

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

FORM APPROVED  
 OMB NO. 0938-0050

WORKSHEET S  
 PARTS I & II

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX		PROVIDER NO:		PERIOD		INTERMEDIARY USE ONLY		DATE RECEIVED:
COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY		14-3026		FROM 9/ 1/2007		--AUDITED --DESK REVIEW		/ /
				TO 8/31/2008		--INITIAL --REOPENED		INTERMEDIARY NO:
						--FINAL 1-MCR CODE		
						00 - # OF REOPENINGS		

ELECTRONICALLY FILED COST REPORT DATE: 1/26/2009 TIME 12:43

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: THE REHAB. INSTITUTE OF CHICAGO 14-3026 FOR THE COST REPORTING PERIOD BEGINNING 9/ 1/2007 AND ENDING 8/31/2008 AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS A TRUE, CORRECT, AND COMPLETE STATEMENT PREPARED FROM THE BOOKS AND RECORDS OF THE PROVIDER IN ACCORDANCE WITH APPLICABLE INSTRUCTIONS, EXCEPT AS NOTED. I FURTHER CERTIFY THAT I AM FAMILIAR WITH THE LAWS AND REGULATIONS REGARDING THE PROVISION OF HEALTH CARE SERVICES, AND THAT THE SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

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

\_\_\_\_\_  
 TITLE

\_\_\_\_\_  
 DATE

PART II - SETTLEMENT SUMMARY

		TITLE V	A	TITLE XVIII	B	TITLE XIX	
		1	2	3	4		
1	HOSPITAL	0	191,002	88,135	0		
100	TOTAL	0	191,002	88,135	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: 345 SUPERIOR      P. O. BOX:  
 1.01 CITY: CHICAGO      STATE: IL      ZIP CODE: 60601-      COUNTY: COOK

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION:

COMPONENT	COMPONENT NAME	PROVIDER NO.	NPI NUMBER	DATE CERTIFIED	PAYMENT SYSTEM (P, T, O OR N)
02.00	HOSPITAL	THE REHAB. INSTITUTE OF CHICAGO	14-3026	9/ 1/1967	V X V I I X 4 5 6 N P 0

17 COST REPORTING PERIOD (MM/DD/YYYY) FROM: 9/ 1/2007 TO: 8/31/2008

18 TYPE OF CONTROL

TYPE OF HOSPITAL/SUBPROVIDER

19 HOSPITAL  
 20 SUBPROVIDER

OTHER INFORMATION

- 21 INDICATE IF YOUR HOSPITAL IS EITHER (1)URBAN OR (2)RURAL AT THE END OF THE COST REPORT PERIOD IN COLUMN 1. IF YOUR HOSPITAL IS GEOGRAPHICALLY CLASSIFIED OR LOCATED IN A RURAL AREA, IS YOUR BED SIZE IN ACCORDANCE WITH CFR 42 412.105 LESS THAN OR EQUAL TO 100 BEDS, ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO.
- 21.01 DOES YOUR FACILITY QUALIFY AND IS CURRENTLY RECEIVING PAYMENT FOR DISPROPORTIONATE SHARE HOSPITAL ADJUSTMENT IN ACCORDANCE WITH 42 CFR 412.106? N
- 21.02 HAS YOUR FACILITY RECEIVED A NEW GEOGRAPHIC RECLASSIFICATION STATUS CHANGE AFTER THE FIRST DAY OF THE COST REPORTING PERIOD FROM RURAL TO URBAN AND VICE VERSA? ENTER "Y" FOR YES AND "N" FOR NO. IF YES, ENTER IN COLUMN 2 THE EFFECTIVE DATE (MM/DD/YYYY) (SEE INSTRUCTIONS).
- 21.03 ENTER IN COLUMN 1 YOUR GEOGRAPHIC LOCATION EITHER (1)URBAN OR (2)RURAL. IF YOU ANSWERED URBAN IN COLUMN 1 INDICATE IF YOU RECEIVED EITHER A WAGE OR STANDARD GEOGRAPHICAL RECLASSIFICATION TO A RURAL LOCATION. ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. IF COLUMN 2 IS YES, ENTER IN COLUMN 3 THE EFFECTIVE DATE (MM/DD/YYYY) (SEE INSTRUCTIONS) DOES YOUR FACILITY CONTAIN 100 OR FEWER BEDS IN ACCORDANCE WITH 42 CFR 412.105? ENTER IN COLUMN 4 "Y" OR "N". ENTER IN COLUMN 5 THE PROVIDERS ACTUAL MSA OR CBSA. 1 N N
- 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 TERMINATION IN COL. 3. / /
- 24.01 IF THIS IS A MEDICARE TRANSPLANT CENTER; ENTER THE CCN (PROVIDER NUMBER) IN COLUMN 2, THE CERTIFICATION DATE OR RECERTIFICATION DATE (AFTER DECEMBER 26, 2007) IN COLUMN 3. / /
- 25 IS THIS A TEACHING HOSPITAL OR AFFILIATED WITH A TEACHING HOSPITAL AND YOU ARE RECEIVING PAYMENTS FOR I&R? Y
- 25.01 IS THIS TEACHING PROGRAM APPROVED IN ACCORDANCE WITH CMS PUB. 15-1, CHAPTER 4? Y
- 25.02 IF LINE 25.01 IS YES, WAS MEDICARE PARTICIPATION AND APPROVED TEACHING PROGRAM STATUS IN EFFECT DURING THE FIRST MONTH OF THE COST REPORTING PERIOD? IF YES, COMPLETE WORKSHEET E-3, PART IV. IF NO, COMPLETE WORKSHEET D-2, PART II. Y
- 25.03 AS A TEACHING HOSPITAL, DID YOU ELECT COST REIMBURSEMENT FOR PHYSICIANS' SERVICES AS DEFINED IN CMS PUB. 15-1, SECTION 2148? IF YES, COMPLETE WORKSHEET D-9. N
- 25.04 ARE YOU CLAIMING COSTS ON LINE 70 OF WORKSHEET A? IF YES, COMPLETE WORKSHEET D-2, PART I. N
- 25.05 HAS YOUR FACILITY DIRECT GME FTE CAP (COLUMN 1) OR IIME 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 TIME FTE RESIDENTS CAP SLOTS UNDER 42 CFR 413.79(c)(4) OR 42 CFR 412.105(f)(1)(iv)(c)? ENTER "Y" FOR YES AND "N" FOR NO IN THE APPLICABLE COLUMNS (SEE INSTRUCTIONS)	N	N				
26	IF THIS IS A SOLE COMMUNITY HOSPITAL (SCH), ENTER THE NUMBER OF PERIODS SCH STATUS IN EFFECT IN THE C/R PERIOD. ENTER BEGINNING AND ENDING DATES OF SCH STATUS ON LINE 26.01. SUBSCRIPT LINE 26.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.			0			
26.01	ENTER THE APPLICABLE SCH DATES: BEGINNING: / / ENDING: / /						
26.02	ENTER THE APPLICABLE SCH DATES: BEGINNING: / / ENDING: / /						
27	DOES THIS HOSPITAL HAVE AN AGREEMENT UNDER EITHER SECTION 1883 OR SECTION 1913 FOR SWING BEDS. IF YES, ENTER THE AGREEMENT DATE (MM/DD/YYYY) IN COLUMN 2.	N	/	/			
28	IF THIS FACILITY CONTAINS A HOSPITAL-BASED SNF, ARE ALL PATIENTS UNDER MANAGED CARE OR THERE WERE NO MEDICARE UTILIZATION ENTER "Y", IF "N" COMPLETE LINES 28.01 AND 28.02						
28.01	IF HOSPITAL BASED SNF, ENTER APPROPRIATE TRANSITION PERIOD 1, 2, 3, OR 100 IN COLUMN 1. 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		0.00%				Y/N
28.04	RECRUITMENT		0.00%				
28.05	RETENTION		0.00%				
28.06	TRAINING		0.00%				
28.07			0.00%				
28.08			0.00%				
28.09			0.00%				
28.10			0.00%				
28.11			0.00%				
28.12			0.00%				
28.13			0.00%				
28.14			0.00%				
28.15			0.00%				
28.16			0.00%				
28.17			0.00%				
28.18			0.00%				
28.19			0.00%				
28.20			0.00%				
29	IS THIS A RURAL HOSPITAL WITH A CERTIFIED SNF WHICH HAS FEWER THAN 50 BEDS IN THE AGGREGATE FOR BOTH COMPONENTS, USING THE SWING BED OPTIONAL METHOD OF REIMBURSEMENT? DOES THIS HOSPITAL QUALIFY AS A RURAL PRIMARY CARE HOSPITAL (RPCH)/CRITICAL ACCESS HOSPITAL(CAH)? (SEE 42 CFR 485.606ff)	N					
30	IF SO, IS THIS THE INITIAL 12 MONTH PERIOD FOR THE FACILITY OPERATED AS AN RPCH/CAH? SEE 42 CFR 413.70	N					
30.01	IF THIS FACILITY QUALIFIES AS AN RPCH/CAH, HAS IT ELECTED THE ALL-INCLUSIVE METHOD OF PAYMENT FOR OUTPATIENT SERVICES? (SEE INSTRUCTIONS)	N					
30.02	IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIGIBLE FOR COST REIMBURSEMENT FOR AMBULANCE SERVICES? IF YES, ENTER IN COLUMN 2 THE DATE OF ELIGIBILITY DETERMINATION (DATE MUST BE ON OR AFTER 12/21/2000).	N					
30.03	IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIGIBLE FOR COST REIMBURSEMENT FOR I&R TRAINING PROGRAMS? ENTER "Y" FOR YES AND "N" FOR NO. IF YES, THE GME ELIMINATION WOULD NOT BE ON WORKSHEET B, PART I, COLUMN 26 AND THE PROGRAM WOULD BE COST REIMBURSED. IF YES COMPLETE WORKSHEET D-2, PART II	N					
30.04	IS THIS A RURAL HOSPITAL QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).	N					
31	IS THIS A RURAL SUBPROVIDER 1 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).	N					
31.01	IS THIS A RURAL SUBPROVIDER 2 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).	N					
31.02	IS THIS A RURAL SUBPROVIDER 3 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).	N					
31.03	IS THIS A RURAL SUBPROVIDER 4 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).	N					
31.04	IS THIS A RURAL SUBPROVIDER 5 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).	N					
31.05		N					
MISCELLANEOUS COST REPORT INFORMATION							
32	IS THIS AN ALL-INCLUSIVE PROVIDER? IF YES, ENTER THE METHOD USED (A, B, OR E ONLY) COL 2.	N					
33	IS THIS A NEW HOSPITAL UNDER 42 CFR 412.300 PPS CAPITAL? ENTER "Y" FOR YES AND "N" FOR NO IN COLUMN 1. IF YES, FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 2002, DO YOU ELECT TO BE REIMBURSED AT 100% FEDERAL CAPITAL PAYMENT? ENTER "Y" FOR YES AND "N" FOR NO IN COLUMN 2	N					
34	IS THIS A NEW HOSPITAL UNDER 42 CFR 413.40 (f)(1)(i) TEFRA?	N					
35	HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?	N					
35.01	HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?	N					
35.02	HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?	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	1	2	3		
			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? N N N

TITLE XIX INPATIENT SERVICES

- 38 DO YOU HAVE TITLE XIX INPATIENT HOSPITAL SERVICES? Y
- 38.01 IS THIS HOSPITAL REIMBURSED FOR TITLE XIX THROUGH THE COST REPORT EITHER IN FULL OR IN PART? N
- 38.02 DOES THE TITLE XIX PROGRAM REDUCE CAPITAL FOLLOWING THE MEDICARE METHODOLOGY? N
- 38.03 ARE TITLE XIX NF PATIENTS OCCUPYING TITLE XVIII SNF BEDS (DUAL CERTIFICATION)? N
- 38.04 DO YOU OPERATE AN ICF/MR FACILITY FOR PURPOSES OF TITLE XIX? N
- 40 ARE THERE ANY RELATED ORGANIZATION OR HOME OFFICE COSTS AS DEFINED IN CMS PUB 15-1, 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 N
- 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? Y
- 42.01 ARE OCCUPATIONAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? Y
- 42.02 ARE SPEECH PATHOLOGY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? Y
- 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? SEE CMS PUB. 15-11, SECTION 3617. IF YES, ENTER THE APPROVAL DATE IN COLUMN 2. N 00/00/0000
- 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	OUTPATIENT	OUTPATIENT
	1	2	3	4	ASC	RADIOLOGY	DIAGNOSTIC
47.00 HOSPITAL	N	N	N	N	N	N	N

- 52 DOES THIS HOSPITAL CLAIM EXPENDITURES FOR EXTRAORDINARY CIRCUMSTANCES IN ACCORDANCE WITH 42 CFR 412.348(e)? (SEE INSTRUCTIONS) N
- 52.01 IF YOU ARE A FULLY PROSPECTIVE OR HOLD HARMLESS PROVIDER ARE YOU ELIGIBLE FOR THE SPECIAL EXCEPTIONS PAYMENT PURSUANT TO 42 CFR 412.348(g)? IF YES, COMPLETE WORKSHEET L, PART IV N
- 53 IF YOU ARE A MEDICARE DEPENDENT HOSPITAL (MDH), ENTER THE NUMBER OF PERIODS MDH STATUS IN EFFECT. ENTER BEGINNING AND ENDING DATES OF MDH STATUS ON LINE 53.01. SUBSCRIPT LINE 53.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES. 0
- 53.01 MDH PERIOD: BEGINNING: / / ENDING: / /
- 54 LIST AMOUNTS OF MALPRACTICE PREMIUMS AND PAID LOSSES:
  - PREMIUMS: 0
  - PAID LOSSES: 0
  - AND/OR SELF INSURANCE: 0
- 54.01 ARE MALPRACTICE PREMIUMS AND PAID LOSSES REPORTED IN OTHER THAN THE ADMINISTRATIVE AND GENERAL COST CENTER? IF YES, SUBMIT SUPPORTING SCHEDULE LISTING COST CENTERS AND AMOUNTS CONTAINED THEREIN. N
- 55 DOES YOUR FACILITY QUALIFY FOR ADDITIONAL PROSPECTIVE PAYMENT IN ACCORDANCE WITH 42 CFR 412.107. ENTER "Y" FOR YES AND "N" FOR NO. N
- 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? Y
- 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 0
- 59 ARE YOU A LONG TERM CARE HOSPITAL (LTCH)? ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES, HAVE YOU MADE THE ELECTION FOR 100% FEDERAL PPS REIMBURSEMENT? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. (SEE INSTRUCTIONS) N
- 60 ARE YOU AN INPATIENT PSYCHIATRIC FACILITY (IPF), OR DO YOU CONTAIN AN IPF SUBPROVIDER? ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES, IS THE IPF OR IPF SUBPROVIDER A NEW FACILITY? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. (SEE INSTRUCTIONS) N

