B, OR E ONLY) COL 2. N
 33 IS THIS A NEW HOSPITAL UNDER 42 CFR 412.300 PPS CAPITAL? ENTER "Y" FOR YES AND "N" FOR NO IN COLUMN 1. IF YES, FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 2002, DO YOU ELECT TO BE REIMBURSED AT 100% FEDERAL CAPITAL PAYMENT? ENTER "Y" FOR YES AND "N" FOR NO IN COLUMN 2 N
 34 IS THIS A NEW HOSPITAL UNDER 42 CFR 413.40 (f)(1)(i) TEFRA? N
 35 HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)? N
 35.01 HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)? N
 35.02 HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?
 35.03 HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?
 35.04 HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?

PROSPECTIVE PAYMENT SYSTEM (PPS)-CAPITAL V XVIII XIX
 1 2 3
 36 DO YOU ELECT FULLY PROSPECTIVE PAYMENT METHODOLOGY FOR CAPITAL COSTS? (SEE INSTRUCTIONS) N Y N
 36.01 DOES YOUR FACILITY QUALIFY AND RECEIVE PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE WITH 42 CFR 412.320? (SEE INSTRUCTIONS) N Y N

37 DO YOU ELECT HOLD HARMLESS PAYMENT METHODOLOGY FOR CAPITAL COSTS? (SEE INSTRUCTIONS) N N N
 37.01 IF YOU ARE A HOLD HARMLESS PROVIDER, ARE YOU FILING ON THE BASIS OF 100% OF THE FED RATE?

TITLE XIX INPATIENT SERVICES

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

40 ARE THERE ANY RELATED ORGANIZATION OR HOME OFFICE COSTS AS DEFINED IN CMS PUB 15-I, CHAP 10?
 IF YES, AND THERE ARE HOME OFFICE COSTS, ENTER IN COL 2 THE HOME OFFICE PROVIDER NUMBER.
 IF THIS FACILITY IS PART OF A CHAIN ORGANIZATION ENTER THE NAME AND ADDRESS OF THE HOME OFFICE Y

40.01 NAME: FI/CONTRACTOR NAME FI/CONTRACTOR #
 40.02 STREET: P.O. BOX:
 40.03 CITY: STATE: ZIP CODE: -

41 ARE PROVIDER BASED PHYSICIANS' COSTS INCLUDED IN WORKSHEET A? Y
 42 ARE PHYSICAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N
 42.01 ARE OCCUPATIONAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N
 42.02 ARE SPEECH PATHOLOGY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N
 43 ARE RESPIRATORY THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N
 44 IF YOU ARE CLAIMING COST FOR RENAL SERVICES ON WORKSHEET A, ARE THEY INPATIENT SERVICES ONLY? Y
 45 HAVE YOU CHANGED YOUR COST ALLOCATION METHODOLOGY FROM THE PREVIOUSLY FILED COST REPORT? N 00/00/0000
 SEE CMS PUB. 15-II, SECTION 3617. IF YES, ENTER THE APPROVAL DATE IN COLUMN 2.
 45.01 WAS THERE A CHANGE IN THE STATISTICAL BASIS?
 45.02 WAS THERE A CHANGE IN THE ORDER OF ALLOCATION?
 45.03 WAS THE CHANGE TO THE SIMPLIFIED COST FINDING METHOD?
 46 IF YOU ARE PARTICIPATING IN THE NHCMP DEMONSTRATION PROJECT (MUST HAVE A HOSPITAL-BASED SNF)
 DURING THIS COST REPORTING PERIOD, ENTER THE PHASE (SEE INSTRUCTIONS).

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

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

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

54 LIST AMOUNTS OF MALPRACTICE PREMIUMS AND PAID LOSSES:
 PREMIUMS: 779,179
 PAID LOSSES: 0
 AND/OR SELF INSURANCE: 0
 54.01 ARE MALPRACTICE PREMIUMS AND PAID LOSSES REPORTED IN OTHER THAN THE ADMINISTRATIVE AND GENERAL COST CENTER? IF YES, SUBMIT SUPPORTING SCHEDULE LISTING COST CENTERS AND AMOUNTS CONTAINED THEREIN. N

55 DOES YOUR FACILITY QUALIFY FOR ADDITIONAL PROSPECTIVE PAYMENT IN ACCORDANCE WITH 42 CFR 412.107. ENTER "Y" FOR YES AND "N" FOR NO. N

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

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

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

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

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

60.01 IF LINE 60 COLUMN 1 IS Y, AND THE FACILITY IS AN IPF SUBPROVIDER, WERE RESIDENTS TRAINING IN THIS FACILITY IN ITS MOST RECENT COST REPORT FILED BEFORE NOV. 15, 2004? ENTER "Y" FOR YES OR "N" FOR NO. IS THIS FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR SEC. 412.424(d)(1)(iii)(2)? ENTER IN COL. 2 "Y" FOR YES OR "N" FOR NO. IF COL. 2 IS Y, ENTER 1, 2 OR 3 RESPECTIVELY IN COL. 3. (SEE INSTRUCTIONS). IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5. (SEE INSTRUCTIONS) 0

MULTICAMPUS

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

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

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

SETTLEMENT DATA

63.00 WAS THE COST REPORT FILED USING THE PS&R (EITHER IN ITS ENTIRETY OR FOR TOTAL CHARGES AND DAYS ONLY)? ENTER "Y" FOR YES AND "N" FOR NO IN COL. 1. IF COL. 1 IS "Y", ENTER THE "PAID THROUGH" DATE OF THE PS&R IN COL. 2 (MM/DD/YYYY). Y 2/28/2009

COMPONENT	NO. OF BEDS 1	BED DAYS AVAILABLE 2	CAH N/A 2.01	TITLE V 3	I/P DAYS / TITLE XVIII 4	O/P VISITS / NOT LTCH N/A 4.01	TRIPS TOTAL TITLE XIX 5
1 ADULTS & PEDIATRICS	100	36,600				3,904	6,154
2 HMO						124	434
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS	100	36,600				3,904	6,154
6 INTENSIVE CARE UNIT	19	6,954				884	862
11 NURSERY							434
12 TOTAL	119	43,554				4,788	7,450
13 RPCH VISITS							
25 TOTAL	119						
26 OBSERVATION BED DAYS							
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							

COMPONENT	TITLE XIX OBSERVATION BEDS ADMITTED 5.01	I/P DAYS / NOT ADMITTED 5.02	O/P VISITS TOTAL ALL PATS 6	/ TRIPS TOTAL OBSERVATION BEDS ADMITTED 6.01	DISCHARGES TOTAL OBSERVATION BEDS NOT ADMITTED 6.02	INTERNS & RES. TOTAL 7	FTES LESS I&R REPL NON-PHYS ANES 8
1 ADULTS & PEDIATRICS			18,329				
2 HMO							
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS			18,329				
6 INTENSIVE CARE UNIT			2,508				
11 NURSERY			1,263				
12 TOTAL			22,100			26.21	
13 RPCH VISITS							
25 TOTAL						26.21	
26 OBSERVATION BED DAYS							
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							

COMPONENT	I & R FTES NET 9	--- FULL TIME EMPLOYEES ON PAYROLL 10	EQUIV NONPAID WORKERS 11	TITLE V 12	DISCHARGES TITLE XVIII 13	TITLE XIX 14	TOTAL ALL PATIENTS 15
1 ADULTS & PEDIATRICS					978	1,797	5,214
2 HMO							
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS							
6 INTENSIVE CARE UNIT							
11 NURSERY							
12 TOTAL	26.21	543.55			978	1,797	5,214
13 RPCH VISITS							
25 TOTAL	26.21	543.55					
26 OBSERVATION BED DAYS							
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							

HOSPITAL WAGE INDEX INFORMATION

PART II - WAGE DATA	AMOUNT REPORTED 1	RECLASS OF SALARIES 2	ADJUSTED SALARIES 3	PAID HOURS RELATED TO SALARY 4	AVERAGE HOURLY WAGE 5	DATA SOURCE 6
SALARIES						
1 TOTAL SALARY	57,841,420		57,841,420	1,134,947.61	50.96	
2 NON-PHYSICIAN ANESTHETIST PART A						
3 NON-PHYSICIAN ANESTHETIST PART B						
4 PHYSICIAN - PART A	3,122,259		3,122,259	26,904.20	116.05	LABOR DISTRIBUTION SUMMA
4.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)	460,367		460,367	3,968.50	116.01	MARK W. HOSPITAL FINANCE
5 PHYSICIAN - PART B	15,862,474		15,862,474	136,686.55	116.05	LABOR DISTRIBUTION SUMMA
5.01 NON-PHYSICIAN - PART B						
6 INTERNS & RESIDENTS (APPRVD)		545,246	545,246	23,966.86	22.75	IMPUTED HOURLY RATE
6.01 CONTRACT SERVICES, I&R						
7 HOME OFFICE PERSONNEL						
8 SNF						
8.01 EXCLUDED AREA SALARIES						
OTHER WAGES & RELATED COSTS						
9 CONTRACT LABOR:	2,982,066		2,982,066	89,831.66	33.20	MARK W. HOSPITAL FINANCE
9.01 PHARMACY SERVICES UNDER CONTRACT						
9.02 LABORATORY SERVICES UNDER CONTRACT						
9.03 MANAGEMENT & ADMINISTRATIVE UNDER CONTRACT						
10 CONTRACT LABOR: PHYS PART A						
10.01 TEACHING PHYSICIAN UNDER CONTRACT (SEE INSTRUCTIONS)						
11 HOME OFFICE SALARIES & WAGE RELATED COSTS						
12 HOME OFFICE: PHYS PART A						
12.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
WAGE RELATED COSTS						
13 WAGE-RELATED COSTS (CORE)	10,155,225		10,155,225			CMS 339
14 WAGE-RELATED COSTS (OTHER)						CMS 339
15 EXCLUDED AREAS						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	2,985,595		2,985,595			CMS 339
19.01 WAGE-RELATD COSTS (RHC/FQHC)						CMS 339
20 INTERNS & RESIDENTS (APPRVD)						CMS 339
OVERHEAD COSTS - DIRECT SALARIES						
21 EMPLOYEE BENEFITS	581,874		581,874	12,890.75	45.14	
22 ADMINISTRATIVE & GENERAL	4,094,388		4,094,388	132,579.97	30.88	
22.01 A & G UNDER CONTRACT	43,092		43,092	1,555.89	27.70	
23 MAINTENANCE & REPAIRS	1,564,200		1,564,200	36,005.10	43.44	
24 OPERATION OF PLANT	97,750		97,750	3,940.70	24.81	
25 LAUNDRY & LINEN SERVICE						
26 HOUSEKEEPING	1,444,019		1,444,019	70,304.39	20.54	
26.01 HOUSEKEEPING UNDER CONTRACT						
27 DIETARY						
27.01 DIETARY UNDER CONTRACT						
28 CAFETERIA						
29 MAINTENANCE OF PERSONNEL						
30 NURSING ADMINISTRATION	1,680,356		1,680,356	37,880.25	44.36	
31 CENTRAL SERVICE AND SUPPLY						
32 PHARMACY	2,951,054		2,951,054	17,706.30	166.67	
33 MEDICAL RECORDS & MEDICAL RECORDS LIBRARY	1,090,928		1,090,928	38,136.72	28.61	
34 SOCIAL SERVICE	403,354		403,354	10,053.20	40.12	
35 OTHER GENERAL SERVICE						
PART III - HOSPITAL WAGE INDEX SUMMARY						
1 NET SALARIES	41,561,671	-545,246	41,016,425	971,881.59	42.20	
2 EXCLUDED AREA SALARIES						
3 SUBTOTAL SALARIES	41,561,671	-545,246	41,016,425	971,881.59	42.20	
4 SUBTOTAL OTHER WAGES & RELATED COSTS	2,982,066		2,982,066	89,831.66	33.20	
5 SUBTOTAL WAGE-RELATED COSTS	10,155,225		10,155,225		24.76	
6 TOTAL	54,698,962	-545,246	54,153,716	1,061,713.25	51.01	
7 NET SALARIES						
8 EXCLUDED AREA SALARIES						
9 SUBTOTAL SALARIES						
10 SUBTOTAL OTHER WAGES & RELATED COSTS						
11 SUBTOTAL WAGE-RELATED COSTS						
12 TOTAL						
13 TOTAL OVERHEAD COSTS	13,951,015		13,951,015	361,053.27	38.64	

DESCRIPTION

- UNCOMPENSATED CARE INFORMATION
- 1 DO YOU HAVE A WRITTEN CHARITY CARE POLICY?
 - 2 ARE PATIENTS WRITE-OFFS IDENTIFIED AS CHARITY? IF YES ANSWER LINES 2.01 THRU 2.04
 - 2.01 IS IT AT THE TIME OF ADMISSION?
 - 2.02 IS IT AT THE TIME OF FIRST BILLING?
 - 2.03 IS IT AFTER SOME COLLECTION EFFORT HAS BEEN MADE?
 - 2.04
 - 3 ARE CHARITY WRITE-OFFS MADE FOR PARTIAL BILLS?
 - 4 ARE CHARITY DETERMINATIONS BASED UPON ADMINISTRATIVE JUDGMENT WITHOUT FINANCIAL DATA?
 - 5 ARE CHARITY DETERMINATIONS BASED UPON INCOME DATA ONLY?
 - 6 ARE CHARITY DETERMINATIONS BASED UPON NET WORTH (ASSETS) DATA?
 - 7 ARE CHARITY DETERMINATIONS BASED UPON INCOME AND NET WORTH DATA?
 - 8 DOES YOUR ACCOUNTING SYSTEM SEPARATELY IDENTIFY BAD DEBT AND CHARITY CARE? IF YES ANSWER 8.01
 - 8.01 DO YOU SEPARATELY ACCOUNT FOR INPATIENT AND OUTPATIENT SERVICES?
 - 9 IS DISCERNING CHARITY FROM BAD DEBT A HIGH PRIORITY IN YOUR INSTITUTION? IF NO ANSWER 9.01 THRU 9.04
 - 9.01 IS IT BECAUSE THERE IS NOT ENOUGH STAFF TO DETERMINE ELIGIBILITY?
 - 9.02 IS IT BECAUSE THERE IS NO FINANCIAL INCENTIVE TO SEPARATE CHARITY FROM BAD DEBT?
 - 9.03 IS IT BECAUSE THERE IS NO CLEAR DIRECTIVE POLICY ON CHARITY DETERMINATION?
 - 9.04 IS IT BECAUSE YOUR INSTITUTION DOES NOT DEEM THE DISTINCTION IMPORTANT?
 - 10 IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, WHAT IS THE MAXIMUM INCOME THAT CAN BE EARNED BY PATIENTS (SINGLE WITHOUT DEPENDENT) AND STILL DETERMINED TO BE A CHARITY WRITE OFF?
 - 11 IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, IS THE INCOME DIRECTLY TIED TO FEDERAL POVERTY LEVEL? IF YES ANSWER 11.01 THRU 11.04
 - 11.01 IS THE PERCENTAGE LEVEL USED LESS THAN 100% OF THE FEDERAL POVERTY LEVEL?
 - 11.02 IS THE PERCENTAGE LEVEL USED BETWEEN 100% AND 150% OF THE FEDERAL POVERTY LEVEL?
 - 11.03 IS THE PERCENTAGE LEVEL USED BETWEEN 150% AND 200% OF THE FEDERAL POVERTY LEVEL?
 - 11.04 IS THE PERCENTAGE LEVEL USED GREATER THAN 200% OF THE FEDERAL POVERTY LEVEL?
 - 12 ARE PARTIAL WRITE-OFFS GIVEN TO HIGHER INCOME PATIENTS ON A GRADUAL SCALE?
 - 13 IS THERE CHARITY CONSIDERATION GIVEN TO HIGH NET WORTH PATIENTS WHO HAVE CATASTROPHIC OR OTHER EXTRAORDINARY MEDICAL EXPENSES?
 - 14 IS YOUR HOSPITAL STATE OR LOCAL GOVERNMENT OWNED? IF YES ANSWER LINES 14.01 AND 14.02
 - 14.01 DO YOU RECEIVE DIRECT FINANCIAL SUPPORT FROM THAT GOVERNMENT ENTITY FOR THE PURPOSE OF PROVIDING COMPENSATED CARE?
 - 14.02 WHAT PERCENTAGE OF THE AMOUNT ON LINE 14.01 IS FROM GOVERNMENT FUNDING?
 - 15 DO YOU RECEIVE RESTRICTED GRANTS FOR RENDERING CARE TO CHARITY PATIENTS?
 - 16 ARE OTHER NON-RESTRICTED GRANTS USED TO SUBSIDIZE CHARITY CARE?
- UNCOMPENSATED CARE REVENUES
- 17 REVENUE FROM UNCOMPENSATED CARE
 - 17.01 GROSS MEDICAID REVENUES
 - 18 REVENUES FROM STATE AND LOCAL INDIGENT CARE PROGRAMS
 - 19 REVENUE RELATED TO SCHIP (SEE INSTRUCTIONS)
 - 20 RESTRICTED GRANTS
 - 21 NON-RESTRICTED GRANTS
 - 22 TOTAL GROSS UNCOMPENSATED CARE REVENUES
- UNCOMPENSATED CARE COST
- 23 TOTAL CHARGES FOR PATIENTS COVERED BY STATE AND LOCAL INDIGENT CARE PROGRAMS
 - 24 COST TO CHARGE RATIO (WKST C, PART I, COLUMN 3, LINE 103, DIVIDED BY COLUMN 8, LINE 103) 1.062090
 - 25 TOTAL STATE AND LOCAL INDIGENT CARE PROGRAM COST (LINE 23 * LINE 24)
 - 26 TOTAL SCHIP CHARGES FROM YOUR RECORDS
 - 27 TOTAL SCHIP COST, (LINE 24 * LINE 26)
 - 28 TOTAL GROSS MEDICAID CHARGES FROM YOUR RECORDS
 - 29 TOTAL GROSS MEDICAID COST (LINE 24 * LINE 28)
 - 30 OTHER UNCOMPENSATED CARE CHARGES FROM YOUR RECORDS
 - 31 UNCOMPENSATED CARE COST (LINE 24 * LINE 30)

