

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	14-0301	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: 4/23/2009 TIME 10:02

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:
OAK FOREST HOSPITAL OF COOK COUNTY 14-0301
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	1,159	18,225	0	
2	SUBPROVIDER	0	28,907	0	0	
5	HOSPITAL-BASED SNF	0	0	0	0	
100	TOTAL	0	30,066	18,225	0	

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

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX ADDRESS

1 STREET: 15900 SOUTH CICERO AVENUE P.O. BOX:
 1.01 CITY: OAK FOREST STATE: IL ZIP CODE: 60452- COUNTY: COOK

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION;

COMPONENT 0	COMPONENT NAME 1	PROVIDER NO. 2	NPI NUMBER 2.01	DATE CERTIFIED 3	PAYMENT SYSTEM (P,T,O OR N)		
					V 4	XVIII 5	XIX 6
02.00	HOSPITAL	OAK FOREST HOSPITAL OF COOK COUNTY	14-0301	12/ 1/2001	P	P	O
03.00	SUBPROVIDER	OAK FOREST HOSPITAL OF COOK COUNTY	14-T301	12/ 1/2001	N	P	O
06.00	HOSPITAL-BASED SNF	OAK FOREST HOSPITAL OF COOK COUNTY	14-5103	1/ 1/1967	N	P	O

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

18 TYPE OF CONTROL 1 2
9

TYPE OF HOSPITAL/SUBPROVIDER

19 HOSPITAL 1
20 SUBPROVIDER 5

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 Y Y

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

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

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

22 ARE YOU CLASSIFIED AS A REFERRAL CENTER? N

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

25.05 HAS YOUR FACILITY DIRECT GME FTE CAP (COLUMN 1) OR IME FTE CAP (COLUMN 2) BEEN REDUCED UNDER 42 CFR 413.79(c)(3) OR 42 CFR 412.105(f)(1)(iv)(B)? ENTER "Y" FOR YES AND "N" FOR NO IN THE APPLICABLE COLUMNS. (SEE INSTRUCTIONS) Y 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	Y			
28.01	IF HOSPITAL BASED SNF, ENTER APPROPRIATE TRANSITION PERIOD 1, 2, 3, OR 100 IN COLUMN 1. ENTER IN COLUMNS 2 AND 3 THE WAGE INDEX ADJUSTMENT FACTOR BEFORE AND ON OR AFTER THE OCTOBER 1ST (SEE INSTRUCTIONS)			1	2 3 4
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)					
28.03	STAFFING			35.58%	Y
28.04	RECRUITMENT			0.00%	N
28.05	RETENTION			0.00%	N
28.06	TRAINING			0.00%	N
29	IS THIS A RURAL HOSPITAL WITH A CERTIFIED SNF WHICH HAS FEWER THAN 50 BEDS IN THE AGGREGATE FOR BOTH COMPONENTS, USING THE SWING BED OPTIONAL METHOD OF REIMBURSEMENT?	N			
30	DOES THIS HOSPITAL QUALIFY AS A RURAL PRIMARY CARE HOSPITAL (RPCH)/CRITICAL ACCESS HOSPITAL(CAH)? (SEE 42 CFR 485.606ff)	N			
30.01	IF SO, IS THIS THE INITIAL 12 MONTH PERIOD FOR THE FACILITY OPERATED AS AN RPCH/CAH? SEE 42 CFR 413.70				
30.02	IF THIS FACILITY QUALIFIES AS AN RPCH/CAH, HAS IT ELECTED THE ALL-INCLUSIVE METHOD OF PAYMENT FOR OUTPATIENT SERVICES? (SEE INSTRUCTIONS)				
30.03	IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIBIBLE FOR COST REIMBURSEMENT FOR AMBULANCE SERVICES? IF YES, ENTER IN COLUMN 2 THE DATE OF ELIGIBILITY DETERMINATION (DATE MUST BE ON OR AFTER 12/21/2000).				
30.04	IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIBIBLE FOR COST REIMBURSEMENT FOR I&R TRAINING PROGRAMS? ENTER "Y" FOR YES AND "N" FOR NO. IF YES, THE GME ELIMINATION WOULD NOT BE ON WORKSHEET B, PART I, COLUMN 26 AND THE PROGRAM WOULD BE COST REIMBURSED. IF YES COMPLETE WORKSHEET D-2, PART II				
31	IS THIS A RURAL HOSPITAL QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).	N			
31.01	IS THIS A RURAL SUBPROVIDER 1 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).	N			
31.02	IS THIS A RURAL SUBPROVIDER 2 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).	N			
31.03	IS THIS A RURAL SUBPROVIDER 3 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).	N			
31.04	IS THIS A RURAL SUBPROVIDER 4 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).	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.	Y	E		
33	IS THIS A NEW HOSPITAL UNDER 42 CFR 412.300 PPS CAPITAL? ENTER "Y" FOR YES AND "N" FOR NO IN COLUMN 1. IF YES, FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 2002, DO YOU ELECT TO BE REIMBURSED AT 100% FEDERAL CAPITAL PAYMENT? ENTER "Y" FOR YES AND "N" FOR NO IN COLUMN 2	N			
34	IS THIS A NEW HOSPITAL UNDER 42 CFR 413.40 (f)(1)(i) TEFRA?	N			
35	HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?	N			
35.01	HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?	N			
35.02	HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?	N			
35.03	HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?	N			
35.04	HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?	N			
PROSPECTIVE PAYMENT SYSTEM (PPS)-CAPITAL					
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	N	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?				

V XVIII XIX
 1 2 3
 N Y N
 N N N
 N N N

TITLE XIX INPATIENT SERVICES

- 38 DO YOU HAVE TITLE XIX INPATIENT HOSPITAL SERVICES? Y
 38.01 IS THIS HOSPITAL REIMBURSED FOR TITLE XIX THROUGH THE COST REPORT EITHER IN FULL OR IN PART? N
 38.02 DOES THE TITLE XIX PROGRAM REDUCE CAPITAL FOLLOWING THE MEDICARE METHODOLOGY? N
 38.03 ARE TITLE XIX NF PATIENTS OCCUPYING TITLE XVIII SNF BEDS (DUAL CERTIFICATION)? Y
 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? N
 45 HAVE YOU CHANGED YOUR COST ALLOCATION METHODOLOGY FROM THE PREVIOUSLY FILED COST REPORT? N 00/00/0000
 SEE CMS PUB. 15-II, SECTION 3617. IF YES, ENTER THE APPROVAL DATE IN COLUMN 2.
 45.01 WAS THERE A CHANGE IN THE STATISTICAL BASIS?
 45.02 WAS THERE A CHANGE IN THE ORDER OF ALLOCATION?
 45.03 WAS THE CHANGE TO THE SIMPLIFIED COST FINDING METHOD?
 46 IF YOU ARE PARTICIPATING IN THE NHCMQ DEMONSTRATION PROJECT (MUST HAVE A HOSPITAL-BASED SNF)
 DURING THIS COST REPORTING PERIOD, ENTER THE PHASE (SEE INSTRUCTIONS).

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

	PART A	PART B	OUTPATIENT ASC	OUTPATIENT RADIOLOGY	OUTPATIENT DIAGNOSTIC
	1	2	3	4	5
47.00 HOSPITAL	N	N	N	N	N
48.00 SUBPROVIDER	N	N	N	N	N
49.00 SNF	N	N			

- 52 DOES THIS HOSPITAL CLAIM EXPENDITURES FOR EXTRAORDINARY CIRCUMSTANCES IN ACCORDANCE WITH 42 CFR 412.348(e)? (SEE INSTRUCTIONS) N
 52.01 IF YOU ARE A FULLY PROSPECTIVE OR HOLD HARMLESS PROVIDER ARE YOU ELIGIBLE FOR THE SPECIAL EXCEPTIONS PAYMENT PURSUANT TO 42 CFR 412.348(g)? IF YES, COMPLETE WORKSHEET L, PART IV N
 53 IF YOU ARE A MEDICARE DEPENDENT HOSPITAL (MDH), ENTER THE NUMBER OF PERIODS MDH STATUS IN EFFECT. ENTER BEGINNING AND ENDING DATES OF MDH STATUS ON LINE 53.01. SUBSCRIPT LINE 53.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES. 0
 53.01 MDH PERIOD: BEGINNING: / / ENDING: / /
 54 LIST AMOUNTS OF MALPRACTICE PREMIUMS AND PAID LOSSES:
 PREMIUMS: 0
 PAID LOSSES: 0
 AND/OR SELF INSURANCE: 0
 54.01 ARE MALPRACTICE PREMIUMS AND PAID LOSSES REPORTED IN OTHER THAN THE ADMINISTRATIVE AND GENERAL COST CENTER? IF YES, SUBMIT SUPPORTING SCHEDULE LISTING COST CENTERS AND AMOUNTS CONTAINED THEREIN. N
 55 DOES YOUR FACILITY QUALIFY FOR ADDITIONAL PROSPECTIVE PAYMENT IN ACCORDANCE WITH 42 CFR 412.107. ENTER "Y" FOR YES AND "N" FOR NO. N
 56 ARE YOU CLAIMING AMBULANCE COSTS? IF YES, ENTER IN COLUMN 2 THE PAYMENT LIMIT PROVIDED FROM YOUR FISCAL INTERMEDIARY AND THE APPLICABLE DATES FOR THOSE LIMITS IN COLUMN 0. IF THIS IS THE FIRST YEAR OF OPERATION NO ENTRY IS REQUIRED IN COLUMN 2. IF COLUMN 1 IS Y, ENTER Y OR N IN COLUMN 3 WHETHER THIS IS YOUR FIRST YEAR OF OPERATIONS FOR RENDERING AMBULANCE SERVICES. ENTER IN COLUMN 4, IF APPLICABLE, THE FEE SCHEDULES AMOUNTS FOR THE PERIOD BEGINNING ON OR AFTER 4/1/2002. DATE Y OR N LIMIT Y OR N FEES
 0 1 2 3 4
 56.01 ENTER SUBSEQUENT AMBULANCE PAYMENT LIMIT AS REQUIRED. SUBSCRIPT IF MORE THAN 2 LIMITS APPLY. ENTER IN COLUMN 4 THE FEE SCHEDULES AMOUNTS FOR INITIAL OR SUBSEQUENT PERIOD AS APPLICABLE. N 0.00 0
 56.02 THIRD AMBULANCE LIMIT AND FEE SCHEDULE IF NECESSARY. 0.00 0
 56.03 FOURTH AMBULANCE LIMIT AND FEE SCHEDULE IF NECESSARY. 0.00 0
 57 ARE YOU CLAIMING NURSING AND ALLIED HEALTH COSTS? N
 58 ARE YOU AN INPATIENT REHABILITATION FACILITY(IRF), OR DO YOU CONTAIN AN IRF SUBPROVIDER? ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES HAVE YOU MADE THE ELECTION FOR 100% FEDERAL PPS REIMBURSEMENT? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. THIS OPTION IS ONLY AVAILABLE FOR COST REPORTING PERIODS BEGINNING ON OR AFTER 1/1/2002 AND BEFORE 10/1/2002. Y Y
 58.01 IF LINE 58 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER "Y" FOR YES OR "N" FOR NO. IS THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR SEC. 412.424(d)(1)(iii)(2)? ENTER IN COLUMN 2 "Y"FOR YES OR "N" FOR NO. IF COLUMN 2 IS Y, ENTER 1, 2 OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS). IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5. (SEE INSTR). Y N
 59 ARE YOU A LONG TERM CARE HOSPITAL (LTCH)? ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES, HAVE YOU MADE THE ELECTION FOR 100% FEDERAL PPS REIMBURSEMENT? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. (SEE INSTRUCTIONS) N
 60 ARE YOU AN INPATIENT PSYCHIATRIC FACILITY (IPF), OR DO YOU CONTAIN AN IPF SUBPROVIDER? ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES, IS THE IPF OR IPF SUBPROVIDER A NEW FACILITY? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. (SEE INSTRUCTIONS) 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

HOSPITAL AND HOSPITAL HEALTH CARE
 COMPLEX STATISTICAL DATA

COMPONENT	NO. OF BEDS 1	BED DAYS AVAILABLE 2	CAH N/A 2.01	TITLE V 3	I/P DAYS / TITLE XVIII 4	O/P VISITS / NOT LTCH N/A 4.01	TRIPS TOTAL TITLE XIX 5
1 ADULTS & PEDIATRICS	92	33,672				1,915	5,788
2 HMO						33	30
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS	92	33,672				1,915	5,788
6 INTENSIVE CARE UNIT	8	2,928				192	671
12 TOTAL	100	36,600				2,107	6,459
13 RPCH VISITS							
14 SUBPROVIDER I	38	13,908				549	2,136
15 SKILLED NURSING FACILITY	10	3,660					3,255
16 NURSING FACILITY							
18 HOME HEALTH AGENCY							
23 10 CMHC							
23 20 OUTPATIENT PHYSICAL THERAPY							
23 30 OUTPATIENT OCCUPATIONAL THER							
23 40 OUTPATIENT SPEECH PATHOLOGY							
24 RHC							
24 10 FQHC							
25 TOTAL	148						
26 OBSERVATION BED DAYS							
26 01 OBSERVATION BED DAYS-SUB I							
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							

COMPONENT	TITLE XIX ADMITTED 5.01	I/P DAYS / OBSERVATION BEDS NOT ADMITTED 5.02	O/P VISITS TOTAL ALL PATS 6	/ TRIPS TOTAL OBSERVATION BEDS ADMITTED 6.01	NOT ADMITTED 6.02	INTERNS & RES. TOTAL 7	FTES LESS I&R NON-PHYS ANES 8
1 ADULTS & PEDIATRICS			14,205				
2 HMO							
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS			14,205				
6 INTENSIVE CARE UNIT			2,093				
12 TOTAL			16,298			2.20	
13 RPCH VISITS							
14 SUBPROVIDER I			5,340			2.00	
15 SKILLED NURSING FACILITY			3,255				
16 NURSING FACILITY							
18 HOME HEALTH AGENCY							
23 10 CMHC							
23 20 OUTPATIENT PHYSICAL THERAPY							
23 30 OUTPATIENT OCCUPATIONAL THER							
23 40 OUTPATIENT SPEECH PATHOLOGY							
24 RHC							
24 10 FQHC							
25 TOTAL						4.20	
26 OBSERVATION BED DAYS							
26 01 OBSERVATION BED DAYS-SUB I							
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							

COMPONENT	I & R FTES NET 9	--- FULL TIME EMPLOYEES ON PAYROLL 10	EQUIV --- NONPAID WORKERS 11	TITLE V 12	DISCHARGES TITLE XVIII 13	TITLE XIX 14	TOTAL ALL PATIENTS 15
1 ADULTS & PEDIATRICS					223	620	2,526
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							
12 TOTAL	2.20	879.76			223	620	2,526
13 RPCH VISITS							
14 SUBPROVIDER I	2.00	28.53			180	155	358
15 SKILLED NURSING FACILITY		57.26					
16 NURSING FACILITY							
18 HOME HEALTH AGENCY							
23 10 CMHC							
23 20 OUTPATIENT PHYSICAL THERAPY							
23 30 OUTPATIENT OCCUPATIONAL THER							
23 40 OUTPATIENT SPEECH PATHOLOGY							
24 RHC							
24 10 FQHC							
25 TOTAL	4.20	965.55					
26 OBSERVATION BED DAYS							
26 01 OBSERVATION BED DAYS-SUB I							
27 AMBULANCE TRIPS							

COMPONENT	I & R FTES NET	--- FULL TIME EQUIV ---		TITLE V	DISCHARGES			TOTAL ALL PATIENTS
		EMPLOYEES ON PAYROLL	NONPAID WORKERS		TITLE XVIII	TITLE XIX	TITLE XIX	
28 EMPLOYEE DISCOUNT DAYS	9	10	11	12	13	14	15	
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	54,651,546		54,651,546	2,703,116.40	20.22	
2 NON-PHYSICIAN ANESTHETIST PART A						
3 NON-PHYSICIAN ANESTHETIST PART B						
4 PHYSICIAN - PART A	2,675,930		2,675,930	29,390.84	91.05	HBP WORKPAPER
4.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)	192,101		192,101	2,363.99	81.26	STATS 30-2
5 PHYSICIAN - PART B	5,138,916		5,138,916	62,043.05	82.83	HBP W/P
5.01 NON-PHYSICIAN - PART B						
6 INTERNS & RESIDENTS (APPRVD)						
6.01 CONTRACT SERVICES, I&R						
7 HOME OFFICE PERSONNEL						
8 SNF	2,650,549	-85,645	2,564,904	213,046.90	12.04	EXCEL PAYROLL
8.01 EXCLUDED AREA SALARIES	2,451,196	-384,273	2,066,923	135,205.80	15.29	EXCEL PAYROLL
OTHER WAGES & RELATED COSTS						
9 CONTRACT LABOR:	329,251		329,251	9,414.40	34.97	REGISTRY RECAP
9.01 PHARMACY SERVICES UNDER CONTRACT						
9.02 LABORATORY SERVICES UNDER CONTRACT						
9.03 MANAGEMENT & ADMINISTRATIVE UNDER CONTRACT	18,840		18,840	824.80	22.84	WAGE IND. W/P
10 CONTRACT LABOR: PHYS PART A	46,250		46,250	520.00	88.94	HBP MALLICK
10.01 TEACHING PHYSICIAN UNDER CONTRACT (SEE INSTRUCTIONS)						
11 HOME OFFICE SALARIES & WAGE RELATED COSTS	6,011,955		6,011,955	160,607.30	37.43	890 EARNINGS
12 HOME OFFICE: PHYS PART A						
12.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
WAGE RELATED COSTS						
13 WAGE-RELATED COSTS (CORE)	15,921,917		15,921,917			CMS 339
14 WAGE-RELATED COSTS (OTHER)						CMS 339
15 EXCLUDED AREAS	114,036		114,036			CMS 339
16 NON-PHYS ANESTHETIST PART A						CMS 339
17 NON-PHYS ANESTHETIST PART B						CMS 339
18 PHYSICIAN PART A	627,034		627,034			CMS 339
18.01 PART A TEACHING PHYSICIANS	45,014		45,014			CMS 339
19 PHYSICIAN PART B	1,187,786		1,187,786			CMS 339
19.01 WAGE-RELATD COSTS (RHC/FQHC)						CMS 339
20 INTERNS & RESIDENTS (APPRVD)						CMS 339
OVERHEAD COSTS - DIRECT SALARIES						
21 EMPLOYEE BENEFITS	481,744		481,744	25,950.00	18.56	
22 ADMINISTRATIVE & GENERAL	5,598,472	78	5,598,550	291,203.42	19.23	
22.01 A & G UNDER CONTRACT						
23 MAINTENANCE & REPAIRS				33,755.00		
24 OPERATION OF PLANT	1,789,515		1,789,515	126,937.10	14.10	
25 LAUNDRY & LINEN SERVICE	78	-78		1,889.70		
26 HOUSEKEEPING	1,984,877		1,984,877	156,390.60	12.69	
26.01 HOUSEKEEPING UNDER CONTRACT						
27 DIETARY	4,177,683		4,177,683			
27.01 DIETARY UNDER CONTRACT						
28 CAFETERIA						
29 MAINTENANCE OF PERSONNEL						
30 NURSING ADMINISTRATION	2,050,426	85,645	2,136,071	110,345.20	19.36	
31 CENTRAL SERVICE AND SUPPLY	671,460		671,460	42,232.80	15.90	
32 PHARMACY				35,769.90		
33 MEDICAL RECORDS & MEDICAL RECORDS LIBRARY	1,121,441		1,121,441	52,957.60	21.18	
34 SOCIAL SERVICE	463,389		463,389	17,153.60	27.01	
35 OTHER GENERAL SERVICE	358,791	-222,761	136,030	6,782.50	20.06	
PART III - HOSPITAL WAGE INDEX SUMMARY						
1 NET SALARIES	49,320,529		49,320,529	2,638,709.36	18.69	
2 EXCLUDED AREA SALARIES	5,101,745	-469,918	4,631,827	348,252.70	13.30	
3 SUBTOTAL SALARIES	44,218,784	469,918	44,688,702	2,290,456.66	19.51	
4 SUBTOTAL OTHER WAGES & RELATED COSTS	6,406,296		6,406,296	171,366.50	37.38	
5 SUBTOTAL WAGE-RELATED COSTS	16,548,951		16,548,951		37.03	
6 TOTAL	67,174,031	469,918	67,643,949	2,461,823.16	27.48	
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	18,697,876	-137,116	18,560,760	901,367.42	20.59	

HOSPITAL UNCOMPENSATED CARE DATA

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	30,301,214
17.01	GROSS MEDICAID REVENUES	29,608,027
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	59,909,241

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)	1.330821
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	29,608,027
29	TOTAL GROSS MEDICAID COST (LINE 24 * LINE 28)	39,402,984
30	OTHER UNCOMPENSATED CARE CHARGES FROM YOUR RECORDS	30,301,214
31	UNCOMPENSATED CARE COST (LINE 24 * LINE 30)	40,325,492

DESCRIPTION

32 TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL 39,402,984
 (SUM OF LINES 25, 27, AND 29)

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

I PROVIDER NO:
I 14-0301
I

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

I PREPARED 4/23/2009
I WORKSHEET A
I

	COST CENTER	COST CENTER DESCRIPTION	SALARIES 1	OTHER 2	TOTAL 3	RECLASS- IFICATIONS 4	RECLASSIFIED TRIAL BALANCE 5
		GENERAL SERVICE COST CNTR					
1	0100	OLD CAP REL COSTS-BLDG & FIXT		1,277,575	1,277,575		1,277,575
2	0200	OLD CAP REL COSTS-MVBLE EQUIP		2,215,783	2,215,783		2,215,783
3	0300	NEW CAP REL COSTS-BLDG & FIXT					
4	0400	NEW CAP REL COSTS-MVBLE EQUIP					
5	0500	EMPLOYEE BENEFITS	481,744	19,019,637	19,501,381		19,501,381
6	0600	ADMINISTRATIVE & GENERAL	5,598,472	3,750,458	9,348,930	78	9,349,008
7	0700	MAINTENANCE & REPAIRS		875,154	875,154		875,154
8	0800	OPERATION OF PLANT	1,789,515	3,903,818	5,693,333		5,693,333
9	0900	LAUNDRY & LINEN SERVICE	78	394,529	394,607	-78	394,529
10	1000	HOUSEKEEPING	1,984,877	269,438	2,254,315		2,254,315
11	1100	DIETARY	4,177,683	549,786	4,727,469		4,727,469
12	1200	CAFETERIA					
13	1300	MAINTENANCE OF PERSONNEL					
14	1400	NURSING ADMINISTRATION	2,050,426	72,262	2,122,688	85,645	2,208,333
15	1500	CENTRAL SERVICES & SUPPLY	671,460	370,454	1,041,914		1,041,914
16	1600	PHARMACY		305,182	305,182	-283,754	21,428
17	1700	MEDICAL RECORDS & LIBRARY	1,121,441	37,165	1,158,606		1,158,606
18	1800	SOCIAL SERVICE	463,389	5,684	469,073		469,073
19	1950	MEDICAL ADMINISTRATION	358,791	66,343	425,134	-222,761	202,373
20	2000	NONPHYSICIAN ANESTHETISTS					
21	2100	NURSING SCHOOL					
22	2200	I&R SERVICES-SALARY & FRINGES APPRVD					
23	2300	I&R SERVICES-OTHER PRGM COSTS APPRVD				358,428	358,428
24	2400	PARAMED ED PRGM-(SPECIFY)					
		INPAT ROUTINE SRVC CNTRS					
25	2500	ADULTS & PEDIATRICS	11,957,344	1,474,788	13,432,132	-879,124	12,553,008
26	2600	INTENSIVE CARE UNIT	2,664,977	1,562,611	4,227,588	-314,979	3,912,609
31	3100	SUBPROVIDER I	1,847,080	278,015	2,125,095	-150,923	1,974,172
34	3400	SKILLED NURSING FACILITY	2,650,549	126,851	2,777,400	-111,569	2,665,831
35	3500	NURSING FACILITY	412,799	4,414	417,213	-417,213	
		ANCILLARY SRVC COST CNTRS					
37	3700	OPERATING ROOM	2,655,043	818,678	3,473,721	-31,581	3,442,140
37.01	3950	PATHOLOGY	347,203	18,336	365,539		365,539
37.02	3951	NEUROLOGY & PSYCHIATRY	893,773	26,944	920,717		920,717
37.03	3952	CLINICAL PSYCHOLOGY& PSYCHOTHERAPY	593,559	7,464	601,023		601,023
41	4100	RADIOLOGY-DIAGNOSTIC	1,039,193	1,104,682	2,143,875	-16,842	2,127,033
44	4400	LABORATORY	1,748,354	1,079,637	2,827,991		2,827,991
46.30	4650	BLOOD CLOTTING FACTORS ADMIN COSTS					
49	4900	RESPIRATORY THERAPY	1,439,437	201,907	1,641,344		1,641,344
50	5000	PHYSICAL THERAPY	1,532,195	352,073	1,884,268		1,884,268
51	5100	OCCUPATIONAL THERAPY	502,801	9,080	511,881		511,881
52	5200	SPEECH PATHOLOGY	336,115	2,624	338,739		338,739
53	5300	ELECTROCARDIOLOGY	568,450	13,929	582,379	-11,520	570,859
55	5500	MEDICAL SUPPLIES CHARGED TO PATIENTS				362,854	362,854
56	5600	DRUGS CHARGED TO PATIENTS				1,813,643	1,813,643
59	3953	ACTIVITY THERAPY	561,901	5,785	567,686		567,686
		OUTPAT SERVICE COST CNTRS					
60	6000	CLINIC	2,423,234	31,131	2,454,365	-96,901	2,357,464
61	6100	EMERGENCY	1,588,346	101,739	1,690,085	-83,403	1,606,682
62	6200	OBSERVATION BEDS (NON-DISTINCT PART)					
63.50	6310	RHC					
63.60	6320	FQHC					
		OTHER REIMBURS COST CNTRS					
69.10	6910	CMHC					
69.20	6920	OUTPATIENT PHYSICAL THERAPY					
69.30	6930	OUTPATIENT OCCUPATIONAL THERAPY					
69.40	6940	OUTPATIENT SPEECH PATHOLOGY					
71	7100	HOME HEALTH AGENCY					
		SPEC PURPOSE COST CENTERS					
85.01	8510	PANCREAS ACQUISITION					
85.02	8520	INTESTINAL ACQUISITION					
85.03	8530	ISLET CELL ACQUISITION					
95		SUBTOTALS	54,460,229	40,333,956	94,794,185	-0-	94,794,185
		NONREIMBURS COST CENTERS					
96.01	9601	COUNTY STORE-NON-ALLOWABLE	2,693	4,778	7,471		7,471
97.01	9701	OPTOMETRY	129,684	2,492	132,176		132,176
98.01	9801	DENTAL	58,940	25,126	84,066		84,066
98.02	9802	NON-REIMBURSABLE COMMUNITY CLINICS					
98.09	9803	IDLE					
99.03	9902	IDLE SPACE B22/OTHER					
99.04	9903	H REC. 2 - 6 VACANT					
99.05	9904	PUBLIC AID OFFICES VACANT					
99.06	9905	MISC. WALLS AND HALLS					
99.07	9906	ALL TUNNELS					
99.08	9907	VACANT AND USED FOR STORAGE					
99.09	9901	OTHER COUNTY AGENCIES					
101		TOTAL	54,651,546	40,366,352	95,017,898	-0-	95,017,898

