

WORKSHEET S
 PARTS I & II

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX	I	PROVIDER NO:	I	PERIOD	I	INTERMEDIARY USE ONLY	I	DATE RECEIVED:
COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	I	26-0091	I	FROM 1/ 1/2007	I	--AUDITED --DESK REVIEW	I	/ /
	I		I	TO 12/31/2007	I	--INITIAL --REOPENED	I	INTERMEDIARY NO:
	I		I		I	--FINAL 1-MCR CODE	I	
						00 - # OF REOPENINGS	I	

ELECTRONICALLY FILED COST REPORT DATE: 11/ 3/2008 TIME 13:11

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:

ST. MARY'S HEALTH CENTER 26-0091

FOR THE COST REPORTING PERIOD BEGINNING 1/ 1/2007 AND ENDING 12/31/2007 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		TITLE XVII		TITLE XIX
	1	A	2	B	3
1 HOSPITAL	0	2, 143, 964	16, 843	4	13, 042, 413
2 SUBPROVIDER	0	242, 045	0	3	-1, 016, 297
100 TOTAL	0	2, 386, 009	16, 843		12, 026, 116

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: 6420 CLAYTON ROAD P.O. BOX:
 1.01 CITY: ST. LOUIS STATE: MO ZIP CODE: 63117- COUNTY: ST. LOUIS

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION:		PROVIDER NO.	NPI NUMBER	DATE CERTIFIED	PAYMENT SYSTEM (P, T, O OR N)		
COMPONENT 0	COMPONENT NAME 1	2	2.01	3	V	XVIII	XIX
02.00 HOSPITAL	ST. MARY'S HEALTH CENTER	26-0091		7/ 1/1966	N	P	0
03.00 SUBPROVIDER	ST. MARY'S HEALTH CENTER - PSYCH	26-S091		1/ 1/1984	N	T	0

17 COST REPORTING PERIOD (MM/DD/YYYY) FROM: 1/ 1/2007 TO: 12/31/2007
 18 TYPE OF CONTROL 1 2
 TYPE OF HOSPITAL/SUBPROVIDER
 19 HOSPITAL 1
 20 SUBPROVIDER 4

OTHER INFORMATION
 21 INDICATE IF YOUR HOSPITAL IS EITHER (1) URBAN OR (2) RURAL AT THE END OF THE COST REPORT PERIOD IN COLUMN 1. IF YOUR HOSPITAL IS GEOGRAPHICALLY CLASSIFIED OR LOCATED IN A RURAL AREA, IS YOUR BED SIZE IN ACCORDANCE WITH CFR 42 412.105 LESS THAN OR EQUAL TO 100 BEDS, ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO.
 21.01 DOES YOUR FACILITY QUALIFY AND IS CURRENTLY RECEIVING PAYMENT FOR DISPROPORTIONATE SHARE HOSPITAL ADJUSTMENT IN ACCORDANCE WITH 42 CFR 412.106? Y
 21.02 HAS YOUR FACILITY RECEIVED A NEW GEOGRAPHIC RECLASSIFICATION STATUS CHANGE AFTER THE FIRST DAY OF THE COST REPORTING PERIOD FROM RURAL TO URBAN AND VICE VERSA? ENTER "Y" FOR YES AND "N" FOR NO. IF YES, ENTER IN COLUMN 2 THE EFFECTIVE DATE (MM/DD/YYYY) (SEE INSTRUCTIONS).
 21.03 ENTER IN COLUMN 1 YOUR GEOGRAPHIC LOCATION EITHER (1) URBAN OR (2) RURAL. IF YOU ANSWERED URBAN IN COLUMN 1 INDICATE IF YOU RECEIVED EITHER A WAGE OR STANDARD GEOGRAPHICAL RECLASSIFICATION TO A RURAL LOCATION. ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. IF COLUMN 2 IS YES, ENTER IN COLUMN 3 THE EFFECTIVE DATE (MM/DD/YYYY) (SEE INSTRUCTIONS) DOES YOUR FACILITY CONTAIN 100 OR FEWER BEDS IN ACCORDANCE WITH 42 CFR 412.105? ENTER IN COLUMN 4 "Y" OR "N". ENTER IN COLUMN 5 THE PROVIDERS ACTUAL MSA OR CBSA. 1 N N
 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. Y
 23.01 IF THIS IS A MEDICARE CERTIFIED KIDNEY TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE. 1/ 1/1991
 23.02 IF THIS IS A MEDICARE CERTIFIED HEART TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE. 9/ 1/2000
 23.03 IF THIS IS A MEDICARE CERTIFIED LIVER TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE. 9/ 1/2000
 23.04 IF THIS IS A MEDICARE CERTIFIED LUNG TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE. / /
 23.05 IF MEDICARE PANCREAS TRANSPLANTS ARE PERFORMED SEE INSTRUCTIONS FOR ENTERING CERTIFICATION DATE / /
 23.06 IF THIS IS A MEDICARE CERTIFIED INTESTINAL TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE. / /
 23.07 IF THIS IS A MEDICARE CERTIFIED ISLET TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE. / /
 24 IF THIS IS AN ORGAN PROCUREMENT ORGANIZATION (OPO), ENTER THE OPO NUMBER IN COLUMN 2.
 25 IS THIS A TEACHING HOSPITAL OR AFFILIATED WITH A TEACHING HOSPITAL AND YOU ARE RECEIVING PAYMENTS FOR I&R? Y
 25.01 IS THIS TEACHING PROGRAM APPROVED IN ACCORDANCE WITH CMS PUB. 15-I, CHAPTER 4? Y
 25.02 IF LINE 25.01 IS YES, WAS MEDICARE PARTICIPATION AND APPROVED TEACHING PROGRAM STATUS IN EFFECT DURING THE FIRST MONTH OF THE COST REPORTING PERIOD? IF YES, COMPLETE WORKSHEET E-3, PART IV. IF NO, COMPLETE WORKSHEET D-2, PART II. Y
 25.03 AS A TEACHING HOSPITAL, DID YOU ELECT COST REIMBURSEMENT FOR PHYSICIANS' SERVICES AS DEFINED IN CMS PUB. 15-I, SECTION 2148? IF YES, COMPLETE WORKSHEET D-9. N
 25.04 ARE YOU CLAIMING COSTS ON LINE 70 OF WORKSHEET A? IF YES, COMPLETE WORKSHEET D-2, PART I. N
 25.05 HAS YOUR FACILITY DIRECT GME FTE CAP (COLUMN 1) OR IME FTE CAP (COLUMN 2) BEEN REDUCED UNDER 42 CFR 413.79(c)(3) OR 42 CFR 412.105(f)(1)(iv)(B)? ENTER "Y" FOR YES AND "N" FOR NO IN THE APPLICABLE COLUMNS. (SEE INSTRUCTIONS) N N
 25.06 HAS YOUR FACILITY RECEIVED ADDITIONAL DIRECT GME FTE RESIDENT CAP SLOTS OR IME FTE RESIDENTS CAP SLOTS UNDER 42 CFR 413.79(c)(4) OR 42 CFR 412.105(f)(1)(iv)(C)? ENTER "Y" FOR YES AND "N" FOR NO IN THE APPLICABLE COLUMNS (SEE INSTRUCTIONS) Y Y
 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 / /

TITLE XIX INPATIENT SERVICES
 38 DO YOU HAVE TITLE XIX INPATIENT HOSPITAL SERVICES? Y
 38.01 IS THIS HOSPITAL REIMBURSED FOR TITLE XIX THROUGH THE COST REPORT EITHER IN FULL OR IN PART? Y
 38.02 DOES THE TITLE XIX PROGRAM REDUCE CAPITAL FOLLOWING THE MEDICARE METHODOLOGY? N
 38.03 ARE TITLE XIX NF PATIENTS OCCUPYING TITLE XVIII SNF BEDS (DUAL CERTIFICATION)? N
 38.04 DO YOU OPERATE AN ICF/MR FACILITY FOR PURPOSES OF TITLE XIX? N
 40 ARE THERE ANY RELATED ORGANIZATION OR HOME OFFICE COSTS AS DEFINED IN CMS PUB 15-I, CHAP 10?
 IF YES, AND THERE ARE HOME OFFICE COSTS, ENTER IN COL 2 THE HOME OFFICE PROVIDER NUMBER.
 IF THIS FACILITY IS PART OF A CHAIN ORGANIZATION ENTER THE NAME AND ADDRESS OF THE HOME OFFICE Y 269020
 40.01 NAME: SSM HEALTHCARE FI/CONTRACTOR NAME FI/CONTRACTOR #
 40.02 STREET: P. O. BOX:
 40.03 CITY: ST. LOUIS STATE: MO ZIP CODE: -
 41 ARE PROVIDER BASED PHYSICIANS' COSTS INCLUDED IN WORKSHEET A? Y
 42 ARE PHYSICAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N
 42.01 ARE OCCUPATIONAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N
 42.02 ARE SPEECH PATHOLOGY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N
 43 ARE RESPIRATORY THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N
 44 IF YOU ARE CLAIMING COST FOR RENAL SERVICES ON WORKSHEET A, ARE THEY INPATIENT SERVICES ONLY? N
 45 HAVE YOU CHANGED YOUR COST ALLOCATION METHODOLOGY FROM THE PREVIOUSLY FILED COST REPORT? N 00/00/0000
 SEE CMS PUB. 15-II, SECTION 3617. IF YES, ENTER THE APPROVAL DATE IN COLUMN 2.
 45.01 WAS THERE A CHANGE IN THE STATISTICAL BASIS? N
 45.02 WAS THERE A CHANGE IN THE ORDER OF ALLOCATION? N
 45.03 WAS THE CHANGE TO THE SIMPLIFIED COST FINDING METHOD? N
 46 IF YOU ARE PARTICIPATING IN THE NHCMP DEMONSTRATION PROJECT (MUST HAVE A HOSPITAL-BASED SNF)
 DURING THIS COST REPORTING PERIOD, ENTER THE PHASE (SEE INSTRUCTIONS).

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

	PART A	PART B	OUTPATIENT ASC	OUTPATIENT RADIOLOGY	OUTPATIENT DIAGNOSTIC
47.00 HOSPITAL	N	N	N	N	N
48.00 SUBPROVIDER	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 FACILITY 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 SCHEDULE AMOUNTS FOR THE PERIOD BEGINNING ON OR AFTER 4/1/2002. N 0.00 0
 56.01 ENTER SUBSEQUENT AMBULANCE PAYMENT LIMIT AS REQUIRED. SUBSCRIPT IF MORE THAN 2 LIMITS APPLY. ENTER IN COLUMN 4 THE FEE SCHEDULE AMOUNTS FOR INITIAL OR SUBSEQUENT PERIOD AS APPLICABLE. 0.00 0
 56.02 THIRD AMBULANCE LIMIT AND FEE SCHEDULE IF NECESSARY. 0.00 0
 56.03 FOURTH AMBULANCE LIMIT AND FEE SCHEDULE IF NECESSARY. 0.00 0

57 ARE YOU CLAIMING NURSING AND ALLIED HEALTH COSTS? 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. N
 58.01 IF LINE 58 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER "Y" FOR YES OR "N" FOR NO. IS THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR SEC. 412.424(d)(1)(iii)(2)? ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO. IF COLUMN 2 IS Y, ENTER 1, 2 OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS). IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5. (SEE INSTR). 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) Y 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). Y N 0

COMPONENT	NO. OF BEDS 1	BED DAYS AVAILABLE 2	CAH N/A 2.01	TITLE V 3	I/P DAYS / TITLE XVIII 4	O/P VISITS / NOT LTCH N/A 4.01	TRIPS TOTAL TITLE XIX 5
1 ADULTS & PEDIATRICS	468	170,820			28,843		8,583
2 HMO					10,390		44,698
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS	468	170,820			28,843		8,583
6 INTENSIVE CARE UNIT	12	4,380			1,680		276
6 01 PEDIATRIC INTENSIVE CARE UNIT	19	6,935			41		565
7 CORONARY CARE UNIT	12	4,380			1,910		514
8 BURN INTENSIVE CARE UNIT							
9 SURGICAL INTENSIVE CARE UNIT							
10 NEONATAL INTENSIVE CARE UNIT	33	12,045					2,479
11 NURSERY							3,045
12 TOTAL	544	198,560			32,474		15,462
13 RPCH VISITS							
14 SUBPROVIDER	37	13,505			6,482		2,294
15 SKILLED NURSING FACILITY							
16 NURSING FACILITY							
16 01 ICF/MR							
17 OTHER LONG TERM CARE							
18 HOME HEALTH AGENCY							
20 AMBULATORY SURGICAL CENTER (
21 HOSPICE							
23 CORF							
25 TOTAL	581						
26 OBSERVATION BED DAYS							477
26 01 OBSERVATION BED DAYS-SUB I							
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							

COMPONENT	TITLE XIX ADMITTED 5.01	I/P DAYS / OBSERVATION NOT ADMITTED 5.02	O/P VISITS / TOTAL PATS 6	TRIPS TOTAL OBSERVATION ADMITTED 6.01	O/P VISITS / TOTAL OBSERVATION NOT ADMITTED 6.02	INTERNS & RES. TOTAL 7	FTES LESS I&R REPL NON-PHYS ANES 8
1 ADULTS & PEDIATRICS			90,942				
2 HMO							
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS			90,942				
6 INTENSIVE CARE UNIT			3,374				
6 01 PEDIATRIC INTENSIVE CARE UNIT			4,025				
7 CORONARY CARE UNIT			3,766				
8 BURN INTENSIVE CARE UNIT							
9 SURGICAL INTENSIVE CARE UNIT							
10 NEONATAL INTENSIVE CARE UNIT			10,556				
11 NURSERY			21,659				
12 TOTAL			134,322			143.45	
13 RPCH VISITS							
14 SUBPROVIDER			11,096			.95	
15 SKILLED NURSING FACILITY							
16 NURSING FACILITY							
16 01 ICF/MR							
17 OTHER LONG TERM CARE							
18 HOME HEALTH AGENCY							
20 AMBULATORY SURGICAL CENTER (
21 HOSPICE							
23 CORF							
25 TOTAL						144.40	
26 OBSERVATION BED DAYS	43	434	7,110	532	6,578		
26 01 OBSERVATION BED DAYS-SUB I							
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS			1,661				
28 01 EMP DISCOUNT DAYS -IRF							

COMPONENT	I & R FTES NET 9	FULL TIME EMPLOYEES ON PAYROLL 10	EQUIV NONPAID WORKERS 11	TITLE V 12	DISCHARGES TITLE XVIII 13	TITLE XIX 14	TOTAL ALL PATIENTS 15
1 ADULTS & PEDIATRICS					6,251	1,936	24,409
2 HMO							
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS							
6 INTENSIVE CARE UNIT							
6 01 PEDIATRIC INTENSIVE CARE UNIT							
7 CORONARY CARE UNIT							
8 BURN INTENSIVE CARE UNIT							
9 SURGICAL INTENSIVE CARE UNIT							
10 NEONATAL INTENSIVE CARE UNIT							
11 NURSERY							
12 TOTAL	143.45	3,115.86			6,251	1,936	24,409
13 RPCH VISITS							
14 SUBPROVIDER	.95	46.92			568	253	1,233
15 SKILLED NURSING FACILITY							
16 NURSING FACILITY							
16 01 ICF/MR							
17 OTHER LONG TERM CARE							

COMPONENT	I & R FTES		---	FULL TIME	EQUIV ---	DISCHARGES			
	NET	EMPLOYEES	---	ON PAYROLL	NONPAID	TITLE	TITLE	TITLE	TOTAL ALL
	9	10		11		V	XVIII	XIX	PATIENTS
						12	13	14	15
18 HOME HEALTH AGENCY									
20 AMBULATORY SURGICAL CENTER (
21 HOSPICE									
23 CORF									
25 TOTAL	144.40	3,162.78							
26 OBSERVATION BED DAYS									
26 01 OBSERVATION BED DAYS-SUB I									
27 AMBULANCE TRIPS									
28 EMPLOYEE DISCOUNT DAYS									
28 01 EMP DISCOUNT DAYS -IRF									

HOSPITAL WAGE INDEX INFORMATION

PART II - WAGE DATA		AMOUNT REPORTED 1	RECLASS OF SALARIES 2	ADJUSTED SALARIES 3	PAID HOURS RELATED TO SALARY 4	AVERAGE HOURLY WAGE 5	DATA SOURCE 6
1	SALARIES						
1	TOTAL SALARY	172,605,301		172,605,301	6,631,887.14	26.03	
2	NON-PHYSICIAN ANESTHETIST PART A						
3	NON-PHYSICIAN ANESTHETIST PART B						
4	PHYSICIAN - PART A	539,424		539,424	5,050.00	106.82	
4.01	TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)	212,425		212,425	3,532.00	60.14	
5	PHYSICIAN - PART B	4,998,720		4,998,720	55,758.00	89.65	
5.01	NON-PHYSICIAN - PART B						
6	INTERNS & RESIDENTS (APPRVD)	1,126,289	46,135	1,172,424	53,307.00	21.99	
6.01	CONTRACT SERVICES, I&R	7,621,581		7,621,581	223,130.00	34.16	
7	HOME OFFICE PERSONNEL						
8	SNF						
8.01	EXCLUDED AREA SALARIES	11,897,853	828,893	12,726,746	400,473.00	31.78	
9	OTHER WAGES & RELATED COSTS						
9.01	CONTRACT LABOR: PHARMACY SERVICES UNDER CONTRACT	4,040,669		4,040,669	70,390.00	57.40	
9.02	LABORATORY SERVICES UNDER CONTRACT						
9.03	MANAGEMENT & ADMINISTRATIVE UNDER CONTRACT						
10	CONTRACT LABOR: PHYS PART A	5,402,363		5,402,363	47,130.00	114.63	
10.01	TEACHING PHYSICIAN UNDER CONTRACT (SEE INSTRUCTIONS)	8,809,698		8,809,698	81,539.00	108.04	
11	HOME OFFICE SALARIES & WAGE RELATED COSTS	10,791,203		10,791,203	229,185.00	47.09	HOME OFFICE COST REPORT
12	HOME OFFICE: PHYS PART A						
12.01	TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
13	WAGE RELATED COSTS						
13	WAGE-RELATED COSTS (CORE)	39,516,140		39,516,140			CMS 339
14	WAGE-RELATED COSTS (OTHER)						CMS 339
15	EXCLUDED AREAS	2,842,185		2,842,185			CMS 339
16	NON-PHYS ANESTHETIST PART A						CMS 339
17	NON-PHYS ANESTHETIST PART B						CMS 339
18	PHYSICIAN PART A	93,867		93,867			CMS 339
18.01	PART A TEACHING PHYSICIANS	41,646		41,646			CMS 339
19	PHYSICIAN PART B	786,940		786,940			CMS 339
19.01	WAGE-RELATED COSTS (RHC/FQHC)						CMS 339
20	INTERNS & RESIDENTS (APPRVD)	291,307		291,307			CMS 339
21	OVERHEAD COSTS - DIRECT SALARIES						
21	EMPLOYEE BENEFITS	1,452,190	469,398	1,921,588	63,440.00	30.29	
22	ADMINISTRATIVE & GENERAL	21,997,651	-940,367	21,057,284	789,693.00	26.67	
22.01	A & G UNDER CONTRACT	1,508,278		1,508,278	12,702.00	118.74	
23	MAINTENANCE & REPAIRS						
24	OPERATION OF PLANT	2,952,628		2,952,628	122,723.00	24.06	
25	LAUNDRY & LINEN SERVICE	336,271		336,271	25,052.00	13.42	
26	HOUSEKEEPING	3,907,811		3,907,811	326,096.00	11.98	
26.01	HOUSEKEEPING UNDER CONTRACT						
27	DIETARY	1,531,839	110,546	1,642,385	130,808.00	12.56	
27.01	DIETARY UNDER CONTRACT	164,986		164,986	6,240.00	26.44	
28	CAFETERIA	1,463,674	-110,546	1,353,128	112,163.00	12.06	
29	MAINTENANCE OF PERSONNEL						
30	NURSING ADMINISTRATION	3,027,634		3,027,634	90,468.00	33.47	
31	CENTRAL SERVICE AND SUPPLY	1,108,802		1,108,802	74,280.00	14.93	
32	PHARMACY	5,613,739	-493,649	5,120,090	153,886.00	33.27	
33	MEDICAL RECORDS & MEDICAL RECORDS LIBRARY	2,462,096		2,462,096	147,126.00	16.73	
34	SOCIAL SERVICE	2,168,609		2,168,609	74,438.00	29.13	
35	OTHER GENERAL SERVICE						
PART III - HOSPITAL WAGE INDEX SUMMARY							
1	NET SALARIES	158,646,286	-46,135	158,600,151	6,296,160.14	25.19	
2	EXCLUDED AREA SALARIES	11,897,853	828,893	12,726,746	400,473.00	31.78	
3	SUBTOTAL SALARIES	146,748,433	-875,028	145,873,405	5,895,687.14	24.74	
4	SUBTOTAL OTHER WAGES & RELATED COSTS	29,043,933		29,043,933	428,244.00	67.82	
5	SUBTOTAL WAGE-RELATED COSTS	39,610,007		39,610,007		27.15	
6	TOTAL	215,402,373	-875,028	214,527,345	6,323,931.14	33.92	
7	NET SALARIES						
8	EXCLUDED AREA SALARIES						
9	SUBTOTAL SALARIES						
10	SUBTOTAL OTHER WAGES & RELATED COSTS						
11	SUBTOTAL WAGE-RELATED COSTS						
12	TOTAL						
13	TOTAL OVERHEAD COSTS	49,696,208	-964,618	48,731,590	2,129,115.00	22.89	

DESCRIPTION	----- OUTPATIENT -----		----- TRAINING -----	----- HOME -----		
	REGULAR 1	HIGH FLUX 2	HEMO- DIALYSIS 3	CAPD CCPD 4	HEMO- DIALYSIS 5	CAPD CCPD 6
1 NUMBER OF PATIENTS IN PROGRAM AT END OF COST REPORTING PERIOD		5				
2 NUMBER OF TIMES PER WEEK PATIENT RECEIVES DIALYSIS	3.00					
3 AVERAGE PATIENT DIALYSIS TIME INCLUDING SETUP	4.00					
4 CAPD EXCHANGES PER DAY						
5 NUMBER OF DAYS IN YEAR DIALYSIS FURNISHED	365					
6 NUMBER OF STATIONS	4					
7 TREATMENT CAPACITY PER DAY PER STATION	3					
8 UTILIZATION (SEE INSTRUCTIONS)						
9 AVERAGE TIMES DIALYZERS RE-USED						
10 PERCENTAGE OF PATIENTS RE-USING DIALYZERS						
TRANSPLANT INFORMATION						
11 NUMBER OF PATIENTS ON TRANSPLANT LIST	1					
12 NUMBER OF PATIENTS TRANSPLANTED DURING THE COST REPORTING PERIOD	6					
EPOIETIN						
13 NET COSTS OF EPOIETIN FURNISHED TO ALL MAINTENANCE DIALYSIS PATIENTS BY THE PROVIDER	49,618					
13 . 1 EPOIETIN AMOUNT FROM WORKSHEET A FOR HOME DIALYSIS PROGRAM						
14 NUMBER OF EPO UNITS FURNISHED RELATING TO THE RENAL DIALYSIS DEPARTMENT	1,430					
14 . 1 NUMBER OF EPO UNITS FURNISHED RELATING TO THE HOME DIALYSIS DEPARTMENT						
PHYSICIAN PAYMENT METHOD (ENTER "X" IF METHOD(S) IS APPLICABLE)						
15 MCP [] INITIAL METHOD [X]						

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					
2	0200 OLD CAP REL COSTS-MVBLE EQUIP					
3	0300 NEW CAP REL COSTS-BLDG & FIXT		10,685,947	10,685,947		10,685,947
4	0400 NEW CAP REL COSTS-MVBLE EQUIP		9,926,986	9,926,986		9,926,986
5	0500 EMPLOYEE BENEFITS	1,452,190	40,980,004	42,432,194	750,512	43,182,706
6	0600 ADMINISTRATIVE & GENERAL	21,997,651	46,166,735	68,164,386	28,038,026	96,202,412
7	0700 MAINTENANCE & REPAIRS		3,377,384	3,377,384		3,377,384
8	0800 OPERATION OF PLANT	2,952,628	9,303,103	12,255,731		12,255,731
9	0900 LAUNDRY & LINEN SERVICE		1,205,570	1,541,841		1,541,841
10	1000 HOUSEKEEPING	3,907,811	1,864,436	5,772,247		5,772,247
11	1100 DIETARY	1,531,839	2,202,727	3,734,566	416,880	4,151,446
12	1200 CAFETERIA	1,463,674	3,123,151	4,586,825	-636,612	3,950,213
13	1300 MAINTENANCE OF PERSONNEL					
14	1400 NURSING ADMINISTRATION	3,027,634	860,533	3,888,167		3,888,167
15	1500 CENTRAL SERVICES & SUPPLY	1,108,802	42,493,928	43,602,730	-30,045,671	13,557,059
16	1600 PHARMACY	5,613,739	9,931,911	15,545,650	-9,603,633	5,942,017
17	1700 MEDICAL RECORDS & LIBRARY	2,462,096	2,619,191	5,081,287		5,081,287
18	1800 SOCIAL SERVICE	2,168,609	638,704	2,807,313		2,807,313
20	2000 NONPHYSICIAN ANESTHETISTS					
21	2100 NURSING SCHOOL					
22	2200 I&R SERVICES-SALARY & FRINGES APPRVD	1,126,289		1,126,289	46,135	1,172,424
23	2300 I&R SERVICES-OTHER PRGM COSTS APPRVD	1,568,350	27,167,803	28,736,153	-7,570,039	21,166,114
24	2400 PARAMED ED PRGM				575,471	575,471
	INPAT ROUTINE SRVC CNTRS					
25	2500 ADULTS & PEDIATRICS	32,440,917	5,614,408	38,055,325	-2,782,887	35,272,438
26	2600 INTENSIVE CARE UNIT	2,059,971	517,881	2,577,852	-200,720	2,377,132
26.01	2080 PEDIATRIC INTENSIVE CARE UNIT	3,175,854	595,557	3,771,411	-416,734	3,354,677
27	2700 CORONARY CARE UNIT	2,422,359	543,518	2,965,877	-270,389	2,695,488
28	2800 BURN INTENSIVE CARE UNIT					
29	2900 SURGICAL INTENSIVE CARE UNIT					
30	2060 NEONATAL INTENSIVE CARE UNIT	7,276,143	1,439,878	8,716,021	-242,482	8,473,539
31	3100 SUBPROVIDER	2,260,089	167,705	2,427,794	317,850	2,745,644
33	3300 NURSERY	8,210,608	528,632	8,739,240	44,752	8,783,992
34	3400 SKILLED NURSING FACILITY					
35	3500 NURSING FACILITY					
35.01	3510 ICF/MR					
36	3600 OTHER LONG TERM CARE					
	ANCILLARY SRVC CNTRS					
37	3700 OPERATING ROOM	9,422,621	20,295,684	29,718,305	-14,682,700	15,035,605
38	3800 RECOVERY ROOM	1,402,734	44,477	1,447,211	-32,585	1,414,626
39	3900 DELIVERY ROOM & LABOR ROOM	380,295	29,165	409,460	2,217,107	2,626,567
40	4000 ANESTHESIOLOGY	160,186	5,656,889	5,817,075	566,636	6,383,711
41	4100 RADIOLOGY-DIAGNOSTIC	5,212,223	2,139,275	7,351,498	664,572	8,016,070
42	4200 RADIOLOGY-THERAPEUTIC	604,007	90,039	694,046		694,046
42.01	3450 NUCLEAR MEDICINE-DIAGNOSTIC	676,239	866,371	1,542,610	-13,914	1,528,696
43	4300 RADIOISOTOPE					
43.01	3630 ULTRA SOUND	712,031	60,051	772,082	7,587	779,669
44	4400 LABORATORY	6,011,106	4,788,176	10,799,282	7,319	10,806,601
44.01	4401 ANATOMY PATHOLOGY	697,433	548,322	1,245,755	934,879	2,180,634
44.03	4403 LAB-STEM CELL		165,731	165,731		165,731
45	4500 PBP CLINICAL LAB SERVICES-PRGM ONLY					
46	4600 WHOLE BLOOD & PACKED RED BLOOD CELLS					
46.01	4601 MENTAL HYGIENE	99,467	21,338	120,805	-8,407	112,398
47	4700 BLOOD STORING, PROCESSING & TRANS.	733,919	2,690,763	3,424,682	10,224	3,434,906
48	4800 INTRAVENOUS THERAPY	528,488	188,853	717,341	-177,357	539,984
48.01	4801 PHARMACY-IV DRUG THERAPY	338,332	6,219,460	6,557,792	-12,544	6,545,248
49	4900 RESPIRATORY THERAPY	3,316,707	2,352,308	5,669,015	-358,679	5,310,336
49.01	4901 SLEEP DISORDER	241,500	60,053	301,553		301,553
49.02	4902 PAIN MANAGEMENT	105,527	74,858	180,385		180,385
50	5000 PHYSICAL THERAPY	476,692	15,897	492,589	-2,250	490,339
51	5100 OCCUPATIONAL THERAPY	266,672	6,258	272,930		272,930
52	5200 SPEECH PATHOLOGY	509,541	19,612	529,153	-1,392	527,761
53	5300 ELECTROCARDIOLOGY	1,214,062	593,535	1,807,597	12,262	1,819,859
54	5400 ELECTROENCEPHALOGRAPHY	266,075	20,858	286,933	96,598	383,531
54.01	3120 CARDIAC CATHETERIZATION LABORATORY	1,198,091	6,573,909	7,772,000	-6,189,930	1,582,070
54.02	5401 CARDIAC REHAB	548,268	16,327	564,595		564,595
54.03	3650 VASCULAR LAB	479,703	71,709	551,412		551,412
54.04	3330 ENDOSCOPY	1,443,362	828,129	2,271,491	-537,757	1,733,734
54.05	5402 CLINICAL NUTRITION	648,328	6,888	655,216		655,216
54.06	5403 PSYCHOTHERAPY	714,975	615,826	1,330,801	192,606	1,523,407
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS				29,468,629	29,468,629
56	5600 DRUGS CHARGED TO PATIENTS				9,040,706	9,040,706
57	5700 RENAL DIALYSIS	227,053	1,177,657	1,404,710	-19,392	1,385,318
58	5800 ASC (NON-DISTINCT PART)					
	OUTPAT SERVICE COST CNTRS					
60	6000 CLINIC	4,950,982	919,456	5,870,438	421,702	6,292,140
61	6100 EMERGENCY	10,817,394	1,683,033	12,500,427	-518,209	11,982,218
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)					
	OTHER REIMBURS COST CNTRS					
64	6400 HOME PROGRAM DIALYSIS					
65	6500 AMBULANCE SERVICES					
66	6600 DURABLE MEDICAL EQUIP-RENTED					
67	6700 DURABLE MEDICAL EQUIP-SOLD					
68	5950 TRANSPORT					
69	6900 CORF					
70	7000 I&R SERVICES-NOT APPRVD PRGM					
71	7100 HOME HEALTH AGENCY					
	SPEC PURPOSE COST CENTERS					
82	8200 LUNG ACQUISITION					
83	8300 KIDNEY ACQUISITION				163,279	163,279
84	8400 LIVER ACQUISITION				29,013	29,013
85	8500 HEART ACQUISITION				51,168	51,168
85.01	8510 PANCREAS ACQUISITION					
86	8600 OTHER ORGAN ACQUISITION					
88	8800 INTEREST EXPENSE		1,540,690	1,540,690	-200,584	1,340,106
89	8900 UTILIZATION REVIEW-SNF					

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES		PROVIDER NO: I 26-0091 I	PERIOD: I FROM 1/ 1/2007 I TO 12/31/2007 I	CMS-2552-96(9/1996) I PREPARED 11/ 3/2008 I WORKSHEET A I	RECLASS- IFICATIONS 4	RECLASSIFIED TRIAL BALANCE 5
COST CENTER	COST CENTER DESCRIPTION	SALARIES 1	OTHER 2	TOTAL 3		
	SPEC PURPOSE COST CENTERS					
90	9000 OTHER CAPITAL RELATED COSTS					
92	9200 AMBULATORY SURGICAL CENTER (D. P.)					
93	9300 HOSPICE					
95	SUBTOTALS	162,967,537	282,337,289	445,304,826	-450,954	444,853,872
	NONREIMBURS COST CENTERS					
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN	55,949	208,578	264,527		264,527
96.01	9601 RESTAURANT		667	667		667
96.02	9602 PHYSICIAN SERVICES	391,791	298,375	690,166		690,166
96.03	9603 COMMUNITY EDUCATION	1,297,786	327,496	1,625,282	-127,917	1,497,365
97	9700 RESEARCH		-76,609	-76,609		-76,609
98	9800 PHYSICIANS' PRIVATE OFFICES	3,350,430	6,843,073	10,193,503	-25,977	10,167,526
98.01	9801 HOTELING ROOMS					
98.02	9802 VACANT SPACE					
98.03	9803 VENDING					
98.04	9804 55 ALIVE					
98.05	9805 SSMRI SMART REHAB					
98.06	9806 SSM REHAB NURSING ADMIN				1,348	1,348
99	9900 NONPAID WORKERS					
99.01	9901 SSM REHAB		322	322	238,915	239,237
99.02	9902 SSM REHAB- SNF					
99.03	9903 SSM REHAB- PHYSICAL THERAPY		585,828	585,828	32,368	618,196
99.04	9904 SSM REHAB- OCCUPATIONAL THERAPY				92,495	92,495
99.05	9905 SSM REHAB- SPEECH/AUDIOLOGY				90,955	90,955
99.06	9906 SSM REHAB- SOCIAL SERVICE				6,631	6,631
99.07	9907 SSM REHAB- ADMINISTRATION				53,861	53,861
99.11	9911 SSM HUMAN RESOURCES					
99.12	9912 HOME HEALTH					
99.13	9913 FOUNDATION				88,275	88,275
99.15	9915 POISON CONTROL	1,640,763	267,791	1,908,554		1,908,554
99.16	9916 BILLEABLE DEPARTMENTS	2,186,831	143,760	2,330,591		2,330,591
99.17	9917 MISCELLANEOUS NONREIMBURSABLE	714,214	325,414	1,039,628		1,039,628
101	TOTAL	172,605,301	291,261,984	463,867,285	-0-	463,867,285

COST CENTER		COST CENTER DESCRIPTION	ADJUSTMENTS	NET EXPENSES FOR ALLOC
			6	7
		GENERAL SERVICE COST CNTR		
1	0100	OLD CAP REL COSTS-BLDG & FIXT		
2	0200	OLD CAP REL COSTS-MVBLE EQUIP		
3	0300	NEW CAP REL COSTS-BLDG & FIXT	107,524	10,793,471
4	0400	NEW CAP REL COSTS-MVBLE EQUIP	1,934,336	11,861,322
5	0500	EMPLOYEE BENEFITS	-8,422,562	34,760,144
6	0600	ADMINISTRATIVE & GENERAL	-14,688,838	81,513,574
7	0700	MAINTENANCE & REPAIRS	-1,465,059	1,912,325
8	0800	OPERATION OF PLANT	-99,940	12,155,791
9	0900	LAUNDRY & LINEN SERVICE		1,541,841
10	1000	HOUSEKEEPING	-9,392	5,762,855
11	1100	DIETARY	-134,145	4,017,301
12	1200	CAFETERIA	-2,721,598	1,228,615
13	1300	MAINTENANCE OF PERSONNEL		
14	1400	NURSING ADMINISTRATION	-8,023	3,880,144
15	1500	CENTRAL SERVICES & SUPPLY	-12,121,511	1,435,548
16	1600	PHARMACY	-1,577,696	4,364,321
17	1700	MEDICAL RECORDS & LIBRARY	-6,239	5,075,048
18	1800	SOCIAL SERVICE	-212,882	2,594,431
20	2000	NONPHYSICIAN ANESTHETISTS		
21	2100	NURSING SCHOOL		
22	2200	I&R SERVICES-SALARY & FRINGES APPRVD		1,172,424
23	2300	I&R SERVICES-OTHER PRGM COSTS APPRVD	-2,183,715	18,982,399
24	2400	PARAMED ED PRGM		575,471
		INPAT ROUTINE SRVC CNTRS		
25	2500	ADULTS & PEDIATRICS	-336,589	34,935,849
26	2600	INTENSIVE CARE UNIT	-44,182	2,332,950
26.01	2080	PEDIATRIC INTENSIVE CARE UNIT	-1,554	3,353,123
27	2700	CORONARY CARE UNIT	-44,135	2,651,353
28	2800	BURN INTENSIVE CARE UNIT		
29	2900	SURGICAL INTENSIVE CARE UNIT		
30	2060	NEONATAL INTENSIVE CARE UNIT	-438,340	8,035,199
31	3100	SUBPROVIDER	-18,387	2,727,257
33	3300	NURSERY	-49,885	8,734,107
34	3400	SKILLED NURSING FACILITY		
35	3500	NURSING FACILITY		
35.01	3510	ICF/MR		
36	3600	OTHER LONG TERM CARE		
		ANCILLARY SRVC COST CNTRS		
37	3700	OPERATING ROOM	-950,720	14,084,885
38	3800	RECOVERY ROOM		1,414,626
39	3900	DELIVERY ROOM & LABOR ROOM		2,626,567
40	4000	ANESTHESIOLOGY	-3,912,914	2,470,797
41	4100	RADIOLOGY-DIAGNOSTIC	-1,004,026	7,012,044
42	4200	RADIOLOGY-THERAPEUTIC	-100	693,946
42.01	3450	NUCLEAR MEDICINE-DIAGNOSTIC	-386,264	1,142,432
43	4300	RADIOISOTOPE		
43.01	3630	ULTRA SOUND	-5,746	773,923
44	4400	LABORATORY	-1,858	10,804,743
44.01	4401	ANATOMIC PATHOLOGY	-801,577	1,379,057
44.03	4403	LAB-STEM CELL		165,731
45	4500	PBP CLINICAL LAB SERVICES-PRGM ONLY		
46	4600	WHOLE BLOOD & PACKED RED BLOOD CELLS		
46.01	4601	MENTAL HYGIENE	-3,110	109,288
47	4700	BLOOD STORING, PROCESSING & TRANS.		3,434,906
48	4800	INTRAVENOUS THERAPY		539,984
48.01	4801	PHARMACY-IV DRUG THERAPY		6,545,248
49	4900	RESPIRATORY THERAPY	-17,400	5,292,936
49.01	4901	SLEEP DISORDER		301,553
49.02	4902	PAIN MANAGEMENT		180,385
50	5000	PHYSICAL THERAPY	1,249,756	1,740,095
51	5100	OCCUPATIONAL THERAPY	131,905	404,835
52	5200	SPEECH PATHOLOGY	168,799	696,560
53	5300	ELECTROCARDIOLOGY	-266,198	1,553,661
54	5400	ELECTROENCEPHALOGRAPHY	-70,103	313,428
54.01	3120	CARDIAC CATHETERIZATION LABORATORY	-5,975	1,576,095
54.02	5401	CARDIAC REHAB	-966	563,629
54.03	3650	VASCULAR LAB	-95	551,317
54.04	3330	ENDOSCOPY	-3,567	1,730,167
54.05	5402	CLINICAL NUTRITION	-2,945	652,271
54.06	5403	PSYCHOTHERAPY	-501,295	1,022,112
55	5500	MEDICAL SUPPLIES CHARGED TO PATIENTS		29,468,629
56	5600	DRUGS CHARGED TO PATIENTS		9,040,706
57	5700	RENAL DIALYSIS	-8,802	1,376,516
58	5800	ASC (NON-DISTINCT PART)		
		OUTPAT SERVICE COST CNTRS		
60	6000	CLINIC	-256,082	6,036,058
61	6100	EMERGENCY	-4,126,181	7,856,037
62	6200	OBSERVATION BEDS (NON-DISTINCT PART)		
		OTHER REIMBURS COST CNTRS		
64	6400	HOME PROGRAM DIALYSIS		
65	6500	AMBULANCE SERVICES		
66	6600	DURABLE MEDICAL EQUIP-RENTED		
67	6700	DURABLE MEDICAL EQUIP-SOLD		
68	5950	TRANSPORT		
69	6900	CORF		
70	7000	I&R SERVICES-NOT APPRVD PRGM		
71	7100	HOME HEALTH AGENCY		
		SPEC PURPOSE COST CENTERS		
82	8200	LUNG ACQUISITION		
83	8300	KIDNEY ACQUISITION		163,279
84	8400	LIVER ACQUISITION		29,013
85	8500	HEART ACQUISITION		51,168
85.01	8510	PANCREAS ACQUISITION		
86	8600	OTHER ORGAN ACQUISITION		
88	8800	INTEREST EXPENSE	-1,340,106	-0-
89	8900	UTILIZATION REVIEW-SNF		-0-

COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS	NET EXPENSES FOR ALLOC
		6	7
	SPEC PURPOSE COST CENTERS		
90	9000 OTHER CAPITAL RELATED COSTS		- 0-
92	9200 AMBULATORY SURGICAL CENTER (D. P.)		
93	9300 HOSPICE		
95	SUBTOTALS	- 54, 658, 382	390, 195, 490
	NONREIMBURS COST CENTERS		
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN		264, 527
96.01	9601 RESTAURANT		667
96.02	9602 PHYSICIAN SERVICES		690, 166
96.03	9603 COMMUNITY EDUCATION		1, 497, 365
97	9700 RESEARCH		- 76, 609
98	9800 PHYSICIANS' PRIVATE OFFICES		10, 167, 526
98.01	9801 HOTELING ROOMS		
98.02	9802 VACANT SPACE		
98.03	9803 VENDING		
98.04	9804 55 ALIVE		
98.05	9805 SSMRI SMART REHAB		
98.06	9806 SSM REHAB NURSING ADMIN		1, 348
99	9900 NONPAID WORKERS		
99.01	9901 SSM REHAB		239, 237
99.02	9902 SSM REHAB- SNF		
99.03	9903 SSM REHAB- PHYSICAL THERAPY		618, 196
99.04	9904 SSM REHAB- OCCUPATIONAL THERAPY		92, 495
99.05	9905 SSM REHAB- SPEECH/AUDIOLOGY		90, 955
99.06	9906 SSM REHAB- SOCIAL SERVICE		6, 631
99.07	9907 SSM REHAB- ADMINISTRATION		53, 861
99.11	9911 SSM HUMAN RESOURCES		
99.12	9912 HOME HEALTH		
99.13	9913 FOUNDATION		88, 275
99.15	9915 POISON CONTROL		1, 908, 554
99.16	9916 BILLABLE DEPARTMENTS	1, 624, 566	3, 955, 157
99.17	9917 MISCELLANEOUS NONREIMBURSABLE		1, 039, 628
101	TOTAL	- 53, 033, 816	410, 833, 469

LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
	GENERAL SERVICE COST		
1	OLD CAP REL COSTS- BLDG & FIXT	0100	
2	OLD CAP REL COSTS- MVBLE EQUIP	0200	
3	NEW CAP REL COSTS- BLDG & FIXT	0300	
4	NEW CAP REL COSTS- MVBLE EQUIP	0400	
5	EMPLOYEE BENEFITS	0500	
6	ADMINISTRATIVE & GENERAL	0600	
7	MAINTENANCE & REPAIRS	0700	
8	OPERATION OF PLANT	0800	
9	LAUNDRY & LINEN SERVICE	0900	
10	HOUSEKEEPING	1000	
11	DIETARY	1100	
12	CAFETERIA	1200	
13	MAINTENANCE OF PERSONNEL	1300	
14	NURSING ADMINISTRATION	1400	
15	CENTRAL SERVICES & SUPPLY	1500	
16	PHARMACY	1600	
17	MEDICAL RECORDS & LIBRARY	1700	
18	SOCIAL SERVICE	1800	
20	NONPHYSICIAN ANESTHETISTS	2000	
21	NURSING SCHOOL	2100	
22	I&R SERVICES-SALARY & FRINGES APPRVD	2200	
23	I&R SERVICES-OTHER PRGM COSTS APPRVD	2300	
24	PARAMED ED PRGM	2400	
	INPAT ROUTINE SRVC C		
25	ADULTS & PEDIATRICS	2500	
26	INTENSIVE CARE UNIT	2600	
26.01	PEDIATRIC INTENSIVE CARE UNIT	2080	PEDIATRIC INTENSIVE CARE UNIT
27	CORONARY CARE UNIT	2700	
28	BURN INTENSIVE CARE UNIT	2800	
29	SURGICAL INTENSIVE CARE UNIT	2900	
30	NEONATAL INTENSIVE CARE UNIT	2060	NEONATAL INTENSIVE CARE UNIT
31	SUBPROVIDER	3100	
33	NURSERY	3300	
34	SKILLED NURSING FACILITY	3400	
35	NURSING FACILITY	3500	
35.01	ICF/MR	3510	
36	OTHER LONG TERM CARE	3600	
	ANCILLARY SRVC COST		
37	OPERATING ROOM	3700	
38	RECOVERY ROOM	3800	
39	DELIVERY ROOM & LABOR ROOM	3900	
40	ANESTHESIOLOGY	4000	
41	RADIOLOGY-DIAGNOSTIC	4100	
42	RADIOLOGY-THERAPEUTIC	4200	
42.01	NUCLEAR MEDICINE-DIAGNOSTIC	3450	NUCLEAR MEDICINE-DIAGNOSTIC
43	RADIOISOTOPE	4300	
43.01	ULTRA SOUND	3630	ULTRA SOUND
44	LABORATORY	4400	
44.01	ANATOMIC PATHOLOGY	4401	LABORATORY
44.03	LAB-STEM CELL	4403	LABORATORY
45	PBP CLINICAL LAB SERVICES-PRGM ONLY	4500	
46	WHOLE BLOOD & PACKED RED BLOOD CELLS	4600	
46.01	MENTAL HYGIENE	4601	WHOLE BLOOD & PACKED RED BLOOD CELLS
47	BLOOD STORING, PROCESSING & TRANS.	4700	
48	INTRAVENOUS THERAPY	4800	
48.01	PHARMACY-IV DRUG THERAPY	4801	INTRAVENOUS THERAPY
49	RESPIRATORY THERAPY	4900	
49.01	SLEEP DISORDER	4901	RESPIRATORY THERAPY
49.02	PAIN MANAGEMENT	4902	RESPIRATORY THERAPY
50	PHYSICAL THERAPY	5000	
51	OCCUPATIONAL THERAPY	5100	
52	SPEECH PATHOLOGY	5200	
53	ELECTROCARDIOLOGY	5300	
54	ELECTROENCEPHALOGRAPHY	5400	
54.01	CARDIAC CATHETERIZATION LABORATORY	3120	CARDIAC CATHETERIZATION LABORATORY
54.02	CARDIAC REHAB	5401	ELECTROENCEPHALOGRAPHY
54.03	VASCULAR LAB	3650	VASCULAR LAB
54.04	ENDOSCOPY	3330	ENDOSCOPY
54.05	CLINICAL NUTRITION	5402	ELECTROENCEPHALOGRAPHY
54.06	PSYCHOTHERAPY	5403	ELECTROENCEPHALOGRAPHY
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	5500	
56	DRUGS CHARGED TO PATIENTS	5600	
57	RENAL DIALYSIS	5700	
58	ASC (NON-DISTINCT PART)	5800	
	OUTPAT SERVICE COST		
60	CLINIC	6000	
61	EMERGENCY	6100	
62	OBSERVATION BEDS (NON-DISTINCT PART)	6200	
	OTHER REIMBURS COST		
64	HOME PROGRAM DIALYSIS	6400	
65	AMBULANCE SERVICES	6500	
66	DURABLE MEDICAL EQUIP-RENTED	6600	
67	DURABLE MEDICAL EQUIP-SOLD	6700	
68	TRANSPORT	5950	OTHER REIMBURSABLE COST CENTERS
69	CORF	6900	
70	I&R SERVICES- NOT APPRVD PRGM	7000	
71	HOME HEALTH AGENCY	7100	
	SPEC PURPOSE COST CE		
82	LUNG ACQUISITION	8200	
83	KIDNEY ACQUISITION	8300	
84	LIVER ACQUISITION	8400	
85	HEART ACQUISITION	8500	
85.01	PANCREAS ACQUISITION	8510	
86	OTHER ORGAN ACQUISITION	8600	
88	INTEREST EXPENSE	8800	
89	UTILIZATION REVIEW-SNF	8900	
90	OTHER CAPITAL RELATED COSTS	9000	

LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
	SPEC PURPOSE COST CE		
92	AMBULATORY SURGICAL CENTER (D.P.)	9200	
93	HOSPICE	9300	
95	SUBTOTALS	0000	
	NONREIMBURS COST CEN		
96	GIFT, FLOWER, COFFEE SHOP & CANTEEN	9600	
96.01	RESTAURANT	9601	GIFT, FLOWER, COFFEE SHOP & CANTEEN
96.02	PHYSICIAN SERVICES	9602	GIFT, FLOWER, COFFEE SHOP & CANTEEN
96.03	COMMUNITY EDUCATION	9603	GIFT, FLOWER, COFFEE SHOP & CANTEEN
97	RESEARCH	9700	
98	PHYSICIANS' PRIVATE OFFICES	9800	
98.01	HOTELING ROOMS	9801	PHYSICIANS' PRIVATE OFFICES
98.02	VACANT SPACE	9802	PHYSICIANS' PRIVATE OFFICES
98.03	VENDING	9803	PHYSICIANS' PRIVATE OFFICES
98.04	55 ALIVE	9804	PHYSICIANS' PRIVATE OFFICES
98.05	SSM SMART REHAB	9805	PHYSICIANS' PRIVATE OFFICES
98.06	SSM REHAB NURSING ADMIN	9806	PHYSICIANS' PRIVATE OFFICES
99	NONPAID WORKERS	9900	
99.01	SSM REHAB	9901	NONPAID WORKERS
99.02	SSM REHAB-SNF	9902	NONPAID WORKERS
99.03	SSM REHAB-PHYSICAL THERAPY	9903	NONPAID WORKERS
99.04	SSM REHAB-OCCUPATIONAL THERAPY	9904	NONPAID WORKERS
99.05	SSM REHAB-SPEECH/AUDIOLOGY	9905	NONPAID WORKERS
99.06	SSM REHAB-SOCIAL SERVICE	9906	NONPAID WORKERS
99.07	SSM REHAB-ADMINISTRATION	9907	NONPAID WORKERS
99.11	SSM HUMAN RESOURCES	9911	NONPAID WORKERS
99.12	HOME HEALTH	9912	NONPAID WORKERS
99.13	FOUNDATION	9913	NONPAID WORKERS
99.15	POISON CONTROL	9915	NONPAID WORKERS
99.16	BILLEABLE DEPARTMENTS	9916	NONPAID WORKERS
99.17	MISCELLANEOUS NONREIMBURSABLE	9917	NONPAID WORKERS
101	TOTAL	0000	

RECLASSIFICATIONS

PROVIDER NO:
260091

PERIOD:
FROM 1/1/2007
TO 12/31/2007

PREPARED 11/3/2008
WORKSHEET A-6

----- INCREASE -----

EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER 2	LINE NO 3	SALARY 4	OTHER 5
1 DRUG RECLASS	A	DRUGS CHARGED TO PATIENTS	56		9,040,706
2 SISTER SALARY	B	EMPLOYEE BENEFITS	5		51,831
3		LABORATORY	44	81,790	
4		ANATOMI C PATHOLOGY	44.01	10,224	
5		BLOOD STORING, PROCESSING & TRANS.	47	10,224	
6 OVERHEAD TO SSMRI	C	SSM REHAB NURSING ADMIN	98.06	922	426
7		SSM REHAB	99.01	61,885	66,525
8		SSM REHAB- SOCIAL SERVICE	99.06	2,912	1,565
9		SSM REHAB- ADMINISTRATION	99.07	13,857	2,558
10 SSMRI OT AND SP	D	SSM REHAB- OCCUPATIONAL THERAPY	99.04		78,748
11		SSM REHAB- SPEECH/AUDIOLOGY	99.05		87,974
12 ADMITTING	E	ADMINISTRATIVE & GENERAL	6	80,621	
13 NETWORK BHM	F	SUBPROVIDER	31	221,618	121,425
14		PSYCHOTHERAPY	54.06	124,430	68,176
15 CG DIETARY	G	DIETARY	11	110,546	306,334
16		NEONATAL INTENSIVE CARE UNIT	30		126,395
17		NURSERY	33		93,337
18 SM PHARMACY RESIDENTS	H	PARAMED ED PRGM	24	506,193	22,603
19					
20 CGCH FOUNDATION RENTAL	I	FOUNDATION	99.13		88,275
21 SSMRI INTEREST EXPENSE	J	SSM REHAB	99.01		110,505
22		SSM REHAB- PHYSICAL THERAPY	99.03		33,751
23		SSM REHAB- OCCUPATIONAL THERAPY	99.04		13,747
24		SSM REHAB- SPEECH/AUDIOLOGY	99.05		2,981
25		SSM REHAB- SOCIAL SERVICE	99.06		2,154
26		SSM REHAB- ADMINISTRATION	99.07		37,446
27 NETWORK HUMAN RESOURCES	K	EMPLOYEE BENEFITS	5	469,398	394,622
28 MEDICAID FRA EXPENSE	L	ADMINISTRATIVE & GENERAL	6		35,191,999
29 LABOR & DELIVERY	M	DELIVERY ROOM & LABOR ROOM	39	1,691,653	537,542
30 CHARGEABLE SUPPLIES	N	MEDICAL SUPPLIES CHARGED TO PATIENTS	55		29,468,629
31					
32					
33					
34					
35					
1 CHARGEABLE SUPPLIES	N				
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23 TEACHING PHYSICIAN COSTS	O	PARAMED ED PRGM	24		46,675
24 ORGAN ACQUISITION	P	KIDNEY ACQUISITION	83		129,000
25		LIVER ACQUISITION	84		23,300
26		HEART ACQUISITION	85		45,455
27 PRETRANSPLANT COSTS	Q	KIDNEY ACQUISITION	83	17,796	16,483
28		LIVER ACQUISITION	84	2,966	2,747
29		HEART ACQUISITION	85	2,966	2,747
30 GENERAL EXPENSE OFFSET	R	CENTRAL SERVICES & SUPPLY	15		5,198,471
31 PHYSICIAN RECLASS	S	ADULTS & PEDIATRICS	25	132,749	1,443,770
32		PEDIATRIC INTENSIVE CARE UNIT	26.01		13,396
33		NEONATAL INTENSIVE CARE UNIT	30		318,676
34		NURSERY	33		282,447
35		OPERATING ROOM	37		1,127,446
1 PHYSICIAN RECLASS	S	ANESTHESIOLOGY	40		941,905
2		RADIOLOGY-DIAGNOSTIC	41		1,114,279
3		ULTRA SOUND	43.01		7,587
4		ANATOMI C PATHOLOGY	44.01		924,655
5		RESPIRATORY THERAPY	49		87,057
6		ELECTROCARDIOLOGY	53		32,225
7		ELECTROENCEPHALOGRAPHY	54		96,598
8		CARDIAC CATHETERIZATION LABORATORY	54.01		6,770
9		RENAL DIALYSIS	57		73,804
10		CLINIC	60		631,755
11		EMERGENCY	61		335,839
12 INTERN & RESIDENT RECLASS	T	I&R SERVICES-SALARY & FRINGES APPRVD	22	46,135	
13					

EXPLANATION OF RECLASSIFICATION	INCREASE				
	CODE (1)	COST CENTER 2	LINE NO 3	SALARY 4	OTHER 5
14 36 TOTAL RECLASSIFICATIONS				3,588,885	88,853,341

(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:
260091

PERIOD:
FROM 1/1/2007
TO 12/31/2007

PREPARED 11/3/2008
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION		CODE (1)	COST CENTER 6	LINE NO 7	SALARY 8	OTHER 9	A-7 REF 10
1	DRUG RECLASS	A	PHARMACY	16		9,040,706	
2	SISTER SALARY	B	ADMINISTRATIVE & GENERAL	6	102,238	51,831	
3							
4							
5							
6	OVERHEAD TO SSMRI	C	ADMINISTRATIVE & GENERAL	6	79,576	71,074	
7							
8							
9							
10	SSMRI OT AND SP	D	SSM REHAB-PHYSICAL THERAPY	99.03		1,383	
11			EMPLOYEE BENEFITS	5		165,339	
12	ADMITTING	E	EMERGENCY	61	80,621		
13	NETWORK BHM	F	ADMINISTRATIVE & GENERAL	6	346,048	189,601	
14							
15	CG DIETARY	G	CAFETERIA	12	110,546	526,066	
16							
17							
18	SM PHARMACY RESIDENTS	H	PHARMACY	16	493,649	22,603	
19			PHARMACY-IV DRUG THERAPY	48.01	12,544		
20	CGCH FOUNDATION RENTAL	I	ADMINISTRATIVE & GENERAL	6		88,275	
21	SSMRI INTEREST EXPENSE	J	INTEREST EXPENSE	88		200,584	11
22							
23							
24							
25							
26							
27	NETWORK HUMAN RESOURCES	K	ADMINISTRATIVE & GENERAL	6	469,398	394,622	
28	MEDICAID FRA EXPENSE	L	CENTRAL SERVICES & SUPPLY	15		35,191,999	
29	LABOR & DELIVERY	M	ADULTS & PEDIATRICS	25	1,691,653	537,542	
30	CHARGEABLE SUPPLIES	N	CENTRAL SERVICES & SUPPLY	15		52,143	
31			ADULTS & PEDIATRICS	25		2,130,211	
32			INTENSIVE CARE UNIT	26		200,720	
33			PEDIATRIC INTENSIVE CARE UNIT	26.01		430,130	
34			CORONARY CARE UNIT	27		270,389	
35			NEONATAL INTENSIVE CARE UNIT	30		687,553	
1	CHARGEABLE SUPPLIES	N	SUBPROVIDER	31		25,193	
2			NURSERY	33		331,032	
3			OPERATING ROOM	37		15,810,146	
4			RECOVERY ROOM	38		32,585	
5			DELIVERY ROOM & LABOR ROOM	39		12,088	
6			ANESTHESIOLOGY	40		375,269	
7			RADIOLOGY-DIAGNOSTIC	41		449,707	
8			NUCLEAR MEDICINE-DIAGNOSTIC	42.01		12,995	
9			LABORATORY	44		74,471	
10			MENTAL HYGIENE	46.01		8,407	
11			INTRAVENOUS THERAPY	48		177,357	
12			RESPIRATORY THERAPY	49		445,736	
13			PHYSICAL THERAPY	50		2,250	
14			SPEECH PATHOLOGY	52		1,392	
15			ELECTROCARDIOLOGY	53		19,963	
16			CARDIAC CATHETERIZATION LABORATORY	54.01		6,196,700	
17			ENDOSCOPY	54.04		537,757	
18			RENAL DIALYSIS	57		93,196	
19			CLINIC	60		198,579	
20			EMERGENCY	61		740,988	
21			COMMUNITY EDUCATION	96.03		125,695	
22			PHYSICIANS' PRIVATE OFFICES	98		25,977	
23	TEACHING PHYSICIAN COSTS	O	PHARMACY	16		46,675	
24	ORGAN ACQUISITION	P	ADMINISTRATIVE & GENERAL	6		197,755	
25							
26							
27	PRETRANSPLANT COSTS	Q	ADMINISTRATIVE & GENERAL	6	23,728	21,977	
28							
29							
30	GENERAL EXPENSE OFFSET	R	ADMINISTRATIVE & GENERAL	6		5,198,471	
31	PHYSICIAN RECLASS	S	I&R SERVICES-OTHER PRGM COSTS APPRVD	23	131,830	7,438,209	
32			NUCLEAR MEDICINE-DIAGNOSTIC	42.01	919		
33							
34							
35							
1	PHYSICIAN RECLASS	S					
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12	INTERN & RESIDENT RECLASS	T	CLINIC	60	11,474		
13			EMERGENCY	61	32,439		

EXPLANATION OF RECLASSIFICATION	----- DECREASE -----				A-7 REF 10
	CODE (1)	COST CENTER	LINE NO	SALARY	
	1	6	7	8	9
14		COMMUNITY EDUCATION	96.03	2,222	
36	TOTAL RECLASSIFICATIONS			3,588,885	88,853,341

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 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.

RECLASS CODE: A
 EXPLANATION : DRUG RECLASS

----- INCREASE -----		
LINE	COST CENTER	AMOUNT
1.00	DRUGS CHARGED TO PATIENTS	9,040,706
TOTAL RECLASSIFICATIONS FOR CODE A		9,040,706

----- DECREASE -----		
COST CENTER	LINE	AMOUNT
PHARMACY	16	9,040,706
TOTAL RECLASSIFICATIONS FOR CODE A		9,040,706

RECLASS CODE: B
 EXPLANATION : SISTER SALARY

----- INCREASE -----		
LINE	COST CENTER	AMOUNT
1.00	EMPLOYEE BENEFITS	51,831
2.00	LABORATORY	81,790
3.00	ANATOMIC PATHOLOGY	10,224
4.00	BLOOD STORING, PROCESSING & TR	10,224
TOTAL RECLASSIFICATIONS FOR CODE B		154,069

----- DECREASE -----		
COST CENTER	LINE	AMOUNT
ADMINISTRATIVE & GENERAL	6	154,069
TOTAL RECLASSIFICATIONS FOR CODE B		154,069

RECLASS CODE: C
 EXPLANATION : OVERHEAD TO SSMRI

----- INCREASE -----		
LINE	COST CENTER	AMOUNT
1.00	SSM REHAB NURSING ADMIN	1,348
2.00	SSM REHAB	128,410
3.00	SSM REHAB- SOCIAL SERVICE	4,477
4.00	SSM REHAB- ADMINISTRATION	16,415
TOTAL RECLASSIFICATIONS FOR CODE C		150,650

----- DECREASE -----		
COST CENTER	LINE	AMOUNT
ADMINISTRATIVE & GENERAL	6	150,650
TOTAL RECLASSIFICATIONS FOR CODE C		150,650

RECLASS CODE: D
 EXPLANATION : SSMRI OT AND SP

----- INCREASE -----		
LINE	COST CENTER	AMOUNT
1.00	SSM REHAB- OCCUPATIONAL THERAPY	78,748
2.00	SSM REHAB- SPEECH/AUDIOLOGY	87,974
TOTAL RECLASSIFICATIONS FOR CODE D		166,722

----- DECREASE -----		
COST CENTER	LINE	AMOUNT
SSM REHAB- PHYSICAL THERAPY	99.03	1,383
EMPLOYEE BENEFITS	5	165,339
TOTAL RECLASSIFICATIONS FOR CODE D		166,722

RECLASS CODE: E
 EXPLANATION : ADMITTING

----- INCREASE -----		
LINE	COST CENTER	AMOUNT
1.00	ADMINISTRATIVE & GENERAL	80,621
TOTAL RECLASSIFICATIONS FOR CODE E		80,621

----- DECREASE -----		
COST CENTER	LINE	AMOUNT
EMERGENCY	61	80,621
TOTAL RECLASSIFICATIONS FOR CODE E		80,621

RECLASS CODE: F
 EXPLANATION : NETWORK BHM

----- INCREASE -----		
LINE	COST CENTER	AMOUNT
1.00	SUBPROVIDER	343,043
2.00	PSYCHOTHERAPY	192,606
TOTAL RECLASSIFICATIONS FOR CODE F		535,649

----- DECREASE -----		
COST CENTER	LINE	AMOUNT
ADMINISTRATIVE & GENERAL	6	535,649
TOTAL RECLASSIFICATIONS FOR CODE F		535,649

RECLASS CODE: G
 EXPLANATION : CG DIETARY

----- INCREASE -----		
LINE	COST CENTER	AMOUNT
1.00	DIETARY	416,880
2.00	NEONATAL INTENSIVE CARE UNIT	126,395
3.00	NURSERY	93,337
TOTAL RECLASSIFICATIONS FOR CODE G		636,612

----- DECREASE -----		
COST CENTER	LINE	AMOUNT
CAFETERIA	12	636,612
TOTAL RECLASSIFICATIONS FOR CODE G		636,612

RECLASS CODE: H
 EXPLANATION : SM PHARMACY RESIDENTS

----- INCREASE -----		
LINE	COST CENTER	AMOUNT
1.00	PARAMED ED PRGM	528,796
2.00		0
TOTAL RECLASSIFICATIONS FOR CODE H		528,796

----- DECREASE -----		
COST CENTER	LINE	AMOUNT
PHARMACY	16	516,252
PHARMACY- IV DRUG THERAPY	48.01	12,544
TOTAL RECLASSIFICATIONS FOR CODE H		528,796

RECLASS CODE: I
 EXPLANATION : CGCH FOUNDATION RENTAL

----- INCREASE -----		
LINE	COST CENTER	AMOUNT
1.00	FOUNDATION	88,275
TOTAL RECLASSIFICATIONS FOR CODE I		88,275

----- DECREASE -----		
COST CENTER	LINE	AMOUNT
ADMINISTRATIVE & GENERAL	6	88,275
TOTAL RECLASSIFICATIONS FOR CODE I		88,275

RECLASSIFICATIONS

RECLASS CODE: J
EXPLANATION: SSMRI INTEREST EXPENSE

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	SSM REHAB	99.01	110,505	INTEREST EXPENSE	88	200,584	
2.00	SSM REHAB- PHYSICAL THERAPY	99.03	33,751			0	
3.00	SSM REHAB- OCCUPATIONAL THERAPY	99.04	13,747			0	
4.00	SSM REHAB- SPEECH/AUDIOLOGY	99.05	2,981			0	
5.00	SSM REHAB- SOCIAL SERVICE	99.06	2,154			0	
6.00	SSM REHAB- ADMINISTRATION	99.07	37,446			0	
TOTAL RECLASSIFICATIONS FOR CODE J			200,584			200,584	

RECLASS CODE: K
EXPLANATION: NETWORK HUMAN RESOURCES

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	EMPLOYEE BENEFITS	5	864,020	ADMINISTRATIVE & GENERAL	6	864,020	
TOTAL RECLASSIFICATIONS FOR CODE K			864,020			864,020	

RECLASS CODE: L
EXPLANATION: MEDICAID FRA EXPENSE

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	ADMINISTRATIVE & GENERAL	6	35,191,999	CENTRAL SERVICES & SUPPLY	15	35,191,999	
TOTAL RECLASSIFICATIONS FOR CODE L			35,191,999			35,191,999	

RECLASS CODE: M
EXPLANATION: LABOR & DELIVERY

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	DELIVERY ROOM & LABOR ROOM	39	2,229,195	ADULTS & PEDIATRICS	25	2,229,195	
TOTAL RECLASSIFICATIONS FOR CODE M			2,229,195			2,229,195	

RECLASS CODE: N
EXPLANATION: CHARGEABLE SUPPLIES

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	MEDICAL SUPPLIES CHARGED TO PA	55	29,468,629	CENTRAL SERVICES & SUPPLY	15	52,143	
2.00			0	ADULTS & PEDIATRICS	25	2,130,211	
3.00			0	INTENSIVE CARE UNIT	26	200,720	
4.00			0	PEDIATRIC INTENSIVE CARE UNIT	26.01	430,130	
5.00			0	CORONARY CARE UNIT	27	270,389	
6.00			0	NEONATAL INTENSIVE CARE UNIT	30	687,553	
7.00			0	SUBPROVIDER	31	25,193	
8.00			0	NURSERY	33	331,032	
9.00			0	OPERATING ROOM	37	15,810,146	
10.00			0	RECOVERY ROOM	38	32,585	
11.00			0	DELIVERY ROOM & LABOR ROOM	39	12,088	
12.00			0	ANESTHESIOLOGY	40	375,269	
13.00			0	RADIOLOGY- DIAGNOSTIC	41	449,707	
14.00			0	NUCLEAR MEDICINE- DIAGNOSTIC	42.01	12,995	
15.00			0	LABORATORY	44	74,471	
16.00			0	MENTAL HYGIENE	46.01	8,407	
17.00			0	INTRAVENOUS THERAPY	48	177,357	
18.00			0	RESPIRATORY THERAPY	49	445,736	
19.00			0	PHYSICAL THERAPY	50	2,250	
20.00			0	SPEECH PATHOLOGY	52	1,392	
21.00			0	ELECTROCARDIOLOGY	53	19,963	
22.00			0	CARDIAC CATHETERIZATION LABORATORY	54.01	6,196,700	
23.00			0	ENDOSCOPY	54.04	537,757	
24.00			0	RENAL DIALYSIS	57	93,196	
25.00			0	CLINIC	60	198,579	
26.00			0	EMERGENCY	61	740,988	
27.00			0	COMMUNITY EDUCATION	96.03	125,695	
28.00			0	PHYSICIANS' PRIVATE OFFICES	98	25,977	
TOTAL RECLASSIFICATIONS FOR CODE N			29,468,629			29,468,629	

RECLASS CODE: O
EXPLANATION: TEACHING PHYSICIAN COSTS

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	PARAMED PRGM	24	46,675	PHARMACY	16	46,675	
TOTAL RECLASSIFICATIONS FOR CODE O			46,675			46,675	

RECLASS CODE: P
EXPLANATION: ORGAN ACQUISITION

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	KIDNEY ACQUISITION	83	129,000	ADMINISTRATIVE & GENERAL	6	197,755	

RECLASS CODE: P
 EXPLANATION : ORGAN ACQUISITION

----- INCREASE -----				----- DECREASE -----		
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT
2.00	LIVER ACQUISITION	84	23,300			0
3.00	HEART ACQUISITION	85	45,455			0
TOTAL RECLASSIFICATIONS FOR CODE P			197,755			197,755

RECLASS CODE: Q
 EXPLANATION : PRETRANSPLANT COSTS

----- INCREASE -----				----- DECREASE -----		
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	KIDNEY ACQUISITION	83	34,279	ADMINISTRATIVE & GENERAL	6	45,705
2.00	LIVER ACQUISITION	84	5,713			0
3.00	HEART ACQUISITION	85	5,713			0
TOTAL RECLASSIFICATIONS FOR CODE Q			45,705			45,705

RECLASS CODE: R
 EXPLANATION : GENERAL EXPENSE OFFSET

----- INCREASE -----				----- DECREASE -----		
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	CENTRAL SERVICES & SUPPLY	15	5,198,471	ADMINISTRATIVE & GENERAL	6	5,198,471
TOTAL RECLASSIFICATIONS FOR CODE R			5,198,471			5,198,471

RECLASS CODE: S
 EXPLANATION : PHYSICIAN RECLASS

----- INCREASE -----				----- DECREASE -----		
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	ADULTS & PEDIATRICS	25	1,576,519	I&R SERVICES-OTHER PRGM COSTS	23	7,570,039
2.00	PEDIATRIC INTENSIVE CARE UNIT	26.01	13,396	NUCLEAR MEDICINE-DIAGNOSTIC	42.01	919
3.00	NEONATAL INTENSIVE CARE UNIT	30	318,676			0
4.00	NURSERY	33	282,447			0
5.00	OPERATING ROOM	37	1,127,446			0
6.00	ANESTHESIOLOGY	40	941,905			0
7.00	RADIOLOGY-DIAGNOSTIC	41	1,114,279			0
8.00	ULTRASOUND	43.01	7,587			0
9.00	ANATOMIC PATHOLOGY	44.01	924,655			0
10.00	RESPIRATORY THERAPY	49	87,057			0
11.00	ELECTROCARDIOLOGY	53	32,225			0
12.00	ELECTROENCEPHALOGRAPHY	54	96,598			0
13.00	CARDIAC CATHETERIZATION LABORATORY	54.01	6,770			0
14.00	RENAL DIALYSIS	57	73,804			0
15.00	CLINIC	60	631,755			0
16.00	EMERGENCY	61	335,839			0
TOTAL RECLASSIFICATIONS FOR CODE S			7,570,958			7,570,958

RECLASS CODE: T
 EXPLANATION : INTERN & RESIDENT RECLASS

----- INCREASE -----				----- DECREASE -----		
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	I&R SERVICES-SALARY & FRINGES	22	46,135	CLINIC	60	11,474
2.00			0	EMERGENCY	61	32,439
3.00			0	COMMUNITY EDUCATION	96.03	2,222
TOTAL RECLASSIFICATIONS FOR CODE T			46,135			46,135

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

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

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

	DESCRIPTION	BEGINNING BALANCES 1	PURCHASES 2	ACQUISITIONS		TOTAL 4	DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7
				DONATION 3					
1	LAND	6,404,076						6,404,076	
2	LAND IMPROVEMENTS	7,795,293						7,795,293	
3	BUILDINGS & FIXTURE	271,186,601	52,962,161			52,962,161	1,061,819	323,086,943	
4	BUILDING IMPROVEMEN	6,757,289						6,757,289	
5	FIXED EQUIPMENT	41,805,362	1,741,989			1,741,989	31,078	43,516,273	
6	MOVABLE EQUIPMENT	140,856,225	14,461,676			14,461,676	2,940,879	152,377,022	
7	SUBTOTAL	474,804,846	69,165,826			69,165,826	4,033,776	539,936,896	
8	RECONCILING ITEMS								
9	TOTAL	474,804,846	69,165,826			69,165,826	4,033,776	539,936,896	

PART III - RECONCILIATION OF CAPITAL COST CENTERS

* 1 2 3 4 5	DESCRIPTION	COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL			TOTAL 8
		GROSS ASSETS 1	CAPITALIZED LEASES 2	GROSS ASSETS FOR RATIO 3	RATIO 4	INSURANCE 5	TAXES 6	
	OLD CAP REL COSTS-BL							
	OLD CAP REL COSTS-MV							
	NEW CAP REL COSTS-BL	387,559,874		387,559,874	.717787			
	NEW CAP REL COSTS-MV	152,377,022		152,377,022	.282213			
	TOTAL	539,936,896		539,936,896	1.000000			

* 1 2 3 4 5	DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL					OTHER CAPITAL RELATED COST 14	TOTAL (1) 15
		DEPRECIATION 9	LEASE 10	INTEREST 11	INSURANCE 12	TAXES 13		
	OLD CAP REL COSTS-BL							
	OLD CAP REL COSTS-MV							
	NEW CAP REL COSTS-BL	10,793,471						10,793,471
	NEW CAP REL COSTS-MV	11,861,322						11,861,322
	TOTAL	22,654,793						22,654,793

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

* 1 2 3 4 5	DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL					OTHER CAPITAL RELATED COST 14	TOTAL (1) 15
		DEPRECIATION 9	LEASE 10	INTEREST 11	INSURANCE 12	TAXES 13		
	OLD CAP REL COSTS-BL							
	OLD CAP REL COSTS-MV							
	NEW CAP REL COSTS-BL	10,685,947						10,685,947
	NEW CAP REL COSTS-MV	9,926,986						9,926,986
	TOTAL	20,612,933						20,612,933

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

ADJUSTMENTS TO EXPENSES

PROVIDER NO:
I26-0091
I

PERIOD:
I FROM 1/1/2007
I TO 12/31/2007

PREPARED 11/3/2008
WORKSHEET A-8

1	DESCRIPTION (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	5 THE		
1	INVST INCOME-OLD BLDGS AND FIXTURES			OLD CAP REL COSTS- BLDG &		1	
2	INVESTMENT INCOME-OLD MOVABLE EQUIP			OLD CAP REL COSTS-MVBLE E		2	
3	INVST INCOME-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS- BLDG &		3	
4	INVESTMENT INCOME-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E		4	
5	INVESTMENT INCOME-OTHER			INTEREST EXPENSE		88	11
6	TRADE, QUANTITY AND TIME DISCOUNTS						
7	REFUNDS AND REBATES OF EXPENSES						
8	RENTAL OF PRVIDER SPACE BY SUPPLIERS						
9	TELEPHONE SERVICES						
10	TELEVISION AND RADIO SERVICE						
11	PARKING LOT						
12	PROVIDER BASED PHYSICIAN ADJUSTMENT	A-8-2	-12,639,363				
13	SALE OF SCRAP, WASTE, ETC.						
14	RELATED ORGANIZATION TRANSACTIONS	A-8-1	-5,862,218				
15	LAUNDRY AND LINEN SERVICE						
16	CAFETERIA -EMPLOYEES AND GUESTS						
17	RENTAL OF QTRS TO EMPLOYEE AND OTHRS						
18	SALE OF MED AND SURG SUPPLIES						
19	SALE OF DRUGS TO OTHER THAN PATIENTS						
20	SALE OF MEDICAL RECORDS & ABSTRACTS						
21	NURSG SCHOOL(TUITN, FEES, BOOKS, ETC.)						
22	VENDING MACHINES						
23	INCOME FROM IMPOSITION OF INTEREST						
24	INTRST EXP ON MEDICARE OVERPAYMENTS						
25	ADJUSTMENT FOR RESPIRATORY THERAPY	A-8-3/A-8-4		RESPIRATORY THERAPY		49	
26	ADJUSTMENT FOR PHYSICAL THERAPY	A-8-3/A-8-4		PHYSICAL THERAPY		50	
27	ADJUSTMENT FOR HHA PHYSICAL THERAPY	A-8-3					
28	UTILIZATION REVIEW-PHYSIAN COMP			UTILIZATION REVIEW-SNF		89	
29	DEPRECIATION-OLD BLDGS AND FIXTURES			OLD CAP REL COSTS- BLDG &		1	
30	DEPRECIATION-OLD MOVABLE EQUIP			OLD CAP REL COSTS-MVBLE E		2	
31	DEPRECIATION-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS- BLDG &		3	
32	DEPRECIATION-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E		4	
33	NON-PHYSICIAN ANESTHETIST			NONPHYSICIAN ANESTHETISTS		20	
34	PHYSICIANS' ASSISTANT						
35	ADJUSTMENT FOR OCCUPATIONAL THERAPY	A-8-4		OCCUPATIONAL THERAPY		51	
36	ADJUSTMENT FOR SPEECH PATHOLOGY	A-8-4		SPEECH PATHOLOGY		52	
37	TEACHING RCE OFFSET	A	-2,181,799	I&R SERVICES-OTHER PRGM C		23	
38	ADMINISTRATIVE RCE OFFSET	A	-255,050	ADMINISTRATIVE & GENERAL		6	
39	UTILIZATION REVIEW OFFSET	A	-212,882	SOCIAL SERVICE		18	
40	GOODWILL	A	-384,308	ADMINISTRATIVE & GENERAL		6	
41	CONTRIBUTIONS	A	-5,621	EMPLOYEE BENEFITS		5	
41.01	CONTRIBUTIONS	A	-65,275	ADMINISTRATIVE & GENERAL		6	
41.02	CONTRIBUTIONS	A	-82	OPERATION OF PLANT		8	
41.03	CONTRIBUTIONS	A	-1,423	NURSING ADMINISTRATION		14	
41.04	CONTRIBUTIONS	A	-45	PHARMACY		16	
41.05	CONTRIBUTIONS	A	-1,292	I&R SERVICES-OTHER PRGM C		23	
41.06	CONTRIBUTIONS	A	-23,348	ADULTS & PEDIATRICS		25	
41.07	CONTRIBUTIONS	A	-108	OPERATING ROOM		37	
41.08	CONTRIBUTIONS	A	-116	RADIOLOGY-DIAGNOSTIC		41	
41.09	CONTRIBUTIONS	A	-100	RADIOLOGY-THERAPEUTIC		42	
41.10	CONTRIBUTIONS	A	-108	LABORATORY		44	
41.11	CONTRIBUTIONS	A	-52	ANATOMIC PATHOLOGY		44.01	
41.12	CONTRIBUTIONS	A	-100	ELECTROCARDIOLOGY		53	
41.13	CONTRIBUTIONS	A	-196	CARDIAC REHAB		54.02	
41.14	CONTRIBUTIONS	A	-537	ENDOSCOPY		54.04	
41.15	CONTRIBUTIONS	A	-19	CLINIC		60	
41.16	CONTRIBUTIONS	A	-24	EMERGENCY		61	
42	PERSONAL USAGE OF AUTO	A	-3,349	NEW CAP REL COSTS-MVBLE E		4	9
42.01	LOBBYING EXPENSE	A	-58,188	ADMINISTRATIVE & GENERAL		6	
42.02	BILL OUT DEPARTMENTS	A	1,624,566	BILLEABLE DEPARTMENTS		99.16	
42.03	BILL OUT DEPARTMENTS	A	207,516	EMPLOYEE BENEFITS		5	
42.04	ENTERTAINMENT	A	-16,619	ADMINISTRATIVE & GENERAL		6	
42.05	ENTERTAINMENT	A	-966	I&R SERVICES-OTHER PRGM C		23	
43	OTHER REVENUE	B	-2,719	EMPLOYEE BENEFITS		5	
43.01	OTHER REVENUE	B	-621,726	ADMINISTRATIVE & GENERAL		6	
43.02	OTHER REVENUE	B	-99,858	OPERATION OF PLANT		8	
43.03	OTHER REVENUE	B	-9,392	HOUSEKEEPING		10	
43.04	OTHER REVENUE	B	-134,145	DIETARY		11	
43.05	OTHER REVENUE	B	-2,721,598	CAFETERIA		12	
43.06	OTHER REVENUE	B	-6,130	NURSING ADMINISTRATION		14	
43.07	OTHER REVENUE	B	-1,566,651	PHARMACY		16	
43.08	OTHER REVENUE	B	-6,239	MEDICAL RECORDS & LIBRARY		17	
43.09	OTHER REVENUE	B	342	I&R SERVICES-OTHER PRGM C		23	
43.10	OTHER REVENUE	B	-890	ADULTS & PEDIATRICS		25	
43.11	OTHER REVENUE	B	-5,553	NEONATAL INTENSIVE CARE U		30	
43.12	OTHER REVENUE	B	-1,700	OPERATING ROOM		37	
43.13	OTHER REVENUE	B	-5,729	RADIOLOGY-DIAGNOSTIC		41	
43.14	OTHER REVENUE	B	-1,750	LABORATORY		44	
43.15	OTHER REVENUE	B	-2,125	ANATOMIC PATHOLOGY		44.01	
43.16	OTHER REVENUE	B	-1,875	RESPIRATORY THERAPY		49	
43.17	OTHER REVENUE	B	-4,152	ELECTROCARDIOLOGY		53	
43.18	OTHER REVENUE	B	-95	VASCULAR LAB		54.03	
43.19	OTHER REVENUE	B	-2,945	CLINICAL NUTRITION		54.05	
43.20	OTHER REVENUE	B	-67,249	CLINIC		60	
43.21	OTHER REVENUE	B	-540	EMERGENCY		61	
43.22	PARKING GARAGE	B	-98,218	ADMINISTRATIVE & GENERAL		6	
44	PUBLIC RELATIONS	A	-37,911	ADMINISTRATIVE & GENERAL		6	
44.01	PUBLIC RELATIONS	A	-470	NURSING ADMINISTRATION		14	
44.02	PUBLIC RELATIONS	A	-11,000	PHARMACY		16	
44.03	PUBLIC RELATIONS	A	-617	RADIOLOGY-DIAGNOSTIC		41	
44.04	PUBLIC RELATIONS	A	-303	CLINIC		60	
44.05	MARKETING & PUBLIC POLICY	A	-1,540,339	ADMINISTRATIVE & GENERAL		6	
45	PATIENT TRANSPORTATION	A	-9,875	SUBPROVIDER		31	
45.01	PATIENT TRANSPORTATION	A	-85	NURSERY		33	
45.02	PATIENT TRANSPORTATION	A	-487,982	PSYCHOTHERAPY		54.06	

DESCRIPTION (1)	(2)		EXPENSE CLASSIFICATION ON			WKST. A-7 REF. 5
	BASIS/CODE 1	AMOUNT 2	WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED COST CENTER 3	LINE NO 4		
45.03 PATIENT TRANSPORTATION	A	- 120	CLINIC	60		
45.04 PATIENT TRANSPORTATION	A	- 740	EMERGENCY	61		
46 NON ALLOWABLE ADMINISTRATION	A	- 3,237,602	ADMINISTRATIVE & GENERAL	6		
47 POB PARKING GARAGE	A	- 265,047	ADMINISTRATIVE & GENERAL	6		
48 TELEPHONE COST	A	- 4,037	NEW CAP REL COSTS-MVBLE E	4	9	
48.01 TELEPHONE COST	A	- 11,027	EMPLOYEE BENEFITS	5		
48.02 TELEPHONE COST	A	- 87,165	ADMINISTRATIVE & GENERAL	6		
49 FRA EXPENSE	A	- 8,463,849	ADMINISTRATIVE & GENERAL	6		
49.01 BAD DEBT EXPENSE	A	- 12,121,511	CENTRAL SERVICES & SUPPLY	15		
49.02 BOND EXPENSE	B	- 171,987	ADMINISTRATIVE & GENERAL	6		
50 TOTAL (SUM OF LINES 1 THRU 49)		- 53,033,816				

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

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

LINE NO.	COST CENTER	EXPENSE ITEMS	AMOUNT OF ALLOWABLE COST	AMOUNT	NET* ADJUSTMENTS	WKSHT A-7 COL. REF.
1	2	3	4	5	6	
1	6	ADMINISTRATIVE & GENERAL	FSM SISTER SERVICES	379,324	379,324	
2	18	SOCIAL SERVICE	FSM SISTER SERVICES	20,759	20,759	
3	44	LABORATORY	FSM SISTER SERVICES	102,238	102,238	
4	50	PHYSICAL THERAPY	FSM SISTER SERVICES	24,383	24,383	
4.01	5	EMPLOYEE BENEFITS	HOME OFFICE	15,281,785	23,892,496	-8,610,711
4.02	3	NEW CAP REL COSTS-BLDG &	HOME OFFICE	107,524		107,524
4.03	4	NEW CAP REL COSTS-MVBLE E	HOME OFFICE	1,941,722		1,941,722
4.04	6	ADMINISTRATIVE & GENERAL	HOME OFFICE	16,346,275	15,229,857	1,116,418
4.05	37	OPERATING ROOM	HOME CES		600	-600
4.06	7	MAINTENANCE & REPAIRS	HOME OFFICE CES		1,465,059	-1,465,059
4.07	3	NEW CAP REL COSTS-BLDG &	HOME OFFICE INTEREST	2,813,398	2,813,398	
4.08	6	ADMINISTRATIVE & GENERAL	HOME OFFICE NOND EXP	171,988	171,988	
4.09	6	ADMINISTRATIVE & GENERAL	NETWORK - CORP 130	21,300,076	21,877,768	-577,692
4.10	6	ADMINISTRATIVE & GENERAL	DEPAUL FINANCE ALLOCATI ON	191,414	115,694	75,720
4.11	50	PHYSICAL THERAPY	SSMRI PT	1,249,756		1,249,756
4.12	51	OCCUPATIONAL THERAPY	SSMRI OT	131,905		131,905
4.13	52	SPEECH PATHOLOGY	SSMRI SP	168,799		168,799
4.14	5	EMPLOYEE BENEFITS	INTERCO TRANSACTIONS	181,920	181,920	
4.15	6	ADMINISTRATIVE & GENERAL	INTERCO TRANSACTIONS	10,334,536	10,334,536	
5		TOTALS		70,747,802	76,610,020	-5,862,218

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

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

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

SYMBOL (1)	NAME	PERCENTAGE OF OWNERSHIP	RELATED ORGANIZATION(S) AND/OR HOME OFFICE NAME	PERCENTAGE OF OWNERSHIP	TYPE OF BUSINESS
1	2	3	4	5	6
1	G	100.00	FRAN SISTERS OF MARY	0.00	HOME OFFICE
2	G	0.00	FRAN SISTERS OF MARY	100.00	ST. LOUIS NETWORK
3	G	0.00	FRAN SISTERS OF MARY	100.00	DATA PROCESSING SERVICES
4	G	0.00	FRAN SISTERS OF MARY	100.00	REHAB
5	G	0.00	FRAN SISTERS OF MARY	100.00	NETWORK FINAANCE OFFICE