DESCRIPTION

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

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

I PROVIDER NO:
I 14-0300
I

I PERIOD:
I FROM 12/ 1/2007
I TO 11/30/2008 I

I PREPARED 4/18/2009
I WORKSHEET A
I

	COST CENTER	COST CENTER DESCRIPTION	SALARIES		OTHER	TOTAL	RECLASS- IFICATIONS	RECLASSIFIED TRIAL BALANCE
			1	2				
		GENERAL SERVICE COST CNTR						
3	0300	NEW CAP REL COSTS-BLDG & FIXT		1,576,311		1,576,311	69,392	1,645,703
4	0400	NEW CAP REL COSTS-MVBLE EQUIP		861,093		861,093	80,161	941,254
5	0500	EMPLOYEE BENEFITS	581,874	13,143,155		13,725,029	-1	13,725,028
6	0600	ADMINISTRATIVE & GENERAL	4,094,388	3,439,667		7,534,055	-582,755	6,951,300
7	0700	MAINTENANCE & REPAIRS	1,564,200	3,830,280		5,394,480		5,394,480
8	0800	OPERATION OF PLANT	97,750	2,341,121		2,438,871		2,438,871
9	0900	LAUNDRY & LINEN SERVICE					358,305	358,305
10	1000	HOUSEKEEPING	1,444,019	56,562		1,500,581		1,500,581
11	1100	DIETARY		1,707,314		1,707,314	-1,048,120	659,194
12	1200	CAFETERIA					1,048,120	1,048,120
14	1400	NURSING ADMINISTRATION	1,680,356	1,652,269		3,332,625	-11,391	3,321,234
15	1500	CENTRAL SERVICES & SUPPLY		18,550		18,550	53	18,603
16	1600	PHARMACY	2,951,054	1,711,385		4,662,439	-1,235,243	3,427,196
17	1700	MEDICAL RECORDS & LIBRARY	1,090,928	122,706		1,213,634		1,213,634
18	1800	SOCIAL SERVICE	403,354	32,502		435,856		435,856
22	2200	I&R SERVICES-SALARY & FRINGES APPRVD					545,246	545,246
23	2300	I&R SERVICES-OTHER PRGM COSTS APPRVD					2,678,584	2,678,584
		INPAT ROUTINE SRVC CNTRS						
25	2500	ADULTS & PEDIATRICS	16,994,673	2,776,921		19,771,594	-2,651,920	17,119,674
26	2600	INTENSIVE CARE UNIT	4,051,952	355,127		4,407,079	-3,090	4,403,989
33	3300	NURSERY	798,223	16,839		815,062		815,062
		ANCILLARY SRVC COST CNTRS						
37	3700	OPERATING ROOM	5,944,128	506,111		6,450,239	-4,734	6,445,505
39	3900	DELIVERY ROOM & LABOR ROOM	2,172,876	63,492		2,236,368	456,322	2,692,690
41	4100	RADIOLOGY-DIAGNOSTIC	3,025,659	940,365		3,966,024	-879	3,965,145
43	4300	RADIOISOTOPE	59,019	20,304		79,323	-20,201	59,122
44	4400	LABORATORY	1,863,506	998,581		2,862,087	-64	2,862,023
46	4600	WHOLE BLOOD & PACKED RED BLOOD CELLS	252,079	379,484		631,563		631,563
49	4900	RESPIRATORY THERAPY	1,031,240	95,152		1,126,392	-569	1,125,823
50	5000	PHYSICAL THERAPY	89,608	298,005		387,613		387,613
51	5100	OCCUPATIONAL THERAPY						
52	5200	SPEECH PATHOLOGY		3,694		3,694		3,694
53	5300	ELECTROCARDIOLOGY	738,330	4,775		743,105	-34	743,071
56	5600	DRUGS CHARGED TO PATIENTS					1,390,443	1,390,443
57	5700	RENAL DIALYSIS		2,470		2,470	-352	2,118
		OUTPAT SERVICE COST CNTRS						
60	6000	CLINIC		8,464		8,464	-45	8,419
61	6100	EMERGENCY	6,912,204	1,271,885		8,184,089	-1,067,228	7,116,861
62	6200	OBSERVATION BEDS (NON-DISTINCT PART)						
		SPEC PURPOSE COST CENTERS						
95		SUBTOTALS	57,841,420	38,234,584		96,076,004	-0-	96,076,004
		NONREIMBURS COST CENTERS						
101		TOTAL	57,841,420	38,234,584		96,076,004	-0-	96,076,004

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

I PROVIDER NO: I
I 14-0300 I
I I

I PERIOD: I
I FROM 12/ 1/2007 I
I TO 11/30/2008 I

I PREPARED 4/18/2009 I
I WORKSHEET A I

COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS	NET EXPENSES FOR ALLOC
		6	7
	GENERAL SERVICE COST CNTR		
3	0300 NEW CAP REL COSTS-BLDG & FIXT	31,355	1,677,058
4	0400 NEW CAP REL COSTS-MVBLE EQUIP		941,254
5	0500 EMPLOYEE BENEFITS	-252,446	13,472,582
6	0600 ADMINISTRATIVE & GENERAL	7,196,159	14,147,459
7	0700 MAINTENANCE & REPAIRS		5,394,480
8	0800 OPERATION OF PLANT		2,438,871
9	0900 LAUNDRY & LINEN SERVICE		358,305
10	1000 HOUSEKEEPING		1,500,581
11	1100 DIETARY		659,194
12	1200 CAFETERIA		1,048,120
14	1400 NURSING ADMINISTRATION		3,321,234
15	1500 CENTRAL SERVICES & SUPPLY		18,603
16	1600 PHARMACY		3,427,196
17	1700 MEDICAL RECORDS & LIBRARY	-17,931	1,195,703
18	1800 SOCIAL SERVICE	-14,789	421,067
22	2200 I&R SERVICES-SALARY & FRINGES APPRVD		545,246
23	2300 I&R SERVICES-OTHER PRGM COSTS APPRVD		2,678,584
	INPAT ROUTINE SRVC CNTRS		
25	2500 ADULTS & PEDIATRICS	-9,072,685	8,046,989
26	2600 INTENSIVE CARE UNIT	-1,392,373	3,011,616
33	3300 NURSERY		815,062
	ANCILLARY SRVC COST CNTRS		
37	3700 OPERATING ROOM	-2,693,471	3,752,034
39	3900 DELIVERY ROOM & LABOR ROOM		2,692,690
41	4100 RADIOLOGY-DIAGNOSTIC	-658,754	3,306,391
43	4300 RADIOISOTOPE		59,122
44	4400 LABORATORY	-136,286	2,725,737
46	4600 WHOLE BLOOD & PACKED RED BLOOD CELLS		631,563
49	4900 RESPIRATORY THERAPY		1,125,823
50	5000 PHYSICAL THERAPY	-116,668	270,945
51	5100 OCCUPATIONAL THERAPY		
52	5200 SPEECH PATHOLOGY		3,694
53	5300 ELECTROCARDIOLOGY	-648,551	94,520
56	5600 DRUGS CHARGED TO PATIENTS		1,390,443
57	5700 RENAL DIALYSIS		2,118
	OUTPAT SERVICE COST CNTRS		
60	6000 CLINIC		8,419
61	6100 EMERGENCY	-2,904,987	4,211,874
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)		
	SPEC PURPOSE COST CENTERS		
95	SUBTOTALS	-10,681,427	85,394,577
	NONREIMBURS COST CENTERS		
101	TOTAL	-10,681,427	85,394,577

COST CENTERS USED IN COST REPORT

LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
	GENERAL SERVICE COST		
3	NEW CAP REL COSTS-BLDG & FIXT	0300	
4	NEW CAP REL COSTS-MVBLE EQUIP	0400	
5	EMPLOYEE BENEFITS	0500	
6	ADMINISTRATIVE & GENERAL	0600	
7	MAINTENANCE & REPAIRS	0700	
8	OPERATION OF PLANT	0800	
9	LAUNDRY & LINEN SERVICE	0900	
10	HOUSEKEEPING	1000	
11	DIETARY	1100	
12	CAFETERIA	1200	
14	NURSING ADMINISTRATION	1400	
15	CENTRAL SERVICES & SUPPLY	1500	
16	PHARMACY	1600	
17	MEDICAL RECORDS & LIBRARY	1700	
18	SOCIAL SERVICE	1800	
22	I&R SERVICES-SALARY & FRINGES APPRVD	2200	
23	I&R SERVICES-OTHER PRGM COSTS APPRVD	2300	
	INPAT ROUTINE SRVC C		
25	ADULTS & PEDIATRICS	2500	
26	INTENSIVE CARE UNIT	2600	
33	NURSERY	3300	
	ANCILLARY SRVC COST		
37	OPERATING ROOM	3700	
39	DELIVERY ROOM & LABOR ROOM	3900	
41	RADIOLOGY-DIAGNOSTIC	4100	
43	RADIOISOTOPE	4300	
44	LABORATORY	4400	
46	WHOLE BLOOD & PACKED RED BLOOD CELLS	4600	
49	RESPIRATORY THERAPY	4900	
50	PHYSICAL THERAPY	5000	
51	OCCUPATIONAL THERAPY	5100	
52	SPEECH PATHOLOGY	5200	
53	ELECTROCARDIOLOGY	5300	
56	DRUGS CHARGED TO PATIENTS	5600	
57	RENAL DIALYSIS	5700	
	OUTPAT SERVICE COST		
60	CLINIC	6000	
61	EMERGENCY	6100	
62	OBSERVATION BEDS (NON-DISTINCT PART)	6200	
	SPEC PURPOSE COST CE		
95	SUBTOTALS	0000	
	NONREIMBURS COST CEN		
101	TOTAL	0000	

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION	CODE		INCREASE		SALARY	OTHER
	(1)	2	LINE NO	3		
1 CHARGEABLE PHARMACEUTICAL COSTS	A	DRUGS CHARGED TO PATIENTS	56			1,390,443
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20 EQUIPMENT RENTAL COSTS	B	NEW CAP REL COSTS-MVBLE EQUIP	4			80,161
21						
22						
23						
24 SPACE RENTAL COSTS	C	NEW CAP REL COSTS-BLDG & FIXT	3			69,392
25 MIDWIFE COSTS	D	DELIVERY ROOM & LABOR ROOM	39		457,982	
26 CAFETERIA COSTS	E	CAFETERIA	12			1,048,120
27 INTERN & RESIDENT COSTS	F	I&R SERVICES-SALARY & FRINGES APPRVD	22		545,246	
28		I&R SERVICES-OTHER PRGM COSTS APPRVD	23			2,678,584
29 FREIGHT COSTS	G	CENTRAL SERVICES & SUPPLY	15			78
30 LAUNDRY AND LINEN COSTS	H	LAUNDRY & LINEN SERVICE	9			358,305
36 TOTAL RECLASSIFICATIONS					1,003,228	5,625,083

(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

EXPLANATION OF RECLASSIFICATION	CODE (1)	DECREASE				A-7 REF	
		COST CENTER 1	6	LINE NO 7	SALARY 8		OTHER 9
1 CHARGEABLE PHARMACEUTICAL COSTS	A	EMPLOYEE BENEFITS		5		1	
2		ADMINISTRATIVE & GENERAL		6		103,574	
3		NURSING ADMINISTRATION		14		11,391	
4		CENTRAL SERVICES & SUPPLY		15		25	
5		PHARMACY		16		1,235,243	
6		ADULTS & PEDIATRICS		25		5,302	
7		INTENSIVE CARE UNIT		26		3,090	
8		OPERATING ROOM		37		2,503	
9		OPERATING ROOM		37		493	
10		DELIVERY ROOM & LABOR ROOM		39		1,660	
11		OPERATING ROOM		37		1,738	
12		RADIOLOGY-DIAGNOSTIC		41		42	
13		RADIOISOTOPE		43		20,201	
14		LABORATORY		44		64	
15		RESPIRATORY THERAPY		49		11	
16		ELECTROCARDIOLOGY		53		34	
17		RENAL DIALYSIS		57		352	
18		CLINIC		60		45	
19		EMERGENCY		61		4,674	
20 EQUIPMENT RENTAL COSTS	B	ADMINISTRATIVE & GENERAL		6		51,406	10
21		ADULTS & PEDIATRICS		25		27,360	
22		RADIOLOGY-DIAGNOSTIC		41		837	
23		RESPIRATORY THERAPY		49		558	
24 SPACE RENTAL COSTS	C	ADMINISTRATIVE & GENERAL		6		69,392	10
25 MIDWIFE COSTS	D	ADULTS & PEDIATRICS		25	457,982		
26 CAFETERIA COSTS	E	DIETARY		11		1,048,120	
27 INTERN & RESIDENT COSTS	F	ADULTS & PEDIATRICS		25	545,246		
28		EMERGENCY		61		1,062,554	
29 FREIGHT COSTS	G	ADMINISTRATIVE & GENERAL		6		78	
30 LAUNDRY AND LINEN COSTS	H	ADMINISTRATIVE & GENERAL		6		358,305	
36 TOTAL RECLASSIFICATIONS					1,003,228	5,625,083	

(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:	PERIOD:	PREPARED
140300	FROM 12/ 1/2007	4/18/2009
	TO 11/30/2008	WORKSHEET A-6
		NOT A CMS WORKSHEET

RECLASS CODE: A
EXPLANATION : CHARGEABLE PHARMACEUTICAL COSTS

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	DRUGS CHARGED TO PATIENTS	56	1,390,443	EMPLOYEE BENEFITS	5	1	
2.00			0	ADMINISTRATIVE & GENERAL	6	103,574	
3.00			0	NURSING ADMINISTRATION	14	11,391	
4.00			0	CENTRAL SERVICES & SUPPLY	15	25	
5.00			0	PHARMACY	16	1,235,243	
6.00			0	ADULTS & PEDIATRICS	25	5,302	
7.00			0	INTENSIVE CARE UNIT	26	3,090	
8.00			0	OPERATING ROOM	37	2,503	
9.00			0	OPERATING ROOM	37	493	
10.00			0	DELIVERY ROOM & LABOR ROOM	39	1,660	
11.00			0	OPERATING ROOM	37	1,738	
12.00			0	RADIOLOGY-DIAGNOSTIC	41	42	
13.00			0	RADIOISOTOPE	43	20,201	
14.00			0	LABORATORY	44	64	
15.00			0	RESPIRATORY THERAPY	49	11	
16.00			0	ELECTROCARDIOLOGY	53	34	
17.00			0	RENAL DIALYSIS	57	352	
18.00			0	CLINIC	60	45	
19.00			0	EMERGENCY	61	4,674	
TOTAL RECLASSIFICATIONS FOR CODE A			1,390,443				1,390,443

RECLASS CODE: B
EXPLANATION : EQUIPMENT RENTAL COSTS

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CAP REL COSTS-MVBLE EQUIP	4	80,161	ADMINISTRATIVE & GENERAL	6	51,406	
2.00			0	ADULTS & PEDIATRICS	25	27,360	
3.00			0	RADIOLOGY-DIAGNOSTIC	41	837	
4.00			0	RESPIRATORY THERAPY	49	558	
TOTAL RECLASSIFICATIONS FOR CODE B			80,161				80,161

RECLASS CODE: C
EXPLANATION : SPACE RENTAL COSTS

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	69,392	ADMINISTRATIVE & GENERAL	6	69,392	
TOTAL RECLASSIFICATIONS FOR CODE C			69,392				69,392

RECLASS CODE: D
EXPLANATION : MIDWIFE COSTS

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	DELIVERY ROOM & LABOR ROOM	39	457,982	ADULTS & PEDIATRICS	25	457,982	
TOTAL RECLASSIFICATIONS FOR CODE D			457,982				457,982

RECLASS CODE: E
EXPLANATION : CAFETERIA COSTS

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	CAFETERIA	12	1,048,120	DIETARY	11	1,048,120	
TOTAL RECLASSIFICATIONS FOR CODE E			1,048,120				1,048,120

RECLASS CODE: F
EXPLANATION : INTERN & RESIDENT COSTS

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	I&R SERVICES-SALARY & FRINGES	22	545,246	ADULTS & PEDIATRICS	25	2,161,276	
2.00	I&R SERVICES-OTHER PRGM COSTS	23	2,678,584	EMERGENCY	61	1,062,554	
TOTAL RECLASSIFICATIONS FOR CODE F			3,223,830				3,223,830

RECLASS CODE: G
EXPLANATION : FREIGHT COSTS

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	CENTRAL SERVICES & SUPPLY	15	78	ADMINISTRATIVE & GENERAL	6	78	
TOTAL RECLASSIFICATIONS FOR CODE G			78				78

RECLASSIFICATIONS

PROVIDER NO:
140300

PERIOD:
FROM 12/ 1/2007
TO 11/30/2008

PREPARED 4/18/2009
WORKSHEET A-6
NOT A CMS WORKSHEET

RECLASS CODE: H
EXPLANATION : LAUNDRY AND LINEN COSTS

----- INCREASE -----			----- DECREASE -----		
LINE	COST CENTER	AMOUNT	LINE	COST CENTER	AMOUNT
1.00	LAUNDRY & LINEN SERVICE	358,305	9	ADMINISTRATIVE & GENERAL	358,305
TOTAL RECLASSIFICATIONS FOR CODE H		358,305	6		358,305