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

I PROVIDER NO: I PERIOD: I PREPARED 4/23/2009
I 14-0301 I FROM 12/ 1/2007 I WORKSHEET A
I I TO 11/30/2008 I

COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS	NET EXPENSES FOR ALLOC
		6	7
	GENERAL SERVICE COST CNTR		
1 0100	OLD CAP REL COSTS-BLDG & FIXT	478,406	1,755,981
2 0200	OLD CAP REL COSTS-MVBLE EQUIP		2,215,783
3 0300	NEW CAP REL COSTS-BLDG & FIXT		
4 0400	NEW CAP REL COSTS-MVBLE EQUIP		
5 0500	EMPLOYEE BENEFITS		19,501,381
6 0600	ADMINISTRATIVE & GENERAL	2,792,297	12,141,305
7 0700	MAINTENANCE & REPAIRS	7,206,764	8,081,918
8 0800	OPERATION OF PLANT		5,693,333
9 0900	LAUNDRY & LINEN SERVICE		394,529
10 1000	HOUSEKEEPING		2,254,315
11 1100	DIETARY		4,727,469
12 1200	CAFETERIA		
13 1300	MAINTENANCE OF PERSONNEL		
14 1400	NURSING ADMINISTRATION		2,208,333
15 1500	CENTRAL SERVICES & SUPPLY		1,041,914
16 1600	PHARMACY	3,386,484	3,407,912
17 1700	MEDICAL RECORDS & LIBRARY	-10,149	1,148,457
18 1800	SOCIAL SERVICE		469,073
19 1950	MEDICAL ADMINISTRATION		202,373
20 2000	NONPHYSICIAN ANESTHETISTS		
21 2100	NURSING SCHOOL		
22 2200	I&R SERVICES-SALARY & FRINGES APPRVD		
23 2300	I&R SERVICES-OTHER PRGM COSTS APPRVD		358,428
24 2400	PARAMED ED PRGM-(SPECIFY)		
	INPAT ROUTINE SRVC CNTRS		
25 2500	ADULTS & PEDIATRICS	-4,257,730	8,295,278
26 2600	INTENSIVE CARE UNIT		3,912,609
31 3100	SUBPROVIDER I		1,974,172
34 3400	SKILLED NURSING FACILITY		2,665,831
35 3500	NURSING FACILITY		
	ANCILLARY SRVC COST CNTRS		
37 3700	OPERATING ROOM	-1,097,419	2,344,721
37.01 3950	PATHOLOGY	-36,682	328,857
37.02 3951	NEUROLOGY & PSYCHIATRY	-686,021	234,696
37.03 3952	CLINICAL PSYCHOLOGY& PSYCHOTHERAPY		601,023
41 4100	RADIOLOGY-DIAGNOSTIC	-217,923	1,909,110
44 4400	LABORATORY		2,827,991
46.30 4650	BLOOD CLOTTING FACTORS ADMIN COSTS		
49 4900	RESPIRATORY THERAPY		1,641,344
50 5000	PHYSICAL THERAPY	-419,060	1,465,208
51 5100	OCCUPATIONAL THERAPY		511,881
52 5200	SPEECH PATHOLOGY		338,739
53 5300	ELECTROCARDIOLOGY	-200,428	370,431
55 5500	MEDICAL SUPPLIES CHARGED TO PATIENTS	962	363,816
56 5600	DRUGS CHARGED TO PATIENTS	1,901,325	3,714,968
59 3953	ACTIVITY THERAPY		567,686
	OUTPAT SERVICE COST CNTRS		
60 6000	CLINIC	-633,386	1,724,078
61 6100	EMERGENCY	-446,413	1,160,269
62 6200	OBSERVATION BEDS (NON-DISTINCT PART)		
63.50 6310	RHC		
63.60 6320	FQHC		
	OTHER REIMBURS COST CNTRS		
69.10 6910	CMHC		
69.20 6920	OUTPATIENT PHYSICAL THERAPY		
69.30 6930	OUTPATIENT OCCUPATIONAL THERAPY		
69.40 6940	OUTPATIENT SPEECH PATHOLOGY		
71 7100	HOME HEALTH AGENCY		
	SPEC PURPOSE COST CENTERS		
85.01 8510	PANCREAS ACQUISITION		
85.02 8520	INTESTINAL ACQUISITION		
85.03 8530	ISLET CELL ACQUISITION		
95	SUBTOTALS	7,761,027	102,555,212
	NONREIMBURS COST CENTERS		
96.01 9601	COUNTY STORE-NON-ALLOWABLE		7,471
97.01 9701	OPTOMETRY		132,176
98.01 9801	DENTAL		84,066
98.02 9802	NON-REIMBURSABLE COMMUNITY CLINICS		
98.09 9803	IDLE		
99.03 9902	IDLE SPACE B22/OTHER		
99.04 9903	H REC. 2 - 6 VACANT		
99.05 9904	PUBLIC AID OFFICES VACANT		
99.06 9905	MISC. WALLS AND HALLS		
99.07 9906	ALL TUNNELS		
99.08 9907	VACANT AND USED FOR STORAGE		
99.09 9901	OTHER COUNTY AGENCIES		
101	TOTAL	7,761,027	102,778,925

COST CENTERS USED IN COST REPORT

LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
	GENERAL SERVICE COST		
1	OLD CAP REL COSTS-BLDG & FIXT	0100	
2	OLD CAP REL COSTS-MVBLE EQUIP	0200	
3	NEW CAP REL COSTS-BLDG & FIXT	0300	
4	NEW CAP REL COSTS-MVBLE EQUIP	0400	
5	EMPLOYEE BENEFITS	0500	
6	ADMINISTRATIVE & GENERAL	0600	
7	MAINTENANCE & REPAIRS	0700	
8	OPERATION OF PLANT	0800	
9	LAUNDRY & LINEN SERVICE	0900	
10	HOUSEKEEPING	1000	
11	DIETARY	1100	
12	CAFETERIA	1200	
13	MAINTENANCE OF PERSONNEL	1300	
14	NURSING ADMINISTRATION	1400	
15	CENTRAL SERVICES & SUPPLY	1500	
16	PHARMACY	1600	
17	MEDICAL RECORDS & LIBRARY	1700	
18	SOCIAL SERVICE	1800	
19	MEDICAL ADMINISTRATION	1950	OTHER GENERAL SERVICE COST CENTERS
20	NONPHYSICIAN ANESTHETISTS	2000	
21	NURSING SCHOOL	2100	
22	I&R SERVICES-SALARY & FRINGES APPRVD	2200	
23	I&R SERVICES-OTHER PRGM COSTS APPRVD	2300	
24	PARAMED ED PRGM-(SPECIFY)	2400	
	INPAT ROUTINE SRVC C		
25	ADULTS & PEDIATRICS	2500	
26	INTENSIVE CARE UNIT	2600	
31	SUBPROVIDER I	3100	
34	SKILLED NURSING FACILITY	3400	
35	NURSING FACILITY	3500	
	ANCILLARY SRVC COST		
37	OPERATING ROOM	3700	
37.01	PATHOLOGY	3950	OTHER ANCILLARY SERVICE COST CENTERS
37.02	NEUROLOGY & PSYCHIATRY	3951	OTHER ANCILLARY SERVICE COST CENTERS
37.03	CLINICAL PSYCHOLOGY& PSYCHOTHERAPY	3952	OTHER ANCILLARY SERVICE COST CENTERS
41	RADIOLOGY-DIAGNOSTIC	4100	
44	LABORATORY	4400	
46.30	BLOOD CLOTTING FACTORS ADMIN COSTS	4650	BLOOD CLOTTING FOR HEMOPHILIACS
49	RESPIRATORY THERAPY	4900	
50	PHYSICAL THERAPY	5000	
51	OCCUPATIONAL THERAPY	5100	
52	SPEECH PATHOLOGY	5200	
53	ELECTROCARDIOLOGY	5300	
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	5500	
56	DRUGS CHARGED TO PATIENTS	5600	
59	ACTIVITY THERAPY	3953	OTHER ANCILLARY SERVICE COST CENTERS
	OUTPAT SERVICE COST		
60	CLINIC	6000	
61	EMERGENCY	6100	
62	OBSERVATION BEDS (NON-DISTINCT PART)	6200	
63.50	RHC	6310	RURAL HEALTH CLINIC #####
63.60	FQHC	6320	FEDERALLY QUALIFIED HEALTH CTR #####
	OTHER REIMBURS COST		
69.10	CMHC	6910	CMHC #####
69.20	OUTPATIENT PHYSICAL THERAPY	6920	OPT #####
69.30	OUTPATIENT OCCUPATIONAL THERAPY	6930	OOT #####
69.40	OUTPATIENT SPEECH PATHOLOGY	6940	OSP #####
71	HOME HEALTH AGENCY	7100	
	SPEC PURPOSE COST CE		
85.01	PANCREAS ACQUISITION	8510	
85.02	INTESTINAL ACQUISITION	8520	
85.03	ISLET CELL ACQUISITION	8530	
95	SUBTOTALS	0000	
	NONREIMBURS COST CEN		
96.01	COUNTY STORE-NON-ALLOWABLE	9601	GIFT, FLOWER, COFFEE SHOP & CANTEEN
97.01	OPTOMETRY	9701	RESEARCH
98.01	DENTAL	9801	PHYSICIANS' PRIVATE OFFICES
98.02	NON-REIMBURSABLE COMMUNITY CLINICS	9802	PHYSICIANS' PRIVATE OFFICES
98.09	IDLE	9803	PHYSICIANS' PRIVATE OFFICES
99.03	IDLE SPACE B22/OTHER	9902	NONPAID WORKERS
99.04	H REC. 2 - 6 VACANT	9903	NONPAID WORKERS
99.05	PUBLIC AID OFFICES VACANT	9904	NONPAID WORKERS
99.06	MISC. WALLS AND HALLS	9905	NONPAID WORKERS
99.07	ALL TUNNELS	9906	NONPAID WORKERS
99.08	VACANT AND USED FOR STORAGE	9907	NONPAID WORKERS
99.09	OTHER COUNTY AGENCIES	9901	NONPAID WORKERS
101	TOTAL	0000	

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER	INCREASE		SALARY	OTHER
			LINE NO			
	1	2	3		4	5
1 RECLASS SUPPLIES CHARGES	A	MEDICAL SUPPLIES CHARGED TO PATIENTS	55			362,854
2 DRUGS CHARGED TO PATIENTS			56			1,813,643
3						
4						
5						
6						
7						
8 RECLASS CONTINUUM OF CARE INTAKE NU	B	NURSING ADMINISTRATION	14		85,645	
9 ADULTS & PEDIATRICS			25		222,761	
10 RECLASS CONTRACT PAYMENTS REHAB	C	I&R SERVICES-OTHER PRGM COSTS APPRVD	23			130,117
11 POSIATRY RESIDENTS SALARY	D	I&R SERVICES-OTHER PRGM COSTS APPRVD	23		29,993	
12 RECLASS REHAB RES. OVERHEAD COSTS	E	I&R SERVICES-OTHER PRGM COSTS APPRVD	23			4,629
13 RECLASS TEACHING DOLLARS	G	I&R SERVICES-OTHER PRGM COSTS APPRVD	23		192,101	
14						
15						
16						
17						
18						
19 RECLASS PODIETRY RES. OVERHEAD COST	H	I&R SERVICES-OTHER PRGM COSTS APPRVD	23		1,588	
20 RECLASS I.C.U. INVENTORY ISSUES	I	INTENSIVE CARE UNIT	26			1,177,484
21 CLINIC			60			17,037
22						
23						
24 RECLASS I.C.F. SALARIES	K	ADULTS & PEDIATRICS	25		13,767	
25 SUBPROVIDER I			31		69,369	
26 INTENSIVE CARE UNIT			26		39,458	
27 EMERGENCY			61		54,732	
28 ADULTS & PEDIATRICS			25		235,473	
29 RECLASSIFY LAUNDRY SALARY	L	ADMINISTRATIVE & GENERAL	6		78	
36 TOTAL RECLASSIFICATIONS					944,965	3,505,764

(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)	COST CENTER 1	6	DECREASE		SALARY 8	OTHER 9	A-7 REF 10
				LINE NO 7				
1 RECLASS SUPPLIES CHARGES	A			25			235,442	
2				26			1,531,921	
3				31			25,091	
4				34			25,924	
5				60			43,168	
6				61			31,197	
7				16			283,754	
8 RECLASS CONTINUUM OF CARE INTAKE NU	B			34		85,645		
9				19		222,761		
10 RECLASS CONTRACT PAYMENTS REHAB	C			31			130,117	
11 POSIATRY RESIDENTS SALARY	D			37		29,993		
12 RECLASS REHAB RES. OVERHEAD COSTS	E			31			4,629	
13 RECLASS TEACHING DOLLARS	G			60		70,770		
14				61		51,146		
15				25		980		
16				41		16,842		
17				53		11,520		
18				31		40,843		
19 RECLASS PODIETRY RES. OVERHEAD COST	H			37		1,588		
20 RECLASS I.C.U. INVENTORY ISSUES	I			25			1,114,703	
21				31			19,612	
22				61			55,792	
23				35			4,414	
24 RECLASS I.C.F. SALARIES	K			35		13,767		
25				35		69,369		
26				35		39,458		
27				35		54,732		
28				35		235,473		
29 RECLASSIFY LAUNDRY SALARY	L			9		78		
36 TOTAL RECLASSIFICATIONS						944,965	3,505,764	

(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
140301	FROM 12/ 1/2007	4/23/2009
	TO 11/30/2008	WORKSHEET A-6
		NOT A CMS WORKSHEET

RECLASS CODE: A
 EXPLANATION : RECLASS SUPPLIES CHARGES

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	MEDICAL SUPPLIES CHARGED TO PA	55	362,854	ADULTS & PEDIATRICS	25	235,442	
2.00	DRUGS CHARGED TO PATIENTS	56	1,813,643	INTENSIVE CARE UNIT	26	1,531,921	
3.00			0	SUBPROVIDER I	31	25,091	
4.00			0	SKILLED NURSING FACILITY	34	25,924	
5.00			0	CLINIC	60	43,168	
6.00			0	EMERGENCY	61	31,197	
7.00			0	PHARMACY	16	283,754	
TOTAL RECLASSIFICATIONS FOR CODE A			2,176,497				2,176,497

RECLASS CODE: B
 EXPLANATION : RECLASS CONTINUUM OF CARE INTAKE NU

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NURSING ADMINISTRATION	14	85,645	SKILLED NURSING FACILITY	34	85,645	
2.00	ADULTS & PEDIATRICS	25	222,761	MEDICAL ADMINISTRATION	19	222,761	
TOTAL RECLASSIFICATIONS FOR CODE B			308,406				308,406

RECLASS CODE: C
 EXPLANATION : RECLASS CONTRACT PAYMENTS REHAB

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	I&R SERVICES-OTHER PRGM COSTS	23	130,117	SUBPROVIDER I	31	130,117	
TOTAL RECLASSIFICATIONS FOR CODE C			130,117				130,117

RECLASS CODE: D
 EXPLANATION : POSIATRY RESIDENTS SALARY

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	I&R SERVICES-OTHER PRGM COSTS	23	29,993	OPERATING ROOM	37	29,993	
TOTAL RECLASSIFICATIONS FOR CODE D			29,993				29,993

RECLASS CODE: E
 EXPLANATION : RECLASS REHAB RES. OVERHEAD COSTS

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	I&R SERVICES-OTHER PRGM COSTS	23	4,629	SUBPROVIDER I	31	4,629	
TOTAL RECLASSIFICATIONS FOR CODE E			4,629				4,629

RECLASS CODE: G
 EXPLANATION : RECLASS TEACHING DOLLARS

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	I&R SERVICES-OTHER PRGM COSTS	23	192,101	CLINIC	60	70,770	
2.00			0	EMERGENCY	61	51,146	
3.00			0	ADULTS & PEDIATRICS	25	980	
4.00			0	RADIOLOGY-DIAGNOSTIC	41	16,842	
5.00			0	ELECTROCARDIOLOGY	53	11,520	
6.00			0	SUBPROVIDER I	31	40,843	
TOTAL RECLASSIFICATIONS FOR CODE G			192,101				192,101

RECLASS CODE: H
 EXPLANATION : RECLASS PODIETRY RES. OVERHEAD COST

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	I&R SERVICES-OTHER PRGM COSTS	23	1,588	OPERATING ROOM	37	1,588	
TOTAL RECLASSIFICATIONS FOR CODE H			1,588				1,588

RECLASS CODE: I
 EXPLANATION : RECLASS I.C.U. INVENTORY ISSUES

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	INTENSIVE CARE UNIT	26	1,177,484	ADULTS & PEDIATRICS	25	1,114,703	
2.00	CLINIC	60	17,037	SUBPROVIDER I	31	19,612	
3.00			0	EMERGENCY	61	55,792	

RECLASSIFICATIONS

PROVIDER NO:	PERIOD:	PREPARED
140301	FROM 12/ 1/2007	4/23/2009
	TO 11/30/2008	WORKSHEET A-6
		NOT A CMS WORKSHEET

RECLASS CODE: I
 EXPLANATION : RECLASS I.C.U. INVENTORY ISSUES

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
4.00			0	NURSING FACILITY	35	4,414	
TOTAL RECLASSIFICATIONS FOR CODE I			1,194,521	1,194,521			

RECLASS CODE: K
 EXPLANATION : RECLASS I.C.F. SALARIES

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	ADULTS & PEDIATRICS	25	13,767	NURSING FACILITY	35	13,767	
2.00	SUBPROVIDER I	31	69,369	NURSING FACILITY	35	69,369	
3.00	INTENSIVE CARE UNIT	26	39,458	NURSING FACILITY	35	39,458	
4.00	EMERGENCY	61	54,732	NURSING FACILITY	35	54,732	
5.00	ADULTS & PEDIATRICS	25	235,473	NURSING FACILITY	35	235,473	
TOTAL RECLASSIFICATIONS FOR CODE K			412,799	412,799			

RECLASS CODE: L
 EXPLANATION : RECLASSIFY LAUNDRY SALARY

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	ADMINISTRATIVE & GENERAL	6	78	LAUNDRY & LINEN SERVICE	9	78	
TOTAL RECLASSIFICATIONS FOR CODE L			78	78			

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

	DESCRIPTION	BEGINNING	ACQUISITIONS		TOTAL	DISPOSALS	ENDING	FULLY
		BALANCES	PURCHASES	DONATION		AND	BALANCE	DEPRECIATED
		1	2	3	4	5	6	7
1	LAND	2,717,511					2,717,511	
2	LAND IMPROVEMENTS							
3	BUILDINGS & FIXTURE	19,143,463					19,143,463	
4	BUILDING IMPROVEMEN	42,998,648	7,035,023		7,035,023		50,033,671	
5	FIXED EQUIPMENT	6,989,014	716,334		716,334		7,705,348	
6	MOVABLE EQUIPMENT	18,038,330	967,735		967,735		19,006,065	
7	SUBTOTAL	89,886,966	8,719,092		8,719,092		98,606,058	
8	RECONCILING ITEMS							
9	TOTAL	89,886,966	8,719,092		8,719,092		98,606,058	

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

	DESCRIPTION	BEGINNING	ACQUISITIONS		TOTAL	DISPOSALS	ENDING	FULLY
		BALANCES	PURCHASES	DONATION		AND	BALANCE	DEPRECIATED
		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 III - RECONCILIATION OF CAPITAL COST CENTERS
 DESCRIPTION

		COMPUTATION OF RATIOS				ALLOCATION OF OTHER CAPITAL			
		GROSS ASSETS	CAPITIALIZED LEASES	GROSS ASSETS FOR RATIO	RATIO	INSURANCE	TAXES	OTHER CAPITAL RELATED COSTS	TOTAL
*		1	2	3	4	5	6	7	8
1	OLD CAP REL COSTS-BL	19,143,463		19,143,463	.501801				
2	OLD CAP REL COSTS-MV	19,006,065		19,006,065	.498199				
3	NEW CAP REL COSTS-BL								
4	NEW CAP REL COSTS-MV								
5	TOTAL	38,149,528		38,149,528	1.000000				

DESCRIPTION

SUMMARY OF OLD AND NEW CAPITAL

		DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL RELATED COST	TOTAL (1)
*		9	10	11	12	13	14	15
1	OLD CAP REL COSTS-BL	1,158,787		597,194				1,755,981
2	OLD CAP REL COSTS-MV	1,561,800		653,983				2,215,783
3	NEW CAP REL COSTS-BL							
4	NEW CAP REL COSTS-MV							
5	TOTAL	2,720,587		1,251,177				3,971,764

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

SUMMARY OF OLD AND NEW CAPITAL

		DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL RELATED COST	TOTAL (1)
*		9	10	11	12	13	14	15
1	OLD CAP REL COSTS-BL	1,158,787		118,788				1,277,575
2	OLD CAP REL COSTS-MV	1,561,800		653,983				2,215,783
3	NEW CAP REL COSTS-BL							
4	NEW CAP REL COSTS-MV							
5	TOTAL	2,720,587		772,771				3,493,358

* 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 WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED			WKST. A-7 REF. 5
	BASIS/CODE 1	AMOUNT 2	COST CENTER 3	LINE NO 4		
1 INVST INCOME-OLD BLDGS AND FIXTURES			OLD CAP REL COSTS-BLDG &	1		
2 INVESTMENT INCOME-OLD MOVABLE EQUIP			OLD CAP REL COSTS-MVBLE E	2		
3 INVST INCOME-NEW BLDGS AND FIXTURES			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						
12 PROVIDER BASED PHYSICIAN ADJUSTMENT	A-8-2	-7,995,062				
13 SALE OF SCRAP, WASTE, ETC.						
14 RELATED ORGANIZATION TRANSACTIONS	A-8-1	18,984,359				
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						
21 NURSG SCHOOL(TUITN,FEES,BOOKS, ETC.)						
22 VENDING MACHINES						
23 INCOME FROM IMPOSITION OF INTEREST						
24 INTRST EXP ON MEDICARE OVERPAYMENTS						
25 ADJUSTMENT FOR RESPIRATORY THERAPY	A-8-3/A-8-4		RESPIRATORY THERAPY	49		
26 ADJUSTMENT FOR PHYSICAL THERAPY	A-8-3/A-8-4		PHYSICAL THERAPY	50		
27 ADJUSTMENT FOR HHA PHYSICAL THERAPY	A-8-3					
28 UTILIZATION REVIEW-PHYSIAN COMP			**COST CENTER DELETED**	89		
29 DEPRECIATION-OLD BLDGS AND FIXTURES			OLD CAP REL COSTS-BLDG &	1		
30 DEPRECIATION-OLD MOVABLE EQUIP			OLD CAP REL COSTS-MVBLE E	2		
31 DEPRECIATION-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &	3		
32 DEPRECIATION-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E	4		
33 NON-PHYSICIAN ANESTHETIST			NONPHYSICIAN ANESTHETISTS	20		
34 PHYSICIANS' ASSISTANT						
35 ADJUSTMENT FOR OCCUPATIONAL THERAPY	A-8-4		OCCUPATIONAL THERAPY	51		
36 ADJUSTMENT FOR SPEECH PATHOLOGY	A-8-4		SPEECH PATHOLOGY	52		
37 PAID MEDICAL MALPRACTICE LOSSES	B	-2,925,000	ADMINISTRATIVE & GENERAL	6		
38 SPECIALTY ANCILARRY SERVICES	B	-13,649	ADMINISTRATIVE & GENERAL	6		
39 MEDICAL RECORDS	B	-10,149	MEDICAL RECORDS & LIBRARY	17		
40 JURY DUTY	B	-1,321	ADMINISTRATIVE & GENERAL	6		
41 HEARING AIDS, DENTURES	B	-31,922	ADMINISTRATIVE & GENERAL	6		
41.01 CO-PAY PHARMACY	B	-124,657	ADMINISTRATIVE & GENERAL	6		
41.02 X RAY SCRAP	B	-672	ADMINISTRATIVE & GENERAL	6		
42 OTHER ADJUSTMENTS (SPECIFY)						
43 COUNTY STORE ALLOWABLE	B	-84,634	ADMINISTRATIVE & GENERAL	6		
44 INCOME ON INVESTMENTS	B	-38,504	ADMINISTRATIVE & GENERAL	6		
45 PUBLIC TELEPHONE COMMISSION	B	-718	PHARMACY	16		
46 KEY DEPOSIT	B	-170	ADMINISTRATIVE & GENERAL	6		
47 PARKING LOT PASS/GATE	B	-275	ADMINISTRATIVE & GENERAL	6		
48 OTHER ADJUSTMENTS (SPECIFY)						
49 LOST I.D.	B	-295	ADMINISTRATIVE & GENERAL	6		
49.03 CASH DISBURSED	B	841	ADMINISTRATIVE & GENERAL	6		
49.06 CLOSED AMALG. BANK ACCT.	B	-12,583	ADMINISTRATIVE & GENERAL	6		
49.09 CAPITALIZED INTEREST	A	15,438	OLD CAP REL COSTS-BLDG &	1	11	
50 TOTAL (SUM OF LINES 1 THRU 49)		7,761,027				