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

WKSHT A LINE NO.	COST CENTER/ PHYSICIAN IDENTIFIER	TOTAL REMUN- ERATION	PROFES- SIONAL COMPONENT	PROVIDER COMPONENT	RCE AMOUNT	PHYSICIAN/ PROVIDER COMPONENT HOURS	UNADJUSTED RCE LI MIT	5 PERCENT OF UNADJUSTED RCE LI MIT
1	2	3	4	5	6	7	8	9
1 26	1300 3 ICU	44,182	44,182		177,200			
2 27	1400 4 ICU	44,135	44,135		177,200			
3 61	2020 ER	4,161,459	3,953,040	208,419	177,200	1,252	106,661	5,333
4 61	2021 ER	30,709	29,675	1,034	177,200	7	596	30
5 60	2054 OUTPATIENT CLINIC	131,400	131,400		177,200			
6 53	3003 ELECTROCARDIOLOGY	21,374	16,218	5,156	177,200	44	3,748	187
7 42	1 4204 NUCLEAR MEDICINE	392,736	386,264	6,472	225,300	65	7,041	352
8 49	4302 RESPIRATORY THERAPY	14,001		14,001	177,200	104	8,860	443
9 31	1201 PSYCH - 4 WEST PAVIL	25,700	2,465	23,235	154,100	232	17,188	859
10 33	1776 SPECIAL CARE NURSERY	16,200	16,200		177,200			
11 37	4403 OPERATING ROOM	383,897	383,897		208,000			
12 40	4400 ANESTHESIA, O. R.	4,604,000	3,001,680	1,602,320	200,300	16,023	1,542,984	77,149
13 44	3401 LABORATORY ADMIN	205,000		205,000	215,700	2,080	215,700	10,785
14 44	1 3407 ANATOMY C PATHOLOGY	41,000	41,000		215,700			
15 46	1 1203 MENTAL HYGIENE	12,000		12,000	154,100	120	8,890	445
16 53	3003 ELECTROCARDIOLOGY	253,584	237,967	15,617	177,200	154	13,120	656
17 54	1 3001 CARDIAC CATH	4,904	4,904		177,200			
18 54	1 3005 O/P CATH LAB	264	264		177,200			
19 54	2 3002 CARDIAC REHAB	5,200		5,200	177,200	52	4,430	222
20 54	4 3200 ENDOSCOPY	20,750		20,750	177,200	208	17,720	886
21 54	6 2056 PSYCHOTHERAPY	60,000		60,000	177,200	588	50,093	2,505
22 54	6 2060 SENIOR ADULT TRANS	23,000		23,000	177,200	230	19,594	980
23 25	8415 SLU OB GYN	248,558		248,558	196,400	2,486	234,736	11,737
24 25	SLU DERMATOLOGY	184,490	184,490		177,200			
25 25	SLU PEDIATRICS	378,948		378,948	140,600	3,919	264,909	13,245
26 26	1 SLU PICU	13,396		13,396	177,200	139	11,842	592
27 30	SLU NICU	318,676		318,676	177,200	3,296	280,794	14,040
28 30	AGGREGATE NICU	394,905	394,905		177,200			
29 33	SLU NURSERY	282,447		282,447	177,200	2,921	248,847	12,442
30 37	SLU OPERATING ROOM	850,515		850,515	208,000	2,861	286,100	14,305
31 40	SLU ANESTHESIOLOGY	851,898	851,898		200,300			
32 41	SLU RADIOLOGY-DIAGNOSTIC	1,013,270	949,573	63,697	225,300	145	15,706	785
33 43	1 SLU ULTRASOUND	7,587		7,587	225,300	17	1,841	92
34 44	1 SLU PATHOLOGY LAB	847,065	686,975	160,090	215,700	855	88,665	4,433
35 49	SLU RESPIRATORY THERAPY	87,057		87,057	177,200	900	76,673	3,834
36 53	SLU EKG	32,225		32,225	177,200	333	28,369	1,418
37 54	SLU EEG	96,598		96,598	177,200	311	26,495	1,325
38 54	1 SLU CARDIAC CATH	6,770		6,770	177,200	70	5,963	298
39 57	SLU DIALYSIS	73,804		73,804	177,200	763	65,002	3,250
40 60	SLU CLINIC	479,034		479,034	177,200	4,954	422,043	21,102
41 61	SLU EMERGENCY ROOM	335,839		335,839	177,200	3,473	295,873	14,794
42								
101	TOTAL	16,998,577	11,361,132	5,637,445		48,602	4,370,483	218,524

WKSHT A LINE NO.	COST CENTER/ PHYSICIAN IDENTIFIER	COST OF MEMBERSHIPS & CONTINUING EDUCATION	PROVIDER COMPONENT SHARE OF COL 12	PHYSICIAN COST OF MALPRACTICE INSURANCE	PROVIDER COMPONENT SHARE OF COL 14	ADJUSTED RCE LIMIT	RCE DIS- ALLOWANCE	ADJUSTMENT
10	11	12	13	14	15	16	17	18
1 26	1300 3 ICU							44, 182
2 27	1400 4 ICU							44, 135
3 61	2020 ER					106, 661	101, 758	4, 054, 798
4 61	2021 ER					596	438	30, 113
5 60	2054 OUTPATIENT CLINIC							131, 400
6 53	3003 ELECTROCARDIOLOGY					3, 748	1, 408	17, 626
7 42	1 4204 NUCLEAR MEDICINE					7, 041		386, 264
8 49	4302 RESPIRATORY THERAPY					8, 860	5, 141	5, 141
9 31	1201 PSYCH - 4 WEST PAVIL					17, 188	6, 047	8, 512
10 33	1776 SPECIAL CARE NURSERY							16, 200
11 37	4403 OPERATING ROOM							383, 897
12 40	4400 ANESTHESIA, O. R.					1, 542, 984	59, 336	3, 061, 016
13 44	3401 LABORATORY ADMIN					215, 700		
14 44	1 3407 ANATOMY C PATHOLOGY							41, 000
15 46	1 1203 MENTAL HYGIENE					8, 890	3, 110	3, 110
16 53	3003 ELECTROCARDIOLOGY					13, 120	2, 497	240, 464
17 54	1 3001 CARDIAC CATH							4, 904
18 54	1 3005 O/P CATH LAB							264
19 54	2 3002 CARDIAC REHAB					4, 430	770	770
20 54	4 3200 ENDOSCOPY					17, 720	3, 030	3, 030
21 54	6 2056 PSYCHOTHERAPY					50, 093	9, 907	9, 907
22 54	6 2060 SENIOR ADULT TRANS					19, 594	3, 406	3, 406
23 25	8415 SLU OB GYN					234, 736	13, 822	13, 822
24 25	SLU DERMATOLOGY							184, 490
25 25	SLU PEDIATRICS					264, 909	114, 039	114, 039
26 26	1 SLU PICU					11, 842	1, 554	1, 554
27 30	SLU NICU					280, 794	37, 882	37, 882
28 30	AGGREGATE NICU							394, 905
29 33	SLU NURSERY					248, 847	33, 600	33, 600
30 37	SLU OPERATING ROOM					286, 100	564, 415	564, 415
31 40	SLU ANESTHESIOLOGY							851, 898
32 41	SLU RADIOLOGY-DIAGNOSTIC					15, 706	47, 991	997, 564
33 43	1 SLU ULTRASOUND					1, 841	5, 746	5, 746
34 44	1 SLU PATHOLOGY LAB					88, 665	71, 425	758, 400
35 49	SLU RESPIRATORY THERAPY					76, 673	10, 384	10, 384
36 53	SLU EKG					28, 369	3, 856	3, 856
37 54	SLU EEG					26, 495	70, 103	70, 103
38 54	1 SLU CARDIAC CATH					5, 963	807	807
39 57	SLU DIALYSIS					65, 002	8, 802	8, 802
40 60	SLU CLINIC					422, 043	56, 991	56, 991
41 61	SLU EMERGENCY ROOM					295, 873	39, 966	39, 966
42								
101	TOTAL					4, 370, 483	1, 278, 231	12, 639, 363

COST ALLOCATION STATISTICS

I 26-0091

I FROM 1/ 1/2007 I TO 12/31/2007

I 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	ENTERED
2	OLD CAP REL COSTS-MVBLE EQUIP	2	DOLLAR VALUE	ENTERED
3	NEW CAP REL COSTS-BLDG & FIXT	1	SQUARE FEET	ENTERED
4	NEW CAP REL COSTS-MVBLE EQUIP	2	DOLLAR VALUE	ENTERED
5	EMPLOYEE BENEFITS	5	GROSS SALARIES	ENTERED
6	ADMINISTRATIVE & GENERAL	#	ACCUM COST	NOT ENTERED
7	MAINTENANCE & REPAIRS	1	SQUARE FEET	ENTERED
8	OPERATION OF PLANT	1	SQUARE FEET	ENTERED
9	LAUNDRY & LINEN SERVICE	8	POUNDS OF LAUNDRY	ENTERED
10	HOUSEKEEPING	1	SQUARE FEET	ENTERED
11	DIETARY	10	MEALS SERVED	ENTERED
12	CAFETERIA	11	FTE'S	ENTERED
13	MAINTENANCE OF PERSONNEL	12	NUMBER HOUSED	NOT ENTERED
14	NURSING ADMINISTRATION	13	DIRECT NRSING HRS	ENTERED
15	CENTRAL SERVICES & SUPPLY	14	COSTED REQUIS.	ENTERED
16	PHARMACY	15	COSTED REQUIS.	ENTERED
17	MEDICAL RECORDS & LIBRARY	16	GROSS REVENUE	ENTERED
18	SOCIAL SERVICE	17	TIME SPENT	ENTERED
20	NONPHYSICIAN ANESTHETISTS	18	ASSIGNED TIME	NOT ENTERED
21	NURSING SCHOOL	19	ASSIGNED TIME	NOT ENTERED
22	I&R SERVICES-SALARY & FRINGES APPRVD	20	ASSIGNED TIME	ENTERED
23	I&R SERVICES-OTHER PRGM COSTS APPRVD	20	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 &	OLD CAP REL C OSTS-MVBLE E	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-MVBLE E	EMPLOYEE BENE FITS	SUBTOTAL
	0	1	2	3	4	5	5a. 00
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-MVBLE E				10,793,471			
005 EMPLOYEE BENEFITS	10,793,471				11,861,322		
006 ADMIN STRATIVE & GENERAL	34,760,144			67,497	9,824	34,837,465	
007 MAINTENANCE & REPAIRS	81,513,574			1,013,456	1,049,747	4,297,872	87,874,649
008 OPERATION OF PLANT	1,912,325			17,368			1,929,693
009 LAUNDRY & LINEN SERVICE	12,155,791			1,099,053	420,488	602,646	14,277,978
010 HOUSEKEEPING	1,541,841			113,408	2,963	68,635	1,726,847
011 DIETARY	5,762,855			186,860	14,678	797,604	6,761,997
012 CAFETERIA	4,017,301			283,354	69,054	335,219	4,704,928
013 MAINTENANCE OF PERSONNEL	1,228,615			186,915	101,178	276,180	1,792,888
014 NURSING ADMINISTRATION	3,880,144			33,980	127,342	617,955	4,659,421
015 CENTRAL SERVICES & SUPPLY	1,435,548			212,649	63,542	226,312	1,938,051
016 PHARMACY	4,364,321			58,288	17,599	1,045,036	5,485,244
017 MEDICAL RECORDS & LIBRARY	5,075,048			126,661	25,861	502,526	5,700,096
018 SOCIAL SERVICE	2,594,431			19,851	2,655	442,624	3,159,561
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI	1,172,424					229,881	1,402,305
023 I&R SERVICES-OTHER PRGM C	18,982,399			179,831	5,966	320,108	19,488,304
024 PARAMED ED PRGM	575,471					103,317	678,788
025 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS	34,935,849			1,737,272	981,795	6,276,144	43,931,060
027 01 PEDIATRIC INTENSIVE CARE	2,332,950			77,781	135,863	420,450	2,967,044
028 CORONARY CARE UNIT	3,353,123			54,627	188,291	648,208	4,244,249
029 BURN INTENSIVE CARE UNIT	2,651,353			67,020	93,065	494,416	3,305,854
030 SURGICAL INTENSIVE CARE U							
031 NEONATAL INTENSIVE CARE U	8,035,199			367,121	494,484	1,485,097	10,381,901
032 SUBPROVIDER	2,727,257			130,776	4,322	506,529	3,368,884
033 NURSERY	8,734,107			85,239	263,402	1,675,826	10,758,574
034 SKILLED NURSING FACILITY							
035 NURSING FACILITY							
036 01 ICF/MR							
037 OTHER LONG TERM CARE							
038 ANCILLARY SRVC COST CNTRS							
039 OPERATING ROOM	14,084,885			1,089,438	1,497,069	1,923,204	18,594,596
040 RECOVERY ROOM	1,414,626			35,595	66,496	286,305	1,803,022
041 DELIVERY ROOM & LABOR ROO	2,626,567			42,632	35,996	422,895	3,128,090
042 ANESTHESIOLOGY	2,470,797			28,869	411,130	32,695	2,943,491
043 RADIOLOGY-DIAGNOSTIC	7,012,044			254,341	2,000,336	1,063,841	10,330,562
044 RADIOLOGY-THERAPEUTIC	693,946			79,612	320,981	123,281	1,217,820
045 01 NUCLEAR MEDICINE-DIAGNOST	1,142,432			71,318	168,804	138,024	1,520,578
046 RADIOISOTOPE							
047 01 ULTRA SOUND	773,923			19,135	155,822	145,329	1,094,209
048 LABORATORY	10,804,743			229,101	211,041	1,243,591	12,488,476
049 01 ANATOMIC PATHOLOGY	1,379,057			50,185	118,009	144,436	1,691,687
050 03 LAB-STEM CELL	165,731			5,253	127,197		298,181
051 PBP CLINICAL LAB SERVICES							
052 WHOLE BLOOD & PACKED RED							
053 01 MENTAL HYGIENE	109,288			27,325	12,061	20,302	168,976
054 BLOOD STORING, PROCESSING	3,434,906			8,644	47,247	151,883	3,642,680
055 INTRAVENOUS THERAPY	539,984			31,783	6,441	107,867	686,075
056 01 PHARMACY-IV DRUG THERAPY	6,545,248			29,387	17,899	66,495	6,659,029
057 RESPIRATORY THERAPY	5,292,936			42,894	199,407	676,956	6,212,193
058 01 SLEEP DISORDER	301,553			4,736	19,526	49,291	375,106
059 02 PAIN MANAGEMENT	180,385				20,281	21,539	222,205
060 PHYSICAL THERAPY	1,740,095			11,183	5,962	97,295	1,854,535
061 OCCUPATIONAL THERAPY	404,835			11,183	294	54,429	470,741
062 SPEECH PATHOLOGY	696,560			11,271	14,073	104,000	825,904
063 ELECTROCARDIOLOGY	1,553,661			48,967	257,807	247,796	2,108,231
064 ELECTROENCEPHALOGRAPHY	313,428			22,518	45,595	54,307	435,848
065 01 CARDIAC CATHETERIZATION L	1,576,095			101,047	815,050	292,904	2,785,096
066 02 CARDIAC REHAB	563,629			53,218	15,656	111,904	744,407
067 03 VASCULAR LAB	551,317			10,499	140,625	97,910	800,351
068 04 ENDOSCOPY	1,730,167			110,527	387,899	294,597	2,523,190
069 05 CLINICAL NUTRITION	652,271			5,556	74	132,327	790,228
070 06 PSYCHOTHERAPY	1,022,112			44,136	781	171,327	1,238,356
071 MEDICAL SUPPLIES CHARGED	29,468,629						29,468,629
072 DRUGS CHARGED TO PATIENTS	9,040,706						9,040,706
073 RENAL DIALYSIS	1,376,516			17,352	23,146	46,343	1,463,357
074 ASC (NON-DISTINCT PART)							
075 OUTPAT SERVICE COST CNTRS							
076 CLINIC	6,036,058			430,208	142,602	1,010,520	7,619,388
077 EMERGENCY	7,856,037			318,862	332,743	2,191,429	10,699,071
078 OBSERVATION BEDS (NON-DIS							
079 OTHER REIMBURS COST CNTRS							
080 HOME PROGRAM DIALYSIS							
081 AMBULANCE SERVICES							
082 DURABLE MEDICAL EQUIP-REN							
083 DURABLE MEDICAL EQUIP-SOL							
084 TRANSPORT							
085 CORF							
086 I&R SERVICES-NOT APPRVD P							
087 HOME HEALTH AGENCY							
088 LUNG ACQUISITION							
089 SPEC PURPOSE COST CENTERS							
090 KIDNEY ACQUISITION	163,279			80		3,632	166,991
091 LIVER ACQUISITION	29,013			119		605	29,737
092 HEART ACQUISITION	51,168			64		605	51,837
093 01 PANCREAS ACQUISITION							
094 OTHER ORGAN ACQUISITION							
095 AMBULATORY SURGICAL CENTE							

COST CENTER DESCR IPTION	NET EXPENSES FOR COST ALLOCATION	OLD CAP REL C OSTS-BLDG &	OLD CAP REL C OSTS-MVBLE E	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-MVBLE E	EMPLOYEE BENE FITS	SUBTOTAL
	0	1	2	3	4	5	5a. 00
093 SPEC PURPOSE COST CENTERS							
095 HOSPICE							
095 SUBTOTALS	390,195,490			9,366,045	11,690,169	32,902,449	386,661,895
NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP	264,527			28,018		11,419	303,964
096 01 RESTAURANT	667						667
096 02 PHYSICIAN SERVICES	690,166			5,850	2,665	79,967	778,648
096 03 COMMUNITY EDUCATION	1,497,365			10,459	23,275	264,885	1,795,984
097 RESEARCH	-76,609			55,717	1,816		-19,076
098 PHYSICIANS' PRIVATE OFFIC	10,167,526			422,440	38,508	635,472	11,263,946
098 01 HOTELING ROOMS				24,165			24,165
098 02 VACANT SPACE				241,327			241,327
098 03 VENDING				3,677			3,677
098 04 55 ALIVE							
098 05 SSMRI SMART REHAB							
098 06 SSM REHAB NURSING ADMIN	1,348			3,080		189	4,617
099 NONPAID WORKERS							
099 01 SSM REHAB	239,237			312,757	72,528	12,648	637,170
099 02 SSM REHAB- SNF							
099 03 SSM REHAB- PHYSICAL THERAP	618,196			95,523			713,719
099 04 SSM REHAB- OCCUPATIONAL TH	92,495			38,907			131,402
099 05 SSM REHAB- SPEECH/AUDIOLOG	90,955			8,437			99,392
099 06 SSM REHAB- SOCIAL SERVICE	6,631			6,097		597	13,325
099 07 SSM REHAB- ADMINISTRATION	53,861			105,982		2,833	162,676
099 11 SSM HUMAN RESOURCES				20,217			20,217
099 12 HOME HEALTH							
099 13 FOUNDATION	88,275						88,275
099 15 POISON CONTROL	1,908,554				4,359	334,888	2,247,801
099 16 BILLABLE DEPARTMENTS	3,955,157				11,812	446,343	4,413,312
099 17 MISCELLANEOUS NONREIMBURS	1,039,628			44,773	16,190	145,775	1,246,366
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	410,833,469			10,793,471	11,861,322	34,837,465	410,833,469

COST ALLOCATION - GENERAL SERVICE COSTS

COST CENTER DESCRIPTION	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA
	6	7	8	9	10	11	12
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
007 ADMINSTRATIVE & GENERAL	87,874,649						
008 MAINTENANCE & REPAIRS	525,023	2,454,716					
009 OPERATION OF PLANT	3,884,695	278,270	18,440,943				
010 LAUNDRY & LINEN SERVICE	469,834	28,714	243,292	2,468,687			
011 HOUSEKEEPING	1,839,777	47,311	400,864	60,187	9,110,136		
012 DIETARY	1,280,098	71,742	607,870		311,167	6,975,805	
013 CAFETERIA	487,802	47,325	400,984		205,263		2,934,262
014 MAINTENANCE OF PERSONNEL							
015 NURSING ADMINISTRATION	1,267,717	83,603	72,895		37,315		42,094
016 CENTRAL SERVICES & SUPPLY	527,297	5,841	456,189		233,522		42,321
017 PHARMACY	1,492,403	14,758	125,044		64,010		85,366
018 MEDICAL RECORDS & LIBRARY	1,559,022	32,069	271,722		139,094		83,853
019 SOCIAL SERVICE	832,433	5,026	42,586		21,800		41,612
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI	381,534						
023 I&R SERVICES-OTHER PRGM C	5,302,300	45,531	385,786	1,290	197,483		4,390
024 PARAMED ED PRGM	184,682						7,977
025 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS	11,952,704	439,862	3,726,909	875,539	1,907,799	4,541,042	657,013
027 INTENSIVE CARE UNIT	807,261	19,693	166,862	98,706	85,416	162,960	33,796
028 01 PEDIATRIC INTENSIVE CARE	1,154,758	13,831	117,189	9,035	59,989	202,983	67,029
029 CORONARY CARE UNIT	899,444	16,969	143,776	52,807	73,598	182,038	40,889
030 BURN INTENSIVE CARE UNIT							
031 SURGICAL INTENSIVE CARE U	2,824,666	92,951	787,573	58,450	403,157		123,150
032 NEONATAL INTENSIVE CARE U	916,592	33,111	280,550	42,431	143,613	538,181	55,559
033 SUBPROVIDER	2,927,150	21,582	182,861	44,366	93,606		145,462
034 NURSERY							
035 SKILLED NURSING FACILITY							
036 NURSING FACILITY							
037 01 ICF/MR							
038 OTHER LONG TERM CARE							
039 ANCILLARY SRVC COST CNTRS							
040 OPERATING ROOM	5,059,143	275,835	2,337,139	208,201	1,196,376		183,166
041 RECOVERY ROOM	490,559	9,012	76,362	54,605	39,089		22,700
042 DELIVERY ROOM & LABOR ROO	851,078	10,794	61,456	142,113	46,816		40,809
043 ANESTHESIOLOGY	800,853	7,309	91,933		31,703		5,381
044 RADIOLOGY-DIAGNOSTIC	2,810,698	64,397	545,630	84,425	279,307		129,789
045 RADIOLOGY-THERAPEUTIC	331,340	20,157	170,789	1,333	87,427		9,543
046 01 NUCLEAR MEDICINE-DIAGNOST	413,713	18,057	152,996	7,365	78,318		6,599
047 RADIOISOTOPE							
048 01 ULTRASOUND	297,708	4,845	41,049	3,869	21,013		13,304
049 LABORATORY	3,397,815	58,006	491,484		251,589		145,221
050 01 ANATOMY PATHOLOGY	460,267	12,706	107,661		55,111		18,176
051 03 LAB-STEM CELL	81,128	1,330	11,270		5,769		
052 PBP CLINICAL LAB SERVICES							
053 WHOLE BLOOD & PACKED RED							
054 01 MENTAL HYGIENE	45,974	6,918	58,620		30,008		1,646
055 BLOOD STORING, PROCESSING	991,086	2,189	18,544		9,493		15,151
056 INTRAVENOUS THERAPY	186,665	8,047	68,182	1,548	34,902		8,767
057 01 PHARMACY-IV DRUG THERAPY	1,811,762	7,440	63,043		32,271		7,428
058 RESPIRATORY THERAPY	1,690,189	10,860	92,020		47,105		68,234
059 01 SLEEP DISORDER	102,057	1,199	10,160		5,201		6,304
060 02 PAIN MANAGEMENT	60,457			4,514			1,566
061 PHYSICAL THERAPY	504,574	2,831	23,991	14,837	12,281		4,925
062 OCCUPATIONAL THERAPY	128,077	2,831	23,991	14,245	12,281		6,304
063 SPEECH PATHOLOGY	224,709	2,854	24,179		12,377		10,346
064 ELECTROCARDIOLOGY	573,599	12,398	105,048	456	53,774		26,180
065 ELECTROENCEPHALOGRAPHY	118,584	5,701	48,307	21,533	24,728		6,398
066 01 CARDIAC CATHETERIZATION L	757,758	25,584	216,773	37,645	110,966		18,310
067 02 CARDIAC REHAB	202,535	13,474	114,167	5,116	58,442		9,958
068 03 VASCULAR LAB	217,756	2,658	22,523	3,224	11,529		9,811
069 04 ENDOSCOPY	686,499	27,984	237,110	38,756	121,376		27,170
070 05 CLINICAL NUTRITION	215,002	1,407	11,919		6,101		17,293
071 06 PSYCHOTHERAPY	336,927	11,175	94,684		48,468		18,631
072 MEDICAL SUPPLIES CHARGED	8,017,707						
073 DRUGS CHARGED TO PATIENTS	2,459,759						
074 RENAL DIALYSIS	398,144	4,393	37,225		19,055		3,600
075 ASC (NON-DISTINCT PART)							
076 OUTPAT SERVICE COST CNTRS							
077 CLINIC	2,073,053	108,925	922,913	85,070	472,437		122,092
078 EMERGENCY	2,910,960	80,733	684,044	265,176	350,161		141,982
079 OBSERVATION BEDS (NON-DIS							
080 OTHER REIMBURS COST CNTRS							
081 HOME PROGRAM DIALYSIS							
082 AMBULANCE SERVICES							
083 DURABLE MEDICAL EQUIP-P-REN							
084 DURABLE MEDICAL EQUIP-SOL							
085 TRANSPORT							
086 CORF							
087 I&R SERVICES-NOT APPRVD P							
088 HOME HEALTH AGENCY							
089 LUNG ACQUISITION							
090 SPEC PURPOSE COST CENTERS							
091 KIDNEY ACQUISITION	45,434	20	171		87		388
092 LIVER ACQUISITION	8,091	30	256		131		67
093 HEART ACQUISITION	14,104	16	137		70		67
094 01 PANCREAS ACQUISITION							
095 OTHER ORGAN ACQUISITION							
096 AMBULATORY SURGICAL CENTE							

COST CENTER DESCRIPTION	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA
	6	7	8	9	10	11	12
093 SPEC PURPOSE COST CENTERS							
095 HOSPICE							
095 SUBTOTALS	81,292,956	2,093,304	15,378,728	2,236,842	7,542,594	5,627,204	2,537,817
096 NONREIMBURS COST CENTERS							
096 01 GIFT, FLOWER, COFFEE SHOP	82,701	7,094	60,106		30,768	671,298	2,329
096 02 RESTAURANT	181						
096 02 PHYSICIAN SERVICES	211,851	1,481	12,550		6,425		8,164
096 03 COMMUNITY EDUCATION	488,644	2,648	22,437	10,406	11,486		23,918
097 RESEARCH		14,107	119,528		61,186		
098 PHYSICIANS' PRIVATE OFFICE	3,064,649	106,958	906,247	45,644	463,906		39,256
098 01 HOTELING ROOMS	6,575	6,118	51,841		26,537		
098 02 VACANT SPACE	65,659	61,102	517,712		265,015		
098 03 VENDING	1,000	931	7,889		4,038		
098 04 55 ALIVE							
098 05 SSMRI SMART REHAB							
098 06 SSM REHAB NURSING ADMIN	1,256	780	6,608		3,383		1,994
099 NONPAID WORKERS							
099 01 SSM REHAB	173,359	79,187	670,947	155,867	343,456	677,303	134,875
099 02 SSM REHAB- SNF							
099 03 SSM REHAB- PHYSICAL THERAPY	194,186	24,186	204,923	19,928	104,900		40,060
099 04 SSM REHAB- OCCUPATIONAL THERAPY	35,751	9,851	83,465		42,726		18,644
099 05 SSM REHAB- SPEECH/AUDIOLOG	27,042	2,136	18,100		9,265		15,044
099 06 SSM REHAB- SOCIAL SERVICE	3,625	1,544	13,080		6,696		23,838
099 07 SSM REHAB- ADMINISTRATION	44,260	26,834	227,360		116,385		48,893
099 11 SSM HUMAN RESOURCES	5,501	5,119	43,372		22,202		
099 12 HOME HEALTH							
099 13 FOUNDATION	24,018						
099 15 POISON CONTROL	611,573						25,390
099 16 BILLABLE DEPARTMENTS	1,200,756						
099 17 MISCELLANEOUS NONREIMBURS	339,106	11,336	96,050		49,168		14,040
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	87,874,649	2,454,716	18,440,943	2,468,687	9,110,136	6,975,805	2,934,262

COST CENTER DESCRIPTION	MAINTENANCE PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS
	13	14	15	16	17	18	20
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
007 ADMINISTRATION & GENERAL							
008 MAINTENANCE & REPAIRS							
009 OPERATION OF PLANT							
010 LAUNDRY & LINEN SERVICE							
011 HOUSEKEEPING							
012 DIETARY							
013 CAFETERIA							
014 MAINTENANCE OF PERSONNEL							
015 NURSING ADMINISTRATION		6,088,045					
016 CENTRAL SERVICES & SUPPLY			3,251,221				
017 PHARMACY			19,341	7,286,166			
018 MEDICAL RECORDS & LIBRARY		3,205	35		7,819,096		
019 SOCIAL SERVICE		66,224				4,069,242	
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C		1,316	154				
024 PARAMEDICAL PRGM							
025 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS		2,429,839	13,303	8,270	1,087,487	2,734,124	
027 01 INTENSIVE CARE UNIT		133,420		155	67,297	110,276	
028 01 PEDIATRIC INTENSIVE CARE		230,266		1,013	104,160	88,303	
029 01 CORONARY CARE UNIT		158,204		44	74,907	122,891	
030 BURN INTENSIVE CARE UNIT							
031 SURGICAL INTENSIVE CARE U							
032 NEONATAL INTENSIVE CARE U		410,105	791	2,912	244,428	230,319	
033 SUBPROVIDER		128,212			101,073	363,790	
034 NURSERY		525,496			289,407	419,539	
035 SKILLED NURSING FACILITY							
036 01 NURSING FACILITY							
037 ICF/MR							
038 OTHER LONG TERM CARE							
039 ANCILLARY SRVC COST CNTRS							
040 OPERATING ROOM		498,365	480	19,540	605,630		
041 RECOVERY ROOM		91,580		168	61,161		
042 DELIVERY ROOM & LABOR ROO		120,141			177,960		
043 ANESTHESIOLOGY		19,060	47,460	53,152	175,242		
044 RADIOLOGY-DIAGNOSTIC		28,790	11,299	223	696,580		
045 RADIOLOGY-THERAPEUTIC		3,663	574	14	53,829		
046 01 NUCLEAR MEDICINE-DIAGNOST					74,760		
047 01 RADIOSOTOPE							
048 01 ULTRASOUND			3,652		65,632		
049 LABORATORY		5,380	11,681	251	773,971		
050 01 ANATOMICAL PATHOLOGY			4,080		65,094		
051 03 LAB-STEM CELL		1,088		45	793		
052 PBP CLINICAL LAB SERVICES							
053 WHOLE BLOOD & PACKED RED							
054 01 MENTAL HYGIENE		6,983			4,589		
055 BLOOD STORING, PROCESSING			3,072		90,432		
056 INTRAVENOUS THERAPY		34,113			5,550		
057 01 PHARMACY-IV DRUG THERAPY			8,278	1,888,570	254,938		
058 RESPIRATORY THERAPY		286		216	274,824		
059 01 SLEEP DISORDER			2,703	169	16,954		
060 02 PAIN MANAGEMENT		3,778	144		938		
061 PHYSICAL THERAPY			34		35,931		
062 OCCUPATIONAL THERAPY			404		13,839		
063 SPEECH PATHOLOGY			1,259		12,429		
064 ELECTROCARDIOLOGY		33,083	14	160	120,831		
065 ELECTROENCEPHALOGRAPHY			965	60	12,247		
066 01 CARDIAC CATHETERIZATION L		48,594	12,685	311	177,872		
067 02 CARDIAC REHAB		32,568	253		5,451		
068 03 VASCULAR LAB		916	551		90,587		
069 04 ENDOSCOPY		78,472		1,057	125,491		
070 05 CLINICAL NUTRITION				44	1,790		
071 06 PSYCHOTHERAPY		18,430	55		56,876		
072 MEDICAL SUPPLIES CHARGED			3,102,061		515,895		
073 DRUGS CHARGED TO PATIENTS				3,291,085	475,946		
074 RENAL DIALYSIS		15,225		195	49,734		
075 ASC (NON-DISTINCT PART)							
076 OUTPAT SERVICE COST CNTRS							
077 CLINIC		270,332	510	72,163	91,186		
078 EMERGENCY		418,805		1,886	462,098		
079 OBSERVATION BEDS (NON-DIS							
080 OTHER REIMBURS COST CNTRS							
081 HOME PROGRAM DIALYSIS							
082 AMBULANCE SERVICES							
083 DURABLE MEDICAL EQUIP-REN							
084 DURABLE MEDICAL EQUIP-SOL							
085 TRANSPORT							
086 CORF							
087 I&R SERVICES-NOT APPRVD P							
088 HOME HEALTH AGENCY							
089 LUNG ACQUISITION							
090 SPEC PURPOSE COST CENTERS							
091 KIDNEY ACQUISITION							
092 LIVER ACQUISITION							
093 HEART ACQUISITION							
094 01 PANCREAS ACQUISITION							
095 OTHER ORGAN ACQUISITION							
096 AMBULATORY SURGICAL CENTE							

COST CENTER DESCRIPTION	MAINTENANCE F PERSONNEL	NURSING ADMIN ISTRATION	CENTRAL SERVI CES & SUPPLY	PHARMACY	MEDICAL RECOR DS & LIBRARY	SOCIAL SERVIC E	NONPHYSICIAN ANESTHETISTS
	13	14	15	16	17	18	20
093 SPEC PURPOSE COST CENTERS							
095 HOSPICE							
095 SUBTOTALS		5,815,939	3,245,838	5,341,707	7,615,839	4,069,242	
096 NONREIMBURS COST CENTERS							
096 01 RESTAURANT							
096 02 PHYSICIAN SERVICES							
096 03 COMMUNITY EDUCATION		44,588		14			
097 RESEARCH							
098 PHYSICIANS' PRIVATE OFFIC		101,711	1,473	1,943,976			
098 01 HOTELING ROOMS							
098 02 VACANT SPACE							
098 03 VENDING							
098 04 55 ALIVE							
098 05 SSMRI SMART REHAB							
098 06 SSM REHAB NURSING ADMIN							
099 NONPAID WORKERS							
099 01 SSM REHAB					116,330		
099 02 SSM REHAB- SNF							
099 03 SSM REHAB- PHYSICAL THERAP			24		34,473		
099 04 SSM REHAB- OCCUPATIONAL TH					33,700		
099 05 SSM REHAB- SPEECH/AUDIOLOG					18,754		
099 06 SSM REHAB- SOCIAL SERVICE							
099 07 SSM REHAB- ADMINISTRATION							
099 11 SSM HUMAN RESOURCES							
099 12 HOME HEALTH							
099 13 FOUNDATION							
099 15 POISON CONTROL		74,122					
099 16 BILLABLE DEPARTMENTS		36,918	3,670	483			
099 17 MISCELLANEOUS NONREIMBURS		14,767	202				
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL		6,088,045	3,251,221	7,286,166	7,819,096	4,069,242	

COST CENTER DESCRIPTION	NURSING SCHOOL	I&R SERVICES-SALARY & FRI	I&R SERVICES-OTHER PRGM C	PARAMED ED PR	ED PR SUBTOTAL	I&R COST POST STEP-DOWN ADJ	TOTAL
	21	22	23	24	25	26	27
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
007 ADMINISTRATIVE & GENERAL							
008 MAINTENANCE & REPAIRS							
009 OPERATION OF PLANT							
010 LAUNDRY & LINEN SERVICE							
011 HOUSEKEEPING							
012 DIETARY							
013 CAFETERIA							
014 MAINTENANCE OF PERSONNEL							
015 NURSING ADMINISTRATION							
016 CENTRAL SERVICES & SUPPLY							
017 PHARMACY							
018 MEDICAL RECORDS & LIBRARY							
019 SOCIAL SERVICE							
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI		1,783,839					
023 I&R SERVICES-OTHER PRGM C			25,426,554				
024 PARAMED ED PRGM				871,447			
025 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS		1,283,125	18,289,467	217,847	94,095,390		94,095,390
027 INTENSIVE CARE UNIT		65,870	938,899	108,955	5,766,610		5,766,610
028 01 PEDIATRIC INTENSIVE CARE					6,292,805		6,292,805
029 CORONARY CARE UNIT				108,955	5,180,376		5,180,376
030 BURN INTENSIVE CARE UNIT							
031 SURGICAL INTENSIVE CARE U							
032 NEONATAL INTENSIVE CARE U					15,560,403		15,560,403
033 SUBPROVIDER		12,104	172,525		6,156,625		6,156,625
034 NURSERY				217,845	15,625,892		15,625,892
035 SKILLED NURSING FACILITY							
036 01 NURSING FACILITY							
037 ICF/MR							
038 OTHER LONG TERM CARE							
039 ANCILLARY SRVC COST CNTRS							
040 OPERATING ROOM		168,943	2,408,086		31,555,500		31,555,500
041 RECOVERY ROOM					2,648,258		2,648,258
042 DELIVERY ROOM & LABOR ROO					4,609,257		4,609,257
043 ANESTHESIOLOGY		77,464	1,104,160		5,327,208		5,327,208
044 RADIOLOGY-DIAGNOSTIC		61,793	880,786		15,924,279		15,924,279
045 RADIOLOGY-THERAPEUTIC					1,896,489		1,896,489
046 01 NUCLEAR MEDICINE-DIAGNOST					2,272,386		2,272,386
047 RADIOISOTOPE							
048 01 ULTRASOUND					1,545,281		1,545,281
049 LABORATORY		34,910	497,598		18,156,382		18,156,382
050 01 ANATOMY PATHOLOGY					2,414,782		2,414,782
051 03 LAB-STEM CELL					399,604		399,604
052 PBP CLINICAL LAB SERVICES							
053 WHOLE BLOOD & PACKED RED							
054 01 MENTAL HYGIENE					323,714		323,714
055 BLOOD STORING, PROCESSING					4,772,647		4,772,647
056 INTRAVENOUS THERAPY					1,033,849		1,033,849
057 01 PHARMACY-IV DRUG THERAPY					10,732,759		10,732,759
058 RESPIRATORY THERAPY		7,390	105,331		8,508,648		8,508,648
059 01 SLEEP DISORDER					519,853		519,853
060 02 PAIN MANAGEMENT					293,602		293,602
061 PHYSICAL THERAPY					2,453,939		2,453,939
062 OCCUPATIONAL THERAPY					672,713		672,713
063 SPEECH PATHOLOGY					1,114,057		1,114,057
064 ELECTROCARDIOLOGY		11,339	161,629		3,206,742		3,206,742
065 ELECTROENCEPHALOGRAPHY		36,566	521,207		1,232,144		1,232,144
066 01 CARDIAC CATHETERIZATION L					4,191,594		4,191,594
067 02 CARDIAC REHAB					1,186,371		1,186,371
068 03 VASCULAR LAB					1,160,963		1,160,963
069 04 ENDOSCOPY					3,866,048		3,866,048
070 05 CLINICAL NUTRITION					1,043,784		1,043,784
071 06 PSYCHOTHERAPY					1,823,602		1,823,602
072 MEDICAL SUPPLIES CHARGED					41,104,292		41,104,292
073 DRUGS CHARGED TO PATIENTS					15,267,496		15,267,496
074 RENAL DIALYSIS					1,990,928		1,990,928
075 ASC (NON-DISTINCT PART)							
076 OUTPAT SERVICE COST CNTRS							
077 CLINIC		14,779	210,662	217,845	12,281,355		12,281,355
078 EMERGENCY		9,556	136,204		16,160,676		16,160,676
079 OBSERVATION BEDS (NON-DIS							
080 OTHER REIMBURS COST CNTRS							
081 HOME PROGRAM DIALYSIS							
082 AMBULANCE SERVICES							
083 DURABLE MEDICAL EQUIP-REN							
084 DURABLE MEDICAL EQUIP-SOL							
085 TRANSPORT							
086 CONF							
087 I&R SERVICES-NOT APPRVD P							
088 HOME HEALTH AGENCY							
089 LUNG ACQUISITION							
090 SPEC ACQUISITION CENTERS							
091 KIDNEY ACQUISITION					213,091		213,091
092 LIVER ACQUISITION					38,312		38,312
093 HEART ACQUISITION					66,231		66,231
094 01 PANCREAS ACQUISITION							
095 OTHER ORGAN ACQUISITION							
096 AMBULATORY SURGICAL CENTE							

COST CENTER DESCRIPTION	NURSING SCHOOL	I&R SERVICES-SALARY & FRI	I&R SERVICES-OTHER PRGM C	PARAMED ED PR	ED PR	SUBTOTAL	I&R COST POST-DOWN	STEP-ADJ	TOTAL
	21	22	23	24		25	26		27
093 SPEC PURPOSE COST CENTERS									
095 HOSPICE									
095 SUBTOTALS		1,783,839	25,426,554	871,447		370,686,937			370,686,937
096 NONREIMBURS COST CENTERS									
096 01 GIFT, FLOWER, COFFEE SHOP						1,158,260			1,158,260
096 02 RESTAURANT						848			848
096 02 PHYSICIAN SERVICES						1,019,119			1,019,119
096 03 COMMUNITY EDUCATION						2,400,125			2,400,125
097 RESEARCH						175,745			175,745
098 PHYSICIANS' PRIVATE OFFICE						17,937,766			17,937,766
098 01 HOTELING ROOMS						115,236			115,236
098 02 VACANT SPACE						1,150,815			1,150,815
098 03 VENDING						17,535			17,535
098 04 55 ALIVE									
098 05 SSMRI SMART REHAB									
098 06 SSM REHAB NURSING ADMIN						18,638			18,638
099 NONPAID WORKERS									
099 01 SSM REHAB						2,988,494			2,988,494
099 02 SSM REHAB- SNF									
099 03 SSM REHAB- PHYSICAL THERAPY						1,336,399			1,336,399
099 04 SSM REHAB- OCCUPATIONAL THERAPY						355,539			355,539
099 05 SSM REHAB- SPEECH/AUDIOLOG						189,733			189,733
099 06 SSM REHAB- SOCIAL SERVICE						62,108			62,108
099 07 SSM REHAB- ADMINISTRATION						626,408			626,408
099 11 SSM HUMAN RESOURCES						96,411			96,411
099 12 HOME HEALTH									
099 13 FOUNDATION						112,293			112,293
099 15 POISON CONTROL						2,958,886			2,958,886
099 16 BILLABLE DEPARTMENTS						5,655,139			5,655,139
099 17 MISCELLANEOUS NONREIMBURS						1,771,035			1,771,035
101 CROSS FOOT ADJUSTMENT									
102 NEGATIVE COST CENTER									
103 TOTAL		1,783,839	25,426,554	871,447		410,833,469			410,833,469