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

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

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

	DESCRIPTION	BEGINNING	ACQUISITIONS		TOTAL	DISPOSALS	ENDING	FULLY
		BALANCES	PURCHASES	DONATION		AND		BALANCE
		1	2	3	4	5	6	7
1	LAND							
2	LAND IMPROVEMENTS							
3	BUILDINGS & FIXTURE							
4	BUILDING IMPROVEMEN	43,136,338					43,136,338	
5	FIXED EQUIPMENT	20,950					20,950	
6	MOVABLE EQUIPMENT	10,755,776	1,575,530		1,575,530		12,331,306	
7	SUBTOTAL	53,913,064	1,575,530		1,575,530		55,488,594	
8	RECONCILING ITEMS							
9	TOTAL	53,913,064	1,575,530		1,575,530		55,488,594	

PART III - RECONCILIATION OF CAPITAL COST CENTERS
 DESCRIPTION

	DESCRIPTION	COMPUTATION OF RATIOS				ALLOCATION OF OTHER CAPITAL			TOTAL
		GROSS ASSETS 1	CAPITIALIZED LEASES 2	GROSS ASSETS FOR RATIO 3	RATIO 4	INSURANCE 5	TAXES 6	OTHER CAPITAL RELATED COSTS 7	
*								8	
3	NEW CAP REL COSTS-BL	43,136,338		43,136,338	.777391				
4	NEW CAP REL COSTS-MV	12,352,259		12,352,259	.222609				
5	TOTAL	55,488,597		55,488,597	1.000000				

DESCRIPTION

SUMMARY OF OLD AND NEW CAPITAL

	DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL						OTHER CAPITAL RELATED COST 14	TOTAL (1) 15
		DEPRECIATION 9	LEASE 10	INTEREST 11	INSURANCE 12	TAXES 13			
*									
3	NEW CAP REL COSTS-BL	1,607,666	69,392					1,677,058	
4	NEW CAP REL COSTS-MV	861,093	80,161					941,254	
5	TOTAL	2,468,759	149,553					2,618,312	

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

DESCRIPTION

SUMMARY OF OLD AND NEW CAPITAL

	DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL						OTHER CAPITAL RELATED COST 14	TOTAL (1) 15
		DEPRECIATION 9	LEASE 10	INTEREST 11	INSURANCE 12	TAXES 13			
*									
3	NEW CAP REL COSTS-BL	1,576,311						1,576,311	
4	NEW CAP REL COSTS-MV	861,093						861,093	
5	TOTAL	2,437,404						2,437,404	

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

ADJUSTMENTS TO EXPENSES

DESCRIPTION (1)	(2)		EXPENSE CLASSIFICATION ON		WKST. A-7 REF. 5
	BASIS/CODE 1	AMOUNT 2	WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED COST CENTER 3	LINE NO 4	
1 INVST INCOME-OLD BLDGS AND FIXTURES			**COST CENTER DELETED**	1	
2 INVESTMENT INCOME-OLD MOVABLE EQUIP			**COST CENTER DELETED**	2	
3 INVST INCOME-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &	3	
4 INVESTMENT INCOME-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E	4	
5 INVESTMENT INCOME-OTHER					
6 TRADE, QUANTITY AND TIME DISCOUNTS					
7 REFUNDS AND REBATES OF EXPENSES					
8 RENTAL OF PRVIDER SPACE BY SUPPLIERS					
9 TELEPHONE SERVICES					
10 TELEVISION AND RADIO SERVICE					
11 PARKING LOT	B	-113,068	EMPLOYEE BENEFITS	5	
12 PROVIDER BASED PHYSICIAN ADJUSTMENT	A-8-2	-17,777,942			
13 SALE OF SCRAP, WASTE, ETC.					
14 RELATED ORGANIZATION TRANSACTIONS	A-8-1	7,268,314			
15 LAUNDRY AND LINEN SERVICE					
16 CAFETERIA--EMPLOYEES AND GUESTS					
17 RENTAL OF QTRS TO EMPLOYEE AND OTHRS					
18 SALE OF MED AND SURG SUPPLIES					
19 SALE OF DRUGS TO OTHER THAN PATIENTS					
20 SALE OF MEDICAL RECORDS & ABSTRACTS	B	-17,931	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			**COST CENTER DELETED**	1	
30 DEPRECIATION-OLD MOVABLE EQUIP			**COST CENTER DELETED**	2	
31 DEPRECIATION-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &	3	
32 DEPRECIATION-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E	4	
33 NON-PHYSICIAN ANESTHETIST			**COST CENTER DELETED**	20	
34 PHYSICIANS' ASSISTANT					
35 ADJUSTMENT FOR OCCUPATIONAL THERAPY	A-8-4		OCCUPATIONAL THERAPY	51	
36 ADJUSTMENT FOR SPEECH PATHOLOGY	A-8-4		SPEECH PATHOLOGY	52	
37 PARKING LOT REVENUE	B	-80,845	ADMINISTRATIVE & GENERAL	6	
38 MISCELLANEOUS/JURY DUTY REVENUE	B	-837	ADMINISTRATIVE & GENERAL	6	
39 EXTERNAL AUDIT ADJ. COLLECTION FEES	A	9,527	ADMINISTRATIVE & GENERAL	6	
40 EXTERNAL AUDIT ADJ. DEPRECIATION	A	31,355	NEW CAP REL COSTS-BLDG &	3	9
41 OTHER ADJUSTMENTS (SPECIFY)					
42 OTHER ADJUSTMENTS (SPECIFY)					
43 OTHER ADJUSTMENTS (SPECIFY)					
44 OTHER ADJUSTMENTS (SPECIFY)					
45 OTHER ADJUSTMENTS (SPECIFY)					
46 OTHER ADJUSTMENTS (SPECIFY)					
47 OTHER ADJUSTMENTS (SPECIFY)					
48 OTHER ADJUSTMENTS (SPECIFY)					
49 OTHER ADJUSTMENTS (SPECIFY)					
50 TOTAL (SUM OF LINES 1 THRU 49)		-10,681,427			

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

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

LINE NO.	COST CENTER	EXPENSE ITEMS	AMOUNT OF ALLOWABLE COST	AMOUNT	NET* ADJUSTMENTS	WKSHT A-7 COL. REF.
1	2	3	4	5	6	
1	6	ADMINISTRATIVE & GENERAL	COOK COUNTY	7,268,314	7,268,314	
2						
3						
4						
5		TOTALS		7,268,314	7,268,314	

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

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

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

SYMBOL (1)	NAME	PERCENTAGE OF OWNERSHIP	RELATED ORGANIZATION(S) AND/OR HOME OFFICE			
			NAME	PERCENTAGE OF OWNERSHIP	TYPE OF BUSINESS	
1	2	3	4	5	6	
1	G	COOK COUNTY	100.00	COOK COUNTY	100.00	GOVERNMENT
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.
 GOVERNMENT

PROVIDER BASED PHYSICIAN ADJUSTMENTS

I PROVIDER NO: I 14-0300 I

I PERIOD: I FROM 12/ 1/2007 I TO 11/30/2008 I

I PREPARED 4/18/2009 I WORKSHEET A-8-2 I GROUP 1

LINE NO.	WKSHT A	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	5	EMPLOYEE HEALTH PHYSICIAN	139,378	139,378					
2	25	MED/SURG PHYSICIANS	9,333,049	8,088,295	1,244,754	177,200	10,024	853,968	42,698
3	26	ICU PHYSICIANS	1,648,802	1,327,826	320,976	177,200	3,010	256,429	12,821
4	37	OR PHYSICIANS	3,189,671	2,527,256	662,415	208,000	4,962	496,200	24,810
5	41	RADIOLOGY PHYSICIANS	783,381	325,037	458,344	225,300	5,584	604,844	30,242
6	44	LABORATORY PHYSICIANS	327,958	136,286	191,672	215,700	17,854	1,851,494	92,575
7	53	CARDIOLOGY PHYSICIANS	812,120	583,536	228,584	177,200	1,920	163,569	8,178
8	61	ER PHYSICIANS	3,210,742	2,734,860	475,882	177,200	3,589	305,755	15,288
9	18	SOCIAL SERVICES A/P PHYSI	14,789	14,789					
10	25	MED/SURG A/P PHYSICIANS	593,604	593,604					
11	41	RADIOLOGY A/P PHYSCIAINS	333,717	333,717					
12	50	PHYSICAL THERAPY A/P PHYS	116,668	116,668					
13									
14									
15									
16									
17									
18									
19									
20									
21									
22									
23									
24									
25									
26									
27									
28									
29									
30									
101		TOTAL	20,503,879	16,921,252	3,582,627		46,943	4,532,259	226,612

PROVIDER BASED PHYSICIAN ADJUSTMENTS

I PROVIDER NO:
I 14-0300
I

I PERIOD:
I FROM 12/ 1/2007 I PREPARED 4/18/2009
I TO 11/30/2008 I WORKSHEET A-8-2
I 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	5	EMPLOYEE HEALTH PHYSICIAN						139,378
2	25	MED/SURG PHYSICIANS				853,968	390,786	8,479,081
3	26	ICU PHYSICIANS				256,429	64,547	1,392,373
4	37	OR PHYSICIANS				496,200	166,215	2,693,471
5	41	RADIOLOGY PHYSICIANS				604,844		325,037
6	44	LABORATORY PHYSICIANS				1,851,494		136,286
7	53	CARDIOLOGY PHYSICIANS				163,569	65,015	648,551
8	61	ER PHYSICIANS				305,755	170,127	2,904,987
9	18	SOCIAL SERVICES A/P PHYSI						14,789
10	25	MED/SURG A/P PHYSICIANS						593,604
11	41	RADIOLOGY A/P PHYSCIAINS						333,717
12	50	PHYSICAL THERAPY A/P PHYS						116,668
13								
14								
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
101		TOTAL				4,532,259	856,690	17,777,942

COST ALLOCATION STATISTICS

LINE NO.	COST CENTER DESCRIPTION	STATISTICS CODE	STATISTICS DESCRIPTION		
	GENERAL SERVICE COST				
3	NEW CAP REL COSTS-BLDG & FIXT	3	SQUARE	FEET	ENTERED
4	NEW CAP REL COSTS-MVBLE EQUIP	4	DOLLAR	VALUE	ENTERED
5	EMPLOYEE BENEFITS	5	GROSS	SALARIES	ENTERED
6	ADMINISTRATIVE & GENERAL	#	ACCUM.	COST	NOT ENTERED
7	MAINTENANCE & REPAIRS	3	SQUARE	FEET	ENTERED
8	OPERATION OF PLANT	3	SQUARE	FEET	ENTERED
9	LAUNDRY & LINEN SERVICE	8	POUNDS OF	LAUNDRY	ENTERED
10	HOUSEKEEPING	9	HOURS OF	SERVICE	ENTERED
11	DIETARY	10	MEALS	SERVED	ENTERED
12	CAFETERIA	11	MEALS	SERVED	ENTERED
14	NURSING ADMINISTRATION	13	DIRECT	NRSING HRS	ENTERED
15	CENTRAL SERVICES & SUPPLY	14	COSTED	REQUIS.	ENTERED
16	PHARMACY	15	COSTED	REQUIS.	ENTERED
17	MEDICAL RECORDS & LIBRARY	16	TIME	SPENT	ENTERED
18	SOCIAL SERVICE	17	TIME	SPENT	ENTERED
22	I&R SERVICES-SALARY & FRINGES APPRVD	20	ASSIGNED	TIME	ENTERED
23	I&R SERVICES-OTHER PRGM COSTS APPRVD	20	ASSIGNED	TIME	ENTERED

COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-MVBLE E	EMPLOYEE BENE FITS	SUBTOTAL	ADMINISTRATIV E & GENERAL	MAINTENANCE & REPAIRS
	0	3	4	5	5a.00	6	7
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG &	1,677,058	1,677,058					
005 NEW CAP REL COSTS-MVBLE E	941,254		941,254				
006 EMPLOYEE BENEFITS	13,472,582	11,343		13,483,925			
007 ADMINISTRATIVE & GENERAL	14,147,459	313,884	195,453	964,179	15,620,975	15,620,975	
008 MAINTENANCE & REPAIRS	5,394,480	12,200	22,059	368,350	5,797,089	1,297,858	7,094,947
009 OPERATION OF PLANT	2,438,871	256,909	91,373	23,019	2,810,172	629,144	1,360,640
010 LAUNDRY & LINEN SERVICE	358,305				358,305	80,218	
011 HOUSEKEEPING	1,500,581	7,598	10,121	340,049	1,858,349	416,049	40,241
012 DIETARY	659,194	84,409			743,603	166,479	447,047
014 CAFETERIA	1,048,120	37,900			1,086,020	243,139	200,727
015 NURSING ADMINISTRATION	3,321,234	30,054	53,615	395,704	3,800,607	850,884	159,171
016 CENTRAL SERVICES & SUPPLY	18,603	12,214	6,817		37,634	8,426	64,687
017 PHARMACY	3,427,196	16,338	2,872	694,938	4,141,344	927,168	86,528
018 MEDICAL RECORDS & LIBRARY	1,195,703	24,752		256,900	1,477,355	330,752	131,094
022 SOCIAL SERVICE	421,067	8,225		94,985	524,277	117,376	43,562
023 I&R SERVICES-SALARY & FRI	545,246			128,399	673,645	150,816	
025 I&R SERVICES-OTHER PRGM C	2,678,584				2,678,584	599,684	
026 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	8,046,989	250,719	13,746	3,765,783	12,077,237	2,703,853	1,327,855
033 INTENSIVE CARE UNIT	3,011,616	55,844	34,594	954,186	4,056,240	908,115	295,761
037 NURSERY	815,062	10,553	90,811	187,972	1,104,398	247,254	55,893
039 ANCILLARY SRVC COST CNTRS							
041 OPERATING ROOM	3,752,034	136,838	97,614	1,399,771	5,386,257	1,205,881	724,719
043 DELIVERY ROOM & LABOR ROO	2,692,690	106,170	7,539	619,535	3,425,934	767,002	562,298
044 RADIOLOGY-DIAGNOSTIC	3,306,391	72,516	241,103	712,506	4,332,516	969,968	384,057
046 RADIOISOTOPE	59,122	3,537		13,898	76,557	17,140	18,734
049 LABORATORY	2,725,737	45,435	11,052	438,833	3,221,057	721,133	240,633
050 WHOLE BLOOD & PACKED RED	631,563	3,587	872	59,362	695,384	155,683	18,997
051 RESPIRATORY THERAPY	1,125,823	13,870	22,020	242,845	1,404,558	314,454	73,456
052 PHYSICAL THERAPY	270,945	2,955	5,770	21,102	300,772	67,337	15,652
053 OCCUPATIONAL THERAPY		6,308			6,308	1,412	33,407
056 SPEECH PATHOLOGY	3,694	1,895			5,589	1,251	10,036
057 ELECTROCARDIOLOGY	94,520	5,238	29,109	173,868	302,735	67,777	27,743
060 DRUGS CHARGED TO PATIENTS	1,390,443				1,390,443	311,294	
061 RENAL DIALYSIS	2,118				2,118	474	
062 OUTPAT SERVICE COST CNTRS							
095 CLINIC	8,419	79,834	3,022		91,275	20,435	422,816
101 EMERGENCY	4,211,874	65,933	1,692	1,627,741	5,907,240	1,322,519	349,193
102 OBSERVATION BEDS (NON-DIS							
103 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	85,394,577	1,677,058	941,254	13,483,925	85,394,577	15,620,975	7,094,947
101 NONREIMBURS COST CENTERS							
102 CROSS FOOT ADJUSTMENT							
103 NEGATIVE COST CENTER							
103 TOTAL	85,394,577	1,677,058	941,254	13,483,925	85,394,577	15,620,975	7,094,947

COST CENTER DESCRIPTION	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY
	8	9	10	11	12	14	15
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
007 ADMINISTRATIVE & GENERAL							
008 MAINTENANCE & REPAIRS							
009 OPERATION OF PLANT	4,799,956						
010 LAUNDRY & LINEN SERVICE		438,523					
011 HOUSEKEEPING	33,684	19,805	2,368,128				
012 DIETARY	374,205		185,951	1,917,285			
014 CAFETERIA	168,020		83,491		1,781,397		
015 NURSING ADMINISTRATION	133,236		66,205		73,621	5,083,724	
016 CENTRAL SERVICES & SUPPLY	54,146		26,902				191,795
017 PHARMACY	72,429	356	35,992		34,939		760
018 MEDICAL RECORDS & LIBRARY	109,733		54,540		75,263		
022 SOCIAL SERVICE	36,464		18,127		19,842	33,942	
023 I&R SERVICES-SALARY & FRI							
025 I&R SERVICES-OTHER PRGM C							
026 INPAT ROUTINE SRVC CNTRS							
033 ADULTS & PEDIATRICS	1,111,494	143,564	552,231	1,540,845	575,188	1,794,470	13,098
037 INTENSIVE CARE UNIT	247,570	49,694	123,004	185,228	138,211	675,346	7,793
039 NURSERY	46,786	12,644	23,224		41,980	330,852	1,170
041 ANCILLARY SRVC COST CNTRS							
043 OPERATING ROOM	606,633	39,884	301,389		165,706	537,530	41,744
044 DELIVERY ROOM & LABOR ROO	470,676	69,886	233,870		100,601	650,664	4,777
046 RADIOLOGY-DIAGNOSTIC	321,479	452	159,732		114,278		3,299
049 RADIOISOTOPE	15,682		7,776		3,159		9
050 LABORATORY	201,424	521	100,095		107,989		60,974
051 WHOLE BLOOD & PACKED RED	15,902	54	7,881		17,393		33,305
052 RESPIRATORY THERAPY	61,487	233	30,528		58,065		8,170
053 PHYSICAL THERAPY	13,102	14	6,515		5,761		487
056 OCCUPATIONAL THERAPY	27,963		13,871				
057 SPEECH PATHOLOGY	8,401	14	4,151				
060 ELECTROCARDIOLOGY	23,223	46	11,560		18,840		318
061 DRUGS CHARGED TO PATIENTS							
062 RENAL DIALYSIS							175
095 OUTPAT SERVICE COST CNTRS							
101 CLINIC	353,922	54	175,863				636
102 EMERGENCY	292,295	101,302	145,230	191,212	230,561	1,060,920	15,080
103 OBSERVATION BEDS (NON-DIS							
SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	4,799,956	438,523	2,368,128	1,917,285	1,781,397	5,083,724	191,795
101 NONREIMBURS COST CENTERS							
102 CROSS FOOT ADJUSTMENT							
103 NEGATIVE COST CENTER							
TOTAL	4,799,956	438,523	2,368,128	1,917,285	1,781,397	5,083,724	191,795