(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	5	EMPLOYEE BENEFITS	COOK COUNTY PENSION	7,189,037	7,189,037	
2	1	OLD CAP REL COSTS-BLDG &	BOND INTEREST EXPENSE	505,597	505,597	11
3	6	ADMINISTRATIVE & GENERAL	COOK COUNTY COSTS	6,025,138	6,025,138	
4	1	OLD CAP REL COSTS-BLDG &	INCOME EARNED ON BOND PRO	-42,629	-42,629	11
4.01	55	MEDICAL SUPPLIES CHARGED	COOK COUNTY COSTS	962	962	
4.02	56	DRUGS CHARGED TO PATIENTS	COOK COUNTY COSTS	1,901,325	1,901,325	
4.03	16	PHARMACY	COOK COUNTY COSTS	3,387,202	3,387,202	
4.04	7	MAINTENANCE & REPAIRS	COOK COUNTY COSTS	7,206,764	7,206,764	
5		TOTALS		26,173,396	7,189,037	18,984,359

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

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

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

SYMBOL (1)	NAME	PERCENTAGE OF OWNERSHIP	RELATED ORGANIZATION(S) AND/OR HOME OFFICE NAME	PERCENTAGE OF OWNERSHIP	TYPE OF BUSINESS
1	2	3	4	5	6
B	COUNTY OF COOK	0.00		0.00	
		0.00		0.00	
		0.00		0.00	
		0.00		0.00	
		0.00		0.00	

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

PROVIDER BASED PHYSICIAN ADJUSTMENTS

I PROVIDER NO: I PERIOD: I PREPARED 4/23/2009
 I 14-0301 I FROM 12/ 1/2007 I WORKSHEET A-8-2
 I I TO 11/30/2008 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	25	E.R. CONSULTANTS	44,211	44,211		165,600			
2	25	INT. MEDICINE CONSULT	91,587	83,489	8,098	165,600	121	9,633	482
3	53	CARDIOLOGY	389,337	200,428	188,909	165,600	1,924	153,180	7,659
4	41	RADIOLOGY	585,114	206,444	378,669	225,300	2,704	292,890	14,645
5	37	1 PATHOLOGY	244,549	36,682	207,867	208,000	1,768	176,800	8,840
6	37	2 NEUROLOGY/INT. MED.	530,600	368,100	162,500	208,000	4,710	471,000	23,550
7	37	2 NEUROLOGY/PSYCHIARY	374,024	317,921	56,103	208,000	574	57,400	2,870
8	50	P.T. PHYSIATRY	709,213	399,042	310,171	165,600	2,880	229,292	11,465
9	60	CLINIC O/P INTERNAL MED	880,552	411,708	468,844	138,700	4,731	315,476	15,774
10	61	E.R. INTERNAL MED.	636,379	297,543	338,836	138,700	3,419	227,988	11,399
11	60	O/P FAMILY PRACTICE	165,631	144,606	21,025	138,700	18	1,200	60
12	61	E/R FAMILY PRACTICE	104,508	104,508		138,700	13	867	43
13	37	SURGERY ANESTHESIOLOG	593,139	319,820	273,319	208,000	1,914	191,400	9,570
14	37	SURGERY GENERAL	692,453	403,584	288,869	208,000	1,843	184,300	9,215
15	37	SURGERY CONSULTANTS	238,500	172,590	65,910	208,000	717	71,700	3,585
16	37	SURGERY UROLOGY	138,363	124,527	13,836	208,000	104	10,400	520
17	25	CONSULTANTS NEUROLOGY	22,720	22,720		208,000			
18	25	INTERNAL MEDICINE-GERIATR	4,357,775	3,558,851	798,923	165,600	6,485	516,306	25,815
19	25	INTENSIVE CARE MEDI.	540,397	400,199	140,198	165,600	1,134	90,284	4,514
20									
21									
22									
23									
24									
25									
26									
27									
28									
29									
30									
101		TOTAL	11,339,052	7,616,973	3,722,077		35,059	3,000,116	150,006

PROVIDER BASED PHYSICIAN ADJUSTMENTS

I PROVIDER NO: I PERIOD: I PREPARED 4/23/2009
 I 14-0301 I FROM 12/ 1/2007 I WORKSHEET A-8-2
 I I TO 11/30/2008 I GROUP 1

WKSHT A LINE NO.	COST CENTER/ PHYSICIAN IDENTIFIER	COST OF MEMBERSHIPS & CONTINUING EDUCATION	PROVIDER COMPONENT SHARE OF	PHYSICIAN COST OF MALPRACTICE INSURANCE	PROVIDER COMPONENT SHARE OF	ADJUSTED RCE LIMIT	RCE DIS- ALLOWANCE	ADJUSTMENT
10	11	12	13	14	15	16	17	18
1 25	E.R. CONSULTANTS			8,675				44,211
2 25	INT. MEDICINE CONSULT			17,971	1,589	11,222		83,489
3 53	CARDIOLOGY			76,395	37,067	190,247		200,428
4 41	RADIOLOGY			114,809	74,301	367,191	11,478	217,923
5 37 1	PATHOLOGY			47,985	40,787	217,587		36,682
6 37 2	NEUROLOGY/INT. MED.			104,113	31,885	502,885		368,100
7 37 2	NEUROLOGY/PSYCHIARY			73,390	11,008	68,408		317,921
8 50	P.T. PHYSIATRY			139,160	60,861	290,153	20,018	419,060
9 60	CLINIC O/P INTERNAL MED			172,779	91,995	407,471	61,373	473,081
10 61	E.R. INTERNAL MED.			124,869	66,486	294,474	44,362	341,905
11 60	O/P FAMILY PRACTICE			32,500	4,126	5,326	15,699	160,305
12 61	E/R FAMILY PRACTICE			20,506		867		104,508
13 37	SURGERY ANESTHESIOLOG			116,384	53,630	245,030	28,289	348,109
14 37	SURGERY GENERAL			135,871	56,681	240,981	47,888	451,472
15 37	SURGERY CONSULTANTS			46,798	12,933	84,633		172,590
16 37	SURGERY UROLOGY			27,149	2,715	13,115	721	125,248
17 25	CONSULTANTS NEUROLOGY			4,458				22,720
18 25	INTERNAL MEDICINE-GERIATR			855,071	156,763	673,069	125,854	3,684,706
19 25	INTENSIVE CARE MEDI.			106,035	27,509	117,793	22,405	422,604
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
101	TOTAL			2,224,918	730,336	3,730,452	378,087	7,995,062

COST ALLOCATION STATISTICS

LINE NO.	COST CENTER DESCRIPTION	STATISTICS CODE	STATISTICS DESCRIPTION		
	GENERAL SERVICE COST				
1	OLD CAP REL COSTS-BLDG & FIXT	1	SQUARE	FEET	ENTERED
2	OLD CAP REL COSTS-MVBLE EQUIP	2	DOLLAR	VALUE	ENTERED
3	NEW CAP REL COSTS-BLDG & FIXT	3	SQUARE	FEET	NOT ENTERED
4	NEW CAP REL COSTS-MVBLE EQUIP	4	DOLLAR	VALUE	NOT ENTERED
5	EMPLOYEE BENEFITS	5	GROSS	SALARIES	ENTERED
6	ADMINISTRATIVE & GENERAL	-6	ACCUM.	COST	NOT ENTERED
7	MAINTENANCE & REPAIRS	7	SQUARE	FEET	ENTERED
8	OPERATION OF PLANT	7	SQUARE	FEET	ENTERED
9	LAUNDRY & LINEN SERVICE	8	POUNDS OF	LAUNDRY	ENTERED
10	HOUSEKEEPING	9	SQUARE	FEET	ENTERED
11	DIETARY	10	MEALS	SERVED	ENTERED
12	CAFETERIA	11	F.T.E.'S		NOT ENTERED
13	MAINTENANCE OF PERSONNEL	12	NUMBER	HOUSED	NOT ENTERED
14	NURSING ADMINISTRATION	13	NO. EMP.	SUPERVISED	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
19	MEDICAL ADMINISTRATION	18	PART B	DOLLARS	ENTERED
20	NONPHYSICIAN ANESTHETISTS	19	ASSIGNED	TIME	NOT ENTERED
21	NURSING SCHOOL	20	ASSIGNED	TIME	NOT ENTERED
22	I&R SERVICES-SALARY & FRINGES APPRVD	21	ASSIGNED	TIME	NOT ENTERED
23	I&R SERVICES-OTHER PRGM COSTS APPRVD	22	RESIDENTS	FTE	ENTERED
24	PARAMED ED PRGM-(SPECIFY)	23	ASSIGNED	TIME	NOT ENTERED

COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION	OLD CAP REL C OSTS-BLDG &	OLD CAP REL C OSTS-MVBLE E	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-MVBLE E	EMPLOYEE BENE FITS	SUBTOTAL
	0	1	2	3	4	5	5a.00
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &	1,755,981	1,755,981					
003 OLD CAP REL COSTS-MVBLE E	2,215,783		2,215,783				
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS	19,501,381	2,541	8,984			19,512,906	
007 ADMINISTRATIVE & GENERAL	12,141,305	150,374	173,624			2,016,665	14,481,968
008 MAINTENANCE & REPAIRS	8,081,918	168,686	513,122				8,763,726
009 OPERATION OF PLANT	5,693,333	137,296	108,697			644,614	6,583,940
010 LAUNDRY & LINEN SERVICE	394,529		66,880			28	461,437
011 HOUSEKEEPING	2,254,315	30,307	2,984			714,986	3,002,592
012 DIETARY	4,727,469	74,822	53,998			1,504,872	6,361,161
013 CAFETERIA							
014 MAINTENANCE OF PERSONNEL							
015 NURSING ADMINISTRATION	2,208,333	9,495	231,846			738,598	3,188,272
016 CENTRAL SERVICES & SUPPLY	1,041,914	25,384	34,507			241,871	1,343,676
017 PHARMACY	3,407,912	113,852	139,033				3,660,797
018 MEDICAL RECORDS & LIBRARY	1,148,457	14,325	9,316			403,962	1,576,060
019 SOCIAL SERVICE	469,073	2,299				166,921	638,293
020 MEDICAL ADMINISTRATION	202,373	2,113	10,703			129,243	344,432
021 NONPHYSICIAN ANESTHETISTS							
022 NURSING SCHOOL							
023 I&R SERVICES-SALARY & FRI							
024 I&R SERVICES-OTHER PRGM C	358,428						358,428
025 PARAMED ED PRGM-(SPECIFY)							
026 INPAT ROUTINE SRVC CNTRS							
027 ADULTS & PEDIATRICS	8,295,278	71,913	237,765			4,397,042	13,001,998
028 INTENSIVE CARE UNIT	3,912,609	2,732	8,448			974,183	4,897,972
029 SUBPROVIDER I	1,974,172	47,033	4,963			690,338	2,716,506
030 SKILLED NURSING FACILITY	2,665,831	34,074	16,903			954,773	3,671,581
031 NURSING FACILITY							
032 ANCILLARY SRVC COST CNTRS							
033 OPERATING ROOM	2,344,721	12,904	180,691			956,392	3,494,708
034 01 PATHOLOGY	328,857	5,631	7,768			125,068	467,324
035 02 NEUROLOGY & PSYCHIATRY	234,696	1,895				321,952	558,543
036 03 CLINICAL PSYCHOLOGY& PSYC	601,023	5,523				213,810	820,356
037 RADIOLOGY-DIAGNOSTIC	1,909,110	4,542	186,885			374,335	2,474,872
038 LABORATORY	2,827,991	7,487	50,759			629,787	3,516,024
039 30 BLOOD CLOTTING FACTORS AD							
040 RESPIRATORY THERAPY	1,641,344	11,199	76,648			518,510	2,247,701
041 PHYSICAL THERAPY	1,465,208	15,327	5,173			551,923	2,037,631
042 OCCUPATIONAL THERAPY	511,881	19,665	9,269			181,117	721,932
043 SPEECH PATHOLOGY	338,739	3,769	2,750			121,074	466,332
044 ELECTROCARDIOLOGY	370,431	1,400	36,647			204,765	613,243
045 MEDICAL SUPPLIES CHARGED	363,816						363,816
046 DRUGS CHARGED TO PATIENTS	3,714,968						3,714,968
047 ACTIVITY THERAPY	567,686		4,459			202,406	774,551
048 OUTPAT SERVICE COST CNTRS							
049 CLINIC	1,724,078	27,293	10,429			872,890	2,634,690
050 EMERGENCY	1,160,269	10,875	7,537			591,865	1,770,546
051 OBSERVATION BEDS (NON-DIS							
052 50 RHC							
053 60 FQHC							
054 OTHER REIMBURS COST CNTRS							
055 10 CMHC							
056 20 OUTPATIENT PHYSICAL THERA							
057 30 OUTPATIENT OCCUPATIONAL T							
058 40 OUTPATIENT SPEECH PATHOLO							
059 71 HOME HEALTH AGENCY							
060 SPEC PURPOSE COST CENTERS							
061 01 PANCREAS ACQUISITION							
062 02 INTESTINAL ACQUISITION							
063 03 ISLET CELL ACQUISITION							
064 SUBTOTALS	102,555,212	1,014,756	2,200,788			19,443,990	101,730,076
065 NONREIMBURS COST CENTERS							
066 01 COUNTY STORE-NON-ALLOWABL	7,471	198	19			970	8,658
067 01 OPTOMETRY	132,176	1,132	501			46,714	180,523
068 01 DENTAL	84,066		3,285			21,232	108,583
069 02 NON-REIMBURSABLE COMMUNIT		1,667					1,667
070 09 IDLE							
071 03 IDLE SPACE B22/OTHER		1,275					1,275
072 04 H REC. 2 - 6 VACANT		41,256					41,256
073 05 PUBLIC AID OFFICES VACANT		2,591					2,591
074 06 MISC. WALLS AND HALLS		169,798					169,798
075 07 ALL TUNNELS		89,703					89,703
076 08 VACANT AND USED FOR STORE		378,017	11,190				389,207
077 09 OTHER COUNTY AGENCIES		55,588					55,588
078 CROSS FOOT ADJUSTMENT							
079 NEGATIVE COST CENTER							
080 TOTAL	102,778,925	1,755,981	2,215,783			19,512,906	102,778,925

COST CENTER DESCRIPTION	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA
	6	7	8	9	10	11	12
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
007 ADMINISTRATIVE & GENERAL	14,481,968						
008 MAINTENANCE & REPAIRS	1,437,374	10,201,100					
009 OPERATION OF PLANT	1,079,858	981,531	8,645,329				
010 LAUNDRY & LINEN SERVICE	75,682			537,119			
011 HOUSEKEEPING	492,467	216,666	203,171		3,914,896		
012 DIETARY	1,043,319	534,900	501,583		232,600	8,673,563	
013 CAFETERIA							
014 MAINTENANCE OF PERSONNEL							
015 NURSING ADMINISTRATION	522,921	67,882	63,654		29,518		
016 CENTRAL SERVICES & SUPPLY	220,382	181,472	170,169		78,913		
017 PHARMACY	600,422	813,930	763,234		353,936		
018 MEDICAL RECORDS & LIBRARY	258,496	102,410	96,031		44,533		
019 SOCIAL SERVICE	104,689	16,438	15,414		7,148		
020 MEDICAL ADMINISTRATION	56,492	15,108	14,167		6,570		
021 NONPHYSICIAN ANESTHETISTS							
022 NURSING SCHOOL							
023 I&R SERVICES-SALARY & FRI							
024 I&R SERVICES-OTHER PRGM C	58,787						
025 PARAMED ED PRGM-(SPECIFY)							
026 INPAT ROUTINE SRVC CNTRS							
027 ADULTS & PEDIATRICS	2,132,542	514,108	482,087	306,504	223,559	4,949,576	
028 INTENSIVE CARE UNIT	803,336	19,534	18,318	45,160	8,494	729,242	
031 SUBPROVIDER I	445,545	336,241	315,298	115,222	146,214	1,860,595	
034 SKILLED NURSING FACILITY	602,191	243,598	228,426	70,233	105,928	1,134,150	
035 NURSING FACILITY							
037 ANCILLARY SRVC COST CNTRS							
037 01 OPERATING ROOM	573,181	92,248	86,502		40,114		
037 02 PATHOLOGY	76,648	40,253	37,746		17,504		
037 03 NEUROLOGY & PSYCHIATRY	91,609	13,549	12,705		5,892		
041 03 CLINICAL PSYCHOLOGY& PSYC	134,550	39,484	37,025		17,170		
044 03 RADIOLOGY-DIAGNOSTIC	405,914	32,471	30,448		14,120		
046 30 LABORATORY	576,677	53,522	50,189		23,274		
049 30 BLOOD CLOTTING FACTORS AD							
050 30 RESPIRATORY THERAPY	368,654	80,060	75,073		34,814		
051 30 PHYSICAL THERAPY	334,200	109,569	102,745		47,646		
052 30 OCCUPATIONAL THERAPY	118,407	140,585	131,829		61,133		
053 30 SPEECH PATHOLOGY	76,485	26,943	25,265		11,716		
055 30 ELECTROCARDIOLOGY	100,580	10,006	9,383		4,351		
059 30 MEDICAL SUPPLIES CHARGED	59,671						
060 30 DRUGS CHARGED TO PATIENTS	609,307						
061 30 ACTIVITY THERAPY	127,037						
062 30 OUTPAT SERVICE COST CNTRS							
063 30 CLINIC	432,126	195,115	182,963		84,846		
063 60 EMERGENCY	290,394	77,743	72,901		33,806		
063 60 OBSERVATION BEDS (NON-DIS							
069 10 RHC							
069 20 FQHC							
069 30 OTHER REIMBURS COST CNTRS							
069 40 CMHC							
071 40 OUTPATIENT PHYSICAL THERA							
071 30 OUTPATIENT OCCUPATIONAL T							
071 40 OUTPATIENT SPEECH PATHOLO							
071 71 HOME HEALTH AGENCY							
085 01 SPEC PURPOSE COST CENTERS							
085 01 PANCREAS ACQUISITION							
085 02 INTESTINAL ACQUISITION							
085 03 ISLET CELL ACQUISITION							
095 03 SUBTOTALS	14,309,943	4,955,366	3,726,326	537,119	1,633,799	8,673,563	
096 01 NONREIMBURS COST CENTERS							
096 01 COUNTY STORE-NON-ALLOWABL	1,420	1,413	1,325		614		
097 01 OPTOMETRY	29,608	8,094	7,590		3,520		
098 01 DENTAL	17,809						
098 02 NON-REIMBURSABLE COMMUNIT	273	11,918	11,176		5,183		
098 09 IDLE							
099 03 IDLE SPACE B22/OTHER	209	9,113	8,545		3,963		
099 04 H REC. 2 - 6 VACANT	6,767	294,938	276,568		128,253		
099 05 PUBLIC AID OFFICES VACANT	425	18,527	17,373		8,056		
099 06 MISC. WALLS AND HALLS	27,849	1,160,592	1,088,305		504,682		
099 07 ALL TUNNELS	14,713	641,289	601,347		278,863		
099 08 VACANT AND USED FOR STORE	63,835	2,702,450	2,534,126		1,175,154		
099 09 OTHER COUNTY AGENCIES	9,117	397,400	372,648		172,809		
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	14,481,968	10,201,100	8,645,329	537,119	3,914,896	8,673,563	

COST CENTER DESCRIPTION	MAINTENANCE PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	MEDICAL ADMINISTRATION
	13	14	15	16	17	18	19
001	GENERAL SERVICE COST CNTR						
002	OLD CAP REL COSTS-BLDG &						
003	OLD CAP REL COSTS-MVBLE E						
004	NEW CAP REL COSTS-BLDG &						
005	NEW CAP REL COSTS-MVBLE E						
006	EMPLOYEE BENEFITS						
007	ADMINISTRATIVE & GENERAL						
008	MAINTENANCE & REPAIRS						
009	OPERATION OF PLANT						
010	LAUNDRY & LINEN SERVICE						
011	HOUSEKEEPING						
012	DIETARY						
013	CAFETERIA						
014	MAINTENANCE OF PERSONNEL						
015		3,872,247					
016			1,994,612				
017			3,887	6,196,206			
018					2,077,530		
019						781,982	
020							436,769
021							
022							
023							
024							
025		1,652,557	335,934	61,276	513,700	310,466	276,602
026		426,715	50,644	4,841,613	75,464		
031		398,921	35,088	8,012	192,751	231,957	29,639
034		1,085,264	26,677	28,205	59,098	106,218	5,335
035							
037							
037 01		177,048	689,957	1,808			
037 02			8,436				
037 03			1,831				
041			109				
044			2,624	18,617			
046			24,433	318,597			
049							
050			230,667				
051			43,405	194			
052			6,245	6			
053			1,386				
055			1,678	45			
056			414,347				
059							
060							
061			414,347				
062		131,742	66,618	775	711,907	133,341	61,604
063			48,146	559	515,518		63,589
063 50							
063 60							
069							
069 10							
069 20							
069 30							
069 40							
071							
085							
085 01							
085 02							
085 03							
095		3,872,247	1,993,299	6,196,028	2,068,438	781,982	436,769
096							
097							
098							
098 02							
098 09							
099							
099 03							
099 04							
099 05							
099 06							
099 07							
099 08							
099 09							
101							
102							
103							
TOTAL		3,872,247	1,994,612	6,196,206	2,077,530	781,982	436,769

COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	I&R SERVICES- SALARY & FRI	I&R SERVICES- OTHER PRGM C	PARAMED ED PR GM-(SPECIFY)	PR SUBTOTAL	I&R COST POST STEP-DOWN ADJ
	20	21	22	23	24	25	26
001	GENERAL SERVICE COST CNTR						
002	OLD CAP REL COSTS-BLDG &						
003	OLD CAP REL COSTS-MVBLE E						
004	NEW CAP REL COSTS-BLDG &						
005	NEW CAP REL COSTS-MVBLE E						
006	EMPLOYEE BENEFITS						
007	ADMINISTRATIVE & GENERAL						
008	MAINTENANCE & REPAIRS						
009	OPERATION OF PLANT						
010	LAUNDRY & LINEN SERVICE						
011	HOUSEKEEPING						
012	DIETARY						
013	CAFETERIA						
014	MAINTENANCE OF PERSONNEL						
015	NURSING ADMINISTRATION						
016	CENTRAL SERVICES & SUPPLY						
017	PHARMACY						
018	MEDICAL RECORDS & LIBRARY						
019	SOCIAL SERVICE						
020	MEDICAL ADMINISTRATION						
021	NONPHYSICIAN ANESTHETISTS						
022	NURSING SCHOOL						
023	I&R SERVICES-SALARY & FRI						
024	I&R SERVICES-OTHER PRGM C			417,215			
025	PARAMED ED PRGM-(SPECIFY)						
026	INPAT ROUTINE SRVC CNTRS						
026	ADULTS & PEDIATRICS			218,541		24,979,450	-218,541
031	INTENSIVE CARE UNIT					11,916,492	
034	SUBPROVIDER I			198,674		7,030,663	-198,674
035	SKILLED NURSING FACILITY					7,366,904	
037	NURSING FACILITY						
037	ANCILLARY SRVC COST CNTRS						
037	OPERATING ROOM					5,155,566	
037	01 PATHOLOGY					647,911	
037	02 NEUROLOGY & PSYCHIATRY					684,129	
037	03 CLINICAL PSYCHOLOGY& PSYC					1,048,694	
041	RADIOLOGY-DIAGNOSTIC					2,979,066	
044	LABORATORY					4,562,716	
046	30 BLOOD CLOTTING FACTORS AD						
049	RESPIRATORY THERAPY					3,036,969	
050	PHYSICAL THERAPY					2,675,390	
051	OCCUPATIONAL THERAPY					1,180,137	
052	SPEECH PATHOLOGY					608,127	
053	ELECTROCARDIOLOGY					739,286	
055	MEDICAL SUPPLIES CHARGED					837,834	
056	DRUGS CHARGED TO PATIENTS					5,240,596	
059	ACTIVITY THERAPY					902,775	
060	OUTPAT SERVICE COST CNTRS						
061	CLINIC					4,503,985	
062	EMERGENCY					3,004,944	
063	OBSERVATION BEDS (NON-DIS						
063	50 RHC						
063	60 FQHC						
069	OTHER REIMBURS COST CNTRS						
069	10 CMHC						
069	20 OUTPATIENT PHYSICAL THERA						
069	30 OUTPATIENT OCCUPATIONAL T						
069	40 OUTPATIENT SPEECH PATHOLO						
071	HOME HEALTH AGENCY						
085	SPEC PURPOSE COST CENTERS						
085	01 PANCREAS ACQUISITION						
085	02 INTESTINAL ACQUISITION						
085	03 ISLET CELL ACQUISITION						
095	SUBTOTALS			417,215		89,101,634	-417,215
096	NONREIMBURS COST CENTERS						
096	01 COUNTY STORE-NON-ALLOWABL					13,430	
097	01 OPTOMETRY					230,826	
098	01 DENTAL					126,392	
098	02 NON-REIMBURSABLE COMMUNIT					39,309	
098	09 IDLE						
099	03 IDLE SPACE B22/OTHER					23,105	
099	04 H REC. 2 - 6 VACANT					747,782	
099	05 PUBLIC AID OFFICES VACANT					46,972	
099	06 MISC. WALLS AND HALLS					2,951,226	
099	07 ALL TUNNELS					1,625,915	
099	08 VACANT AND USED FOR STORE					6,864,772	
099	09 OTHER COUNTY AGENCIES					1,007,562	
101	CROSS FOOT ADJUSTMENT						
102	NEGATIVE COST CENTER						
103	TOTAL			417,215		102,778,925	-417,215