COST CENTER DESCRIPTION	DIR ASSIGNED NEW CAPITAL REL COSTS	OLD CAP REL C OSTS-BLDG &	OLD CAP REL C OSTS-MVBLE E	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-MVBLE E	SUBTOTAL	EMPLOYEE BENE FITS
	0	1	2	3	4	4a	5
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS	11,004			67,497	9,824	88,325	88,325
007 ADMINSTRATIVE & GENERAL	2,489,808			1,013,456	1,049,747	4,553,011	10,887
008 MAINTENANCE & REPAIRS				17,368		17,368	
009 OPERATION OF PLANT	13,682			1,099,053	420,488	1,533,223	1,527
010 LAUNDRY & LINEN SERVICE	3,780			113,408	2,963	120,151	174
011 HOUSEKEEPING				186,860	14,678	201,538	2,020
012 DIETARY	4,751			283,354	69,054	357,159	849
013 CAFETERIA	6,823			186,915	101,178	294,916	700
014 MAINTENANCE OF PERSONNEL							
015 NURSING ADMINISTRATION	5,380			33,980	127,342	166,702	1,565
016 CENTRAL SERVICES & SUPPLY	546,464			212,649	63,542	822,655	573
017 PHARMACY	251,965			58,288	17,599	327,852	2,647
018 MEDICAL RECORDS & LIBRARY	22,731			126,661	25,861	175,253	1,273
019 SOCIAL SERVICE	3,634			19,851	2,655	26,140	1,121
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI							582
023 I&R SERVICES-OTHER PRGM C	3,648			179,831	5,966	189,445	811
024 PARAMED ED PRGM							262
025 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS	95,799			1,737,272	981,795	2,814,866	15,978
027 01 INTENSIVE CARE UNIT	5,705			77,781	135,863	219,349	1,065
028 01 PEDIATRIC INTENSIVE CARE	32,216			54,627	188,291	275,134	1,642
029 01 CORONARY CARE UNIT	5,795			67,020	93,065	165,880	1,252
030 BURN INTENSIVE CARE UNIT							
031 SURGICAL INTENSIVE CARE U	8,743			367,121	494,484	870,348	3,762
032 NEONATAL INTENSIVE CARE U	3,368			130,776	4,322	138,466	1,283
033 SUBPROVIDER	2,740			85,239	263,402	351,381	4,245
034 NURSERY							
035 SKILLED NURSING FACILITY							
036 01 NURSING FACILITY							
037 ICF/MR							
038 OTHER LONG TERM CARE							
039 ANCILLARY SRVC COST CNTRS							
040 OPERATING ROOM	107,273			1,089,438	1,497,069	2,693,780	4,871
041 RECOVERY ROOM				35,595	66,496	102,091	725
042 DELIVERY ROOM & LABOR ROO	2,304			42,632	35,996	80,932	1,071
043 ANESTHESIOLOGY				28,869	411,130	439,999	83
044 RADIOLOGY-DIAGNOSTIC	271,729			254,341	2,000,336	2,526,406	2,695
045 RADIOLOGY-THERAPEUTIC	1,931			79,612	320,981	402,524	312
046 01 NUCLEAR MEDICINE-DIAGNOST	2,583			71,318	168,804	242,705	350
047 RADIOISOTOPE							
048 01 ULTRA SOUND				19,135	155,822	174,957	368
049 LABORATORY	201,903			229,101	211,041	642,045	3,150
050 01 ANATOMIC PATHOLOGY				50,185	118,009	168,194	366
051 03 LAB-STEM CELL				5,253	127,197	132,450	
052 PBP CLINICAL LAB SERVICES							
053 WHOLE BLOOD & PACKED RED							
054 01 MENTAL HYGIENE				27,325	12,061	39,386	51
055 BLOOD STORING, PROCESSING				8,644	47,247	55,891	385
056 INTRAVENOUS THERAPY	706			31,783	6,441	38,930	273
057 01 PHARMACY-IV DRUG THERAPY	338,094			29,387	17,899	385,380	168
058 RESPIRATORY THERAPY	102,117			42,894	199,407	344,418	1,715
059 01 SLEEP DISORDER	90			4,736	19,526	24,352	125
060 02 PAIN MANAGEMENT	67,489				20,281	87,770	55
061 PHYSICAL THERAPY	89,743			11,183	5,962	106,888	246
062 OCCUPATIONAL THERAPY	9,073			11,183	294	20,550	138
063 SPEECH PATHOLOGY	9,885			11,271	14,073	35,229	263
064 ELECTROCARDIOLOGY	4,094			48,967	257,807	310,868	628
065 ELECTROENCEPHALOGRAPHY	798			22,518	45,595	68,911	138
066 01 CARDIAC CATHETERIZATION L	131			101,047	815,050	916,228	742
067 02 CARDIAC REHAB	1,395			53,218	15,656	70,269	283
068 03 VASCULAR LAB	3,079			10,499	140,625	154,203	248
069 04 ENDOSCOPY	4,301			110,527	387,899	502,727	746
070 05 CLINICAL NUTRITION				5,556	74	5,630	335
071 06 PSYCHOTHERAPY	7,256			44,136	781	52,173	434
072 MEDICAL SUPPLIES CHARGED							
073 DRUGS CHARGED TO PATIENTS							
074 RENAL DIALYSIS	-500			17,352	23,146	39,998	117
075 ASC (NON-DISTINCT PART)							
076 OUTPAT SERVICE COST CNTRS							
077 CLINIC	94,810			430,208	142,602	667,620	2,560
078 EMERGENCY	16,311			318,862	332,743	667,916	5,551
079 OBSERVATION BEDS (NON-DIS							
080 OTHER REIMBURS COST CNTRS							
081 HOME PROGRAM DIALYSIS							
082 AMBULANCE SERVICES							
083 DURABLE MEDICAL EQUIP-REN							
084 DURABLE MEDICAL EQUIP-SOL							
085 TRANSPORT							
086 CORF							
087 I&R SERVICES-NOT APPRVD P							
088 HOME HEALTH AGENCY							
089 LUNG ACQUISITION							
090 SPEC PURPOSE COST CENTERS							
091 KIDNEY ACQUISITION				80		80	9
092 LIVER ACQUISITION				119		119	2
093 HEART ACQUISITION				64		64	2
094 01 PANCREAS ACQUISITION							
095 OTHER ORGAN ACQUISITION							
096 AMBULATORY SURGICAL CENTE							

	COST CENTER DESCRIPTION	DIR ASSGND	OLD CAP REL C	OLD CAP REL C	NEW CAP REL C	NEW CAP REL C	SUBTOTAL	EMPLOYEE BENE
		NEW CAPITAL REL COSTS	OSTS-BLDG &	OSTS-MVBLE E	OSTS-BLDG &	OSTS-MVBLE E		FITS
		0	1	2	3	4	4a	5
093	SPEC PURPOSE COST CENTERS							
	HOSPICE							
095	SUBTOTALS	4,854,631			9,366,045	11,690,169	25,910,845	83,423
	NONREIMBURS COST CENTERS							
096	GIFT, FLOWER, COFFEE SHOP				28,018		28,018	29
096	01 RESTAURANT							
096	02 PHYSICIAN SERVICES	32,281			5,850	2,665	40,796	203
096	03 COMMUNITY EDUCATION	2,901			10,459	23,275	36,635	671
097	RESEARCH				55,717	1,816	57,533	
098	PHYSICIANS' PRIVATE OFFIC	255,504			422,440	38,508	716,452	1,610
098	01 HOTELING ROOMS				24,165		24,165	
098	02 VACANT SPACE				241,327		241,327	
098	03 VENDING				3,677		3,677	
098	04 55 ALIVE							
098	05 SSMRI SMART REHAB							
098	06 SSM REHAB NURSING ADMIN				3,080		3,080	
099	NONPAID WORKERS							
099	01 SSM REHAB	110,505			312,757	72,528	495,790	32
099	02 SSM REHAB- SNF							
099	03 SSM REHAB- PHYSICAL THERAP	33,751			95,523		129,274	
099	04 SSM REHAB- OCCUPATIONAL TH	13,747			38,907		52,654	
099	05 SSM REHAB- SPEECH/AUDIOLOG	2,981			8,437		11,418	
099	06 SSM REHAB- SOCIAL SERVICE	2,154			6,097		8,251	2
099	07 SSM REHAB- ADMINISTRATION	37,446			105,982		143,428	7
099	11 SSM HUMAN RESOURCES				20,217		20,217	
099	12 HOME HEALTH							
099	13 FOUNDATION							
099	15 POISON CONTROL	65,102				4,359	69,461	848
099	16 BILLABLE DEPARTMENTS	106,445				11,812	118,257	1,131
099	17 MISCELLANEOUS NONREIMBURS	7,687			44,773	16,190	68,650	369
101	CROSS FOOT ADJUSTMENTS							
102	NEGATIVE COST CENTER							
103	TOTAL	5,525,135			10,793,471	11,861,322	28,179,928	88,325

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA
	6	7	8	9	10	11	12
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
007 ADMINISTRATIVE & GENERAL	4,563,898						
008 MAINTENANCE & REPAIRS	27,268	44,636					
009 OPERATION OF PLANT	201,762	5,060	1,741,572				
010 LAUNDRY & LINEN SERVICE	24,402	522	22,977	168,226			
011 HOUSEKEEPING	95,554	860	37,858	4,101	341,931		
012 DIETARY	66,485	1,305	57,408		11,679	494,885	
013 CAFETERIA	25,335	861	37,869		7,704		367,385
014 MAINTENANCE OF PERSONNEL							
015 NURSING ADMINISTRATION	65,842	156	6,884		4,401		5,279
016 CENTRAL SERVICES & SUPPLY	27,387	979	43,083		8,765		5,290
017 PHARMACY	77,512	268	11,809		2,402		10,688
018 MEDICAL RECORDS & LIBRARY	80,972	583	25,662		5,221		10,499
019 SOCIAL SERVICE	43,235	91	4,022		818		5,210
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI	19,816						
023 I&R SERVICES-OTHER PRGM C	275,389	828	36,434	88	7,412		550
024 PARAMED ED PRGM	9,592						999
025 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS	620,688	8,000	351,972	59,663	71,604	322,156	82,260
027 INTENSIVE CARE UNIT	41,927	358	15,758	6,726	3,206	11,561	4,231
028 01 PEDIATRIC INTENSIVE CARE	59,975	252	11,067	616	2,252	14,400	8,392
029 CORONARY CARE UNIT	46,715	309	13,578	3,599	2,762	12,914	5,120
030 BURN INTENSIVE CARE UNIT							
031 SURGICAL INTENSIVE CARE U	146,707	1,690	74,379	3,983	15,132		15,419
032 NEONATAL INTENSIVE CARE U	47,606	602	26,495	2,891	5,390	38,180	6,956
033 SUBPROVIDER	152,029	392	17,270	3,023	3,513		18,213
034 NURSERY							
035 SKILLED NURSING FACILITY							
036 NURSING FACILITY							
037 01 ICF/MR							
038 OTHER LONG TERM CARE							
039 ANCILLARY SRVC COST CNTRS							
040 OPERATING ROOM	262,760	5,016	220,721	14,188	44,904		22,933
041 RECOVERY ROOM	25,479	164	7,212	3,721	1,467		2,842
042 DELIVERY ROOM & LABOR ROO	44,203	196	8,637	9,684	1,757		5,110
043 ANESTHESIOLOGY	41,594	133	5,849		1,190		674
044 RADIOLOGY-DIAGNOSTIC	145,981	1,171	51,530	5,753	10,483		16,250
045 RADIOLOGY-THERAPEUTIC	17,209	367	16,129	91	3,281		1,195
046 01 NUCLEAR MEDICINE-DIAGNOST	21,487	328	14,449	502	2,940		826
047 RADIOISOTOPE							
048 01 ULTRASOUND	15,462	88	3,877	264	789		1,666
049 LABORATORY	176,475	1,055	46,416		9,443		18,182
050 01 ANATOMY PATHOLOGY	23,905	231	10,168		2,069		2,276
051 03 LAB-STEM CELL	4,214	24	1,064		217		
052 PBP CLINICAL LAB SERVICES							
053 WHOLE BLOOD & PACKED RED							
054 01 MENTAL HYGIENE	2,388	126	5,536		1,126		206
055 BLOOD STORING, PROCESSING	51,475	40	1,751		356		1,897
056 INTRAVENOUS THERAPY	9,695	146	6,439	105	1,310		1,098
057 01 PHARMACY-IV DRUG THERAPY	94,099	135	5,954		1,211		930
058 RESPIRATORY THERAPY	87,784	197	8,690		1,768		8,543
059 01 SLEEP DISORDER	5,301	22	960		195		789
060 02 PAIN MANAGEMENT	3,140			308			196
061 PHYSICAL THERAPY	26,206	51	2,266	1,011	461		617
062 OCCUPATIONAL THERAPY	6,652	51	2,266	971	461		789
063 SPEECH PATHOLOGY	11,671	52	2,283		465		1,295
064 ELECTROCARDIOLOGY	29,791	225	9,921	31	2,018		3,278
065 ELECTROENCEPHALOGRAPHY	6,159	104	4,562	1,467	928		801
066 01 CARDIAC CATHETERIZATION L	39,356	465	20,472	2,565	4,165		2,292
067 02 CARDIAC REHAB	10,519	245	10,782	349	2,193		1,247
068 03 VASCULAR LAB	11,310	48	2,127	220	433		1,228
069 04 ENDOSCOPY	35,655	509	22,393	2,641	4,556		3,402
070 05 CLINICAL NUTRITION	11,167	26	1,126		229		2,165
071 06 PSYCHOTHERAPY	17,499	203	8,942		1,819		2,333
072 MEDICAL SUPPLIES CHARGED	416,421						
073 DRUGS CHARGED TO PATIENTS	127,754						
074 RENAL DIALYSIS	20,679	80	3,516		715		451
075 ASC (NON-DISTINCT PART)							
076 OUTPAT SERVICE COST CNTRS							
077 CLINIC	107,670	1,981	87,160	5,797	17,732		15,287
078 EMERGENCY	151,189	1,468	64,601	18,070	13,143		17,777
079 OBSERVATION BEDS (NON-DIS							
080 OTHER REIMBURS COST CNTRS							
081 HOME PROGRAM DIALYSIS							
082 AMBULANCE SERVICES							
083 DURABLE MEDICAL EQUIP-REN							
084 DURABLE MEDICAL EQUIP-SOL							
085 TRANSPORT							
086 CORF							
087 I&R SERVICES-NOT APPRVD P							
088 HOME HEALTH AGENCY							
089 LUNG ACQUISITION							
090 SPEC PURPOSE COST CENTERS							
091 KIDNEY ACQUISITION	2,360		16		3		49
092 LIVER ACQUISITION	420	1	24		5		8
093 HEART ACQUISITION	733		13		3		8
094 01 PANCREAS ACQUISITION							
095 OTHER ORGAN ACQUISITION							
096 AMBULATORY SURGICAL CENTE							

COST CENTER DESCRIPTION		ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA
		6	7	8	9	10	11	12
093	SPEC PURPOSE COST CENTERS							
	HOSPICE							
095	SUBTOTALS	4,222,060	38,064	1,452,377	152,428	283,096	399,211	317,746
	NONREIMBURS COST CENTERS							
096	GIFT, FLOWER, COFFEE SHOP	4,295	129	5,676		1,155	47,624	292
096	01 RESTAURANT	9						
096	02 PHYSICIAN SERVICES	11,003	27	1,185		241		1,022
096	03 COMMUNITY EDUCATION	25,379	48	2,119	709	431		2,995
097	RESEARCH		257	11,288		2,297		
098	PHYSICIANS' PRIVATE OFFICE	159,171	1,945	85,586	3,110	17,412		4,915
098	01 HOTELING ROOMS	341	111	4,896		996		
098	02 VACANT SPACE	3,410	1,111	48,893		9,947		
098	03 VENDING	52	17	745		152		
098	04 55 ALIVE							
098	05 SSMRI SMART REHAB							
098	06 SSM REHAB NURSING ADMIN	65	14	624		127		250
099	NONPAID WORKERS							
099	01 SSM REHAB	9,004	1,440	63,365	10,621	12,891	48,050	16,887
099	02 SSM REHAB- SNF							
099	03 SSM REHAB- PHYSICAL THERAPY	10,086	440	19,353	1,358	3,937		5,016
099	04 SSM REHAB- OCCUPATIONAL THERAPY	1,857	179	7,882		1,604		2,334
099	05 SSM REHAB- SPEECH/AUDIOLOGIST	1,405	39	1,709		348		1,884
099	06 SSM REHAB- SOCIAL SERVICE	188	28	1,235		251		2,985
099	07 SSM REHAB- ADMINISTRATION	2,299	488	21,472		4,368		6,122
099	11 SSM HUMAN RESOURCES	286	93	4,096		833		
099	12 HOME HEALTH							
099	13 FOUNDATION	1,247						
099	15 POISON CONTROL	31,764						3,179
099	16 BILLABLE DEPARTMENTS	62,365						
099	17 MISCELLANEOUS NONREIMBURS	17,612	206	9,071		1,845		1,758
101	CROSS FOOT ADJUSTMENTS							
102	NEGATIVE COST CENTER							
103	TOTAL	4,563,898	44,636	1,741,572	168,226	341,931	494,885	367,385

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	MAINTENANCE PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS
	13	14	15	16	17	18	20
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
007 ADMINISTRATIVE & GENERAL							
008 MAINTENANCE & REPAIRS							
009 OPERATION OF PLANT							
010 LAUNDRY & LINEN SERVICE							
011 HOUSEKEEPING							
012 DIETARY							
013 CAFETERIA							
014 MAINTENANCE OF PERSONNEL							
015 NURSING ADMINISTRATION		247,820					
016 CENTRAL SERVICES & SUPPLY			908,741				
017 PHARMACY			5,406	438,584			
018 MEDICAL RECORDS & LIBRARY		130	10		299,603		
019 SOCIAL SERVICE		2,696				83,333	
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C		54	43				
024 PARAMED ED PRGM							
025 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS		98,909	3,718	498	41,206	55,991	
027 INTENSIVE CARE UNIT		5,431		9	2,583	2,258	
028 01 PEDIATRIC INTENSIVE CARE		9,373		61	3,998	1,808	
029 CORONARY CARE UNIT		6,440		3	2,875	2,517	
030 BURN INTENSIVE CARE UNIT							
031 SURGICAL INTENSIVE CARE U							
032 NEONATAL INTENSIVE CARE U		16,694	221	175	9,383	4,717	
033 SUBPROVIDER		5,219			3,880	7,450	
034 NURSERY		21,391			11,109	8,592	
035 SKILLED NURSING FACILITY							
036 01 NURSING FACILITY							
037 ICF/MR							
038 OTHER LONG TERM CARE							
039 ANCILLARY SRVC COST CNTRS							
040 OPERATING ROOM		20,286	134	1,176	23,248		
041 RECOVERY ROOM		3,728		10	2,348		
042 DELIVERY ROOM & LABOR ROO		4,890			6,831		
043 ANESTHESIOLOGY		776	13,265	3,199	6,727		
044 RADIOLOGY-DIAGNOSTIC		1,172	3,158	13	26,739		
045 RADIOLOGY-THERAPEUTIC		149	160	1	2,066		
046 01 NUCLEAR MEDICINE-DIAGNOST					2,870		
047 RADIOISOTOPE							
048 01 ULTRA SOUND			1,021		2,519		
049 LABORATORY		219	3,265	15	29,710		
050 01 ANATOMY PATHOLOGY			1,141		2,499		
051 03 LAB-STEM CELL		44		3	30		
052 PBP CLINICAL LAB SERVICES							
053 WHOLE BLOOD & PACKED RED							
054 01 MENTAL HYGIENE		284			176		
055 BLOOD STORING, PROCESSING			859		3,471		
056 INTRAVENOUS THERAPY		1,389			213		
057 01 PHARMACY-IV DRUG THERAPY			2,314	113,681	9,786		
058 RESPIRATORY THERAPY		12		13	10,549		
059 01 SLEEP DISORDER			755	10	651		
060 02 PAIN MANAGEMENT		154	40		36		
061 PHYSICAL THERAPY			9		1,379		
062 OCCUPATIONAL THERAPY			113		531		
063 SPEECH PATHOLOGY			352		477		
064 ELECTROCARDIOLOGY		1,347	4	10	4,638		
065 ELECTROENCEPHALOGRAPHY			270	4	470		
066 01 CARDIAC CATHETERIZATION L		1,978	3,546	19	6,828		
067 02 CARDIAC REHAB		1,326	71		209		
068 03 VASCULAR LAB		37	154	64	3,477		
069 04 ENDOSCOPY		3,194			4,817		
070 05 CLINICAL NUTRITION				3	69		
071 06 PSYCHOTHERAPY		750	15		2,183		
072 MEDICAL SUPPLIES CHARGED			867,049		19,803		
073 DRUGS CHARGED TO PATIENTS				198,102	18,270		
074 RENAL DIALYSIS		620		12	1,909		
075 ASC (NON-DISTINCT PART)							
076 OUTPAT SERVICE COST CNTRS							
077 CLINIC		11,004	143	4,344	3,500		
078 EMERGENCY		17,048		114	17,738		
079 OBSERVATION BEDS (NON-DIS							
080 OTHER REIMBURS COST CNTRS							
081 HOME PROGRAM DIALYSIS							
082 AMBULANCE SERVICES							
083 DURABLE MEDICAL EQUIP-REN							
084 DURABLE MEDICAL EQUIP-SOL							
085 TRANSPORT							
086 CORF							
087 I&R SERVICES-NOT APPRVD P							
088 HOME HEALTH AGENCY							
089 LUNG ACQUISITION							
090 SPEC PURPOSE COST CENTERS							
091 KIDNEY ACQUISITION							
092 LIVER ACQUISITION							
093 HEART ACQUISITION							
094 01 PANCREAS ACQUISITION							
095 OTHER ORGAN ACQUISITION							
096 AMBULATORY SURGICAL CENTE							

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS
	13	14	15	16	17	18	20
093 SPEC PURPOSE COST CENTERS							
095 HOSPICE							
095 SUBTOTALS		236,744	907,236	321,539	291,801	83,333	
096 NONREIMBURS COST CENTERS							
096 01 GIFT, FLOWER, COFFEE SHOP							
096 02 RESTAURANT							
096 02 PHYSICIAN SERVICES							
096 03 COMMUNITY EDUCATION		1,815	4				
097 RESEARCH							
098 PHYSICIANS' PRIVATE OFFICE		4,140	412	117,016			
098 01 HOTELING ROOMS							
098 02 VACANT SPACE							
098 03 VENDING							
098 04 55 ALIVE							
098 05 SSMRI SMART REHAB							
098 06 SSM REHAB NURSING ADMIN							
099 NONPAID WORKERS							
099 01 SSM REHAB					4,465		
099 02 SSM REHAB- SNF							
099 03 SSM REHAB- PHYSICAL THERAPY			7		1,323		
099 04 SSM REHAB- OCCUPATIONAL THERAPY					1,294		
099 05 SSM REHAB- SPEECH/AUDIOLOG					720		
099 06 SSM REHAB- SOCIAL SERVICE							
099 07 SSM REHAB- ADMINISTRATION							
099 11 SSM HUMAN RESOURCES							
099 12 HOME HEALTH							
099 13 FOUNDATION							
099 15 POISON CONTROL		3,017					
099 16 BILLABLE DEPARTMENTS		1,503	1,026	29			
099 17 MISCELLANEOUS NONREIMBURS		601	56				
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL		247,820	908,741	438,584	299,603	83,333	

COST CENTER DESCRIPTION	NURSING SCHOOL	I&R SERVICES-SALARY & FRI	I&R SERVICES-OTHER PRGM C	PARAMED ED PRGM	SUBTOTAL	POST STEPDOWN ADJUSTMENT	TOTAL
	21	22	23	24	25	26	27
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
007 ADMINISTRATIVE & GENERAL							
008 MAINTENANCE & REPAIRS							
009 OPERATION OF PLANT							
010 LAUNDRY & LINEN SERVICE							
011 HOUSEKEEPING							
012 DIETARY							
013 CAFETERIA							
014 MAINTENANCE OF PERSONNEL							
015 NURSING ADMINISTRATION							
016 CENTRAL SERVICES & SUPPLY							
017 PHARMACY							
018 MEDICAL RECORDS & LIBRARY							
019 SOCIAL SERVICE							
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI		20,398					
023 I&R SERVICES-OTHER PRGM C			511,054				
024 PARAMED ED PRGM				10,853			
025 INPAT ROUTINE SRVC CNTRS					4,547,509		4,547,509
026 ADULTS & PEDIATRICS					314,462		314,462
027 01 PEDIATRIC INTENSIVE CARE					388,970		388,970
028 CORONARY CARE UNIT					263,964		263,964
029 BURN INTENSIVE CARE UNIT							
030 SURGICAL INTENSIVE CARE U							
031 NEONATAL INTENSIVE CARE U					1,162,610		1,162,610
032 SUBPROVIDER					284,418		284,418
033 NURSERY					591,158		591,158
034 SKILLED NURSING FACILITY							
035 NURSING FACILITY							
036 01 ICF/MR							
037 OTHER LONG TERM CARE							
038 ANCILLARY SRVC COST CNTRS							
039 OPERATING ROOM					3,314,017		3,314,017
040 RECOVERY ROOM					149,787		149,787
041 DELIVERY ROOM & LABOR ROO					163,311		163,311
042 ANESTHESIOLOGY					513,489		513,489
043 RADIOLOGY-DIAGNOSTIC					2,791,351		2,791,351
044 RADIOLOGY-THERAPEUTIC					443,484		443,484
045 01 NUCLEAR MEDICINE-DIAGNOST					286,457		286,457
046 RADIOISOTOPE							
047 01 ULTRA SOUND					201,011		201,011
048 LABORATORY					929,975		929,975
049 01 ANATOMY PATHOLOGY					210,849		210,849
050 03 LAB-STEM CELL					138,046		138,046
051 PBP CLINICAL LAB SERVICES							
052 WHOLE BLOOD & PACKED RED							
053 01 MENTAL HYGIENE					49,279		49,279
054 BLOOD STORING, PROCESSING					116,125		116,125
055 INTRAVENOUS THERAPY					59,598		59,598
056 01 PHARMACY-IV DRUG THERAPY					613,658		613,658
057 RESPIRATORY THERAPY					463,689		463,689
058 01 SLEEP DISORDER					33,160		33,160
059 02 PAIN MANAGEMENT					91,699		91,699
060 PHYSICAL THERAPY					139,134		139,134
061 OCCUPATIONAL THERAPY					32,522		32,522
062 SPEECH PATHOLOGY					52,087		52,087
063 ELECTROCARDIOLOGY					362,759		362,759
064 ELECTROENCEPHALOGRAPHY					83,814		83,814
065 01 CARDIAC CATHETERIZATION L					998,656		998,656
066 02 CARDIAC REHAB					97,493		97,493
067 03 VASCULAR LAB					173,549		173,549
068 04 ENDOSCOPY					580,640		580,640
069 05 CLINICAL NUTRITION					20,750		20,750
070 06 PSYCHOTHERAPY					86,351		86,351
071 MEDICAL SUPPLIES CHARGED					1,303,273		1,303,273
072 DRUGS CHARGED TO PATIENTS					344,126		344,126
073 RENAL DIALYSIS					68,097		68,097
074 ASC (NON-DISTINCT PART)							
075 OUTPAT SERVICE COST CNTRS							
076 CLINIC					924,798		924,798
077 EMERGENCY					974,615		974,615
078 OBSERVATION BEDS (NON-DIS							
079 OTHER REIMBURS COST CNTRS							
080 HOME PROGRAM DIALYSIS							
081 AMBULANCE SERVICES							
082 DURABLE MEDICAL EQUIP-REN							
083 DURABLE MEDICAL EQUIP-SOL							
084 TRANSPORT							
085 CORF							
086 I&R SERVICES-NOT APPRVD P							
087 HOME HEALTH AGENCY							
088 LUNG ACQUISITION							
089 SPEC PURPOSE COST CENTERS							
090 KIDNEY ACQUISITION					2,517		2,517
091 LIVER ACQUISITION					579		579
092 HEART ACQUISITION					823		823
093 01 PANCREAS ACQUISITION							
094 OTHER ORGAN ACQUISITION							
095 AMBULATORY SURGICAL CENTE							

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	NURSING SCHOOL	I&R SERVICES-SALARY & FRI	I&R SERVICES-OTHER PRGM C	PARAMED ED PRGM	SUBTOTAL	POST STEPDOWN ADJUSTMENT	TOTAL
	21	22	23	24	25	26	27
093 SPEC PURPOSE COST CENTERS							
095 HOSPICE							
095 SUBTOTALS					24,368,659		24,368,659
096 NONREIMBURS COST CENTERS							
096 01 GIFT, FLOWER, COFFEE SHOP					87,218		87,218
096 02 RESTAURANT					9		9
096 03 PHYSICIAN SERVICES					54,477		54,477
096 04 COMMUNITY EDUCATION					70,806		70,806
097 RESEARCH					71,375		71,375
098 PHYSICIANS' PRIVATE OFFICE					1,111,769		1,111,769
098 01 HOTELING ROOMS					30,509		30,509
098 02 VACANT SPACE					304,688		304,688
098 03 VENDING					4,643		4,643
098 04 55 ALIVE							
098 05 SSMRI SMART REHAB							
098 06 SSM REHAB NURSING ADMIN					4,160		4,160
099 NONPAID WORKERS							
099 01 SSM REHAB					662,545		662,545
099 02 SSM REHAB- SNF							
099 03 SSM REHAB- PHYSICAL THERAPY					170,794		170,794
099 04 SSM REHAB- OCCUPATIONAL THERAPY					67,804		67,804
099 05 SSM REHAB- SPEECH/AUDIOLOG					17,523		17,523
099 06 SSM REHAB- SOCIAL SERVICE					12,940		12,940
099 07 SSM REHAB- ADMINISTRATION					178,184		178,184
099 11 SSM HUMAN RESOURCES					25,525		25,525
099 12 HOME HEALTH							
099 13 FOUNDATION					1,247		1,247
099 15 POISON CONTROL					108,269		108,269
099 16 BILLABLE DEPARTMENTS					184,311		184,311
099 17 MISCELLANEOUS NONREIMBURS					100,168		100,168
101 CROSS FOOT ADJUSTMENTS		20,398	511,054	10,853	542,305		542,305
102 NEGATIVE COST CENTER							
103 TOTAL		20,398	511,054	10,853	28,179,928		28,179,928

ALLOCATION OF NEW CAPITAL RELATED COSTS

- 001 GENERAL SERVICE COST CNTR
- 002 OLD CAP REL COSTS-BLDG &
- 003 OLD CAP REL COSTS-MVBLE E
- 004 NEW CAP REL COSTS-BLDG &
- 005 NEW CAP REL COSTS-MVBLE E
- 006 EMPLOYEE BENEFITS
- 007 ADMINISTRATIVE & GENERAL
- 008 MAINTENANCE & REPAIRS
- 009 OPERATION OF PLANT
- 010 LAUNDRY & LINEN SERVICE
- 011 HOUSEKEEPING
- 012 DIETARY
- 013 CAFETERIA
- 014 MAINTENANCE OF PERSONNEL
- 015 NURSING ADMINISTRATION
- 016 CENTRAL SERVICES & SUPPLY
- 017 PHARMACY
- 018 MEDICAL RECORDS & LIBRARY
- 019 SOCIAL SERVICE
- 020 NONPHYSICIAN ANESTHETISTS
- 021 NURSING SCHOOL
- 022 I&R SERVICES-SALARY & FRI
- 023 I&R SERVICES-OTHER PRGM C
- 024 PARAMEDICAL PRGM
- 025 INPAT ROUTINE SRVC CNTRS
- 026 ADULTS & PEDIATRICS
- 027 01 INTENSIVE CARE UNIT
- 028 PEDIATRIC INTENSIVE CARE
- 029 CORONARY CARE UNIT
- 030 BURN INTENSIVE CARE UNIT
- 031 SURGICAL INTENSIVE CARE U
- 032 NEONATAL INTENSIVE CARE U
- 033 SUBPROVIDER
- 034 NURSERY
- 035 SKILLED NURSING FACILITY
- 036 01 NURSING FACILITY
- 037 ICF/MR
- 038 01 LONG TERM CARE
- 039 ANCILLARY SRVC COST CNTRS
- 040 OPERATING ROOM
- 041 RECOVERY ROOM
- 042 DELIVERY ROOM & LABOR ROO
- 043 ANESTHESIOLOGY
- 044 RADIOLOGY-DIAGNOSTIC
- 045 RADIOLOGY-THERAPEUTIC
- 046 01 NUCLEAR MEDICINE-DIAGNOST
- 047 RADIOISOTOPE
- 048 01 ULTRASOUND
- 049 LABORATORY
- 050 01 ANATOMICAL PATHOLOGY
- 051 03 LAB-STEM CELL
- 052 PBP CLINICAL LAB SERVICES
- 053 WHOLE BLOOD & PACKED RED
- 054 01 MENTAL HYGIENE
- 055 BLOOD STORING, PROCESSING
- 056 INTRAVENOUS THERAPY
- 057 01 PHARMACY-IV DRUG THERAPY
- 058 RESPIRATORY THERAPY
- 059 01 SLEEP DISORDER
- 060 02 PAIN MANAGEMENT
- 061 PHYSICAL THERAPY
- 062 OCCUPATIONAL THERAPY
- 063 SPEECH PATHOLOGY
- 064 ELECTROCARDIOLOGY
- 065 ELECTROENCEPHALOGRAPHY
- 066 01 CARDIAC CATHETERIZATION L
- 067 02 CARDIAC REHAB
- 068 03 VASCULAR LAB
- 069 04 ENDOSCOPY
- 070 05 CLINICAL NUTRITION
- 071 06 PSYCHOTHERAPY
- 072 MEDICAL SUPPLIES CHARGED
- 073 DRUGS CHARGED TO PATIENTS
- 074 RENAL DIALYSIS
- 075 ASC (NON-DISTINCT PART)
- 076 OUTPAT SERVICE COST CNTRS
- 077 CLINIC
- 078 EMERGENCY
- 079 OBSERVATION BEDS (NON-DIS
- 080 OTHER REIMBURS COST CNTRS
- 081 HOME PROGRAM DIALYSIS
- 082 AMBULANCE SERVICES
- 083 DURABLE MEDICAL EQUIP-REN
- 084 DURABLE MEDICAL EQUIP-SOL
- 085 TRANSPORT
- 086 CORF
- 087 I&R SERVICES-NOT APPRVD P
- 088 HOME HEALTH AGENCY
- 089 LUNG ACQUISITION
- 090 SPEC PURPOSE COST CENTERS
- 091 KIDNEY ACQUISITION
- 092 LIVER ACQUISITION
- 093 HEART ACQUISITION
- 094 01 PANCREAS ACQUISITION
- 095 OTHER ORGAN ACQUISITION
- 096 AMBULATORY SURGICAL CENTE

ALLOCATION OF NEW CAPITAL RELATED COSTS

093 SPEC PURPOSE COST CENTERS
093 HOSPICE
095 SUBTOTALS
NONREIMBURS COST CENTERS
096 GIFT, FLOWER, COFFEE SHOP
096 01 RESTAURANT
096 02 PHYSICIAN SERVICES
096 03 COMMUNITY EDUCATION
097 RESEARCH
098 PHYSICIANS' PRIVATE OFFIC
098 01 HOTELING ROOMS
098 02 VACANT SPACE
098 03 VENDING
098 04 55 ALIVE
098 05 SSMRI SMART REHAB
098 06 SSM REHAB NURSING ADMIN
099 NONPAID WORKERS
099 01 SSM REHAB
099 02 SSM REHAB- SNF
099 03 SSM REHAB- PHYSICAL THERAP
099 04 SSM REHAB- OCCUPATIONAL TH
099 05 SSM REHAB- SPEECH/AUDIOLOG
099 06 SSM REHAB- SOCIAL SERVICE
099 07 SSM REHAB- ADMINISTRATION
099 11 SSM HUMAN RESOURCES
099 12 HOME HEALTH
099 13 FOUNDATION
099 15 POISON CONTROL
099 16 BILLABLE DEPARTMENTS
099 17 MISCELLANEOUS NONREIMBURS
101 CROSS FOOT ADJUSTMENTS
102 NEGATIVE COST CENTER
103 TOTAL

COST CENTER DESCRPTION	OLD CAP REL C	OLD CAP REL C	NEW CAP REL C	NEW CAP REL C	EMPLOYEE BENE	RECONCILIATION
	OSTS-BLDG &	OSTS-MVBLE	OSTS-BLDG &	OSTS-MVBLE	FITS	
	(FEET)	(DOLLAR VALUE)	(FEET)	(DOLLAR VALUE)	(SALARIES)	
	1	2	3	4	5	6a.00
001 GENERAL SERVICE COST						
002 OLD CAP REL COSTS-BLD						
003 OLD CAP REL COSTS-MVB						
004 NEW CAP REL COSTS-BLD						
005 NEW CAP REL COSTS-MVB						
006 EMPLOYEE BENEFITS	8,480	8,222	8,480	8,222		
007 ADMINSTRATIVE & GENE	127,325	878,555	127,325	878,555	21,057,160	
008 MAINTENANCE & REPAIRS	2,182		2,182			
009 OPERATION OF PLANT	138,079	351,915	138,079	351,915	2,952,628	
010 LAUNDRY & LINEN SERVI	14,248	2,480	14,248	2,480	336,271	
011 HOUSEKEEPING	23,476	12,284	23,476	12,284	3,907,811	
012 DIETARY	35,599	57,793	35,599	57,793	1,642,385	
013 CAFETERIA	23,483	84,678	23,483	84,678	1,353,128	
014 MAINTENANCE OF PERSON						
015 NURSING ADMINSTRATIO	4,269	106,575	4,269	106,575	3,027,634	
016 CENTRAL SERVICES & SU	26,716	53,180	26,716	53,180	1,108,802	
017 PHARMACY	7,323	14,729	7,323	14,729	5,120,090	
018 MEDICAL RECORDS & LIB	15,913	21,644	15,913	21,644	2,462,096	
020 SOCIAL SERVICE	2,494	2,222	2,494	2,222	2,168,609	
021 NONPHYSICIAN ANESTHET						
022 NURSING SCHOOL						
023 I&R SERVICES-SALARY &					1,126,289	
024 I&R SERVICES-OTHER PR	22,593	4,993	22,593	4,993	1,568,350	
025 PARAMED ED PRGM					506,193	
026 INPAT ROUTINE SRVC CN						
027 ADULTS & PEDIATRCS	218,261	821,685	218,261	821,685	30,749,264	
028 INTENSIVE CARE UNIT	9,772	113,707	9,772	113,707	2,059,971	
029 01 PEDIATRIC INTENSIVE C	6,863	157,585	6,863	157,585	3,175,854	
030 CORONARY CARE UNIT	8,420	77,888	8,420	77,888	2,422,359	
031 BURN INTENSIVE CARE U						
032 SURGICAL INTENSIVE CA						
033 NEONATAL INTENSIVE CA	46,123	413,844	46,123	413,844	7,276,143	
034 SUBPROVIDER	16,430	3,617	16,430	3,617	2,481,707	
035 NURSERY	10,709	220,447	10,709	220,447	8,210,608	
036 SKILLED NURSING FACIL						
037 NURSING FACILITY						
038 01 ICF/MR						
039 OTHER LONG TERM CARE						
040 ANCILLARY SRVC COST C						
041 OPERATING ROOM	136,871	1,252,928	136,871	1,252,928	9,422,621	
042 RECOVERY ROOM	4,472	55,652	4,472	55,652	1,402,734	
043 DELIVERY ROOM & LABOR	5,356	30,126	5,356	30,126	2,071,948	
044 ANESTHESIOLOGY	3,627	344,083	3,627	344,083	160,186	
045 RADIOLOGY-DIAGNOSTIC	31,954	1,674,116	31,954	1,674,116	5,212,223	
046 RADIOLOGY-THERAPEUTIC	10,002	268,636	10,002	268,636	604,007	
047 01 NUCLEAR MEDICINE-DIAG	8,960	141,276	8,960	141,276	676,239	
048 RADIOISOTOPE						
049 01 ULTRA SOUND	2,404	130,411	2,404	130,411	712,031	
050 LABORATORY	28,783	176,625	28,783	176,625	6,092,896	
051 01 ANATOMIC PATHOLOGY	6,305	98,764	6,305	98,764	707,657	
052 03 LAB-STEM CELL	660	106,454	660	106,454		
053 PBP CLINICAL LAB SERV						
054 WHOLE BLOOD & PACKED						
055 01 MENTAL HYGIENE	3,433	10,094	3,433	10,094	99,467	
056 BLOOD STYRING, PROCES	1,086	39,542	1,086	39,542	744,143	
057 INTRAVENOUS THERAPY	3,993	5,391	3,993	5,391	528,488	
058 01 PHARMACY-IV DRUG THER	3,692	14,980	3,692	14,980	325,788	
059 RESPIRATORY THERAPY	5,389	166,888	5,389	166,888	3,316,707	
060 01 SLEEP DISORDER	595	16,342	595	16,342	241,500	
061 02 PAIN MANAGEMENT		16,974		16,974	105,527	
062 PHYSICAL THERAPY	1,405	4,990	1,405	4,990	476,692	
063 OCCUPATIONAL THERAPY	1,405	246	1,405	246	266,672	
064 SPEECH PATHOLOGY	1,416	11,778	1,416	11,778	509,541	
065 ELECTROCARDIOLOGY	6,152	215,764	6,152	215,764	1,214,062	
066 ELECTROENCEPHALOGRAPH	2,829	38,159	2,829	38,159	266,075	
067 01 CARDIAC CATHETERIZATI	12,695	682,132	12,695	682,132	1,435,064	
068 02 CARDIAC REHAB	6,686	13,103	6,686	13,103	548,268	
069 03 VASCULAR LAB	1,319	117,692	1,319	117,692	479,703	
070 04 ENDOSCOPY	13,886	324,641	13,886	324,641	1,443,328	
071 05 CLINICAL NUTRITION	698	62	698	62	648,362	
072 06 PSYCHOTHERAPY	5,545	654	5,545	654	839,405	
073 MEDICAL SUPPLIES CHAR						
074 DRUGS CHARGED TO PATI						
075 RENAL DIALYSIS	2,180	19,371	2,180	19,371	227,053	
076 ASC (NON-DISTINCT PAR						
077 OUTPAT SERVICE COST C						
078 CLINIC	54,049	119,347	54,049	119,347	4,950,982	
079 EMERGENCY	40,060	278,480	40,060	278,480	10,736,773	
080 OBSERVATION BEDS (NON						
081 OTHER REIMBURS COST C						
082 HOME PROGRAM DIALYSIS						
083 AMBULANCE SERVICES						
084 DURABLE MEDICAL EQUIP						
085 DURABLE MEDICAL EQUIP						
086 TRANSPORT						
087 CORF						
088 I&R SERVICES-NOT APPR						
089 HOME HEALTH AGENCY						
090 LUNG ACQUISITION						
091 SPEC PURPOSE COST CEN						
092 KIDNEY ACQUISITION	10		10		17,796	
093 LIVER ACQUISITION	15		15		2,966	

COST CENTER DESCRIPTION	OLD CAP REL C	OLD CAP REL C	NEW CAP REL C	NEW CAP REL C	EMPLOYEE BENE	RECONCIL- IATION
	OSTS-BLDG &	OSTS-MVBLE E	OSTS-BLDG &	OSTS-MVBLE E	FITS	
	(SQUARE FEET)	(DOLLAR VALUE)	(SQUARE FEET)	(DOLLAR VALUE)	(GROSS SALARIES)	
	1	2	3	4	5	6a.00
085 SPEC PURPOSE COST CEN						
085 HEART ACQUISITION	8		8		2,966	
085 01 PANCREAS ACQUISITION						
086 OTHER ORGAN ACQUISITI						
092 AMBULATORY SURGICAL C						
093 HOSPICE						
095 SUBTOTALS	1,176,698	9,783,744	1,176,698	9,783,744	161,203,222	
NONREIMBURS COST CENT						
096 GIFT, FLOWER, COFFEE	3,520		3,520		55,949	
096 01 RESTAURANT						
096 02 PHYSICIAN SERVICES	735	2,230	735	2,230	391,791	
096 03 COMMUNITY EDUCATION	1,314	19,479	1,314	19,479	1,297,786	
097 RESEARCH	7,000	1,520	7,000	1,520		
098 PHYSICIANS' PRIVATE O	53,073	32,228	53,073	32,228	3,113,456	
098 01 HOTELING ROOMS	3,036		3,036			
098 02 VACANT SPACE	30,319		30,319			
098 03 VENDING	462		462			
098 04 55 ALIVE						
098 05 SSMRI SMART REHAB						
098 06 SSM REHAB NURSING ADM	387		387		926	
099 NONPAID WORKERS						
099 01 SSM REHAB	39,293	60,700	39,293	60,700	61,968	
099 02 SSM REHAB- SNF						
099 03 SSM REHAB- PHYSICAL TH	12,001		12,001			
099 04 SSM REHAB- OCCUPATIONA	4,888		4,888			
099 05 SSM REHAB- SPEECH/AUDI	1,060		1,060			
099 06 SSM REHAB- SOCIAL SERV	766		766		2,927	
099 07 SSM REHAB- ADMIN STRAT	13,315		13,315		13,879	
099 11 SSM HUMAN RESOURCES	2,540		2,540			
099 12 HOME HEALTH						
099 13 FOUNDATION						
099 15 POISON CONTROL		3,648		3,648	1,640,763	
099 16 BILLABLE DEPARTMENTS		9,886		9,886	2,186,831	
099 17 MISCELLANEOUS NONREIM	5,625	13,550	5,625	13,550	714,214	
101 CROSS FOOT ADJUSTMENT						
102 NEGATIVE COST CENTER						
103 COST TO BE ALLOCATED						
(WRKSHT B, PART I)						
104 UNIT COST MULTIPLIER						
(WRKSHT B, PT I)						
105 COST TO BE ALLOCATED						
(WRKSHT B, PART II)						
106 UNIT COST MULTIPLIER						
(WRKSHT B, PT II)						
107 COST TO BE ALLOCATED						
(WRKSHT B, PART III)						
108 UNIT COST MULTIPLIER						
(WRKSHT B, PT III)						