COST CENTER DESCRIPTION	PHARMACY 16	MEDICAL RECOR DS & LIBRARY 17	SOCIAL SERVIC E 18	I&R SERVICES- SALARY & FRI 22	I&R SERVICES- OTHER PRGM C 23	SUBTOTAL 25	I&R COST POST STEP-DOWN ADJ 26
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
007 ADMINISTRATIVE & GENERAL							
008 MAINTENANCE & REPAIRS							
009 OPERATION OF PLANT							
010 LAUNDRY & LINEN SERVICE							
011 HOUSEKEEPING							
012 DIETARY							
014 CAFETERIA							
015 NURSING ADMINISTRATION							
016 CENTRAL SERVICES & SUPPLY	5,299,516						
017 PHARMACY							
018 MEDICAL RECORDS & LIBRARY		2,178,737					
022 SOCIAL SERVICE		171	793,761				
023 I&R SERVICES-SALARY & FRI				824,461			
025 I&R SERVICES-OTHER PRGM C					3,278,268		
026 INPAT ROUTINE SRVC CNTRS							
033 ADULTS & PEDIATRICS		105,572	708,452	281,611	1,119,758	24,055,228	-1,401,369
037 INTENSIVE CARE UNIT		800		35,380	140,678	6,863,820	-176,058
039 NURSERY		8,741		31,523	125,344	2,029,809	-156,867
041 ANCILLARY SRVC COST CNTRS							
043 OPERATING ROOM		10,854		36,805	146,345	9,203,747	-183,150
044 DELIVERY ROOM & LABOR ROO				27,247	108,342	6,421,297	-135,589
046 RADIOLOGY-DIAGNOSTIC	200	343		4,611	18,335	6,309,270	-22,946
049 RADIOISOTOPE						139,057	
050 LABORATORY	1,880	800				4,656,506	
051 WHOLE BLOOD & PACKED RED						944,599	
052 RESPIRATORY THERAPY		57				1,951,008	
053 PHYSICAL THERAPY						409,640	
056 OCCUPATIONAL THERAPY						82,961	
057 SPEECH PATHOLOGY						29,442	
060 ELECTROCARDIOLOGY						452,242	
061 DRUGS CHARGED TO PATIENTS	5,297,436					6,999,173	
062 RENAL DIALYSIS						2,767	
095 OUTPAT SERVICE COST CNTRS							
101 CLINIC		1,234,815	85,309	55,584	221,018	2,661,727	-276,602
102 EMERGENCY		816,584		351,700	1,398,448	12,182,284	-1,750,148
103 OBSERVATION BEDS (NON-DIS							
101 SPEC PURPOSE COST CENTERS	5,299,516	2,178,737	793,761	824,461	3,278,268	85,394,577	-4,102,729
102 SUBTOTALS							
103 NONREIMBURS COST CENTERS							
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	5,299,516	2,178,737	793,761	824,461	3,278,268	85,394,577	-4,102,729

COST CENTER DESCRIPTION		TOTAL
		27
003	GENERAL SERVICE COST CNTR	
004	NEW CAP REL COSTS-BLDG &	
005	NEW CAP REL COSTS-MVBLE E	
006	EMPLOYEE BENEFITS	
007	ADMINISTRATIVE & GENERAL	
008	MAINTENANCE & REPAIRS	
009	OPERATION OF PLANT	
010	LAUNDRY & LINEN SERVICE	
011	HOUSEKEEPING	
012	DIETARY	
014	CAFETERIA	
015	NURSING ADMINISTRATION	
016	CENTRAL SERVICES & SUPPLY	
017	PHARMACY	
018	MEDICAL RECORDS & LIBRARY	
022	SOCIAL SERVICE	
023	I&R SERVICES-SALARY & FRI	
	I&R SERVICES-OTHER PRGM C	
	INPAT ROUTINE SRVC CNTRS	
025	ADULTS & PEDIATRICS	22,653,859
026	INTENSIVE CARE UNIT	6,687,762
033	NURSERY	1,872,942
	ANCILLARY SRVC COST CNTRS	
037	OPERATING ROOM	9,020,597
039	DELIVERY ROOM & LABOR ROO	6,285,708
041	RADIOLOGY-DIAGNOSTIC	6,286,324
043	RADIOISOTOPE	139,057
044	LABORATORY	4,656,506
046	WHOLE BLOOD & PACKED RED	944,599
049	RESPIRATORY THERAPY	1,951,008
050	PHYSICAL THERAPY	409,640
051	OCCUPATIONAL THERAPY	82,961
052	SPEECH PATHOLOGY	29,442
053	ELECTROCARDIOLOGY	452,242
056	DRUGS CHARGED TO PATIENTS	6,999,173
057	RENAL DIALYSIS	2,767
	OUTPAT SERVICE COST CNTRS	
060	CLINIC	2,385,125
061	EMERGENCY	10,432,136
062	OBSERVATION BEDS (NON-DIS	
	SPEC PURPOSE COST CENTERS	
095	SUBTOTALS	81,291,848
	NONREIMBURS COST CENTERS	
101	CROSS FOOT ADJUSTMENT	
102	NEGATIVE COST CENTER	
103	TOTAL	81,291,848

COST CENTER DESCRIPTION	DIR ASSGND NEW CAPITAL REL COSTS 0	NEW CAP REL C OSTS-BLDG & 3	NEW CAP REL C OSTS-MVBLE E 4	SUBTOTAL 4a	EMPLOYEE BENE FITS 5	ADMINISTRATIV E & GENERAL 6	MAINTENANCE & REPAIRS 7
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS				11,343	11,343		
006 ADMINISTRATIVE & GENERAL		11,343	195,453	509,337	811	510,148	
007 MAINTENANCE & REPAIRS		12,200	22,059	34,259	310	42,383	76,952
008 OPERATION OF PLANT		256,909	91,373	348,282	19	20,545	14,759
009 LAUNDRY & LINEN SERVICE						2,620	
010 HOUSEKEEPING		7,598	10,121	17,719	286	13,586	436
011 DIETARY		84,409		84,409		5,436	4,849
012 CAFETERIA		37,900		37,900		7,940	2,177
014 NURSING ADMINISTRATION		30,054	53,615	83,669	333	27,786	1,726
015 CENTRAL SERVICES & SUPPLY		12,214	6,817	19,031		275	702
016 PHARMACY		16,338	2,872	19,210	584	30,277	938
017 MEDICAL RECORDS & LIBRARY		24,752		24,752	216	10,801	1,422
018 SOCIAL SERVICE		8,225		8,225	80	3,833	472
022 I&R SERVICES-SALARY & FRI					108	4,925	
023 I&R SERVICES-OTHER PRGM C						19,583	
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS		250,719	13,746	264,465	3,171	88,331	14,402
026 INTENSIVE CARE UNIT		55,844	34,594	90,438	802	29,655	3,208
033 NURSERY		10,553	90,811	101,364	158	8,074	606
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM		136,838	97,614	234,452	1,177	39,379	7,860
039 DELIVERY ROOM & LABOR ROO		106,170	7,539	113,709	521	25,047	6,099
041 RADIOLOGY-DIAGNOSTIC		72,516	241,103	313,619	599	31,675	4,165
043 RADIOISOTOPE		3,537		3,537	12	560	203
044 LABORATORY		45,435	11,052	56,487	369	23,549	2,610
046 WHOLE BLOOD & PACKED RED		3,587	872	4,459	50	5,084	206
049 RESPIRATORY THERAPY		13,870	22,020	35,890	204	10,269	797
050 PHYSICAL THERAPY		2,955	5,770	8,725	18	2,199	170
051 OCCUPATIONAL THERAPY		6,308		6,308		46	362
052 SPEECH PATHOLOGY		1,895		1,895		41	109
053 ELECTROCARDIOLOGY		5,238	29,109	34,347	146	2,213	301
056 DRUGS CHARGED TO PATIENTS						10,166	
057 RENAL DIALYSIS						15	
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC		79,834	3,022	82,856		667	4,586
061 EMERGENCY		65,933	1,692	67,625	1,369	43,188	3,787
062 OBSERVATION BEDS (NON-DIS							
062 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS		1,677,058	941,254	2,618,312	11,343	510,148	76,952
101 NONREIMBURS COST CENTERS							
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL		1,677,058	941,254	2,618,312	11,343	510,148	76,952

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY
	8	9	10	11	12	14	15
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
007 ADMINISTRATIVE & GENERAL							
008 MAINTENANCE & REPAIRS							
009 OPERATION OF PLANT	383,605						
010 LAUNDRY & LINEN SERVICE		2,620					
011 HOUSEKEEPING	2,692	118	34,837				
012 DIETARY	29,906		2,735	127,335			
014 CAFETERIA	13,428		1,228		62,673		
015 NURSING ADMINISTRATION	10,648		974		2,590	127,726	
016 CENTRAL SERVICES & SUPPLY	4,327		396				24,731
017 PHARMACY	5,788	2	529		1,229		98
018 MEDICAL RECORDS & LIBRARY	8,770		802		2,648		
022 SOCIAL SERVICE	2,914		267		698	853	
023 I&R SERVICES-SALARY & FRI							
025 I&R SERVICES-OTHER PRGM C							
026 INPAT ROUTINE SRVC CNTRS							
033 ADULTS & PEDIATRICS	88,829	859	8,126	102,334	20,235	45,085	1,689
037 INTENSIVE CARE UNIT	19,785	297	1,809	12,302	4,863	16,968	1,005
039 NURSERY	3,739	76	342		1,477	8,312	151
041 ANCILLARY SRVC COST CNTRS							
043 OPERATING ROOM	48,481	238	4,434		5,830	13,505	5,383
044 DELIVERY ROOM & LABOR ROO	37,616	418	3,440		3,539	16,348	616
046 RADIOLOGY-DIAGNOSTIC	25,692	3	2,350		4,021		425
049 RADIOISOTOPE	1,253		114		111		1
050 LABORATORY	16,098	3	1,472		3,799		7,860
051 WHOLE BLOOD & PACKED RED	1,271		116		612		4,295
052 RESPIRATORY THERAPY	4,914	1	449		2,043		1,054
053 PHYSICAL THERAPY	1,047		96		203		63
056 OCCUPATIONAL THERAPY	2,235		204				
057 SPEECH PATHOLOGY	671		61				
060 ELECTROCARDIOLOGY	1,856		170		663		41
061 DRUGS CHARGED TO PATIENTS							
062 RENAL DIALYSIS							23
095 OUTPAT SERVICE COST CNTRS							
101 CLINIC	28,285		2,587				82
102 EMERGENCY	23,360	605	2,136	12,699	8,112	26,655	1,945
103 OBSERVATION BEDS (NON-DIS							
095 SPEC PURPOSE COST CENTERS							
101 SUBTOTALS	383,605	2,620	34,837	127,335	62,673	127,726	24,731
102 NONREIMBURS COST CENTERS							
103 CROSS FOOT ADJUSTMENTS							
101 NEGATIVE COST CENTER							
103 TOTAL	383,605	2,620	34,837	127,335	62,673	127,726	24,731

COST CENTER DESCRIPTION	PHARMACY 16	MEDICAL RECORDS & LIBRARY 17	SOCIAL SERVICE 18	I&R SERVICES-SALARY & FRI 22	I&R SERVICES-OTHER PRGM C 23	SUBTOTAL 25	POST STEPDOWN ADJUSTMENT 26
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
007 ADMINISTRATIVE & GENERAL							
008 MAINTENANCE & REPAIRS							
009 OPERATION OF PLANT							
010 LAUNDRY & LINEN SERVICE							
011 HOUSEKEEPING							
012 DIETARY							
014 CAFETERIA							
015 NURSING ADMINISTRATION							
016 CENTRAL SERVICES & SUPPLY							
017 PHARMACY	58,655						
018 MEDICAL RECORDS & LIBRARY		49,411					
022 SOCIAL SERVICE		4	17,346				
023 I&R SERVICES-SALARY & FRI				5,033			
025 I&R SERVICES-OTHER PRGM C					19,583		
026 INPAT ROUTINE SRVC CNTRS							
033 ADULTS & PEDIATRICS		2,394	15,482			655,402	
037 INTENSIVE CARE UNIT		18				181,150	
039 NURSERY		198				124,497	
041 ANCILLARY SRVC COST CNTRS							
043 OPERATING ROOM		246				360,985	
044 DELIVERY ROOM & LABOR ROO						207,353	
046 RADIOLOGY-DIAGNOSTIC	2	8				382,559	
049 RADIOISOTOPE						5,791	
050 LABORATORY	21	18				112,286	
051 WHOLE BLOOD & PACKED RED						16,093	
052 RESPIRATORY THERAPY		1				55,622	
053 PHYSICAL THERAPY						12,521	
056 OCCUPATIONAL THERAPY						9,155	
057 SPEECH PATHOLOGY						2,777	
060 ELECTROCARDIOLOGY						39,737	
061 DRUGS CHARGED TO PATIENTS	58,632					68,798	
062 RENAL DIALYSIS						38	
066 OUTPAT SERVICE COST CNTRS							
061 CLINIC		28,005	1,864			148,932	
062 EMERGENCY		18,519				210,000	
095 OBSERVATION BEDS (NON-DIS SPEC PURPOSE COST CENTERS SUBTOTALS	58,655	49,411	17,346			2,593,696	
101 NONREIMBURS COST CENTERS				5,033	19,583	24,616	
102 CROSS FOOT ADJUSTMENTS							
103 NEGATIVE COST CENTER							
TOTAL	58,655	49,411	17,346	5,033	19,583	2,618,312	

COST CENTER DESCRIPTION	NEW CAP REL C OSTS-BLDG & (SQUARE FEET	NEW CAP REL C OSTS-MVBLE (DOLLAR)VALUE	EMPLOYEE BENE FITS (GROSS)ALARIES	S RECONCIL-) IATION	ADMINISTRATIV E & GENERAL (ACCUM. COST	MAINTENANCE & REPAIRS (SQUARE) FEET
	3	4	5	6a.00	6	7
003 GENERAL SERVICE COST						
004 NEW CAP REL COSTS-BLD	371,694					
005 NEW CAP REL COSTS-MVB		5,290,731				
006 EMPLOYEE BENEFITS	2,514		57,259,546			
007 ADMINISTRATIVE & GENE	69,567	1,098,632	4,094,388	-15,620,975	69,773,602	
008 MAINTENANCE & REPAIRS	2,704	123,990	1,564,200		5,797,089	296,909
009 OPERATION OF PLANT	56,940	513,602	97,750		2,810,172	56,940
010 LAUNDRY & LINEN SERVI					358,305	
011 HOUSEKEEPING	1,684	56,892	1,444,019		1,858,349	1,684
012 DIETARY	18,708				743,603	18,708
014 CAFETERIA	8,400				1,086,020	8,400
015 NURSING ADMINISTRATIO	6,661	301,369	1,680,356		3,800,607	6,661
016 CENTRAL SERVICES & SU	2,707	38,320			37,634	2,707
017 PHARMACY	3,621	16,144	2,951,054		4,141,344	3,621
018 MEDICAL RECORDS & LIB	5,486		1,090,928		1,477,355	5,486
022 SOCIAL SERVICE	1,823		403,354		524,277	1,823
023 I&R SERVICES-SALARY &			545,246		673,645	
025 I&R SERVICES-OTHER PR					2,678,584	
026 INPAT ROUTINE SRVC CN						
033 ADULTS & PEDIATRICS	55,568	77,267	15,991,445		12,077,237	55,568
037 INTENSIVE CARE UNIT	12,377	194,453	4,051,952		4,056,240	12,377
039 NURSERY	2,339	510,445	798,223		1,104,398	2,339
041 ANCILLARY SRVC COST C						
043 OPERATING ROOM	30,328	548,685	5,944,128		5,386,257	30,328
044 DELIVERY ROOM & LABOR	23,531	42,377	2,630,858		3,425,934	23,531
046 RADIOLOGY-DIAGNOSTIC	16,072	1,355,202	3,025,659		4,332,516	16,072
049 RADIOISOTOPE	784		59,019		76,557	784
050 LABORATORY	10,070	62,125	1,863,506		3,221,057	10,070
051 WHOLE BLOOD & PACKED	795	4,901	252,079		695,384	795
052 RESPIRATORY THERAPY	3,074	123,774	1,031,240		1,404,558	3,074
053 PHYSICAL THERAPY	655	32,432	89,608		300,772	655
056 OCCUPATIONAL THERAPY	1,398				6,308	1,398
057 SPEECH PATHOLOGY	420				5,589	420
060 ELECTROCARDIOLOGY	1,161	163,621	738,330		302,735	1,161
061 DRUGS CHARGED TO PATI					1,390,443	
062 RENAL DIALYSIS					2,118	
066 OUTPAT SERVICE COST C						
061 CLINIC	17,694	16,987			91,275	17,694
062 EMERGENCY	14,613	9,513	6,912,204		5,907,240	14,613
095 OBSERVATION BEDS (NON SPEC PURPOSE COST CEN						
101 SUBTOTALS	371,694	5,290,731	57,259,546	-15,620,975	69,773,602	296,909
102 NONREIMBURS COST CENT						
103 CROSS FOOT ADJUSTMENT						
104 NEGATIVE COST CENTER						
105 COST TO BE ALLOCATED (WRKSHT B, PART I)	1,677,058	941,254	13,483,925		15,620,975	7,094,947
106 UNIT COST MULTIPLIER (WRKSHT B, PT I)	4.511932		.235488		.223881	
107 COST TO BE ALLOCATED (WRKSHT B, PART II)		.177906				23.896032
108 UNIT COST MULTIPLIER (WRKSHT B, PT II)			11,343		510,148	76,952
109 COST TO BE ALLOCATED (WRKSHT B, PART III)			.000198		.007311	
110 UNIT COST MULTIPLIER (WRKSHT B, PT III)						.259177