60.01 IF LINE 60 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER "Y" FOR YES OR "N" FOR NO. IS THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR SEC. 412.424(d)(1)(iii)(2)? ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO. IF COLUMN 2 IS Y, ENTER 1, 2 OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS). IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5. (SEE INSTR).      N      0

MULTI CAMPUS

61.00 DOES THE HOSPITAL HAVE A MULTICAMPUS? 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

COMPONENT	NO. OF BEDS 1	BED DAYS AVAILABLE 2	CAH N/A 2.01	TITLE V 3	I/P DAYS / TITLE XVII 4	O/P VISITS / NOT LTCH N/A 4.01	TRIPS TOTAL TITLE XIX 5
1 ADULTS & PEDIATRICS	155	56,730			19,116		8,173
2 HMO					56		2,568
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS	155	56,730			19,116		8,173
12 TOTAL	155	56,730			19,116		8,173
13 RPCH VISITS							
25 TOTAL	155						
26 OBSERVATION BED DAYS							
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							

COMPONENT	TITLE XIX ADMITTED 5.01	I/P DAYS / OBSERVATION BEDS NOT ADMITTED 5.02	O/P VISITS / TOTAL ALL PATS 6	TRIPS TOTAL ADMITTED 6.01	OBSERVATION BEDS NOT ADMITTED 6.02	INTERNS & RES. FTES TOTAL 7	LESS I&R REPL NON-PHYS ANES 8
1 ADULTS & PEDIATRICS			51,787				
2 HMO							
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS			51,787				
12 TOTAL			51,787			25.64	
13 RPCH VISITS							
25 TOTAL						25.64	
26 OBSERVATION BED DAYS							
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							

COMPONENT	I & R FTES NET 9	FULL TIME EMPLOYEES ON PAYROLL 10	EQUIV NONPAID WORKERS 11	TITLE V 12	DISCHARGES TITLE XVII 13	TITLE XIX 14	TOTAL ALL PATIENTS 15
1 ADULTS & PEDIATRICS					1,162	449	2,480
2 HMO							
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS							
12 TOTAL	25.64	1,284.20			1,162	449	2,480
13 RPCH VISITS							
25 TOTAL	25.64	1,284.20					
26 OBSERVATION BED DAYS							
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							

RECLASSIFICATION AND ADJUSTMENT OF  
TRIAL BALANCE OF EXPENSES

PROVIDER NO: 14-3026

PERIOD: FROM 9/1/2007 TO 8/31/2008

PREPARED 1/26/2009  
WORKSHEET A

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					
1.01	0101 OLD CAP REL COSTS-BLDG & FIXT					
2	0200 OLD CAP REL COSTS-MVBLE EQUIP					
3	0300 NEW CAP REL COSTS-BLDG & FIXT				8,728,326	8,728,326
4	0400 NEW CAP REL COSTS-MVBLE EQUIP				5,066,665	5,066,665
5	0500 EMPLOYEE BENEFITS	1,024,919	1,304,786	2,329,705	15,312,722	17,642,427
6.01	0630 PURCHASING, RECEIVING AND STORES	644,426	224,750	869,176	-139,567	729,609
6.02	0640 ADMINITTING	1,104,191	264,270	1,368,461	-238,628	1,129,833
6.03	0650 CASHIERING/ACCOUNTS RECEIVABLE	1,097,186	1,814,182	2,911,368	-237,266	2,674,102
6.04	0660 ADMINISTRATIVE AND GENERAL	12,451,443	33,979,642	46,431,085	-16,840,069	29,591,016
8	0800 OPERATION OF PLANT	1,577,970	4,263,826	5,841,796	-345,234	5,496,562
9	0900 LAUNDRY & LINEN SERVICE				510,967	510,967
10	1000 HOUSEKEEPING	999,437	1,458,950	2,458,387	-728,754	1,729,633
11	1100 DIETARY	1,114,888	1,516,664	2,631,552	-1,608,489	1,023,063
12	1200 CAFETERIA				1,366,905	1,366,905
14	1400 NURSING ADMINISTRATION	751,645	200,753	952,398	-161,705	790,693
15	1500 CENTRAL SERVICES & SUPPLY	318,014	44,751	362,765	78,137	440,902
16	1600 PHARMACY	800,750	2,722,312	3,523,062	-2,595,233	927,829
17	1700 MEDICAL RECORDS & LIBRARY	445,031	311,261	756,292	337,875	1,094,167
22	2200 I&R SERVICES-SALARY & FRINGES APPRVD	88,683	2,552,860	2,641,543	-16,178	2,625,365
23	2300 I&R SERVICES-OTHER PRGM COSTS APPRVD					
24	2400 PARAMED ED PRGM	40,971	27,241	68,212	110,940	179,152
	INPAT ROUTINE SRVC CNTRS					
25	2500 ADULTS & PEDIATRICS	12,098,597	6,200,796	18,299,393	-4,935,125	13,364,268
	ANCILLARY SRVC COST CNTRS					
41	4100 RADIOLOGY-DIAGNOSTIC	173,724	161,285	335,009	1,001,593	1,336,602
41.01	3550 PSYCHOLOGY				1,203,213	1,203,213
41.02	3560 PULMONARY		214	214	445,289	445,503
44	4400 LABORATORY	258,797	482,305	741,102	-56,825	684,277
44.01	3951 VOCATIONAL REHABILITATION	466,245	279,660	745,905	-101,296	644,609
49	4900 RESPIRATORY THERAPY		7,923	7,923	814,920	822,843
50	5000 PHYSICAL THERAPY				5,715,418	5,715,418
50.01	3953 ALLIED HEALTH	10,506,140	4,259,061	14,765,201	-14,765,201	
51	5100 OCCUPATIONAL THERAPY				3,359,648	3,359,648
52	5200 SPEECH PATHOLOGY	7,528	3,833	11,361	1,305,839	1,317,200
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS				1,007,608	1,007,608
56	5600 DRUGS CHARGED TO PATIENTS		1,614,974	1,614,974	2,421,396	4,036,370
59	3950 PROSTHETICS AND ORTHOTICS	1,447,133	1,927,816	3,374,949	-434,467	2,940,482
	OUTPAT SERVICE COST CNTRS					
60	6000 CLINIC	17,292,215	9,947,590	27,239,805	-1,272,572	25,967,233
62	6200 OBSERVATION BEDS (NON-DISTINCT PART) SPEC PURPOSE COST CENTERS					
95	SUBTOTALS	64,709,933	75,571,705	140,281,638	4,310,852	144,592,490
	NONREIMBURS COST CENTERS					
97	9700 RESEARCH	7,580,486	8,759,719	16,340,205	-2,729,298	13,610,907
98	9800 PHYSICIANS' PRIVATE OFFICES					
98.01	9801 FOUNDATION	965,817	734,443	1,700,260	-198,885	1,501,375
98.02	9802 ACADEMY	1,072,632	984,806	2,057,438	-239,565	1,817,873
98.03	9803 PARTNERSHIP EXPENSE	4,613,071	1,713,378	6,326,449	-1,143,104	5,183,345
101	TOTAL	78,941,939	87,764,051	166,705,990	-0-	166,705,990



## COST CENTERS USED IN COST REPORT

PROVIDER NO: 14-3026  
 PERIOD: FROM 9/1/2007 TO 8/31/2008  
 PREPARED 1/26/2009  
 NOT A CMS WORKSHEET

LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
	GENERAL SERVICE COST		
1	OLD CAP REL COSTS-BLDG & FIXT	0100	
1.01	OLD CAP REL COSTS-BLDG & FIXT	0101	OLD CAP REL COSTS-BLDG & FIXT
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	
6.01	PURCHASING, RECEIVING AND STORES	0630	PURCHASING, RECEIVING AND STORES
6.02	ADMITTING	0640	ADMITTING
6.03	CASHIERING/ACCOUNTS RECEIVABLE	0650	CASHIERING/ACCOUNTS RECEIVABLE
6.04	ADMINISTRATIVE AND GENERAL	0660	OTHER ADMINISTRATIVE AND GENERAL
8	OPERATION OF PLANT	0800	
9	LAUNDRY & LINEN SERVICE	0900	
10	HOUSEKEEPING	1000	
11	DIETARY	1100	
12	CAFETERIA	1200	
14	NURSING ADMINISTRATION	1400	
15	CENTRAL SERVICES & SUPPLY	1500	
16	PHARMACY	1600	
17	MEDICAL RECORDS & LIBRARY	1700	
22	I&R SERVICES-SALARY & FRINGES APPRVD	2200	
23	I&R SERVICES-OTHER PRGM COSTS APPRVD	2300	
24	PARAMED ED PRGM	2400	
25	INPAT ROUTINE SRVC C ADULTS & PEDIATRICS	2500	
	ANCILLARY SRVC COST		
41	RADIOLOGY-DIAGNOSTIC	4100	
41.01	PSYCHOLOGY	3550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES
41.02	PULMONARY	3560	PULMONARY FUNCTION TESTING
44	LABORATORY	4400	
44.01	VOCATIONAL REHABILITATION	3951	OTHER ANCILLARY SERVICE COST CENTERS
49	RESPIRATORY THERAPY	4900	
50	PHYSICAL THERAPY	5000	
50.01	ALLIED HEALTH	3953	OTHER ANCILLARY SERVICE COST CENTERS
51	OCCUPATIONAL THERAPY	5100	
52	SPEECH PATHOLOGY	5200	
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	5500	
56	DRUGS CHARGED TO PATIENTS	5600	
59	PROSTHETICS AND ORTHOTICS	3950	OTHER ANCILLARY SERVICE COST CENTERS
	OUTPAT SERVICE COST		
60	CLINIC	6000	
62	OBSERVATION BEDS (NON-DISTINCT PART)	6200	
	SPEC PURPOSE COST CE		
95	SUBTOTALS	0000	
	NONREIMBURS COST CEN		
97	RESEARCH	9700	
98	PHYSICIANS' PRIVATE OFFICES	9800	
98.01	FOUNDATION	9801	PHYSICIANS' PRIVATE OFFICES
98.02	ACADEMY	9802	PHYSICIANS' PRIVATE OFFICES
98.03	PARTNERSHIP EXPENSE	9803	PHYSICIANS' PRIVATE OFFICES
101	TOTAL	0000	

RECLASSIFICATIONS

PROVIDER NO:  
143026

PERIOD:  
FROM 9/1/2007  
TO 8/31/2008

PREPARED 1/26/2009  
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	INCREASE				
	CODE (1)	COST CENTER	LINE NO	SALARY	OTHER
	1	2	3	4	5
1 EMPLOYEE BENEFITS	A	EMPLOYEE BENEFITS	5		15,315,370
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26 DEPRECIATION	B	NEW CAP REL COSTS-BLDG & FIXT	3		5,681,832
27		NEW CAP REL COSTS-MVBLE EQUIP	4		5,066,665
28					
29 INTEREST	C	NEW CAP REL COSTS-BLDG & FIXT	3		2,907,388
30					
31 AMORTIZATION	D	NEW CAP REL COSTS-BLDG & FIXT	3		139,106
32					
33 ALLIED HEALTH - PT, OT, SP, PSYCH	E	PHYSICAL THERAPY	50	5,182,652	532,766
34		OCCUPATIONAL THERAPY	51	3,046,477	313,171
35		PSYCHOLOGY	41.01	1,091,055	112,158
1					
2 ALLIED HEALTH - PT, OT, SP, PSYCH	E	SPEECH PATHOLOGY	52	1,185,957	121,914
3 NMH SERVICES	F	RADIOLOGY-DIAGNOSTIC	41		1,040,013
4		RESPIRATORY THERAPY	49		817,195
5					
6 MEDICAL SUPPLIES	G	MEDICAL SUPPLIES CHARGED TO PATIENTS	55		1,007,608
7		CENTRAL SERVICES & SUPPLY	15		147,095
8		RADIOLOGY-DIAGNOSTIC	41		44
9					
10					
11					
12					
13					
14 TRANSCRIPTION AND PHY PRACTICE	H	MEDICAL RECORDS & LIBRARY	17		435,691
15		CLINIC	60		1,502,424
16 LINEN	I	LAUNDRY & LINEN SERVICE	9		510,967
17 CAFETERIA	J	CAFETERIA	12	390,211	976,694
18 DRUGS	K	DRUGS CHARGED TO PATIENTS	56		2,421,396
19 PULMONARY	L	PULMONARY	41.02	267,171	178,118
20					
21 P&O PARAMEDICAL PROGRAM	M	PARAMEDICAL PRGM	24	119,995	
36 TOTAL RECLASSIFICATIONS				11,283,518	39,227,615