COST CENTER DESCRIPTION	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICES	HOUSEKEEPING	DIETARY	CAFETERIA
	(COST)	(FEET)	(FEET)	(LAUNDRY)	(FEET)	(MEALS)	(FTE'S)
	6	7	8	9	10	11	12
001 GENERAL SERVICE COST							
002 OLD CAP REL COSTS-BLD							
003 OLD CAP REL COSTS-MVB							
004 NEW CAP REL COSTS-BLD							
005 NEW CAP REL COSTS-MVB							
006 EMPLOYEE BENEFITS							
007 ADMINISTRATION & GENERAL MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT		138,079					
009 LAUNDRY & LINEN SERVICE		14,248	14,248				
010 HOUSEKEEPING		23,476		72,801			
011 DIETARY		35,599	35,599		35,599		
012 CAFETERIA		23,483	23,483		23,483		
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION		4,269	4,269		4,269		3,145
015 CENTRAL SERVICES & SUPPLIES		26,716	26,716		26,716		3,162
016 PHARMACY		7,323	7,323		7,323		6,378
017 MEDICAL RECORDS & LIBRARY		15,913	15,913		15,913		6,265
018 SOCIAL SERVICE		2,494	2,494		2,494		3,109
020 NONPHYSICIAN ANESTHETIC							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & BENEFITS							
023 I&R SERVICES-OTHER PERSONNEL		22,593	22,593	1,560	22,593		328
024 PARAMEDICAL PROGRAM							596
025 INPATIENT ROUTINE SERVICE CENTER							
026 ADULTS & PEDIATRICS		218,261	218,261	1,059,039	218,261	372,038	49,088
026 INTENSIVE CARE UNIT		9,772	9,772	119,393	9,772	13,351	2,525
026 01 PEDIATRIC INTENSIVE CARE		6,863	6,863	10,929	6,863	16,630	5,008
027 CORONARY CARE UNIT		8,420	8,420	63,875	8,420	14,914	3,055
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE							
030 NEONATAL INTENSIVE CARE		46,123	46,123	70,700	46,123		9,201
031 SUBPROVIDER		16,430	16,430	51,324	16,430	44,092	4,151
033 NURSERY		10,709	10,709	53,664	10,709		10,868
034 SKILLED NURSING FACILITY							
035 01 ICF/MR							
036 OTHER LONG TERM CARE							
037 ANCILLARY SERVICE COST CENTER							
038 OPERATING ROOM		136,871	136,871	251,836	136,871		13,685
039 RECOVERY ROOM		4,472	4,472	66,049	4,472		1,696
040 DELIVERY ROOM & LABOR		5,356	5,356	171,897	5,356		3,049
041 ANESTHESIOLOGY		3,627	3,627		3,627		402
042 RADIOLOGY-DIAGNOSTIC		31,954	31,954	102,119	31,954		9,697
042 RADIOLOGY-THERAPEUTIC		10,002	10,002	1,612	10,002		713
042 01 NUCLEAR MEDICINE-DIAGNOSTIC		8,960	8,960	8,908	8,960		493
043 RADIOISOTOPE							
043 01 ULTRA SOUND		2,404	2,404	4,680	2,404		994
044 LABORATORY		28,783	28,783		28,783		10,850
044 01 ANATOMICAL PATHOLOGY		6,305	6,305		6,305		1,358
044 03 LAB-STEM CELL		660	660		660		
045 PBP CLINICAL LAB SERVICE							
046 WHOLE BLOOD & PACKED							
046 01 MENTAL HYGIENE		3,433	3,433		3,433		123
047 BLOOD STORING PROCESS		1,086	1,086		1,086		1,132
048 INTRAVENOUS THERAPY		3,993	3,993	1,872	3,993		655
048 01 PHARMACY-IV DRUG THERAPY		3,692	3,692		3,692		555
049 RESPIRATORY THERAPY		5,389	5,389		5,389		5,098
049 01 SLEEP DISORDER		595	595		595		471
049 02 PAIN MANAGEMENT				5,460			117
050 PHYSICAL THERAPY		1,405	1,405	17,946	1,405		368
051 OCCUPATIONAL THERAPY		1,405	1,405	17,231	1,405		471
052 SPEECH PATHOLOGY		1,416	1,416		1,416		773
053 ELECTROCARDIOLOGY		6,152	6,152	552	6,152		1,956
054 ELECTROENCEPHALOGRAPH		2,829	2,829	26,046	2,829		478
054 01 CARDIAC CATHETERIZATION		12,695	12,695	45,535	12,695		1,368
054 02 CARDIAC REHABILITATION		6,686	6,686	6,188	6,686		744
054 03 VASCULAR LAB		1,319	1,319	3,900	1,319		733
054 04 ENDOSCOPY		13,886	13,886	46,879	13,886		2,030
054 05 CLINICAL NUTRITION		698	698		698		1,292
054 06 PSYCHOTHERAPY		5,545	5,545		5,545		1,392
055 MEDICAL SUPPLIES CHARGED TO PATIENTS							
057 RENAL DIALYSIS		2,180	2,180		2,180		269
058 ASC (NON-DISTINCT) PARAPATIENT SERVICE COST CENTER							
060 CLINICAL EMERGENCY		54,049	54,049	102,899	54,049		9,122
061 OBSERVATION BEDS (NON-REIMBURSABLE) COST CENTER		40,060	40,060	320,752	40,060		10,608
062 HOME PROGRAM DIALYSIS							
064 AMBULANCE SERVICES							
066 DURABLE MEDICAL EQUIPMENT							
067 DURABLE MEDICAL EQUIPMENT TRANSPORT							
069 CORP							
070 I&R SERVICES-NOT APPROPRIATE							
071 HOME HEALTH AGENCY							
082 LUNG ACQUISITION							
083 SPEC PURPOSE COST CENTER							
084 KIDNEY ACQUISITION		10	10		10		29
084 LIVER ACQUISITION		15	15		15		5

COST CENTER DESCRIPTION	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA
	(ACCUM COST)	(SQUARE FEET)	(SQUARE FEET)	(POUNDS OF LAUNDRY)	(SQUARE FEET)	(MEALS SERVED)	(FTE'S)
	6	7	8	9	10	11	12
085 SPEC PURPOSE COST CEN							
085 01 HEART ACQUISITION		8	8		8		5
086 01 PANCREAS ACQUISITION							
086 02 OTHER ORGAN ACQUISITION							
092 01 AMBULATORY SURGICAL C							
093 01 HOSPICE							
095 01 SUBTOTALS		1,038,711	900,632	2,705,646	862,908	461,025	189,610
096 01 NONREIMBURS COST CENT							
096 01 01 GIFT, FLOWER, COFFEE		3,520	3,520		3,520	54,998	174
096 01 02 RESTAURANT							
096 01 02 02 PHYSICIAN SERVICES		735	735		735		610
096 03 03 COMMUNITY EDUCATION		1,314	1,314	12,587	1,314		1,787
097 03 03 RESEARCH		7,000	7,000		7,000		
098 01 01 PHYSICIANS' PRIVATE O		53,073	53,073	55,210	53,073		2,933
098 01 02 HOTELING ROOMS		3,036	3,036		3,036		
098 02 02 VACANT SPACE		30,319	30,319		30,319		
098 03 03 VENDING		462	462		462		
098 04 04 55 ALIVE							
098 05 05 SSMRI SMART REHAB							
098 06 06 SSM REHAB NURSING ADM		387	387		387		149
099 01 01 NONPAID WORKERS							
099 01 02 SSM REHAB		39,293	39,293	188,534	39,293	55,490	10,077
099 02 02 SSM REHAB-SNF							
099 03 03 SSM REHAB- PHYSICAL TH		12,001	12,001	24,104	12,001		2,993
099 04 04 SSM REHAB- OCCUPATIONA		4,888	4,888		4,888		1,393
099 05 05 SSM REHAB- SPEECH/AUDI		1,060	1,060		1,060		1,124
099 06 06 SSM REHAB- SOCIAL SERV		766	766		766		1,781
099 07 07 SSM REHAB- ADMIN STRAT		13,315	13,315		13,315		3,653
099 11 11 SSM HUMAN RESOURCES		2,540	2,540		2,540		
099 12 12 HOME HEALTH							
099 13 13 FOUNDATION							
099 15 15 POISON CONTROL							1,897
099 16 16 BILLABLE DEPARTMENTS							
099 17 17 MISCELLANEOUS NONREIM		5,625	5,625		5,625		1,049
101 01 CROSS FOOT ADJUSTMENT							
102 01 NEGATIVE COST CENTER							
103 01 COST TO BE ALLOCATED							
104 01 (WRKSHT B, PART I)							
104 01 UNIT COST MULTIPLIER							
105 01 (WRKSHT B, PT I)							
105 01 COST TO BE ALLOCATED							
106 01 (WRKSHT B, PART II)							
106 01 UNIT COST MULTIPLIER							
107 01 (WRKSHT B, PT II)							
107 01 COST TO BE ALLOCATED							
108 01 (WRKSHT B, PART III)							
108 01 UNIT COST MULTIPLIER							
108 01 (WRKSHT B, PT III)							

COST CENTER DESCRIPTION	MAINTENANCE	NURSING ADMIN	CENTRAL SERVI	PHARMACY	MEDICAL RECOR	SOCIAL SERVIC	NONPHYSICIAN
	(NUMBER HOUSED)	(DIRING HRS)	(COSTED REQUIS.)	(COSTED REQUIS.)	(GROSS EVENUE)	(TIME SPENT)	(ASSIGNED TIME)
	13	14	15	16	17	18	20
001	GENERAL SERVICE COST						
002	OLD CAP REL COSTS- BLD						
003	OLD CAP REL COSTS- MVB						
004	NEW CAP REL COSTS- BLD						
005	NEW CAP REL COSTS- MVB						
006	EMPLOYEE BENEFITS						
007	ADMINISTRATIVE & GENE						
008	MAINTENANCE & REPAIRS						
009	OPERATION OF PLANT						
010	LAUNDRY & LINEN SERVI						
011	HOUSEKEEPING						
012	DIETARY						
013	CAFETERIA						
014	MAINTENANCE OF PERSON						
015	NURSING ADMINISTRATION						
016	CENTRAL SERVICES & SU						
017	PHARMACY		183,737				
018	MEDICAL RECORDS & LIB	56	333				
020	SOCIAL SERVICE	1,157	1				
021	NONPHYSICIAN ANESTHET						
022	NURSING SCHOOL						
023	I&R SERVICES-SALARY &						
024	I&R SERVICES-OTHER PR	23	1,466				
025	PARAMED ED PRGM						
026	INPAT ROUTINE SRVC CN						
027	ADULTS & PEDIATRICS	42,452	126,376	21,403	163,712,704	6,719	
028	INTENSIVE CARE UNIT	2,331		402	10,130,534	271	
029	PEDIATRIC INTENSIVE C	4,023		2,622	15,679,674	217	
030	CORONARY CARE UNIT	2,764		114	11,276,037	302	
031	BURN INTENSIVE CARE U						
032	SURGICAL INTENSIVE CA						
033	NEONATAL INTENSIVE CA	7,165	7,516	7,537	36,794,822	566	
034	SUBPROVIDER	2,240			15,214,888	894	
035	SURSEY	9,181		10	43,565,722	1,031	
036	SKILLED NURSING FACIL						
037	NURSING FACILITY						
038	ICF/MR						
039	OTHER LONG TERM CARE						
040	ANCILLARY SRVC COST C						
041	OPERATING ROOM	8,707	4,563	50,566	91,168,212		
042	RECOVERY ROOM	1,600		434	9,206,788		
043	DELIVERY ROOM & LABOR	2,099			26,789,057		
044	ANESTHESIOLOGY	333	450,852	137,551	26,379,877		
045	RADIOLOGY-DIAGNOSTIC	503	107,335	576	104,859,225		
046	RADIOLOGY-THERAPEUTIC	64	5,450	35	8,103,187		
047	NUCLEAR MEDICINE-DIAG				11,254,005		
048	RADIOISOTOPE						
049	ULTRA SOUND		34,695		9,879,806		
050	LABORATORY	94	110,969	650	116,509,213		
051	ANATOMIC PATHOLOGY		38,763		9,798,843		
052	LAB-STEM CELL	19		117	119,444		
053	PBP CLINICAL LAB SERV						
054	WHOLE BLOOD & PACKED						
055	MENTAL HYGIENE	122			690,186		
056	BLOOD STORING, PROCES		29,182		13,613,188		
057	INTRAVENOUS THERAPY	596			835,460		
058	PHARMACY-IV DRUG THER		78,641	4,887,402	38,376,888		
059	RESPIRATORY THERAPY	5		560	41,370,456		
060	SLEEP DISORDER		25,677	437	2,552,192		
061	PAIN MANAGEMENT	66	1,367		141,252		
062	PHYSICAL THERAPY		321		5,408,815		
063	OCCUPATIONAL THERAPY		3,835		2,083,260		
064	SPEECH PATHOLOGY		11,958		1,870,958		
065	ELECTROCARDIOLOGY	578	136	415	18,189,212		
066	ELECTROENCEPHALOGRAPH		9,164	155	1,843,665		
067	CARDIAC CATHETERIZATI	849	120,504	804	26,775,807		
068	CARDIAC REHAB	569	2,400		820,586		
069	VASCULAR LAB	16	5,234	2,736	13,636,413		
070	ENDOSCOPY	1,371			18,890,785		
071	CLINICAL NUTRITION			113	269,517		
072	PSYCHOTHERAPY	322	524		8,561,767		
073	MEDICAL SUPPLIES CHAR		29,468,626		77,659,981		
074	DRUGS CHARGED TO PATI			8,516,951	71,646,232		
075	RENAL DIALYSIS	266		504	7,486,653		
076	ASC (NON-DISTINCT PAR						
077	OUTPAT SERVICE COST C						
078	CLINIC	4,723	4,845	186,749	13,726,605		
079	EMERGENCY	7,317		4,881	69,561,589		
080	OBSERVATION BEDS (NON						
081	OTHER REIMBURS COST C						
082	HOME PROGRAM DIALYSIS						
083	AMBULANCE SERVICES						
084	DURABLE MEDICAL EQUIP						
085	DURABLE MEDICAL EQUIP						
086	TRANSPORT						
087	CORF						
088	I&R SERVICES-NOT APPR						
089	HOME HEALTH AGENCY						
090	LUNG ACQUISITION						
091	SPEC PURPOSE COST CEN						
092	KIDNEY ACQUISITION						
093	LIVER ACQUISITION						

COST CENTER DESCRIPTION	MAINTENANCE	NURSING ADMIN	CENTRAL SERVI	PHARMACY	MEDICAL RECOR	SOCIAL SERVIC	NONPHYSICIAN
	F PERSONNEL	ISTRATION	CES & SUPPLY		DS & LIBRARY	E	ANESTHETISTS
	(NUMBER HOUSED)	(DIRECT NRSNG HRS)	(COSTED REQUIS.)	(COSTED REQUIS.)	(GROSS EVENUE)	R(TIME SPENT)	(ASSIGNED TIME)
	13	14	15	16	17	18	20
085 SPEC PURPOSE COST CEN							
085 01 HEART ACQUISITION							
086 01 PANCREAS ACQUISITION							
086 02 OTHER ORGAN ACQUISITI							
092 01 AMBULATORY SURGICAL C							
093 01 HOSPICE							
095 01 SUBTOTALS		101,611	30,834,470	13,823,724	1146,454,135	10,000	
096 01 NONREIMBURS COST CENT							
096 01 GIFT, FLOWER, COFFEE							
096 01 RESTAURANT							
096 02 PHYSICIAN SERVICES							
096 03 COMMUNITY EDUCATION		779	130				
097 01 RESEARCH							
098 01 PHYSICIANS' PRIVATE O		1,777	13,993	5,030,785			
098 01 HOTELING ROOMS							
098 02 VACANT SPACE							
098 03 VENDING							
098 04 55 ALIVE							
098 05 SSMRI SMART REHAB							
098 06 SSM REHAB NURSING ADM							
099 01 NONPAID WORKERS							
099 01 SSM REHAB					17,511,741		
099 02 SSM REHAB- SNF							
099 03 SSM REHAB- PHYSICAL TH			225		5,189,420		
099 04 SSM REHAB- OCCUPATIONA					5,073,071		
099 05 SSM REHAB- SPEECH/AUDI					2,823,177		
099 06 SSM REHAB- SOCIAL SERV							
099 07 SSM REHAB- ADMIN STRAT							
099 11 SSM HUMAN RESOURCES							
099 12 HOME HEALTH							
099 13 FOUNDATION							
099 15 POISON CONTROL		1,295					
099 16 BILLABLE DEPARTMENTS		645	34,866	1,251			
099 17 MISCELLANEOUS NONREIM		258	1,916				
101 01 CROSS FOOT ADJUSTMENT							
102 01 NEGATIVE COST CENTER							
103 01 COST TO BE ALLOCATED							
104 01 (WRKSHT B, PART I)							
104 01 UNIT COST MULTIPLIER							
105 01 (WRKSHT B, PT I)							
105 01 COST TO BE ALLOCATED							
106 01 (WRKSHT B, PART II)							
106 01 UNIT COST MULTIPLIER							
107 01 (WRKSHT B, PT II)							
107 01 COST TO BE ALLOCATED							
108 01 (WRKSHT B, PART III)							
108 01 UNIT COST MULTIPLIER							
108 01 (WRKSHT B, PT III)							

COST CENTER DESCRIPTION	NURSING SCHOOL	I&R SERVICES- SALARY & FRI	I&R SERVICES- OTHER PRGM C	PARAMED ED PR GM
	(ASSIGNED TIME)	(ASSIGNED TIME)	(ASSIGNED TIME)	(ASSIGNED TIME)
	21	22	23	24
001 GENERAL SERVICE COST				
002 OLD CAP REL COSTS-BLD				
003 OLD CAP REL COSTS-MVB				
004 NEW CAP REL COSTS-BLD				
005 NEW CAP REL COSTS-MVB				
006 EMPLOYEE BENEFITS				
007 ADMINISTRATIVE & GENE				
008 MAINTENANCE & REPAIRS				
009 OPERATION OF PLANT				
010 LAUNDRY & LINEN SERVI				
011 HOUSEKEEPING				
012 DIETARY				
013 CAFETERIA				
014 MAINTENANCE OF PERSON				
015 NURSING ADMINISTRATION				
016 CENTRAL SERVICES & SU				
017 PHARMACY				
018 MEDICAL RECORDS & LIB				
020 SOCIAL SERVICE				
021 NONPHYSICIAN ANESTHET				
022 NURSING SCHOOL				
023 I&R SERVICES-SALARY &				
024 I&R SERVICES-OTHER PR				
025 PARAMED ED PRGM				
026 INPAT ROUTINE SRVC CN				
026 ADULTS & PEDIATRICS		10,071	10,071	3,339
026 01 INTENSIVE CARE UNIT		517	517	1,670
026 01 PEDIATRIC INTENSIVE C				
027 CORONARY CARE UNIT				1,670
028 BURN INTENSIVE CARE U				
029 SURGICAL INTENSIVE CA				
030 NEONATAL INTENSIVE CA				
031 SUBPROVIDER		95	95	
033 NURSERY				3,339
034 SKILLED NURSING FACIL				
035 NURSING FACILITY				
035 01 ICF/MR				
036 OTHER LONG TERM CARE				
037 ANCILLARY SRVC COST C				
038 OPERATING ROOM		1,326	1,326	
039 RECOVERY ROOM				
040 DELIVERY ROOM & LABOR				
041 ANESTHESIOLOGY		608	608	
042 RADIOLOGY-DIAGNOSTIC		485	485	
042 01 RADIOLOGY-THERAPEUTIC				
043 NUCLEAR MEDICINE-DIAG				
043 01 RADIOISOTOPE				
044 01 ULTRA SOUND				
044 01 LABORATORY		274	274	
044 01 ANATOMIC PATHOLOGY				
044 03 LAB-STEM CELL				
045 PBP CLINICAL LAB SERV				
046 WHOLE BLOOD & PACKED				
046 01 MENTAL HYGIENE				
047 BLOOD STORING, PROCES				
048 INTRAVENOUS THERAPY				
048 01 PHARMACY-IV DRUG THER				
049 RESPIRATORY THERAPY		58	58	
049 01 SLEEP DISORDER				
049 02 PAIN MANAGEMENT				
050 PHYSICAL THERAPY				
051 OCCUPATIONAL THERAPY				
052 SPEECH PATHOLOGY				
053 ELECTROCARDIOLOGY		89	89	
054 ELECTROENCEPHALOGRAPH		287	287	
054 01 CARDIAC CATHETERIZATI				
054 02 CARDIAC REHAB				
054 03 VASCULAR LAB				
054 04 ENDOSCOPY				
054 05 CLINICAL NUTRITION				
054 06 PSYCHOTHERAPY				
055 MEDICAL SUPPLIES CHAR				
056 DRUGS CHARGED TO PATI				
057 RENAL DIALYSIS				
058 ASC (NON-DISTINCT PAR				
060 OUTPAT SERVICE COST C				
061 CLINIC		116	116	3,339
061 EMERGENCY		75	75	
062 OBSERVATION BEDS (NON				
064 OTHER REIMBURS COST C				
065 HOME PROGRAM DIALYSIS				
066 AMBULANCE SERVICES				
067 DURABLE MEDICAL EQUIP				
068 DURABLE MEDICAL EQUIP				
069 TRANSPORT				
070 CORF				
071 I&R SERVICES-NOT APPR				
072 HOME HEALTH AGENCY				
082 LUNG ACQUISITION				
083 SPEC PURPOSE COST CEN				
084 KIDNEY ACQUISITION				
084 LIVER ACQUISITION				

COST CENTER DESCRIPTION	NURSING SCHOOL	I&R SERVICES- SALARY & FRI	I&R SERVICES- OTHER PRGM C	PARAMED ED PR GM
	(ASSIGNED TIME)	(ASSIGNED TIME)	(ASSIGNED TIME)	(ASSIGNED TIME)
	21	22	23	24
085 SPEC PURPOSE COST CEN				
085 HEART ACQUISITION				
085 01 PANCREAS ACQUISITION				
086 OTHER ORGAN ACQUISITI				
092 AMBULATORY SURGICAL C				
093 HOSPICE				
095 SUBTOTALS		14, 001	14, 001	13, 357
NONREIMBURS COST CENT				
096 GIFT, FLOWER, COFFEE				
096 01 RESTAURANT				
096 02 PHYSICIAN SERVICES				
096 03 COMMUNITY EDUCATION				
097 RESEARCH				
098 PHYSICIANS' PRIVATE O				
098 01 HOTELING ROOMS				
098 02 VACANT SPACE				
098 03 VENDING				
098 04 55 ALIVE				
098 05 SSMRI SMART REHAB				
098 06 SSM REHAB NURSING ADM				
099 NONPAID WORKERS				
099 01 SSM REHAB				
099 02 SSM REHAB- SNF				
099 03 SSM REHAB- PHYSICAL TH				
099 04 SSM REHAB- OCCUPATIONA				
099 05 SSM REHAB- SPEECH/AUDI				
099 06 SSM REHAB- SOCIAL SERV				
099 07 SSM REHAB- ADMIN STRAT				
099 11 SSM HUMAN RESOURCES				
099 12 HOME HEALTH				
099 13 FOUNDATION				
099 15 POISON CONTROL				
099 16 BILLABLE DEPARTMENTS				
099 17 MISCELLANEOUS NONREIM				
101 CROSS FOOT ADJUSTMENT				
102 NEGATIVE COST CENTER				
103 COST TO BE ALLOCATED				
(PER WRKSHT B, PART				
104 UNIT COST MULTIPLIER				
(WRKSHT B, PT I)				
105 COST TO BE ALLOCATED				
(PER WRKSHT B, PART				
106 UNIT COST MULTIPLIER				
(WRKSHT B, PT II)				
107 COST TO BE ALLOCATED				
(PER WRKSHT B, PART				
108 UNIT COST MULTIPLIER				
(WRKSHT B, PT III)				

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, COL. 27	PT I 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	74,522,798			74,522,798	127,861	74,650,659
26	INTENSIVE CARE UNIT	4,761,841			4,761,841		4,761,841
26	01 PEDIATRIC INTENSIVE CARE	6,292,805			6,292,805	1,554	6,294,359
27	CORONARY CARE UNIT	5,180,376			5,180,376		5,180,376
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U						
30	NEONATAL INTENSIVE CARE U	15,560,403			15,560,403	37,882	15,598,285
31	SUBPROVIDER	5,971,996			5,971,996	6,047	5,978,043
33	NURSERY	15,625,892			15,625,892	33,600	15,659,492
34	SKILLED NURSING FACILITY						
35	NURSING FACILITY						
35	01 ICF/MR						
36	OTHER LONG TERM CARE						
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	28,978,471			28,978,471	564,415	29,542,886
38	RECOVERY ROOM	2,648,258			2,648,258		2,648,258
39	DELIVERY ROOM & LABOR ROO	4,609,257			4,609,257		4,609,257
40	ANESTHESIOLOGY	4,145,584			4,145,584	59,336	4,204,920
41	RADIOLOGY-DIAGNOSTIC	14,981,700			14,981,700	47,991	15,029,691
42	RADIOLOGY-THERAPEUTIC	1,896,489			1,896,489		1,896,489
42	01 NUCLEAR MEDICINE-DIAGNOST	2,272,386			2,272,386		2,272,386
43	RADIOISOTOPE						
43	01 ULTRA SOUND	1,545,281			1,545,281	5,746	1,551,027
44	LABORATORY	17,623,874			17,623,874		17,623,874
44	01 ANATOMICAL PATHOLOGY	2,414,782			2,414,782	71,425	2,486,207
44	03 LAB-STEM CELL	399,604			399,604		399,604
45	PBP CLINICAL LAB SERVICES						
46	WHOLE BLOOD & PACKED RED						
46	01 MENTAL HYGIENE	323,714			323,714	3,110	326,824
47	BLOOD STORING, PROCESSING	4,772,647			4,772,647		4,772,647
48	INTRAVENOUS THERAPY	1,033,849			1,033,849		1,033,849
48	01 PHARMACY-IV DRUG THERAPY	10,732,759			10,732,759		10,732,759
49	RESPIRATORY THERAPY	8,395,927			8,395,927	15,525	8,411,452
49	01 SLEEP DISORDER	519,853			519,853		519,853
49	02 PAIN MANAGEMENT	293,602			293,602		293,602
50	PHYSICAL THERAPY	2,453,939			2,453,939		2,453,939
51	OCCUPATIONAL THERAPY	672,713			672,713		672,713
52	SPEECH PATHOLOGY	1,114,057			1,114,057		1,114,057
53	ELECTROCARDIOLOGY	3,033,774			3,033,774	7,761	3,041,535
54	ELECTROENCEPHALOGRAPHY	674,371			674,371	70,103	744,474
54	01 CARDIAC CATHETERIZATION L	4,191,594			4,191,594	807	4,192,401
54	02 CARDIAC REHAB	1,186,371			1,186,371	770	1,187,141
54	03 VASCULAR LAB	1,160,963			1,160,963		1,160,963
54	04 ENDOSCOPY	3,866,048			3,866,048	3,030	3,869,078
54	05 CLINICAL NUTRITION	1,043,784			1,043,784		1,043,784
54	06 PSYCHOTHERAPY	1,823,602			1,823,602	13,313	1,836,915
55	MEDICAL SUPPLIES CHARGED	41,104,292			41,104,292		41,104,292
56	DRUGS CHARGED TO PATIENTS	15,267,496			15,267,496		15,267,496
57	RENAL DIALYSIS	1,941,310			1,941,310	8,802	1,950,112
58	ASC (NON-DISTINCT PART)						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	12,055,914			12,055,914	56,991	12,112,905
61	EMERGENCY	16,014,916			16,014,916	142,162	16,157,078
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	5,413,127			5,413,127		5,413,127
64	HOME PROGRAM DIALYSIS						
65	AMBULANCE SERVICES						
66	DURABLE MEDICAL EQUIP-REN						
67	DURABLE MEDICAL EQUIP-SOL						
68	TRANSPORT						
101	SUBTOTAL	348,522,419			348,522,419	1,278,231	349,800,650
102	LESS OBSERVATION BEDS	5,413,127			5,413,127		5,413,127
103	TOTAL	343,109,292			343,109,292	1,278,231	344,387,523

WKST LINE NO.	A COST CENTER DESCRIPTION	INPATIENT CHARGES 6	OUTPATIENT CHARGES 7	TOTAL CHARGES 8	COST OR OTHER RATIO 9	TEFRA INPAT- IENT RATIO 10	PPS INPAT- IENT RATIO 11
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	160,843,273		160,843,273			
26	INTENSIVE CARE UNIT	10,077,047		10,077,047			
26	01 PEDIATRIC INTENSIVE CARE	15,463,736		15,463,736			
27	CORONARY CARE UNIT	11,204,502		11,204,502			
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U						
30	NEONATAL INTENSIVE CARE U	36,542,256		36,542,256			
31	SUBPROVIDER	15,075,201		15,075,201			
33	NURSERY	43,176,237		43,176,237			
34	SKILLED NURSING FACILITY						
35	NURSING FACILITY						
35	01 ICF/MR						
36	OTHER LONG TERM CARE						
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	42,685,638	44,808,533	87,494,171	.331205	.331205	.337655
38	RECOVERY ROOM	3,530,318	5,369,544	8,899,862	.297562	.297562	.297562
39	DELIVERY ROOM & LABOR ROO	18,876,335	7,844,788	26,721,123	.172495	.172495	.172495
40	ANESTHESIOLOGY	11,750,716	13,901,882	25,652,598	.161605	.161605	.163918
41	RADIOLOGY-DIAGNOSTIC	38,143,482	63,080,568	101,224,050	.148005	.148005	.148479
42	RADIOLOGY-THERAPEUTIC	589,971	7,513,216	8,103,187	.234042	.234042	.234042
42	01 NUCLEAR MEDICINE-DIAGNOST	3,524,497	7,383,306	10,907,803	.208327	.208327	.208327
43	RADIOISOTOPE						
43	01 ULTRA SOUND	3,080,858	6,456,413	9,537,271	.162025	.162025	.162628
44	LABORATORY	74,989,347	38,483,710	113,473,057	.155313	.155313	.155313
44	01 ANATOMY PATHOLOGY	3,628,314	5,811,271	9,439,585	.255814	.255814	.263381
44	03 LAB-STEM CELL	112,660	6,784	119,444	3.345534	3.345534	3.345534
45	PBP CLINICAL LAB SERVICES						
46	WHOLE BLOOD & PACKED RED						
46	01 MENTAL HYGIENE	225,070	465,746	690,816	.468597	.468597	.473098
47	BLOOD STORING, PROCESSING	10,334,079	3,085,832	13,419,911	.355639	.355639	.355639
48	INTRAVENOUS THERAPY	11,464	524,042	535,506	1.930602	1.930602	1.930602
48	01 PHARMACY-IV DRUG THERAPY	31,602,059	5,984,440	37,586,499	.285548	.285548	.285548
49	RESPIRATORY THERAPY	38,735,975	2,133,348	40,869,323	.205433	.205433	.205813
49	01 SLEEP DISORDER	83,264	2,432,563	2,515,827	.206633	.206633	.206633
49	02 PAIN MANAGEMENT	17,449	118,099	135,548	2.166037	2.166037	2.166037
50	PHYSICAL THERAPY	9,007,765	1,573,205	10,580,970	.231920	.231920	.231920
51	OCCUPATIONAL THERAPY	6,677,228	455,031	7,132,259	.094320	.094320	.094320
52	SPEECH PATHOLOGY	3,910,559	769,229	4,679,788	.238057	.238057	.238057
53	ELECTROCARDIOLOGY	7,070,575	10,708,166	17,778,741	.170641	.170641	.171077
54	ELECTROENCEPHALOGRAPHY	814,255	1,005,357	1,819,612	.370613	.370613	.409139
54	01 CARDIAC CATHETERIZATION L	19,711,700	6,466,592	26,178,292	.160117	.160117	.160148
54	02 CARDIAC REHAB	12,443	783,574	796,017	1.490384	1.490384	1.491351
54	03 VASCULAR LAB	8,878,501	4,411,076	13,289,577	.087359	.087359	.087359
54	04 ENDOSCOPY	3,292,493	14,660,796	17,953,289	.215339	.215339	.215508
54	05 CLINICAL NUTRITION	1,100	260,214	261,314	3.994367	3.994367	3.994367
54	06 PSYCHOTHERAPY	1,842	8,556,609	8,558,451	.213076	.213076	.214632
55	MEDICAL SUPPLIES CHARGED	61,354,578	16,305,852	77,660,430	.529282	.529282	.529282
56	DRUGS CHARGED TO PATIENTS	55,236,331	15,386,137	70,622,468	.216185	.216185	.216185
57	RENAL DIALYSIS	6,595,768	646,211	7,241,979	.268063	.268063	.269279
58	ASC (NON-DISTINCT PART)						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	205,527	13,367,937	13,573,464	.888197	.888197	.892396
61	EMERGENCY	23,915,088	44,516,611	68,431,699	.234028	.234028	.236105
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS		9,337,944	9,337,944	.579692	.579692	.579692
64	HOME PROGRAM DIALYSIS						
65	AMBULANCE SERVICES						
66	DURABLE MEDICAL EQUIP-REN						
67	DURABLE MEDICAL EQUIP-SOL						
68	TRANSPORT						
101	SUBTOTAL	780,989,501	364,614,626	1145,604,127			
102	LESS OBSERVATION BEDS						
103	TOTAL	780,989,501	364,614,626	1145,604,127			

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, COL.	PT I 27	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5
	INPAT ROUTINE SRVC CNTRS		1				
25	ADULTS & PEDIATRICS	94,095,390			94,095,390	127,861	94,223,251
26	INTENSIVE CARE UNIT	5,766,610			5,766,610		5,766,610
26	01 PEDIATRIC INTENSIVE CARE	6,292,805			6,292,805	1,554	6,294,359
27	CORONARY CARE UNIT	5,180,376			5,180,376		5,180,376
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U						
30	NEONATAL INTENSIVE CARE U	15,560,403			15,560,403	37,882	15,598,285
31	SUBPROVIDER	6,156,625			6,156,625	6,047	6,162,672
33	NURSERY	15,625,892			15,625,892	33,600	15,659,492
34	SKILLED NURSING FACILITY						
35	NURSING FACILITY						
35	01 ICF/MR						
36	OTHER LONG TERM CARE						
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	31,555,500			31,555,500	564,415	32,119,915
38	RECOVERY ROOM	2,648,258			2,648,258		2,648,258
39	DELIVERY ROOM & LABOR ROO	4,609,257			4,609,257		4,609,257
40	ANESTHESIOLOGY	5,327,208			5,327,208	59,336	5,386,544
41	RADIOLOGY-DIAGNOSTIC	15,924,279			15,924,279	47,991	15,972,270
42	RADIOLOGY-THERAPEUTIC	1,896,489			1,896,489		1,896,489
42	01 NUCLEAR MEDICINE-DIAGNOST	2,272,386			2,272,386		2,272,386
43	RADIOISOTOPE						
43	01 ULTRA SOUND	1,545,281			1,545,281	5,746	1,551,027
44	LABORATORY	18,156,382			18,156,382		18,156,382
44	01 ANATOMICAL PATHOLOGY	2,414,782			2,414,782	71,425	2,486,207
44	03 LAB-STEM CELL	399,604			399,604		399,604
45	PBP CLINICAL LAB SERVICES						
46	WHOLE BLOOD & PACKED RED						
46	01 MENTAL HYGIENE	323,714			323,714	3,110	326,824
47	BLOOD STORING, PROCESSING	4,772,647			4,772,647		4,772,647
48	INTRAVENOUS THERAPY	1,033,849			1,033,849		1,033,849
48	01 PHARMACY-IV DRUG THERAPY	10,732,759			10,732,759		10,732,759
49	RESPIRATORY THERAPY	8,508,648			8,508,648	15,525	8,524,173
49	01 SLEEP DISORDER	519,853			519,853		519,853
49	02 PAIN MANAGEMENT	293,602			293,602		293,602
50	PHYSICAL THERAPY	2,453,939			2,453,939		2,453,939
51	OCCUPATIONAL THERAPY	672,713			672,713		672,713
52	SPEECH PATHOLOGY	1,114,057			1,114,057		1,114,057
53	ELECTROCARDIOLOGY	3,206,742			3,206,742	7,761	3,214,503
54	ELECTROENCEPHALOGRAPHY	1,232,144			1,232,144	70,103	1,302,247
54	01 CARDIAC CATHETERIZATION L	4,191,594			4,191,594	807	4,192,401
54	02 CARDIAC REHAB	1,186,371			1,186,371	770	1,187,141
54	03 VASCULAR LAB	1,160,963			1,160,963		1,160,963
54	04 ENDOSCOPY	3,866,048			3,866,048	3,030	3,869,078
54	05 CLINICAL NUTRITION	1,043,784			1,043,784		1,043,784
54	06 PSYCHOTHERAPY	1,823,602			1,823,602	13,313	1,836,915
55	MEDICAL SUPPLIES CHARGED	41,104,292			41,104,292		41,104,292
56	DRUGS CHARGED TO PATIENTS	15,267,496			15,267,496		15,267,496
57	RENAL DIALYSIS	1,941,310			1,941,310	8,802	1,950,112
58	ASC (NON-DISTINCT PART)						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	12,281,355			12,281,355	56,991	12,338,346
61	EMERGENCY	16,160,676			16,160,676	142,162	16,302,838
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	5,413,127			5,413,127		5,413,127
64	HOME PROGRAM DIALYSIS						
65	AMBULANCE SERVICES						
66	DURABLE MEDICAL EQUIP-REN						
67	DURABLE MEDICAL EQUIP-SOL						
68	TRANSPORT						
101	SUBTOTAL	375,732,812			375,732,812	1,278,231	377,011,043
102	LESS OBSERVATION BEDS	5,413,127			5,413,127		5,413,127
103	TOTAL	370,319,685			370,319,685	1,278,231	371,597,916

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27 1	CAPITAL COST WKST B PT II & III, COL. 27 2	OPERATING COST NET OF CAPITAL COST 3	CAPITAL REDUCTION 4	OPERATING COST REDUCTION AMOUNT 5	COST NET OF CAP AND OPER COST REDUCTION 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM	28,978,471	3,314,017	25,664,454			28,978,471
38	RECOVERY ROOM	2,648,258	149,787	2,498,471			2,648,258
39	DELI VERY ROOM & LABOR ROO	4,609,257	163,311	4,445,946			4,609,257
40	ANESTHESIOLOGY	4,145,584	513,489	3,632,095			4,145,584
41	RADIOLOGY-DIAGNOSTIC	14,981,700	2,791,351	12,190,349			14,981,700
42	RADIOLOGY-THERAPEUTIC	1,896,489	443,484	1,453,005			1,896,489
42	01 NUCLEAR MEDICINE-DIAGNOST	2,272,386	286,457	1,985,929			2,272,386
43	RADIOI SOTOPE						
43	01 ULTRA SOUND	1,545,281	201,011	1,344,270			1,545,281
44	LABORATORY	17,623,874	929,975	16,693,899			17,623,874
44	01 ANATOMI C PATHOLOGY	2,414,782	210,849	2,203,933			2,414,782
44	03 LAB-STEM CELL	399,604	138,046	261,558			399,604
45	PBP CLINI CAL LAB SERVICES						
46	WHOLE BLOOD & PACKED RED						
46	01 MENTAL HYGIENE	323,714	49,279	274,435			323,714
47	BLOOD STORING, PROCESSING	4,772,647	116,125	4,656,522			4,772,647
48	INTRAVENOUS THERAPY	1,033,849	59,598	974,251			1,033,849
48	01 PHARMACY-IV DRUG THERAPY	10,732,759	613,658	10,119,101			10,732,759
49	RESPIRATORY THERAPY	8,395,927	463,689	7,932,238			8,395,927
49	01 SLEEP DI SORDER	519,853	33,160	486,693			519,853
49	02 PAIN MANAGEMENT	293,602	91,699	201,903			293,602
50	PHYSI CAL THERAPY	2,453,939	139,134	2,314,805			2,453,939
51	OCCUPATIONAL THERAPY	672,713	32,522	640,191			672,713
52	SPEECH PATHOLOGY	1,114,057	52,087	1,061,970			1,114,057
53	ELECTROCARDIOLOGY	3,033,774	362,759	2,671,015			3,033,774
54	ELECTROENCEPHALOGRAPHY	674,371	83,814	590,557			674,371
54	01 CARDI AC CATHETERIZATI ON L	4,191,594	998,656	3,192,938			4,191,594
54	02 CARDI AC REHAB	1,186,371	97,493	1,088,878			1,186,371
54	03 VASCULAR LAB	1,160,963	173,549	987,414			1,160,963
54	04 ENDOSCOPY	3,866,048	580,640	3,285,408			3,866,048
54	05 CLI NI CAL NUTRI TI ON	1,043,784	20,750	1,023,034			1,043,784
54	06 PSYCHOTHERAPY	1,823,602	86,351	1,737,251			1,823,602
55	MEDI CAL SUPPLI ES CHARGED	41,104,292	1,303,273	39,801,019			41,104,292
56	DRUGS CHARGED TO PATIENTS	15,267,496	344,126	14,923,370			15,267,496
57	RENAL DI ALYSIS	1,941,310	68,097	1,873,213			1,941,310
58	ASC (NON-DI STI NCT PART)						
	OUTPAT SERVICE COST CNTRS						
	CLINI C						
60	EMERGENCY	12,055,914	924,798	11,131,116			12,055,914
61	OBSERVATI ON BEDS (NON-DI S	16,014,916	974,615	15,040,301			16,014,916
62	OTHER REIMBURS COST CNTRS	5,413,127	329,751	5,083,376			5,413,127
64	HOME PROGRAM DI ALYSIS						
65	AMBULANCE SERVI CES						
66	DURABLE MEDI CAL EQUI P-REN						
67	DURABLE MEDI CAL EQUI P-SOL						
68	TRANSPORT						
101	SUBTOTAL	220,606,308	17,141,400	203,464,908			220,606,308
102	LESS OBSERVATI ON BEDS	5,413,127	329,751	5,083,376			5,413,127
103	TOTAL	215,193,181	16,811,649	198,381,532			215,193,181

WKST A	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRG RATIO	I/P PT B COST TO CHRG RATIO
LINE NO.		7	8	9
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	87,494,171	.331205	.331205
38	RECOVERY ROOM	8,899,862	.297562	.297562
39	DELIVERY ROOM & LABOR ROO	26,721,123	.172495	.172495
40	ANESTHESIOLOGY	25,652,598	.161605	.161605
41	RADIOLOGY-DIAGNOSTIC	101,224,050	.148005	.148005
42	RADIOLOGY-THERAPEUTIC	8,103,187	.234042	.234042
42	01 NUCLEAR MEDICINE-DIAGNOST	10,907,803	.208327	.208327
43	RADIOISOTOPE			
43	01 ULTRA SOUND	9,537,271	.162025	.162025
44	LABORATORY	113,473,057	.155313	.155313
44	01 ANATOMIC PATHOLOGY	9,439,585	.255814	.255814
44	03 LAB-STEM CELL	119,444	3.345534	3.345534
45	PBP CLINICAL LAB SERVICES			
46	WHOLE BLOOD & PACKED RED			
46	01 MENTAL HYGIENE	690,816	.468597	.468597
47	BLOOD STORING, PROCESSING	13,419,911	.355639	.355639
48	INTRAVENOUS THERAPY	535,506	1.930602	1.930602
48	01 PHARMACY-IV DRUG THERAPY	37,586,499	.285548	.285548
49	RESPIRATORY THERAPY	40,869,323	.205433	.205433
49	01 SLEEP DISORDER	2,515,827	.206633	.206633
49	02 PAIN MANAGEMENT	135,548	2.166037	2.166037
50	PHYSICAL THERAPY	10,580,970	.231920	.231920
51	OCCUPATIONAL THERAPY	7,132,259	.094320	.094320
52	SPEECH PATHOLOGY	4,679,788	.238057	.238057
53	ELECTROCARDIOLOGY	17,778,741	.170641	.170641
54	ELECTROENCEPHALOGRAPHY	1,819,612	.370613	.370613
54	01 CARDIAC CATHETERIZATION L	26,178,292	.160117	.160117
54	02 CARDIAC REHAB	796,017	1.490384	1.490384
54	03 VASCULAR LAB	13,289,577	.087359	.087359
54	04 ENDOSCOPY	17,953,289	.215339	.215339
54	05 CLINICAL NUTRITION	261,314	3.994367	3.994367
54	06 PSYCHOTHERAPY	8,558,451	.213076	.213076
55	MEDICAL SUPPLIES CHARGED	77,660,430	.529282	.529282
56	DRUGS CHARGED TO PATIENTS	70,622,468	.216185	.216185
57	RENAL DIALYSIS	7,241,979	.268063	.268063
58	ASC (NON-DISTINCT PART)			
	OUTPAT SERVICE COST CNTRS			
	CLINIC	13,573,464	.888197	.888197
61	EMERGENCY	68,431,699	.234028	.234028
62	OBSERVATION BEDS (NON-DIS	9,337,944	.579692	.579692
	OTHER REIMBURS COST CNTRS			
64	HOME PROGRAM DIALYSIS			
65	AMBULANCE SERVICES			
66	DURABLE MEDICAL EQUIP-REN			
67	DURABLE MEDICAL EQUIP-SOL			
68	TRANSPORT			
101	SUBTOTAL	853,221,875		
102	LESS OBSERVATION BEDS	9,337,944		
103	TOTAL	843,883,931		