COST ALLOCATION - STATISTICAL BASIS

	COST CENTER DESCRIPTION	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY
		(SQUARE FEET)	(POUNDS OF) LAUNDRY	(HOURS OF) SERVICE	(MEALS) SERVED	S(MEALS) SERVED	S(DIRECT)SING HRS	NR(COSTED)EQUIS.
		8	9	10	11	12	14	15
003	GENERAL SERVICE COST							
004	NEW CAP REL COSTS-BLD							
005	NEW CAP REL COSTS-MVB							
006	EMPLOYEE BENEFITS							
007	ADMINISTRATIVE & GENERAL							
008	MAINTENANCE & REPAIRS							
009	OPERATION OF PLANT	239,969						
010	LAUNDRY & LINEN SERVICE		507,112					
011	HOUSEKEEPING	1,684	22,903	45,070				
012	DIETARY	18,708		3,539	79,454			
013	CAFETERIA	8,400		1,589		128,026		
014	NURSING ADMINISTRATION	6,661		1,260		5,291	265,701	
015	CENTRAL SERVICES & SUPPLY	2,707		512				2,170,802
016	PHARMACY	3,621	412	685		2,511		8,605
017	MEDICAL RECORDS & LIBRARY	5,486		1,038		5,409		
018	SOCIAL SERVICE	1,823		345		1,426	1,774	
022	I&R SERVICES-SALARY & BENEFITS							
023	I&R SERVICES-OTHER PERSONNEL							
025	INPAT ROUTINE SERVICE CENTER							
026	ADULTS & PEDIATRICS	55,568	166,018	10,510	63,854	41,338	93,788	148,248
027	INTENSIVE CARE UNIT	12,377	57,467	2,341	7,676	9,933	35,297	88,208
033	NURSERY	2,339	14,622	442		3,017	17,292	13,245
037	ANCILLARY SERVICE CENTER							
039	OPERATING ROOM	30,328	46,122	5,736		11,909	28,094	472,471
041	DELIVERY ROOM & LABOR	23,531	80,817	4,451		7,230	34,007	54,068
043	RADIOLOGY-DIAGNOSTIC	16,072	523	3,040		8,213		37,338
044	RADIOISOTOPE	784		148		227		103
046	LABORATORY	10,070	602	1,905		7,761		690,104
049	WHOLE BLOOD & PACKED	795	62	150		1,250		376,959
050	RESPIRATORY THERAPY	3,074	269	581		4,173		92,474
051	PHYSICAL THERAPY	655	16	124		414		5,515
052	OCCUPATIONAL THERAPY	1,398		264				
053	SPEECH PATHOLOGY	420	16	79				
056	ELECTROCARDIOLOGY	1,161	53	220		1,354		3,600
057	DRUGS CHARGED TO PATIENTS							1,985
060	RENAL DIALYSIS							
061	OUTPAT SERVICE COST CENTER							
062	CLINIC	17,694	63	3,347				7,196
063	EMERGENCY	14,613	117,147	2,764	7,924	16,570	55,449	170,683
064	OBSERVATION BEDS (NON-SPEC PURPOSE COST CENTER)							
095	SUBTOTALS	239,969	507,112	45,070	79,454	128,026	265,701	2,170,802
101	NONREIMBURSABLE COST CENTER							
102	CROSS FOOT ADJUSTMENT							
103	NEGATIVE COST CENTER							
104	COST TO BE ALLOCATED (WRKSHT B, PART I)	4,799,956	438,523	2,368,128	1,917,285	1,781,397	5,083,724	191,795
105	UNIT COST MULTIPLIER (WRKSHT B, PT I)		.864746		24.130755		19.133251	
106	COST TO BE ALLOCATED (WRKSHT B, PART II)	20.002400		52.543333		13.914338		.088352
107	UNIT COST MULTIPLIER (WRKSHT B, PT II)							
108	COST TO BE ALLOCATED (WRKSHT B, PART III)	383,605	2,620	34,837	127,335	62,673	127,726	24,731
109	UNIT COST MULTIPLIER (WRKSHT B, PT III)	1.598561	.005167	.772953	1.602625	.489533	.480713	.011393

COST ALLOCATION - STATISTICAL BASIS

COST CENTER DESCRIPTION	PHARMACY (COSTED EQUIS.	MEDICAL RECORDS & LIBRARY R(TIME) SPENT	SOCIAL SERVICE (TIME) SPENT	I&R SERVICES- SALARY & FRI (ASSIGNED) TIME	I&R SERVICES- OTHER PRGM C (ASSIGNED) TIME
	16	17	18	22	23
003 GENERAL SERVICE COST					
004 NEW CAP REL COSTS-BLD					
005 NEW CAP REL COSTS-MVB					
006 EMPLOYEE BENEFITS					
007 ADMINISTRATIVE & GENE					
008 MAINTENANCE & REPAIRS					
009 OPERATION OF PLANT					
010 LAUNDRY & LINEN SERVI					
011 HOUSEKEEPING					
012 DIETARY					
014 CAFETERIA					
015 NURSING ADMINISTRATIO					
016 CENTRAL SERVICES & SU					
017 PHARMACY	2,094,059				
018 MEDICAL RECORDS & LIB		38,138			
022 SOCIAL SERVICE			7,118		
023 I&R SERVICES-SALARY &				9,834	
I&R SERVICES-OTHER PR					9,834
025 INPAT ROUTINE SRVC CN					
ADULTS & PEDIATRICS		1,848	6,353	3,359	3,359
026 INTENSIVE CARE UNIT		14		422	422
033 NURSERY		153		376	376
037 ANCILLARY SRVC COST C					
OPERATING ROOM		190		439	439
039 DELIVERY ROOM & LABOR				325	325
041 RADIOLOGY-DIAGNOSTIC	79	6		55	55
043 RADIOISOTOPE					
044 LABORATORY	743	14			
046 WHOLE BLOOD & PACKED					
049 RESPIRATORY THERAPY		1			
050 PHYSICAL THERAPY					
051 OCCUPATIONAL THERAPY					
052 SPEECH PATHOLOGY					
053 ELECTROCARDIOLOGY					
056 DRUGS CHARGED TO PATI	2,093,237				
057 RENAL DIALYSIS					
060 OUTPAT SERVICE COST C					
CLINIC		21,615	765	663	663
061 EMERGENCY		14,294		4,195	4,195
062 OBSERVATION BEDS (NON					
SPEC PURPOSE COST CEN					
095 SUBTOTALS	2,094,059	38,138	7,118	9,834	9,834
101 NONREIMBURS COST CENT					
102 CROSS FOOT ADJUSTMENT					
103 NEGATIVE COST CENTER					
COST TO BE ALLOCATED	5,299,516	2,178,737	793,761	824,461	3,278,268
(PER WRKSHT B, PART					
104 UNIT COST MULTIPLIER		57.127720		83.837808	
(WRKSHT B, PT I)	2.530739		111.514611		333.360586
105 COST TO BE ALLOCATED					
(PER WRKSHT B, PART					
106 UNIT COST MULTIPLIER					
(WRKSHT B, PT II)					
107 COST TO BE ALLOCATED	58,655	49,411	17,346	5,033	19,583
(PER WRKSHT B, PART					
108 UNIT COST MULTIPLIER		1.295584		.511796	
(WRKSHT B, PT III)	.028010		2.436920		1.991357

COMPUTATION OF RATIO OF COSTS TO CHARGES

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	22,653,859		22,653,859	390,786	23,044,645
26	INTENSIVE CARE UNIT	6,687,762		6,687,762	64,547	6,752,309
33	NURSERY	1,872,942		1,872,942		1,872,942
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	9,020,597		9,020,597	166,215	9,186,812
39	DELIVERY ROOM & LABOR ROO	6,285,708		6,285,708		6,285,708
41	RADIOLOGY-DIAGNOSTIC	6,286,324		6,286,324		6,286,324
43	RADIOISOTOPE	139,057		139,057		139,057
44	LABORATORY	4,656,506		4,656,506		4,656,506
46	WHOLE BLOOD & PACKED RED	944,599		944,599		944,599
49	RESPIRATORY THERAPY	1,951,008		1,951,008		1,951,008
50	PHYSICAL THERAPY	409,640		409,640		409,640
51	OCCUPATIONAL THERAPY	82,961		82,961		82,961
52	SPEECH PATHOLOGY	29,442		29,442		29,442
53	ELECTROCARDIOLOGY	452,242		452,242	65,015	517,257
56	DRUGS CHARGED TO PATIENTS	6,999,173		6,999,173		6,999,173
57	RENAL DIALYSIS	2,767		2,767		2,767
	OUTPAT SERVICE COST CNTRS					
60	CLINIC	2,385,125		2,385,125		2,385,125
61	EMERGENCY	10,432,136		10,432,136	170,127	10,602,263
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS					
101	SUBTOTAL	81,291,848		81,291,848	856,690	82,148,538
102	LESS OBSERVATION BEDS					
103	TOTAL	81,291,848		81,291,848	856,690	82,148,538

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	12,273,926		12,273,926			
26	INTENSIVE CARE UNIT	3,904,892		3,904,892			
33	NURSERY	1,080,898		1,080,898			
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	421,050	1,565,777	1,986,827	4.540203	4.540203	4.623861
39	DELIVERY ROOM & LABOR ROO	1,228,128		1,228,128	5.118121	5.118121	5.118121
41	RADIOLOGY-DIAGNOSTIC	3,140,545	7,127,488	10,268,033	.612223	.612223	.612223
43	RADIOISOTOPE	81,211	64,006	145,217	.957581	.957581	.957581
44	LABORATORY	8,860,148	8,280,453	17,140,601	.271665	.271665	.271665
46	WHOLE BLOOD & PACKED RED	375,111	97,195	472,306	1.999972	1.999972	1.999972
49	RESPIRATORY THERAPY	2,046,329	110,753	2,157,082	.904466	.904466	.904466
50	PHYSICAL THERAPY	114,949	1,123,585	1,238,534	.330746	.330746	.330746
51	OCCUPATIONAL THERAPY	23,945	49,715	73,660	1.126269	1.126269	1.126269
52	SPEECH PATHOLOGY	2,416	30,036	32,452	.907248	.907248	.907248
53	ELECTROCARDIOLOGY	679,880	403,948	1,083,828	.417264	.417264	.477250
56	DRUGS CHARGED TO PATIENTS	9,988,306	924,929	10,913,235	.641347	.641347	.641347
57	RENAL DIALYSIS	273,497	7,749	281,246	.009838	.009838	.009838
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	911	2,994,162	2,995,073	.796350	.796350	.796350
61	EMERGENCY	1,484,760	7,778,835	9,263,595	1.126143	1.126143	1.144508
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	45,980,902	30,558,631	76,539,533			
102	LESS OBSERVATION BEDS						
103	TOTAL	45,980,902	30,558,631	76,539,533			

COMPUTATION OF RATIO OF COSTS TO CHARGES
 SPECIAL TITLE XIX WORKSHEET

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	24,055,228		24,055,228	390,786	24,446,014
26	INTENSIVE CARE UNIT	6,863,820		6,863,820	64,547	6,928,367
33	NURSERY	2,029,809		2,029,809		2,029,809
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	9,203,747		9,203,747	166,215	9,369,962
39	DELIVERY ROOM & LABOR ROO	6,421,297		6,421,297		6,421,297
41	RADIOLOGY-DIAGNOSTIC	6,309,270		6,309,270		6,309,270
43	RADIOISOTOPE	139,057		139,057		139,057
44	LABORATORY	4,656,506		4,656,506		4,656,506
46	WHOLE BLOOD & PACKED RED	944,599		944,599		944,599
49	RESPIRATORY THERAPY	1,951,008		1,951,008		1,951,008
50	PHYSICAL THERAPY	409,640		409,640		409,640
51	OCCUPATIONAL THERAPY	82,961		82,961		82,961
52	SPEECH PATHOLOGY	29,442		29,442		29,442
53	ELECTROCARDIOLOGY	452,242		452,242	65,015	517,257
56	DRUGS CHARGED TO PATIENTS	6,999,173		6,999,173		6,999,173
57	RENAL DIALYSIS	2,767		2,767		2,767
	OUTPAT SERVICE COST CNTRS					
60	CLINIC	2,661,727		2,661,727		2,661,727
61	EMERGENCY	12,182,284		12,182,284	170,127	12,352,411
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS					
101	SUBTOTAL	85,394,577		85,394,577	856,690	86,251,267
102	LESS OBSERVATION BEDS					
103	TOTAL	85,394,577		85,394,577	856,690	86,251,267

COMPUTATION OF RATIO OF COSTS TO CHARGES
 SPECIAL TITLE XIX WORKSHEET

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	12,273,926		12,273,926			
26	INTENSIVE CARE UNIT	3,904,892		3,904,892			
33	NURSERY	1,080,898		1,080,898			
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	421,050	1,565,777	1,986,827	4.632385	4.632385	4.716043
39	DELIVERY ROOM & LABOR ROO	1,228,128		1,228,128	5.228524	5.228524	5.228524
41	RADIOLOGY-DIAGNOSTIC	3,140,545	7,127,488	10,268,033	.614458	.614458	.614458
43	RADIOISOTOPE	81,211	64,006	145,217	.957581	.957581	.957581
44	LABORATORY	8,860,148	8,280,453	17,140,601	.271665	.271665	.271665
46	WHOLE BLOOD & PACKED RED	375,111	97,195	472,306	1.999972	1.999972	1.999972
49	RESPIRATORY THERAPY	2,046,329	110,753	2,157,082	.904466	.904466	.904466
50	PHYSICAL THERAPY	114,949	1,123,585	1,238,534	.330746	.330746	.330746
51	OCCUPATIONAL THERAPY	23,945	49,715	73,660	1.126269	1.126269	1.126269
52	SPEECH PATHOLOGY	2,416	30,036	32,452	.907248	.907248	.907248
53	ELECTROCARDIOLOGY	679,880	403,948	1,083,828	.417264	.417264	.477250
56	DRUGS CHARGED TO PATIENTS	9,988,306	924,929	10,913,235	.641347	.641347	.641347
57	RENAL DIALYSIS	273,497	7,749	281,246	.009838	.009838	.009838
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	911	2,994,162	2,995,073	.888702	.888702	.888702
61	EMERGENCY	1,484,760	7,778,835	9,263,595	1.315071	1.315071	1.333436
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	45,980,902	30,558,631	76,539,533			
102	LESS OBSERVATION BEDS						
103	TOTAL	45,980,902	30,558,631	76,539,533			

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	9,020,597	360,985	8,659,612			9,020,597
39	DELIVERY ROOM & LABOR ROO	6,285,708	207,353	6,078,355			6,285,708
41	RADIOLOGY-DIAGNOSTIC	6,286,324	382,559	5,903,765			6,286,324
43	RADIOISOTOPE	139,057	5,791	133,266			139,057
44	LABORATORY	4,656,506	112,286	4,544,220			4,656,506
46	WHOLE BLOOD & PACKED RED	944,599	16,093	928,506			944,599
49	RESPIRATORY THERAPY	1,951,008	55,622	1,895,386			1,951,008
50	PHYSICAL THERAPY	409,640	12,521	397,119			409,640
51	OCCUPATIONAL THERAPY	82,961	9,155	73,806			82,961
52	SPEECH PATHOLOGY	29,442	2,777	26,665			29,442
53	ELECTROCARDIOLOGY	452,242	39,737	412,505			452,242
56	DRUGS CHARGED TO PATIENTS	6,999,173	68,798	6,930,375			6,999,173
57	RENAL DIALYSIS	2,767	38	2,729			2,767
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	2,385,125	148,932	2,236,193			2,385,125
61	EMERGENCY	10,432,136	210,000	10,222,136			10,432,136
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	50,077,285	1,632,647	48,444,638			50,077,285
102	LESS OBSERVATION BEDS						
103	TOTAL	50,077,285	1,632,647	48,444,638			50,077,285

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRGRATIO	I/P PT B COST TO CHRGRATIO
		7	8	9
37	ANCILLARY SRVC COST CNTRS			
	OPERATING ROOM	1,986,827	4.540203	4.540203
39	DELIVERY ROOM & LABOR ROO	1,228,128	5.118121	5.118121
41	RADIOLOGY-DIAGNOSTIC	10,268,033	.612223	.612223
43	RADIOISOTOPE	145,217	.957581	.957581
44	LABORATORY	17,140,601	.271665	.271665
46	WHOLE BLOOD & PACKED RED	472,306	1.999972	1.999972
49	RESPIRATORY THERAPY	2,157,082	.904466	.904466
50	PHYSICAL THERAPY	1,238,534	.330746	.330746
51	OCCUPATIONAL THERAPY	73,660	1.126269	1.126269
52	SPEECH PATHOLOGY	32,452	.907248	.907248
53	ELECTROCARDIOLOGY	1,083,828	.417264	.417264
56	DRUGS CHARGED TO PATIENTS	10,913,235	.641347	.641347
57	RENAL DIALYSIS	281,246	.009838	.009838
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	2,995,073	.796350	.796350
61	EMERGENCY	9,263,595	1.126143	1.126143
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS			
101	SUBTOTAL	59,279,817		
102	LESS OBSERVATION BEDS			
103	TOTAL	59,279,817		