COST CENTER DESCRIPTION		TOTAL
		27
001	GENERAL SERVICE COST CNTR	
002	OLD CAP REL COSTS-BLDG &	
003	OLD CAP REL COSTS-MVBLE E	
004	NEW CAP REL COSTS-BLDG &	
005	NEW CAP REL COSTS-MVBLE E	
006	EMPLOYEE BENEFITS	
007	ADMINISTRATIVE & GENERAL	
008	MAINTENANCE & REPAIRS	
009	OPERATION OF PLANT	
010	LAUNDRY & LINEN SERVICE	
011	HOUSEKEEPING	
012	DIETARY	
013	CAFETERIA	
014	MAINTENANCE OF PERSONNEL	
015	NURSING ADMINISTRATION	
016	CENTRAL SERVICES & SUPPLY	
017	PHARMACY	
018	MEDICAL RECORDS & LIBRARY	
019	SOCIAL SERVICE	
020	MEDICAL ADMINISTRATION	
021	NONPHYSICIAN ANESTHETISTS	
022	NURSING SCHOOL	
023	I&R SERVICES-SALARY & FRI	
024	I&R SERVICES-OTHER PRGM C	
025	PARAMED ED PRGM-(SPECIFY)	
026	INPAT ROUTINE SRVC CNTRS	
025	ADULTS & PEDIATRICS	24,760,909
026	INTENSIVE CARE UNIT	11,916,492
031	SUBPROVIDER I	6,831,989
034	SKILLED NURSING FACILITY	7,366,904
035	NURSING FACILITY	
037	ANCILLARY SRVC COST CNTRS	
037	OPERATING ROOM	5,155,566
037	01 PATHOLOGY	647,911
037	02 NEUROLOGY & PSYCHIATRY	684,129
037	03 CLINICAL PSYCHOLOGY& PSYC	1,048,694
041	RADIOLOGY-DIAGNOSTIC	2,979,066
044	LABORATORY	4,562,716
046	30 BLOOD CLOTTING FACTORS AD	
049	RESPIRATORY THERAPY	3,036,969
050	PHYSICAL THERAPY	2,675,390
051	OCCUPATIONAL THERAPY	1,180,137
052	SPEECH PATHOLOGY	608,127
053	ELECTROCARDIOLOGY	739,286
055	MEDICAL SUPPLIES CHARGED	837,834
056	DRUGS CHARGED TO PATIENTS	5,240,596
059	ACTIVITY THERAPY	902,775
060	OUTPAT SERVICE COST CNTRS	
060	CLINIC	4,503,985
061	EMERGENCY	3,004,944
062	OBSERVATION BEDS (NON-DIS	
063	50 RHC	
063	60 FQHC	
069	OTHER REIMBURS COST CNTRS	
069	10 CMHC	
069	20 OUTPATIENT PHYSICAL THERA	
069	30 OUTPATIENT OCCUPATIONAL T	
069	40 OUTPATIENT SPEECH PATHOLO	
071	HOME HEALTH AGENCY	
085	SPEC PURPOSE COST CENTERS	
085	01 PANCREAS ACQUISITION	
085	02 INTESTINAL ACQUISITION	
085	03 ISLET CELL ACQUISITION	
095	SUBTOTALS	88,684,419
096	NONREIMBURS COST CENTERS	
096	01 COUNTY STORE-NON-ALLOWABL	13,430
097	01 OPTOMETRY	230,826
098	01 DENTAL	126,392
098	02 NON-REIMBURSABLE COMMUNIT	39,309
098	09 IDLE	
099	03 IDLE SPACE B22/OTHER	23,105
099	04 H REC. 2 - 6 VACANT	747,782
099	05 PUBLIC AID OFFICES VACANT	46,972
099	06 MISC. WALLS AND HALLS	2,951,226
099	07 ALL TUNNELS	1,625,915
099	08 VACANT AND USED FOR STORE	6,864,772
099	09 OTHER COUNTY AGENCIES	1,007,562
101	CROSS FOOT ADJUSTMENT	
102	NEGATIVE COST CENTER	
103	TOTAL	102,361,710

1. TOTAL GENERAL INPATIENT ROUTINE SERVICE COST (WORKSHEET B, PART I):	88,684,419
2. TOTAL INPATIENT DAYS	14,205
3. COST PER DAY	6,243.18
4. SPECIFIED PERCENTAGE (93%-SHORT TERM / 98%-LONG TERM)	93
5. ADJUSTED COST PER DAY	5,806.16
6. ANCILLARY PERCENTAGE	
7. ANCILLARY COST PER DAY	0.00
8. INPATIENT PART B DAYS	
9. INPATIENT PART B COST	

ALLOCATION OF OLD CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	DIR ASSGND OLD CAPITAL REL COSTS	OLD CAP REL C OSTS-BLDG &	OLD CAP REL C OSTS-MVBLE E	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-MVBLE E	SUBTOTAL	EMPLOYEE BENE FITS
	0	1	2	3	4	4a	5
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS		2,541	8,984			11,525	11,525
006 ADMINISTRATIVE & GENERAL	46,674	150,374	173,624			370,672	1,192
007 MAINTENANCE & REPAIRS	-31	168,686	513,122			681,777	
008 OPERATION OF PLANT		137,296	108,697			245,993	381
009 LAUNDRY & LINEN SERVICE			66,880			66,880	
010 HOUSEKEEPING		30,307	2,984			33,291	423
011 DIETARY		74,822	53,998			128,820	890
012 CAFETERIA							
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION		9,495	231,846			241,341	437
015 CENTRAL SERVICES & SUPPLY		25,384	34,507			59,891	143
016 PHARMACY		113,852	139,033			252,885	
017 MEDICAL RECORDS & LIBRARY		14,325	9,316			23,641	239
018 SOCIAL SERVICE		2,299				2,299	99
019 MEDICAL ADMINISTRATION		2,113	10,703			12,816	76
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C							
024 PARAMED ED PRGM-(SPECIFY)							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	71,176	71,913	237,765			380,854	2,586
026 INTENSIVE CARE UNIT		2,732	8,448			11,180	576
031 SUBPROVIDER I		47,033	4,963			51,996	408
034 SKILLED NURSING FACILITY		34,074	16,903			50,977	565
035 NURSING FACILITY							
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM		12,904	180,691			193,595	566
037 01 PATHOLOGY		5,631	7,768			13,399	74
037 02 NEUROLOGY & PSYCHIATRY		1,895				1,895	190
037 03 CLINICAL PSYCHOLOGY& PSYC		5,523				5,523	126
041 RADIOLOGY-DIAGNOSTIC		4,542	186,885			191,427	221
044 LABORATORY		7,487	50,759			58,246	372
046 30 BLOOD CLOTTING FACTORS AD							
049 RESPIRATORY THERAPY		11,199	76,648			87,847	307
050 PHYSICAL THERAPY		15,327	5,173			20,500	326
051 OCCUPATIONAL THERAPY		19,665	9,269			28,934	107
052 SPEECH PATHOLOGY		3,769	2,750			6,519	72
053 ELECTROCARDIOLOGY		1,400	36,647			38,047	121
055 MEDICAL SUPPLIES CHARGED							
056 DRUGS CHARGED TO PATIENTS							
059 ACTIVITY THERAPY			4,459			4,459	120
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC		27,293	10,429			37,722	516
061 EMERGENCY		10,875	7,537			18,412	350
062 OBSERVATION BEDS (NON-DIS							
063 50 RHC							
063 60 FQHC							
069 OTHER REIMBURS COST CNTRS							
069 10 CMHC							
069 20 OUTPATIENT PHYSICAL THERA							
069 30 OUTPATIENT OCCUPATIONAL T							
069 40 OUTPATIENT SPEECH PATHOLO							
071 HOME HEALTH AGENCY							
085 SPEC PURPOSE COST CENTERS							
085 01 PANCREAS ACQUISITION							
085 02 INTESTINAL ACQUISITION							
085 03 ISLET CELL ACQUISITION							
095 SUBTOTALS	117,819	1,014,756	2,200,788			3,333,363	11,483
096 NONREIMBURS COST CENTERS							
096 01 COUNTY STORE-NON-ALLOWABL		198	19			217	1
097 01 OPTOMETRY		1,132	501			1,633	28
098 01 DENTAL			3,285			3,285	13
098 02 NON-REIMBURSABLE COMMUNIT		1,667				1,667	
098 09 IDLE							
099 03 IDLE SPACE B22/OTHER		1,275				1,275	
099 04 H REC. 2 - 6 VACANT		41,256				41,256	
099 05 PUBLIC AID OFFICES VACANT		2,591				2,591	
099 06 MISC. WALLS AND HALLS		169,798				169,798	
099 07 ALL TUNNELS		89,703				89,703	
099 08 VACANT AND USED FOR STORE		378,017	11,190			389,207	
099 09 OTHER COUNTY AGENCIES		55,588				55,588	
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	117,819	1,755,981	2,215,783			4,089,583	11,525

ALLOCATION OF OLD CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA
	6	7	8	9	10	11	12
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
007 ADMINISTRATIVE & GENERAL	371,864						
008 MAINTENANCE & REPAIRS	36,913	718,690					
009 OPERATION OF PLANT	27,732	69,151	343,257				
010 LAUNDRY & LINEN SERVICE	1,944			68,824			
011 HOUSEKEEPING	12,647	15,265	8,067		69,693		
012 DIETARY	26,793	37,685	19,915		4,141	218,244	
013 CAFETERIA							
014 MAINTENANCE OF PERSONNEL							
015 NURSING ADMINISTRATION	13,429	4,782	2,527		525		
016 CENTRAL SERVICES & SUPPLY	5,660	12,785	6,756		1,405		
017 PHARMACY	15,419	57,343	30,304		6,301		
018 MEDICAL RECORDS & LIBRARY	6,638	7,215	3,813		793		
019 SOCIAL SERVICE	2,688	1,158	612		127		
020 MEDICAL ADMINISTRATION	1,451	1,064	562		117		
021 NONPHYSICIAN ANESTHETISTS							
022 NURSING SCHOOL							
023 I&R SERVICES-SALARY & FRI							
024 I&R SERVICES-OTHER PRGM C	1,510						
025 PARAMED ED PRGM-(SPECIFY)							
026 INPAT ROUTINE SRVC CNTRS							
027 ADULTS & PEDIATRICS	54,724	36,220	19,141	39,274	3,980	124,542	
028 INTENSIVE CARE UNIT	20,630	1,376	727	5,787	151	18,349	
031 SUBPROVIDER I	11,442	23,689	12,519	14,764	2,603	46,816	
034 SKILLED NURSING FACILITY	15,465	17,162	9,069	8,999	1,886	28,537	
035 NURSING FACILITY							
037 ANCILLARY SRVC COST CNTRS							
037 01 OPERATING ROOM	14,720	6,499	3,435		714		
037 02 PATHOLOGY	1,968	2,836	1,499		312		
037 03 NEUROLOGY & PSYCHIATRY	2,353	955	504		105		
041 03 CLINICAL PSYCHOLOGY& PSYC	3,455	2,782	1,470		306		
044 RADIOLOGY-DIAGNOSTIC	10,424	2,288	1,209		251		
046 LABORATORY	14,809	3,771	1,993		414		
049 30 BLOOD CLOTTING FACTORS AD							
049 RESPIRATORY THERAPY	9,467	5,640	2,981		620		
050 PHYSICAL THERAPY	8,583	7,719	4,079		848		
051 OCCUPATIONAL THERAPY	3,041	9,905	5,234		1,088		
052 SPEECH PATHOLOGY	1,964	1,898	1,003		209		
053 ELECTROCARDIOLOGY	2,583	705	373		77		
055 MEDICAL SUPPLIES CHARGED	1,532						
056 DRUGS CHARGED TO PATIENTS	15,647						
059 ACTIVITY THERAPY	3,262						
060 OUTPAT SERVICE COST CNTRS							
061 CLINIC	11,097	13,746	7,264		1,510		
062 EMERGENCY	7,458	5,477	2,894		602		
063 OBSERVATION BEDS (NON-DIS							
063 50 RHC							
063 60 FQHC							
069 OTHER REIMBURS COST CNTRS							
069 10 CMHC							
069 20 OUTPATIENT PHYSICAL THERA							
069 30 OUTPATIENT OCCUPATIONAL T							
069 40 OUTPATIENT SPEECH PATHOLO							
071 HOME HEALTH AGENCY							
085 SPEC PURPOSE COST CENTERS							
085 01 PANCREAS ACQUISITION							
085 02 INTESTINAL ACQUISITION							
085 03 ISLET CELL ACQUISITION							
095 SUBTOTALS	367,448	349,116	147,950	68,824	29,085	218,244	
096 NONREIMBURS COST CENTERS							
096 01 COUNTY STORE-NON-ALLOWABL	36	100	53		11		
097 01 OPTOMETRY	760	570	301		63		
098 01 DENTAL	457						
098 02 NON-REIMBURSABLE COMMUNIT	7	840	444		92		
098 09 IDLE							
099 03 IDLE SPACE B22/OTHER	5	642	339		71		
099 04 H REC. 2 - 6 VACANT	174	20,779	10,981		2,283		
099 05 PUBLIC AID OFFICES VACANT	11	1,305	690		143		
099 06 MISC. WALLS AND HALLS	715	81,766	43,210		8,984		
099 07 ALL TUNNELS	378	45,180	23,876		4,964		
099 08 VACANT AND USED FOR STORE	1,639	190,394	100,617		20,921		
099 09 OTHER COUNTY AGENCIES	234	27,998	14,796		3,076		
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	371,864	718,690	343,257	68,824	69,693	218,244	

COST CENTER DESCRIPTION	MAINTENANCE O F PERSONNEL 13	NURSING ADMIN ISTRATION 14	CENTRAL SERVI CES & SUPPLY 15	PHARMACY 16	MEDICAL RECOR DS & LIBRARY 17	SOCIAL SERVIC E 18	MEDICAL ADMIN ISTRATION 19
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
007 ADMINISTRATIVE & GENERAL							
008 MAINTENANCE & REPAIRS							
009 OPERATION OF PLANT							
010 LAUNDRY & LINEN SERVICE							
011 HOUSEKEEPING							
012 DIETARY							
013 CAFETERIA							
014 MAINTENANCE OF PERSONNEL							
015 NURSING ADMINISTRATION		263,041					
016 CENTRAL SERVICES & SUPPLY			86,640				
017 PHARMACY			169	362,421			
018 MEDICAL RECORDS & LIBRARY					42,339		
019 SOCIAL SERVICE						6,983	
020 MEDICAL ADMINISTRATION							16,086
021 NONPHYSICIAN ANESTHETISTS							
022 NURSING SCHOOL							
023 I&R SERVICES-SALARY & FRI							
024 I&R SERVICES-OTHER PRGM C							
025 PARAMED ED PRGM-(SPECIFY)							
026 INPAT ROUTINE SRVC CNTRS							
027 ADULTS & PEDIATRICS		112,257	14,592	3,584	10,469	2,773	10,187
028 INTENSIVE CARE UNIT		28,987	2,200	283,190	1,538		
031 SUBPROVIDER I		27,099	1,524	469	3,928	2,071	1,092
034 SKILLED NURSING FACILITY		73,722	1,159	1,650	1,204	948	196
035 NURSING FACILITY							
037 ANCILLARY SRVC COST CNTRS							
037 01 OPERATING ROOM		12,027	29,970	106			
037 02 PATHOLOGY			366				
037 03 NEUROLOGY & PSYCHIATRY			80				
041 03 CLINICAL PSYCHOLOGY& PSYC			5				
044 RADIOLOGY-DIAGNOSTIC			114	1,089			
046 LABORATORY			1,061	18,635			
049 30 BLOOD CLOTTING FACTORS AD							
050 RESPIRATORY THERAPY			10,019				
051 PHYSICAL THERAPY			1,885	11			
052 OCCUPATIONAL THERAPY			271				
053 SPEECH PATHOLOGY			60				
055 ELECTROCARDIOLOGY			73	3			
056 MEDICAL SUPPLIES CHARGED			17,998				
059 DRUGS CHARGED TO PATIENTS				53,596			
060 ACTIVITY THERAPY			52				
061 OUTPAT SERVICE COST CNTRS							
061 CLINIC			2,894	45	14,509	1,191	2,269
062 EMERGENCY		8,949	2,091	33	10,506		2,342
063 OBSERVATION BEDS (NON-DIS							
063 50 RHC							
063 60 FQHC							
069 OTHER REIMBURS COST CNTRS							
069 10 CMHC							
069 20 OUTPATIENT PHYSICAL THERA							
069 30 OUTPATIENT OCCUPATIONAL T							
069 40 OUTPATIENT SPEECH PATHOLO							
071 HOME HEALTH AGENCY							
085 SPEC PURPOSE COST CENTERS							
085 01 PANCREAS ACQUISITION							
085 02 INTESTINAL ACQUISITION							
085 03 ISLET CELL ACQUISITION							
095 SUBTOTALS		263,041	86,583	362,411	42,154	6,983	16,086
096 NONREIMBURS COST CENTERS							
096 01 COUNTY STORE-NON-ALLOWABL							
097 01 OPTOMETRY			57	10			
098 01 DENTAL							
098 02 NON-REIMBURSABLE COMMUNIT					185		
098 09 IDLE							
099 03 IDLE SPACE B22/OTHER							
099 04 H REC. 2 - 6 VACANT							
099 05 PUBLIC AID OFFICES VACANT							
099 06 MISC. WALLS AND HALLS							
099 07 ALL TUNNELS							
099 08 VACANT AND USED FOR STORE							
099 09 OTHER COUNTY AGENCIES							
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL		263,041	86,640	362,421	42,339	6,983	16,086

COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	I&R SERVICES-SALARY & FRI	I&R SERVICES-OTHER PRGM C	PARAMED ED PR GM-(SPECIFY)	SUBTOTAL	POST STEPDOWN ADJUSTMENT
	20	21	22	23	24	25	26
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
007 ADMINISTRATIVE & GENERAL							
008 MAINTENANCE & REPAIRS							
009 OPERATION OF PLANT							
010 LAUNDRY & LINEN SERVICE							
011 HOUSEKEEPING							
012 DIETARY							
013 CAFETERIA							
014 MAINTENANCE OF PERSONNEL							
015 NURSING ADMINISTRATION							
016 CENTRAL SERVICES & SUPPLY							
017 PHARMACY							
018 MEDICAL RECORDS & LIBRARY							
019 SOCIAL SERVICE							
020 MEDICAL ADMINISTRATION							
021 NONPHYSICIAN ANESTHETISTS							
022 NURSING SCHOOL							
023 I&R SERVICES-SALARY & FRI							
024 I&R SERVICES-OTHER PRGM C				1,510			
025 PARAMED ED PRGM-(SPECIFY)							
026 INPAT ROUTINE SRVC CNTRS							
027 ADULTS & PEDIATRICS						815,183	
028 INTENSIVE CARE UNIT						374,691	
031 SUBPROVIDER I						200,420	
034 SKILLED NURSING FACILITY						211,539	
035 NURSING FACILITY							
037 ANCILLARY SRVC COST CNTRS							
037 01 OPERATING ROOM						261,632	
037 02 PATHOLOGY						20,454	
037 03 NEUROLOGY & PSYCHIATRY						6,082	
041 03 CLINICAL PSYCHOLOGY& PSYC						13,667	
044 RADIOLOGY-DIAGNOSTIC						207,023	
046 LABORATORY						99,301	
049 30 BLOOD CLOTTING FACTORS AD							
050 RESPIRATORY THERAPY						116,881	
051 PHYSICAL THERAPY						43,951	
052 OCCUPATIONAL THERAPY						48,580	
053 SPEECH PATHOLOGY						11,725	
055 ELECTROCARDIOLOGY						41,982	
056 MEDICAL SUPPLIES CHARGED						19,530	
059 DRUGS CHARGED TO PATIENTS						69,243	
060 ACTIVITY THERAPY						7,893	
061 OUTPAT SERVICE COST CNTRS							
062 CLINIC						92,763	
063 EMERGENCY						59,114	
063 50 OBSERVATION BEDS (NON-DIS							
063 60 RHC							
069 60 FQHC							
069 OTHER REIMBURS COST CNTRS							
069 10 CMHC							
069 20 OUTPATIENT PHYSICAL THERA							
069 30 OUTPATIENT OCCUPATIONAL T							
069 40 OUTPATIENT SPEECH PATHOLO							
071 HOME HEALTH AGENCY							
085 SPEC PURPOSE COST CENTERS							
085 01 PANCREAS ACQUISITION							
085 02 INTESTINAL ACQUISITION							
085 03 ISLET CELL ACQUISITION							
095 SUBTOTALS						2,721,654	
096 NONREIMBURS COST CENTERS							
096 01 COUNTY STORE-NON-ALLOWABL						418	
097 01 OPTOMETRY						3,422	
098 01 DENTAL						3,755	
098 02 NON-REIMBURSABLE COMMUNIT						3,235	
098 09 IDLE							
099 03 IDLE SPACE B22/OTHER						2,332	
099 04 H REC. 2 - 6 VACANT						75,473	
099 05 PUBLIC AID OFFICES VACANT						4,740	
099 06 MISC. WALLS AND HALLS						304,473	
099 07 ALL TUNNELS						164,101	
099 08 VACANT AND USED FOR STORE						702,778	
099 09 OTHER COUNTY AGENCIES						101,692	
101 CROSS FOOT ADJUSTMENTS				1,510		1,510	
102 NEGATIVE COST CENTER							
103 TOTAL				1,510		4,089,583	

ALLOCATION OF OLD CAPITAL RELATED COSTS

TOTAL

27

001	GENERAL SERVICE COST CNTR	
002	OLD CAP REL COSTS-BLDG &	
003	OLD CAP REL COSTS-MVBLE E	
004	NEW CAP REL COSTS-BLDG &	
005	NEW CAP REL COSTS-MVBLE E	
006	EMPLOYEE BENEFITS	
007	ADMINISTRATIVE & GENERAL	
008	MAINTENANCE & REPAIRS	
009	OPERATION OF PLANT	
010	LAUNDRY & LINEN SERVICE	
011	HOUSEKEEPING	
012	DIETARY	
013	CAFETERIA	
014	MAINTENANCE OF PERSONNEL	
015	NURSING ADMINISTRATION	
016	CENTRAL SERVICES & SUPPLY	
017	PHARMACY	
018	MEDICAL RECORDS & LIBRARY	
019	SOCIAL SERVICE	
020	MEDICAL ADMINISTRATION	
021	NONPHYSICIAN ANESTHETISTS	
022	NURSING SCHOOL	
023	I&R SERVICES-SALARY & FRI	
024	I&R SERVICES-OTHER PRGM C	
025	PARAMED ED PRGM-(SPECIFY)	
026	INPAT ROUTINE SRVC CNTRS	
025	ADULTS & PEDIATRICS	815,183
026	INTENSIVE CARE UNIT	374,691
031	SUBPROVIDER I	200,420
034	SKILLED NURSING FACILITY	211,539
035	NURSING FACILITY	
037	ANCILLARY SRVC COST CNTRS	
037	OPERATING ROOM	261,632
037	01 PATHOLOGY	20,454
037	02 NEUROLOGY & PSYCHIATRY	6,082
037	03 CLINICAL PSYCHOLOGY& PSYC	13,667
041	RADIOLOGY-DIAGNOSTIC	207,023
044	LABORATORY	99,301
046	30 BLOOD CLOTTING FACTORS AD	
049	RESPIRATORY THERAPY	116,881
050	PHYSICAL THERAPY	43,951
051	OCCUPATIONAL THERAPY	48,580
052	SPEECH PATHOLOGY	11,725
053	ELECTROCARDIOLOGY	41,982
055	MEDICAL SUPPLIES CHARGED	19,530
056	DRUGS CHARGED TO PATIENTS	69,243
059	ACTIVITY THERAPY	7,893
060	OUTPAT SERVICE COST CNTRS	
060	CLINIC	92,763
061	EMERGENCY	59,114
062	OBSERVATION BEDS (NON-DIS	
063	50 RHC	
063	60 FQHC	
069	OTHER REIMBURS COST CNTRS	
069	10 CMHC	
069	20 OUTPATIENT PHYSICAL THERA	
069	30 OUTPATIENT OCCUPATIONAL T	
069	40 OUTPATIENT SPEECH PATHOLO	
071	HOME HEALTH AGENCY	
085	SPEC PURPOSE COST CENTERS	
085	01 PANCREAS ACQUISITION	
085	02 INTESTINAL ACQUISITION	
085	03 ISLET CELL ACQUISITION	
095	SUBTOTALS	2,721,654
096	NONREIMBURS COST CENTERS	
096	01 COUNTY STORE-NON-ALLOWABL	418
097	01 OPTOMETRY	3,422
098	01 DENTAL	3,755
098	02 NON-REIMBURSABLE COMMUNIT	3,235
098	09 IDLE	
099	03 IDLE SPACE B22/OTHER	2,332
099	04 H REC. 2 - 6 VACANT	75,473
099	05 PUBLIC AID OFFICES VACANT	4,740
099	06 MISC. WALLS AND HALLS	304,473
099	07 ALL TUNNELS	164,101
099	08 VACANT AND USED FOR STORE	702,778
099	09 OTHER COUNTY AGENCIES	101,692
101	CROSS FOOT ADJUSTMENTS	1,510
102	NEGATIVE COST CENTER	
103	TOTAL	4,089,583