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27 1	CAPITAL COST WKST B PT II & III, COL. 27 2	OPERATING COST NET OF CAPITAL COST 3	CAPITAL REDUCTION 4	OPERATING COST REDUCTION AMOUNT 5	COST NET OF CAP AND OPER COST REDUCTION 6
37	ANCILLARY SRVC COST CNTRS						
38	OPERATING ROOM	31,555,500	3,314,017	28,241,483	331,402	1,638,006	29,586,092
39	RECOVERY ROOM	2,648,258	149,787	2,498,471	14,979	144,911	2,488,368
40	DELI VERY ROOM & LABOR ROO	4,609,257	163,311	4,445,946	16,331	257,865	4,335,061
41	ANESTHESIOLOGY	5,327,208	513,489	4,813,719	51,349	279,196	4,996,663
42	RADIOLOGY-DIAGNOSTIC	15,924,279	2,791,351	13,132,928	279,135	761,710	14,883,434
42	RADIOLOGY-THERAPEUTIC	1,896,489	443,484	1,453,005	44,348	84,274	1,767,867
43	01 NUCLEAR MEDICINE-DIAGNOST	2,272,386	286,457	1,985,929	28,646	115,184	2,128,556
43	RADIOI SOTOPE						
44	01 ULTRA SOUND	1,545,281	201,011	1,344,270	20,101	77,968	1,447,212
44	LABORATORY	18,156,382	929,975	17,226,407	92,998	999,132	17,064,252
44	01 ANATOMI C PATHOLOGY	2,414,782	210,849	2,203,933	21,085	127,828	2,265,869
44	03 LAB-STEM CELL	399,604	138,046	261,558	13,805	15,170	370,629
45	PBP CLINICAL LAB SERVICES						
46	WHOLE BLOOD & PACKED RED						
46	01 MENTAL HYGIENE	323,714	49,279	274,435	4,928	15,917	302,869
47	BLOOD STORING, PROCESSING	4,772,647	116,125	4,656,522	11,613	270,078	4,490,956
48	INTRAVENOUS THERAPY	1,033,849	59,598	974,251	5,960	56,507	971,382
48	01 PHARMACY-IV DRUG THERAPY	10,732,759	613,658	10,119,101	61,366	586,908	10,084,485
49	RESPIRATORY THERAPY	8,508,648	463,689	8,044,959	46,369	466,608	7,995,671
49	01 SLEEP DISORDER	519,853	33,160	486,693	3,316	28,228	488,309
49	02 PAIN MANAGEMENT	293,602	91,699	201,903	9,170	11,710	272,722
50	PHYSICAL THERAPY	2,453,939	139,134	2,314,805	13,913	134,259	2,305,767
51	OCCUPATIONAL THERAPY	672,713	32,522	640,191	3,252	37,131	632,330
52	SPEECH PATHOLOGY	1,114,057	52,087	1,061,970	5,209	61,594	1,047,254
53	ELECTROCARDIOLOGY	3,206,742	362,759	2,843,983	36,276	164,951	3,005,515
54	ELECTROENCEPHALOGRAPHY	1,232,144	83,814	1,148,330	8,381	66,603	1,157,160
54	01 CARDIAC CATHETERIZATION L	4,191,594	998,656	3,192,938	99,866	185,190	3,906,538
54	02 CARDIAC REHAB	1,186,371	97,493	1,088,878	9,749	63,155	1,113,467
54	03 VASCULAR LAB	1,160,963	173,549	987,414	17,355	57,270	1,086,338
54	04 ENDOSCOPY	3,866,048	580,640	3,285,408	58,064	190,554	3,617,430
54	05 CLINICAL NUTRI TION	1,043,784	20,750	1,023,034	2,075	59,336	982,373
54	06 PSYCHOTHERAPY	1,823,602	86,351	1,737,251	8,635	100,761	1,714,206
55	MEDICAL SUPPLIES CHARGED	41,104,292	1,303,273	39,801,019	130,327	2,308,459	38,665,506
56	DRUGS CHARGED TO PATIENTS	15,267,496	344,126	14,923,370	34,413	865,555	14,367,528
57	RENAL DIALYSIS	1,941,310	68,097	1,873,213	6,810	108,646	1,825,854
58	ASC (NON-DISTINCT PART)						
60	OUTPAT SERVICE COST CNTRS						
60	CLINIC	12,281,355	924,798	11,356,557	92,480	658,680	11,530,195
61	EMERGENCY	16,160,676	974,615	15,186,061	97,462	880,792	15,182,422
62	OBSERVATION BEDS (NON-DIS	5,413,127	329,751	5,083,376	32,975	294,836	5,085,316
62	OTHER REIMBURS COST CNTRS						
64	HOME PROGRAM DIALYSIS						
65	AMBULANCE SERVICES						
66	DURABLE MEDICAL EQUIP-REN						
67	DURABLE MEDICAL EQUIP-SOL						
68	TRANSPORT						
101	SUBTOTAL	227,054,711	17,141,400	209,913,311	1,714,143	12,174,972	213,165,596
102	LESS OBSERVATION BEDS	5,413,127	329,751	5,083,376	32,975	294,836	5,085,316
103	TOTAL	221,641,584	16,811,649	204,829,935	1,681,168	11,880,136	208,080,280

WKST A	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRG RATIO	I/P PT B COST TO CHRG RATIO
LINE NO.		7	8	9
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	87,494,171	.338149	.356871
38	RECOVERY ROOM	8,899,862	.279596	.295879
39	DELIVERY ROOM & LABOR ROO	26,721,123	.162233	.171884
40	ANESTHESIOLOGY	25,652,598	.194782	.205666
41	RADIOLOGY-DIAGNOSTIC	101,224,050	.147035	.154560
42	RADIOLOGY-THERAPEUTIC	8,103,187	.218169	.228569
42	01 NUCLEAR MEDICINE-DIAGNOST	10,907,803	.195141	.205700
43	RADIOISOTOPE			
43	01 ULTRA SOUND	9,537,271	.151743	.159918
44	LABORATORY	113,473,057	.150382	.159187
44	01 ANATOMIC PATHOLOGY	9,439,585	.240039	.253581
44	03 LAB-STEM CELL	119,444	3.102952	3.229957
45	PBP CLINICAL LAB SERVICES			
46	WHOLE BLOOD & PACKED RED			
46	01 MENTAL HYGIENE	690,816	.438422	.461463
47	BLOOD STORING, PROCESSING	13,419,911	.334649	.354774
48	INTRAVENOUS THERAPY	535,506	1.813952	1.919472
48	01 PHARMACY-IV DRUG THERAPY	37,586,499	.268301	.283916
49	RESPIRATORY THERAPY	40,869,323	.195640	.207057
49	01 SLEEP DISORDER	2,515,827	.194095	.205315
49	02 PAIN MANAGEMENT	135,548	2.011996	2.098386
50	PHYSICAL THERAPY	10,580,970	.217916	.230605
51	OCCUPATIONAL THERAPY	7,132,259	.088658	.093864
52	SPEECH PATHOLOGY	4,679,788	.223782	.236944
53	ELECTROCARDIOLOGY	17,778,741	.169051	.178329
54	ELECTROENCEPHALOGRAPHY	1,819,612	.635938	.672541
54	01 CARDIAC CATHETERIZATION L	26,178,292	.149228	.156302
54	02 CARDIAC REHAB	796,017	1.398798	1.478137
54	03 VASCULAR LAB	13,289,577	.081744	.086053
54	04 ENDOSCOPY	17,953,289	.201491	.212105
54	05 CLINICAL NUTRITION	261,314	3.759358	3.986426
54	06 PSYCHOTHERAPY	8,558,451	.200294	.212067
55	MEDICAL SUPPLIES CHARGED	77,660,430	.497879	.527604
56	DRUGS CHARGED TO PATIENTS	70,622,468	.203441	.215697
57	RENAL DIALYSIS	7,241,979	.252121	.267123
58	ASC (NON-DISTINCT PART)			
	OUTPAT SERVICE COST CNTRS			
	CLINIC	13,573,464	.849466	.897993
61	EMERGENCY	68,431,699	.221862	.234734
62	OBSERVATION BEDS (NON-DIS	9,337,944	.544586	.576160
	OTHER REIMBURS COST CNTRS			
64	HOME PROGRAM DIALYSIS			
65	AMBULANCE SERVICES			
66	DURABLE MEDICAL EQUIP-REN			
67	DURABLE MEDICAL EQUIP-SOL			
68	TRANSPORT			
101	SUBTOTAL	853,221,875		
102	LESS OBSERVATION BEDS	9,337,944		
103	TOTAL	843,883,931		

WKST A LINE NO.	COST CENTER DESCRIPTION	CAPITAL REL COST (B, II) 1	OLD CAPITAL SWING BED ADJUSTMENT 2	REDUCED CAP RELATED COST 3	CAPITAL REL COST (B, III) 4	NEW CAPITAL SWING BED ADJUSTMENT 5	REDUCED CAP RELATED COST 6
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS				4,547,509		4,547,509
26	INTENSIVE CARE UNIT				314,462		314,462
26 01	PEDIATRIC INTENSIVE CARE				388,970		388,970
27	CORONARY CARE UNIT				263,964		263,964
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U						
30	NEONATAL INTENSIVE CARE U				1,162,610		1,162,610
31	SUBPROVIDER				284,418		284,418
33	NURSERY				591,158		591,158
101	TOTAL				7,553,091		7,553,091

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	98,052	28,843			46.38	1,337,738
26	INTENSIVE CARE UNIT	3,374	1,680			93.20	156,576
26 01	PEDIATRIC INTENSIVE CARE	4,025	41			96.64	3,962
27	CORONARY CARE UNIT	3,766	1,910			70.09	133,872
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U						
30	NEONATAL INTENSIVE CARE U	10,556				110.14	
31	SUBPROVIDER	11,096	6,482			25.63	166,134
33	NURSERY	21,659				27.29	
101	TOTAL	152,528	38,956				1,798,282

TITLE XVIII, PART A		HOSPITAL		PPS			
WKST A	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST	NEW CAPITAL RELATED COST	TOTAL CHARGES	INPAT PROGRAM CHARGES	OLD CAPITAL COST/CHRG RATIO	COSTS
LINE NO.		1	2	3	4	5	6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM		3,314,017	87,494,171	9,774,700		
38	RECOVERY ROOM		149,787	8,899,862	1,037,993		
39	DELI VERY ROOM & LABOR ROO		163,311	26,721,123	8,017		
40	ANESTHESIOLOGY		513,489	25,652,598	2,130,510		
41	RADIOLOGY-DIAGNOSTIC		2,791,351	101,224,050	12,580,364		
42	RADIOLOGY-THERAPEUTIC		443,484	8,103,187	282,102		
42	01 NUCLEAR MEDICINE-DIAGNOST		286,457	10,907,803	1,598,338		
43	RADIOISOTOPE						
43	01 ULTRA SOUND		201,011	9,537,271	648,055		
44	LABORATORY		929,975	113,473,057	21,758,703		
44	01 ANATOMIC PATHOLOGY		210,849	9,439,585	743,577		
44	03 LAB-STEM CELL		138,046	119,444	41,899		
45	PBP CLINICAL LAB SERVICES						
46	WHOLE BLOOD & PACKED RED						
46	01 MENTAL HYGIENE		49,279	690,816			
47	BLOOD STORING, PROCESSING		116,125	13,419,911	2,350,908		
48	INTRAVENOUS THERAPY		59,598	535,506	6,685		
48	01 PHARMACY-IV DRUG THERAPY		613,658	37,586,499	12,487,677		
49	RESPIRATORY THERAPY		463,689	40,869,323	5,386,477		
49	01 SLEEP DISORDER		33,160	2,515,827			
49	02 PAIN MANAGEMENT		91,699	135,548	13,024		
50	PHYSICAL THERAPY		139,134	10,580,970	1,446,054		
51	OCCUPATIONAL THERAPY		32,522	7,132,259	186,423		
52	SPEECH PATHOLOGY		52,087	4,679,788	464,246		
53	ELECTROCARDIOLOGY		362,759	17,778,741	1,741,326		
54	ELECTROENCEPHALOGRAPHY		83,814	1,819,612			
54	01 CARDIAC CATHETERIZATION L		998,656	26,178,292	9,693,677		
54	02 CARDIAC REHAB		97,493	796,017	4,366		
54	03 VASCULAR LAB		173,549	13,289,577	4,112,738		
54	04 ENDOSCOPY		580,640	17,953,289	1,682,460		
54	05 CLINICAL NUTRITION		20,750	261,314	594		
54	06 PSYCHOTHERAPY		86,351	8,558,451	786		
55	MEDICAL SUPPLIES CHARGED		1,303,273	77,660,430	21,950,202		
56	DRUGS CHARGED TO PATIENTS		344,126	70,622,468	7,737,657		
57	RENAL DIALYSIS		68,097	7,241,979	4,016,630		
58	ASC (NON-DISTINCT PART)						
	OUTPAT SERVICE COST CNTRS						
	CLINIC		924,798	13,573,464	4,221		
61	EMERGENCY		974,615	68,431,699	7,962,621		
62	OBSERVATION BEDS (NON-DIS		329,751	9,337,944			
	OTHER REIMBURS COST CNTRS						
64	HOME PROGRAM DIALYSIS						
65	AMBULANCE SERVICES						
66	DURABLE MEDICAL EQUIP-REN						
67	DURABLE MEDICAL EQUIP-SOL						
68	TRANSPORT						
101	TOTAL		17,141,400	853,221,875	131,853,030		

TITLE XVIII, PART A		HOSPITAL	
WKST A	COST CENTER DESCRIPTION	NEW CAPITAL	
LINE NO.		CST/CHRG RATIO	COSTS
		7	8
37	ANCILLARY SRVC COST CNTRS		
	OPERATING ROOM	.037877	370,236
38	RECOVERY ROOM	.016830	17,469
39	DELIVERY ROOM & LABOR ROO	.006112	49
40	ANESTHESIOLOGY	.020017	42,646
41	RADIOLOGY-DIAGNOSTIC	.027576	346,916
42	RADIOLOGY-THERAPEUTIC	.054730	15,439
42	01 NUCLEAR MEDICINE-DIAGNOST	.026262	41,976
43	RADIOISOTOPE		
43	01 ULTRA SOUND	.021076	13,658
44	LABORATORY	.008196	178,334
44	01 ANATOMIC PATHOLOGY	.022337	16,609
44	03 LAB-STEM CELL	1.155738	48,424
45	PBP CLINICAL LAB SERVICES		
46	WHOLE BLOOD & PACKED RED		
46	01 MENTAL HYGIENE	.071334	
47	BLOOD STORING, PROCESSING	.008653	20,342
48	INTRAVENOUS THERAPY	.111293	744
48	01 PHARMACY-IV DRUG THERAPY	.016327	203,886
49	RESPIRATORY THERAPY	.011346	61,115
49	01 SLEEP DISORDER	.013181	
49	02 PAIN MANAGEMENT	.676506	8,811
50	PHYSICAL THERAPY	.013149	19,014
51	OCCUPATIONAL THERAPY	.004560	850
52	SPEECH PATHOLOGY	.011130	5,167
53	ELECTROCARDIOLOGY	.020404	35,530
54	ELECTROENCEPHALOGRAPHY	.046061	
54	01 CARDIAC CATHETERIZATION L	.038148	369,794
54	02 CARDIAC REHAB	.122476	535
54	03 VASCULAR LAB	.013059	53,708
54	04 ENDOSCOPY	.032342	54,414
54	05 CLINICAL NUTRITION	.079406	47
54	06 PSYCHOTHERAPY	.010090	8
55	MEDICAL SUPPLIES CHARGED	.016782	368,368
56	DRUGS CHARGED TO PATIENTS	.004873	37,706
57	RENAL DIALYSIS	.009403	37,768
58	ASC (NON-DISTINCT PART)		
	OUTPAT SERVICE COST CNTRS		
60	CLINIC	.068133	288
61	EMERGENCY	.014242	113,404
62	OBSERVATION BEDS (NON-DIS	.035313	
	OTHER REIMBURS COST CNTRS		
64	HOME PROGRAM DIALYSIS		
65	AMBULANCE SERVICES		
66	DURABLE MEDICAL EQUIP-REN		
67	DURABLE MEDICAL EQUIP-SOL		
68	TRANSPORT		
101	TOTAL		2,483,255

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			217,847			217,847
26	INTENSIVE CARE UNIT			108,955			108,955
26 01	PEDIATRIC INTENSIVE CARE CORONARY CARE UNIT			108,955			108,955
27	BURN INTENSIVE CARE UNIT						
28	SURGICAL INTENSIVE CARE U						
29	NEONATAL INTENSIVE CARE U						
30	SUBPROVIDER						
31	NURSERY			217,845			217,845
33	SKILLED NURSING FACILITY						
34	NURSING FACILITY						
35 01	ICF/MR						
101	TOTAL			653,602			653,602

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	98,052	2.22	28,843	64,031
26	INTENSIVE CARE UNIT	3,374	32.29	1,680	54,247
26	01 PEDIATRIC INTENSIVE CARE	4,025		41	
27	CORONARY CARE UNIT	3,766	28.93	1,910	55,256
28	BURN INTENSIVE CARE UNIT				
29	SURGICAL INTENSIVE CARE U				
30	NEONATAL INTENSIVE CARE U	10,556			
31	SUBPROVIDER	11,096		6,482	
33	NURSERY	21,659	10.06		
34	SKILLED NURSING FACILITY				
35	NURSING FACILITY				
35	01 ICF/MR				
101	TOTAL	152,528		38,956	173,534

TITLE XVIII, PART A		HOSPITAL	PPS			
WKST A	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST	MED ED NRS SCHOOL COST	MED ED ALLIED HEALTH COST	MED ED ALL OTHER COSTS	BLOOD CLOT FOR HEMOPHILIACS
LINE NO.						
		1	2	2.01	2.02	2.03
	1.01					
37	ANCILLARY SRVC COST CNTRS					
38	OPERATING ROOM					
39	RECOVERY ROOM					
40	DELIVERY ROOM & LABOR ROO					
41	ANESTHESIOLOGY					
42	RADIOLOGY-DIAGNOSTIC					
43	RADIOLOGY-THERAPEUTIC					
44	01 NUCLEAR MEDICINE-DIAGNOST					
45	RADIOISOTOPE					
46	01 ULTRA SOUND					
47	LABORATORY					
48	01 ANATOMIC PATHOLOGY					
49	03 LAB-STEM CELL					
50	PBP CLINICAL LAB SERVICES					
51	WHOLE BLOOD & PACKED RED					
52	01 MENTAL HYGIENE					
53	BLOOD STORING, PROCESSING					
54	INTRAVENOUS THERAPY					
55	01 PHARMACY-IV DRUG THERAPY					
56	RESPIRATORY THERAPY					
57	01 SLEEP DISORDER					
58	02 PAIN MANAGEMENT					
59	PHYSICAL THERAPY					
60	OCCUPATIONAL THERAPY					
61	SPEECH PATHOLOGY					
62	ELECTROCARDIOLOGY					
63	ELECTROENCEPHALOGRAPHY					
64	01 CARDIAC CATHETERIZATION L					
65	02 CARDIAC REHAB					
66	03 VASCULAR LAB					
67	04 ENDOSCOPY					
68	05 CLINICAL NUTRITION					
69	06 PSYCHOTHERAPY					
70	MEDICAL SUPPLIES CHARGED					
71	DRUGS CHARGED TO PATIENTS					
72	RENAL DIALYSIS					
73	ASC (NON-DISTINCT PART)					
74	OUTPAT SERVICE COST CNTRS					
75	CLINIC			217,845		
76	EMERGENCY					
77	OBSERVATION BEDS (NON-DIS			15,796		
78	OTHER REIMBURS COST CNTRS					
79	HOME PROGRAM DIALYSIS					
80	AMBULANCE SERVICES					
81	DURABLE MEDICAL EQUIP-REN					
82	DURABLE MEDICAL EQUIP-SOL					
83	TRANSPORT					
84	TOTAL			233,641		

TITLE XVIII, PART A		HOSPITAL		PPS					
WKST A	COST CENTER DESCRIPTION	TOTAL COSTS	O/P PASS THRU COSTS	TOTAL CHARGES	RATIO OF COST TO CHARGES	O/P RATIO OF CST TO CHARGES	INPAT PROG CHARGE	INPAT PROG PASS THRU COST	
LINE NO.		3	3. 01	4	5	5. 01	6	7	
	ANCILLARY SRVC COST CNTRS								
37	OPERATING ROOM			87,494,171			9,774,700		
38	RECOVERY ROOM			8,899,862			1,037,993		
39	DELIVERY ROOM & LABOR ROO			26,721,123			8,017		
40	ANESTHESIOLOGY			25,652,598			2,130,510		
41	RADIOLOGY-DIAGNOSTIC			101,224,050			12,580,364		
42	RADIOLOGY-THERAPEUTIC			8,103,187			282,102		
42	01 NUCLEAR MEDICINE-DIAGNOST			10,907,803			1,598,338		
43	RADIOISOTOPE								
43	01 ULTRA SOUND			9,537,271			648,055		
44	LABORATORY			113,473,057			21,758,703		
44	01 ANATOMIC PATHOLOGY			9,439,585			743,577		
44	03 LAB-STEM CELL			119,444			41,899		
45	PBP CLINICAL LAB SERVICES								
46	WHOLE BLOOD & PACKED RED								
46	01 MENTAL HYGIENE			690,816					
47	BLOOD STORING, PROCESSING			13,419,911			2,350,908		
48	INTRAVENOUS THERAPY			535,506			6,685		
48	01 PHARMACY-IV DRUG THERAPY			37,586,499			12,487,677		
49	RESPIRATORY THERAPY			40,869,323			5,386,477		
49	01 SLEEP DISORDER			2,515,827					
49	02 PAIN MANAGEMENT			135,548			13,024		
50	PHYSICAL THERAPY			10,580,970			1,446,054		
51	OCCUPATIONAL THERAPY			7,132,259			186,423		
52	SPEECH PATHOLOGY			4,679,788			464,246		
53	ELECTROCARDIOLOGY			17,778,741			1,741,326		
54	ELECTROENCEPHALOGRAPHY			1,819,612					
54	01 CARDIAC CATHETERIZATION L			26,178,292			9,693,677		
54	02 CARDIAC REHAB			796,017			4,366		
54	03 VASCULAR LAB			13,289,577			4,112,738		
54	04 ENDOSCOPY			17,953,289			1,682,460		
54	05 CLINICAL NUTRITION			261,314			594		
54	06 PSYCHOTHERAPY			8,558,451			786		
55	MEDICAL SUPPLIES CHARGED			77,660,430			21,950,202		
56	DRUGS CHARGED TO PATIENTS			70,622,468			7,737,657		
57	RENAL DIALYSIS			7,241,979			4,016,630		
58	ASC (NON-DISTINCT PART)								
60	OUTPAT SERVICE COST CNTRS								
60	CLINIC	217,845	217,845	13,573,464	.016049	.016049	4,221		68
61	EMERGENCY			68,431,699			7,962,621		
62	OBSERVATION BEDS (NON-DIS	15,796	15,796	9,337,944	.001692	.001692			
62	OTHER REIMBURS COST CNTRS								
64	HOME PROGRAM DIALYSIS								
65	AMBULANCE SERVICES								
66	DURABLE MEDICAL EQUIP-REN								
67	DURABLE MEDICAL EQUIP-SOL								
68	TRANSPORT								
101	TOTAL	233,641	233,641	853,221,875			131,853,030		68

TITLE XVIII, PART A		HOSPITAL				PPS		COL 8.01	COL 8.02
WKST A	COST CENTER DESCRIPTION	OUTPAT PROG	OUTPAT PROG	OUTPAT PROG	OUTPAT PROG	OUTPAT PROG	COL 8.01	COL 8.02	
LINE NO.		CHARGES	D, V COL 5.03	D, V COL 5.04	PASS THRU COST		* COL 5	* COL 5	
		8	8.01	8.02	9		9.01	9.02	
	ANCILLARY SRVC COST CNTRS								
37	OPERATING ROOM	5,424,677							
38	RECOVERY ROOM	517,117							
39	DELIVERY ROOM & LABOR ROO	30,660							
40	ANESTHESIOLOGY	2,510,605							
41	RADIOLOGY-DIAGNOSTIC	11,137,777							
42	RADIOLOGY-THERAPEUTIC	2,219,694							
42	01 NUCLEAR MEDICINE-DIAGNOST	2,333,334							
43	RADIOISOTOPE								
43	01 ULTRA SOUND	559,046							
44	LABORATORY	5,389,211							
44	01 ANATOMIC PATHOLOGY	932,152							
44	03 LAB-STEM CELL								
45	PBP CLINICAL LAB SERVICES								
46	WHOLE BLOOD & PACKED RED								
46	01 MENTAL HYGIENE	292,193							
47	BLOOD STORING, PROCESSING	343,533							
48	INTRAVENOUS THERAPY	331,243							
48	01 PHARMACY-IV DRUG THERAPY	1,429,268							
49	RESPIRATORY THERAPY	117,176							
49	01 SLEEP DISORDER	4,123							
49	02 PAIN MANAGEMENT	48,958							
50	PHYSICAL THERAPY	29,743							
51	OCCUPATIONAL THERAPY	5,610							
52	SPEECH PATHOLOGY	223							
53	ELECTROCARDIOLOGY	849,780							
54	ELECTROENCEPHALOGRAPHY	1,279							
54	01 CARDIAC CATHETERIZATION L	2,267,072							
54	02 CARDIAC REHAB	250,917							
54	03 VASCULAR LAB	1,339,585							
54	04 ENDOSCOPY	2,967,535							
54	05 CLINICAL NUTRITION	25,816							
54	06 PSYCHOTHERAPY								
55	MEDICAL SUPPLIES CHARGED	3,749,960							
56	DRUGS CHARGED TO PATIENTS	1,198,627							
57	RENAL DIALYSIS	399,235							
58	ASC (NON-DISTINCT PART)								
	OUTPAT SERVICE COST CNTRS								
60	CLINIC	219,125				3,517			
61	EMERGENCY	3,899,922							
62	OBSERVATION BEDS (NON-DIS	874,587				1,480			
	OTHER REIMBURS COST CNTRS								
64	HOME PROGRAM DIALYSIS								
65	AMBULANCE SERVICES								
66	DURABLE MEDICAL EQUIP-REN								
67	DURABLE MEDICAL EQUIP-SOL								
68	TRANSPORT								
101	TOTAL	51,699,783				4,997			

TITLE XVIII, PART B

HOSPITAL

Cost Center Description	Cost/Charge Ratio (C, Pt I, col. 9)	Cost/Charge Ratio (C, Pt II, col. 9)	Outpatient Ambulatory Surgical Ctr	Outpatient Radiology	Other Outpatient Diagnostic
	1	1.02	2	3	4
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM	. 331205	. 331205			
38 RECOVERY ROOM	. 297562	. 297562			
39 DELIVERY ROOM & LABOR ROOM	. 172495	. 172495			
40 ANESTHESIOLOGY	. 161605	. 161605			
41 RADIOLOGY-DIAGNOSTIC	. 148005	. 148005			
42 RADIOLOGY-THERAPEUTIC	. 234042	. 234042			
42 01 NUCLEAR MEDICINE-DIAGNOSTIC	. 208327	. 208327			
43 RADIOISOTOPE					
43 01 ULTRA SOUND	. 162025	. 162025			
44 LABORATORY	. 155313	. 155313			
44 01 ANATOMICAL PATHOLOGY	. 255814	. 255814			
44 03 LAB-STEM CELL	3. 345534	3. 345534			
45 PBP CLINICAL LAB SERVICES-PRGM ONLY					
46 WHOLE BLOOD & PACKED RED BLOOD CELLS					
46 01 MENTAL HYGIENE	. 468597	. 468597			
47 BLOOD STORING, PROCESSING & TRANS.	. 355639	. 355639			
48 INTRAVENOUS THERAPY	1. 930602	1. 930602			
48 01 PHARMACY-IV DRUG THERAPY	. 285548	. 285548			
49 RESPIRATORY THERAPY	. 205433	. 205433			
49 01 SLEEP DISORDER	. 206633	. 206633			
49 02 PAIN MANAGEMENT	2. 166037	2. 166037			
50 PHYSICAL THERAPY	. 231920	. 231920			
51 OCCUPATIONAL THERAPY	. 094320	. 094320			
52 SPEECH PATHOLOGY	. 238057	. 238057			
53 ELECTROCARDIOLOGY	. 170641	. 170641			
54 ELECTROENCEPHALOGRAPHY	. 370613	. 370613			
54 01 CARDIAC CATHETERIZATION LABORATORY	. 160117	. 160117			
54 02 CARDIAC REHAB	1. 490384	1. 490384			
54 03 VASCULAR LAB	. 087359	. 087359			
54 04 ENDOSCOPY	. 215339	. 215339			
54 05 CLINICAL NUTRITION	3. 994367	3. 994367			
54 06 PSYCHOTHERAPY	. 213076	. 213076			
55 MEDICAL SUPPLIES CHARGED TO PATIENTS	. 529282	. 529282			
56 DRUGS CHARGED TO PATIENTS	. 216185	. 216185			
57 RENAL DIALYSIS	. 268063	. 268063			
58 ASC (NON-DISTINCT PART)					
60 OUTPAT SERVICE COST CNTRS					
60 CLINIC	. 888197	. 888197			
61 EMERGENCY	. 234028	. 234028			
62 OBSERVATION BEDS (NON-DISTINCT PART)	. 579692	. 579692			
64 OTHER REIMBURS COST CNTRS					
64 HOME PROGRAM DIALYSIS					
65 AMBULANCE SERVICES					
66 DURABLE MEDICAL EQUIP-RENTED					
67 DURABLE MEDICAL EQUIP-SOLD					
68 TRANSPORT					
101 SUBTOTAL					
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES					
104 NET CHARGES					

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

TITLE XVIII, PART B

HOSPITAL

		All Other (1)	PPS Services FYB to 12/31	Non-PPS Services	PPS Services 1/1 to FYE	Outpatient Ambulatory Surgical Ctr
Cost Center Description		5	5.01	5.02	5.03	6
(A)	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM		5,424,677			
38	RECOVERY ROOM		517,117			
39	DELIVERY ROOM & LABOR ROOM		30,660			
40	ANESTHESIOLOGY		2,510,605			
41	RADIOLOGY-DIAGNOSTIC		11,137,777			
42	RADIOLOGY-THERAPEUTIC		2,219,694			
42	01 NUCLEAR MEDICINE-DIAGNOSTIC		2,333,334			
43	RADIOISOTOPE					
43	01 ULTRA SOUND		559,046			
44	LABORATORY		5,389,211			
44	01 ANATOMICAL PATHOLOGY		932,152			
44	03 LAB-STEM CELL					
45	PBP CLINICAL LAB SERVICES-PRGM ONLY					
46	WHOLE BLOOD & PACKED RED BLOOD CELLS					
46	01 MENTAL HYGIENE		292,193			
47	BLOOD STORING, PROCESSING & TRANS.		343,533			
48	INTRAVENOUS THERAPY		331,243			
48	01 PHARMACY-IV DRUG THERAPY		1,429,268			
49	RESPIRATORY THERAPY		117,176			
49	01 SLEEP DISORDER		4,123			
49	02 PAIN MANAGEMENT		48,958			
50	PHYSICAL THERAPY		29,743			
51	OCCUPATIONAL THERAPY		5,610			
52	SPEECH PATHOLOGY		223			
53	ELECTROCARDIOLOGY		849,780			
54	ELECTROENCEPHALOGRAPHY		1,279			
54	01 CARDIAC CATHETERIZATION LABORATORY		2,267,072			
54	02 CARDIAC REHAB		250,917			
54	03 VASCULAR LAB		1,339,585			
54	04 ENDOSCOPY		2,967,535			
54	05 CLINICAL NUTRITION		25,816			
54	06 PSYCHOTHERAPY					
55	MEDICAL SUPPLIES CHARGED TO PATIENTS		3,749,960			
56	DRUGS CHARGED TO PATIENTS		1,198,627	8,167		
57	RENAL DIALYSIS		399,235			
58	ASC (NON-DISTINCT PART)					
58	OUTPAT SERVICE COST CNTRS					
60	CLINIC		219,125			
61	EMERGENCY		3,899,922			
62	OBSERVATION BEDS (NON-DISTINCT PART)		874,587	1,833		
62	OTHER REIMBURS COST CNTRS					
64	HOME PROGRAM DIALYSIS					
65	AMBULANCE SERVICES					
66	DURABLE MEDICAL EQUIP-RENTED					
67	DURABLE MEDICAL EQUIP-SOLD					
68	TRANSPORT					
101	SUBTOTAL		51,699,783	10,000		
102	CRNA CHARGES					
103	LESS PBP CLINIC LAB SVCS-					
103	PROGRAM ONLY CHARGES					
104	NET CHARGES		51,699,783	10,000		

(A) WORKSHEET A LINE NUMBERS

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

TITLE XVIII, PART B

HOSPITAL

Cost Center Description	Outpatient Radiology	Other Outpatient Diagnostic	All Other	PPS Services FYB to 12/31	Non-PPS Services
	7	8	9	9.01	9.02
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM				1,796,680	
38 RECOVERY ROOM				153,874	
39 DELIVERY ROOM & LABOR ROOM				5,289	
40 ANESTHESIOLOGY				405,726	
41 RADIOLOGY-DIAGNOSTIC				1,648,447	
42 RADIOLOGY-THERAPEUTIC				519,502	
42 01 NUCLEAR MEDICINE-DIAGNOSTIC				486,096	
43 RADIOISOTOPE					
43 01 ULTRA SOUND				90,579	
44 LABORATORY				837,015	
44 01 ANATOMICAL PATHOLOGY				238,458	
44 03 LAB-STEM CELL					
45 PBP CLINICAL LAB SERVICES-PRGM ONLY					
46 WHOLE BLOOD & PACKED RED BLOOD CELLS					
46 01 MENTAL HYGIENE				136,921	
47 BLOOD STORING, PROCESSING & TRANS.				122,174	
48 INTRAVENOUS THERAPY				639,498	
48 01 PHARMACY-IV DRUG THERAPY				408,125	
49 RESPIRATORY THERAPY				24,072	
49 01 SLEEP DISORDER				852	
49 02 PAIN MANAGEMENT				106,045	
50 PHYSICAL THERAPY				6,898	
51 OCCUPATIONAL THERAPY				529	
52 SPEECH PATHOLOGY				53	
53 ELECTROCARDIOLOGY				145,007	
54 ELECTROENCEPHALOGRAPHY				474	
54 01 CARDIAC CATHETERIZATION LABORATORY				362,997	
54 02 CARDIAC REHAB				373,963	
54 03 VASCULAR LAB				117,025	
54 04 ENDOSCOPY				639,026	
54 05 CLINICAL NUTRITION				103,119	
54 06 PSYCHOTHERAPY					
55 MEDICAL SUPPLIES CHARGED TO PATIENTS				1,984,786	
56 DRUGS CHARGED TO PATIENTS				259,125	1,766
57 RENAL DIALYSIS				107,020	
58 ASC (NON-DISTINCT PART)					
60 OUTPAT SERVICE COST CNTRS					
60 CLINIC				194,626	
61 EMERGENCY				912,691	
62 OBSERVATION BEDS (NON-DISTINCT PART)				506,991	1,063
62 OTHER REIMBURS COST CNTRS					
64 HOME PROGRAM DIALYSIS					
65 AMBULANCE SERVICES					
66 DURABLE MEDICAL EQUIP-RENTED					
67 DURABLE MEDICAL EQUIP-SOLD					
68 TRANSPORT					
101 SUBTOTAL				13,333,683	2,829
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES					
104 NET CHARGES				13,333,683	2,829

(A) WORKSHEET A LINE NUMBERS

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

TITLE XVIII, PART B

HOSPITAL

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

Cost Center Description 9.03 10 11

- (A) ANCILLARY SRVC COST CNTRS
- 37 OPERATING ROOM
- 38 RECOVERY ROOM
- 39 DELIVERY ROOM & LABOR ROOM
- 40 ANESTHESIOLOGY
- 41 RADIOLOGY-DIAGNOSTIC
- 42 RADIOLOGY-THERAPEUTIC
- 42 01 NUCLEAR MEDICINE-DIAGNOSTIC
- 43 RADIOISOTOPE
- 43 01 ULTRA SOUND
- 44 LABORATORY
- 44 01 ANATOMICAL PATHOLOGY
- 44 03 LAB-STEM CELL
- 45 PBP CLINICAL LAB SERVICES-PRGM ONLY
- 46 WHOLE BLOOD & PACKED RED BLOOD CELLS
- 46 01 MENTAL HYGIENE
- 47 BLOOD STORING, PROCESSING & TRANS.
- 48 INTRAVENOUS THERAPY
- 48 01 PHARMACY-IV DRUG THERAPY
- 49 RESPIRATORY THERAPY
- 49 01 SLEEP DISORDER
- 49 02 PAIN MANAGEMENT
- 50 PHYSICAL THERAPY
- 51 OCCUPATIONAL THERAPY
- 52 SPEECH PATHOLOGY
- 53 ELECTROCARDIOLOGY
- 54 ELECTROENCEPHALOGRAPHY
- 54 01 CARDIAC CATHETERIZATION LABORATORY
- 54 02 CARDIAC REHAB
- 54 03 VASCULAR LAB
- 54 04 ENDOSCOPY
- 54 05 CLINICAL NUTRITION
- 54 06 PSYCHOTHERAPY
- 55 MEDICAL SUPPLIES CHARGED TO PATIENTS
- 56 DRUGS CHARGED TO PATIENTS
- 57 RENAL DIALYSIS
- 58 ASC (NON-DISTINCT PART)
- OUTPAT SERVICE COST CNTRS
- 60 CLINIC
- 61 EMERGENCY
- 62 OBSERVATION BEDS (NON-DISTINCT PART)
- OTHER REIMBURS COST CNTRS
- 64 HOME PROGRAM DIALYSIS
- 65 AMBULANCE SERVICES
- 66 DURABLE MEDICAL EQUIP-RENTED
- 67 DURABLE MEDICAL EQUIP-SOLD
- 68 TRANSPORT
- 101 SUBTOTAL
- 102 CRNA CHARGES
- 103 LESS PBP CLINIC LAB SVCS-
- PROGRAM ONLY CHARGES
- 104 NET CHARGES

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

TITLE XVIII, PART A		SUBPROVIDER 1		TEFRA		
WKST A	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST	NEW CAPITAL RELATED COST	TOTAL CHARGES	INPAT PROGRAM CHARGES	OLD CAPITAL COSTS
LINE NO.		1	2	3	4	5
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM		3,314,017	87,494,171	7,405	
38	RECOVERY ROOM		149,787	8,899,862	3,244	
39	DELIVERY ROOM & LABOR ROO		163,311	26,721,123	2,641	
40	ANESTHESIOLOGY		513,489	25,652,598	327,208	
41	RADIOLOGY-DIAGNOSTIC		2,791,351	101,224,050	210,428	
42	RADIOLOGY-THERAPEUTIC		443,484	8,103,187		
42	01 NUCLEAR MEDICINE-DIAGNOST		286,457	10,907,803	14,786	
43	RADIOISOTOPE					
43	01 ULTRA SOUND		201,011	9,537,271	13,425	
44	LABORATORY		929,975	113,473,057	666,573	
44	01 ANATOMIC PATHOLOGY		210,849	9,439,585	2,057	
44	03 LAB-STEM CELL		138,046	119,444		
45	PBP CLINICAL LAB SERVICES					
46	WHOLE BLOOD & PACKED RED					
46	01 MENTAL HYGIENE		49,279	690,816	153,647	
47	BLOOD STORING, PROCESSING		116,125	13,419,911	5,669	
48	INTRAVENOUS THERAPY		59,598	535,506	828	
48	01 PHARMACY-IV DRUG THERAPY		613,658	37,586,499	59,975	
49	RESPIRATORY THERAPY		463,689	40,869,323	44,850	
49	01 SLEEP DISORDER		33,160	2,515,827		
49	02 PAIN MANAGEMENT		91,699	135,548		
50	PHYSICAL THERAPY		139,134	10,580,970	48,987	
51	OCCUPATIONAL THERAPY		32,522	7,132,259	970	
52	SPEECH PATHOLOGY		52,087	4,679,788	4,047	
53	ELECTROCARDIOLOGY		362,759	17,778,741	52,126	
54	ELECTROENCEPHALOGRAPHY		83,814	1,819,612		
54	01 CARDIAC CATHETERIZATION L		998,656	26,178,292	12,267	
54	02 CARDIAC REHAB		97,493	796,017		
54	03 VASCULAR LAB		173,549	13,289,577	31,322	
54	04 ENDOSCOPY		580,640	17,953,289	20,081	
54	05 CLINICAL NUTRITION		20,750	261,314		
54	06 PSYCHOTHERAPY		86,351	8,558,451	773	
55	MEDICAL SUPPLIES CHARGED		1,303,273	77,660,430	48,049	
56	DRUGS CHARGED TO PATIENTS		344,126	70,622,468	1,079,512	
57	RENAL DIALYSIS		68,097	7,241,979	54,518	
58	ASC (NON-DISTINCT PART)					
	OUTPAT SERVICE COST CNTRS					
	CLINIC		924,798	13,573,464	128	
61	EMERGENCY		974,615	68,431,699	356,510	
62	OBSERVATION BEDS (NON-DIS		329,751	9,337,944		
	OTHER REIMBURS COST CNTRS					
64	HOME PROGRAM DIALYSIS					
65	AMBULANCE SERVICES					
66	DURABLE MEDICAL EQUIP-REN					
67	DURABLE MEDICAL EQUIP-SOL					
68	TRANSPORT					
101	TOTAL		17,141,400	853,221,875	3,222,026	

HEALTH FINANCIAL SYSTEMS		MCRS/PC-WIN FOR ST. MARY'S HEALTH CENTER		IN LIEU OF FORM CMS-2552-96(04/2005)		
APPORTIONMENT OF INPATIENT ANCILLARY SERVICE		PROVIDER NO:	PERIOD:	PREPARED 11/ 3/2008		
OTHER PASS THROUGH COSTS		26-0091	FROM 1/ 1/2007	WORKSHEET D		
		COMPONENT NO:	TO 12/31/2007	PART IV		
		26-S091				
TITLE XVIII, PART A		SUBPROVIDER 1		TEFRA		
WKST A	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST	MED ED NRS SCHOOL COST	MED ED ALLIED HEALTH COST	MED ED ALL OTHER COSTS	BLOOD CLOT FOR HEMOPHILIACS
LINE NO.		1	2	2.01	2.02	2.03
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM					
38	RECOVERY ROOM					
39	DELIVERY ROOM & LABOR ROO					
40	ANESTHESIOLOGY					
41	RADIOLOGY-DIAGNOSTIC					
42	RADIOLOGY-THERAPEUTIC					
42	01 NUCLEAR MEDICINE-DIAGNOST					
43	RADIOISOTOPE					
43	01 ULTRA SOUND					
44	LABORATORY					
44	01 ANATOMIC PATHOLOGY					
44	03 LAB-STEM CELL					
45	PBP CLINICAL LAB SERVICES					
46	WHOLE BLOOD & PACKED RED					
46	01 MENTAL HYGIENE					
47	BLOOD STORING, PROCESSING					
48	INTRAVENOUS THERAPY					
48	01 PHARMACY-IV DRUG THERAPY					
49	RESPIRATORY THERAPY					
49	01 SLEEP DISORDER					
49	02 PAIN MANAGEMENT					
50	PHYSICAL THERAPY					
51	OCCUPATIONAL THERAPY					
52	SPEECH PATHOLOGY					
53	ELECTROCARDIOLOGY					
54	ELECTROENCEPHALOGRAPHY					
54	01 CARDIAC CATHETERIZATION L					
54	02 CARDIAC REHAB					
54	03 VASCULAR LAB					
54	04 ENDOSCOPY					
54	05 CLINICAL NUTRITION					
54	06 PSYCHOTHERAPY					
55	MEDICAL SUPPLIES CHARGED					
56	DRUGS CHARGED TO PATIENTS					
57	RENAL DIALYSIS					
58	ASC (NON-DISTINCT PART)					
	OUTPAT SERVICE COST CNTRS					
60	CLINIC			217,845		
61	EMERGENCY					
62	OBSERVATION BEDS (NON-DIS			15,796		
	OTHER REIMBURS COST CNTRS					
64	HOME PROGRAM DIALYSIS					
65	AMBULANCE SERVICES					
66	DURABLE MEDICAL EQUIP-REN					
67	DURABLE MEDICAL EQUIP-SOL					
68	TRANSPORT					
101	TOTAL			233,641		