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	9,203,747	360,985	8,842,762	36,099	512,880	8,654,768
39	DELIVERY ROOM & LABOR ROO	6,421,297	207,353	6,213,944	20,735	360,409	6,040,153
41	RADIOLOGY-DIAGNOSTIC	6,309,270	382,559	5,926,711	38,256	343,749	5,927,265
43	RADIOISOTOPE	139,057	5,791	133,266	579	7,729	130,749
44	LABORATORY	4,656,506	112,286	4,544,220	11,229	263,565	4,381,712
46	WHOLE BLOOD & PACKED RED	944,599	16,093	928,506	1,609	53,853	889,137
49	RESPIRATORY THERAPY	1,951,008	55,622	1,895,386	5,562	109,932	1,835,514
50	PHYSICAL THERAPY	409,640	12,521	397,119	1,252	23,033	385,355
51	OCCUPATIONAL THERAPY	82,961	9,155	73,806	916	4,281	77,764
52	SPEECH PATHOLOGY	29,442	2,777	26,665	278	1,547	27,617
53	ELECTROCARDIOLOGY	452,242	39,737	412,505	3,974	23,925	424,343
56	DRUGS CHARGED TO PATIENTS	6,999,173	68,798	6,930,375	6,880	401,962	6,590,331
57	RENAL DIALYSIS	2,767	38	2,729	4	158	2,605
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	2,661,727	148,932	2,512,795	14,893	145,742	2,501,092
61	EMERGENCY	12,182,284	210,000	11,972,284	21,000	694,392	11,466,892
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	52,445,720	1,632,647	50,813,073	163,266	2,947,157	49,335,297
102	LESS OBSERVATION BEDS						
103	TOTAL	52,445,720	1,632,647	50,813,073	163,266	2,947,157	49,335,297

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRGRATIO	I/P PT B COST TO CHRGRATIO
		7	8	9
37	ANCILLARY SRVC COST CNTRS			
	OPERATING ROOM	1,986,827	4.356075	4.614216
39	DELIVERY ROOM & LABOR ROO	1,228,128	4.918179	5.211641
41	RADIOLOGY-DIAGNOSTIC	10,268,033	.577254	.610732
43	RADIOISOTOPE	145,217	.900370	.953594
44	LABORATORY	17,140,601	.255634	.271010
46	WHOLE BLOOD & PACKED RED	472,306	1.882544	1.996566
49	RESPIRATORY THERAPY	2,157,082	.850925	.901888
50	PHYSICAL THERAPY	1,238,534	.311138	.329735
51	OCCUPATIONAL THERAPY	73,660	1.055715	1.113834
52	SPEECH PATHOLOGY	32,452	.851011	.898681
53	ELECTROCARDIOLOGY	1,083,828	.391522	.413597
56	DRUGS CHARGED TO PATIENTS	10,913,235	.603884	.640717
57	RENAL DIALYSIS	281,246	.009262	.009824
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	2,995,073	.835069	.883729
61	EMERGENCY	9,263,595	1.237845	1.312804
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS			
101	SUBTOTAL	59,279,817		
102	LESS OBSERVATION BEDS			
103	TOTAL	59,279,817		

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL			NEW CAPITAL		
		CAPITAL REL COST (B, II) 1	SWING BED ADJUSTMENT 2	REDUCED CAP RELATED COST 3	CAPITAL REL COST (B, III) 4	SWING BED ADJUSTMENT 5	REDUCED CAP RELATED COST 6
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS				655,402		655,402
26	INTENSIVE CARE UNIT				181,150		181,150
33	NURSERY				124,497		124,497
101	TOTAL				961,049		961,049

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	18,329	3,904			35.76	139,607
26	INTENSIVE CARE UNIT	2,508	884			72.23	63,851
33	NURSERY	1,263				98.57	
101	TOTAL	22,100	4,788				203,458

TITLE XVIII, PART A HOSPITAL PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2	TOTAL CHARGES 3	INPAT PROGRAM CHARGES 4	OLD CAPITAL CST/CHRG RATIO 5	CAPITAL COSTS 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM		360,985	1,986,827	52,800		
39	DELIVERY ROOM & LABOR ROO		207,353	1,228,128			
41	RADIOLOGY-DIAGNOSTIC		382,559	10,268,033	560,166		
43	RADIOISOTOPE		5,791	145,217	9,109		
44	LABORATORY		112,286	17,140,601	2,015,698		
46	WHOLE BLOOD & PACKED RED		16,093	472,306	68,900		
49	RESPIRATORY THERAPY		55,622	2,157,082	630,311		
50	PHYSICAL THERAPY		12,521	1,238,534	33,385		
51	OCCUPATIONAL THERAPY		9,155	73,660	7,840		
52	SPEECH PATHOLOGY		2,777	32,452	1,248		
53	ELECTROCARDIOLOGY		39,737	1,083,828	184,011		
56	DRUGS CHARGED TO PATIENTS		68,798	10,913,235	2,599,464		
57	RENAL DIALYSIS		38	281,246	76,125		
	OUTPAT SERVICE COST CNTRS						
60	CLINIC		148,932	2,995,073	260		
61	EMERGENCY		210,000	9,263,595	222,850		
62	OBSERVATION BEDS (NON-DIS						
	OTHER REIMBURS COST CNTRS						
101	TOTAL		1,632,647	59,279,817	6,462,167		

TITLE XVIII, PART A HOSPITAL PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NEW CAPITAL	
		CST/CHRG 7	RATIO COSTS 8
37	ANCILLARY SRVC COST CNTRS		
	OPERATING ROOM	.181689	9,593
39	DELIVERY ROOM & LABOR ROO	.168837	
41	RADIOLOGY-DIAGNOSTIC	.037257	20,870
43	RADIOISOTOPE	.039878	363
44	LABORATORY	.006551	13,205
46	WHOLE BLOOD & PACKED RED	.034073	2,348
49	RESPIRATORY THERAPY	.025786	16,253
50	PHYSICAL THERAPY	.010110	338
51	OCCUPATIONAL THERAPY	.124287	974
52	SPEECH PATHOLOGY	.085573	107
53	ELECTROCARDIOLOGY	.036664	6,747
56	DRUGS CHARGED TO PATIENTS	.006304	16,387
57	RENAL DIALYSIS	.000135	10
	OUTPAT SERVICE COST CNTRS		
60	CLINIC	.049726	13
61	EMERGENCY	.022669	5,052
62	OBSERVATION BEDS (NON-DIS		
	OTHER REIMBURS COST CNTRS		
101	TOTAL		92,260

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					18,329	
26	INTENSIVE CARE UNIT					2,508	
33	NURSERY					1,263	
101	TOTAL					22,100	

Health Financial Systems MCRIF32 FOR PROVIDENT HOSPITAL OF COOK COUNTY IN LIEU OF FORM CMS-2552-96(11/1998)

APPORTIONMENT OF INPATIENT ROUTINE I PROVIDER NO: I PERIOD: I PREPARED 4/18/2009

SERVICE OTHER PASS THROUGH COSTS I 14-0300 I FROM 12/ 1/2007 I WORKSHEET D

TITLE XVIII, PART A I I TO 11/30/2008 I PART III

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT PROG DAYS	INPAT PROGRAM PASS THRU COST
		7	8
25	ADULTS & PEDIATRICS		3,904
26	INTENSIVE CARE UNIT		884
33	NURSERY		
101	TOTAL		4,788

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						
39	DELIVERY ROOM & LABOR ROO						
41	RADIOLOGY-DIAGNOSTIC						
43	RADIOISOTOPE						
44	LABORATORY						
46	WHOLE BLOOD & PACKED RED						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
56	DRUGS CHARGED TO PATIENTS						
57	RENAL DIALYSIS						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
	OTHER REIMBURS COST CNTRS						
101	TOTAL						

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF CST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
37	ANCILLARY SRVC COST CNTRS OPERATING ROOM			1,986,827			52,800	
39	DELIVERY ROOM & LABOR ROO			1,228,128				
41	RADIOLOGY-DIAGNOSTIC			10,268,033			560,166	
43	RADIOISOTOPE			145,217			9,109	
44	LABORATORY			17,140,601			2,015,698	
46	WHOLE BLOOD & PACKED RED			472,306			68,900	
49	RESPIRATORY THERAPY			2,157,082			630,311	
50	PHYSICAL THERAPY			1,238,534			33,385	
51	OCCUPATIONAL THERAPY			73,660			7,840	
52	SPEECH PATHOLOGY			32,452			1,248	
53	ELECTROCARDIOLOGY			1,083,828			184,011	
56	DRUGS CHARGED TO PATIENTS			10,913,235			2,599,464	
57	RENAL DIALYSIS			281,246			76,125	
	OUTPAT SERVICE COST CNTRS							
60	CLINIC			2,995,073			260	
61	EMERGENCY			9,263,595			222,850	
62	OBSERVATION BEDS (NON-DIS							
	OTHER REIMBURS COST CNTRS							
101	TOTAL			59,279,817			6,462,167	

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OUTPUT PROG CHARGES 8	OUTPUT PROG D,V COL 5.03 8.01	OUTPUT PROG D,V COL 5.04 8.02	OUTPUT 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	62,957					
39	DELIVERY ROOM & LABOR ROO						
41	RADIOLOGY-DIAGNOSTIC	218,491					
43	RADIOISOTOPE						
44	LABORATORY	11,605					
46	WHOLE BLOOD & PACKED RED	1,441					
49	RESPIRATORY THERAPY	1,168					
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY	41,302					
56	DRUGS CHARGED TO PATIENTS	20,588					
57	RENAL DIALYSIS	6,375					
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	195,865					
61	EMERGENCY	186,575					
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS						
101	TOTAL	746,367					

TITLE XVIII, PART B

HOSPITAL

Cost Center Description	Cost/Charge Ratio (C, Pt I, col. 9)	Cost/Charge Ratio (C, Pt II, col. 9)	Outpatient Ambulatory Surgical Ctr	Outpatient Radiology	Other Outpatient Diagnostic
	1	1.02	2	3	4
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM	4.540203	4.540203			
39 DELIVERY ROOM & LABOR ROOM	5.118121	5.118121			
41 RADIOLOGY-DIAGNOSTIC	.612223	.612223			
43 RADIOISOTOPE	.957581	.957581			
44 LABORATORY	.271665	.271665			
46 WHOLE BLOOD & PACKED RED BLOOD CELLS	1.999972	1.999972			
49 RESPIRATORY THERAPY	.904466	.904466			
50 PHYSICAL THERAPY	.330746	.330746			
51 OCCUPATIONAL THERAPY	1.126269	1.126269			
52 SPEECH PATHOLOGY	.907248	.907248			
53 ELECTROCARDIOLOGY	.417264	.417264			
56 DRUGS CHARGED TO PATIENTS	.641347	.641347			
57 RENAL DIALYSIS	.009838	.009838			
OUTPAT SERVICE COST CNTRS					
60 CLINIC	.796350	.796350			
61 EMERGENCY	1.126143	1.126143			
62 OBSERVATION BEDS (NON-DISTINCT PART)					
101 SUBTOTAL					
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES					
104 NET CHARGES					

TITLE XVIII, PART B

HOSPITAL

	All Other (1)	PPS Services FYB to 12/31	Non-PPS Services	PPS Services 1/1 to FYE	Outpatient Ambulatory Surgical Ctr
Cost Center Description	5	5.01	5.02	5.03	6
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM		62,957			
39 DELIVERY ROOM & LABOR ROOM					
41 RADIOLOGY-DIAGNOSTIC		218,491			
43 RADIOISOTOPE					
44 LABORATORY		11,605			
46 WHOLE BLOOD & PACKED RED BLOOD CELLS		1,441			
49 RESPIRATORY THERAPY		1,168			
50 PHYSICAL THERAPY					
51 OCCUPATIONAL THERAPY					
52 SPEECH PATHOLOGY					
53 ELECTROCARDIOLOGY		41,302			
56 DRUGS CHARGED TO PATIENTS		20,588			
57 RENAL DIALYSIS		6,375			
OUTPAT SERVICE COST CNTRS					
60 CLINIC		195,865			
61 EMERGENCY		186,575			
62 OBSERVATION BEDS (NON-DISTINCT PART)					
101 SUBTOTAL		746,367			
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS- PROGRAM ONLY CHARGES					
104 NET CHARGES		746,367			

(A) WORKSHEET A LINE NUMBERS

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

TITLE XVIII, PART B

HOSPITAL

	Outpatient Radiology	Other Outpatient Diagnostic	All Other	PPS Services FYB to 12/31	Non-PPS Services
Cost Center Description	7	8	9	9.01	9.02
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM				285,838	
39 DELIVERY ROOM & LABOR ROOM					
41 RADIOLOGY-DIAGNOSTIC				133,765	
43 RADIOISOTOPE					
44 LABORATORY				3,153	
46 WHOLE BLOOD & PACKED RED BLOOD CELLS				2,882	
49 RESPIRATORY THERAPY				1,056	
50 PHYSICAL THERAPY					
51 OCCUPATIONAL THERAPY					
52 SPEECH PATHOLOGY					
53 ELECTROCARDIOLOGY				17,234	
56 DRUGS CHARGED TO PATIENTS				13,204	
57 RENAL DIALYSIS				63	
OUTPAT SERVICE COST CNTRS					
60 CLINIC				155,977	
61 EMERGENCY				210,110	
62 OBSERVATION BEDS (NON-DISTINCT PART)					
101 SUBTOTAL				823,282	
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS- PROGRAM ONLY CHARGES					
104 NET CHARGES				823,282	

TITLE XVIII, PART B

HOSPITAL

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

Cost Center Description 9.03 10 11

- (A) ANCILLARY SRVC COST CNTRS
- 37 OPERATING ROOM
- 39 DELIVERY ROOM & LABOR ROOM
- 41 RADIOLOGY-DIAGNOSTIC
- 43 RADIOISOTOPE
- 44 LABORATORY
- 46 WHOLE BLOOD & PACKED RED BLOOD CELLS
- 49 RESPIRATORY THERAPY
- 50 PHYSICAL THERAPY
- 51 OCCUPATIONAL THERAPY
- 52 SPEECH PATHOLOGY
- 53 ELECTROCARDIOLOGY
- 56 DRUGS CHARGED TO PATIENTS
- 57 RENAL DIALYSIS
- OUTPAT SERVICE COST CNTRS
- 60 CLINIC
- 61 EMERGENCY
- 62 OBSERVATION BEDS (NON-DISTINCT PART)
- 101 SUBTOTAL
- 102 CRNA CHARGES
- 103 LESS PBP CLINIC LAB SVCS-
- PROGRAM ONLY CHARGES
- 104 NET CHARGES

TITLE XVIII PART A HOSPITAL PPS

PART I - ALL PROVIDER COMPONENTS

1

INPATIENT DAYS

1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	18,329
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	18,329
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	18,329
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
7	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
8	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
9	TOTAL INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	3,904
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLE V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)	
15	TOTAL NURSERY DAYS (TITLE V OR XIX ONLY)	
16	NURSERY DAYS (TITLE V OR XIX ONLY)	

SWING-BED ADJUSTMENT

17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	23,044,645
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)	
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	23,044,645

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	12,273,926
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	12,273,926
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	1.877528
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	669.65
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL	
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL	
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT	
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	23,044,645

TITLE XVIII PART A HOSPITAL PPS

PART II - HOSPITAL AND SUBPROVIDERS ONLY

1

PROGRAM INPATIENT OPERATING COST BEFORE
 PASS THROUGH COST ADJUSTMENTS

38 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM 1,257.28
 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST 4,908,421
 40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM
 41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST 4,908,421

	TOTAL I/P COST 1	TOTAL I/P DAYS 2	AVERAGE PER DIEM 3	PROGRAM DAYS 4	PROGRAM COST 5
42 NURSERY (TITLE V & XIX ONLY) INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS					
43 INTENSIVE CARE UNIT	6,752,309	2,508	2,692.31	884	2,380,002
44 CORONARY CARE UNIT					
45 BURN INTENSIVE CARE UNIT					
46 SURGICAL INTENSIVE CARE UNIT					
47 OTHER SPECIAL CARE					

48 PROGRAM INPATIENT ANCILLARY SERVICE COST 3,883,289
 49 TOTAL PROGRAM INPATIENT COSTS 11,171,712

PASS THROUGH COST ADJUSTMENTS

50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES 203,458
 51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES 92,260
 52 TOTAL PROGRAM EXCLUDABLE COST 295,718
 53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN
 ANESTHETIST, AND MEDICAL EDUCATION COSTS 10,875,994

TARGET AMOUNT AND LIMIT COMPUTATION

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

PROGRAM INPATIENT ROUTINE SWING BED COST

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

TITLE XVIII PART A HOSPITAL PPS

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

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

PART IV - COMPUTATION OF OBSERVATION BED COST

83	TOTAL OBSERVATION BED DAYS	
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	1,257.28
85	OBSERVATION BED COST	

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

	COST	ROUTINE COST	COLUMN 1 DIVIDED BY COLUMN 2	TOTAL OBSERVATION BED COST	OBSERVATION BED PASS THROUGH COST
	1	2	3	4	5
86	OLD CAPITAL-RELATED COST	23,044,645			
87	NEW CAPITAL-RELATED COST	655,402	.028441		
88	NON PHYSICIAN ANESTHETIST	23,044,645			
89	MEDICAL EDUCATION	23,044,645			
89.01	MEDICAL EDUCATION - ALLIED HEA				
89.02	MEDICAL EDUCATION - ALL OTHER				

TITLE XIX - I/P HOSPITAL PPS

PART I - ALL PROVIDER COMPONENTS

1

INPATIENT DAYS

1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	18,329
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	18,329
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	18,329
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
7	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
8	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
9	TOTAL INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	6,154
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLE V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)	
15	TOTAL NURSERY DAYS (TITLE V OR XIX ONLY)	1,263
16	NURSERY DAYS (TITLE V OR XIX ONLY)	434