(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:  
143026

PERIOD:  
FROM 9/ 1/2007  
TO 8/31/2008

PREPARED 1/26/2009  
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER	DECREASE		SALARY	OTHER	A-7 REF
			LINE NO				
	1	6	7		8	9	10
1 EMPLOYEE BENEFITS	A	PURCHASING, RECEIVING AND STORES	6.01			139,567	
2		ADMINISTRATIVE AND GENERAL	6.02			238,628	
3		CASHIERING/ACCOUNTS RECEIVABLE	6.03			237,266	
4		ADMINISTRATIVE AND GENERAL	6.04			2,508,533	
5		OPERATION OF PLANT	8			344,934	
6		HOUSEKEEPING	10			217,582	
7		DIETARY	11			241,584	
8		NURSING ADMINISTRATION	14			161,705	
9		CENTRAL SERVICES & SUPPLY	15			68,958	
10		PHARMACY	16			173,837	
11		MEDICAL RECORDS & LIBRARY	17			97,816	
12		I&R SERVICES-SALARY & FRINGES APPRVD	22			16,178	
13		PARAMEDICAL PRGM	24			9,055	
14		ADULTS & PEDIATRICS	25			2,670,108	
15		RADIOLOGY-DIAGNOSTIC	41			38,464	
16		LABORATORY	44			56,825	
17		VOCATIONAL REHABILITATION	44.01			101,296	
18		ALLIED HEALTH	50.01			2,293,177	
19		SPEECH PATHOLOGY	52			2,032	
20		PROSTHETICS AND ORTHOTICS	59			314,445	
21		CLINIC	60			2,394,749	
22		RESEARCH	97			1,628,478	
23		FOUNDATION	98.01			198,885	
24		ACADEMY	98.02			239,565	
25		PARTNERSHIP EXPENSE	98.03			921,703	
26 DEPRECIATION	B	EMPLOYEE BENEFITS	5			747	9
27		ADMINISTRATIVE AND GENERAL	6.04			9,646,930	9
28		RESEARCH	97			1,100,820	9
29 INTEREST	C	ADMINISTRATIVE AND GENERAL	6.04			2,685,987	11
30		PARTNERSHIP EXPENSE	98.03			221,401	11
31 AMORTIZATION	D	ADMINISTRATIVE AND GENERAL	6.04			59,569	9
32		CLINIC	60			79,537	9
33 ALLIED HEALTH - PT, OT, SP, PSYCH	E	ALLIED HEALTH	50.01		10,506,141	1,080,009	
34							
35							
1 ALLIED HEALTH - PT, OT, SP, PSYCH	E						
2 NMH SERVICES	F	EMPLOYEE BENEFITS	5			1,901	
3		ADULTS & PEDIATRICS	25			973,301	
4		CLINIC	60			120	
5		ALLIED HEALTH	50.01			881,886	
6 MEDICAL SUPPLIES	G	ADMINISTRATIVE AND GENERAL	6.04			935	
7		OPERATION OF PLANT	8			300	
8		HOUSEKEEPING	10			205	
9		ADULTS & PEDIATRICS	25			1,088,593	
10		RESPIRATORY THERAPY	49			2,275	
11		ALLIED HEALTH	50.01			3,988	
12		PROSTHETICS AND ORTHOTICS	59			27	
13		CLINIC	60			58,424	
14 TRANSCRIPTION AND PHY PRACTICE	H	ADMINISTRATIVE AND GENERAL	6.04			1,938,115	
15							
16 LINEN	I	HOUSEKEEPING	10			510,967	
17 CAFETERIA	J	DIETARY	11		390,211	976,694	
18 DRUGS	K	PHARMACY	16			2,421,396	
19 PULMONARY	L	ADULTS & PEDIATRICS	25		134,294	68,829	
20		CLINIC	60		132,877	109,289	
21 P&O PARAMEDICAL PROGRAM	M	PROSTHETICS AND ORTHOTICS	59		119,995		
36 TOTAL RECLASSIFICATIONS					11,283,518	39,227,615	

(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:  
143026

PERIOD:  
FROM 9/1/2007  
TO 8/31/2008

PREPARED 1/26/2009  
WORKSHEET A-6  
NOT A CMS WORKSHEET

RECLASS CODE: A  
EXPLANATION : EMPLOYEE BENEFITS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	EMPLOYEE BENEFITS	5	15,315,370	PURCHASING, RECEIVING AND STOR	6.01	139,567	
2.00			0	ADMINISTRATIVE AND GENERAL	6.02	238,628	
3.00			0	CASHIERING/ACCOUNTS RECEIVABLE	6.03	237,266	
4.00			0	ADMINISTRATIVE AND GENERAL	6.04	2,508,533	
6.00			0	OPERATION OF PLANT	8	344,934	
7.00			0	HOUSEKEEPING	10	217,582	
8.00			0	DIETARY	11	241,584	
9.00			0	NURSING ADMINISTRATION	14	161,705	
10.00			0	CENTRAL SERVICES & SUPPLY	15	68,958	
11.00			0	PHARMACY	16	173,837	
12.00			0	MEDICAL RECORDS & LIBRARY	17	97,816	
13.00			0	I&R SERVICES-SALARY & FRINGES	22	16,178	
14.00			0	PARAMED PRGM	24	9,055	
15.00			0	ADULTS & PEDIATRICS	25	2,670,108	
16.00			0	RADIOLOGY-DIAGNOSTIC	41	38,464	
17.00			0	LABORATORY	44	56,825	
18.00			0	VOCATIONAL REHABILITATION	44.01	101,296	
20.00			0	ALLIED HEALTH	50.01	2,293,177	
21.00			0	SPEECH PATHOLOGY	52	2,032	
22.00			0	PROSTHETICS AND ORTHOTICS	59	314,445	
24.00			0	CLINIC	60	2,394,749	
25.00			0	RESEARCH	97	1,628,478	
26.00			0	FOUNDATION	98.01	198,885	
27.00			0	ACADEMY	98.02	239,565	
28.00			0	PARTNERSHIP EXPENSE	98.03	921,703	
TOTAL RECLASSIFICATIONS FOR CODE A			15,315,370				15,315,370

RECLASS CODE: B  
EXPLANATION : DEPRECIATION

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	5,681,832	EMPLOYEE BENEFITS	5	747	
2.00	NEW CAP REL COSTS-MVBLE EQUIP	4	5,066,665	ADMINISTRATIVE AND GENERAL	6.04	9,646,930	
3.00			0	RESEARCH	97	1,100,820	
TOTAL RECLASSIFICATIONS FOR CODE B			10,748,497				10,748,497

RECLASS CODE: C  
EXPLANATION : INTEREST

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	2,907,388	ADMINISTRATIVE AND GENERAL	6.04	2,685,987	
2.00			0	PARTNERSHIP EXPENSE	98.03	221,401	
TOTAL RECLASSIFICATIONS FOR CODE C			2,907,388				2,907,388

RECLASS CODE: D  
EXPLANATION : AMORTIZATION

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	139,106	ADMINISTRATIVE AND GENERAL	6.04	59,569	
2.00			0	CLINIC	60	79,537	
TOTAL RECLASSIFICATIONS FOR CODE D			139,106				139,106

RECLASS CODE: E  
EXPLANATION : ALLIED HEALTH - PT, OT, SP, PSYCH

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	PHYSICAL THERAPY	50	5,715,418	ALLIED HEALTH	50.01	11,586,150	
2.00	OCCUPATIONAL THERAPY	51	3,359,648			0	
3.00	PSYCHOLOGY	41.01	1,203,213			0	
4.00	SPEECH PATHOLOGY	52	1,307,871			0	
TOTAL RECLASSIFICATIONS FOR CODE E			11,586,150				11,586,150

RECLASS CODE: F  
EXPLANATION : NMH SERVICES

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	RADIOLOGY-DIAGNOSTIC	41	1,040,013	EMPLOYEE BENEFITS	5	1,901	

RECLASSIFICATIONS

PROVIDER NO:  
143026

PERIOD:  
FROM 9/1/2007  
TO 8/31/2008

PREPARED 1/26/2009  
WORKSHEET A-6  
NOT A CMS WORKSHEET

RECLASS CODE: F  
EXPLANATION: NMH SERVICES

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
2.00	RESPIRATORY THERAPY	49	817,195	ADULTS & PEDIATRICS	25	973,301	
3.00			0	CLINIC	60	120	
4.00			0	ALLIED HEALTH	50.01	881,886	
TOTAL RECLASSIFICATIONS FOR CODE F			1,857,208	1,857,208			

RECLASS CODE: G  
EXPLANATION: MEDICAL SUPPLIES

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	MEDICAL SUPPLIES CHARGED TO PA	55	1,007,608	ADMINISTRATIVE AND GENERAL	6.04	935	
2.00	CENTRAL SERVICES & SUPPLY	15	147,095	OPERATION OF PLANT	8	300	
3.00	RADIOLOGY-DIAGNOSTIC	41	44	HOUSEKEEPING	10	205	
4.00			0	ADULTS & PEDIATRICS	25	1,088,593	
6.00			0	RESPIRATORY THERAPY	49	2,275	
7.00			0	ALLIED HEALTH	50.01	3,988	
8.00			0	PROSTHETICS AND ORTHOTICS	59	27	
9.00			0	CLINIC	60	58,424	
TOTAL RECLASSIFICATIONS FOR CODE G			1,154,747	1,154,747			

RECLASS CODE: H  
EXPLANATION: TRANSCRIPTION AND PHY PRACTICE

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	MEDICAL RECORDS & LIBRARY	17	435,691	ADMINISTRATIVE AND GENERAL	6.04	1,938,115	
2.00	CLINIC	60	1,502,424			0	
TOTAL RECLASSIFICATIONS FOR CODE H			1,938,115	1,938,115			

RECLASS CODE: I  
EXPLANATION: LINEN

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	LAUNDRY & LINEN SERVICE	9	510,967	HOUSEKEEPING	10	510,967	
TOTAL RECLASSIFICATIONS FOR CODE I			510,967	510,967			

RECLASS CODE: J  
EXPLANATION: CAFETERIA

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	CAFETERIA	12	1,366,905	DIETARY	11	1,366,905	
TOTAL RECLASSIFICATIONS FOR CODE J			1,366,905	1,366,905			

RECLASS CODE: K  
EXPLANATION: DRUGS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	DRUGS CHARGED TO PATIENTS	56	2,421,396	PHARMACY	16	2,421,396	
TOTAL RECLASSIFICATIONS FOR CODE K			2,421,396	2,421,396			

RECLASS CODE: L  
EXPLANATION: PULMONARY

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	PULMONARY	41.02	445,289	ADULTS & PEDIATRICS	25	203,123	
2.00			0	CLINIC	60	242,166	
TOTAL RECLASSIFICATIONS FOR CODE L			445,289	445,289			

RECLASS CODE: M  
EXPLANATION: P&O PARAMEDICAL PROGRAM

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	PARAMED PRGM	24	119,995	PROSTHETICS AND ORTHOTICS	59	119,995	
TOTAL RECLASSIFICATIONS FOR CODE M			119,995	119,995			

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING	PURCHASES	ACQUISITIONS		TOTAL	DISPOSALS AND RETIREMENTS	ENDING BALANCE	FULLY DEPRECIATED ASSETS
	BALANCES		DONATION	TOTAL				
	1	2	3	4	5	6	7	
1 LAND	3,864,240	7,600		7,600		3,871,840		
2 LAND IMPROVEMENTS								
3 BUILDINGS & FIXTURE								
4 BUILDING IMPROVEMEN								
5 FIXED EQUIPMENT								
6 MOVABLE EQUIPMENT								
7 SUBTOTAL	3,864,240	7,600		7,600		3,871,840		
8 RECONCILING ITEMS								
9 TOTAL	3,864,240	7,600		7,600		3,871,840		

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING	PURCHASES	ACQUISITIONS		TOTAL	DISPOSALS AND RETIREMENTS	ENDING BALANCE	FULLY DEPRECIATED ASSETS
	BALANCES		DONATION	TOTAL				
	1	2	3	4	5	6	7	
1 LAND								
2 LAND IMPROVEMENTS								
3 BUILDINGS & FIXTURE	108,198,303	610,102		610,102		108,808,405		
4 BUILDING IMPROVEMEN	7,653,288	4,598,400		4,598,400		12,251,688		
5 FIXED EQUIPMENT								
6 MOVABLE EQUIPMENT	68,315,878	5,114,494		5,114,494		73,430,372		
7 SUBTOTAL	184,167,469	10,322,996		10,322,996		194,490,465		
8 RECONCILING ITEMS								
9 TOTAL	184,167,469	10,322,996		10,322,996		194,490,465		

PART III - RECONCILIATION OF CAPITAL COST CENTERS  
 DESCRIPTION

		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL			TOTAL
		GROSS ASSETS	CAPITALIZED LEASES	GROSS ASSETS FOR RATIO	RATIO	INSURANCE	TAXES	OTHER CAPITAL RELATED COSTS
		1	2	3	4	5	6	7
*								
1	OLD CAP REL COSTS-BL							
1 01	OLD CAP REL COSTS-BL							
2	OLD CAP REL COSTS-MV							
3	NEW CAP REL COSTS-BL							
4	NEW CAP REL COSTS-MV							
5	TOTAL				1.000000			

DESCRIPTION

SUMMARY OF OLD AND NEW CAPITAL

		DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL RELATED COST	TOTAL (1)
		9	10	11	12	13	14	15
*								
1	OLD CAP REL COSTS-BL							
1 01	OLD CAP REL COSTS-BL							
2	OLD CAP REL COSTS-MV							
3	NEW CAP REL COSTS-BL	5,323,253		593,741				5,916,994
4	NEW CAP REL COSTS-MV	5,066,665						5,066,665
5	TOTAL	10,389,918		593,741				10,983,659

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 01	OLD CAP REL COSTS-BL							
2	OLD CAP REL COSTS-MV							
3	NEW CAP REL COSTS-BL							
4	NEW CAP REL COSTS-MV							
5	TOTAL							

\* All line numbers except line 5 are to be consistent with Worksheet 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