COST CENTER DESCRIPTION		OLD CAP REL C OSTS-BLDG & (SQUARE FEET	OLD CAP REL C OSTS-MVBLE E (DOLLAR)VALUE	NEW CAP REL C OSTS-BLDG & (SQUARE FEET	NEW CAP REL C OSTS-MVBLE E (DOLLAR)VALUE	EMPLOYEE BENE FITS (GROSS)SALARIES	RECONCIL- IATION)
		1	2	3	4	5	6a.00
001	GENERAL SERVICE COST						
002	OLD CAP REL COSTS-BLD	1,208,157					
003	OLD CAP REL COSTS-MVB		2,215,783				
004	NEW CAP REL COSTS-BLD						
005	NEW CAP REL COSTS-MVB						
006	EMPLOYEE BENEFITS	1,748	8,984			54,169,802	
007	ADMINISTRATIVE & GENE	103,461	173,624			5,598,472	-14,481,968
008	MAINTENANCE & REPAIRS	116,060	513,122				
009	OPERATION OF PLANT	94,463	108,697			1,789,515	
010	LAUNDRY & LINEN SERVI		66,880			78	
011	HOUSEKEEPING	20,852	2,984			1,984,877	
012	DIETARY	51,479	53,998			4,177,683	
013	CAFETERIA						
014	MAINTENANCE OF PERSON					2,050,426	
015	NURSING ADMINISTRATIO	6,533	231,846			671,460	
016	CENTRAL SERVICES & SU	17,465	34,507				
017	PHARMACY	78,333	139,033				
018	MEDICAL RECORDS & LIB	9,856	9,316			1,121,441	
019	SOCIAL SERVICE	1,582				463,389	
020	MEDICAL ADMINISTRATIO	1,454	10,703			358,791	
021	NONPHYSICIAN ANESTHET						
022	NURSING SCHOOL						
023	I&R SERVICES-SALARY &						
024	I&R SERVICES-OTHER PR						
025	PARAMED ED PRGM-(SPEC						
026	INPAT ROUTINE SRVC CN						
027	ADULTS & PEDIATRICS	49,478	237,765			12,206,584	
028	INTENSIVE CARE UNIT	1,880	8,448			2,704,435	
029	SUBPROVIDER I	32,360	4,963			1,916,449	
030	SKILLED NURSING FACIL	23,444	16,903			2,650,549	
031	NURSING FACILITY						
032	ANCILLARY SRVC COST C						
033	OPERATING ROOM	8,878	180,691			2,655,043	
034	01 PATHOLOGY	3,874	7,768			347,203	
035	02 NEUROLOGY & PSYCHIATR	1,304				893,772	
036	03 CLINICAL PSYCHOLOGY&	3,800				593,559	
037	04 RADIOLOGY-DIAGNOSTIC	3,125	186,885			1,039,193	
038	05 LABORATORY	5,151	50,759			1,748,354	
039	30 BLOOD CLOTTING FACTOR						
040	RESPIRATORY THERAPY	7,705	76,648			1,439,437	
041	PHYSICAL THERAPY	10,545	5,173			1,532,195	
042	OCCUPATIONAL THERAPY	13,530	9,269			502,801	
043	SPEECH PATHOLOGY	2,593	2,750			336,115	
044	ELECTROCARDIOLOGY	963	36,647			568,450	
045	MEDICAL SUPPLIES CHAR						
046	DRUGS CHARGED TO PATI						
047	ACTIVITY THERAPY		4,459			561,901	
048	OUTPAT SERVICE COST C						
049	CLINIC	18,778	10,429			2,423,234	
050	EMERGENCY	7,482	7,537			1,643,078	
051	OBSERVATION BEDS (NON						
052	50 RHC						
053	60 FQHC						
054	OTHER REIMBURS COST C						
055	10 CMHC						
056	20 OUTPATIENT PHYSICAL T						
057	30 OUTPATIENT OCCUPATION						
058	40 OUTPATIENT SPEECH PAT						
059	071 HOME HEALTH AGENCY						
060	SPEC PURPOSE COST CEN						
061	01 PANCREAS ACQUISITION						
062	02 INTESTINAL ACQUISITIO						
063	03 ISLET CELL ACQUISITIO						
064	095 SUBTOTALS	698,176	2,200,788			53,978,484	-14,481,968
065	NONREIMBURS COST CENT						
066	01 COUNTY STORE-NON-ALLO	136	19			2,693	
067	01 OPTOMETRY	779	501			129,684	
068	01 DENTAL		3,285			58,941	
069	02 NON-REIMBURSABLE COMM	1,147					
070	09 IDLE						
071	03 IDLE SPACE B22/OTHER	877					
072	04 H REC. 2 - 6 VACANT	28,385					
073	05 PUBLIC AID OFFICES VA	1,783					
074	06 MISC. WALLS AND HALLS	116,825					
075	07 ALL TUNNELS	61,718					
076	08 VACANT AND USED FOR S	260,085	11,190				
077	09 OTHER COUNTY AGENCIES	38,246					
078	CROSS FOOT ADJUSTMENT						
079	NEGATIVE COST CENTER						
080	COST TO BE ALLOCATED	1,755,981	2,215,783			19,512,906	
081	(WRKSHT B, PART I)						
082	UNIT COST MULTIPLIER	1.453438				.360217	
083	(WRKSHT B, PT I)		1.000000				
084	COST TO BE ALLOCATED					11,525	
085	(WRKSHT B, PART II)						

COST ALLOCATION - STATISTICAL BASIS

COST CENTER DESCRIPTION	OLD CAP REL C	OLD CAP REL C	NEW CAP REL C	NEW CAP REL C	EMPLOYEE BENE	RECONCIL- IATION
	OSTS-BLDG &	OSTS-MVBLE E	OSTS-BLDG &	OSTS-MVBLE E	FITS	
	(SQUARE FEET	(DOLLAR)VALUE	(SQUARE)FEET	(DOLLAR)VALUE	(GROSS)SALARIES	
	1	2	3	4	5	6a.00
NONREIMBURS COST CENT						
106 UNIT COST MULTIPLIER (WRKSHT B, PT II)					.000213	
107 COST TO BE ALLOCATED (WRKSHT B, PART III)						
108 UNIT COST MULTIPLIER (WRKSHT B, PT III)						

COST ALLOCATION - STATISTICAL BASIS

COST CENTER DESCRIPTION	ADMINISTRATIVE MAINTENANCE & OPERATION OF E & GENERAL REPAIRS PLANT			LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA
	(ACCUM. COST)	(SQUARE FEET)	(SQUARE FEET)	(POUNDS OF) LAUNDRY	(SQUARE FEET)	(MEALS SERVED)	(F.T.E.'S)
	6	7	8	9	10	11	12
001 GENERAL SERVICE COST							
002 OLD CAP REL COSTS-BLD							
003 OLD CAP REL COSTS-MVB							
004 NEW CAP REL COSTS-BLD							
005 NEW CAP REL COSTS-MVB							
006 EMPLOYEE BENEFITS							
007 ADMINISTRATIVE & GENE	88,296,957						
008 MAINTENANCE & REPAIRS	8,763,726	981,759					
009 OPERATION OF PLANT	6,583,940	94,463	887,296				
010 LAUNDRY & LINEN SERVI	461,437			450,898			
011 HOUSEKEEPING	3,002,592	20,852	20,852		866,444		
012 DIETARY	6,361,161	51,479	51,479		51,479	80,629	
013 CAFETERIA							
014 MAINTENANCE OF PERSON							
015 NURSING ADMINISTRATIO	3,188,272	6,533	6,533		6,533		
016 CENTRAL SERVICES & SU	1,343,676	17,465	17,465		17,465		
017 PHARMACY	3,660,797	78,333	78,333		78,333		
018 MEDICAL RECORDS & LIB	1,576,060	9,856	9,856		9,856		
019 SOCIAL SERVICE	638,293	1,582	1,582		1,582		
020 MEDICAL ADMINISTRATIO	344,432	1,454	1,454		1,454		
021 NONPHYSICIAN ANESTHET							
022 NURSING SCHOOL							
023 I&R SERVICES-SALARY &							
024 I&R SERVICES-OTHER PR	358,428						
025 PARAMED ED PRGM-(SPEC							
026 INPAT ROUTINE SRVC CN							
027 ADULTS & PEDIATRICS	13,001,998	49,478	49,478	257,302	49,478	46,011	
028 INTENSIVE CARE UNIT	4,897,972	1,880	1,880	37,911	1,880	6,779	
029 SUBPROVIDER I	2,716,506	32,360	32,360	96,726	32,360	17,296	
030 SKILLED NURSING FACIL	3,671,581	23,444	23,444	58,959	23,444	10,543	
031 NURSING FACILITY							
032 ANCILLARY SRVC COST C							
033 OPERATING ROOM	3,494,708	8,878	8,878		8,878		
034 01 PATHOLOGY	467,324	3,874	3,874		3,874		
035 02 NEUROLOGY & PSYCHIATR	558,543	1,304	1,304		1,304		
036 03 CLINICAL PSYCHOLOGY&	820,356	3,800	3,800		3,800		
037 04 RADIOLOGY-DIAGNOSTIC	2,474,872	3,125	3,125		3,125		
038 05 LABORATORY	3,516,024	5,151	5,151		5,151		
039 30 BLOOD CLOTTING FACTOR							
040 RESPIRATORY THERAPY	2,247,701	7,705	7,705		7,705		
041 PHYSICAL THERAPY	2,037,631	10,545	10,545		10,545		
042 OCCUPATIONAL THERAPY	721,932	13,530	13,530		13,530		
043 SPEECH PATHOLOGY	466,332	2,593	2,593		2,593		
044 ELECTROCARDIOLOGY	613,243	963	963		963		
045 MEDICAL SUPPLIES CHAR	363,816						
046 DRUGS CHARGED TO PATI	3,714,968						
047 ACTIVITY THERAPY	774,551						
048 OUTPAT SERVICE COST C							
049 CLINIC	2,634,690	18,778	18,778		18,778		
050 EMERGENCY	1,770,546	7,482	7,482		7,482		
051 OBSERVATION BEDS (NON							
052 50 RHC							
053 60 FQHC							
054 OTHER REIMBURS COST C							
055 10 CMHC							
056 20 OUTPATIENT PHYSICAL T							
057 30 OUTPATIENT OCCUPATION							
058 40 OUTPATIENT SPEECH PAT							
059 71 HOME HEALTH AGENCY							
060 SPEC PURPOSE COST CEN							
061 01 PANCREAS ACQUISITION							
062 02 INTESTINAL ACQUISITIO							
063 03 ISLET CELL ACQUISITIO							
064 SUBTOTALS	87,248,108	476,907	382,444	450,898	361,592	80,629	
065 NONREIMBURS COST CENT							
066 01 COUNTY STORE-NON-ALLO	8,658	136	136		136		
067 01 OPTOMETRY	180,523	779	779		779		
068 01 DENTAL	108,583						
069 02 NON-REIMBURSABLE COMM	1,667	1,147	1,147		1,147		
070 09 IDLE							
071 03 IDLE SPACE B22/OTHER	1,275	877	877		877		
072 04 H REC. 2 - 6 VACANT	41,256	28,385	28,385		28,385		
073 05 PUBLIC AID OFFICES VA	2,591	1,783	1,783		1,783		
074 06 MISC. WALLS AND HALLS	169,798	111,696	111,696		111,696		
075 07 ALL TUNNELS	89,703	61,718	61,718		61,718		
076 08 VACANT AND USED FOR S	389,207	260,085	260,085		260,085		
077 09 OTHER COUNTY AGENCIES	55,588	38,246	38,246		38,246		
078 CROSS FOOT ADJUSTMENT							
079 NEGATIVE COST CENTER							
080 COST TO BE ALLOCATED	14,481,968	10,201,100	8,645,329	537,119	3,914,896	8,673,563	
081 (WRKSH T B, PART I)							
082 UNIT COST MULTIPLIER		10.390636		1.191221		107.573739	
083 (WRKSH T B, PT I)	.164014		9.743455		4.518349		
084 COST TO BE ALLOCATED	371,864	718,690	343,257	68,824	69,693	218,244	
085 (WRKSH T B, PART II)							

COST ALLOCATION - STATISTICAL BASIS

	COST CENTER DESCRIPTION	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA
		(ACCUM. COST)	(SQUARE FEET)	(SQUARE FEET)	(POUNDS OF LAUNDRY)	(SQUARE FEET)	(MEALS SERVED)	(F.T.E.'S)
		6	7	8	9	10	11	12
106	NONREIMBURS COST CENT UNIT COST MULTIPLIER (WRKSHT B, PT II)	.004212	.732043	.386857	.152638	.080436	2.706768	
107	COST TO BE ALLOCATED (WRKSHT B, PART III)							
108	UNIT COST MULTIPLIER (WRKSHT B, PT III)							

COST CENTER DESCRIPTION	MAINTENANCE O PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVI CES & SUPPLY	PHARMACY	MEDICAL RECOR DS & LIBRARY	SOCIAL SERVIC E	MEDICAL ADMIN ISTRATION
	(NUMBER HOUSED)	(NO. EMP.)SUPERVISED	(COSTED)REQUIS.	(COSTED)REQUIS.	(TIME)SPENT	(TIME)SPENT	(PART B)DOLLARS
	13	14	15	16	17	18	19
GENERAL SERVICE COST							
001 OLD CAP REL COSTS-BLD							
002 OLD CAP REL COSTS-MVB							
003 NEW CAP REL COSTS-BLD							
004 NEW CAP REL COSTS-MVB							
005 EMPLOYEE BENEFITS							
006 ADMINISTRATIVE & GENE							
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVI							
010 HOUSEKEEPING							
011 DIETARY							
012 CAFETERIA							
013 MAINTENANCE OF PERSON							
014 NURSING ADMINISTRATIO		24,102					
015 CENTRAL SERVICES & SU			1,285,280				
016 PHARMACY			2,505	1,918,759			
017 MEDICAL RECORDS & LIB					2,285		
018 SOCIAL SERVICE						881,791	
019 MEDICAL ADMINISTRATIO							5,821,818
020 NONPHYSICIAN ANESTHET							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY &							
023 I&R SERVICES-OTHER PR							
024 PARAMED ED PRGM-(SPEC							
INPAT ROUTINE SRVC CN							
025 ADULTS & PEDIATRICS		10,286	216,468	18,975	565	350,093	3,686,912
026 INTENSIVE CARE UNIT		2,656	32,634	1,499,287	83		
031 SUBPROVIDER I		2,483	22,610	2,481	212	261,563	395,062
034 SKILLED NURSING FACIL		6,755	17,190	8,734	65	119,775	71,118
035 NURSING FACILITY							
ANCILLARY SRVC COST C							
037 OPERATING ROOM		1,102	444,592	560			
037 01 PATHOLOGY			5,436				
037 02 NEUROLOGY & PSYCHIATR			1,180				
037 03 CLINICAL PSYCHOLOGY&			70				
041 RADIOLOGY-DIAGNOSTIC			1,691	5,765			
044 LABORATORY			15,744	98,659			
046 30 BLOOD CLOTTING FACTOR							
049 RESPIRATORY THERAPY			148,636				
050 PHYSICAL THERAPY			27,969	60			
051 OCCUPATIONAL THERAPY			4,024	2			
052 SPEECH PATHOLOGY			893				
053 ELECTROCARDIOLOGY			1,081	14			
055 MEDICAL SUPPLIES CHAR			266,995				
056 DRUGS CHARGED TO PATI				283,754			
059 ACTIVITY THERAPY			765				
OUTPAT SERVICE COST C							
060 CLINIC			42,927	240	783	150,360	821,138
061 EMERGENCY		820	31,024	173	567		847,588
062 OBSERVATION BEDS (NON							
063 50 RHC							
063 60 FQHC							
OTHER REIMBURS COST C							
069 10 CMHC							
069 20 OUTPATIENT PHYSICAL T							
069 30 OUTPATIENT OCCUPATION							
069 40 OUTPATIENT SPEECH PAT							
071 HOME HEALTH AGENCY							
SPEC PURPOSE COST CEN							
085 01 PANCREAS ACQUISITION							
085 02 INTESTINAL ACQUISITIO							
085 03 ISLET CELL ACQUISITIO							
095 SUBTOTALS		24,102	1,284,434	1,918,704	2,275	881,791	5,821,818
NONREIMBURS COST CENT							
096 01 COUNTY STORE-NON-ALLO							
097 01 OPTOMETRY			846	55			
098 01 DENTAL							
098 02 NON-REIMBURSABLE COMM					10		
098 09 IDLE							
099 03 IDLE SPACE B22/OTHER							
099 04 H REC. 2 - 6 VACANT							
099 05 PUBLIC AID OFFICES VA							
099 06 MISC. WALLS AND HALLS							
099 07 ALL TUNNELS							
099 08 VACANT AND USED FOR S							
099 09 OTHER COUNTY AGENCIES							
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 COST TO BE ALLOCATED		3,872,247	1,994,612	6,196,206	2,077,530	781,982	436,769
(WRKSHT B, PART I)							
104 UNIT COST MULTIPLIER		160.660817		3.229278		.886811	
(WRKSHT B, PT I)			1.551889		909.203501		.075023
105 COST TO BE ALLOCATED		263,041	86,640	362,421	42,339	6,983	16,086
(WRKSHT B, PART II)							

COST ALLOCATION - STATISTICAL BASIS

COST CENTER DESCRIPTION	MAINTENANCE O F PERSONNEL	NURSING ADMIN ISTRATION	CENTRAL SERVI CES & SUPPLY	PHARMACY	MEDICAL RECOR DS & LIBRARY	SOCIAL SERVIC E	MEDICAL ADMIN ISTRATION
	(NUMBER HOUSED	(NO. EMP.)SUPERVISED	(COSTED)REQUIS.	(COSTED)REQUIS.	(TIME)SPENT	(TIME)SPENT	(PART B)DOLLARS
	13	14	15	16	17	18	19
106 NONREIMBURS COST CENT UNIT COST MULTIPLIER (WRKSHT B, PT II)		10.913659		.067409		18.529103	.007919
107 COST TO BE ALLOCATED (WRKSHT B, PART III)							.002763
108 UNIT COST MULTIPLIER (WRKSHT B, PT III)							

COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	I&R SERVICES- SALARY & FRI	I&R SERVICES- OTHER PRGM C	PARAMED ED PRGM-(SPECIFY)
	(ASSIGNED TIME	(ASSIGNED)TIME	(ASSIGNED)TIME	(RESIDENTS)FTE	(ASSIGNED)TIME
	20	21	22	23	24
001	GENERAL SERVICE COST				
002	OLD CAP REL COSTS-BLD				
003	OLD CAP REL COSTS-MVB				
004	NEW CAP REL COSTS-BLD				
005	NEW CAP REL COSTS-MVB				
006	EMPLOYEE BENEFITS				
007	ADMINISTRATIVE & GENE				
008	MAINTENANCE & REPAIRS				
009	OPERATION OF PLANT				
010	LAUNDRY & LINEN SERVI				
011	HOUSEKEEPING				
012	DIETARY				
013	CAFETERIA				
014	MAINTENANCE OF PERSON				
015	NURSING ADMINISTRATIO				
016	CENTRAL SERVICES & SU				
017	PHARMACY				
018	MEDICAL RECORDS & LIB				
019	SOCIAL SERVICE				
020	MEDICAL ADMINISTRATIO				
021	NONPHYSICIAN ANESTHET				
022	NURSING SCHOOL				
023	I&R SERVICES-SALARY &				
024	I&R SERVICES-OTHER PR			420	
025	PARAMED ED PRGM-(SPEC				
026	INPAT ROUTINE SRVC CN				
027	ADULTS & PEDIATRICS			220	
028	INTENSIVE CARE UNIT				
029	SUBPROVIDER I			200	
030	SKILLED NURSING FACIL				
031	NURSING FACILITY				
032	ANCILLARY SRVC COST C				
033	OPERATING ROOM				
034	01 PATHOLOGY				
035	02 NEUROLOGY & PSYCHIATR				
036	03 CLINICAL PSYCHOLOGY&				
037	RADIOLOGY-DIAGNOSTIC				
038	LABORATORY				
039	30 BLOOD CLOTTING FACTOR				
040	RESPIRATORY THERAPY				
041	PHYSICAL THERAPY				
042	OCCUPATIONAL THERAPY				
043	SPEECH PATHOLOGY				
044	ELECTROCARDIOLOGY				
045	MEDICAL SUPPLIES CHAR				
046	DRUGS CHARGED TO PATI				
047	ACTIVITY THERAPY				
048	OUTPAT SERVICE COST C				
049	CLINIC				
050	EMERGENCY				
051	OBSERVATION BEDS (NON				
052	50 RHC				
053	60 FQHC				
054	OTHER REIMBURS COST C				
055	10 CMHC				
056	20 OUTPATIENT PHYSICAL T				
057	30 OUTPATIENT OCCUPATION				
058	40 OUTPATIENT SPEECH PAT				
059	HOME HEALTH AGENCY				
060	SPEC PURPOSE COST CEN				
061	01 PANCREAS ACQUISITION				
062	02 INTESTINAL ACQUISITIO				
063	03 ISLET CELL ACQUISITIO				
064	SUBTOTALS			420	
065	NONREIMBURS COST CENT				
066	01 COUNTY STORE-NON-ALLO				
067	01 OPTOMETRY				
068	01 DENTAL				
069	02 NON-REIMBURSABLE COMM				
070	09 IDLE				
071	03 IDLE SPACE B22/OTHER				
072	04 H REC. 2 - 6 VACANT				
073	05 PUBLIC AID OFFICES VA				
074	06 MISC. WALLS AND HALLS				
075	07 ALL TUNNELS				
076	08 VACANT AND USED FOR S				
077	09 OTHER COUNTY AGENCIES				
078	CROSS FOOT ADJUSTMENT				
079	NEGATIVE COST CENTER				
080	COST TO BE ALLOCATED			417,215	
081	(PER WRKSHT B, PART				
082	UNIT COST MULTIPLIER			993.369048	
083	(WRKSHT B, PT I)				
084	COST TO BE ALLOCATED			1,510	
085	(PER WRKSHT B, PART				

COST ALLOCATION - STATISTICAL BASIS

	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	I&R SERVICES- SALARY & FRI	I&R SERVICES- OTHER PRGM C	PARAMED ED PRGM-(SPECIFY)
		(ASSIGNED TIME)	(ASSIGNED TIME)	(ASSIGNED TIME)	(RESIDENTS FTE)	(ASSIGNED TIME)
		20	21	22	23	24
106	NONREIMBURS COST CENT UNIT COST MULTIPLIER (WRKSHT B, PT II)				3.595238	
107	COST TO BE ALLOCATED (PER WRKSHT B, PART					
108	UNIT COST MULTIPLIER (WRKSHT B, PT III)					

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	24,760,909		24,760,909	148,259	24,909,168
26	INTENSIVE CARE UNIT	11,916,492		11,916,492		11,916,492
31	SUBPROVIDER I	6,831,989		6,831,989		6,831,989
34	SKILLED NURSING FACILITY	7,366,904		7,366,904		7,366,904
35	NURSING FACILITY					
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	5,155,566		5,155,566	76,898	5,232,464
37	01 PATHOLOGY	647,911		647,911		647,911
37	02 NEUROLOGY & PSYCHIATRY	684,129		684,129		684,129
37	03 CLINICAL PSYCHOLOGY& PSYC	1,048,694		1,048,694		1,048,694
41	RADIOLOGY-DIAGNOSTIC	2,979,066		2,979,066	11,478	2,990,544
44	LABORATORY	4,562,716		4,562,716		4,562,716
46	30 BLOOD CLOTTING FACTORS AD					
49	RESPIRATORY THERAPY	3,036,969		3,036,969		3,036,969
50	PHYSICAL THERAPY	2,675,390		2,675,390	20,018	2,695,408
51	OCCUPATIONAL THERAPY	1,180,137		1,180,137		1,180,137
52	SPEECH PATHOLOGY	608,127		608,127		608,127
53	ELECTROCARDIOLOGY	739,286		739,286		739,286
55	MEDICAL SUPPLIES CHARGED	837,834		837,834		837,834
56	DRUGS CHARGED TO PATIENTS	5,240,596		5,240,596		5,240,596
59	ACTIVITY THERAPY	902,775		902,775		902,775
	OUTPAT SERVICE COST CNTRS					
60	CLINIC	4,503,985		4,503,985	77,072	4,581,057
61	EMERGENCY	3,004,944		3,004,944	44,362	3,049,306
62	OBSERVATION BEDS (NON-DIS					
63	50 RHC					
63	60 FQHC					
	OTHER REIMBURS COST CNTRS					
101	SUBTOTAL	88,684,419		88,684,419	378,087	89,062,506
102	LESS OBSERVATION BEDS					
103	TOTAL	88,684,419		88,684,419	378,087	89,062,506