SWING-BED ADJUSTMENT

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

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	12,273,926
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	12,273,926
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	669.65
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL	
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL	
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT	
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	

TITLE XIX - I/P HOSPITAL PPS

PART II - HOSPITAL AND SUBPROVIDERS ONLY

1

PROGRAM INPATIENT OPERATING COST BEFORE
 PASS THROUGH COST ADJUSTMENTS

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

	TOTAL I/P COST 1	TOTAL I/P DAYS 2	AVERAGE PER DIEM 3	PROGRAM DAYS 4	PROGRAM COST 5
42 NURSERY (TITLE V & XIX ONLY) INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS		1,263		434	
43 INTENSIVE CARE UNIT		2,508		862	
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					10,334,050
49 TOTAL PROGRAM INPATIENT COSTS					10,334,050

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 10,334,050

TARGET AMOUNT AND LIMIT COMPUTATION

54 PROGRAM DISCHARGES 1,797
 55 TARGET AMOUNT PER DISCHARGE
 56 TARGET AMOUNT
 57 DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT
 58 BONUS PAYMENT
 58.01 LESSER OF LINES 53/54 OR 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED
 AND COMPOUNDED BY THE MARKET BASKET
 58.02 LESSER OF LINES 53/54 OR 55 FROM PRIOR YEAR COST REPORT, UPDATED BY THE MARKET
 BASKET
 58.03 IF LINES 53/54 IS LESS THAN THE LOWER OF LINES 55, 58.01 OR 58.02 ENTER THE
 LESSER OF 50% OF THE AMOUNT BY WHICH OPERATING COSTS (LINE 53) ARE LESS THAN
 EXPECTED COSTS (LINES 54 x 58.02), OR 1 PERCENT OF THE TARGET AMOUNT (LINE 56)
 OTHERWISE ENTER ZERO.
 58.04 RELIEF PAYMENT
 59 ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT
 59.01 ALLOWABLE INPATIENT COST PER DISCHARGE (LINE 59 / LINE 54) (LTCH ONLY)
 59.02 PROGRAM DISCHARGES PRIOR TO JULY 1
 59.03 PROGRAM DISCHARGES AFTER JULY 1
 59.04 PROGRAM DISCHARGES (SEE INSTRUCTIONS)
 59.05 REDUCED INPATIENT COST PER DISCHARGE FOR DISCHARGES PRIOR TO JULY 1
 (SEE INSTRUCTIONS) (LTCH ONLY)
 59.06 REDUCED INPATIENT COST PER DISCHARGE FOR DISCHARGES AFTER JULY 1
 (SEE INSTRUCTIONS) (LTCH ONLY)
 59.07 REDUCED INPATIENT COST PER DISCHARGE (SEE INSTRUCTIONS) (LTCH ONLY)
 59.08 REDUCED INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTRUCTIONS)

PROGRAM INPATIENT ROUTINE SWING BED COST

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

TITLE XIX - I/P HOSPITAL PPS

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

1

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

PART IV - COMPUTATION OF OBSERVATION BED COST

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

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

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

TITLE XVIII, PART A HOSPITAL PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS		2,800,364	
26	INTENSIVE CARE UNIT ANCILLARY SRVC COST CNTRS		1,403,792	
37	OPERATING ROOM	4.623861	52,800	244,140
39	DELIVERY ROOM & LABOR ROOM	5.118121		
41	RADIOLOGY-DIAGNOSTIC	.612223	560,166	342,947
43	RADIOISOTOPE	.957581	9,109	8,723
44	LABORATORY	.271665	2,015,698	547,595
46	WHOLE BLOOD & PACKED RED BLOOD CELLS	1.999972	68,900	137,798
49	RESPIRATORY THERAPY	.904466	630,311	570,095
50	PHYSICAL THERAPY	.330746	33,385	11,042
51	OCCUPATIONAL THERAPY	1.126269	7,840	8,830
52	SPEECH PATHOLOGY	.907248	1,248	1,132
53	ELECTROCARDIOLOGY	.477250	184,011	87,819
56	DRUGS CHARGED TO PATIENTS	.641347	2,599,464	1,667,158
57	RENAL DIALYSIS OUTPAT SERVICE COST CNTRS	.009838	76,125	749
60	CLINIC	.796350	260	207
61	EMERGENCY	1.144508	222,850	255,054
62	OBSERVATION BEDS (NON-DISTINCT PART) OTHER REIMBURS COST CNTRS			
101	TOTAL		6,462,167	3,883,289
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		6,462,167	

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	OTHER	
			INPATIENT CHARGES 2	INPATIENT COST 3
	TITLE XIX			
	HOSPITAL			
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS		5,075,304	
26	INTENSIVE CARE UNIT ANCILLARY SRVC COST CNTRS		2,480,956	
37	OPERATING ROOM	4.632385	91,855	425,508
39	DELIVERY ROOM & LABOR ROOM	5.228524	785,790	4,108,522
41	RADIOLOGY-DIAGNOSTIC	.614458	1,025,456	630,100
43	RADIOISOTOPE	.957581	20,358	19,494
44	LABORATORY	.271665	3,398,731	923,316
46	WHOLE BLOOD & PACKED RED BLOOD CELLS	1.999972	175,409	350,813
49	RESPIRATORY THERAPY	.904466	819,127	740,873
50	PHYSICAL THERAPY	.330746	50,045	16,552
51	OCCUPATIONAL THERAPY	1.126269	12,380	13,943
52	SPEECH PATHOLOGY	.907248		
53	ELECTROCARDIOLOGY	.417264	228,924	95,522
56	DRUGS CHARGED TO PATIENTS	.641347	3,649,069	2,340,319
57	RENAL DIALYSIS OUTPAT SERVICE COST CNTRS	.009838	129,000	1,269
60	CLINIC	.888702	155	138
61	EMERGENCY	1.315071	507,715	667,681
62	OBSERVATION BEDS (NON-DISTINCT PART) OTHER REIMBURS COST CNTRS			
101	TOTAL		10,894,014	10,334,050
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		10,894,014	

CALCULATION OF REIMBURSEMENT SETTLEMENT

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS HOSPITAL

DESCRIPTION	1	1.01
DRG AMOUNT		
1 OTHER THAN OUTLIER PAYMENTS OCCURRING PRIOR TO OCTOBER 1	1,117,042	
1.01 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER OCTOBER 1 AND BEFORE JANUARY 1		
1.02 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER JAN 1	4,688,636	
MANAGED CARE PATIENTS		
1.03 PAYMENTS PRIOR TO MARCH 1ST OR OCTOBER 1ST	9,087	
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	127,666	
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)	940,608	
3 BED DAYS AVAILABLE DIVIDED BY # DAYS IN COST RPTG PERIOD	119.00	
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.	11.59	
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)	11.59	
3.08 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS IN THE CURRENT YEAR FROM YOUR RECORDS	26.21	
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)	11.59	
3.15 TOTAL ALLOWABLE FTE COUNT FOR THE PRIOR YEAR, IF NONE BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE	11.59	
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	11.59	
3.17 SUM OF LINES 3.14 THRU 3.16 DIVIDED BY THE NUMBER OF THOSE LINES IN EXCESS OF ZERO (SEE INSTRUCTIONS).	11.59	
3.18 CURRENT YEAR RESIDENT TO BED RATIO (LN 3.17 DIVIDED BY LN 3)	.097395	
3.19 PRIOR YEAR RESIDENT TO BED RATIO (SEE INSTRUCTIONS)	.097395	
3.20 FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 1997, ENTER THE LESSER OF LINES 3.18 OR 3.19 (SEE INST)	.097395	
3.21 IME PAYMENTS FOR DISCHARGES OCCURRING PRIOR TO OCT 1	58,314	
3.22 IME PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER OCT 1, BUT BEFORE JANUARY 1 (SEE INSTRUCTIONS)		
3.23 IME PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER JANUARY 1	249,403	
	SUM OF LINES 3.21 - 3.23	
	307,717	
3.24 SUM OF LINES 3.21 THROUGH 3.23 (SEE INSTRUCTIONS).	307,717	
DISPROPORTIONATE SHARE ADJUSTMENT		
4 PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS (SEE INSTRUCTIONS)	21.12	
4.01 PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS REPORTED ON WORKSHEET S-3, PART I	35.67	
4.02 SUM OF LINES 4 AND 4.01	56.79	
4.03 ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTRUC)	35.49	
4.04 DISPROPORTIONATE SHARE ADJUSTMENT (SEE INSTRUCTIONS)	2,060,435	
ADDITIONAL PAYMENT FOR HIGH PERCENTAGE OF ESRD BENEFICIARY DISCHARGES		
5 TOTAL MEDICARE DISCHARGES ON WKST S-3, PART I EXCLUDING DISCHARGES FOR DRGS 302, 316, 317 OR MS-DRGS 652, 682 - 685.(SEE INSTRUCTIONS)		
5.01 TOTAL ESRD MEDICARE DISCHARGES EXCLUDING DRGS 302, 316, 317 OR MS-DRGS 652 AND 682 - 685. (SEE INSTRUCTIONS)		
5.02 DIVIDE LINE 5.01 BY LINE 5 (IF LESS THAN 10%, YOU DO NOT QUALIFY FOR ADJUSTMENT)		

CALCULATION OF REIMBURSEMENT SETTLEMENT

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS HOSPITAL

DESCRIPTION	1	1.01
5.03 TOTAL MEDICARE ESRD INPATIENT DAYS EXCLUDING DRGS 302, 316, 317, OR MS-DRGS 652, 682-685. (SEE INSTRUCTIONS)		
5.04 RATIO OF AVERAGE LENGTH OF STAY TO ONE WEEK		
5.05 AVERAGE WEEKLY COST FOR DIALYSIS TREATMENTS (SEE INSTRU		
5.06 TOTAL ADDITIONAL PAYMENT		
6 SUBTOTAL (SEE INSTRUCTIONS)	9,114,438	
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)	9,114,438	
9 PAYMENT FOR INPATIENT PROGRAM CAPITAL	588,211	
10 EXCEPTION PAYMENT FOR INPATIENT PROGRAM CAPITAL (WORKSHEET L, PART IV, SEE INSTRUCTIONS)		
11 DIRECT GRADUATE MEDICAL EDUCATION PAYMENT (FROM WORKSHEET E-3, PART IV, SEE INSTRUCTIONS)	274,039	
11.01 NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT		
11.02 SPECIAL ADD-ON PAYMENTS FOR NEW TECHNOLOGIES		
12 NET ORGAN ACQUISITION COST		
13 COST OF TEACHING PHYSICIANS		
14 ROUTINE SERVICE OTHER PASS THROUGH COSTS		
15 ANCILLARY SERVICE OTHER PASS THROUGH COSTS		
16 TOTAL	9,976,688	
17 PRIMARY PAYER PAYMENTS		
18 TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES	9,976,688	
19 DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	661,664	
20 COINSURANCE BILLED TO PROGRAM BENEFICIARIES	53,504	
21 REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	114,900	
21.01 ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	80,430	
21.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	32,617	
22 SUBTOTAL	9,341,950	
23 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION		
24 OTHER ADJUSTMENTS (SPECIFY)		
24.98 CREDIT FOR MANUFACTURER REPLACED MEDICAL DEVICES		
24.99 OUTLIER RECONCILIATION ADJUSTMENT		
25 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS		
26 AMOUNT DUE PROVIDER	9,341,950	
27 SEQUESTRATION ADJUSTMENT		
28 INTERIM PAYMENTS	9,258,573	
28.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
29 BALANCE DUE PROVIDER (PROGRAM)	83,377	
30 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2.		
----- FI ONLY -----		
50 OPERATING OUTLIER AMOUNT FROM WKS E, A, L2.01		
51 CAPITAL OUTLIER AMOUNT FROM WKS L, I, L3.01		
52 OPERATING OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)		
53 CAPITAL OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)		
54 THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY		
55 TIME VALUE OF MONEY (SEE INSTRUCTIONS)		
56 CAPITAL TIME VALUE OF MONEY (SEE INSTRUCTIONS)		

CALCULATION OF REIMBURSEMENT SETTLEMENT

PART B - MEDICAL AND OTHER HEALTH SERVICES

HOSPITAL

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)	885
1.01	MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER APRIL 1, 2001 (SEE INSTRUCTIONS).	823,282
1.02	PPS PAYMENTS RECEIVED INCLUDING OUTLIERS.	623,670
1.03	ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO.	
1.04	LINE 1.01 TIMES LINE 1.03.	
1.05	LINE 1.02 DIVIDED BY LINE 1.04.	
1.06	TRANSITIONAL CORRIDOR PAYMENT (SEE INSTRUCTIONS)	
1.07	ENTER THE AMOUNT FROM WORKSHEET D, PART IV, (COLS 9, 9.01, 9.02) LINE 101.	
2	INTERNS AND RESIDENTS	
3	ORGAN ACQUISITIONS	
4	COST OF TEACHING PHYSICIANS	
5	TOTAL COST (SEE INSTRUCTIONS)	885

COMPUTATION OF LESSER OF COST OR CHARGES

6	REASONABLE CHARGES	
	ANCILLARY SERVICE CHARGES	1,380
7	INTERNS AND RESIDENTS SERVICE CHARGES	
8	ORGAN ACQUISITION CHARGES	
9	CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS.	
10	TOTAL REASONABLE CHARGES	1,380

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)	1,380
15	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	495
16	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	
17	LESSER OF COST OR CHARGES (FOR CAH SEE INSTRUC)	885
17.01	TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 1.02, 1.06 AND 1.07)	623,670

COMPUTATION OF REIMBURSEMENT SETTLEMENT

18	DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)	
18.01	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 17.01 (SEE INSTRUCTIONS)	218,833
19	SUBTOTAL (SEE INSTRUCTIONS)	405,722
20	SUM OF AMOUNTS FROM WORKSHEET E PARTS C, D & E (SEE INSTR.)	
21	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	20,217
22	ESRD DIRECT MEDICAL EDUCATION COSTS	
23	SUBTOTAL	425,939
24	PRIMARY PAYER PAYMENTS	
25	SUBTOTAL	425,939

REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)

26	COMPOSITE RATE ESRD	
27	BAD DEBTS (SEE INSTRUCTIONS)	15,387
27.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	10,771
27.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	15,387
28	SUBTOTAL	436,710
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	436,710
33	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
34	INTERIM PAYMENTS	418,353
34.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
35	BALANCE DUE PROVIDER/PROGRAM	18,357
36	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2	

TITLE XVIII HOSPITAL

DESCRIPTION	INPATIENT-PART A		P A R T B	
	MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT
	1	2	3	4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		9,258,573		418,353
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.		NONE		NONE
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
ADJUSTMENTS TO PROVIDER		.01		
ADJUSTMENTS TO PROVIDER		.02		
ADJUSTMENTS TO PROVIDER		.03		
ADJUSTMENTS TO PROVIDER		.04		
ADJUSTMENTS TO PROVIDER		.05		
ADJUSTMENTS TO PROGRAM		.50		
ADJUSTMENTS TO PROGRAM		.51		
ADJUSTMENTS TO PROGRAM		.52		
ADJUSTMENTS TO PROGRAM		.53		
ADJUSTMENTS TO PROGRAM		.54		
SUBTOTAL		.99		
4 TOTAL INTERIM PAYMENTS		NONE		NONE
		9,258,573		418,353
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
TENTATIVE TO PROVIDER		.01		
TENTATIVE TO PROVIDER		.02		
TENTATIVE TO PROVIDER		.03		
TENTATIVE TO PROGRAM		.50		
TENTATIVE TO PROGRAM		.51		
TENTATIVE TO PROGRAM		.52		
SUBTOTAL		.99		
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)		NONE		NONE
SETTLEMENT TO PROVIDER		.01		18,357
SETTLEMENT TO PROGRAM		.02		
7 TOTAL MEDICARE PROGRAM LIABILITY		9,341,950		436,710

NAME OF INTERMEDIARY:
 INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: _____

DATE: ___/___/___

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

CALCULATION OF REIMBURSEMENT SETTLEMENT

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

	TITLE XIX HOSPITAL	TITLE V OR TITLE XIX 1	TITLE XVIII SNF PPS 2
1	COMPUTATION OF NET COST OF COVERED SERVICE		
2	INPATIENT HOSPITAL/SNF/NF SERVICES	10,334,050	
3	MEDICAL AND OTHER SERVICES		
4	INTERNS AND RESIDENTS (SEE INSTRUCTIONS)		
5	ORGAN ACQUISITION (CERT TRANSPLANT CENTERS ONLY)		
6	COST OF TEACHING PHYSICIANS (SEE INSTRUCTIONS)		
7	SUBTOTAL	10,334,050	
8	INPATIENT PRIMARY PAYER PAYMENTS		
9	OUTPATIENT PRIMARY PAYER PAYMENTS		
	SUBTOTAL	10,334,050	
	COMPUTATION OF LESSER OF COST OR CHARGES		
	REASONABLE CHARGES		
10	ROUTINE SERVICE CHARGES	7,556,260	
11	ANCILLARY SERVICE CHARGES	10,894,014	
12	INTERNS AND RESIDENTS SERVICE CHARGES		
13	ORGAN ACQUISITION CHARGES, NET OF REVENUE		
14	TEACHING PHYSICIANS		
15	INCENTIVE FROM TARGET AMOUNT COMPUTATION		
16	TOTAL REASONABLE CHARGES	18,450,274	
	CUSTOMARY CHARGES		
17	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR		
18	PAYMENT FOR SERVICES ON A CHARGE BASIS		
19	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE		
20	FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT		
21	BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e)		
22	RATIO OF LINE 17 TO LINE 18		
23	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)	18,450,274	
24	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	8,116,224	
25	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES		
26	COST OF COVERED SERVICES	10,334,050	
27	PROSPECTIVE PAYMENT AMOUNT		
28	OTHER THAN OUTLIER PAYMENTS	33,544,979	
29	OUTLIER PAYMENTS		
30	PROGRAM CAPITAL PAYMENTS		
31	CAPITAL EXCEPTION PAYMENTS (SEE INSTRUCTIONS)		
32	ROUTINE SERVICE OTHER PASS THROUGH COSTS		
33	ANCILLARY SERVICE OTHER PASS THROUGH COSTS		
34	SUBTOTAL	43,879,029	
35	CUSTOMARY CHARGES (TITLE XIX PPS COVERED SERVICES ONLY)		
36	TITLES V OR XIX PPS, LESSER OF LNS 30 OR 31; NON PPS & TITLE	43,879,029	
37	XVIII ENTER AMOUNT FROM LINE 30		
38	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)		
	COMPUTATION OF REIMBURSEMENT SETTLEMENT		
39	EXCESS OF REASONABLE COST		
40	SUBTOTAL	43,879,029	
41	COINSURANCE		
42	SUM OF AMOUNTS FROM WKST. E, PARTS C, D & E, LN 19		
43	REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)		
44	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS ENDING		
45	BEFORE 10/01/05 (SEE INSTRUCTIONS)		
46	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES		
47	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS BEGINNING		
48	ON OR AFTER 10/01/05 (SEE INSTRUCTIONS)		
49	UTILIZATION REVIEW		
50	SUBTOTAL (SEE INSTRUCTIONS)	43,879,029	
51	INPATIENT ROUTINE SERVICE COST		
52	MEDICARE INPATIENT ROUTINE CHARGES		
53	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR		
54	PAYMENT FOR SERVICES ON A CHARGE BASIS		
55	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE		
56	FOR PAYMENT OF PART A SERVICES		
57	RATIO OF LINE 43 TO 44		
58	TOTAL CUSTOMARY CHARGES		
59	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST		
60	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES		
61	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER		
62	TERMINATION OR A DECREASE IN PROGRAM UTILIZATION		
63	OTHER ADJUSTMENTS (SPECIFY)		
64	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS		
65	RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS		
66	SUBTOTAL	43,879,029	
67	INDIRECT MEDICAL EDUCATION ADJUSTMENT (PPS ONLY)		
68	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS		
69	TOTAL AMOUNT PAYABLE TO THE PROVIDER	43,879,029	
70	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)		
71	INTERIM PAYMENTS	33,480,149	
72	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
73	BALANCE DUE PROVIDER/PROGRAM	10,398,880	
74	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS)		
75	IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2.		