1	DESCRPTION (1)	(2) BASIS/CODE 1	AMOUNT 2	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED		LINE NO 4	WKST. A-7 REF. 5
				3 COST CENTER			
1	INVST INCOME-OLD BLDGS AND FIXTURES			OLD CAP REL COSTS-BLDG &		1	
2	INVESTMENT INCOME-OLD MOVABLE EQUIP			OLD CAP REL COSTS-MVBLE E		2	
3	INVST INCOME-NEW BLDGS AND FIXTURES	B	-2,313,647	NEW CAP REL COSTS-BLDG &		3	11
4	INVESTMENT INCOME-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E		4	
5	INVESTMENT INCOME-OTHER						
6	TRADE, QUANTITY AND TIME DISCOUNTS						
7	REFUNDS AND REBATES OF EXPENSES						
8	RENTAL OF PRVIDER SPACE BY SUPPLIERS	B	-497,685	NEW CAP REL COSTS-BLDG &		3	9
9	TELEPHONE SERVICES						
10	TELEVISION AND RADIO SERVICE						
11	PARKING LOT	B	-509,692	OPERATION OF PLANT		8	
12	PROVIDER BASED PHYSICIAN ADJUSTMENT	A-8-2	-7,973,030				
13	SALE OF SCRAP, WASTE, ETC.						
14	RELATED ORGANIZATION TRANSACTIONS	A-8-1					
15	LAUNDRY AND LINEN SERVICE						
16	CAFETERIA--EMPLOYEES AND GUESTS	B	-763,883	CAFETERIA		12	
17	RENTAL OF QTRS TO EMPLOYEE AND OTHRS						
18	SALE OF MED AND SURG SUPPLIES						
19	SALE OF DRUGS TO OTHER THAN PATIENTS						
20	SALE OF MEDICAL RECORDS & ABSTRACTS						
21	NURSG SCHOOL(TUITN, FEES, BOOKS, ETC.)						
22	VENDING MACHINES	B	-15,000	CAFETERIA		12	
23	INCOME FROM IMPOSITION OF INTEREST						
24	INTRST EXP ON MEDICARE OVERPAYMENTS						
25	ADJUSTMENT FOR RESPIRATORY THERAPY	A-8-3/A-8-4		RESPIRATORY THERAPY		49	
26	ADJUSTMENT FOR PHYSICAL THERAPY	A-8-3/A-8-4		PHYSICAL THERAPY		50	
27	ADJUSTMENT FOR HHA PHYSICAL THERAPY	A-8-3					
28	UTILIZATION REVIEW-PHYSIAN COMP			**COST CENTER DELETED**		89	
29	DEPRECIATION-OLD BLDGS AND FIXTURES			OLD CAP REL COSTS-BLDG &		1	
30	DEPRECIATION-OLD MOVABLE EQUIP			OLD CAP REL COSTS-MVBLE E		2	
31	DEPRECIATION-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &		3	
32	DEPRECIATION-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E		4	
33	NON-PHYSICIAN ANESTHETIST			**COST CENTER DELETED**		20	
34	PHYSICIANS' ASSISTANT						
35	ADJUSTMENT FOR OCCUPATIONAL THERAPY	A-8-4		OCCUPATIONAL THERAPY		51	
36	ADJUSTMENT FOR SPEECH PATHOLOGY	A-8-4		SPEECH PATHOLOGY		52	
37	PARKING LOT VOC REHAB	B	-2,025	VOCATIONAL REHABILITATION		44.01	
38	PARKING LOT PAIN ADMIN	B	-1,666	OCCUPATIONAL THERAPY		51	
39	REMOVE BAD DEBT EXPENSE	A	-1,638,609	ADMINISTRATIVE AND GENERA		6.04	
40	CONTRIBUTION EXPENSE	A	-160,000	ADMINISTRATIVE AND GENERA		6.04	
41	PRIVATE DUTY NURSING	A	-147,535	ADULTS & PEDIATRICS		25	
42	PROVIDER TAX	A	-2,469,320	ADMINISTRATIVE AND GENERA		6.04	
43	INTERNATIONAL RELATIONS	A	-175,849	ADMINISTRATIVE AND GENERA		6.04	
44	MARKETING	A	-277,126	ADMINISTRATIVE AND GENERA		6.04	
45	REFERRAL DEVELOPMENT	A	-5,246	NURSING ADMINISTRATIVE		14	
46	PHY PROF FEES	A	-324,028	ADMINISTRATIVE AND GENERA		6.04	
47	PHY PROF FEES	A	-80,575	CLINIC		60	
48	DEFERRED REVENUE	B	-338	ADMINISTRATIVE AND GENERA		6.04	
49	DEFERRED REVENUE	B	-238	ADULTS & PEDIATRICS		25	
49.01	DEFERRED REVENUE	B	-758	CLINIC		60	
49.02	TUITION	B	-450	CLINIC		60	
49.03	NON OPER REV	B	-50	EMPLOYEE BENEFITS		5	
49.04	NON OPER REV	B	-37,066	CASHIERING/ACCOUNTS RECEI		6.03	
49.05	NON OPER REV	B	-519,415	ADMINISTRATIVE AND GENERA		6.04	
49.06	NON OPER REV	B	-27,255	OPERATION OF PLANT		8	
49.07	NON OPER REV	B	-17	HOUSEKEEPING		10	
49.08	NON OPER REV	B	-36,367	DIETARY		11	
49.09	NON OPER REV	B	-34	NURSING ADMINISTRATIVE		14	
49.10	NON OPER REV	B	-269	PHARMACY		16	
49.11	NON OPER REV	B	-8,334	MEDICAL RECORDS & LIBRARY		17	
49.12	NON OPER REV	B	-100	I&R SERVICES-SALARY & FRI		22	
49.13	NON OPER REV	B	-8,230	ADULTS & PEDIATRICS		25	
49.14	NON OPER REV	B	-16,643	RADIOLOGY-DIAGNOSTIC		41	
49.15	NON OPER REV	B	-537	VOCATIONAL REHABILITATION		44.01	
49.16	NON OPER REV	B	-511,265	CLINIC		60	
49.17	NON OPER REV	B	-789,776	PHYSICAL THERAPY		50	
49.18	NON OPER REV	B	-40	SPEECH PATHOLOGY		52	
49.19	NON OPER REV	B	-63,443	PROSTHETICS AND ORTHOTICS		59	
49.20	NON OPER REV	B	-6,212	CLINIC		60	
49.21	DEPOSITION INCOME	B	-62,590	ADMINISTRATIVE AND GENERA		6.04	
49.22	DEPOSITION INCOME	B	-92,378	CLINIC		60	
49.23	DEPOSITION INCOME	B	-2,250	OCCUPATIONAL THERAPY		51	
49.24	DEPOSITION INCOME	B	-29,565	CLINIC		60	
50	TOTAL (SUM OF LINES 1 THRU 49)		-19,568,536				

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

(2) Basis for adjustment (see instructions).

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

B. Amount Received - if cost cannot be determined.

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENTS

PROVIDER NO: 14-3026  
 PERIOD: FROM 9/1/2007 TO 8/31/2008  
 PREPARED: 1/26/2009  
 WORKSHEET: A-8-2  
 GROUP: 1

WKSHT A LINE NO.	COST CENTER/ PHYSICIAN IDENTIFIER	TOTAL REMUN- ERATION	PROFES- SIONAL COMPONENT	PROVIDER COMPONENT	RCE AMOUNT	PHYSICIAN/ PROVIDER COMPONENT HOURS	UNADJUSTED RCE LIMIT	5 PERCENT OF UNADJUSTED RCE LIMIT
1	2	3	4	5	6	7	8	9
60	PHY PRACTICE	8,598,113	7,973,030	625,083	177,200	8,248	702,666	35,133
101	TOTAL	8,598,113	7,973,030	625,083		8,248	702,666	35,133



COST ALLOCATION STATISTICS

PROVIDER NO: 14-3026  
 PERIOD: FROM 9/1/2007 TO 8/31/2008  
 PREPARED 1/26/2009  
 NOT A CMS WORKSHEET

LINE NO.	COST CENTER DESCRIPTION	STATISTICS CODE	STATISTICS DESCRIPTION		
	GENERAL SERVICE COST				
1	OLD CAP REL COSTS-BLDG & FIXT	1	SQUARE	FEET	NOT ENTERED
1.01	OLD CAP REL COSTS-BLDG & FIXT	1	SQUARE	FEET	NOT ENTERED
2	OLD CAP REL COSTS-MVBLE EQUIP	2	DOLLAR	VALUE	NOT ENTERED
3	NEW CAP REL COSTS-BLDG & FIXT	3	SQUARE	FEET	ENTERED
4	NEW CAP REL COSTS-MVBLE EQUIP	4	DOLLAR	VALUE	ENTERED
5	EMPLOYEE BENEFITS	5	GROSS	SALARIES	ENTERED
6.01	PURCHASING, RECEIVING AND STORES	25	OTHER EXPENSE		ENTERED
6.02	ADMITTING	24	INPATIENT CHARGES		ENTERED
6.03	CASHIERING/ACCOUNTS RECEIVABLE	C	GROSS	CHARGES	NOT ENTERED
6.04	ADMINISTRATIVE AND GENERAL	#	ACCUM.	COST	NOT ENTERED
8	OPERATION OF PLANT	7	SQUARE	FEET	ENTERED
9	LAUNDRY & LINEN SERVICE	8	POUNDS OF	LAUNDRY	ENTERED
10	HOUSEKEEPING	9	HOURS OF	SERVICE	ENTERED
11	DIETARY	10	MEALS	SERVED	ENTERED
12	CAFETERIA	11	MEALS	SERVED	ENTERED
14	NURSING ADMINISTRATION	13	DIRECT	NRSING HRS	ENTERED
15	CENTRAL SERVICES & SUPPLY	14	COSTED	REQUI S.	ENTERED
16	PHARMACY	15	COSTED	REQUI S.	ENTERED
17	MEDICAL RECORDS & LIBRARY	16	TIME	SPENT	ENTERED
22	I&R SERVICES-SALARY & FRINGES APPRVD	20	ASSIGNED	TIME	ENTERED
23	I&R SERVICES-OTHER PRGM COSTS APPRVD	21	ASSIGNED	TIME	ENTERED
24	PARAMED ED PRGM	22	ASSIGNED	TIME	ENTERED

COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION	OLD CAP REL C OSTS-BLDG & 1	OLD CAP REL C OSTS-BLDG & 1.01	OLD CAP REL C OSTS-MVBLE E 2	NEW CAP REL C OSTS-BLDG & 3	NEW CAP REL C OSTS-MVBLE E 4	EMPLOYEE BENE FITS 5
001 GENERAL SERVICE COST CNTR							
001 01 OLD CAP REL COSTS-BLDG &							
002 OLD CAP REL COSTS-MVBLE E							
003 NEW CAP REL COSTS-BLDG &	5,916,994				5,916,994		
004 NEW CAP REL COSTS-MVBLE E	5,066,665					5,066,665	
005 EMPLOYEE BENEFITS	17,642,377				61,380	4,852	17,708,609
006 01 PURCHASING, RECEIVING AND	729,609					2,712	146,462
006 02 ADMINITTING	1,129,833				30,349	4,360	250,955
006 03 CASHIERING/ACCOUNTS RECEI	2,637,036				60,698	31,448	249,363
006 04 ADMINISTRATIVE AND GENERA	23,963,741				837,030	3,523,201	2,829,902
008 OPERATION OF PLANT	4,959,615				540,072	273,023	358,633
009 LAUNDRY & LINEN SERVICE	510,967						
010 HOUSEKEEPING	1,729,616				30,690	31,451	227,147
011 DIETARY	986,696				268,195	46,187	164,701
012 CAFETERIA	588,022						88,685
014 NURSING ADMINISTRATION	785,413				22,762	1,760	170,830
015 CENTRAL SERVICES & SUPPLY	440,902				122,759	5,553	72,277
016 PHARMACY	927,560				24,552	50,472	181,990
017 MEDICAL RECORDS & LIBRARY	1,085,833				45,523	2,362	101,144
022 I&R SERVICES-SALARY & FRI	2,625,265				60,698		20,155
023 I&R SERVICES-OTHER PRGMC							
024 PARAMED ED PRGM	179,152						36,584
025 INPAT ROUTINE SRVC CNTRS							
ADULTS & PEDIATRICS	13,208,265				1,508,264	100,558	2,749,709
ANCILLARY SRVC COST CNTRS							
041 RADIOLOGY-DIAGNOSTIC	1,319,959				45,523	80,368	39,483
041 01 PSYCHOLOGY	1,203,213						247,969
041 02 PULMONARY	445,503					371	
044 LABORATORY	684,277				126,715		58,818
044 01 VOCATIONAL REHABILITATION	642,047					2,288	105,966
049 RESPIRATORY THERAPY	822,843					9,042	
050 PHYSICAL THERAPY	4,925,642				529,041	15,102	1,177,887
050 01 ALLIED HEALTH							
051 OCCUPATIONAL THERAPY	3,355,732				295,117		692,388
052 SPEECH PATHOLOGY	1,317,160				165,964	5,543	271,249
055 MEDICAL SUPPLIES CHARGED	1,007,608						
056 DRUGS CHARGED TO PATIENTS	4,036,370						
059 PROSTHETICS AND ORTHOTICS	2,877,039				60,698	24,120	301,625
060 OUTPAT SERVICE COST CNTRS							
062 CLINIC	17,273,000				549,859	194,446	3,930,108
OBSERVATION BEDS (NON-DIS							
SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	125,023,954				5,385,889	4,409,219	14,474,030
NONREIMBURS COST CENTERS							
097 RESEARCH	13,610,907				364,186	614,971	1,722,855
098 PHYSICIANS' PRIVATE OFFIC							
098 01 FOUNDATION	1,501,375				30,349	1,229	219,506
098 02 ACADEMY	1,817,873				136,570	29,397	243,782
098 03 PARTNERSHIP EXPENSE	5,183,345					11,849	1,048,436
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	147,137,454				5,916,994	5,066,665	17,708,609

COST CENTER DESCRIPTION	PURCHASING, RECEIVING AND	ADMINISTRATIVE AND GENERAL	CASHIERING/ACCOUNTS RECEIVABLE	SUBTOTAL	ADMINISTRATIVE AND GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE
	6.01	6.02	6.03	6a.03	6.04	8	9
001 GENERAL SERVICE COST CNTR							
001 01 OLD CAP REL COSTS-BLDG &							
002 OLD CAP REL COSTS-MVBLE E							
003 NEW CAP REL COSTS-BLDG &							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS							
006 01 PURCHASING, RECEIVING AND	878,783						
006 02 ADMINISTRATION	6,120	1,421,617					
006 03 CASHIERING/ACCOUNTS RECEI	6,474		2,985,019				
006 04 ADMINISTRATIVE AND GENERA	154,691			31,308,565	31,308,565		
008 OPERATION OF PLANT	23,373			6,154,716	1,663,620	7,818,336	
009 LAUNDRY & LINEN SERVICE				510,967	138,114		649,081
010 HOUSEKEEPING	2,177			2,021,081	546,298	54,688	
011 DIETARY	31,040			1,496,819	404,590	477,915	
012 CAFETERIA	16,714			693,421	187,432		
014 NURSING ADMINISTRATION	953			981,718	265,358	40,561	
015 CENTRAL SERVICES & SUPPLY	82,894			724,385	195,801	218,753	
016 PHARMACY	5,336			1,189,910	321,633	43,751	
017 MEDICAL RECORDS & LIBRARY	18,992			1,253,854	338,917	81,121	
022 I&R SERVICES-SALARY & FRI	6,857			2,712,975	733,317	108,161	
023 I&R SERVICES-OTHER PRGM C							
024 PARAMEDICAL PRGM				215,736	58,313		
025 INPATIENT ROUTINE SRVC CNTRS							
ADULTS & PEDIATRICS	35,690	523,361	640,418	18,766,265	5,072,521	2,687,690	649,081
ANCILLARY SRVC COST CNTRS							
041 RADIOLOGY-DIAGNOSTIC	2,622	20,784	40,291	1,549,030	418,703	81,121	
041 01 PSYCHOLOGY	4,032	21,675	67,133	1,544,022	417,349		
041 02 PULMONARY		8,103	17,205	471,182	127,360		
044 LABORATORY	2,386	89,050	121,763	1,083,009	292,737	225,802	
044 01 VOCATIONAL REHABILITATION	1,208	333	18,172	770,014	208,135		
049 RESPIRATORY THERAPY	1,057	33,806	42,814	909,562	245,855		
050 PHYSICAL THERAPY	19,162	176,517	372,002	7,215,353	1,950,310	942,736	
050 01 ALLIED HEALTH							
051 OCCUPATIONAL THERAPY	11,265	174,945	260,872	4,790,319	1,294,823	525,889	
052 SPEECH PATHOLOGY	5,062	65,482	96,816	1,927,276	520,943	295,742	
055 MEDICAL SUPPLIES CHARGED		74,056	91,388	1,173,052	317,076		
056 DRUGS CHARGED TO PATIENTS		174,114	255,994	4,466,478	1,207,289		
059 PROSTHETICS AND ORTHOTICS	13,857	13,110	111,481	3,401,930	919,542	108,161	
060 OUTPATIENT SERVICE COST CNTRS							
062 CLINIC OBSERVATION BEDS (NON-DIS	76,473	168	848,670	22,872,724	6,182,514	979,833	
SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	528,435	1,375,504	2,985,019	120,204,363	24,028,550	6,871,924	649,081
NONREIMBURS COST CENTERS							
097 RESEARCH	98,867			16,411,786	4,436,106	648,968	
098 PHYSICIANS' PRIVATE OFFIC							
098 01 FOUNDATION	39,213			1,791,672	484,289	54,081	
098 02 ACADEMY	207,060			2,434,682	658,095	243,363	
098 03 PARTNERSHIP EXPENSE	5,208	46,113		6,294,951	1,701,525		
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	878,783	1,421,617	2,985,019	147,137,454	31,308,565	7,818,336	649,081