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	19,045,125		19,045,125			
26	INTENSIVE CARE UNIT	6,479,000		6,479,000			
31	SUBPROVIDER I	9,078,000		9,078,000			
34	SKILLED NURSING FACILITY	1,660,050		1,660,050			
35	NURSING FACILITY						
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	596,142	1,340,804	1,936,946	2.661698	2.661698	2.701399
37	01 PATHOLOGY	101,192	199,944	301,136	2.151556	2.151556	2.151556
37	02 NEUROLOGY & PSYCHIATRY	295,978	34,568	330,546	2.069694	2.069694	2.069694
37	03 CLINICAL PSYCHOLOGY& PSYC	293,240	105,090	398,330	2.632727	2.632727	2.632727
41	RADIOLOGY-DIAGNOSTIC	740,325	3,076,312	3,816,637	.780547	.780547	.783555
44	LABORATORY	2,913,322	380,792	3,294,114	1.385112	1.385112	1.385112
46	30 BLOOD CLOTTING FACTORS AD						
49	RESPIRATORY THERAPY	154,066	157	154,223	19.692063	19.692063	19.692063
50	PHYSICAL THERAPY	368,831	11,624	380,455	7.032080	7.032080	7.084696
51	OCCUPATIONAL THERAPY	87,579	3,705	91,284	12.928191	12.928191	12.928191
52	SPEECH PATHOLOGY	63,941	6,291	70,232	8.658831	8.658831	8.658831
53	ELECTROCARDIOLOGY	275,483	224,342	499,825	1.479090	1.479090	1.479090
55	MEDICAL SUPPLIES CHARGED	484,264	4,891	489,155	1.712819	1.712819	1.712819
56	DRUGS CHARGED TO PATIENTS	5,866,709	5,866,710	11,733,419	.446638	.446638	.446638
59	ACTIVITY THERAPY	2,420	218,240	220,660	4.091249	4.091249	4.091249
	OUTPAT SERVICE COST CNTRS						
60	CLINIC		1,942,827	1,942,827	2.318264	2.318264	2.357934
61	EMERGENCY	85,296	4,945,130	5,030,426	.597354	.597354	.606173
62	OBSERVATION BEDS (NON-DIS						
63	50 RHC						
63	60 FQHC						
	OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	48,590,963	18,361,427	66,952,390			
102	LESS OBSERVATION BEDS						
103	TOTAL	48,590,963	18,361,427	66,952,390			

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
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS	24,979,450		24,979,450	148,259	25,127,709
26	INTENSIVE CARE UNIT	11,916,492		11,916,492		11,916,492
31	SUBPROVIDER I	7,030,663		7,030,663		7,030,663
34	SKILLED NURSING FACILITY	7,366,904		7,366,904		7,366,904
35	NURSING FACILITY					
37	ANCILLARY SRVC COST CNTRS OPERATING ROOM	5,155,566		5,155,566	76,898	5,232,464
37	01 PATHOLOGY	647,911		647,911		647,911
37	02 NEUROLOGY & PSYCHIATRY	684,129		684,129		684,129
37	03 CLINICAL PSYCHOLOGY& PSYC	1,048,694		1,048,694		1,048,694
41	RADIOLOGY-DIAGNOSTIC	2,979,066		2,979,066	11,478	2,990,544
44	LABORATORY	4,562,716		4,562,716		4,562,716
46	30 BLOOD CLOTTING FACTORS AD					
49	RESPIRATORY THERAPY	3,036,969		3,036,969		3,036,969
50	PHYSICAL THERAPY	2,675,390		2,675,390	20,018	2,695,408
51	OCCUPATIONAL THERAPY	1,180,137		1,180,137		1,180,137
52	SPEECH PATHOLOGY	608,127		608,127		608,127
53	ELECTROCARDIOLOGY	739,286		739,286		739,286
55	MEDICAL SUPPLIES CHARGED	837,834		837,834		837,834
56	DRUGS CHARGED TO PATIENTS	5,240,596		5,240,596		5,240,596
59	ACTIVITY THERAPY	902,775		902,775		902,775
	OUTPAT SERVICE COST CNTRS					
60	CLINIC	4,503,985		4,503,985	77,072	4,581,057
61	EMERGENCY	3,004,944		3,004,944	44,362	3,049,306
62	OBSERVATION BEDS (NON-DIS					
63	50 RHC					
63	60 FQHC					
	OTHER REIMBURS COST CNTRS					
101	SUBTOTAL	89,101,634		89,101,634	378,087	89,479,721
102	LESS OBSERVATION BEDS					
103	TOTAL	89,101,634		89,101,634	378,087	89,479,721

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	19,045,125		19,045,125			
26	INTENSIVE CARE UNIT	6,479,000		6,479,000			
31	SUBPROVIDER I	9,078,000		9,078,000			
34	SKILLED NURSING FACILITY	1,660,050		1,660,050			
35	NURSING FACILITY						
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	596,142	1,340,804	1,936,946	2.661698	2.661698	2.701399
37	01 PATHOLOGY	101,192	199,944	301,136	2.151556	2.151556	2.151556
37	02 NEUROLOGY & PSYCHIATRY	295,978	34,568	330,546	2.069694	2.069694	2.069694
37	03 CLINICAL PSYCHOLOGY& PSYC	293,240	105,090	398,330	2.632727	2.632727	2.632727
41	RADIOLOGY-DIAGNOSTIC	740,325	3,076,312	3,816,637	.780547	.780547	.783555
44	LABORATORY	2,913,322	380,792	3,294,114	1.385112	1.385112	1.385112
46	30 BLOOD CLOTTING FACTORS AD						
49	RESPIRATORY THERAPY	154,066	157	154,223	19.692063	19.692063	19.692063
50	PHYSICAL THERAPY	368,831	11,624	380,455	7.032080	7.032080	7.084696
51	OCCUPATIONAL THERAPY	87,579	3,705	91,284	12.928191	12.928191	12.928191
52	SPEECH PATHOLOGY	63,941	6,291	70,232	8.658831	8.658831	8.658831
53	ELECTROCARDIOLOGY	275,483	224,342	499,825	1.479090	1.479090	1.479090
55	MEDICAL SUPPLIES CHARGED	484,264	4,891	489,155	1.712819	1.712819	1.712819
56	DRUGS CHARGED TO PATIENTS	5,866,709	5,866,710	11,733,419	.446638	.446638	.446638
59	ACTIVITY THERAPY	2,420	218,240	220,660	4.091249	4.091249	4.091249
	OUTPAT SERVICE COST CNTRS						
60	CLINIC		1,942,827	1,942,827	2.318264	2.318264	2.357934
61	EMERGENCY	85,296	4,945,130	5,030,426	.597354	.597354	.606173
62	OBSERVATION BEDS (NON-DIS						
63	50 RHC						
63	60 FQHC						
	OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	48,590,963	18,361,427	66,952,390			
102	LESS OBSERVATION BEDS						
103	TOTAL	48,590,963	18,361,427	66,952,390			

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	5,155,566	261,632	4,893,934			5,155,566
37	01 PATHOLOGY	647,911	20,454	627,457			647,911
37	02 NEUROLOGY & PSYCHIATRY	684,129	6,082	678,047			684,129
37	03 CLINICAL PSYCHOLOGY& PSYC	1,048,694	13,667	1,035,027			1,048,694
41	RADIOLOGY-DIAGNOSTIC	2,979,066	207,023	2,772,043			2,979,066
44	LABORATORY	4,562,716	99,301	4,463,415			4,562,716
46	30 BLOOD CLOTTING FACTORS AD						
49	RESPIRATORY THERAPY	3,036,969	116,881	2,920,088			3,036,969
50	PHYSICAL THERAPY	2,675,390	43,951	2,631,439			2,675,390
51	OCCUPATIONAL THERAPY	1,180,137	48,580	1,131,557			1,180,137
52	SPEECH PATHOLOGY	608,127	11,725	596,402			608,127
53	ELECTROCARDIOLOGY	739,286	41,982	697,304			739,286
55	MEDICAL SUPPLIES CHARGED	837,834	19,530	818,304			837,834
56	DRUGS CHARGED TO PATIENTS	5,240,596	69,243	5,171,353			5,240,596
59	ACTIVITY THERAPY	902,775	7,893	894,882			902,775
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	4,503,985	92,763	4,411,222			4,503,985
61	EMERGENCY	3,004,944	59,114	2,945,830			3,004,944
62	OBSERVATION BEDS (NON-DIS						
63	50 RHC						
63	60 FQHC						
	OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	37,808,125	1,119,821	36,688,304			37,808,125
102	LESS OBSERVATION BEDS						
103	TOTAL	37,808,125	1,119,821	36,688,304			37,808,125

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	1,936,946	2.661698	2.661698
37	01 PATHOLOGY	301,136	2.151556	2.151556
37	02 NEUROLOGY & PSYCHIATRY	330,546	2.069694	2.069694
37	03 CLINICAL PSYCHOLOGY& PSYC	398,330	2.632727	2.632727
41	RADIOLOGY-DIAGNOSTIC	3,816,637	.780547	.780547
44	LABORATORY	3,294,114	1.385112	1.385112
46	30 BLOOD CLOTTING FACTORS AD			
49	RESPIRATORY THERAPY	154,223	19.692063	19.692063
50	PHYSICAL THERAPY	380,455	7.032080	7.032080
51	OCCUPATIONAL THERAPY	91,284	12.928191	12.928191
52	SPEECH PATHOLOGY	70,232	8.658831	8.658831
53	ELECTROCARDIOLOGY	499,825	1.479090	1.479090
55	MEDICAL SUPPLIES CHARGED	489,155	1.712819	1.712819
56	DRUGS CHARGED TO PATIENTS	11,733,419	.446638	.446638
59	ACTIVITY THERAPY	220,660	4.091249	4.091249
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	1,942,827	2.318264	2.318264
61	EMERGENCY	5,030,426	.597354	.597354
62	OBSERVATION BEDS (NON-DIS			
63	50 RHC			
63	60 FQHC			
	OTHER REIMBURS COST CNTRS			
101	SUBTOTAL	30,690,215		
102	LESS OBSERVATION BEDS			
103	TOTAL	30,690,215		

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	5,155,566	261,632	4,893,934	26,163	283,848	4,845,555
37	01 PATHOLOGY	647,911	20,454	627,457	2,045	36,393	609,473
37	02 NEUROLOGY & PSYCHIATRY	684,129	6,082	678,047	608	39,327	644,194
37	03 CLINICAL PSYCHOLOGY& PSYC	1,048,694	13,667	1,035,027	1,367	60,032	987,295
41	RADIOLOGY-DIAGNOSTIC	2,979,066	207,023	2,772,043	20,702	160,778	2,797,586
44	LABORATORY	4,562,716	99,301	4,463,415	9,930	258,878	4,293,908
46	30 BLOOD CLOTTING FACTORS AD						
49	RESPIRATORY THERAPY	3,036,969	116,881	2,920,088	11,688	169,365	2,855,916
50	PHYSICAL THERAPY	2,675,390	43,951	2,631,439	4,395	152,623	2,518,372
51	OCCUPATIONAL THERAPY	1,180,137	48,580	1,131,557	4,858	65,630	1,109,649
52	SPEECH PATHOLOGY	608,127	11,725	596,402	1,173	34,591	572,363
53	ELECTROCARDIOLOGY	739,286	41,982	697,304	4,198	40,444	694,644
55	MEDICAL SUPPLIES CHARGED	837,834	19,530	818,304	1,953	47,462	788,419
56	DRUGS CHARGED TO PATIENTS	5,240,596	69,243	5,171,353	6,924	299,938	4,933,734
59	ACTIVITY THERAPY	902,775	7,893	894,882	789	51,903	850,083
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	4,503,985	92,763	4,411,222	9,276	255,851	4,238,858
61	EMERGENCY	3,004,944	59,114	2,945,830	5,911	170,858	2,828,175
62	OBSERVATION BEDS (NON-DIS						
63	50 RHC						
63	60 FQHC						
	OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	37,808,125	1,119,821	36,688,304	111,980	2,127,921	35,568,224
102	LESS OBSERVATION BEDS						
103	TOTAL	37,808,125	1,119,821	36,688,304	111,980	2,127,921	35,568,224

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	1,936,946	2.501647	2.648191
37	01 PATHOLOGY	301,136	2.023913	2.144765
37	02 NEUROLOGY & PSYCHIATRY	330,546	1.948879	2.067854
37	03 CLINICAL PSYCHOLOGY& PSYC	398,330	2.478586	2.629295
41	RADIOLOGY-DIAGNOSTIC	3,816,637	.732998	.775123
44	LABORATORY	3,294,114	1.303509	1.382097
46	30 BLOOD CLOTTING FACTORS AD			
49	RESPIRATORY THERAPY	154,223	18.518094	19.616276
50	PHYSICAL THERAPY	380,455	6.619369	7.020528
51	OCCUPATIONAL THERAPY	91,284	12.156008	12.874973
52	SPEECH PATHOLOGY	70,232	8.149604	8.642129
53	ELECTROCARDIOLOGY	499,825	1.389774	1.470691
55	MEDICAL SUPPLIES CHARGED	489,155	1.611798	1.708826
56	DRUGS CHARGED TO PATIENTS	11,733,419	.420486	.446048
59	ACTIVITY THERAPY	220,660	3.852456	4.087673
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	1,942,827	2.181799	2.313489
61	EMERGENCY	5,030,426	.562214	.596179
62	OBSERVATION BEDS (NON-DIS			
63	50 RHC			
63	60 FQHC			
	OTHER REIMBURS COST CNTRS			
101	SUBTOTAL	30,690,215		
102	LESS OBSERVATION BEDS			
103	TOTAL	30,690,215		

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	815,183		815,183			
26	INTENSIVE CARE UNIT	374,691		374,691			
31	SUBPROVIDER I	200,420		200,420			
101	TOTAL	1,390,294		1,390,294			

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	14,205		57.39			
26	INTENSIVE CARE UNIT	2,093		179.02			
31	SUBPROVIDER I	5,340		37.53			
101	TOTAL	21,638					

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		218,541		218,541	14,205	15.38
26	INTENSIVE CARE UNIT					2,093	
31	SUBPROVIDER I		198,674		198,674	5,340	37.20
34	SKILLED NURSING FACILITY					3,255	
35	NURSING FACILITY						
101	TOTAL		417,215		417,215	24,893	

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT PROG DAYS	INPAT PROGRAM PASS THRU COST
25	ADULTS & PEDIATRICS	7	8
26	INTENSIVE CARE UNIT		
31	SUBPROVIDER I		
34	SKILLED NURSING FACILITY		
35	NURSING FACILITY		
101	TOTAL		

TITLE XVIII, PART A

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL			NEW CAPITAL		
		CAPITAL REL COST (B, II) 1	SWING BED ADJUSTMENT 2	REDUCED CAP RELATED COST 3	CAPITAL REL COST (B, III) 4	SWING BED ADJUSTMENT 5	REDUCED CAP RELATED COST 6
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	815,183		815,183			
26	INTENSIVE CARE UNIT	374,691		374,691			
31	SUBPROVIDER I	200,420		200,420			
101	TOTAL	1,390,294		1,390,294			

TITLE XVIII, PART A

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL PATIENT DAYS 7	INPATIENT PROGRAM DAYS 8	OLD CAPITAL PER DIEM 9	INPAT PROGRAM OLD CAP CST 10	NEW CAPITAL PER DIEM 11	INPAT PROGRAM NEW CAP CST 12
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS	14,205	1,915	57.39	109,902		
26	INTENSIVE CARE UNIT	2,093	192	179.02	34,372		
31	SUBPROVIDER I	5,340	549	37.53	20,604		
101	TOTAL	21,638	2,656		164,878		

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	261,632		1,936,946		.135074	
37	01 PATHOLOGY	20,454		301,136		.067923	
37	02 NEUROLOGY & PSYCHIATRY	6,082		330,546		.018400	
37	03 CLINICAL PSYCHOLOGY& PSYC	13,667		398,330		.034311	
41	RADIOLOGY-DIAGNOSTIC	207,023		3,816,637		.054242	
44	LABORATORY	99,301		3,294,114		.030145	
46	30 BLOOD CLOTTING FACTORS AD						
49	RESPIRATORY THERAPY	116,881		154,223		.757870	
50	PHYSICAL THERAPY	43,951		380,455		.115522	
51	OCCUPATIONAL THERAPY	48,580		91,284		.532185	
52	SPEECH PATHOLOGY	11,725		70,232		.166947	
53	ELECTROCARDIOLOGY	41,982		499,825		.083993	
55	MEDICAL SUPPLIES CHARGED	19,530		489,155		.039926	
56	DRUGS CHARGED TO PATIENTS	69,243		11,733,419		.005901	
59	ACTIVITY THERAPY	7,893		220,660		.035770	
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	92,763		1,942,827		.047746	
61	EMERGENCY	59,114		5,030,426		.011751	
62	OBSERVATION BEDS (NON-DIS						
63	50 RHC						
63	60 FQHC						
	OTHER REIMBURS COST CNTRS						
101	TOTAL	1,119,821		30,690,215			

TITLE XVIII, PART A HOSPITAL PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NEW CAPITAL CST/CHRG RATIO	COSTS
		7	8
	ANCILLARY SRVC COST CNTRS		
	OPERATING ROOM		
37	01 PATHOLOGY		
37	02 NEUROLOGY & PSYCHIATRY		
37	03 CLINICAL PSYCHOLOGY& PSYC		
41	RADIOLOGY-DIAGNOSTIC		
44	LABORATORY		
46	30 BLOOD CLOTTING FACTORS AD		
49	RESPIRATORY THERAPY		
50	PHYSICAL THERAPY		
51	OCCUPATIONAL THERAPY		
52	SPEECH PATHOLOGY		
53	ELECTROCARDIOLOGY		
55	MEDICAL SUPPLIES CHARGED		
56	DRUGS CHARGED TO PATIENTS		
59	ACTIVITY THERAPY		
	OUTPAT SERVICE COST CNTRS		
60	CLINIC		
61	EMERGENCY		
62	OBSERVATION BEDS (NON-DIS		
63	50 RHC		
63	60 FQHC		
	OTHER REIMBURS COST CNTRS		
101	TOTAL		

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					14,205	
26	INTENSIVE CARE UNIT					2,093	
31	SUBPROVIDER I					5,340	
34	SKILLED NURSING FACILITY					3,255	
35	NURSING FACILITY						
101	TOTAL					24,893	

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT PROG DAYS 7	INPAT PROGRAM PASS THRU COST 8
25	ADULTS & PEDIATRICS		1,915
26	INTENSIVE CARE UNIT		192
31	SUBPROVIDER I		549
34	SKILLED NURSING FACILITY		
35	NURSING FACILITY		
101	TOTAL		2,656

TITLE XVIII, PART A HOSPITAL PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST	HOSPITAL	MED ED NRS SCHOOL COST	MED ED ALLIED HEALTH COST	MED ED ALL OTHER COSTS	BLOOD CLOT FOR HEMOPHILIACS
		1	1.01	2	2.01	2.02	2.03
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM						
37	01 PATHOLOGY						
37	02 NEUROLOGY & PSYCHIATRY						
37	03 CLINICAL PSYCHOLOGY& PSYC						
41	RADIOLOGY-DIAGNOSTIC						
44	LABORATORY						
46	30 BLOOD CLOTTING FACTORS AD						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
59	ACTIVITY THERAPY						
60	OUTPAT SERVICE COST CNTRS						
	CLINIC						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
63	50 RHC						
63	60 FQHC						
101	OTHER REIMBURS COST CNTRS						
	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			1,936,946				
37	01 PATHOLOGY			301,136				
37	02 NEUROLOGY & PSYCHIATRY			330,546				
37	03 CLINICAL PSYCHOLOGY& PSYC			398,330				
41	RADIOLOGY-DIAGNOSTIC			3,816,637				
44	LABORATORY			3,294,114				
46	30 BLOOD CLOTTING FACTORS AD							
49	RESPIRATORY THERAPY			154,223				
50	PHYSICAL THERAPY			380,455				
51	OCCUPATIONAL THERAPY			91,284				
52	SPEECH PATHOLOGY			70,232				
53	ELECTROCARDIOLOGY			499,825				
55	MEDICAL SUPPLIES CHARGED			489,155				
56	DRUGS CHARGED TO PATIENTS			11,733,419				
59	ACTIVITY THERAPY			220,660				
	OUTPAT SERVICE COST CNTRS							
60	CLINIC			1,942,827				
61	EMERGENCY			5,030,426				
62	OBSERVATION BEDS (NON-DIS							
63	50 RHC							
63	60 FQHC							
	OTHER REIMBURS COST CNTRS							
101	TOTAL			30,690,215				

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES 8	OUTPAT PROG D,V COL 5.03 8.01	OUTPAT PROG D,V COL 5.04 8.02	OUTPAT PROG PASS THRU COST 9	COL 8.01 * COL 5 9.01	COL 8.02 * COL 5 9.02
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM	63,050					
37	01 PATHOLOGY						
37	02 NEUROLOGY & PSYCHIATRY						
37	03 CLINICAL PSYCHOLOGY& PSYC	82,533					
41	RADIOLOGY-DIAGNOSTIC	170,808					
44	LABORATORY	12,658					
46	30 BLOOD CLOTTING FACTORS AD						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY	22,406					
55	MEDICAL SUPPLIES CHARGED	4,822					
56	DRUGS CHARGED TO PATIENTS	61,753					
59	ACTIVITY THERAPY						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	566,971					
61	EMERGENCY	120,450					
62	OBSERVATION BEDS (NON-DIS						
63	50 RHC						
63	60 FQHC						
	OTHER REIMBURS COST CNTRS						
101	TOTAL	1,105,451					

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	2.661698	2.661698			
37 01 PATHOLOGY	2.151556	2.151556			
37 02 NEUROLOGY & PSYCHIATRY	2.069694	2.069694			
37 03 CLINICAL PSYCHOLOGY& PSYCHOTHERAPY	2.632727	2.632727			
41 RADIOLOGY-DIAGNOSTIC	.780547	.780547			
44 LABORATORY	1.385112	1.385112			
46 30 BLOOD CLOTTING FACTORS ADMIN COSTS					
49 RESPIRATORY THERAPY	19.692063	19.692063			
50 PHYSICAL THERAPY	7.032080	7.032080			
51 OCCUPATIONAL THERAPY	12.928191	12.928191			
52 SPEECH PATHOLOGY	8.658831	8.658831			
53 ELECTROCARDIOLOGY	1.479090	1.479090			
55 MEDICAL SUPPLIES CHARGED TO PATIENTS	1.712819	1.712819			
56 DRUGS CHARGED TO PATIENTS	.446638	.446638			
59 ACTIVITY THERAPY	4.091249	4.091249			
60 OUTPAT SERVICE COST CNTRS					
60 CLINIC	2.318264	2.318264			
61 EMERGENCY	.597354	.597354			
62 OBSERVATION BEDS (NON-DISTINCT PART)					
63 50 RHC					
63 60 FQHC					
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		63,050			
37	01 PATHOLOGY					
37	02 NEUROLOGY & PSYCHIATRY					
37	03 CLINICAL PSYCHOLOGY& PSYCHOTHERAPY		82,533			
41	RADIOLOGY-DIAGNOSTIC		170,808			
44	LABORATORY		12,658			
46	30 BLOOD CLOTTING FACTORS ADMIN COSTS					
49	RESPIRATORY THERAPY					
50	PHYSICAL THERAPY					
51	OCCUPATIONAL THERAPY					
52	SPEECH PATHOLOGY					
53	ELECTROCARDIOLOGY		22,406			
55	MEDICAL SUPPLIES CHARGED TO PATIENTS		4,822			
56	DRUGS CHARGED TO PATIENTS		61,753			
59	ACTIVITY THERAPY					
	OUTPAT SERVICE COST CNTRS					
60	CLINIC		566,971			
61	EMERGENCY		120,450			
62	OBSERVATION BEDS (NON-DISTINCT PART)					
63	50 RHC					
63	60 FQHC					
101	SUBTOTAL		1,105,451			
102	CRNA CHARGES					
103	LESS PBP CLINIC LAB SVCS- PROGRAM ONLY CHARGES					
104	NET CHARGES		1,105,451			

TITLE XVIII, PART B

HOSPITAL

Cost Center Description	7 Outpatient Radiology	8 Other Outpatient Diagnostic	9 All other	9.01 PPS Services FYB to 12/31	9.02 Non-PPS Services
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM				167,820	
37 01 PATHOLOGY					
37 02 NEUROLOGY & PSYCHIATRY					
37 03 CLINICAL PSYCHOLOGY& PSYCHOTHERAPY				217,287	
41 RADIOLOGY-DIAGNOSTIC				133,324	
44 LABORATORY				17,533	
46 30 BLOOD CLOTTING FACTORS ADMIN COSTS					
49 RESPIRATORY THERAPY					
50 PHYSICAL THERAPY					
51 OCCUPATIONAL THERAPY					
52 SPEECH PATHOLOGY					
53 ELECTROCARDIOLOGY				33,140	
55 MEDICAL SUPPLIES CHARGED TO PATIENTS				8,259	
56 DRUGS CHARGED TO PATIENTS				27,581	
59 ACTIVITY THERAPY					
60 OUTPAT SERVICE COST CNTRS					
60 CLINIC				1,314,388	
61 EMERGENCY				71,951	
62 OBSERVATION BEDS (NON-DISTINCT PART)					
63 50 RHC					
63 60 FQHC					
101 SUBTOTAL				1,991,283	
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS- PROGRAM ONLY CHARGES					
104 NET CHARGES				1,991,283	

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
- 37 01 PATHOLOGY
- 37 02 NEUROLOGY & PSYCHIATRY
- 37 03 CLINICAL PSYCHOLOGY& PSYCHOTHERAPY
- 41 RADIOLOGY-DIAGNOSTIC
- 44 LABORATORY
- 46 30 BLOOD CLOTTING FACTORS ADMIN COSTS
- 49 RESPIRATORY THERAPY
- 50 PHYSICAL THERAPY
- 51 OCCUPATIONAL THERAPY
- 52 SPEECH PATHOLOGY
- 53 ELECTROCARDIOLOGY
- 55 MEDICAL SUPPLIES CHARGED TO PATIENTS
- 56 DRUGS CHARGED TO PATIENTS
- 59 ACTIVITY THERAPY
- 60 OUTPAT SERVICE COST CNTRS
- 60 CLINIC
- 61 EMERGENCY
- 62 OBSERVATION BEDS (NON-DISTINCT PART)
- 63 50 RHC
- 63 60 FQHC
- 101 SUBTOTAL
- 102 CRNA CHARGES
- 103 LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES
- 104 NET CHARGES