TITLE XVIII

COMPUTATION OF TOTAL DIRECT GME AMOUNT

1	NUMBER OF FTE RESIDENTS FOR OB/GYN & PRIMARY CARE		
1.01	NUMBER OF FTE RESIDENTS FOR ALL OTHER (SEE INSTR)		
2	UPDATED PER RESIDENT AMOUNT FOR OB/GYN & PRIMARY		
2.01	UPDATED PER RESIDENT AMOUNT ALL OTHER (SEE INSTR)		
3	AGGREGATE APPROVED AMOUNT		
3.01	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR COST REPTG PERIODS ENDING ON OR BEFORE 12/31/96		11.59
3.02	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS WHICH MEET THE CRITERIA FOR AN ADD ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH 42 CFR 413.86(g)(6)		
3.03	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGS FOR AFFILIATED PROGS IN ACCORD W/ 42 CFR 413.86(g)(4). E-3, PT 6 LN 4 + LINE 3.03		
3.04	FTE ADJUSTMENT CAP (SUM OF LINES 3.01 THRU 3.03)		11.59
3.05	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR THE CURRENT YEAR FROM YOUR RECORDS		26.21
3.06	ENTER THE LESSER OF LINE 3.04 OR LINE 3.05.		11.59
3.07	WEIGHTED FTE COUNT FOR PRIMARY CARE PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR IN COLUMN 1. IF CURRENT YEAR IS ZERO AND TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COL. ZERO.		14.60
3.08	WEIGHTED FTE COUNT FOR ALL OTHER PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR IN COLUMN 1. IF CURRENT YEAR IS ZERO AND TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COL. ZERO.		11.11
3.09	ENTER THE SUM OF LINES 3.07 AND 3.08.		25.71
3.10	SEE INSTRUCTIONS		11.37
3.11	WEIGHTED DENTAL & PODIATRIC RESIDENT FTE COUNT FOR CUR YEAR IN COLUMN 1. IF CURRENT YEAR IS ZERO & TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COL. ZERO.		
3.12	SEE INSTRUCTIONS		4.91
3.13	TOTAL WEIGHTED RESIDENT FTE COUNT FOR NONPRIMARY CARE RESIDENTS FOR THE PRIOR COST REPORTING YEAR (SEE INSTRUCTIONS)		4.91
3.14	TOTAL WEIGHTED RESIDENT FTE COUNT FOR NONPRIMARY CARE RESIDENTS FOR THE PENULTIMATE COST REPORTING YEAR (SEE INSTRUCTIONS)		5.80
3.15	ROLLING AVERAGE FTE COUNT (SEE INSTRUCTIONS)	RES INIT YEARS	5.21
3.16	ENTER THE SUM OF LINE 3.15 PLUS THE WEIGHTED NUMBER OF NONPRIMARY CARE FTE RESIDENTS IN THE INITIAL YEAR OF NEW ALLOPATHIC AND OSTEOPATHIC PROGRAMS. (SEE INSTRUCTIONS)		5.21
3.17	ENTER THE NONPRIMARY CARE PER RESIDENT AMOUNT.		86,389.48
3.18	SEE INSTRUCTIONS		450,089
3.19	ENTER THE WEIGHTED FTE RESIDENT COUNT FOR PRIMARY CARE AND OB/GYN RESIDENTS FOR THE PRIOR YEAR (SEE INSTRUCTIONS)		11.59
3.20	ENTER THE WEIGHTED FTE RESIDENT COUNT FOR PRIMARY CARE AND OB/GYN RESIDENTS FOR THE PENULTIMATE YEAR (SEE INSTRUCTIONS)		6.81
3.21	SEE INSTRUCTIONS	RES INIT YEARS	8.29
3.22	SEE INSTRUCTIONS		8.29
3.23	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001		96,818.55
3.24	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001		802,626
3.25	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001		1,252,715

COMPUTATION OF PROGRAM PATIENT LOAD

4	PROGRAM PART A INPATIENT DAYS		4,788
5	TOTAL INPATIENT DAYS		20,837
6	RATIO OF PROGRAM INPATIENT DAYS TO TOTAL INPATIENT DAYS.	LN 6 * LN 3.25 + E-3, 6 L 11	.229784
6.01	TOTAL GME PAYMENT FOR NON-MANAGED CARE DAYS	287,854	287,854
6.02	PROGRAM MANAGED CARE DAYS OCCURING ON OR AFTER JANUARY 1 OF THIS COST REPORTING PERIOD (SEE INSTRUCTIONS)		124
6.03	ENTER THE TOTAL INPATIENT DAYS FROM LINE 5 ABOVE.		20,837
6.04	ENTER THE APPROPRIATE PERCENTAGE FOR INCLUSION OF THE MANAGED CARE DAYS (SEE INSTRUCTIONS)		100.00
6.05	GRADUATE MEDICAL EDUCATION PAYMENT FOR MANAGED CARE DAYS ON OR AFTER JAN 1 THROUGH THE END OF THE COST REPORTING PERIOD.		6,402
6.06	PROGRAM MANAGED CARE DAYS OCCURRING BEFORE JAN 1 OF THIS COST REPORING YEAR (SEE INSTRUCTIONS)		
6.07	ENTER THE APPROPRIATE PERCENTAGE USING THE CRITERIA IDENTIFIED ON LINE 6.04 ABOVE. (SEE INSTRUCTIONS)	PRIOR TO 422 E-3,6 LN 12	100.00
6.08	GRADUATE MEDICAL EDUCATION PAYMENT FOR MANAGED CARE DAYS PRIOR TO JANUARY 1 OF THIS COST REPORTING PERIOD		

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

7	RENAL DIALYSIS DIRECT MEDICAL EDUCATION COSTS		
8	RENAL DIALYSIS AND HOME DIALYSIS TOTAL CHARGES		281,246
9	RATIO OF DIRECT MEDICAL EDUCATION COSTS TO TOTAL CHARGES		
10	MEDICARE OUTPATIENT ESRD CHARGES		
11	MEDICARE OUTPATIENT ESRD DIRECT MEDICAL EDUCATION COSTS		

APPORTIONMENT BASED ON MEDICARE REASONABLE COST TITLE XVIII ONLY
 PART A REASONABLE COST

12	REASONABLE COST (SEE INSTRUCTIONS)		11,171,712
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TITLE XVIII

13	ORGAN ACQUISITION COSTS	
14	COST OF TEACHING PHYSICIANS	
15	PRIMARY PAYER PAYMENTS	
16	TOTAL PART A REASONABLE COST	11,171,712
PART B REASONABLE COST		
17	REASONABLE COST	824,167
18	PRIMARY PAYER PAYMENTS	
19	TOTAL PART B REASONABLE COST	824,167
20	TOTAL REASONABLE COST	11,995,879
21	RATIO OF PART A REASONABLE COST TO TOTAL REASONABLE COST	.931296
22	RATIO OF PART B REASONABLE COST TO TOTAL REASONABLE COST	.068704
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B		
23	TOTAL PROGRAM GME PAYMENT	
23.01	FOR COST REPORTING PERIODS BEGINNING ON OR AFTER 10/1/97 (SUM OF LINES 6.01, 6.05, & 6.08)	294,256
24	PART A MEDICARE GME PAYMENT--TITLE XVIII ONLY	274,039
25	PART B MEDICARE GME PAYMENT--TITLE XVIII ONLY	20,217

TITLE XVIII

CALCULATION OF REDUCED DIRECT GME CAP UNDER SECTION 422 OF MMA

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

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

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

CALCULATION OF REDUCED IME CAP UNDER SECTION 422 OF MMA

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

CALCULATION OF ADDITIONAL IME PAYMENTS ATTRIBUTABLE TO SECTION 422 OF MMA

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

ASSETS		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
CURRENT ASSETS					
1	CASH ON HAND AND IN BANKS	27,828,480			
2	TEMPORARY INVESTMENTS				
3	NOTES RECEIVABLE				
4	ACCOUNTS RECEIVABLE	36,023,362			
5	OTHER RECEIVABLES	23,337,665			
6	LESS: ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE	-15,162,775			
7	INVENTORY	1,019,729			
8	PREPAID EXPENSES				
9	OTHER CURRENT ASSETS				
10	DUE FROM OTHER FUNDS				
11	TOTAL CURRENT ASSETS	73,046,461			
FIXED ASSETS					
12	LAND				
12.01	LAND IMPROVEMENTS				
13	LAND IMPROVEMENTS				
13.01	LESS ACCUMULATED DEPRECIATION				
14	BUILDINGS	43,136,338			
14.01	LESS ACCUMULATED DEPRECIATION	-23,303,890			
15	LEASEHOLD IMPROVEMENTS				
15.01	LESS ACCUMULATED DEPRECIATION				
16	FIXED EQUIPMENT	20,950			
16.01	LESS ACCUMULATED DEPRECIATION	-14,665			
17	AUTOMOBILES AND TRUCKS				
17.01	LESS ACCUMULATED DEPRECIATION				
18	MAJOR MOVABLE EQUIPMENT	12,323,536			
18.01	LESS ACCUMULATED DEPRECIATION	-7,032,806			
19	MINOR EQUIPMENT DEPRECIABLE	7,770			
19.01	LESS ACCUMULATED DEPRECIATION	-7,770			
20	MINOR EQUIPMENT-NONDEPRECIABLE				
21	TOTAL FIXED ASSETS	25,129,463			
OTHER ASSETS					
22	INVESTMENTS				
23	DEPOSITS ON LEASES				
24	DUE FROM OWNERS/OFFICERS				
25	OTHER ASSETS				
26	TOTAL OTHER ASSETS				
27	TOTAL ASSETS	98,175,924			

	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
LIABILITIES AND FUND BALANCE	1	2	3	4
CURRENT LIABILITIES				
28 ACCOUNTS PAYABLE	16,007,450			
29 SALARIES, WAGES & FEES PAYABLE	5,808,096			
30 PAYROLL TAXES PAYABLE				
31 NOTES AND LOANS PAYABLE (SHORT TERM)				
32 DEFERRED INCOME				
33 ACCELERATED PAYMENTS				
34 DUE TO OTHER FUNDS	465,488			
35 OTHER CURRENT LIABILITIES				
36 TOTAL CURRENT LIABILITIES	22,281,034			
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	1,389,274			
42 TOTAL LONG-TERM LIABILITIES	1,389,274			
43 TOTAL LIABILITIES	23,670,308			
CAPITAL ACCOUNTS				
44 GENERAL FUND BALANCE	74,505,616			
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	74,505,616			
52 TOTAL LIABILITIES AND FUND BALANCES	98,175,924			

	GENERAL FUND	SPECIFIC PURPOSE FUND
	1	2
1 FUND BALANCE AT BEGINNING		63,398,908
2 OF PERIOD		
2 NET INCOME (LOSS)		-51,201,449
3 TOTAL		12,197,459
4 ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)		
5 ADJUST FOR COUNTY ALL ADJ	62,308,157	
6		
7		
8		
9		
10 TOTAL ADDITIONS		62,308,157
11 SUBTOTAL		74,505,616
12 DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)		
13 DEDUCTIONS (DEBIT ADJUSTM		
14		
15		
16		
17		
18 TOTAL DEDUCTIONS		
19 FUND BALANCE AT END OF		74,505,616
PERIOD PER BALANCE SHEET		

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

PART I - PATIENT REVENUES

REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3
GENERAL INPATIENT ROUTINE CARE SERVICES			
1 00 HOSPITAL	12,273,926		12,273,926
4 00 SWING BED - SNF			
5 00 SWING BED - NF			
9 00 TOTAL GENERAL INPATIENT ROUTINE CARE	12,273,926		12,273,926
INTENSIVE CARE TYPE INPATIENT HOSPITAL SVCS			
10 00 INTENSIVE CARE UNIT	3,904,892		3,904,892
15 00 TOTAL INTENSIVE CARE TYPE INPAT HOSP	3,904,892		3,904,892
16 00 TOTAL INPATIENT ROUTINE CARE SERVICE	16,178,818		16,178,818
17 00 ANCILLARY SERVICES	27,239,515	19,781,634	47,021,149
18 00 OUTPATIENT SERVICES	1,485,671	10,772,997	12,258,668
24 00 NURSERY	1,080,898		1,080,898
25 00 TOTAL PATIENT REVENUES	45,984,902	30,554,631	76,539,533

PART II-OPERATING EXPENSES

26 00 OPERATING EXPENSES		96,076,004	
ADD (SPECIFY)			
27 00 ADD (SPECIFY)			
28 00			
29 00			
30 00			
31 00			
32 00			
33 00 TOTAL ADDITIONS			
DEDUCT (SPECIFY)			
34 00 DEDUCT (SPECIFY)			
35 00			
36 00			
37 00			
38 00			
39 00 TOTAL DEDUCTIONS			
40 00 TOTAL OPERATING EXPENSES		96,076,004	

DESCRIPTION

1	TOTAL PATIENT REVENUES	76,539,533
2	LESS: ALLOWANCES AND DISCOUNTS ON PATIENT'S ACCTS	31,877,659
3	NET PATIENT REVENUES	44,661,874
4	LESS: TOTAL OPERATING EXPENSES	96,076,004
5	NET INCOME FROM SERVICE TO PATIENTS	-51,414,130
	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	193,913
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 OTHR THAN PATIENTS	
18	REVENUE FROM SALE OF MEDICAL RECORDS & ABSTRACTS	15,273
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	JURY DUTY	1,070
24.01	MISCELLANEOUS REVENUE	2,425
25	TOTAL OTHER INCOME	212,681
26	TOTAL	-51,201,449
	OTHER EXPENSES	
27	OTHER EXPENSES (SPECIFY)	
28		
29		
30	TOTAL OTHER EXPENSES	
31	NET INCOME (OR LOSS) FOR THE PERIOD	-51,201,449

CALCULATION OF CAPITAL PAYMENT

TITLE XVIII, PART A HOSPITAL

PART I - FULLY PROSPECTIVE METHOD

1	CAPITAL HOSPITAL SPECIFIC RATE PAYMENTS	
	CAPITAL FEDERAL AMOUNT	
2	CAPITAL DRG OTHER THAN OUTLIER	492,293
3	CAPITAL DRG OUTLIER PAYMENTS PRIOR TO 10/01/1997	
3 .01	CAPITAL DRG OUTLIER PAYMENTS AFTER 10/01/1997	6,812
	INDIRECT MEDICAL EDUCATION ADJUSTMENT	
4	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS	56.93
	IN THE COST REPORTING PERIOD	
4 .01	NUMBER OF INTERNS AND RESIDENTS	11.59
	(SEE INSTRUCTIONS)	
4 .02	INDIRECT MEDICAL EDUCATION PERCENTAGE	5.91
4 .03	INDIRECT MEDICAL EDUCATION ADJUSTMENT	29,095
	(SEE INSTRUCTIONS)	
5	PERCENTAGE OF SSI RECEIPT PATIENT DAYS TO	21.12
	MEDICARE PART A PATIENT DAYS	
5 .01	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL	35.67
	DAYS REPORTED ON S-3, PART I	
5 .02	SUM OF 5 AND 5.01	56.79
5 .03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE	12.19
5 .04	DISPROPORTIONATE SHARE ADJUSTMENT	60,011
6	TOTAL PROSPECTIVE CAPITAL PAYMENTS	588,211
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)	