COST CENTER DESCRIPTION	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY
	10	11	12	14	15	16	17
001 GENERAL SERVICE COST CNTR							
001 01 OLD CAP REL COSTS-BLDG &							
002 OLD CAP REL COSTS-MVBLE E							
003 NEW CAP REL COSTS-BLDG &							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS							
006 01 PURCHASING, RECEIVING AND							
006 02 ADMITTING							
006 03 CASHIERING/ACCOUNTS RECEI							
006 04 ADMINISTRATIVE AND GENERA							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING	2,622,067						
011 DIETARY	269,345	2,648,669					
012 CAFETERIA			880,853				
014 NURSING ADMINISTRATION	17,973		11,457	1,317,067			
015 CENTRAL SERVICES & SUPPLY	16,946		10,615		1,166,500		
016 PHARMACY	5,906		11,418			1,572,618	
017 MEDICAL RECORDS & LIBRARY	17,460		11,154				1,702,506
022 I&R SERVICES-SALARY & FRI	73,691		2,526				
023 I&R SERVICES-OTHER PRGM C			4,749				
024 PARAMED ED PRGM							
025 INPAT ROUTINE SRVC CNTRS							
ADULTS & PEDIATRICS	1,555,215	2,648,669	256,417	1,317,067			462,109
ANCILLARY SRVC COST CNTRS							
041 RADIOLOGY-DIAGNOSTIC	15,663		3,339				34,745
041 01 PSYCHOLOGY	31,325		17,646				26,059
041 02 PULMONARY	12,068						5,212
044 LABORATORY	6,676		6,120				130,294
044 01 VOCATIONAL REHABILITATION	30,555		9,303				46,906
049 RESPIRATORY THERAPY							
050 PHYSICAL THERAPY	195,910		83,765				220,631
050 01 ALLIED HEALTH							
051 OCCUPATIONAL THERAPY	81,651		49,237				83,388
052 SPEECH PATHOLOGY	41,596		19,438				52,118
055 MEDICAL SUPPLIES CHARGED					1,166,500		
056 DRUGS CHARGED TO PATIENTS						1,572,618	
059 PROSTHETICS AND ORTHOTICS	22,852		21,524				1,737
060 OUTPAT SERVICE COST CNTRS							
062 CLINIC	155,342		170,673				602,825
095 OBSERVATION BEDS (NON-DIS							
SPEC PURPOSE COST CENTERS	2,550,174	2,648,669	689,381	1,317,067	1,166,500	1,572,618	1,666,024
NONREIMBURS COST CENTERS							
097 RESEARCH	34,406		122,563				36,482
098 PHYSICIANS' PRIVATE OFFIC							
098 01 FOUNDATION	28,244		13,298				
098 02 ACADEMY	9,243		14,561				
098 03 PARTNERSHIP EXPENSE			41,050				
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	2,622,067	2,648,669	880,853	1,317,067	1,166,500	1,572,618	1,702,506

COST CENTER DESCRIPTION	I&R SERVICES- I&R SERVICES- PARAMED PR SUBTOTAL				I&R COST POST STEP-DOWN ADJ 26	TOTAL 27
	SALARY & FRI 22	OTHER PRGM C 23	GM 24	25		
001 GENERAL SERVICE COST CNTR						
001 01 OLD CAP REL COSTS-BLDG &						
002 OLD CAP REL COSTS-MVBLE E						
003 NEW CAP REL COSTS-BLDG &						
004 NEW CAP REL COSTS-MVBLE E						
005 EMPLOYEE BENEFITS						
006 01 PURCHASING, RECEIVING AND						
006 02 ADMINISTRATION						
006 03 CASHIERING/ACCOUNTS RECEI						
006 04 ADMINISTRATIVE AND GENERA						
008 OPERATION OF PLANT						
009 LAUNDRY & LINEN SERVICE						
010 HOUSEKEEPING						
011 DIETARY						
012 CAFETERIA						
014 NURSING ADMINISTRATION						
015 CENTRAL SERVICES & SUPPLY						
016 PHARMACY						
017 MEDICAL RECORDS & LIBRARY						
022 I&R SERVICES-SALARY & FRI	3,630,670					
023 I&R SERVICES-OTHER PRGM C		4,749				
024 PARAMED PRGM			274,049			
025 INPAT ROUTINE SRVC CNTRS						
ADULTS & PEDIATRICS	2,178,402	2,849	128,803	35,725,088	-2,181,251	33,543,837
ANCILLARY SRVC COST CNTRS						
RADIOLOGY-DIAGNOSTIC				2,102,601		2,102,601
041 01 PSYCHOLOGY				2,036,401		2,036,401
041 02 PULMONARY				615,822		615,822
044 LABORATORY				1,744,638		1,744,638
044 01 VOCATIONAL REHABILITATION				1,064,913		1,064,913
049 RESPIRATORY THERAPY				1,155,417		1,155,417
050 PHYSICAL THERAPY	1,089,201	1,425		11,699,331	-1,090,626	10,608,705
050 01 ALLIED HEALTH						
051 OCCUPATIONAL THERAPY				6,825,307		6,825,307
052 SPEECH PATHOLOGY				2,857,113		2,857,113
055 MEDICAL SUPPLIES CHARGED				2,656,628		2,656,628
056 DRUGS CHARGED TO PATIENTS				7,246,385		7,246,385
059 PROSTHETICS AND ORTHOTICS				4,475,746		4,475,746
060 OUTPAT SERVICE COST CNTRS						
062 CLINIC			145,246	31,109,157		31,109,157
OBSERVATION BEDS (NON-DIS						
SPEC PURPOSE COST CENTERS						
095 SUBTOTALS	3,267,603	4,274	274,049	111,314,547	-3,271,877	108,042,670
NONREIMBURS COST CENTERS						
097 RESEARCH				21,690,311		21,690,311
098 PHYSICIANS' PRIVATE OFFIC						
098 01 FOUNDATION				2,371,584		2,371,584
098 02 ACADEMY				3,359,944		3,359,944
098 03 PARTNERSHIP EXPENSE	363,067	475		8,401,068	-363,542	8,037,526
101 CROSS FOOT ADJUSTMENT						
102 NEGATIVE COST CENTER						
103 TOTAL	3,630,670	4,749	274,049	147,137,454	-3,635,419	143,502,035

COST CENTER DESCRIPTION	DIR ASSGND NEW CAPITAL REL COSTS	OLD CAP REL C OSTS-BLDG & 1	OLD CAP REL C OSTS-BLDG & 1.01	OLD CAP REL C OSTS-MVBLE E 2	NEW CAP REL C OSTS-BLDG & 3	NEW CAP REL C OSTS-MVBLE E 4	SUBTOTAL 4a
001 GENERAL SERVICE COST CNTR							
001 01 OLD CAP REL COSTS-BLDG &							
002 OLD CAP REL COSTS-MVBLE E							
003 NEW CAP REL COSTS-BLDG &							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS	586				61,380	4,852	66,818
006 01 PURCHASING, RECEIVING AND	7,796					2,712	10,508
006 02 ADMINITTING	165				30,349	4,360	34,874
006 03 CASHIERING/ACCOUNTS RECEI					60,698	31,448	92,146
006 04 ADMINISTRATIVE AND GENERA	1,227,979				837,030	3,523,201	5,588,210
008 OPERATION OF PLANT	1,328,422				540,072	273,023	2,141,517
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING					30,690	31,451	62,141
011 DIETARY	1,467				268,195	46,187	315,849
012 CAFETERIA							
014 NURSING ADMINISTRATION					22,762	1,760	24,522
015 CENTRAL SERVICES & SUPPLY					122,759	5,553	128,312
016 PHARMACY	165				24,552	50,472	75,189
017 MEDICAL RECORDS & LIBRARY	9,758				45,523	2,362	57,643
022 I&R SERVICES-SALARY & FRI	9,471				60,698		70,169
023 I&R SERVICES-OTHER PRGMC							
024 PARAMED ED PRGM							
025 INPAT ROUTINE SRVC CNTRS							
ADULTS & PEDIATRICS	9,775				1,508,264	100,558	1,618,597
ANCILLARY SRVC COST CNTRS							
041 RADIOLOGY-DIAGNOSTIC	8,332				45,523	80,368	134,223
041 01 PSYCHOLOGY							
041 02 PULMONARY						371	371
044 LABORATORY					126,715		126,715
044 01 VOCATIONAL REHABILITATION	87,070					2,288	89,358
049 RESPIRATORY THERAPY						9,042	9,042
050 PHYSICAL THERAPY					529,041	15,102	544,143
050 01 ALLIED HEALTH							
051 OCCUPATIONAL THERAPY	172,503				295,117		467,620
052 SPEECH PATHOLOGY					165,964	5,543	171,507
055 MEDICAL SUPPLIES CHARGED							
056 DRUGS CHARGED TO PATIENTS							
059 PROSTHETICS AND ORTHOTICS					60,698	24,120	84,818
OUTPAT SERVICE COST CNTRS							
060 CLINIC	1,653,626				549,859	194,446	2,397,931
062 OBSERVATION BEDS (NON-DIS							
SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	4,517,115				5,385,889	4,409,219	14,312,223
NONREIMBURS COST CENTERS							
097 RESEARCH	300,510				364,186	614,971	1,279,667
098 PHYSICIANS' PRIVATE OFFIC							
098 01 FOUNDATION					30,349	1,229	31,578
098 02 ACADEMY	15,551				136,570	29,397	181,518
098 03 PARTNERSHIP EXPENSE	65,272					11,849	77,121
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	4,898,448				5,916,994	5,066,665	15,882,107

COST CENTER DESCRIPTION	EMPLOYEE BENEFITS	PURCHASING, RECEIVING AND	ADMINISTRATIVE	CASHIERING/ACCOUNTS RECEIVABLE	ADMINISTRATIVE AND GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE
	5	6.01	6.02	6.03	6.04	8	9
001 GENERAL SERVICE COST CNTR							
001 01 OLD CAP REL COSTS-BLDG &							
002 OLD CAP REL COSTS-MVBLE E							
003 NEW CAP REL COSTS-BLDG &							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS	66,818						
006 01 PURCHASING, RECEIVING AND	553	11,061					
006 02 ADMINITTING	947	77	35,898				
006 03 CASHIERING/ACCOUNTS RECEI	941	81		93,168			
006 04 ADMINISTRATIVE AND GENERA	10,683	1,947			5,600,840		
008 OPERATION OF PLANT	1,354	294			297,605	2,440,770	
009 LAUNDRY & LINEN SERVICE					24,707		24,707
010 HOUSEKEEPING	858	27			97,727	17,073	
011 DIETARY	622	391			72,377	149,198	
012 CAFETERIA	335	210			33,530		
014 NURSING ADMINISTRATION	645	12			47,470	12,662	
015 CENTRAL SERVICES & SUPPLY	273	1,043			35,027	68,292	
016 PHARMACY	687	67			57,537	13,658	
017 MEDICAL RECORDS & LIBRARY	382	239			60,629	25,325	
022 I&R SERVICES-SALARY & FRI	76	86			131,183	33,766	
023 I&R SERVICES-OTHER PRGM C							
024 PARAMED ED PRGM	138				10,432		
025 INPAT ROUTINE SRVC CNTRS							
ADULTS & PEDIATRICS	10,381	449	13,200	20,000	907,424	839,060	24,707
ANCILLARY SRVC COST CNTRS							
041 RADIOLOGY-DIAGNOSTIC	149	33	525	1,258	74,902	25,325	
041 01 PSYCHOLOGY	936	51	548	2,097	74,660		
041 02 PULMONARY			205	537	22,784		
044 LABORATORY	222	30	2,250	3,803	52,368	70,492	
044 01 VOCATIONAL REHABILITATION	400	15	8	568	37,233		
049 RESPIRATORY THERAPY		13	854	1,337	43,981		
050 PHYSICAL THERAPY	4,447	241	4,461	11,617	348,891	294,308	
050 01 ALLIED HEALTH							
051 OCCUPATIONAL THERAPY	2,614	142	4,421	8,147	231,631	164,175	
052 SPEECH PATHOLOGY	1,024	64	1,655	3,024	93,192	92,326	
055 MEDICAL SUPPLIES CHARGED			1,871	2,854	56,722		
056 DRUGS CHARGED TO PATIENTS			4,400	7,995	215,972		
059 PROSTHETICS AND ORTHOTICS	1,139	174	331	3,482	164,497	33,766	
060 OUTPAT SERVICE COST CNTRS							
CLINIC	14,801	963	4	26,449	1,106,035	305,889	
062 OBSERVATION BEDS (NON-DIS							
SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	54,607	6,649	34,733	93,168	4,298,516	2,145,315	24,707
NONREIMBURS COST CENTERS							
097 RESEARCH	6,504	1,244			793,576	202,598	
098 PHYSICIANS' PRIVATE OFFIC							
098 01 FOUNDATION	829	494			86,635	16,883	
098 02 ACADEMY	920	2,608			117,727	75,974	
098 03 PARTNERSHIP EXPENSE	3,958	66	1,165		304,386		
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	66,818	11,061	35,898	93,168	5,600,840	2,440,770	24,707