TITLE XVIII, PART A		SUBPROVIDER 1		TEFRA				
WKST A	COST CENTER DESCRIPTION	TOTAL COSTS	O/P PASS THRU COSTS	TOTAL CHARGES	RATIO OF COST TO CHARGES	O/P RATIO OF CST TO CHARGES	INPAT PROG CHARGE	INPAT PROG PASS THRU COST
LINE NO.		3	3. 01	4	5	5. 01	6	7
	ANCILLARY SRVC COST CNTRS							
37	OPERATING ROOM			87,494,171			7,405	
38	RECOVERY ROOM			8,899,862			3,244	
39	DELIVERY ROOM & LABOR ROO			26,721,123			2,641	
40	ANESTHESIOLOGY			25,652,598			327,208	
41	RADIOLOGY-DIAGNOSTIC			101,224,050			210,428	
42	RADIOLOGY-THERAPEUTIC			8,103,187				
42	01 NUCLEAR MEDICINE-DIAGNOST			10,907,803			14,786	
43	RADIOISOTOPE							
43	01 ULTRA SOUND			9,537,271			13,425	
44	LABORATORY			113,473,057			666,573	
44	01 ANATOMIC PATHOLOGY			9,439,585			2,057	
44	03 LAB-STEM CELL			119,444				
45	PBP CLINICAL LAB SERVICES							
46	WHOLE BLOOD & PACKED RED							
46	01 MENTAL HYGIENE			690,816			153,647	
47	BLOOD STORING, PROCESSING			13,419,911			5,669	
48	INTRAVENOUS THERAPY			535,506			828	
48	01 PHARMACY-IV DRUG THERAPY			37,586,499			59,975	
49	RESPIRATORY THERAPY			40,869,323			44,850	
49	01 SLEEP DISORDER			2,515,827				
49	02 PAIN MANAGEMENT			135,548				
50	PHYSICAL THERAPY			10,580,970			48,987	
51	OCCUPATIONAL THERAPY			7,132,259			970	
52	SPEECH PATHOLOGY			4,679,788			4,047	
53	ELECTROCARDIOLOGY			17,778,741			52,126	
54	ELECTROENCEPHALOGRAPHY			1,819,612				
54	01 CARDIAC CATHETERIZATION L			26,178,292			12,267	
54	02 CARDIAC REHAB			796,017				
54	03 VASCULAR LAB			13,289,577			31,322	
54	04 ENDOSCOPY			17,953,289			20,081	
54	05 CLINICAL NUTRITION			261,314				
54	06 PSYCHOTHERAPY			8,558,451			773	
55	MEDICAL SUPPLIES CHARGED			77,660,430			48,049	
56	DRUGS CHARGED TO PATIENTS			70,622,468			1,079,512	
57	RENAL DIALYSIS			7,241,979			54,518	
58	ASC (NON-DISTINCT PART)							
60	OUTPAT SERVICE COST CNTRS							
60	CLINIC	217,845	217,845	13,573,464	. 016049	. 016049	128	2
61	EMERGENCY			68,431,699			356,510	
62	OBSERVATION BEDS (NON-DIS	15,796	15,796	9,337,944	. 001692	. 001692		
64	OTHER REIMBURS COST CNTRS							
65	HOME PROGRAM DIALYSIS							
66	AMBULANCE SERVICES							
66	DURABLE MEDICAL EQUIP-REN							
67	DURABLE MEDICAL EQUIP-SOL							
68	TRANSPORT							
101	TOTAL	233,641	233,641	853,221,875			3,222,026	2

WKST LINE	A NO.	COST CENTER DESCRIPTION	SUBPROVIDER 1				TEFRA		COL 8.01 * COL 5 9.01	COL 8.02 * COL 5 9.02
			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				
		ANCILLARY SRVC COST CNTRS								
		OPERATING ROOM	1,057							
		RECOVERY ROOM								
		DELIVERY ROOM & LABOR ROO								
		ANESTHESIOLOGY								
		RADIOLOGY-DIAGNOSTIC	4,498							
		RADIOLOGY-THERAPEUTIC								
	01	NUCLEAR MEDICINE-DIAGNOST	2,664							
		RADIOISOTOPE								
	01	ULTRA SOUND								
		LABORATORY	659							
	01	ANATOMIC PATHOLOGY	133							
	03	LAB-STEM CELL								
		PBP CLINICAL LAB SERVICES								
		WHOLE BLOOD & PACKED RED								
	01	MENTAL HYGIENE								
		BLOOD STORING, PROCESSING								
		INTRAVENOUS THERAPY								
	01	PHARMACY-IV DRUG THERAPY								
		RESPIRATORY THERAPY	1,165							
	01	SLEEP DISORDER								
	02	PAIN MANAGEMENT								
		PHYSICAL THERAPY								
		OCCUPATIONAL THERAPY								
		SPEECH PATHOLOGY								
		ELECTROCARDIOLOGY	1,692							
		ELECTROENCEPHALOGRAPHY								
	01	CARDIAC CATHETERIZATION L	2,307							
	02	CARDIAC REHAB								
	03	VASCULAR LAB								
	04	ENDOSCOPY								
	05	CLINICAL NUTRITION								
	06	PSYCHOTHERAPY	8,177,823							
		MEDICAL SUPPLIES CHARGED								
		DRUGS CHARGED TO PATIENTS	402							
		RENAL DIALYSIS								
		ASC (NON-DISTINCT PART)								
		OUTPAT SERVICE COST CNTRS								
		CLINIC								
		EMERGENCY								
		OBSERVATION BEDS (NON-DIS								
		OTHER REIMBURS COST CNTRS								
		HOME PROGRAM DIALYSIS								
		AMBULANCE SERVICES								
		DURABLE MEDICAL EQUIP-REN								
		DURABLE MEDICAL EQUIP-SOL								
		TRANSPORT								
101		TOTAL	8,192,400							

TITLE XVIII, PART B

SUBPROVIDER 1

Cost Center Description	Cost/Charge Ratio (C, Pt I, col. 9)	Cost/Charge Ratio (C, Pt II, col. 9)	Outpatient Ambulatory Surgical Ctr	Outpatient Radiology	Other Outpatient Diagnostic
	1	1.02	2	3	4
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM	. 331205	. 331205			
38 RECOVERY ROOM	. 297562	. 297562			
39 DELIVERY ROOM & LABOR ROOM	. 172495	. 172495			
40 ANESTHESIOLOGY	. 161605	. 161605			
41 RADIOLOGY-DIAGNOSTIC	. 148005	. 148005			
42 RADIOLOGY-THERAPEUTIC	. 234042	. 234042			
42 01 NUCLEAR MEDICINE-DIAGNOSTIC	. 208327	. 208327			
43 RADIOISOTOPE					
43 01 ULTRA SOUND	. 162025	. 162025			
44 LABORATORY	. 155313	. 155313			
44 01 ANATOMICAL PATHOLOGY	. 255814	. 255814			
44 03 LAB-STEM CELL	3. 345534	3. 345534			
45 PBP CLINICAL LAB SERVICES-PRGM ONLY					
46 WHOLE BLOOD & PACKED RED BLOOD CELLS					
46 01 MENTAL HYGIENE	. 468597	. 468597			
47 BLOOD STORING, PROCESSING & TRANS.	. 355639	. 355639			
48 INTRAVENOUS THERAPY	1. 930602	1. 930602			
48 01 PHARMACY-IV DRUG THERAPY	. 285548	. 285548			
49 RESPIRATORY THERAPY	. 205433	. 205433			
49 01 SLEEP DISORDER	. 206633	. 206633			
49 02 PAIN MANAGEMENT	2. 166037	2. 166037			
50 PHYSICAL THERAPY	. 231920	. 231920			
51 OCCUPATIONAL THERAPY	. 094320	. 094320			
52 SPEECH PATHOLOGY	. 238057	. 238057			
53 ELECTROCARDIOLOGY	. 170641	. 170641			
54 ELECTROENCEPHALOGRAPHY	. 370613	. 370613			
54 01 CARDIAC CATHETERIZATION LABORATORY	. 160117	. 160117			
54 02 CARDIAC REHAB	1. 490384	1. 490384			
54 03 VASCULAR LAB	. 087359	. 087359			
54 04 ENDOSCOPY	. 215339	. 215339			
54 05 CLINICAL NUTRITION	3. 994367	3. 994367			
54 06 PSYCHOTHERAPY	. 213076	. 213076			
55 MEDICAL SUPPLIES CHARGED TO PATIENTS	. 529282	. 529282			
56 DRUGS CHARGED TO PATIENTS	. 216185	. 216185			
57 RENAL DIALYSIS	. 268063	. 268063			
58 ASC (NON-DISTINCT PART)					
60 OUTPAT SERVICE COST CNTRS					
60 CLINIC	. 888197	. 888197			
61 EMERGENCY	. 234028	. 234028			
62 OBSERVATION BEDS (NON-DISTINCT PART)	. 579692	. 579692			
64 OTHER REIMBURS COST CNTRS					
64 HOME PROGRAM DIALYSIS					
65 AMBULANCE SERVICES					
66 DURABLE MEDICAL EQUIP-RENTED					
67 DURABLE MEDICAL EQUIP-SOLD					
68 TRANSPORT					
101 SUBTOTAL					
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES					
104 NET CHARGES					

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

TITLE XVIII, PART B

SUBPROVIDER 1

	All Other (1)	PPS Services FYB to 12/31	Non-PPS Services	PPS Services 1/1 to FYE	Outpatient Ambulatory Surgical Ctr
Cost Center Description	5	5.01	5.02	5.03	6
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM		1,057			
38 RECOVERY ROOM					
39 DELIVERY ROOM & LABOR ROOM					
40 ANESTHESIOLOGY					
41 RADIOLOGY-DIAGNOSTIC		4,498			
42 RADIOLOGY-THERAPEUTIC					
42 01 NUCLEAR MEDICINE-DIAGNOSTIC		2,664			
43 RADIOISOTOPE					
43 01 ULTRA SOUND					
44 LABORATORY		659			
44 01 ANATOMICAL PATHOLOGY		133			
44 03 LAB-STEM CELL					
45 PBP CLINICAL LAB SERVICES-PRGM ONLY					
46 WHOLE BLOOD & PACKED RED BLOOD CELLS					
46 01 MENTAL HYGIENE					
47 BLOOD STORING, PROCESSING & TRANS.					
48 INTRAVENOUS THERAPY					
48 01 PHARMACY-IV DRUG THERAPY					
49 RESPIRATORY THERAPY		1,165			
49 01 SLEEP DISORDER					
49 02 PAIN MANAGEMENT					
50 PHYSICAL THERAPY					
51 OCCUPATIONAL THERAPY					
52 SPEECH PATHOLOGY					
53 ELECTROCARDIOLOGY		1,692			
54 ELECTROENCEPHALOGRAPHY					
54 01 CARDIAC CATHETERIZATION LABORATORY		2,307			
54 02 CARDIAC REHAB					
54 03 VASCULAR LAB					
54 04 ENDOSCOPY					
54 05 CLINICAL NUTRITION					
54 06 PSYCHOTHERAPY		8,177,823			
55 MEDICAL SUPPLIES CHARGED TO PATIENTS					
56 DRUGS CHARGED TO PATIENTS		402			
57 RENAL DIALYSIS					
58 ASC (NON-DISTINCT PART)					
60 OUTPAT SERVICE COST CNTRS					
61 CLINIC					
61 EMERGENCY					
62 OBSERVATION BEDS (NON-DISTINCT PART)					
64 OTHER REIMBURS COST CNTRS					
64 HOME PROGRAM DIALYSIS					
65 AMBULANCE SERVICES					
66 DURABLE MEDICAL EQUIP-RENTED					
67 DURABLE MEDICAL EQUIP-SOLD					
68 TRANSPORT					
101 SUBTOTAL		8,192,400			
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES					
104 NET CHARGES		8,192,400			

(A) WORKSHEET A LINE NUMBERS

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

TITLE XVIII, PART B

SUBPROVIDER 1

Cost Center Description	Outpatient Radiology	Other Outpatient Diagnostic	All Other	PPS Services FYB to 12/31	Non-PPS Services
	7	8	9	9.01	9.02
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM				350	
38 RECOVERY ROOM					
39 DELIVERY ROOM & LABOR ROOM					
40 ANESTHESIOLOGY					
41 RADIOLOGY-DIAGNOSTIC				666	
42 RADIOLOGY-THERAPEUTIC					
42 01 NUCLEAR MEDICINE-DIAGNOSTIC				555	
43 RADIOISOTOPE					
43 01 ULTRA SOUND					
44 LABORATORY				102	
44 01 ANATOMICAL PATHOLOGY				34	
44 03 LAB-STEM CELL					
45 PBP CLINICAL LAB SERVICES-PRGM ONLY					
46 WHOLE BLOOD & PACKED RED BLOOD CELLS					
46 01 MENTAL HYGIENE					
47 BLOOD STORING, PROCESSING & TRANS.					
48 INTRAVENOUS THERAPY					
48 01 PHARMACY-IV DRUG THERAPY					
49 RESPIRATORY THERAPY				239	
49 01 SLEEP DISORDER					
49 02 PAIN MANAGEMENT					
50 PHYSICAL THERAPY					
51 OCCUPATIONAL THERAPY					
52 SPEECH PATHOLOGY					
53 ELECTROCARDIOLOGY				289	
54 ELECTROENCEPHALOGRAPHY					
54 01 CARDIAC CATHETERIZATION LABORATORY				369	
54 02 CARDIAC REHAB					
54 03 VASCULAR LAB					
54 04 ENDOSCOPY					
54 05 CLINICAL NUTRITION					
54 06 PSYCHOTHERAPY				1,742,498	
55 MEDICAL SUPPLIES CHARGED TO PATIENTS					
56 DRUGS CHARGED TO PATIENTS				87	
57 RENAL DIALYSIS					
58 ASC (NON-DISTINCT PART)					
60 OUTPAT SERVICE COST CNTRS					
61 CLINIC					
61 EMERGENCY					
62 OBSERVATION BEDS (NON-DISTINCT PART)					
62 OTHER REIMBURS COST CNTRS					
64 HOME PROGRAM DIALYSIS					
65 AMBULANCE SERVICES					
66 DURABLE MEDICAL EQUIP-RENTED					
67 DURABLE MEDICAL EQUIP-SOLD					
68 TRANSPORT					
101 SUBTOTAL				1,745,189	
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES					
104 NET CHARGES				1,745,189	

(A) WORKSHEET A LINE NUMBERS

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

TITLE XVIII, PART B

SUBPROVIDER 1

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

Cost Center Description 9.03 10 11

- (A) ANCILLARY SRVC COST CNTRS
- 37 OPERATING ROOM
- 38 RECOVERY ROOM
- 39 DELIVERY ROOM & LABOR ROOM
- 40 ANESTHESIOLOGY
- 41 RADIOLOGY-DIAGNOSTIC
- 42 RADIOLOGY-THERAPEUTIC
- 42 01 NUCLEAR MEDICINE-DIAGNOSTIC
- 43 RADIOISOTOPE
- 43 01 ULTRA SOUND
- 44 LABORATORY
- 44 01 ANATOMICAL PATHOLOGY
- 44 03 LAB-STEM CELL
- 45 PBP CLINICAL LAB SERVICES-PRGM ONLY
- 46 WHOLE BLOOD & PACKED RED BLOOD CELLS
- 46 01 MENTAL HYGIENE
- 47 BLOOD STORING, PROCESSING & TRANS.
- 48 INTRAVENOUS THERAPY
- 48 01 PHARMACY-IV DRUG THERAPY
- 49 RESPIRATORY THERAPY
- 49 01 SLEEP DISORDER
- 49 02 PAIN MANAGEMENT
- 50 PHYSICAL THERAPY
- 51 OCCUPATIONAL THERAPY
- 52 SPEECH PATHOLOGY
- 53 ELECTROCARDIOLOGY
- 54 ELECTROENCEPHALOGRAPHY
- 54 01 CARDIAC CATHETERIZATION LABORATORY
- 54 02 CARDIAC REHAB
- 54 03 VASCULAR LAB
- 54 04 ENDOSCOPY
- 54 05 CLINICAL NUTRITION
- 54 06 PSYCHOTHERAPY
- 55 MEDICAL SUPPLIES CHARGED TO PATIENTS
- 56 DRUGS CHARGED TO PATIENTS
- 57 RENAL DIALYSIS
- 58 ASC (NON-DISTINCT PART)
- OUTPAT SERVICE COST CNTRS
- 60 CLINIC
- 61 EMERGENCY
- 62 OBSERVATION BEDS (NON-DISTINCT PART)
- OTHER REIMBURS COST CNTRS
- 64 HOME PROGRAM DIALYSIS
- 65 AMBULANCE SERVICES
- 66 DURABLE MEDICAL EQUIP-RENTED
- 67 DURABLE MEDICAL EQUIP-SOLD
- 68 TRANSPORT
- 101 SUBTOTAL
- 102 CRNA CHARGES
- 103 LESS PBP CLINIC LAB SVCS-
- PROGRAM ONLY CHARGES
- 104 NET CHARGES

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

TITLE XIX - 0/P		HOSPITAL				
		Cost/Charge Ratio (C, Pt I, col. 9)	Out patient Ambulatory Surgical Ctr	Out patient Radiology	Other Out patient Diagnosti c	All Other (1)
Cost Center Description		1	2	3	4	5
(A)	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	. 338149				2, 036, 805
38	RECOVERY ROOM	. 279596				262, 608
39	DELIVERY ROOM & LABOR ROOM	. 162233				693, 466
40	ANESTHESIOLOGY	. 194782				596, 721
41	RADIOLOGY-DIAGNOSTIC	. 147035				2, 743, 310
42	RADIOLOGY-THERAPEUTIC	. 218169				
42 01	NUCLEAR MEDICINE-DIAGNOSTIC	. 195141				277, 684
43	RADIOISOTOPE					
43 01	ULTRA SOUND	. 151743				457, 811
44	LABORATORY	. 150382				3, 653, 310
44 01	ANATOMIC PATHOLOGY	. 240039				181, 347
44 03	LAB-STEM CELL	3. 102952				
45	PBP CLINICAL LAB SERVICES-PRGM ONLY					
46	WHOLE BLOOD & PACKED RED BLOOD CELLS					
46 01	MENTAL HYGIENE	. 438422				6, 302
47	BLOOD STORING, PROCESSING & TRANS.	. 334649				345, 220
48	INTRAVENOUS THERAPY	1. 813952				99, 607
48 01	PHARMACY-IV DRUG THERAPY	. 268301				402, 127
49	RESPIRATORY THERAPY	. 195640				149, 942
49 01	SLEEP DISORDER	. 194095				179, 393
49 02	PAIN MANAGEMENT	2. 011996				7, 290
50	PHYSICAL THERAPY	. 217916				78, 448
51	OCCUPATIONAL THERAPY	. 088658				42, 149
52	SPEECH PATHOLOGY	. 223782				58, 354
53	ELECTROCARDIOLOGY	. 169051				540, 107
54	ELECTROENCEPHALOGRAPHY	. 635938				95, 218
54 01	CARDIAC CATHETERIZATION LABORATORY	. 149228				344, 272
54 02	CARDIAC REHAB	1. 398798				29, 325
54 03	VASCULAR LAB	. 081744				173, 693
54 04	ENDOSCOPY	. 201491				289, 025
54 05	CLINICAL NUTRITION	3. 759358				16, 892
54 06	PSYCHOTHERAPY	. 200294				34, 387
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	. 497879				594, 044
56	DRUGS CHARGED TO PATIENTS	. 203441				1, 281, 101
57	RENAL DIALYSIS	. 252121				904
58	ASC (NON-DISTINCT PART)					
60	OUTPAT SERVICE COST CNTRS					
60	CLINIC	. 849466				1, 280, 882
61	EMERGENCY	. 221862				2, 906, 007
62	OBSERVATION BEDS (NON-DISTINCT PART)	. 544586				1, 095, 664
	OTHER REIMBURS COST CNTRS					
64	HOME PROGRAM DIALYSIS					
65	AMBULANCE SERVICES					
66	DURABLE MEDICAL EQUIP-RENTED					
67	DURABLE MEDICAL EQUIP-SOLD					
68	TRANSPORT					
101	SUBTOTAL					20, 953, 415
102	CRNA CHARGES					
103	LESS PBP CLINIC LAB SVCS-					
	PROGRAM ONLY CHARGES					
104	NET CHARGES					20, 953, 415

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

TITLE XIX - 0/P		HOSPITAL				
		PPS Services FYB to 12/31	Non-PPS Services	PPS Services 1/1 to FYE	Outpatient Ambulatory Surgical Ctr	Outpatient Radiology
Cost Center Description		5.01	5.02	5.03	6	7
(A)	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM					
38	RECOVERY ROOM					
39	DELIVERY ROOM & LABOR ROOM					
40	ANESTHESIOLOGY					
41	RADIOLOGY-DIAGNOSTIC					
42	RADIOLOGY-THERAPEUTIC					
42	01 NUCLEAR MEDICINE-DIAGNOSTIC					
43	RADIOISOTOPE					
43	01 ULTRA SOUND					
44	LABORATORY					
44	01 ANATOMICAL PATHOLOGY					
44	03 LAB-STEM CELL					
45	PBP CLINICAL LAB SERVICES-PRGM ONLY					
46	WHOLE BLOOD & PACKED RED BLOOD CELLS					
46	01 MENTAL HYGIENE					
47	BLOOD STORING, PROCESSING & TRANS.					
48	INTRAVENOUS THERAPY					
48	01 PHARMACY-IV DRUG THERAPY					
49	RESPIRATORY THERAPY					
49	01 SLEEP DISORDER					
49	02 PAIN MANAGEMENT					
50	PHYSICAL THERAPY					
51	OCCUPATIONAL THERAPY					
52	SPEECH PATHOLOGY					
53	ELECTROCARDIOLOGY					
54	ELECTROENCEPHALOGRAPHY					
54	01 CARDIAC CATHETERIZATION LABORATORY					
54	02 CARDIAC REHAB					
54	03 VASCULAR LAB					
54	04 ENDOSCOPY					
54	05 CLINICAL NUTRITION					
54	06 PSYCHOTHERAPY					
55	MEDICAL SUPPLIES CHARGED TO PATIENTS					
56	DRUGS CHARGED TO PATIENTS					
57	RENAL DIALYSIS					
58	ASC (NON-DISTINCT PART)					
	OUTPAT SERVICE COST CNTRS					
60	CLINIC					
61	EMERGENCY					
62	OBSERVATION BEDS (NON-DISTINCT PART)					
	OTHER REIMBURS COST CNTRS					
64	HOME PROGRAM DIALYSIS					
65	AMBULANCE SERVICES					
66	DURABLE MEDICAL EQUIP-RENTED					
67	DURABLE MEDICAL EQUIP-SOLD					
68	TRANSPORT					
101	SUBTOTAL					
102	CRNA CHARGES					
103	LESS PBP CLINIC LAB SVCS-					
	PROGRAM ONLY CHARGES					
104	NET CHARGES					

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

TITLE XIX - 0/P

HOSPITAL

Cost Center Description	Other Outpatient Diagnostic	All Other	PPS Services FYB to 12/31	Non-PPS Services	PPS Services 1/1 to FYE
	8	9	9.01	9.02	9.03
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM		688,744			
38 RECOVERY ROOM		73,424			
39 DELIVERY ROOM & LABOR ROOM		112,503			
40 ANESTHESIOLOGY		116,231			
41 RADIOLOGY-DIAGNOSTIC		403,363			
42 RADIOLOGY-THERAPEUTIC					
42 01 NUCLEAR MEDICINE-DIAGNOSTIC		54,188			
43 RADIOISOTOPE					
43 01 ULTRA SOUND		69,470			
44 LABORATORY		549,392			
44 01 ANATOMICAL PATHOLOGY		43,530			
44 03 LAB-STEM CELL					
45 PBP CLINICAL LAB SERVICES-PRGM ONLY					
46 WHOLE BLOOD & PACKED RED BLOOD CELLS					
46 01 MENTAL HYGIENE		2,763			
47 BLOOD STORING, PROCESSING & TRANS.		115,528			
48 INTRAVENOUS THERAPY		180,682			
48 01 PHARMACY-IV DRUG THERAPY		107,891			
49 RESPIRATORY THERAPY		29,335			
49 01 SLEEP DISORDER		34,819			
49 02 PAIN MANAGEMENT		14,667			
50 PHYSICAL THERAPY		17,095			
51 OCCUPATIONAL THERAPY		3,737			
52 SPEECH PATHOLOGY		13,059			
53 ELECTROCARDIOLOGY		91,306			
54 ELECTROENCEPHALOGRAPHY		60,553			
54 01 CARDIAC CATHETERIZATION LABORATORY		51,375			
54 02 CARDIAC REHAB		41,020			
54 03 VASCULAR LAB		14,198			
54 04 ENDOSCOPY		58,236			
54 05 CLINICAL NUTRITION		63,503			
54 06 PSYCHOTHERAPY		6,888			
55 MEDICAL SUPPLIES CHARGED TO PATIENTS		295,762			
56 DRUGS CHARGED TO PATIENTS		260,628			
57 RENAL DIALYSIS		228			
58 ASC (NON-DISTINCT PART)					
60 OUTPAT SERVICE COST CNTRS					
60 CLINIC		1,088,066			
61 EMERGENCY		644,733			
62 OBSERVATION BEDS (NON-DISTINCT PART)		596,683			
64 OTHER REIMBURS COST CNTRS					
64 HOME PROGRAM DIALYSIS					
65 AMBULANCE SERVICES					
66 DURABLE MEDICAL EQUIP-RENTED					
67 DURABLE MEDICAL EQUIP-SOLD					
68 TRANSPORT					
101 SUBTOTAL		5,903,600			
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES					
104 NET CHARGES		5,903,600			

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

TITLE XVIII PART A HOSPITAL PPS

PART I - ALL PROVIDER COMPONENTS 1

INPATIENT DAYS

1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	98,052
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	98,052
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	98,052
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
7	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
8	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
9	TOTAL INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	28,843
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLE V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)	
15	TOTAL NURSERY DAYS (TITLE V OR XIX ONLY)	
16	NURSERY DAYS (TITLE V OR XIX ONLY)	

SWING-BED ADJUSTMENT

17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	74,650,659
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)	
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	74,650,659

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	204,019,508
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	83,672,750
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	120,346,758
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.365900
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	1,227.38
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL	
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL	
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT	
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	74,650,659

TITLE XVIII PART A HOSPITAL PPS

PART II - HOSPITAL AND SUBPROVIDERS ONLY

1

PROGRAM INPATIENT OPERATING COST BEFORE
 PASS THROUGH COST ADJUSTMENTS

38	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM					761.34
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST					21,959,330
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM					
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST					21,959,330

		TOTAL I/P COST 1	TOTAL I/P DAYS 2	AVERAGE PER DIEM 3	PROGRAM DAYS 4	PROGRAM COST 5
42	NURSERY (TITLE V & XIX ONLY) INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS					
43	INTENSIVE CARE UNIT	4,761,841	3,374	1,411.33	1,680	2,371,034
43.01	PEDIATRIC INTENSIVE CARE UNIT	6,294,359	4,025	1,563.82	41	64,117
44	CORONARY CARE UNIT	5,180,376	3,766	1,375.56	1,910	2,627,320
45	BURN INTENSIVE CARE UNIT					
46	SURGICAL INTENSIVE CARE UNIT					
47	NEONATAL INTENSIVE CARE UNIT	15,598,285	10,556	1,477.67		
48	PROGRAM INPATIENT ANCILLARY SERVICE COST					34,900,028
49	TOTAL PROGRAM INPATIENT COSTS					61,921,829

PASS THROUGH COST ADJUSTMENTS

50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES					1,805,682
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES					2,483,323
52	TOTAL PROGRAM EXCLUDABLE COST					4,289,005
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST, AND MEDICAL EDUCATION COSTS					57,632,824

TARGET AMOUNT AND LIMIT COMPUTATION

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

PROGRAM INPATIENT ROUTINE SWING BED COST

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

TITLE XVIII PART A HOSPITAL PPS

PART III - SKILLED NURSING FACILITY, NURSING FACILITY & ICF/MR ONLY 1

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

PART IV - COMPUTATION OF OBSERVATION BED COST

83 TOTAL OBSERVATION BED DAYS 7,110
 84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM 761.34
 85 OBSERVATION BED COST 5,413,127

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		74,650,659		5,413,127	
87 NEW CAPITAL-RELATED COST	4,547,509	74,650,659	.060917	5,413,127	329,751
88 NON PHYSICIAN ANESTHETIST		74,650,659		5,413,127	
89 MEDICAL EDUCATION		74,650,659		5,413,127	
89.01 MEDICAL EDUCATION - ALLIED HEA	217,847	74,650,659	.002918	5,413,127	15,796
89.02 MEDICAL EDUCATION - ALL OTHER		74,650,659		5,413,127	

TITLE XVIII PART A SUBPROVIDER I TEFRA

PART I - ALL PROVIDER COMPONENTS

1

INPATIENT DAYS

1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	11,096
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	11,096
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	11,096
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
7	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
8	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
9	TOTAL INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	6,482
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLE V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)	
15	TOTAL NURSERY DAYS (TITLE V OR XIX ONLY)	
16	NURSERY DAYS (TITLE V OR XIX ONLY)	

SWING-BED ADJUSTMENT

17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	5,971,996
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)	
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	5,971,996

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	15,075,201
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	15,075,201
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.396147
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	1,358.62
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL	
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL	
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT	
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	5,971,996

TITLE XVIII PART A SUBPROVIDER I TEFRA

PART II - HOSPITAL AND SUBPROVIDERS ONLY

1

PROGRAM INPATIENT OPERATING COST BEFORE
 PASS THROUGH COST ADJUSTMENTS

38	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM					538.21
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST					3,488,677
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM					
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST					3,488,677

		TOTAL I/P COST 1	TOTAL I/P DAYS 2	AVERAGE PER DIEM 3	PROGRAM DAYS 4	PROGRAM COST 5
42	NURSERY (TITLE V & XIX ONLY)					
	INTENSIVE CARE TYPE INPATIENT					
	HOSPITAL UNITS					
43	INTENSIVE CARE UNIT					
43.01	PEDIATRIC INTENSIVE CARE UNIT					
44	CORONARY CARE UNIT					
45	BURN INTENSIVE CARE UNIT					
46	SURGICAL INTENSIVE CARE UNIT					
47	NEONATAL INTENSIVE CARE UNIT					
48	PROGRAM INPATIENT ANCILLARY SERVICE COST					686,623
49	TOTAL PROGRAM INPATIENT COSTS					4,175,300

PASS THROUGH COST ADJUSTMENTS

50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES					166,134
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES					46,431
52	TOTAL PROGRAM EXCLUDABLE COST					212,565
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST, AND MEDICAL EDUCATION COSTS					3,962,735

TARGET AMOUNT AND LIMIT COMPUTATION

54	PROGRAM DISCHARGES					568
55	TARGET AMOUNT PER DISCHARGE					9,230.81
56	TARGET AMOUNT					5,243,100
57	DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT					1,280,365
58	BONUS PAYMENT					104,862
58.01	LESSER OF LINES 53/54 OR 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED AND COMPOUNDED BY THE MARKET BASKET					8,884.28
58.02	LESSER OF LINES 53/54 OR 55 FROM PRIOR YEAR COST REPORT, UPDATED BY THE MARKET BASKET					5,997.33
58.03	IF LINES 53/54 IS LESS THAN THE LOWER OF LINES 55, 58.01 OR 58.02 ENTER THE LESSER OF 50% OF THE AMOUNT BY WHICH OPERATING COSTS (LINE 53) ARE LESS THAN EXPECTED COSTS (LINES 54 x 58.02), OR 1 PERCENT OF THE TARGET AMOUNT (LINE 56) OTHERWISE ENTER ZERO.					
58.04	RELIEF PAYMENT					
59	ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT					4,280,162
59.01	ALLOWABLE INPATIENT COST PER DISCHARGE (LINE 59 / LINE 54) (LTCH ONLY)					
59.02	PROGRAM DISCHARGES PRIOR TO JULY 1					
59.03	PROGRAM DISCHARGES AFTER JULY 1					
59.04	PROGRAM DISCHARGES (SEE INSTRUCTIONS)					
59.05	REDUCED INPATIENT COST PER DISCHARGE FOR DISCHARGES PRIOR TO JULY 1 (SEE INSTRUCTIONS) (LTCH ONLY)					
59.06	REDUCED INPATIENT COST PER DISCHARGE FOR DISCHARGES AFTER JULY 1 (SEE INSTRUCTIONS) (LTCH ONLY)					
59.07	REDUCED INPATIENT COST PER DISCHARGE (SEE INSTRUCTIONS) (LTCH ONLY)					
59.08	REDUCED INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTRUCTIONS)					

PROGRAM INPATIENT ROUTINE SWING BED COST

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

TITLE XVIII PART A SUBPROVIDER I TEFRA

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	538.21
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	5,971,996			
87	NEW CAPITAL-RELATED COST	5,971,996	.047625		
88	NON PHYSICIAN ANESTHETIST	5,971,996			
89	MEDICAL EDUCATION	5,971,996			
89.01	MEDICAL EDUCATION - ALLIED HEA	5,971,996			
89.02	MEDICAL EDUCATION - ALL OTHER	5,971,996			

TITLE XIX - I/P HOSPITAL OTHER

PART I - ALL PROVIDER COMPONENTS 1

I N P A T I E N T D A Y S

1	I N P A T I E N T D A Y S (I N C L U D I N G P R I V A T E R O O M A N D S W I N G B E D D A Y S , E X C L U D I N G N E W B O R N)	98,052
2	I N P A T I E N T D A Y S (I N C L U D I N G P R I V A T E R O O M , E X C L U D I N G S W I N G - B E D A N D N E W B O R N D A Y S)	98,052
3	P R I V A T E R O O M D A Y S (E X C L U D I N G S W I N G - B E D P R I V A T E R O O M D A Y S)	
4	S E M I - P R I V A T E R O O M D A Y S (E X C L U D I N G S W I N G - B E D P R I V A T E R O O M D A Y S)	98,052
5	T O T A L S W I N G - B E D S N F - T Y P E I N P A T I E N T D A Y S (I N C L U D I N G P R I V A T E R O O M D A Y S)	
6	T H R O U G H D E C E M B E R 3 1 O F T H E C O S T R E P O R T I N G P E R I O D	
7	T O T A L S W I N G - B E D S N F - T Y P E I N P A T I E N T D A Y S (I N C L U D I N G P R I V A T E R O O M D A Y S) A F T E R	
8	D E C E M B E R 3 1 O F C O S T R E P O R T I N G P E R I O D (I F C A L E N D A R Y E A R , E N T E R 0 O N T H I S L I N E)	
9	T O T A L S W I N G - B E D N F T Y P E I N P A T I E N T D A Y S (I N C L U D I N G P R I V A T E R O O M D A Y S) A F T E R	
10	D E C E M B E R 3 1 O F C O S T R E P O R T I N G P E R I O D (I F C A L E N D A R Y E A R , E N T E R 0 O N T H I S L I N E)	
11	T O T A L I N P A T I E N T D A Y S I N C L U D I N G P R I V A T E R O O M D A Y S A P P L I C A B L E T O T H E P R O G R A M	8,583
12	(E X C L U D I N G S W I N G - B E D A N D N E W B O R N D A Y S)	
13	S W I N G - B E D S N F - T Y P E I N P A T I E N T D A Y S A P P L I C A B L E T O T I T L E X V I I I O N L Y (I N C L U D I N G	
14	P R I V A T E R O O M D A Y S) T H R O U G H D E C E M B E R 3 1 O F T H E C O S T R E P O R T I N G P E R I O D	
15	S W I N G - B E D S N F - T Y P E I N P A T I E N T D A Y S A P P L I C A B L E T O T I T L E X V I I I O N L Y (I N C L U D I N G	
16	P R I V A T E R O O M D A Y S) A F T E R D E C E M B E R 3 1 O F T H E C O S T R E P O R T I N G P E R I O D (I F C A L E N D A R	
17	Y E A R , E N T E R 0 O N T H I S L I N E)	
18	S W I N G - B E D N F - T Y P E I N P A T I E N T D A Y S A P P L I C A B L E T O T I T L E S V & X I X O N L Y (I N C L U D I N G	
19	P R I V A T E R O O M D A Y S) T H R O U G H D E C E M B E R 3 1 O F T H E C O S T R E P O R T I N G P E R I O D	
20	S W I N G - B E D N F - T Y P E I N P A T I E N T D A Y S A P P L I C A B L E T O T I T L E V & X I X O N L Y (I N C L U D I N G	
21	P R I V A T E R O O M D A Y S) A F T E R D E C E M B E R 3 1 O F T H E C O S T R E P O R T I N G P E R I O D (I F C A L E N D A R	
22	Y E A R , E N T E R 0 O N T H I S L I N E)	
23	M E D I C A L L Y N E C E S S A R Y P R I V A T E R O O M D A Y S A P P L I C A B L E T O T H E P R O G R A M	
24	(E X C L U D I N G S W I N G - B E D D A Y S)	
25	T O T A L N U R S E R Y D A Y S (T I T L E V O R X I X O N L Y)	21,659
26	N U R S E R Y D A Y S (T I T L E V O R X I X O N L Y)	3,045

S W I N G - B E D A D J U S T M E N T

17	M E D I C A R E R A T E F O R S W I N G - B E D S N F S E R V I C E S A P P L I C A B L E T O S E R V I C E S T H R O U G H	
18	D E C E M B E R 3 1 O F T H E C O S T R E P O R T I N G P E R I O D	
19	M E D I C A R E R A T E F O R S W I N G - B E D S N F S E R V I C E S A P P L I C A B L E T O S E R V I C E S A F T E R	
20	D E C E M B E R 3 1 O F T H E C O S T R E P O R T I N G P E R I O D	
21	M E D I C A I D R A T E F O R S W I N G - B E D N F S E R V I C E S A P P L I C A B L E T O S E R V I C E S T H R O U G H	
22	D E C E M B E R 3 1 O F T H E C O S T R E P O R T I N G P E R I O D	
23	M E D I C A I D R A T E F O R S W I N G - B E D N F S E R V I C E S A P P L I C A B L E T O S E R V I C E S A F T E R	
24	D E C E M B E R 3 1 O F T H E C O S T R E P O R T I N G P E R I O D	
25	T O T A L G E N E R A L I N P A T I E N T R O U T I N E S E R V I C E C O S T	94,095,390
26	S W I N G - B E D C O S T A P P L I C A B L E T O S N F - T Y P E S E R V I C E S T H R O U G H D E C E M B E R 3 1 O F T H E C O S T	
27	R E P O R T I N G P E R I O D	
28	S W I N G - B E D C O S T A P P L I C A B L E T O S N F - T Y P E S E R V I C E S A F T E R D E C E M B E R 3 1 O F T H E C O S T	
29	R E P O R T I N G P E R I O D	
30	S W I N G - B E D C O S T A P P L I C A B L E T O N F - T Y P E S E R V I C E S T H R O U G H D E C E M B E R 3 1 O F T H E C O S T	
31	R E P O R T I N G P E R I O D	
32	S W I N G - B E D C O S T A P P L I C A B L E T O N F - T Y P E S E R V I C E S A F T E R D E C E M B E R 3 1 O F T H E C O S T	
33	R E P O R T I N G P E R I O D	
34	T O T A L S W I N G - B E D C O S T (S E E I N S T R U C T I O N S)	
35	G E N E R A L I N P A T I E N T R O U T I N E S E R V I C E C O S T N E T O F S W I N G - B E D C O S T	94,095,390

P R I V A T E R O O M D I F F E R E N T I A L A D J U S T M E N T

28	G E N E R A L I N P A T I E N T R O U T I N E S E R V I C E C H A R G E S (E X C L U D I N G S W I N G - B E D C H A R G E S)	204,019,508
29	P R I V A T E R O O M C H A R G E S (E X C L U D I N G S W I N G - B E D C H A R G E S)	83,672,750
30	S E M I - P R I V A T E R O O M C H A R G E S (E X C L U D I N G S W I N G - B E D C H A R G E S)	120,346,758
31	G E N E R A L I N P A T I E N T R O U T I N E S E R V I C E C O S T / C H A R G E R A T I O	.461208
32	A V E R A G E P R I V A T E R O O M P E R D I E M C H A R G E	
33	A V E R A G E S E M I - P R I V A T E R O O M P E R D I E M C H A R G E	1,227.38
34	A V E R A G E P E R D I E M P R I V A T E R O O M C H A R G E D I F F E R E N T I A L	
35	A V E R A G E P E R D I E M P R I V A T E R O O M C O S T D I F F E R E N T I A L	
36	P R I V A T E R O O M C O S T D I F F E R E N T I A L A D J U S T M E N T	
37	G E N E R A L I N P A T I E N T R O U T I N E S E R V I C E C O S T N E T O F S W I N G - B E D C O S T A N D P R I V A T E R O O M	94,095,390
	C O S T D I F F E R E N T I A L	

TITLE XIX - I/P HOSPITAL OTHER
 PART II - HOSPITAL AND SUBPROVIDERS ONLY 1

PROGRAM INPATIENT OPERATING COST BEFORE
 PASS THROUGH COST ADJUSTMENTS

38	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM					959.65
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST					8,236,676
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM					
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST					8,236,676
		TOTAL I/P COST	TOTAL I/P DAYS	AVERAGE PER DIEM	PROGRAM DAYS	PROGRAM COST
		1	2	3	4	5
42	NURSERY (TITLE V & XIX ONLY)	15,625,892	21,659	721.45	3,045	2,196,815
	INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS					
43	INTENSIVE CARE UNIT	5,766,610	3,374	1,709.13	276	471,720
43.01	PEDIATRIC INTENSIVE CARE UNIT	6,292,805	4,025	1,563.43	565	883,338
44	CORONARY CARE UNIT	5,180,376	3,766	1,375.56	514	707,038
45	BURN INTENSIVE CARE UNIT					
46	SURGICAL INTENSIVE CARE UNIT					
47	NEONATAL INTENSIVE CARE UNIT	15,560,403	10,556	1,474.08	2,479	3,654,244
48	PROGRAM INPATIENT ANCILLARY SERVICE COST					11,195,304
49	TOTAL PROGRAM INPATIENT COSTS					27,345,135

PASS THROUGH COST ADJUSTMENTS

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

TARGET AMOUNT AND LIMIT COMPUTATION

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

PROGRAM INPATIENT ROUTINE SWING BED COST

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

TITLE XIX - I/P HOSPITAL OTHER

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

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

PART IV - COMPUTATION OF OBSERVATION BED COST

83	TOTAL OBSERVATION BED DAYS	7,110
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	959.65
85	OBSERVATION BED COST	6,823,112

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

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

TITLE XIX - I/P SUBPROVIDER I OTHER

PART I - ALL PROVIDER COMPONENTS

1

INPATIENT DAYS

1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	11,096
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	11,096
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	11,096
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
7	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
8	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
9	TOTAL INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	2,294
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLE V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)	
15	TOTAL NURSERY DAYS (TITLE V OR XIX ONLY)	
16	NURSERY DAYS (TITLE V OR XIX ONLY)	

SWING-BED ADJUSTMENT

17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	6,156,625
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)	
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	6,156,625

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	15,075,201
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	15,075,021
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.408394
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	1,358.60
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL	
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL	
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT	
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	6,156,625

TITLE XIX - I/P SUBPROVIDER I OTHER

PART II - HOSPITAL AND SUBPROVIDERS ONLY

1

PROGRAM INPATIENT OPERATING COST BEFORE
 PASS THROUGH COST ADJUSTMENTS

38	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM					554.85
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST					1,272,826
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM					
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST					1,272,826

		TOTAL I/P COST 1	TOTAL I/P DAYS 2	AVERAGE PER DIEM 3	PROGRAM DAYS 4	PROGRAM COST 5
42	NURSERY (TITLE V & XIX ONLY)					
	INTENSIVE CARE TYPE INPATIENT					
	HOSPITAL UNITS					
43	INTENSIVE CARE UNIT					
43.01	PEDIATRIC INTENSIVE CARE UNIT					
44	CORONARY CARE UNIT					
45	BURN INTENSIVE CARE UNIT					
46	SURGICAL INTENSIVE CARE UNIT					
47	NEONATAL INTENSIVE CARE UNIT					
48	PROGRAM INPATIENT ANCILLARY SERVICE COST					1 208,766
49	TOTAL PROGRAM INPATIENT COSTS					1,481,592