Health Financial Systems MCRIF32 FOR OAK FOREST HOSPITAL OF COOK COUNTY IN LIEU OF FORM CMS-2552-96(08/2000) CONTD
I PROVIDER NO: I PERIOD: I PREPARED 4/23/2009
APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COST I 14-0301 I FROM 12/ 1/2007 I WORKSHEET D
I COMPONENT NO: I TO 11/30/2008 I PART VI
I 14-0301 I I

TITLE XVIII, PART B HOSPITAL

PART VI - VACCINE COST APPORTIONMENT

1	DRUGS CHARGED TO PATIENTS-RATIO OF COST TO CHARGES	1
2	PROGRAM VACCINE CHARGES	.446638
3	PROGRAM COSTS	2,724
		1,217

TITLE XVIII, PART A SUBPROVIDER 1 PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2	TOTAL CHARGES 3	INPAT PROGRAM CHARGES 4	OLD CAPITAL CST/CHRG RATIO 5	CAPITAL COSTS 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM	261,632		1,936,946		.135074	
37 01	PATHOLOGY	20,454		301,136		.067923	
37 02	NEUROLOGY & PSYCHIATRY	6,082		330,546		.018400	
37 03	CLINICAL PSYCHOLOGY& PSYC	13,667		398,330		.034311	
41	RADIOLOGY-DIAGNOSTIC	207,023		3,816,637		.054242	
44	LABORATORY	99,301		3,294,114		.030145	
46 30	BLOOD CLOTTING FACTORS AD						
49	RESPIRATORY THERAPY	116,881		154,223		.757870	
50	PHYSICAL THERAPY	43,951		380,455		.115522	
51	OCCUPATIONAL THERAPY	48,580		91,284		.532185	
52	SPEECH PATHOLOGY	11,725		70,232		.166947	
53	ELECTROCARDIOLOGY	41,982		499,825		.083993	
55	MEDICAL SUPPLIES CHARGED	19,530		489,155		.039926	
56	DRUGS CHARGED TO PATIENTS	69,243		11,733,419		.005901	
59	ACTIVITY THERAPY	7,893		220,660		.035770	
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	92,763		1,942,827		.047746	
61	EMERGENCY	59,114		5,030,426		.011751	
62	OBSERVATION BEDS (NON-DIS						
63 50	RHC						
63 60	FQHC						
101	OTHER REIMBURS COST CNTRS						
	TOTAL	1,119,821		30,690,215			

TITLE XVIII, PART A SUBPROVIDER 1 PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NEW CAPITAL CST/CHRG RATIO	COSTS
		7	8
	ANCILLARY SRVC COST CNTRS		
	OPERATING ROOM		
37	01 PATHOLOGY		
37	02 NEUROLOGY & PSYCHIATRY		
37	03 CLINICAL PSYCHOLOGY& PSYC		
41	RADIOLOGY-DIAGNOSTIC		
44	LABORATORY		
46	30 BLOOD CLOTTING FACTORS AD		
49	RESPIRATORY THERAPY		
50	PHYSICAL THERAPY		
51	OCCUPATIONAL THERAPY		
52	SPEECH PATHOLOGY		
53	ELECTROCARDIOLOGY		
55	MEDICAL SUPPLIES CHARGED		
56	DRUGS CHARGED TO PATIENTS		
59	ACTIVITY THERAPY		
	OUTPAT SERVICE COST CNTRS		
60	CLINIC		
61	EMERGENCY		
62	OBSERVATION BEDS (NON-DIS		
63	50 RHC		
63	60 FQHC		
	OTHER REIMBURS COST CNTRS		
101	TOTAL		

TITLE XVIII, PART A SUBPROVIDER 1 PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST		MED ED NRS SCHOOL COST	MED ED ALLIED HEALTH COST	MED ED ALL OTHER COSTS	BLOOD CLOT FOR HEMOPHILIACS
		1	1.01	2	2.01	2.02	2.03
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM						
37	01 PATHOLOGY						
37	02 NEUROLOGY & PSYCHIATRY						
37	03 CLINICAL PSYCHOLOGY& PSYC						
41	RADIOLOGY-DIAGNOSTIC						
44	LABORATORY						
46	30 BLOOD CLOTTING FACTORS AD						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
59	ACTIVITY THERAPY						
60	OUTPAT SERVICE COST CNTRS						
	CLINIC						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
63	50 RHC						
63	60 FQHC						
101	OTHER REIMBURS COST CNTRS						
	TOTAL						

TITLE XVIII, PART A

SUBPROVIDER 1

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF CST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
37	ANCILLARY SRVC COST CNTRS							
	OPERATING ROOM			1,936,946				
37	01 PATHOLOGY			301,136				
37	02 NEUROLOGY & PSYCHIATRY			330,546				
37	03 CLINICAL PSYCHOLOGY& PSYC			398,330				
41	RADIOLOGY-DIAGNOSTIC			3,816,637				
44	LABORATORY			3,294,114				
46	30 BLOOD CLOTTING FACTORS AD							
49	RESPIRATORY THERAPY			154,223				
50	PHYSICAL THERAPY			380,455				
51	OCCUPATIONAL THERAPY			91,284				
52	SPEECH PATHOLOGY			70,232				
53	ELECTROCARDIOLOGY			499,825				
55	MEDICAL SUPPLIES CHARGED			489,155				
56	DRUGS CHARGED TO PATIENTS			11,733,419				
59	ACTIVITY THERAPY			220,660				
	OUTPAT SERVICE COST CNTRS							
60	CLINIC			1,942,827				
61	EMERGENCY			5,030,426				
62	OBSERVATION BEDS (NON-DIS							
63	50 RHC							
63	60 FQHC							
	OTHER REIMBURS COST CNTRS							
101	TOTAL			30,690,215				

TITLE XVIII, PART A

SUBPROVIDER 1

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES	OUTPAT PROG D,V COL 5.03 8.01	OUTPAT PROG D,V COL 5.04 8.02	OUTPAT PROG PASS THRU COST 9	COL 8.01 * COL 5 9.01	COL 8.02 * COL 5 9.02
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM						
37	01 PATHOLOGY						
37	02 NEUROLOGY & PSYCHIATRY						
37	03 CLINICAL PSYCHOLOGY& PSYC						
41	RADIOLOGY-DIAGNOSTIC						
44	LABORATORY						
46	30 BLOOD CLOTTING FACTORS AD						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
59	ACTIVITY THERAPY						
60	OUTPAT SERVICE COST CNTRS						
	CLINIC						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
63	50 RHC						
63	60 FQHC						
	OTHER REIMBURS COST CNTRS						
101	TOTAL						

TITLE V - I/P HOSPITAL PPS

PART I - ALL PROVIDER COMPONENTS

1

INPATIENT DAYS

1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	14,205
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	14,205
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	14,205
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)	
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	24,909,168
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	24,909,168

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	19,045,125
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	19,045,125
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	1.307903
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	1,340.73
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL	
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL	
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT	
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	24,909,168

TITLE V - 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 1,753.55
 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					
43 INTENSIVE CARE UNIT	11,916,492	2,093	5,693.50		
44 CORONARY CARE UNIT					
45 BURN INTENSIVE CARE UNIT					
46 SURGICAL INTENSIVE CARE UNIT					
47 OTHER SPECIAL CARE					

1

48 PROGRAM INPATIENT ANCILLARY SERVICE COST
 49 TOTAL PROGRAM INPATIENT COSTS

PASS THROUGH COST ADJUSTMENTS

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

TARGET AMOUNT AND LIMIT COMPUTATION

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

PROGRAM INPATIENT ROUTINE SWING BED COST

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

TITLE V - 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

PART I - ALL PROVIDER COMPONENTS

1

INPATIENT DAYS

1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	14,205
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	14,205
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	14,205
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
7	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
8	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
9	TOTAL INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	1,915
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	24,909,168
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	24,909,168

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	19,045,125
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	19,045,125
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	1.307903
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	1,340.73
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL	
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL	
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT	
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	24,909,168

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 1,753.55
 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST 3,358,048
 40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM
 41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST 3,358,048

	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	11,916,492	2,093	5,693.50	192	1,093,152
44 CORONARY CARE UNIT					
45 BURN INTENSIVE CARE UNIT					
46 SURGICAL INTENSIVE CARE UNIT					
47 OTHER SPECIAL CARE					

1

48 PROGRAM INPATIENT ANCILLARY SERVICE COST
 49 TOTAL PROGRAM INPATIENT COSTS 4,139,616

PASS THROUGH COST ADJUSTMENTS

50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES 144,274
 51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES
 52 TOTAL PROGRAM EXCLUDABLE COST 144,274
 53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN
 ANESTHETIST, AND MEDICAL EDUCATION COSTS 3,995,342

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	1,753.55
85	OBSERVATION BED COST	

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

	1	2	3	4	5
	COST	ROUTINE COST	COLUMN 1 DIVIDED BY COLUMN 2	TOTAL OBSERVATION BED COST	OBSERVATION BED PASS THROUGH COST
86	815,183	24,909,168	.032726		
87		24,909,168			
88		24,909,168			
89		24,909,168			
89.01					
89.02					

TITLE XVIII PART A SUBPROVIDER I PPS

PART I - ALL PROVIDER COMPONENTS

1

INPATIENT DAYS

1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	5,340
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	5,340
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	5,340
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)	549
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	6,831,989
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	6,831,989

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	9,078,000
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	9,078,000
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.752587
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	1,700.00
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	6,831,989

TITLE XVIII PART A SUBPROVIDER I PPS

PART II - HOSPITAL AND SUBPROVIDERS ONLY

1

PROGRAM INPATIENT OPERATING COST BEFORE
 PASS THROUGH COST ADJUSTMENTS

38 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM 1,279.40
 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST 702,391
 40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM
 41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST 702,391

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

48 PROGRAM INPATIENT ANCILLARY SERVICE COST
 49 TOTAL PROGRAM INPATIENT COSTS 702,391

PASS THROUGH COST ADJUSTMENTS

50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES 20,604
 51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES
 52 TOTAL PROGRAM EXCLUDABLE COST 20,604
 53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN
 ANESTHETIST, AND MEDICAL EDUCATION COSTS 681,787

TARGET AMOUNT AND LIMIT COMPUTATION

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

PROGRAM INPATIENT ROUTINE SWING BED COST

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

TITLE XVIII PART A SUBPROVIDER I PPS

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

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

PART IV - COMPUTATION OF OBSERVATION BED COST

83	TOTAL OBSERVATION BED DAYS	
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	1,279.40
85	OBSERVATION BED COST	

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

	1	2	3	4	5
	COST	ROUTINE COST	COLUMN 1 DIVIDED BY COLUMN 2	TOTAL OBSERVATION BED COST	OBSERVATION BED PASS THROUGH COST
86	200,420	6,831,989	.029336		
87		6,831,989			
88		6,831,989			
89		6,831,989			
89.01					
89.02					

TITLE XVIII PART A SNF PPS

PART I - ALL PROVIDER COMPONENTS

1

INPATIENT DAYS

1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	3,255
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	3,255
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	3,255
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)	
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	7,366,904
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	7,366,904

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	1,660,050
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	1,660,050
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	4.437760
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	510.00
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	7,366,904

TITLE XVIII PART A SNF PPS

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

66	SKILLED NURSING FACILITY/OTHER NURSING FACILITY/ICF/MR ROUTINE SERVICE COST	1	7,366,904
67	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM		2,263.26
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		211,539
72	PER DIEM CAPITAL-RELATED COSTS		64.99
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 XIX - I/P HOSPITAL OTHER

PART I - ALL PROVIDER COMPONENTS

1

INPATIENT DAYS

1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	14,205
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	14,205
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	14,205
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)	5,788
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	24,979,450
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	24,979,450

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	19,045,125
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	19,045,125
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	1.311593
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	1,340.73
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL	
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL	
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT	
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	24,979,450

TITLE XIX - I/P HOSPITAL OTHER

PART II - HOSPITAL AND SUBPROVIDERS ONLY

1

PROGRAM INPATIENT OPERATING COST BEFORE
 PASS THROUGH COST ADJUSTMENTS

38 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM 1,758.50
 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST 10,178,198
 40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM
 41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST 10,178,198

	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	11,916,492	2,093	5,693.50	671	3,820,339
44 CORONARY CARE UNIT					
45 BURN INTENSIVE CARE UNIT					
46 SURGICAL INTENSIVE CARE UNIT					
47 OTHER SPECIAL CARE					

1

48 PROGRAM INPATIENT ANCILLARY SERVICE COST
 49 TOTAL PROGRAM INPATIENT COSTS 13,018,639

PASS THROUGH COST ADJUSTMENTS

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

TARGET AMOUNT AND LIMIT COMPUTATION

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

PROGRAM INPATIENT ROUTINE SWING BED COST

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

TITLE XIX - I/P HOSPITAL OTHER

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

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

PART IV - COMPUTATION OF OBSERVATION BED COST

83	TOTAL OBSERVATION BED DAYS	
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	1,758.50
85	OBSERVATION BED COST	

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

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

TITLE XIX - I/P SUBPROVIDER I OTHER

PART I - ALL PROVIDER COMPONENTS

1

INPATIENT DAYS

1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	5,340
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	5,340
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	5,340
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
7	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
8	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
9	TOTAL INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	2,136
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	7,030,663
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	7,030,663

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	9,078,000
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	9,078,000
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.774473
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	1,700.00
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	7,030,663

TITLE XIX - I/P SUBPROVIDER I OTHER

PART II - HOSPITAL AND SUBPROVIDERS ONLY

1

PROGRAM INPATIENT OPERATING COST BEFORE
 PASS THROUGH COST ADJUSTMENTS

38 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM 1,316.60
 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST 2,812,258
 40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM
 41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST 2,812,258

	TOTAL I/P COST 1	TOTAL I/P DAYS 2	AVERAGE PER DIEM 3	PROGRAM DAYS 4	PROGRAM COST 5
42 NURSERY (TITLE V & XIX ONLY)					
43 INTENSIVE CARE TYPE INPATIENT					
44 HOSPITAL UNITS					
45 INTENSIVE CARE UNIT					
46 CORONARY CARE UNIT					
47 BURN INTENSIVE CARE UNIT					
48 SURGICAL INTENSIVE CARE UNIT					
49 OTHER SPECIAL CARE					1
48 PROGRAM INPATIENT ANCILLARY SERVICE COST					
49 TOTAL PROGRAM INPATIENT COSTS					2,812,258

PASS THROUGH COST ADJUSTMENTS

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

TARGET AMOUNT AND LIMIT COMPUTATION

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

PROGRAM INPATIENT ROUTINE SWING BED COST

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

TITLE XIX - I/P SUBPROVIDER I OTHER

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

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

PART IV - COMPUTATION OF OBSERVATION BED COST

83	TOTAL OBSERVATION BED DAYS	
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	1,316.60
85	OBSERVATION BED COST	

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

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

TITLE XIX - I/P SNF OTHER

PART I - ALL PROVIDER COMPONENTS

1

INPATIENT DAYS

1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	3,255
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	3,255
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	3,255
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)	3,255
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	7,366,904
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	7,366,904

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	
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	7,366,904

TITLE XIX - I/P SNF OTHER

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

		1
66	SKILLED NURSING FACILITY/OTHER NURSING FACILITY/ICF/MR ROUTINE SERVICE COST	7,366,904
67	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	2,263.26
68	PROGRAM ROUTINE SERVICE COST	7,366,911
69	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO PROGRAM	
70	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COSTS	7,366,911
71	CAPITAL-RELATED COST ALLOCATED TO INPATIENT ROUTINE SERVICE COSTS	211,539
72	PER DIEM CAPITAL-RELATED COSTS	64.99
73	PROGRAM CAPITAL-RELATED COSTS	211,542
74	INPATIENT ROUTINE SERVICE COST	7,155,369
75	AGGREGATE CHARGES TO BENEFICIARIES FOR EXCESS COSTS	
76	TOTAL PROGRAM ROUTINE SERVICE COSTS FOR COMPARISON TO THE COST LIMITATION	7,155,369
77	INPATIENT ROUTINE SERVICE COST PER DIEM LIMITATION	
78	INPATIENT ROUTINE SERVICE COST LIMITATION	
79	REASONABLE INPATIENT ROUTINE SERVICE COSTS	211,542
80	PROGRAM INPATIENT ANCILLARY SERVICES	
81	UTILIZATION REVIEW - PHYSICIAN COMPENSATION	
82	TOTAL PROGRAM INPATIENT OPERATING COSTS	211,542

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		2,566,100	
26	INTENSIVE CARE UNIT		595,200	
31	SUBPROVIDER I ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	2.701399		
37 01	PATHOLOGY	2.151556		
37 02	NEUROLOGY & PSYCHIATRY	2.069694		
37 03	CLINICAL PSYCHOLOGY& PSYCHOTHERAPY	2.632727		
41	RADIOLOGY-DIAGNOSTIC	.783555		
44	LABORATORY	1.385112		
46 30	BLOOD CLOTTING FACTORS ADMIN COSTS			
49	RESPIRATORY THERAPY	19.692063		
50	PHYSICAL THERAPY	7.084696		
51	OCCUPATIONAL THERAPY	12.928191		
52	SPEECH PATHOLOGY	8.658831		
53	ELECTROCARDIOLOGY	1.479090		
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	1.712819		
56	DRUGS CHARGED TO PATIENTS	.446638		
59	ACTIVITY THERAPY	4.091249		
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	2.357934		
61	EMERGENCY	.606173		
62	OBSERVATION BEDS (NON-DISTINCT PART)			
63 50	RHC			
63 60	FQHC			
	OTHER REIMBURS COST CNTRS			
101	TOTAL			
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES			

TITLE XVIII, PART A SUBPROVIDER 1 PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS			
26	INTENSIVE CARE UNIT			
31	SUBPROVIDER I		933,300	
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	2.701399		
37 01	PATHOLOGY	2.151556		
37 02	NEUROLOGY & PSYCHIATRY	2.069694		
37 03	CLINICAL PSYCHOLOGY& PSYCHOTHERAPY	2.632727		
41	RADIOLOGY-DIAGNOSTIC	.783555		
44	LABORATORY	1.385112		
46 30	BLOOD CLOTTING FACTORS ADMIN COSTS			
49	RESPIRATORY THERAPY	19.692063		
50	PHYSICAL THERAPY	7.084696		
51	OCCUPATIONAL THERAPY	12.928191		
52	SPEECH PATHOLOGY	8.658831		
53	ELECTROCARDIOLOGY	1.479090		
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	1.712819		
56	DRUGS CHARGED TO PATIENTS	.446638		
59	ACTIVITY THERAPY	4.091249		
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	2.357934		
61	EMERGENCY	.606173		
62	OBSERVATION BEDS (NON-DISTINCT PART)			
63 50	RHC			
63 60	FQHC			
	OTHER REIMBURS COST CNTRS			
101	TOTAL			
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES			

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	1,021,352	
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	221,252	
MANAGED CARE PATIENTS		
1.03 PAYMENTS PRIOR TO MARCH 1ST OR OCTOBER 1ST		
1.04 PAYMENTS ON OR AFTER OCTOBER 1 AND PRIOR TO JANUARY 1	45,296	
1.05 PAYMENTS ON OR AFTER JANUARY 1ST BUT BEFORE 4/1 / 10/1	21,440	
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)	379,821	
3 BED DAYS AVAILABLE DIVIDED BY # DAYS IN COST RPTG PERIOD	100.00	
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.		
3.05 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS WHICH MEET THE CRITERIA FOR AN ADD-ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii)		
3.06 ADJUSTED FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR AFFILIATED PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii)		
		FOR CR PERIODS ENDING ON OR AFTER 7/1/2005 E-3 PT 6 LN 15 PLUS LN 3.06
3.07 SUM OF LINES 3.04 THROUGH 3.06 (SEE INSTRUCTIONS)		
3.08 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS IN THE CURRENT YEAR FROM YOUR RECORDS		
3.09 FOR COST REPORTING PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING PRIOR TO OCTOBER 1.		
3.10 FOR COST REPORTING PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING ON OR AFTER OCTOBER 1		
3.11 FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.09		
3.12 FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.10		
3.13 FTE COUNT FOR RESIDENTS IN DENTAL AND PODIATRIC PROGRAMS.	1.15	
3.14 CURRENT YEAR ALLOWABLE FTE (SEE INSTRUCTIONS)	1.15	
3.15 TOTAL ALLOWABLE FTE COUNT FOR THE PRIOR YEAR, IF NONE BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE	.15	
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	1.07	
3.17 SUM OF LINES 3.14 THRU 3.16 DIVIDED BY THE NUMBER OF THOSE LINES IN EXCESS OF ZERO (SEE INSTRUCTIONS).	.79	
3.18 CURRENT YEAR RESIDENT TO BED RATIO (LN 3.17 DIVIDED BY LN 3)	.007900	
3.19 PRIOR YEAR RESIDENT TO BED RATIO (SEE INSTRUCTIONS)	.008800	
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)	.007900	
3.21 IME PAYMENTS FOR DISCHARGES OCCURRING PRIOR TO OCT 1	4,401	
3.22 IME PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER OCT 1, BUT BEFORE JANUARY 1 (SEE INSTRUCTIONS)	195	
3.23 IME PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER JANUARY 1	1,046	
	SUM OF LINES 3.21 - 3.23	PLUS E-3, PT VI, LINE 23
3.24 SUM OF LINES 3.21 THROUGH 3.23 (SEE INSTRUCTIONS).	5,642	5,642
DISPROPORTIONATE SHARE ADJUSTMENT		
4 PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS (SEE INSTRUCTIONS)		8.90
4.01 PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS REPORTED ON WORKSHEET S-3, PART I		39.81
4.02 SUM OF LINES 4 AND 4.01		48.71
4.03 ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTRUC)		29.40
4.04 DISPROPORTIONATE SHARE ADJUSTMENT (SEE INSTRUCTIONS)		365,326
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 INSTRUC)		
5.06 TOTAL ADDITIONAL PAYMENT		
6 SUBTOTAL (SEE INSTRUCTIONS)	1,993,393	
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)	1,993,393	
9 PAYMENT FOR INPATIENT PROGRAM CAPITAL	107,149	
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)	20,995	
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	2,121,537	
17 PRIMARY PAYER PAYMENTS		
18 TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES	2,121,537	
19 DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	163,520	
20 COINSURANCE BILLED TO PROGRAM BENEFICIARIES	162,928	
21 REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	17,842	
21.01 ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	12,489	
21.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	11,676	
22 SUBTOTAL	1,807,578	
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	1,807,578	
27 SEQUESTRATION ADJUSTMENT		
28 INTERIM PAYMENTS	1,806,419	
28.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
29 BALANCE DUE PROVIDER (PROGRAM)	1,159	
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)	1,217
1.01	MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER APRIL 1, 2001 (SEE INSTRUCTIONS).	1,991,283
1.02	PPS PAYMENTS RECEIVED INCLUDING OUTLIERS.	773,331
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)	1,217
COMPUTATION OF LESSER OF COST OR CHARGES		
REASONABLE CHARGES		
6	ANCILLARY SERVICE CHARGES	2,724
7	INTERNS AND RESIDENTS SERVICE CHARGES	
8	ORGAN ACQUISITION CHARGES	
9	CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS.	
10	TOTAL REASONABLE CHARGES	2,724
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)	2,724
15	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	1,507
16	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	
17	LESSER OF COST OR CHARGES (FOR CAH SEE INSTRUC)	1,217
17.01	TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 1.02, 1.06 AND 1.07)	773,331
COMPUTATION OF REIMBURSEMENT SETTLEMENT		
18	DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)	
18.01	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 17.01 (SEE INSTRUCTIONS)	264,654
19	SUBTOTAL (SEE INSTRUCTIONS)	509,894
20	SUM OF AMOUNTS FROM WORKSHEET E PARTS C, D & E (SEE INSTR.)	
21	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	8,640
22	ESRD DIRECT MEDICAL EDUCATION COSTS	
23	SUBTOTAL	518,534
24	PRIMARY PAYER PAYMENTS	
25	SUBTOTAL	518,534
REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)		
26	COMPOSITE RATE ESRD	
27	BAD DEBTS (SEE INSTRUCTIONS)	14,487
27.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	10,141
27.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	14,487
28	SUBTOTAL	528,675
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	528,675
33	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
34	INTERIM PAYMENTS	510,450
34.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
35	BALANCE DUE PROVIDER/PROGRAM	18,225
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		1,806,419		510,450
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
		1,806,419		510,450
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		18,225
SETTLEMENT TO PROGRAM		.02	1,159	
7 TOTAL MEDICARE PROGRAM LIABILITY			1,807,578	528,675

NAME OF INTERMEDIARY:
 INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: _____

DATE: ___/___/___

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

TITLE XVIII SUBPROVIDER 1

DESCRIPTION	INPATIENT-PART A		P A R T B	
	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		943,515		
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
			943,515	
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	28,907	
SETTLEMENT TO PROGRAM		.02		
7 TOTAL MEDICARE PROGRAM LIABILITY			972,422	

NAME OF INTERMEDIARY:
 INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: _____

DATE: ___/___/___

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

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

1	INPATIENT HOSPITAL SERVICES (SEE INSTRUCTIONS)	
1.01	HOSPITAL SPECIFIC AMOUNT (SEE INSTRUCTIONS)	
1.02	ENTER FROM THE PS&R, THE IRF PPS PAYMENT	701,917
1.03	MEDICARE SSI RATIO (IRF PPS ONLY) (SEE INSTR.)	.1130
1.04	INPATIENT REHABILITATION FACILITY LIP PAYMENTS (SEE INSTRUCTIONS)	206,546
1.05	OUTLIER PAYMENTS	
1.06	TOTAL PPS PAYMENTS (SUM OF LINES 1.01, (1.02, 1.04 FOR COLUMNS 1 & 1.01), 1.05 AND 1.42)	992,902
1.07	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT (SEE INSTRUCTIONS)	
	INPATIENT PSYCHIATRIC FACILITY (IPF)	
1.08	NET FEDERAL IPF PPS PAYMENTS (EXCLUDING OUTLIER, ECT, STOP-LOSS, AND MEDICAL EDUCATION PAYMENTS)	
1.09	NET IPF PPS OUTLIER PAYMENTS	
1.10	NET IPF PPS ECT PAYMENTS	
1.11	UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR LATEST COST REPORT FILED PRIOR TO NOVEMBER 15, 2004 (SEE INSTRUCTIONS)	
1.12	NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTRUCTIONS)	
1.13	CURRENT YEARS UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.14	CURRENT YEARS UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.15	INTERN AND RESIDENT COUNT FOR IPF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)	
1.16	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)	
1.17	MEDICAL EDUCATION ADJUSTMENT FACTOR $\{(1 + (LINE 1.15/1.16))\}$ RAISED TO THE POWER OF $.5150 - 1$.	
1.18	MEDICAL EDUCATION ADJUSTMENT (LINE 1.08 MULTIPLIED BY LINE 1.17).	
1.19	ADJUSTED NET IPF PPS PAYMENTS (SUM OF LINES 1.08, 1.09, 1.10 AND 1.18)	
1.20	STOP LOSS PAYMENT FLOOR (LINE 1 x 70%)	
1.21	ADJUSTED NET PAYMENT FLOOR (LINE 1.20 x THE APPROPRIATE FEDERAL BLEND PERCENTAGE)	
1.22	STOP LOSS ADJUSTMENT (IF LINE 1.21 IS GREATER THAN LINE 1.19 ENTER THE AMOUNT ON LINE 1.21 LESS LINE 1.19 OTHERWISE ENTER -0-)	
1.23	TOTAL IPF PPS PAYMENTS (SUM OF LINES 1.01, 1.19 AND 1.22)	
	INPATIENT REHABILITATION FACILITY (IRF)	
1.35	UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR COST REPORT PERIODS ENDING ON/OR PRIOR TO NOVEMBER 15, 2004. (SEE INST.)	1.96
1.36	NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTRUCTIONS)	
1.37	CURRENT YEAR'S UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	2.00
1.38	CURRENT YEAR'S UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.39	INTERN AND RESIDENT COUNT FOR IRF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)	1.96
1.40	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)	14.590164
1.41	MEDICAL EDUCATION ADJUSTMENT FACTOR $\{(1 + (LINE 1.39/1.40))\}$ RAISED TO THE POWER OF $.9012 - 1$.	.120298
1.42	MEDICAL EDUCATION ADJUSTMENT (LINE 1.02 MULTIPLIED BY LINE 1.41).	84,439
2	ORGAN ACQUISITION	
3	COST OF TEACHING PHYSICIANS	
4	SUBTOTAL (SEE INSTRUCTIONS)	992,902
5	PRIMARY PAYER PAYMENTS	
6	SUBTOTAL	992,902
7	DEDUCTIBLES	6,144
8	SUBTOTAL	986,758
9	COINSURANCE	14,336
10	SUBTOTAL	972,422
11	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROF SERV)	
11.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	
11.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	
12	SUBTOTAL	972,422
13	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	
13.01	OTHER PASS THROUGH COSTS (SEE INSTRUCTIONS)	
14	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION	
15	OTHER ADJUSTMENTS (SPECIFY)	
15.99	OUTLIER RECONCILIATION ADJUSTMENT	
16	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS	
17	TOTAL AMOUNT PAYABLE TO THE PROVIDER (SEE INSTRUCTIONS)	972,422
18	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	

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

19	INTERIM PAYMENTS	943,515
19.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
20	BALANCE DUE PROVIDER/PROGRAM	28,907
21	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2.	