COST CENTER DESCRIPTION	HOUSEKEEPING 10	DIETARY 11	CAFETERIA 12	NURSING ADMINISTRATION 14	CENTRAL SERVICES & SUPPLY 15	PHARMACY 16	MEDICAL RECORDS & LIBRARY 17
001 GENERAL SERVICE COST CNTR							
001 01 OLD CAP REL COSTS-BLDG &							
002 OLD CAP REL COSTS-MVBLE E							
003 NEW CAP REL COSTS-BLDG &							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS							
006 01 PURCHASING, RECEIVING AND							
006 02 ADMINITTING							
006 03 CASHIERING/ACCOUNTS RECEI							
006 04 ADMINISTRATIVE AND GENERA							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING	177,826						
011 DIETARY	18,267	556,704					
012 CAFETERIA			34,075				
014 NURSING ADMINISTRATION	1,219		443	86,973			
015 CENTRAL SERVICES & SUPPLY	1,149		411		234,507		
016 PHARMACY	401		442			147,981	
017 MEDICAL RECORDS & LIBRARY	1,184		431				145,833
022 I&R SERVICES-SALARY & FRI	4,998		98				
023 I&R SERVICES-OTHER PRGM C			184				
024 PARAMED ED PRGM							
025 INPAT ROUTINE SRVC CNTRS							
ADULTS & PEDIATRICS	105,475	556,704	9,919	86,973			39,583
ANCILLARY SRVC COST CNTRS							
041 RADIOLOGY-DIAGNOSTIC	1,062		129				2,976
041 01 PSYCHOLOGY	2,124		683				2,232
041 02 PULMONARY	818						446
044 LABORATORY	453		237				11,161
044 01 VOCATIONAL REHABILITATION	2,072		360				4,018
049 RESPIRATORY THERAPY							
050 PHYSICAL THERAPY	13,286		3,240				18,899
050 01 ALLIED HEALTH							
051 OCCUPATIONAL THERAPY	5,537		1,905				7,143
052 SPEECH PATHOLOGY	2,821		752				4,464
055 MEDICAL SUPPLIES CHARGED					234,507		
056 DRUGS CHARGED TO PATIENTS						147,981	
059 PROSTHETICS AND ORTHOTICS	1,550		833				149
060 OUTPAT SERVICE COST CNTRS							
CLINIC	10,535		6,602				51,637
062 OBSERVATION BEDS (NON-DIS							
SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	172,951	556,704	26,669	86,973	234,507	147,981	142,708
NONREIMBURS COST CENTERS							
097 RESEARCH	2,333		4,741				3,125
098 PHYSICIANS' PRIVATE OFFIC							
098 01 FOUNDATION	1,915		514				
098 02 ACADEMY	627		563				
098 03 PARTNERSHIP EXPENSE			1,588				
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	177,826	556,704	34,075	86,973	234,507	147,981	145,833

COST CENTER DESCRIPTION	I&R SERVICES- SALARY & FRI	I&R SERVICES- OTHER PRGM C	PARAMED ED PR GM	SUBTOTAL	POST STEPDOWN ADJUSTMENT	TOTAL
	22	23	24	25	26	27
001 GENERAL SERVICE COST CNTR						
001 01 OLD CAP REL COSTS-BLDG &						
002 OLD CAP REL COSTS-MVBLE E						
003 NEW CAP REL COSTS-BLDG &						
004 NEW CAP REL COSTS-MVBLE E						
005 EMPLOYEE BENEFITS						
006 01 PURCHASING, RECEIVING AND						
006 02 ADMINITTING						
006 03 CASHIERING/ACCOUNTS RECEI						
006 04 ADMINISTRATIVE AND GENERA						
008 OPERATION OF PLANT						
009 LAUNDRY & LINEN SERVICE						
010 HOUSEKEEPING						
011 DIETARY						
012 CAFETERIA						
014 NURSING ADMINISTRATION						
015 CENTRAL SERVICES & SUPPLY						
016 PHARMACY						
017 MEDICAL RECORDS & LIBRARY						
022 I&R SERVICES-SALARY & FRI	240,376					
023 I&R SERVICES-OTHER PRGM C		184				
024 PARAMED ED PRGM			10,570			
025 INPAT ROUTINE SRVC CNTRS				4,232,472		4,232,472
ADULTS & PEDIATRICS						
ANCILLARY SRVC COST CNTRS						
041 RADIOLOGY-DIAGNOSTIC				240,582		240,582
041 01 PSYCHOLOGY				83,331		83,331
041 02 PULMONARY				25,161		25,161
044 LABORATORY				267,731		267,731
044 01 VOCATIONAL REHABILITATION				134,032		134,032
049 RESPIRATORY THERAPY				55,227		55,227
050 PHYSICAL THERAPY				1,243,533		1,243,533
050 01 ALLIED HEALTH						
051 OCCUPATIONAL THERAPY				893,335		893,335
052 SPEECH PATHOLOGY				370,829		370,829
055 MEDICAL SUPPLIES CHARGED				295,954		295,954
056 DRUGS CHARGED TO PATIENTS				376,348		376,348
059 PROSTHETICS AND ORTHOTICS				290,739		290,739
060 OUTPAT SERVICE COST CNTRS						
062 CLINIC				3,920,846		3,920,846
OBSERVATION BEDS (NON-DIS						
SPEC PURPOSE COST CENTERS						
095 SUBTOTALS				12,430,120		12,430,120
NONREIMBURS COST CENTERS						
097 RESEARCH				2,293,788		2,293,788
098 PHYSICIANS' PRIVATE OFFIC						
098 01 FOUNDATION				138,848		138,848
098 02 ACADEMY				379,937		379,937
098 03 PARTNERSHIP EXPENSE				388,284		388,284
101 CROSS FOOT ADJUSTMENTS	240,376	184	10,570	251,130		251,130
102 NEGATIVE COST CENTER						
103 TOTAL	240,376	184	10,570	15,882,107		15,882,107

COST CENTER DESCRIPTION	OLD CAP REL COSTS-BLDG & (SQUARE FEET)	OLD CAP REL COSTS-BLDG & (SQUARE FEET)	OLD CAP REL COSTS-MVBLE (DOLLAR VALUE)	NEW CAP REL COSTS-BLDG & (SQUARE FEET)	NEW CAP REL COSTS-MVBLE (DOLLAR VALUE)	EMPLOYEE BENEFITS (GROSS SALARIES)
	1	1.01	2	3	4	5
GENERAL SERVICE COST						
001 OLD CAP REL COSTS-BLD						
001 01 OLD CAP REL COSTS-BLD						
002 OLD CAP REL COSTS-MVB						
003 NEW CAP REL COSTS-BLD				347,040		
004 NEW CAP REL COSTS-MVB					4,774,769	
005 EMPLOYEE BENEFITS				3,600	4,572	77,917,020
006 01 PURCHASING, RECEIVING					2,556	644,426
006 02 ADMINITTING				1,780	4,109	1,104,191
006 03 CASHIERING/ACCOUNTS R				3,560	29,636	1,097,186
006 04 ADMINISTRATIVE AND GE				49,093	3,320,226	12,451,443
008 OPERATION OF PLANT				31,676	257,294	1,577,970
009 LAUNDRY & LINEN SERVI						
010 HOUSEKEEPING				1,800	29,639	999,437
011 DIETARY				15,730	43,526	724,677
012 CAFETERIA						390,211
014 NURSING ADMINISTRATION				1,335	1,659	751,645
015 CENTRAL SERVICES & SU				7,200	5,233	318,014
016 PHARMACY				1,440	47,564	800,750
017 MEDICAL RECORDS & LIB				2,670	2,226	445,031
022 I&R SERVICES-SALARY &				3,560		88,683
023 I&R SERVICES-OTHER PR						
024 PARAMEDICAL PRGM						160,966
025 INPAT ROUTINE SRVC CN						
ADULTS & PEDIATRICS				88,462	94,765	12,098,597
041 ANCILLARY SRVC COST C						
RADIOLOGY-DIAGNOSTIC				2,670	75,738	173,724
041 01 PSYCHOLOGY						1,091,054
041 02 PULMONARY					350	
044 LABORATORY				7,432		258,797
044 01 VOCATIONAL REHABILITA					2,156	466,245
049 RESPIRATORY THERAPY					8,521	
050 PHYSICAL THERAPY				31,029	14,232	5,182,652
050 01 ALLIED HEALTH						
051 OCCUPATIONAL THERAPY				17,309		3,046,477
052 SPEECH PATHOLOGY				9,734	5,224	1,193,485
055 MEDICAL SUPPLIES CHAR						
056 DRUGS CHARGED TO PATI						
059 PROSTHETICS AND ORTHO				3,560	22,730	1,327,138
060 OUTPAT SERVICE COST C						
CLINIC				32,250	183,244	17,292,215
062 OBSERVATION BEDS (NON						
SPEC PURPOSE COST CEN						
095 SUBTOTALS				315,890	4,155,200	63,685,014
NONREIMBURS COST CENT						
097 RESEARCH				21,360	579,542	7,580,486
098 PHYSICIANS' PRIVATE O						
098 01 FOUNDATION				1,780	1,158	965,817
098 02 ACADEMY				8,010	27,703	1,072,632
098 03 PARTNERSHIP EXPENSE					11,166	4,613,071
101 CROSS FOOT ADJUSTMENT						
102 NEGATIVE COST CENTER						
103 COST TO BE ALLOCATED				5,916,994	5,066,665	17,708,609
(WRKSHT B, PART I)						
104 UNIT COST MULTIPLIER					1.061133	
(WRKSHT B, PT I)				17.049891		.227275
105 COST TO BE ALLOCATED						
(WRKSHT B, PART II)						
106 UNIT COST MULTIPLIER						
(WRKSHT B, PT II)						
107 COST TO BE ALLOCATED						66,818
(WRKSHT B, PART III)						
108 UNIT COST MULTIPLIER						.000858
(WRKSHT B, PT III)						

COST CENTER DESCRIPTION	PURCHASING, RECEIVING AND		CASHIERING/ACCOUNTS RECEIVABLE		ADMINISTRATIVE OPERATION OF PLANT AND GENERAL		LAUNDRY & LINEN SERVICE	
	(OTHER EXPENSE)	(INPATIENT CHARGES)	(GROSS CHARGES)	(RECONCILIATION)	(ACCUM. COST)	(SQUARE FEET)	(POUNDS OF LAUNDRY)	
	6.01	6.02	6.03	6a.04	6.04	8	9	
GENERAL SERVICE COST								
001 OLD CAP REL COSTS-BLD								
001 01 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 01 PURCHASING, RECEIVING	1,113,555							
006 02 ADMINISTRATION	7,755	126,050,452						
006 03 CASHIERING/ACCOUNTS R	8,203		216,286,138					
006 04 ADMINISTRATIVE AND GE	196,018			-31,308,565	115,828,889			
008 OPERATION OF PLANT	29,617				6,154,716	257,331		
009 LAUNDRY & LINEN SERVI					510,967		46,398	
010 HOUSEKEEPING	2,758				2,021,081	1,800		
011 DIETARY	39,332				1,496,819	15,730		
012 CAFETERIA	21,179				693,421			
014 NURSING ADMINISTRATION	1,208				981,718	1,335		
015 CENTRAL SERVICES & SU	105,040				724,385	7,200		
016 PHARMACY	6,761				1,189,910	1,440		
017 MEDICAL RECORDS & LIB	24,066				1,253,854	2,670		
022 I&R SERVICES-SALARY &	8,689				2,712,975	3,560		
023 I&R SERVICES-OTHER PR								
024 PARAMEDICAL PRGM					215,736			
025 INPATIENT ROUTINE SRVC CN	45,225	46,403,710	46,403,710		18,766,265	88,462	46,398	
ADULTS & PEDIATRICS								
ANCILLARY SRVC COST C								
041 RADIOLOGY-DIAGNOSTIC	3,323	1,842,843	2,919,428		1,549,030	2,670		
041 01 PSYCHOLOGY	5,109	1,921,905	4,864,361		1,544,022			
041 02 PULMONARY		718,474	1,246,629		471,182			
044 LABORATORY	3,023	7,895,921	8,822,797		1,083,009	7,432		
044 01 VOCATIONAL REHABILITATION	1,531	29,547	1,316,717		770,014			
049 RESPIRATORY THERAPY	1,339	2,997,497	3,102,206		909,562			
050 PHYSICAL THERAPY	24,281	15,651,429	26,954,740		7,215,353	31,029		
050 01 ALLIED HEALTH								
051 OCCUPATIONAL THERAPY	14,274	15,512,059	18,902,431		4,790,319	17,309		
052 SPEECH PATHOLOGY	6,414	5,806,184	7,015,148		1,927,276	9,734		
055 MEDICAL SUPPLIES CHAR		6,566,422	6,621,821		1,173,052			
056 DRUGS CHARGED TO PATI		15,438,357	18,548,970		4,466,478			
059 PROSTHETICS AND ORTHO	17,559	1,162,403	8,077,756		3,401,930	3,560		
060 OUTPAT SERVICE COST C								
062 CLINIC	96,903	14,916	61,489,424		22,872,724	32,250		
OBSERVATION BEDS (NON								
SPEC PURPOSE COST CEN								
095 SUBTOTALS	669,607	121,961,667	216,286,138	-31,308,565	88,895,798	226,181	46,398	
NONREIMBURS COST CENT								
097 RESEARCH	125,280				16,411,786	21,360		
098 PHYSICIANS' PRIVATE O								
098 01 FOUNDATION	49,689				1,791,672	1,780		
098 02 ACADEMY	262,380				2,434,682	8,010		
098 03 PARTNERSHIP EXPENSE	6,599	4,088,785			6,294,951			
101 CROSS FOOT ADJUSTMENT								
102 NEGATIVE COST CENTER								
103 COST TO BE ALLOCATED	878,783	1,421,617	2,985,019		31,308,565	7,818,336	649,081	
(WRKSHT B, PART I)								
104 UNIT COST MULTIPLIER		.011278				30.382410		
(WRKSHT B, PT I)	.789169		.013801		.270300		13.989418	
105 COST TO BE ALLOCATED								
(WRKSHT B, PART II)								
106 UNIT COST MULTIPLIER								
(WRKSHT B, PT II)								
107 COST TO BE ALLOCATED	11,061	35,898	93,168		5,600,840	2,440,770	24,707	
(WRKSHT B, PART III)								
108 UNIT COST MULTIPLIER		.000285				9.484944		
(WRKSHT B, PT III)	.009933		.000431		.048354		.532501	

COST CENTER DESCRIPTION	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	CAFETERIA (MEALS SERVED)	NURSING ADMINISTRATION (DIRECT SING HRS)	CENTRAL SERVICES & SUPPLY (NR(COSTED)EQUI S.)	PHARMACY (COSTED)EQUI S.	MEDICAL RECORDS & LIBRARY (TIME SPENT)
	10	11	12	14	15	16	17
GENERAL SERVICE COST							
001 OLD CAP REL COSTS-BLD							
001 01 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 01 PURCHASING, RECEIVING							
006 02 ADMINITTING							
006 03 CASHIERING/ACCOUNTS R							
006 04 ADMINISTRATIVE AND GE							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVI							
010 HOUSEKEEPING	10,212						
011 DIETARY	1,049	155,361					
012 CAFETERIA			89,952				
014 NURSING ADMINISTRATION	70		1,170	425,852			
015 CENTRAL SERVICES & SU	66		1,084		100		
016 PHARMACY	23		1,166			100	
017 MEDICAL RECORDS & LIB	68		1,139				980
022 I&R SERVICES-SALARY &	287		258				
023 I&R SERVICES-OTHER PR			485				
024 PARAMED PRGM							
025 INPAT ROUTINE SRVC CN	6,057	155,361	26,185	425,852			266
ADULTS & PEDIATRICS							
ANCILLARY SRVC COST C							
041 RADIOLOGY-DIAGNOSTIC	61		341				20
041 01 PSYCHOLOGY	122		1,802				15
041 02 PULMONARY	47						3
044 LABORATORY	26		625				75
044 01 VOCATIONAL REHABILI TA	119		950				27
049 RESPIRATORY THERAPY							
050 PHYSICAL THERAPY	763		8,554				127
050 01 ALLIED HEALTH							
051 OCCUPATIONAL THERAPY	318		5,028				48
052 SPEECH PATHOLOGY	162		1,985				30
055 MEDICAL SUPPLIES CHAR					100		
056 DRUGS CHARGED TO PATI						100	
059 PROSTHETICS AND ORTHO	89		2,198				1
060 OUTPAT SERVICE COST C							
062 CLINIC	605		17,429				347
062 OBSERVATION BEDS (NON							
SPEC PURPOSE COST CEN							
095 SUBTOTALS	9,932	155,361	70,399	425,852	100	100	959
NONREIMBURS COST CENT							
097 RESEARCH	134		12,516				21
098 PHYSICIANS' PRIVATE O							
098 01 FOUNDATION	110		1,358				
098 02 ACADEMY	36		1,487				
098 03 PARTNERSHIP EXPENSE			4,192				
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 COST TO BE ALLOCATED	2,622,067	2,648,669	880,853	1,317,067	1,166,500	1,572,618	1,702,506
(WRKSHT B, PART I)							
104 UNIT COST MULTIPLIER		17.048481		3.092781		15,726.180000	1,737.251020
(WRKSHT B, PT I)	256.763318		9.792478		11,665.000000		
105 COST TO BE ALLOCATED							
(WRKSHT B, PART II)							
106 UNIT COST MULTIPLIER							
(WRKSHT B, PT II)	177,826	556,704	34,075	86,973	234,507	147,981	145,833
107 COST TO BE ALLOCATED							
(WRKSHT B, PART III)							
108 UNIT COST MULTIPLIER		3.583293		.204233		1,479.810000	148.809184
(WRKSHT B, PT III)	17.413435		.378813		2,345.070000		

COST CENTER DESCRIPTION		I&R SERVICES- SALARY & FRI	I&R SERVICES- OTHER PRGM C	PARAMED ED PR GM
		(ASSIGNED TIME )	(ASSIGNED TIME )	(ASSIGNED TIME )
	GENERAL SERVICE COST	22	23	24
001	OLD CAP REL COSTS-BLD			
001 01	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 01	PURCHASING, RECEIVING			
006 02	ADMINISTRATIVE			
006 03	CASHIERING/ACCOUNTS R			
006 04	ADMINISTRATIVE AND GE			
008	OPERATION OF PLANT			
009	LAUNDRY & LINEN SERVI			
010	HOUSEKEEPING			
011	DIETARY			
012	CAFETERIA			
014	NURSING ADMINISTRATION			
015	CENTRAL SERVICES & SU			
016	PHARMACY			
017	MEDICAL RECORDS & LIB			
022	I&R SERVICES-SALARY &	100		
023	I&R SERVICES-OTHER PR		100	
024	PARAMED ED PRGM			100
025	INPAT ROUTINE SRVC CN	60	60	47
	ADULTS & PEDIATRICS			
	ANCILLARY SRVC COST C			
041	RADIOLOGY-DIAGNOSTIC			
041 01	PSYCHOLOGY			
041 02	PULMONARY			
044	LABORATORY			
044 01	VOCATIONAL REHABILITA			
049	RESPIRATORY THERAPY			
050	PHYSICAL THERAPY	30	30	
050 01	ALLIED HEALTH			
051	OCCUPATIONAL THERAPY			
052	SPEECH PATHOLOGY			
055	MEDICAL SUPPLIES CHAR			
056	DRUGS CHARGED TO PATI			
059	PROSTHETICS AND ORTHO			
	OUTPAT SERVICE COST C			
060	CLINIC			53
062	OBSERVATION BEDS (NON			
	SPEC PURPOSE COST CEN			
095	SUBTOTALS	90	90	100
	NONREIMBURS COST CENT			
097	RESEARCH			
098	PHYSICIANS' PRIVATE O			
098 01	FOUNDATION			
098 02	ACADEMY			
098 03	PARTNERSHIP EXPENSE	10	10	
101	CROSS FOOT ADJUSTMENT			
102	NEGATIVE COST CENTER			
103	COST TO BE ALLOCATED	3,630,670	4,749	274,049
	(PER WRKSHT B, PART			
104	UNIT COST MULTIPLIER		47.490000	
	(WRKSHT B, PT I)			
105	COST TO BE ALLOCATED	36,306.700000		2,740.490000
	(PER WRKSHT B, PART			
106	UNIT COST MULTIPLIER			
	(WRKSHT B, PT II)			
107	COST TO BE ALLOCATED	240,376	184	10,570
	(PER WRKSHT B, PART			
108	UNIT COST MULTIPLIER		1.840000	
	(WRKSHT B, PT III)			
		2,403.760000		105.700000



WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT CHARGES 6	OUTPATIENT CHARGES 7	TOTAL CHARGES 8	COST OR OTHER RATIO 9	TEFRA INPAT- IENT RATIO 10	PPS INPAT- IENT RATIO 11
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS ANCILLARY SRVC COST CNTRS	46,403,710		46,403,710			
41	RADIOLOGY-DIAGNOSTIC	1,842,843	1,076,585	2,919,428	.720210	.720210	.720210
41 01	PSYCHOLOGY	1,921,905	2,942,456	4,864,361	.418637	.418637	.418637
41 02	PULMONARY	718,474	528,155	1,246,629	.493990	.493990	.493990
44	LABORATORY	7,895,921	926,876	8,822,797	.197742	.197742	.197742
44 01	VOCATIONAL REHABILITATION	29,547	1,287,170	1,316,717	.808764	.808764	.808764
49	RESPIRATORY THERAPY	2,997,497	104,709	3,102,206	.372450	.372450	.372450
50	PHYSICAL THERAPY	15,651,429	11,303,311	26,954,740	.393575	.393575	.393575
50 01	ALLIED HEALTH						
51	OCCUPATIONAL THERAPY	15,512,059	3,390,372	18,902,431	.361081	.361081	.361081
52	SPEECH PATHOLOGY	5,806,184	1,208,964	7,015,148	.407278	.407278	.407278
55	MEDICAL SUPPLIES CHARGED	6,566,422	55,399	6,621,821	.401193	.401193	.401193
56	DRUGS CHARGED TO PATIENTS	15,438,357	3,110,613	18,548,970	.390662	.390662	.390662
59	PROSTHETICS AND ORTHOTICS	1,162,403	6,915,353	8,077,756	.554083	.554083	.554083
60	OUTPAT SERVICE COST CNTRS CLINIC	14,916	61,474,508	61,489,424	.505927	.505927	.505927
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	121,961,667	94,324,471	216,286,138			
102	LESS OBSERVATION BEDS						
103	TOTAL	121,961,667	94,324,471	216,286,138			





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 REDUCTION 6
41	ANCILLARY SRVC COST CNTRS						
	RADIOLOGY-DIAGNOSTIC	2,102,601	240,582	1,862,019			2,102,601
41 01	PSYCHOLOGY	2,036,401	83,331	1,953,070			2,036,401
41 02	PULMONARY	615,822	25,161	590,661			615,822
44	LABORATORY	1,744,638	267,731	1,476,907			1,744,638
44 01	VOCATIONAL REHABILITATION	1,064,913	134,032	930,881			1,064,913
49	RESPIRATORY THERAPY	1,155,417	55,227	1,100,190			1,155,417
50	PHYSICAL THERAPY	10,608,705	1,243,533	9,365,172			10,608,705
50 01	ALLIED HEALTH						
51	OCCUPATIONAL THERAPY	6,825,307	893,335	5,931,972			6,825,307
52	SPEECH PATHOLOGY	2,857,113	370,829	2,486,284			2,857,113
55	MEDICAL SUPPLIES CHARGED	2,656,628	295,954	2,360,674			2,656,628
56	DRUGS CHARGED TO PATIENTS	7,246,385	376,348	6,870,037			7,246,385
59	PROSTHETICS AND ORTHOTICS	4,475,746	290,739	4,185,007			4,475,746
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	31,109,157	3,920,846	27,188,311			31,109,157
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	74,498,833	8,197,648	66,301,185			74,498,833
102	LESS OBSERVATION BEDS						
103	TOTAL	74,498,833	8,197,648	66,301,185			74,498,833

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRG RATIO	I/P PT B COST TO CHRG RATIO
		7	8	9
41	ANCILLARY SRVC COST CNTRS			
	RADIOLOGY-DIAGNOSTIC	2,919,428	.720210	.720210
41 01	PSYCHOLOGY	4,864,361	.418637	.418637
41 02	PULMONARY	1,246,629	.493990	.493990
44	LABORATORY	8,822,797	.197742	.197742
44 01	VOCATIONAL REHABILITATION	1,316,717	.808764	.808764
49	RESPIRATORY THERAPY	3,102,206	.372450	.372450
50	PHYSICAL THERAPY	26,954,740	.393575	.393575
50 01	ALLIED HEALTH			
51	OCCUPATIONAL THERAPY	18,902,431	.361081	.361081
52	SPEECH PATHOLOGY	7,015,148	.407278	.407278
55	MEDICAL SUPPLIES CHARGED	6,621,821	.401193	.401193
56	DRUGS CHARGED TO PATIENTS	18,548,970	.390662	.390662
59	PROSTHETICS AND ORTHOTICS	8,077,756	.554083	.554083
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	61,489,424	.505927	.505927
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS			
101	SUBTOTAL	169,882,428		
102	LESS OBSERVATION BEDS			
103	TOTAL	169,882,428		

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 REDUCTION 6
41	ANCILLARY SRVC COST CNTRS						
	RADIOLOGY-DIAGNOSTIC	2,102,601	240,582	1,862,019	24,058	107,997	1,970,546
41 01	PSYCHOLOGY	2,036,401	83,331	1,953,070	8,333	113,278	1,914,790
41 02	PULMONARY	615,822	25,161	590,661	2,516	34,258	579,048
44	LABORATORY	1,744,638	267,731	1,476,907	26,773	85,661	1,632,204
44 01	VOCATIONAL REHABILITATION	1,064,913	134,032	930,881	13,403	53,991	997,519
49	RESPIRATORY THERAPY	1,155,417	55,227	1,100,190	5,523	63,811	1,086,083
50	PHYSICAL THERAPY	11,699,331	1,243,533	10,455,798	124,353	606,436	10,968,542
50 01	ALLIED HEALTH						
51	OCCUPATIONAL THERAPY	6,825,307	893,335	5,931,972	89,334	344,054	6,391,919
52	SPEECH PATHOLOGY	2,857,113	370,829	2,486,284	37,083	144,204	2,675,826
55	MEDICAL SUPPLIES CHARGED	2,656,628	295,954	2,360,674	29,595	136,919	2,490,114
56	DRUGS CHARGED TO PATIENTS	7,246,385	376,348	6,870,037	37,635	398,462	6,810,288
59	PROSTHETICS AND ORTHOTICS	4,475,746	290,739	4,185,007	29,074	242,730	4,203,942
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	31,109,157	3,920,846	27,188,311	392,085	1,576,922	29,140,150
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	75,589,459	8,197,648	67,391,811	819,765	3,908,723	70,860,971
102	LESS OBSERVATION BEDS						
103	TOTAL	75,589,459	8,197,648	67,391,811	819,765	3,908,723	70,860,971

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRG RATIO	I/P PT B COST TO CHRG RATIO
		7	8	9
41	ANCILLARY SRVC COST CNTRS			
	RADIOLOGY-DIAGNOSTIC	2,919,428	.674977	.711969
41 01	PSYCHOLOGY	4,864,361	.393636	.416924
41 02	PULMONARY	1,246,629	.464491	.491972
44	LABORATORY	8,822,797	.184998	.194708
44 01	VOCATIONAL REHABILITATION	1,316,717	.757580	.798585
49	RESPIRATORY THERAPY	3,102,206	.350100	.370670
50	PHYSICAL THERAPY	26,954,740	.406924	.429423
50 01	ALLIED HEALTH			
51	OCCUPATIONAL THERAPY	18,902,431	.338153	.356355
52	SPEECH PATHOLOGY	7,015,148	.381435	.401992
55	MEDICAL SUPPLIES CHARGED	6,621,821	.376047	.396724
56	DRUGS CHARGED TO PATIENTS	18,548,970	.367152	.388633
59	PROSTHETICS AND ORTHOTICS	8,077,756	.520434	.550484
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	61,489,424	.473905	.499550
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS			
101	SUBTOTAL	169,882,428		
102	LESS OBSERVATION BEDS			
103	TOTAL	169,882,428		