----- FI ONLY -----

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

TITLE V

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
- 3.02 UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS WHICH MEET THE CRITERIA FOR AN ADD ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH 42 CFR 413.86(g)(6)
- 3.03 UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGS FOR AFFILIATED PROGS IN ACCORD W/ 42 CFR 413.86(g)(4). E-3, PT 6 LN 4 + LINE 3.03
- 3.04 FTE ADJUSTMENT CAP (SUM OF LINES 3.01 THRU 3.03)
- 3.05 UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR THE CURRENT YEAR FROM YOUR RECORDS
- 3.06 ENTER THE LESSER OF LINE 3.04 OR LINE 3.05.
- 3.07 WEIGHTED FTE COUNT FOR PRIMARY CARE PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR IN COLUMN 1. IF CURRENT YEAR IS ZERO AND TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COL. ZERO.
- 3.08 WEIGHTED FTE COUNT FOR ALL OTHER PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR IN COLUMN 1. IF CURRENT YEAR IS ZERO AND TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COL. ZERO.
- 3.09 ENTER THE SUM OF LINES 3.07 AND 3.08.
- 3.10 SEE INSTRUCTIONS
- 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
- 3.13 TOTAL WEIGHTED RESIDENT FTE COUNT FOR NONPRIMARY CARE RESIDENTS FOR THE PRIOR COST REPORTING YEAR (SEE INSTRUCTIONS)
- 3.14 TOTAL WEIGHTED RESIDENT FTE COUNT FOR NONPRIMARY CARE RESIDENTS FOR THE PENULTIMATE COST REPORTING YEAR (SEE INSTRUCTIONS)
- 3.15 ROLLING AVERAGE FTE COUNT (SEE INSTRUCTIONS) RES INIT YEARS
- 3.16 ENTER THE SUM OF LINE 3.15 PLUS THE WEIGHTED NUMBER OF NONPRIMARY CARE FTE RESIDENTS IN THE INITIAL YEAR OF NEW ALLOPATHIC AND OSTEOPATHIC PROGRAMS. (SEE INSTRUCTIONS)
- 3.17 ENTER THE NONPRIMARY CARE PER RESIDENT AMOUNT.
- 3.18 SEE INSTRUCTIONS
- 3.19 ENTER THE WEIGHTED FTE RESIDENT COUNT FOR PRIMARY CARE AND OB/GYN RESIDENTS FOR THE PRIOR YEAR (SEE INSTRUCTIONS)
- 3.20 ENTER THE WEIGHTED FTE RESIDENT COUNT FOR PRIMARY CARE AND OB/GYN RESIDENTS FOR THE PENULTIMATE YEAR (SEE INSTRUCTIONS)
- 3.21 SEE INSTRUCTIONS RES INIT YEARS
- 3.22 SEE INSTRUCTIONS
- 3.23 SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001
- 3.24 SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001
- 3.25 SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001

COMPUTATION OF PROGRAM PATIENT LOAD

- 4 PROGRAM PART A INPATIENT DAYS
- 5 TOTAL INPATIENT DAYS 21,638
- 6 RATIO OF PROGRAM INPATIENT DAYS TO TOTAL INPATIENT DAYS. LN 6 * LN 3.25 + E-3, 6 L 11
- 6.01 TOTAL GME PAYMENT FOR NON-MANAGED CARE DAYS
- 6.02 PROGRAM MANAGED CARE DAYS OCCURING ON OR AFTER JANUARY 1 OF THIS COST REPORTING PERIOD (SEE INSTRUCTIONS)
- 6.03 ENTER THE TOTAL INPATIENT DAYS FROM LINE 5 ABOVE. 21,638
- 6.04 ENTER THE APPROPRIATE PERCENTAGE FOR INCLUSION OF THE MANAGED CARE DAYS (SEE INSTRUCTIONS) 100.00
- 6.05 GRADUATE MEDICAL EDUCATION PAYMENT FOR MANAGED CARE DAYS ON OR AFTER JAN 1 THROUGH THE END OF THE COST REPORTING PERIOD.
- 6.06 PROGRAM MANAGED CARE DAYS OCCURRING BEFORE JAN 1 OF THIS COST REPORTING YEAR (SEE INSTRUCTIONS)
- 6.07 ENTER THE APPROPRIATE PERCENTAGE USING THE CRITERIA IDENTIFIED ON LINE 6.04 ABOVE. (SEE INSTRUCTIONS) 100.00
- 6.08 GRADUATE MEDICAL EDUCATION PAYMENT FOR MANAGED CARE DAYS PRIOR TO JANUARY 1 OF THIS COST REPORTING PERIOD PRIOR TO 422 E-3,6 LN 12

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

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

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

- 12 REASONABLE COST (SEE INSTRUCTIONS)

TITLE V

- 13 ORGAN ACQUISITION COSTS
- 14 COST OF TEACHING PHYSICIANS
- 15 PRIMARY PAYER PAYMENTS
- 16 TOTAL PART A REASONABLE COST

PART B REASONABLE COST

- 17 REASONABLE COST
- 18 PRIMARY PAYER PAYMENTS
- 19 TOTAL PART B REASONABLE COST
- 20 TOTAL REASONABLE COST
- 21 RATIO OF PART A REASONABLE COST TO TOTAL REASONABLE COST
- 22 RATIO OF PART B REASONABLE COST TO TOTAL REASONABLE COST

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)
- 24 PART A MEDICARE GME PAYMENT--TITLE XVIII ONLY
- 25 PART B MEDICARE GME PAYMENT--TITLE XVIII ONLY

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		4.40
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)	2.03	2.03
3.05	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR THE CURRENT YEAR FROM YOUR RECORDS		3.00
3.06	ENTER THE LESSER OF LINE 3.04 OR LINE 3.05.		2.03
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.		2.00
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.		1.00
3.09	ENTER THE SUM OF LINES 3.07 AND 3.08.		3.00
3.10	SEE INSTRUCTIONS		2.03
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.		1.20
3.12	SEE INSTRUCTIONS		1.88
3.13	TOTAL WEIGHTED RESIDENT FTE COUNT FOR NONPRIMARY CARE RESIDENTS FOR THE PRIOR COST REPORTING YEAR (SEE INSTRUCTIONS)		1.00
3.14	TOTAL WEIGHTED RESIDENT FTE COUNT FOR NONPRIMARY CARE RESIDENTS FOR THE PENULTIMATE COST REPORTING YEAR (SEE INSTRUCTIONS)		1.33
3.15	ROLLING AVERAGE FTE COUNT (SEE INSTRUCTIONS)	RES INIT YEARS	1.40
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)		1.40
3.17	ENTER THE NONPRIMARY CARE PER RESIDENT AMOUNT.		82,373.67
3.18	SEE INSTRUCTIONS		115,323
3.19	ENTER THE WEIGHTED FTE RESIDENT COUNT FOR PRIMARY CARE AND OB/GYN RESIDENTS FOR THE PRIOR YEAR (SEE INSTRUCTIONS)		2.00
3.20	ENTER THE WEIGHTED FTE RESIDENT COUNT FOR PRIMARY CARE AND OB/GYN RESIDENTS FOR THE PENULTIMATE YEAR (SEE INSTRUCTIONS)		1.14
3.21	SEE INSTRUCTIONS	RES INIT YEARS	1.50
3.22	SEE INSTRUCTIONS		1.50
3.23	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001		82,373.67
3.24	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001		123,561
3.25	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001		238,884

COMPUTATION OF PROGRAM PATIENT LOAD

4	PROGRAM PART A INPATIENT DAYS		2,656
5	TOTAL INPATIENT DAYS		21,638
6	RATIO OF PROGRAM INPATIENT DAYS TO TOTAL INPATIENT DAYS.	LN 6 * LN 3.25 + E-3, 6 L 11	.122747
6.01	TOTAL GME PAYMENT FOR NON-MANAGED CARE DAYS	29,322	29,322
6.02	PROGRAM MANAGED CARE DAYS OCCURING ON OR AFTER JANUARY 1 OF THIS COST REPORTING PERIOD (SEE INSTRUCTIONS)		33
6.03	ENTER THE TOTAL INPATIENT DAYS FROM LINE 5 ABOVE.		21,638
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.		313
6.06	PROGRAM MANAGED CARE DAYS OCCURRING BEFORE JAN 1 OF THIS COST REPORTING YEAR (SEE INSTRUCTIONS)		
6.07	ENTER THE APPROPRIATE PERCENTAGE USING THE CRITERIA IDENTIFIED ON LINE 6.04 ABOVE. (SEE INSTRUCTIONS)	PRIOR TO 422 E-3,6 LN 12	100.00
6.08	GRADUATE MEDICAL EDUCATION PAYMENT FOR MANAGED CARE DAYS PRIOR TO JANUARY 1 OF THIS COST REPORTING PERIOD		

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

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

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

12	REASONABLE COST (SEE INSTRUCTIONS)	4,842,007
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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	4,842,007
PART B REASONABLE COST		
17	REASONABLE COST	1,992,500
18	PRIMARY PAYER PAYMENTS	
19	TOTAL PART B REASONABLE COST	1,992,500
20	TOTAL REASONABLE COST	6,834,507
21	RATIO OF PART A REASONABLE COST TO TOTAL REASONABLE COST	.708465
22	RATIO OF PART B REASONABLE COST TO TOTAL REASONABLE COST	.291535
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)	29,635
24	PART A MEDICARE GME PAYMENT--TITLE XVIII ONLY	20,995
25	PART B MEDICARE GME PAYMENT--TITLE XVIII ONLY	8,640

TITLE XIX

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
- 3.02 UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS WHICH MEET THE CRITERIA FOR AN ADD ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH 42 CFR 413.86(g)(6)
- 3.03 UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGS FOR AFFILIATED PROGS IN ACCORD W/ 42 CFR 413.86(g)(4). E-3, PT 6 LN 4 + LINE 3.03
- 3.04 FTE ADJUSTMENT CAP (SUM OF LINES 3.01 THRU 3.03)
- 3.05 UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR THE CURRENT YEAR FROM YOUR RECORDS
- 3.06 ENTER THE LESSER OF LINE 3.04 OR LINE 3.05.
- 3.07 WEIGHTED FTE COUNT FOR PRIMARY CARE PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR IN COLUMN 1. IF CURRENT YEAR IS ZERO AND TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COL. ZERO.
- 3.08 WEIGHTED FTE COUNT FOR ALL OTHER PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR IN COLUMN 1. IF CURRENT YEAR IS ZERO AND TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COL. ZERO.
- 3.09 ENTER THE SUM OF LINES 3.07 AND 3.08.
- 3.10 SEE INSTRUCTIONS
- 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
- 3.13 TOTAL WEIGHTED RESIDENT FTE COUNT FOR NONPRIMARY CARE RESIDENTS FOR THE PRIOR COST REPORTING YEAR (SEE INSTRUCTIONS)
- 3.14 TOTAL WEIGHTED RESIDENT FTE COUNT FOR NONPRIMARY CARE RESIDENTS FOR THE PENULTIMATE COST REPORTING YEAR (SEE INSTRUCTIONS)
- 3.15 ROLLING AVERAGE FTE COUNT (SEE INSTRUCTIONS) RES INIT YEARS
- 3.16 ENTER THE SUM OF LINE 3.15 PLUS THE WEIGHTED NUMBER OF NONPRIMARY CARE FTE RESIDENTS IN THE INITIAL YEAR OF NEW ALLOPATHIC AND OSTEOPATHIC PROGRAMS. (SEE INSTRUCTIONS)
- 3.17 ENTER THE NONPRIMARY CARE PER RESIDENT AMOUNT.
- 3.18 SEE INSTRUCTIONS
- 3.19 ENTER THE WEIGHTED FTE RESIDENT COUNT FOR PRIMARY CARE AND OB/GYN RESIDENTS FOR THE PRIOR YEAR (SEE INSTRUCTIONS)
- 3.20 ENTER THE WEIGHTED FTE RESIDENT COUNT FOR PRIMARY CARE AND OB/GYN RESIDENTS FOR THE PENULTIMATE YEAR (SEE INSTRUCTIONS)
- 3.21 SEE INSTRUCTIONS RES INIT YEARS
- 3.22 SEE INSTRUCTIONS
- 3.23 SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001
- 3.24 SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001
- 3.25 SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001

COMPUTATION OF PROGRAM PATIENT LOAD

- 4 PROGRAM PART A INPATIENT DAYS 8,595
- 5 TOTAL INPATIENT DAYS 21,638
- 6 RATIO OF PROGRAM INPATIENT DAYS TO TOTAL INPATIENT DAYS. LN 6 * LN 3.25 + E-3, 6 L 11 .397218
- 6.01 TOTAL GME PAYMENT FOR NON-MANAGED CARE DAYS
- 6.02 PROGRAM MANAGED CARE DAYS OCCURING ON OR AFTER JANUARY 1 OF THIS COST REPORTING PERIOD (SEE INSTRUCTIONS)
- 6.03 ENTER THE TOTAL INPATIENT DAYS FROM LINE 5 ABOVE. 21,638
- 6.04 ENTER THE APPROPRIATE PERCENTAGE FOR INCLUSION OF THE MANAGED CARE DAYS (SEE INSTRUCTIONS) 100.00
- 6.05 GRADUATE MEDICAL EDUCATION PAYMENT FOR MANAGED CARE DAYS ON OR AFTER JAN 1 THROUGH THE END OF THE COST REPORTING PERIOD.
- 6.06 PROGRAM MANAGED CARE DAYS OCCURRING BEFORE JAN 1 OF THIS COST REPORTING YEAR (SEE INSTRUCTIONS)
- 6.07 ENTER THE APPROPRIATE PERCENTAGE USING THE CRITERIA IDENTIFIED ON LINE 6.04 ABOVE. (SEE INSTRUCTIONS) 100.00
- 6.08 GRADUATE MEDICAL EDUCATION PAYMENT FOR MANAGED CARE DAYS PRIOR TO JANUARY 1 OF THIS COST REPORTING PERIOD PRIOR TO 422 E-3,6 LN 12

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

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

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

- 12 REASONABLE COST (SEE INSTRUCTIONS)

TITLE XIX

- 13 ORGAN ACQUISITION COSTS
- 14 COST OF TEACHING PHYSICIANS
- 15 PRIMARY PAYER PAYMENTS
- 16 TOTAL PART A REASONABLE COST

PART B REASONABLE COST

- 17 REASONABLE COST
- 18 PRIMARY PAYER PAYMENTS
- 19 TOTAL PART B REASONABLE COST
- 20 TOTAL REASONABLE COST
- 21 RATIO OF PART A REASONABLE COST TO TOTAL REASONABLE COST
- 22 RATIO OF PART B REASONABLE COST TO TOTAL REASONABLE COST

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)
- 24 PART A MEDICARE GME PAYMENT--TITLE XVIII ONLY
- 25 PART B MEDICARE GME PAYMENT--TITLE XVIII ONLY

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)	2.03	
3 UNADJUSTED DIRECT GME FTE CAP (WKST E-3, PART IV, SUM OF LINES 3.01 AND 3.02)	4.40	
4 PRORATED REDUCED DIRECT GME FTE CAP (SEE INSTRUCTIONS)	2.03	

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

TITLE XIX

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

		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
ASSETS		1	2	3	4
CURRENT ASSETS					
1	CASH ON HAND AND IN BANKS	95,013			
2	TEMPORARY INVESTMENTS	33,885,538			
3	NOTES RECEIVABLE				
4	ACCOUNTS RECEIVABLE	231,311,653			
5	OTHER RECEIVABLES	40,225,149			
6	LESS: ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE	-225,959,645			
7	INVENTORY	868,903			
8	PREPAID EXPENSES				
9	OTHER CURRENT ASSETS				
10	DUE FROM OTHER FUNDS				
11	TOTAL CURRENT ASSETS	80,426,611			
FIXED ASSETS					
12	LAND				
12.01	LAND IMPROVEMENTS	2,717,512			
13	LAND IMPROVEMENTS	2,717,512			
13.01	LESS ACCUMULATED DEPRECIATION	-1,073,927			
14	BUILDINGS	69,177,134			
14.01	LESS ACCUMULATED DEPRECIATION	-50,234,219			
15	LEASEHOLD IMPROVEMENTS				
15.01	LESS ACCUMULATED DEPRECIATION				
16	FIXED EQUIPMENT	7,705,348			
16.01	LESS ACCUMULATED DEPRECIATION	-2,591,163			
17	AUTOMOBILES AND TRUCKS	572,137			
17.01	LESS ACCUMULATED DEPRECIATION	-476,026			
18	MAJOR MOVABLE EQUIPMENT	18,433,927			
18.01	LESS ACCUMULATED DEPRECIATION	-12,866,664			
19	MINOR EQUIPMENT DEPRECIABLE				
19.01	LESS ACCUMULATED DEPRECIATION				
20	MINOR EQUIPMENT-NONDEPRECIABLE				
21	TOTAL FIXED ASSETS	31,364,059			
OTHER ASSETS					
22	INVESTMENTS				
23	DEPOSITS ON LEASES				
24	DUE FROM OWNERS/OFFICERS				
25	OTHER ASSETS				
26	TOTAL OTHER ASSETS				
27	TOTAL ASSETS	111,790,670			

	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
LIABILITIES AND FUND BALANCE	1	2	3	4
CURRENT LIABILITIES				
28 ACCOUNTS PAYABLE	4,694,075			
29 SALARIES, WAGES & FEES PAYABLE	5,479,288			
30 PAYROLL TAXES PAYABLE				
31 NOTES AND LOANS PAYABLE (SHORT TERM)				
32 DEFERRED INCOME	12,486,298			
33 ACCELERATED PAYMENTS				
34 DUE TO OTHER FUNDS	19,225			
35 OTHER CURRENT LIABILITIES				
36 TOTAL CURRENT LIABILITIES	22,678,886			
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	878,455			
42 TOTAL LONG-TERM LIABILITIES	878,455			
43 TOTAL LIABILITIES	23,557,341			
CAPITAL ACCOUNTS				
44 GENERAL FUND BALANCE	88,233,329			
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	88,233,329			
52 TOTAL LIABILITIES AND FUND BALANCES	111,790,670			

STATEMENT OF CHANGES IN FUND BALANCES

	GENERAL FUND		SPECIFIC PURPOSE FUND	
	1	2	3	4
1 FUND BALANCE AT BEGINNING		76,517,740		
2 OF PERIOD				
3 NET INCOME (LOSS)		11,296,191		
4 TOTAL		87,813,931		
5 ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
6 ADJUST FOR COUNTY COSTS	419,398			
7				
8				
9				
10 TOTAL ADDITIONS		419,398		
11 SUBTOTAL		88,233,329		
12 DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
13				
14				
15				
16				
17				
18 TOTAL DEDUCTIONS				
19 FUND BALANCE AT END OF PERIOD PER BALANCE SHEET		88,233,329		

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

PART I - PATIENT REVENUES

REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3
GENERAL INPATIENT ROUTINE CARE SERVICES			
1 00 HOSPITAL	25,428,759		25,428,759
2 00 SUBPROVIDER I	9,104,352		9,104,352
4 00 SWING BED - SNF			
5 00 SWING BED - NF			
6 00 SKILLED NURSING FACILITY	1,653,570		1,653,570
7 00 NURSING FACILITY			
9 00 TOTAL GENERAL INPATIENT ROUTINE CARE INTENSIVE CARE TYPE INPATIENT HOSPITAL SVCS	36,186,681		36,186,681
10 00 INTENSIVE CARE UNIT			
15 00 TOTAL INTENSIVE CARE TYPE INPAT HOSP			
16 00 TOTAL INPATIENT ROUTINE CARE SERVICE	36,186,681		36,186,681
17 00 ANCILLARY SERVICES			
18 00 OUTPATIENT SERVICES		31,828,592	31,828,592
18 50 RHC			
18 60 FQHC			
19 00 HOME HEALTH AGENCY			
21 10 CMHC			
21 20 OUTPATIENT PHYSICAL THERAPY			
21 30 OUTPATIENT OCCUPATIONAL THERAPY			
21 40 OUTPATIENT SPEECH PATHOLOGY			
24 00 PHYSICIAN REVENUE			
25 00 TOTAL PATIENT REVENUES	36,186,681	31,828,592	68,015,273

PART II-OPERATING EXPENSES

26 00 OPERATING EXPENSES		95,017,898	
ADD (SPECIFY)			
27 00			
28 00			
29 00			
30 00			
31 00			
32 00			
33 00 TOTAL ADDITIONS			
DEDUCT (SPECIFY)			
34 00			
35 00			
36 00			
37 00			
38 00			
39 00 TOTAL DEDUCTIONS			
40 00 TOTAL OPERATING EXPENSES		95,017,898	

DESCRIPTION

1	TOTAL PATIENT REVENUES	68,015,273
2	LESS: ALLOWANCES AND DISCOUNTS ON PATIENT'S ACCTS	18,456,991
3	NET PATIENT REVENUES	49,558,282
4	LESS: TOTAL OPERATING EXPENSES	95,017,898
5	NET INCOME FROM SERVICE TO PATIENTS	-45,459,616
	OTHER INCOME	
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.	
7	INCOME FROM INVESTMENTS	77,753
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE	718
9	REVENUE FROM TELEVISION AND RADIO SERVICE	
10	PURCHASE DISCOUNTS	
11	REBATES AND REFUNDS OF EXPENSES	
12	PARKING LOT RECEIPTS	
13	REVENUE FROM LAUNDRY AND LINEN SERVICE	
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS	
15	REVENUE FROM RENTAL OF LIVING QUARTERS	
16	REVENUE FROM SALE OF MEDICAL & SURGICAL SUPPLIES TO OTHER THAN PATIENTS	
17	REVENUE FROM SALE OF DRUGS TO OTHR THAN PATIENTS	
18	REVENUE FROM SALE OF MEDICAL RECORDS & ABSTRACTS	10,149
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC)	
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOP & CANTEEN	6,839
21	RENTAL OF VENDING MACHINES	
22	RENTAL OF HOSPITAL SPACE	
23	GOVERNMENTAL APPROPRIATIONS	56,500,950
24		159,398
25	TOTAL OTHER INCOME	56,755,807
26	TOTAL	11,296,191
	OTHER EXPENSES	
27		
28		
29		
30	TOTAL OTHER EXPENSES	
31	NET INCOME (OR LOSS) FOR THE PERIOD	11,296,191

TITLE V HOSPITAL

PART I - FULLY PROSPECTIVE METHOD

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