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	51,787	19,116			81.73	1,562,351
101	TOTAL	51,787	19,116				1,562,351





WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST 1	MED ED NRS SCHOOL COST 2	MED ED ALLIED HEALTH COST 2.01	MED ED ALL OTHER COSTS 2.02	SWING BED ADJ AMOUNT 3	TOTAL COSTS 4
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS			128,803			128,803
101	TOTAL			128,803			128,803

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL PATIENT DAYS	PER DIEM	INPAT PROG DAYS	INPAT PROG PASS THRU COST
		5	6	7	8
25	ADULTS & PEDIATRICS	51,787	2.49	19,116	47,599
101	TOTAL	51,787		19,116	47,599

TITLE XVIII, PART A HOSPITAL 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
41		ANCILLARY SRVC COST CNTRS						
		RADIOLOGY-DIAGNOSTIC						
41	01	PSYCHOLOGY						
41	02	PULMONARY						
44		LABORATORY						
44	01	VOCATIONAL REHABILITATION						
49		RESPIRATORY THERAPY						
50		PHYSICAL THERAPY						
50	01	ALLIED HEALTH						
51		OCCUPATIONAL THERAPY						
52		SPEECH PATHOLOGY						
55		MEDICAL SUPPLIES CHARGED						
56		DRUGS CHARGED TO PATIENTS						
59		PROSTHETICS AND ORTHOTICS						
		OUTPAT SERVICE COST CNTRS						
60		CLINIC				145,246		
62		OBSERVATION BEDS (NON-DIS						
		OTHER REIMBURS COST CNTRS						
101		TOTAL				145,246		

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
41	ANCILLARY SRVC COST CNTRS			2,919,428			1,039,151	
41	01 RADIOLOGY-DIAGNOSTIC			4,864,361			394,875	
41	02 PULMONARY			1,246,629			303,391	
44	LABORATORY			8,822,797			3,254,890	
44	01 VOCATIONAL REHABILITATION			1,316,717				
49	RESPIRATORY THERAPY			3,102,206			392,995	
50	PHYSICAL THERAPY			26,954,740			6,066,007	
50	01 ALLIED HEALTH							
51	OCCUPATIONAL THERAPY			18,902,431			5,788,359	
52	SPEECH PATHOLOGY			7,015,148			1,613,119	
55	MEDICAL SUPPLIES CHARGED			6,621,821			2,981,468	
56	DRUGS CHARGED TO PATIENTS			18,548,970			6,142,630	
59	PROSTHETICS AND ORTHOTICS			8,077,756			8,222	
	OUTPAT SERVICE COST CNTRS							
60	CLINIC	145,246	145,246	61,489,424	.002362	.002362	363	1
62	OBSERVATION BEDS (NON-DIS							
	OTHER REIMBURS COST CNTRS							
101	TOTAL	145,246	145,246	169,882,428			27,985,470	1

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
41	ANCILLARY SRVC COST CNTRS						
	RADIOLOGY-DIAGNOSTIC	1,076,155					
41	01 PSYCHOLOGY	385,499					
41	02 PULMONARY	185,144					
44	LABORATORY						
44	01 VOCATIONAL REHABILITATION						
49	RESPIRATORY THERAPY	23,534					
50	PHYSICAL THERAPY	6,776					
50	01 ALLIED HEALTH						
51	OCCUPATIONAL THERAPY	2,145					
52	SPEECH PATHOLOGY						
55	MEDICAL SUPPLIES CHARGED	2,626					
56	DRUGS CHARGED TO PATIENTS	951,045					
59	PROSTHETICS AND ORTHOTICS	6,451					
	OUTPAT SERVICE COST CNTRS						
60	CLINIC				5,064		
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	2,143,750					
101	TOTAL	4,783,125			5,064		















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	647.73
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	33,543,837			
87	NEW CAPITAL-RELATED COST	4,232,472	.126177		
88	NON PHYSICIAN ANESTHETIST	33,543,837			
89	MEDICAL EDUCATION	33,543,837			
89.01	MEDICAL EDUCATION - ALLIED HEA	128,803	.003840		
89.02	MEDICAL EDUCATION - ALL OTHER	33,543,837			





TITLE XVII HOSPITAL

DESCRIPTION	INPATIENT-PART A		PART B	
	MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT
	1	2	3	4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		26,565,437		1,509,647
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.		639,611		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
TO BE COMPLETED BY INTERMEDIARY		27,205,048		1,509,647
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
TENTATIVE TO PROVIDER		.01		
TENTATIVE TO PROVIDER		.02		
TENTATIVE TO PROVIDER		.03		
TENTATIVE TO PROGRAM		.50		
TENTATIVE TO PROGRAM		.51		
TENTATIVE TO PROGRAM		.52		
SUBTOTAL		.99		
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)			NONE	NONE
SETTLEMENT TO PROVIDER		.01		
SETTLEMENT TO PROGRAM		.02		
7 TOTAL MEDICARE PROGRAM LIABILITY				

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 HOSPITAL

16	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS	
17	TOTAL AMOUNT PAYABLE TO THE PROVIDER (SEE INSTRUCTIONS)	27,396,050
18	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
19	INTERIM PAYMENTS	27,205,048
19.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
20	BALANCE DUE PROVIDER/PROGRAM	191,002
21	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.	

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

50 ENTER THE ORIGINAL OUTLIER AMOUNT FROM E-3, I LN 1.05 (IRF)  
OR 1.09 (IPF).

51 ENTER THE OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)

52 ENTER THE INTEREST RATE USED TO CALCULATE THE TIME VALUE  
OF MONEY. (SEE INSTRUCTIONS).

53 ENTER THE TIME VALUE OF MONEY.

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		28.25
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)	22.92	22.92
3.05	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR THE CURRENT YEAR FROM YOUR RECORDS		25.64
3.06	ENTER THE LESSER OF LINE 3.04 OR LINE 3.05.		22.92
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.		23.80
3.09	ENTER THE SUM OF LINES 3.07 AND 3.08.		23.80
3.10	SEE INSTRUCTIONS		21.28
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		21.28
3.13	TOTAL WEIGHTED RESIDENT FTE COUNT FOR NONPRIMARY CARE RESIDENTS FOR THE PRIOR COST REPORTING YEAR (SEE INSTRUCTIONS)		21.96
3.14	TOTAL WEIGHTED RESIDENT FTE COUNT FOR NONPRIMARY CARE RESIDENTS FOR THE PENULTIMATE COST REPORTING YEAR (SEE INSTRUCTIONS)		21.87
3.15	ROLLING AVERAGE FTE COUNT (SEE INSTRUCTIONS)	RES INIT YEARS	21.70
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)		21.70
3.17	ENTER THE NONPRIMARY CARE PER RESIDENT AMOUNT.		88,747.86
3.18	SEE INSTRUCTIONS		1,925,829
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		1,925,829

COMPUTATION OF PROGRAM PATIENT LOAD

4	PROGRAM PART A INPATIENT DAYS		19,116
5	TOTAL INPATIENT DAYS		51,787
6	RATIO OF PROGRAM INPATIENT DAYS TO TOTAL INPATIENT DAYS.	LN 6 * LN 3.25 + E-3, 6 L 11	.369127
6.01	TOTAL GME PAYMENT FOR NON-MANAGED CARE DAYS	710,875	710,875
6.02	PROGRAM MANAGED CARE DAYS OCCURRING ON OR AFTER JANUARY 1 OF THIS COST REPORTING PERIOD (SEE INSTRUCTIONS)		56
6.03	ENTER THE TOTAL INPATIENT DAYS FROM LINE 5 ABOVE.		51,787
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.		1,788
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

TITLE XVIII

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)	22,970,653
13	ORGAN ACQUISITION COSTS	
14	COST OF TEACHING PHYSICIANS	
15	PRIMARY PAYER PAYMENTS	6,513
16	TOTAL PART A REASONABLE COST	22,964,140

PART B REASONABLE COST

17	REASONABLE COST	2,515,148
18	PRIMARY PAYER PAYMENTS	2,271
19	TOTAL PART B REASONABLE COST	2,512,877
20	TOTAL REASONABLE COST	25,477,017
21	RATIO OF PART A REASONABLE COST TO TOTAL REASONABLE COST	.901367
22	RATIO OF PART B REASONABLE COST TO TOTAL REASONABLE COST	.098633

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)	712,663
24	PART A MEDICARE GME PAYMENT--TITLE XVIII ONLY	642,371
25	PART B MEDICARE GME PAYMENT--TITLE XVIII ONLY	70,292

TITLE XVII I

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)	22.92	
3 UNADJUSTED DIRECT GME FTE CAP (WKST E-3, PART IV, SUM OF LINES 3.01 AND 3.02)	28.25	
4 PRORATED REDUCED DIRECT GME FTE CAP (SEE INSTRUCTIONS)	22.92	

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 IIME CAP UNDER SECTION 422 OF MMA

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

CALCULATION OF ADDITIONAL IIME PAYMENTS ATTRIBUTABLE TO SECTION 422 OF MMA

- 16 NUMBER OF ADDITIONAL ALLOPATHIC AND OSTEOPATHIC IIME FTE RESIDENT CAP SLOTS UNDER 42 SEC. 412.105(f)(1)(iv)(C).
- 17 IIME 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 IIME 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 IIME PAYMENTS ATTRIBUTABLE TO SECTION 422 OF MMA



	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
LIABILITIES AND FUND BALANCE	1	2	3	4
CURRENT LIABILITIES				
28 ACCOUNTS PAYABLE	10,267,000			
29 SALARIES, WAGES & FEES PAYABLE	10,497,000			
30 PAYROLL TAXES PAYABLE				
31 NOTES AND LOANS PAYABLE (SHORT TERM)	11,114,000			
32 DEFERRED INCOME	1,020,000			
33 ACCELERATED PAYMENTS				
34 DUE TO OTHER FUNDS				
35 OTHER CURRENT LIABILITIES	1,377,000			
36 TOTAL CURRENT LIABILITIES	34,275,000			
LONG TERM LIABILITIES				
37 MORTGAGE PAYABLE				
38 NOTES PAYABLE	73,163,000			
39 UNSECURED LOANS				
40.01 LOANS PRIOR TO 7/1/66				
40.02 ON OR AFTER 7/1/66				
41 OTHER LONG TERM LIABILITIES	7,113,000			
42 TOTAL LONG-TERM LIABILITIES	80,276,000			
43 TOTAL LIABILITIES	114,551,000			
CAPITAL ACCOUNTS				
44 GENERAL FUND BALANCE	127,590,000			
45 SPECIFIC PURPOSE FUND		9,953,000		
46 DONOR CREATED- ENDOWMENT FUND BALANCE- RESTRICTED			43,339,000	
47 DONOR CREATED- ENDOWMENT FUND BALANCE- UNRESTRICTED				
48 GOVERNING BODY CREATED- ENDOWMENT FUND BALANCE			29,407,000	
49 PLANT FUND BALANCE-INVESTED IN PLANT				
50 PLANT FUND BALANCE- RESERVE FOR PLANT IMPROVEMENT, REPLACEMENT AND EXPANSION				
51 TOTAL FUND BALANCES	127,590,000	9,953,000	72,746,000	
52 TOTAL LIABILITIES AND FUND BALANCES	242,141,000	9,953,000	72,746,000	

	GENERAL FUND		SPECIFIC PURPOSE FUND	
	1	2	3	4
1 FUND BALANCE AT BEGINNING OF PERIOD		124,411,000		11,068,000
2 NET INCOME (LOSS)		-2,230,000		
3 TOTAL		122,181,000		11,068,000
4 ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
5 ADDITIONS (CREDIT ADJUSTM	5,409,000			
6				
7				
8				
9				
10 TOTAL ADDITIONS	5,409,000			
11 SUBTOTAL		127,590,000		11,068,000
12 DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
13 DEDUCTIONS (DEBIT ADJUSTM			1,115,000	
14				
15				
16				
17				
18 TOTAL DEDUCTIONS				1,115,000
19 FUND BALANCE AT END OF PERIOD PER BALANCE SHEET		127,590,000		9,953,000

	ENDOWMENT FUND		PLANT FUND	
	5	6	7	8
1 FUND BALANCE AT BEGINNING OF PERIOD		75,778,000		
2 NET INCOME (LOSS)				
3 TOTAL		75,778,000		
4 ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
5 ADDITIONS (CREDIT ADJUSTM				
6				
7				
8				
9				
10 TOTAL ADDITIONS				
11 SUBTOTAL		75,778,000		
12 DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
13 DEDUCTIONS (DEBIT ADJUSTM	3,032,000			
14				
15				
16				
17				
18 TOTAL DEDUCTIONS	3,032,000			
19 FUND BALANCE AT END OF PERIOD PER BALANCE SHEET		72,746,000		

PART I - PATIENT REVENUES

REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3
1 00 GENERAL INPATIENT ROUTINE CARE SERVICES			
4 00 HOSPITAL	46,403,710		46,403,710
5 00 SWING BED - SNF			
5 00 SWING BED - NF			
9 00 TOTAL GENERAL INPATIENT ROUTINE CARE	46,403,710		46,403,710
15 00 INTENSIVE CARE TYPE INPATIENT HOSPITAL SVCS			
15 00 TOTAL INTENSIVE CARE TYPE INPAT HOSP			
16 00 TOTAL INPATIENT ROUTINE CARE SERVICE	46,403,710		46,403,710
17 00 ANCILLARY SERVICES	90,826,997	41,181,569	132,008,566
18 00 OUTPATIENT SERVICES		61,474,508	61,474,508
24 00			
25 00 TOTAL PATIENT REVENUES	137,230,707	102,656,077	239,886,784

PART II - OPERATING EXPENSES

26 00 OPERATING EXPENSES		166,705,990	
ADD (SPECIFY)			
27 00 ADD (SPECIFY)			
28 00			
29 00			
30 00			
31 00			
32 00			
33 00 TOTAL ADDITIONS			
DEDUCT (SPECIFY)			
34 00 DEDUCT (SPECIFY)	332,991		
35 00			
36 00			
37 00			
38 00			
39 00 TOTAL DEDUCTIONS		332,991	
40 00 TOTAL OPERATING EXPENSES		166,372,999	



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	141.49
	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	.00
	(SEE INSTRUCTIONS)	
5	PERCENTAGE OF SSI RECEIPT PATIENT DAYS TO	.00
	MEDI CARE 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)	