PASS THROUGH COST ADJUSTMENTS

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

TARGET AMOUNT AND LIMIT COMPUTATION

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

PROGRAM INPATIENT ROUTINE SWING BED COST

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

TITLE XIX - I/P SUBPROVIDER I OTHER

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

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

PART IV - COMPUTATION OF OBSERVATION BED COST

83	TOTAL OBSERVATION BED DAYS	
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	554.85
85	OBSERVATION BED COST	

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

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

TITLE XVIII, PART A		HOSPITAL	PPS		
WKST A	COST CENTER DESCRIPTION	RATIO COST	INPATIENT	INPATIENT	
LINE NO.		TO CHARGES	CHARGES	COST	
		1	2	3	
	INPAT ROUTINE SRVC CNTRS				
25	ADULTS & PEDIATRICS		47,814,434		
26	INTENSIVE CARE UNIT		5,100,725		
26	01 PEDIATRIC INTENSIVE CARE UNIT		76,927		
27	CORONARY CARE UNIT		5,816,468		
28	BURN INTENSIVE CARE UNIT				
29	SURGICAL INTENSIVE CARE UNIT				
30	NEONATAL INTENSIVE CARE UNIT				
31	SUBPROVIDER				
	ANCILLARY SRVC COST CNTRS				
37	OPERATING ROOM	.337655	9,774,700	3,300,476	
38	RECOVERY ROOM	.297562	1,037,993	308,867	
39	DELIVERY ROOM & LABOR ROOM	.172495	8,017	1,383	
40	ANESTHESIOLOGY	.163918	2,130,510	349,229	
41	RADIOLOGY-DIAGNOSTIC	.148479	12,580,364	1,867,920	
42	RADIOLOGY-THERAPEUTIC	.234042	282,102	66,024	
42	01 NUCLEAR MEDICINE-DIAGNOSTIC	.208327	1,598,338	332,977	
43	RADIOISOTOPE				
43	01 ULTRA SOUND	.162628	648,055	105,392	
44	LABORATORY	.155313	21,758,703	3,379,409	
44	01 ANATOMIC PATHOLOGY	.263381	743,577	195,844	
44	03 LAB-STEM CELL	3.345534	41,899	140,175	
45	PBP CLINICAL LAB SERVICES-PRGM ONLY				
46	WHOLE BLOOD & PACKED RED BLOOD CELLS				
46	01 MENTAL HYGIENE	.473098			
47	BLOOD STORING, PROCESSING & TRANS.	.355639	2,350,908	836,075	
48	INTRAVENOUS THERAPY	1.930602	6,685	12,906	
48	01 PHARMACY-IV DRUG THERAPY	.285548	12,487,677	3,565,831	
49	RESPIRATORY THERAPY	.205813	5,386,477	1,108,607	
49	01 SLEEP DISORDER	.206633			
49	02 PAIN MANAGEMENT	2.166037	13,024	28,210	
50	PHYSICAL THERAPY	.231920	1,446,054	335,369	
51	OCCUPATIONAL THERAPY	.094320	186,423	17,583	
52	SPEECH PATHOLOGY	.238057	464,246	110,517	
53	ELECTROCARDIOLOGY	.171077	1,741,326	297,901	
54	ELECTROENCEPHALOGRAPHY	.409139			
54	01 CARDIAC CATHETERIZATION LABORATORY	.160148	9,693,677	1,552,423	
54	02 CARDIAC REHAB	1.491351	4,366	6,511	
54	03 VASCULAR LAB	.087359	4,112,738	359,285	
54	04 ENDOSCOPY	.215508	1,682,460	362,584	
54	05 CLINICAL NUTRITION	3.994367	594	2,373	
54	06 PSYCHOTHERAPY	.214632	786	169	
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.529282	21,950,202	11,617,847	
56	DRUGS CHARGED TO PATIENTS	.216185	7,737,657	1,672,765	
57	RENAL DIALYSIS	.269279	4,016,630	1,081,594	
58	ASC (NON-DISTINCT PART)				
	OUTPAT SERVICE COST CNTRS				
60	CLINIC	.892396	4,221	3,767	
61	EMERGENCY	.236105	7,962,621	1,880,015	
62	OBSERVATION BEDS (NON-DISTINCT PART)	.579692			
	OTHER REIMBURS COST CNTRS				
64	HOME PROGRAM DIALYSIS				
65	AMBULANCE SERVICES				
66	DURABLE MEDICAL EQUIP-RENTED				
67	DURABLE MEDICAL EQUIP-SOLD				
68	TRANSPORT				
101	TOTAL		131,853,030	34,900,028	
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES				
103	NET CHARGES		131,853,030		

TITLE XVIII, PART A		SUBPROVIDER 1		TEFRA	
WKST A	COST CENTER DESCRIPTION	RATIO COST TO CHARGES	INPATIENT CHARGES	INPATIENT COST	
LINE NO.		1	2	3	
	INPAT ROUTINE SRVC CNTRS				
	ADULTS & PEDIATRICS				
25	INTENSIVE CARE UNIT				
26	01 PEDIATRIC INTENSIVE CARE UNIT				
27	CORONARY CARE UNIT				
28	BURN INTENSIVE CARE UNIT				
29	SURGICAL INTENSIVE CARE UNIT				
30	NEONATAL INTENSIVE CARE UNIT				
31	SUBPROVIDER		8,788,365		
	ANCILLARY SRVC COST CNTRS				
	OPERATING ROOM	.331205	7,405	2,453	
37	RECOVERY ROOM	.297562	3,244	965	
38	DELIVERY ROOM & LABOR ROOM	.172495	2,641	456	
39	ANESTHESIOLOGY	.161605	327,208	52,878	
40	RADIOLOGY-DIAGNOSTIC	.148005	210,428	31,144	
41	RADIOLOGY-THERAPEUTIC	.234042			
42	01 NUCLEAR MEDICINE-DIAGNOSTIC	.208327	14,786	3,080	
43	RADIOISOTOPE				
43	01 ULTRA SOUND	.162025	13,425	2,175	
44	LABORATORY	.155313	666,573	103,527	
44	01 ANATOMIC PATHOLOGY	.255814	2,057	526	
44	03 LAB-STEM CELL	3.345534			
45	PBP CLINICAL LAB SERVICES-PRGM ONLY				
46	WHOLE BLOOD & PACKED RED BLOOD CELLS				
46	01 MENTAL HYGIENE	.468597	153,647	71,999	
47	BLOOD STORING, PROCESSING & TRANS.	.355639	5,669	2,016	
48	INTRAVENOUS THERAPY	1.930602	828	1,599	
48	01 PHARMACY-IV DRUG THERAPY	.285548	59,975	17,126	
49	RESPIRATORY THERAPY	.205433	44,850	9,214	
49	01 SLEEP DISORDER	.206633			
49	02 PAIN MANAGEMENT	2.166037			
50	PHYSICAL THERAPY	.231920	48,987	11,361	
51	OCCUPATIONAL THERAPY	.094320	970	91	
52	SPEECH PATHOLOGY	.238057	4,047	963	
53	ELECTROCARDIOLOGY	.170641	52,126	8,895	
54	ELECTROENCEPHALOGRAPHY	.370613			
54	01 CARDIAC CATHETERIZATION LABORATORY	.160117	12,267	1,964	
54	02 CARDIAC REHAB	1.490384			
54	03 VASCULAR LAB	.087359	31,322	2,736	
54	04 ENDOSCOPY	.215339	20,081	4,324	
54	05 CLINICAL NUTRITION	3.994367			
54	06 PSYCHOTHERAPY	.213076	773	165	
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.529282	48,049	25,431	
56	DRUGS CHARGED TO PATIENTS	.216185	1,079,512	233,374	
57	RENAL DIALYSIS	.268063	54,518	14,614	
58	ASC (NON-DISTINCT PART)				
	OUTPAT SERVICE COST CNTRS				
60	CLINIC	.888197	128	114	
61	EMERGENCY	.234028	356,510	83,433	
62	OBSERVATION BEDS (NON-DISTINCT PART)	.579692			
	OTHER REIMBURS COST CNTRS				
64	HOME PROGRAM DIALYSIS				
65	AMBULANCE SERVICES				
66	DURABLE MEDICAL EQUIP-RENTED				
67	DURABLE MEDICAL EQUIP-SOLD				
68	TRANSPORT				
101	TOTAL		3,222,026	686,623	
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES				
103	NET CHARGES		3,222,026		

TITLE XIX		HOSPITAL	OTHER		
WKST A	COST CENTER	DESCRIPTION	RATIO COST TO CHARGES	INPATIENT CHARGES	INPATIENT COST
LINE NO.			1	2	3
		INPAT ROUTINE SRVC CNTRS			
25		ADULTS & PEDIATRICS		20,990,960	
26		INTENSIVE CARE UNIT		820,116	
26	01	PEDIATRIC INTENSIVE CARE UNIT		2,184,245	
27		CORONARY CARE UNIT		1,584,723	
28		BURN INTENSIVE CARE UNIT			
29		SURGICAL INTENSIVE CARE UNIT			
30		NEONATAL INTENSIVE CARE UNIT		9,001,715	
31		SUBPROVIDER			
		ANCILLARY SRVC COST CNTRS			
37		OPERATING ROOM	.360658	2,280,566	822,504
38		RECOVERY ROOM	.297562	215,048	63,990
39		DELIVERY ROOM & LABOR ROOM	.172495	126,353	21,795
40		ANESTHESIOLOGY	.207667	928,795	192,880
41		RADIOLOGY-DIAGNOSTIC	.157317	3,582,020	563,513
42		RADIOLOGY-THERAPEUTIC	.234042	19,221	4,499
42	01	NUCLEAR MEDICINE-DIAGNOSTIC	.208327	401,999	83,747
43		RADIOISOTOPE			
43	01	ULTRA SOUND	.162025	402,437	65,205
44		LABORATORY	.160006	8,430,300	1,348,899
44	01	ANATOMIC PATHOLOGY	.255814	325,243	83,202
44	03	LAB-STEM CELL	3.345534	27,248	91,159
45		PBP CLINICAL LAB SERVICES-PRGM ONLY			
46		WHOLE BLOOD & PACKED RED BLOOD CELLS			
46	01	MENTAL HYGIENE	.468597		
47		BLOOD STORING, PROCESSING & TRANS.	.355639	1,194,258	424,725
48		INTRAVENOUS THERAPY	1.930602	1,628	3,143
48	01	PHARMACY-IV DRUG THERAPY	.285548	2,732,835	780,356
49		RESPIRATORY THERAPY	.208192	7,792,097	1,622,252
49	01	SLEEP DISORDER	.206633	13,334	2,755
49	02	PAIN MANAGEMENT	2.166037	1,096	2,374
50		PHYSICAL THERAPY	.231920	237,660	55,118
51		OCCUPATIONAL THERAPY	.094320	222,560	20,992
52		SPEECH PATHOLOGY	.238057	51,938	12,364
53		ELECTROCARDIOLOGY	.180369	698,126	125,920
54		ELECTROENCEPHALOGRAPHY	.677147	120,450	81,562
54	01	CARDIAC CATHETERIZATION LABORATORY	.160117	522,078	83,594
54	02	CARDIAC REHAB	1.490384	646	963
54	03	VASCULAR LAB	.087359	634,278	55,410
54	04	ENDOSCOPY	.215339	157,431	33,901
54	05	CLINICAL NUTRITION	3.994367	106	423
54	06	PSYCHOTHERAPY	.213076		
55		MEDICAL SUPPLIES CHARGED TO PATIENTS	.529282	4,279,020	2,264,808
56		DRUGS CHARGED TO PATIENTS	.216185	7,935,183	1,715,468
57		RENAL DIALYSIS	.268063	440,986	118,212
58		ASC (NON-DISTINCT PART)			
		OUTPAT SERVICE COST CNTRS			
60		CLINIC	.904806	31,492	28,494
61		EMERGENCY	.236158	1,783,032	421,077
62		OBSERVATION BEDS (NON-DISTINCT PART)	.579692		
		OTHER REIMBURS COST CNTRS			
64		HOME PROGRAM DIALYSIS			
65		AMBULANCE SERVICES			
66		DURABLE MEDICAL EQUIP-RENTED			
67		DURABLE MEDICAL EQUIP-SOLD			
68		TRANSPORT			
101		TOTAL		45,589,464	11,195,304
102		LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103		NET CHARGES		45,589,464	

TITLE XIX		SUBPROVIDER 1	OTHER		
WKST A	COST CENTER	DESCRIPTION	RATIO COST TO CHARGES	INPATIENT CHARGES	INPATIENT COST
LINE NO.			1	2	3
		INPAT ROUTINE SRVC CNTRS			
		ADULTS & PEDIATRICS			
25		INTENSIVE CARE UNIT			
26	01	PEDIATRIC INTENSIVE CARE UNIT			
26		CORONARY CARE UNIT			
27		BURN INTENSIVE CARE UNIT			
28		SURGICAL INTENSIVE CARE UNIT			
29		NEONATAL INTENSIVE CARE UNIT			
30		SUBPROVIDER		3,120,455	
31		ANCILLARY SRVC COST CNTRS			
		OPERATING ROOM	.360658	5,140	1,854
37		RECOVERY ROOM	.297562	614	183
38		DELIVERY ROOM & LABOR ROOM	.172495		
39		ANESTHESIOLOGY	.207667	47,918	9,951
40		RADIOLOGY-DIAGNOSTIC	.157317	42,256	6,648
41		RADIOLOGY-THERAPEUTIC	.234042		
42	01	NUCLEAR MEDICINE-DIAGNOSTIC	.208327		
42		RADIOISOTOPE			
43	01	ULTRA SOUND	.162025	2,428	393
43		LABORATORY	.160006	214,375	34,301
44	01	ANATOMIC PATHOLOGY	.255814		
44	03	LAB-STEM CELL	3.345534		
45		PBP CLINICAL LAB SERVICES-PRGM ONLY			
46		WHOLE BLOOD & PACKED RED BLOOD CELLS			
46	01	MENTAL HYGIENE	.468597	23,398	10,964
47		BLOOD STORING, PROCESSING & TRANS.	.355639		
48		INTRAVENOUS THERAPY	1.930602	57	110
48	01	PHARMACY-IV DRUG THERAPY	.285548	10,371	2,961
49		RESPIRATORY THERAPY	.208192	5,658	1,178
49	01	SLEEP DISORDER	.206633		
49	02	PAIN MANAGEMENT	2.166037		
50		PHYSICAL THERAPY	.231920	4,684	1,086
51		OCCUPATIONAL THERAPY	.094320		
52		SPEECH PATHOLOGY	.238057	2,543	605
53		ELECTROCARDIOLOGY	.180369	9,095	1,640
54		ELECTROENCEPHALOGRAPHY	.677147		
54	01	CARDIAC CATHETERIZATION LABORATORY	.160117		
54	02	CARDIAC REHAB	1.490384		
54	03	VASCULAR LAB	.087359	3,612	316
54	04	ENDOSCOPY	.215339	3,088	665
54	05	CLINICAL NUTRITION	3.994367		
54	06	PSYCHOTHERAPY	.213076		
55		MEDICAL SUPPLIES CHARGED TO PATIENTS	.529282		
56		DRUGS CHARGED TO PATIENTS	.216185	419,989	90,795
57		RENAL DIALYSIS	.268063	12,822	3,437
58		ASC (NON-DISTINCT PART)			
		OUTPAT SERVICE COST CNTRS			
60		CLINIC	.904806		
61		EMERGENCY	.236158	176,486	41,679
62		OBSERVATION BEDS (NON-DISTINCT PART)	.579692		
		OTHER REIMBURS COST CNTRS			
64		HOME PROGRAM DIALYSIS			
65		AMBULANCE SERVICES			
66		DURABLE MEDICAL EQUIP-RENTED			
67		DURABLE MEDICAL EQUIP-SOLD			
68		TRANSPORT			
101		TOTAL		984,534	208,766
102		LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103		NET CHARGES		984,534	

KIDNEY

PART I - COMPUTATION OF ORGAN ACQUISITION COSTS (INPATIENT ROUTINE AND ANCI LLARY SERVICES)

COMPUTATION OF INPATIENT ROUTINE SERVICE COSTS APPLI CABLE TO ORGAN ACQUISITION		INPATIENT ROUTINE ORGAN CHARGES		PER DIEM COSTS FROM WKST. D- 1	ORGAN ACQUISITION DAYS	COST (COL. 2 X COL. 3)
		I	D	2	3	4
1	ADULTS & PEDIATRICS		38	761. 34		
2	INTENSIVE CARE UNIT		43	1, 411. 33		
2. 01	PEDIATRIC INTENSIVE CARE UNIT		43. 01	1, 563. 82		
3	CORONARY CARE UNIT		44	1, 375. 56		
4	BURN INTENSIVE CARE UNIT		45			
5	SURGI CAL INTENSIVE CARE UNIT		46			
6	NEONATAL INTENSIVE CARE UNIT		47	1, 477. 67		
7	TOTAL (SUM OF LINES 1-6)					

COMPUTATION OF ANCI LLARY SERVICE COST APPLI CABLE TO ORGAN ACQUISITION		RATIO OF COST/ CHARGES	ORGAN ACQUI SITI ON ANCI LLARY CHARGES	ORGAN ACQUI SITI ON ANCI LLARY COSTS
	C	1	2	3
8	OPERATING ROOM	37	. 331205	
9	RECOVERY ROOM	38	. 297562	34, 407
10	DELIVERY ROOM & LABOR ROO	39	. 172495	
11	ANESTHESI OLOGY	40	. 161605	4, 488
12	RADI OLOGY-DI AGNOSTIC	41	. 148005	
13	RADI OLOGY-THERAPEUTI C	42	. 234042	
13. 01	NUCLEAR MEDI CINE-DI AGNOST	42. 01	. 208327	
14	RADI OISOTOPE	43		
14. 01	ULTRA SOUND	43. 01	. 162025	
15	LABORATORY	44	. 155313	14, 434
15. 01	ANATOMI C PATHOLOGY	44. 01	. 255814	2, 965
15. 03	LAB-STEM CELL	44. 03	3. 345534	
16	PBP CLINI CAL LAB SERVICES	45		
17	WHOLE BLOOD & PACKED RED	46		
17. 01	MENTAL HYGIENE	46. 01	. 468597	
18	BLOOD STORI NG, PROCESSI NG	47	. 355639	
19	INTRAVENOUS THERAPY	48	1. 930602	
19. 01	PHARMACY-IV DRUG THERAPY	48. 01	. 285548	
20	RESPI RATORY THERAPY	49	. 205433	6, 291
20. 01	SLEEP DI SORDER	49. 01	. 206633	
20. 02	PAIN MANAGEMENT	49. 02	2. 166037	1, 292
21	PHYSI CAL THERAPY	50	. 231920	
22	OCCUPATI ONAL THERAPY	51	. 094320	
23	SPEECH PATHOLOGY	52	. 238057	
24	ELECTROCARDI OLOGY	53	. 170641	
25	ELECTROENCEPHALOGRAPHY	54	. 370613	
25. 01	CARDI AC CATHETERIZATI ON L	54. 01	. 160117	
25. 02	CARDI AC REHAB	54. 02	1. 490384	
25. 03	VASCULAR LAB	54. 03	. 087359	
25. 04	ENDOSCOPY	54. 04	. 215339	
25. 05	CLINI CAL NUTRI TI ON	54. 05	3. 994367	
25. 06	PSYCHOTHERAPY	54. 06	. 213076	
26	MEDI CAL SUPPLI ES CHARGED	55	. 529282	2, 113
27	DRUGS CHARGED TO PATIENTS	56	. 216185	1, 118
28	RENAL DI ALYSIS	57	. 268063	
29	ASC (NON-DI STI NCT PART)	58		
31	CLINI C	60	. 888197	
32	EMERGENCY	61	. 234028	
33	OBSERVATI ON BEDS (NON-DI S	62	. 579692	21, 396
35	TOTAL (SUM OF LINES 8-34)			86, 094
				12, 403
				29, 934

KIDNEY

PART II - COMPUTATION OF ORGAN ACQUISITION COSTS (OTHER THAN INPATIENT ROUTINE AND ANCILLARY SERVICE COSTS)

COMPUTATION OF THE COST OF INPATIENT SERVICES OF INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM		AVERAGE COST PER DAY	ORGAN ACQUISITION DAYS	ORGAN ACQUISITION COSTS
		1	2	3
36	ADULTS & PEDIATRICS			
				D
37	INTENSIVE CARE UNIT			2
37.01	PEDIATRIC INTENSIVE CARE UNIT			3
38	CORONARY CARE UNIT			3.01
39	BURN INTENSIVE CARE UNIT			4
40	SURGICAL INTENSIVE CARE UNIT			5
41	NEONATAL INTENSIVE CARE UNIT			6
42	TOTAL (SUM OF LINES 36-41)			7

COMPUTATION OF THE COST OF OUTPATIENT SERVICES OF INTERNS AND RESIDENTS NOT IN APPROVED		ORGAN ACQUISITION CHARGES	RATIO OF COST TO CHARGES	ORGAN ACQUISITION COSTS
		1	2	3
43	CLINIC			D
44	EMERGENCY			20
45	OBSERVATION BEDS (NON-DISTINCT PART)	21,396		21
47	TOTAL (SUM OF LINES 43-46)	21,396		22

KIDNEY

PART III - SUMMARY OF COSTS AND CHARGES

		C O S T		C H A R G E S	
		PART A	PART B	PART A	PART B
		1	2	3	4
48	ROUTINE & ANCILLARY FROM PT 1	29,934		86,094	
49	INTERNS & RESIDENTS (INPATIENT)				
50	INTERNS & RESIDENTS (OUTPATIENT)				
51	DIRECT ORGAN ACQUISITION	213,091		167,706	
52	COST OF SERVS OF TEACHING PHYSICIANS				
53	TOTAL (SUM OF LINES 48-52)	243,025		253,800	
54	TOTAL USABLE ORGANS		18		
55	MEDICARE USABLE ORGANS		18		
56	RATIO MEDICARE USABLE ORGANS TO TOTAL USABLE ORGANS		1.000000		
57	MEDICARE COST/CHARGES	243,025		253,800	
58	REVENUE FOR ORGANS SOLD	86,094		86,094	
59	SUBTOTAL (LN 57 MINUS LN 58)	156,931		167,706	
60	ORGANS FURNISHED PART B				
61	NET ORGAN ACQUISITION COST & CHARGES	156,931		167,706	

PART IV - STATISTICS

		LIVING RELATED		CADAVERIC	REVENUE
		1	2	2	3
62	ORGANS EXCISED IN PROVIDER (1)			12	
63	ORGANS PURCH OTH TRANSPLANT HOSPS(2)				
64	ORGANS PURCHASED FROM NON-TRANSPLT HOSPS			4	
65	ORGANS PURCHASED FROM OPOS			16	
66	TOTAL (SUM OF LINES 62-65)		2	4	
67	ORGANS TRANSPLANTED		2	4	
68	ORGANS SOLD TO OTHER HOSPITALS				
69	ORGANS SOLD TO OPOS			12	86,094
70	ORGANS SOLD TO TRANSPLANT HOSPITALS				
71	ORGANS SOLD TO MILITARY OR VA HOSPS				
72	ORGANS SOLD OUTSIDE UNITED STATES				
73	ORGANS SENT OUTSIDE U.S. NO REVENUE				
74	ORGANS USED FOR RESEARCH				
75	UNUSABLE/DISCARDED ORGANS				
76	TOTAL (SUM LNS 67-75 SHOULD = LN 66)		2	16	

(1) Organs procured outside your center by a procurement team from your center are not to be included in the count.
 (2) Organs procured outside your center by a procurement team are included in the count.

LIVER

PART I - COMPUTATION OF ORGAN ACQUISITION COSTS (INPATIENT ROUTINE AND ANCI LLARY SERVICES)

COMPUTATION OF INPATIENT ROUTINE SERVICE COSTS APPLI CABLE TO ORGAN ACQUISITION		INPATIENT ROUTINE ORGAN CHARGES		PER DIEM COSTS FROM WKST. D- 1	ORGAN ACQUISITION DAYS	COST (COL. 2 X COL. 3)
		1	D	2	3	4
1	ADULTS & PEDIATRICS		38	761. 34		
2	INTENSIVE CARE UNIT		43	1, 411. 33		
2. 01	PEDIATRIC INTENSIVE CARE UNIT		43. 01	1, 563. 82		
3	CORONARY CARE UNIT		44	1, 375. 56		
4	BURN INTENSIVE CARE UNIT		45			
5	SURGI CAL INTENSIVE CARE UNIT		46			
6	NEONATAL INTENSIVE CARE UNIT		47	1, 477. 67		
7	TOTAL (SUM OF LINES 1-6)					

COMPUTATION OF ANCI LLARY SERVICE COST APPLI CABLE TO ORGAN ACQUISITION		RATIO OF COST/ CHARGES	ORGAN ACQUI SITI ON ANCI LLARY CHARGES	ORGAN ACQUI SITI ON ANCI LLARY COSTS
	C	1	2	3
8	OPERATING ROOM	37	. 331205	
9	RECOVERY ROOM	38	. 297562	20, 712
10	DELIVERY ROOM & LABOR ROO	39	. 172495	
11	ANESTHESI OLOGY	40	. 161605	2, 917
12	RADI OLOGY- DIAGNOSTIC	41	. 148005	471
13	RADI OLOGY- THERAPEUTI C	42	. 234042	
13. 01	NUCLEAR MEDI CINE- DIAGNOST	42. 01	. 208327	
14	RADI OISOTOPE	43		
14. 01	ULTRA SOUND	43. 01	. 162025	
15	LABORATORY	44	. 155313	8, 578
15. 01	ANATOMI C PATHOLOGY	44. 01	. 255814	8, 643
15. 03	LAB- STEM CELL	44. 03	3. 345534	1, 332
16	PBP CLINI CAL LAB SERVICES	45		2, 211
17	WHOLE BLOOD & PACKED RED	46		
17. 01	MENTAL HYGIENE	46. 01	. 468597	
18	BLOOD STORING, PROCESSING	47	. 355639	
19	INTRAVENOUS THERAPY	48	1. 930602	
19. 01	PHARMACY-IV DRUG THERAPY	48. 01	. 285548	
20	RESPI RATORY THERAPY	49	. 205433	3, 631
20. 01	SLEEP DI SORDER	49. 01	. 206633	746
20. 02	PAIN MANAGEMENT	49. 02	2. 166037	
21	PHYSI CAL THERAPY	50	. 231920	
22	OCCUPATI ONAL THERAPY	51	. 094320	
23	SPEECH PATHOLOGY	52	. 238057	
24	ELECTROCARDI OLOGY	53	. 170641	
25	ELECTROENCEPHALOGRAPHY	54	. 370613	
25. 01	CARDI AC CATHETERIZATI ON L	54. 01	. 160117	
25. 02	CARDI AC REHAB	54. 02	1. 490384	
25. 03	VASCULAR LAB	54. 03	. 087359	
25. 04	ENDOSCOPY	54. 04	. 215339	
25. 05	CLINI CAL NUTRI TI ON	54. 05	3. 994367	
25. 06	PSYCHOTHERAPY	54. 06	. 213076	
26	MEDI CAL SUPPLI ES CHARGED	55	. 529282	1, 119
27	DRUGS CHARGED TO PATIENTS	56	. 216185	592
28	RENAL DI ALYSIS	57	. 268063	
29	ASC (NON- DI STI NCT PART)	58		
31	CLINI C	60	. 888197	
32	EMERGENCY	61	. 234028	
33	OBSERVATI ON BEDS (NON- DI S	62	. 579692	13, 336
35	TOTAL (SUM OF LINES 8- 34)			58, 936
				7, 731
				19, 943

LIVER

PART II - COMPUTATION OF ORGAN ACQUISITION COSTS (OTHER THAN INPATIENT ROUTINE AND ANCILLARY SERVICE COSTS)

COMPUTATION OF THE COST OF INPATIENT SERVICES OF INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM		AVERAGE COST PER DAY	ORGAN ACQUISITION DAYS	ORGAN ACQUISITION COSTS
		1	2	3
36	ADULTS & PEDIATRICS			
				D
37	INTENSIVE CARE UNIT			2
37.01	PEDIATRIC INTENSIVE CARE UNIT			3
38	CORONARY CARE UNIT			3.01
39	BURN INTENSIVE CARE UNIT			4
40	SURGICAL INTENSIVE CARE UNIT			5
41	NEONATAL INTENSIVE CARE UNIT			6
42	TOTAL (SUM OF LINES 36-41)			7

COMPUTATION OF THE COST OF OUTPATIENT SERVICES OF INTERNS AND RESIDENTS NOT IN APPROVED		ORGAN ACQUISITION CHARGES	RATIO OF COST TO CHARGES	ORGAN ACQUISITION COSTS
		1	2	3
43	CLINIC			D
44	EMERGENCY			20
45	OBSERVATION BEDS (NON-DISTINCT PART)	13,336		21
47	TOTAL (SUM OF LINES 43-46)	13,336		22

LIVER

PART III - SUMMARY OF COSTS AND CHARGES

		C O S T		C H A R G E S	
		PART A	PART B	PART A	PART B
		1	2	3	4
48	ROUTINE & ANCILLARY FROM PT 1	19,943		58,936	
49	INTERNS & RESIDENTS (INPATIENT)				
50	INTERNS & RESIDENTS (OUTPATIENT)				
51	DIRECT ORGAN ACQUISITION	38,312		23,300	
52	COST OF SERVS OF TEACHING PHYSICIANS				
53	TOTAL (SUM OF LINES 48-52)	58,255		82,236	
54	TOTAL USABLE ORGANS		8		
55	MEDICARE USABLE ORGANS		7		
56	RATIO MEDICARE USABLE ORGANS TO TOTAL USABLE ORGANS		0.875000		
57	MEDICARE COST/CHARGES	50,973		71,957	
58	REVENUE FOR ORGANS SOLD	58,936			
59	SUBTOTAL (LN 57 MINUS LN 58)	-7,963		71,957	
60	ORGANS FURNISHED PART B				
61	NET ORGAN ACQUISITION COST & CHARGES	-7,963		71,957	

PART IV - STATISTICS

		LIVING RELATED	CADAVERIC	REVENUE
		1	2	3
62	ORGANS EXCISED IN PROVIDER (1)		7	
63	ORGANS PURCH OTH TRANSPLANT HOSPS(2)			
64	ORGANS PURCHASED FROM NON-TRANSPLT HOSPS			
65	ORGANS PURCHASED FROM OPOS		1	
66	TOTAL (SUM OF LINES 62-65)		8	
67	ORGANS TRANSPLANTED		1	
68	ORGANS SOLD TO OTHER HOSPITALS			
69	ORGANS SOLD TO OPOS		7	58,936
70	ORGANS SOLD TO TRANSPLANT HOSPITALS			
71	ORGANS SOLD TO MILITARY OR VA HOSPS			
72	ORGANS SOLD OUTSIDE UNITED STATES			
73	ORGANS SENT OUTSIDE U.S. NO REVENUE			
74	ORGANS USED FOR RESEARCH			
75	UNUSABLE/DISCARDED ORGANS			
76	TOTAL (SUM LNS 67-75 SHOULD = LN 66)		8	

(1) Organs procured outside your center by a procurement team from your center are not to be included in the count.
 (2) Organs procured outside your center by a procurement team are included in the count.

HEART

PART I - COMPUTATION OF ORGAN ACQUISITION COSTS (INPATIENT ROUTINE AND ANCI LLARY SERVICES)

COMPUTATION OF INPATIENT ROUTINE SERVICE COSTS APPLI CABLE TO ORGAN ACQUISITION		INPATIENT ROUTINE ORGAN CHARGES		PER DIEM COSTS FROM WKST. D- 1	ORGAN ACQUISITION DAYS	COST (COL. 2 X COL. 3)
		1	D	2	3	4
1	ADULTS & PEDIATRICS		38	761. 34		
2	INTENSIVE CARE UNIT		43	1, 411. 33		
2. 01	PEDIATRIC INTENSIVE CARE UNIT		43. 01	1, 563. 82		
3	CORONARY CARE UNIT		44	1, 375. 56		
4	BURN INTENSIVE CARE UNIT		45			
5	SURGI CAL INTENSIVE CARE UNIT		46			
6	NEONATAL INTENSIVE CARE UNIT		47	1, 477. 67		
7	TOTAL (SUM OF LINES 1-6)					

COMPUTATION OF ANCI LLARY SERVICE COST APPLI CABLE TO ORGAN ACQUISITION		RATIO OF COST/ CHARGES	ORGAN ACQUI SITI ON ANCI LLARY CHARGES	ORGAN ACQUI SITI ON ANCI LLARY COSTS
	C	1	2	3
8	OPERATING ROOM	37	. 331205	
9	RECOVERY ROOM	38	. 297562	7, 544
10	DELIVERY ROOM & LABOR ROO	39	. 172495	
11	ANESTHESIOLOGY	40	. 161605	1, 131
12	RADIOLOGY-DIAGNOSTIC	41	. 148005	
13	RADIOLOGY-THERAPEUTIC	42	. 234042	
13. 01	NUCLEAR MEDICINE-DIAGNOST	42. 01	. 208327	
14	RADIOISOTOPE	43		
14. 01	ULTRA SOUND	43. 01	. 162025	
15	LABORATORY	44	. 155313	3, 160
15. 01	ANATOMI C PATHOLOGY	44. 01	. 255814	491
15. 03	LAB-STEM CELL	44. 03	3. 345534	826
16	PBP CLINI CAL LAB SERVICES	45		
17	WHOLE BLOOD & PACKED RED	46		
17. 01	MENTAL HYGIENE	46. 01	. 468597	
18	BLOOD STORING, PROCESSING	47	. 355639	
19	INTRAVENOUS THERAPY	48	1. 930602	
19. 01	PHARMACY-IV DRUG THERAPY	48. 01	. 285548	
20	RESPIRATORY THERAPY	49	. 205433	1, 471
20. 01	SLEEP DISORDER	49. 01	. 206633	302
20. 02	PAIN MANAGEMENT	49. 02	2. 166037	
21	PHYSI CAL THERAPY	50	. 231920	
22	OCCUPATI ONAL THERAPY	51	. 094320	
23	SPEECH PATHOLOGY	52	. 238057	
24	ELECTROCARDIOLOGY	53	. 170641	16, 519
25	ELECTROENCEPHALOGRAPHY	54	. 370613	2, 819
25. 01	CARDIAC CATHETERIZATI ON L	54. 01	. 160117	
25. 02	CARDIAC REHAB	54. 02	1. 490384	
25. 03	VASCULAR LAB	54. 03	. 087359	
25. 04	ENDOSCOPY	54. 04	. 215339	
25. 05	CLINI CAL NUTRI TI ON	54. 05	3. 994367	
25. 06	PSYCHOTHERAPY	54. 06	. 213076	
26	MEDI CAL SUPPLI ES CHARGED	55	. 529282	425
27	DRUGS CHARGED TO PATIENTS	56	. 216185	225
28	RENAL DIALYSIS	57	. 268063	
29	ASC (NON-DI STI NCT PART)	58		
31	CLINI C	60	. 888197	
32	EMERGENCY	61	. 234028	
33	OBSERVATION BEDS (NON-DIS	62	. 579692	5, 617
35	TOTAL (SUM OF LINES 8-34)			39, 096

HEART

PART II - COMPUTATION OF ORGAN ACQUISITION COSTS (OTHER THAN INPATIENT ROUTINE AND ANCILLARY SERVICE COSTS)

COMPUTATION OF THE COST OF INPATIENT SERVICES OF INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM		AVERAGE COST PER DAY	ORGAN ACQUISITION DAYS	ORGAN ACQUISITION COSTS
		1	2	3
36	ADULTS & PEDIATRICS			
				D
37	INTENSIVE CARE UNIT			2
37.01	PEDIATRIC INTENSIVE CARE UNIT			3
38	CORONARY CARE UNIT			3.01
39	BURN INTENSIVE CARE UNIT			4
40	SURGICAL INTENSIVE CARE UNIT			5
41	NEONATAL INTENSIVE CARE UNIT			6
42	TOTAL (SUM OF LINES 36-41)			7

COMPUTATION OF THE COST OF OUTPATIENT SERVICES OF INTERNS AND RESIDENTS NOT IN APPROVED		ORGAN ACQUISITION CHARGES	RATIO OF COST TO CHARGES	ORGAN ACQUISITION COSTS
		1	2	3
43	CLINIC			D
44	EMERGENCY			20
45	OBSERVATION BEDS (NON-DISTINCT PART)	5,617		21
47	TOTAL (SUM OF LINES 43-46)	5,617		22

HEART

PART III - SUMMARY OF COSTS AND CHARGES

		C O S T		C H A R G E S	
		PART A	PART B	PART A	PART B
		1	2	3	4
48	ROUTINE & ANCILLARY FROM PT 1	10,601		39,096	
49	INTERNS & RESIDENTS (INPATIENT)				
50	INTERNS & RESIDENTS (OUTPATIENT)				
51	DIRECT ORGAN ACQUISITION	66,231		45,455	
52	COST OF SERVS OF TEACHING PHYSICIANS				
53	TOTAL (SUM OF LINES 48-52)	76,832		84,551	
54	TOTAL USABLE ORGANS		4		
55	MEDICARE USABLE ORGANS		3		
56	RATIO MEDICARE USABLE ORGANS TO TOTAL USABLE ORGANS		0.750000		
57	MEDICARE COST/CHARGES	57,624		63,413	
58	REVENUE FOR ORGANS SOLD	39,096		39,096	
59	SUBTOTAL (LN 57 MINUS LN 58)	18,528		24,317	
60	ORGANS FURNISHED PART B				
61	NET ORGAN ACQUISITION COST & CHARGES	18,528		24,317	

PART IV - STATISTICS

		LIVING RELATED	CADAVERIC	REVENUE
		1	2	3
62	ORGANS EXCISED IN PROVIDER (1)			
63	ORGANS PURCH OTH TRANSPLANT HOSPS(2)			
64	ORGANS PURCHASED FROM NON-TRANSPLT HOSPS			
65	ORGANS PURCHASED FROM OPOS		1	
66	TOTAL (SUM OF LINES 62-65)		4	
67	ORGANS TRANSPLANTED		1	
68	ORGANS SOLD TO OTHER HOSPITALS			
69	ORGANS SOLD TO OPOS		3	39,096
70	ORGANS SOLD TO TRANSPLANT HOSPITALS			
71	ORGANS SOLD TO MILITARY OR VA HOSPS			
72	ORGANS SOLD OUTSIDE UNITED STATES			
73	ORGANS SENT OUTSIDE U.S. NO REVENUE			
74	ORGANS USED FOR RESEARCH			
75	UNUSABLE/DISCARDED ORGANS			
76	TOTAL (SUM LNS 67-75 SHOULD = LN 66)		4	

(1) Organs procured outside your center by a procurement team from your center are not to be included in the count.
 (2) Organs procured outside your center by a procurement team are included in the count.

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS HOSPITAL

DESCRIPTION	1	1.01
DRG AMOUNT		
1 OTHER THAN OUTLIER PAYMENTS OCCURRING PRIOR TO OCTOBER 1	30,624,387	
1.01 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER OCTOBER 1 AND BEFORE JANUARY 1	10,965,201	
1.02 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER JAN 1		
MANAGED CARE PATIENTS		
1.03 PAYMENTS PRIOR TO MARCH 1ST OR OCTOBER 1ST	9,969,197	
1.04 PAYMENTS ON OR AFTER OCTOBER 1 AND PRIOR TO JANUARY 1	3,224,328	
1.05 PAYMENTS ON OR AFTER JANUARY 1ST BUT BEFORE 4/1 / 10/1		
1.06 ADDITIONAL AMOUNT RECEIVED OR TO BE RECEIVED (SEE INSTR)		
1.07 PAYMENTS FOR DISCHARGES ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001.		
1.08 SIMULATED PAYMENTS FROM PS&R ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001.		
2 OUTLIER PAYMENTS FOR DISCHARGES OCCURRING PRIOR TO 10/1/97		
2.01 OUTLIER PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER OCTOBER 1, 1997 (SEE INSTRUCTIONS)	1,620,326	
3 BED DAYS AVAILABLE DIVIDED BY # DAYS IN COST RPTG PERIOD	525.98	
INDIRECT MEDICAL EDUCATION ADJUSTMENT		
3.01 NUMBER OF INTERNS & RESIDENTS FROM WKST S-3, PART I		
3.02 INDIRECT MEDICAL EDUCATION PERCENTAGE (SEE INSTRUCTIONS)		
3.03 INDIRECT MEDICAL EDUCATION ADJUSTMENT		
3.04 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE 12/31/1996.	141.25	
3.05 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS WHICH MEET THE CRITERIA FOR AN ADD-ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii)		
3.06 ADJUSTED FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR AFFILIATED PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii)	2.00	
		FOR CR PERIODS ENDING ON OR AFTER 7/1/2005
		E-3 PT 6 LN 15 PLUS LN 3.06
3.07 SUM OF LINES 3.04 THROUGH 3.06 (SEE INSTRUCTIONS)	143.25	
3.08 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS IN THE CURRENT YEAR FROM YOUR RECORDS	144.40	
3.09 FOR COST REPORTING PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING PRIOR TO OCTOBER 1.		
3.10 FOR COST REPORTING PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING ON OR AFTER OCTOBER 1		
3.11 FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.09		
3.12 FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.10		
3.13 FTE COUNT FOR RESIDENTS IN DENTAL AND PODIATRIC PROGRAMS.		
3.14 CURRENT YEAR ALLOWABLE FTE (SEE INSTRUCTIONS)	143.25	
3.15 TOTAL ALLOWABLE FTE COUNT FOR THE PRIOR YEAR, IF NONE BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE	143.25	
3.16 TOTAL ALLOWABLE FTE COUNT FOR THE PENULTIMATE YEAR IF THAT YEAR ENDED ON OR AFTER SEPTEMBER 30, 1997, OTHERWISE ENTER ZERO. IF THERE WAS NO FTE COUNT IN THIS PERIOD BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE	141.25	
3.17 SUM OF LINES 3.14 THRU 3.16 DIVIDED BY THE NUMBER OF THOSE LINES IN EXCESS OF ZERO (SEE INSTRUCTIONS).	142.58	
3.18 CURRENT YEAR RESIDENT TO BED RATIO (LN 3.17 DIVIDED BY LN 3)	.271075	
3.19 PRIOR YEAR RESIDENT TO BED RATIO (SEE INSTRUCTIONS)	.271889	
3.20 FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 1997, ENTER THE LESSER OF LINES 3.18 OR 3.19	.271075	
3.21 IME PAYMENTS FOR DISCHARGES OCCURRING PRIOR TO OCT 1	5,466,576	
3.22 IME PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER OCT 1, BUT BEFORE JANUARY 1 (SEE INSTRUCTIONS)	1,954,281	
3.23 IME PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER JANUARY 1		
	SUM OF LINES 3.21 - 3.23	PLUS E-3, PT VI, LINE 23
3.24 SUM OF LINES 3.21 THROUGH 3.23 (SEE INSTRUCTIONS).	7,420,857	27,830
		7,448,687
DISPROPORTIONATE SHARE ADJUSTMENT		
4 PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS (SEE INSTRUCTIONS)	8.25	
4.01 PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS REPORTED ON WORKSHEET S-3, PART I	44.10	
4.02 SUM OF LINES 4 AND 4.01	52.35	
4.03 ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTRUC)	32.40	
4.04 DISPROPORTIONATE SHARE ADJUSTMENT (SEE INSTRUCTIONS)	13,475,027	
ADDITIONAL PAYMENT FOR HIGH PERCENTAGE OF ESRD BENEFICIARY DISCHARGES		
5 TOTAL MEDICARE DISCHARGES ON WKST S-3, PART I EXCLUDING DISCHARGES FOR DRGs 302, 316, AND 317.		
5.01 TOTAL ESRD MEDICARE DISCHARGES EXCLUDING DRGs 302, 316 & 317		
5.02 DIVIDE LINE 5.01 BY LINE 5 (IF LESS THAN 10%, YOU DO NOT QUALIFY FOR ADJUSTMENT)		
5.03 TOTAL MEDICARE ESRD INPATIENT DAYS EXCLUDING DRGs 302, 316, AND 317.		
5.04 RATIO OF AVERAGE LENGTH OF STAY TO ONE WEEK		
5.05 AVERAGE WEEKLY COST FOR DIALYSIS TREATMENTS (SEE INSTRUC)	335.00	
5.06 TOTAL ADDITIONAL PAYMENT		
6 SUBTOTAL (SEE INSTRUCTIONS)	64,133,628	
7 HOSPITAL SPECIFIC PAYMENTS (TO BE COMPLETED BY SCH AND MDH, SMALL RURAL HOSPITALS ONLY, SEE INSTRUCTIONS)		
7.01 HOSPITAL SPECIFIC PAYMENTS (TO BE COMPLETED BY SCH AND MDH, SMALL RURAL HOSPITALS ONLY, SEE INSTRUCTIONS)		
FY BEG. 10/1/2000		

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS HOSPITAL

DESCRIPTION	1	1.01
8 TOTAL PAYMENT FOR INPATIENT OPERATING COSTS SCH AND MDH ONLY (SEE INSTRUCTIONS)	64,133,628	
9 PAYMENT FOR INPATIENT PROGRAM CAPITAL	4,667,932	
10 EXCEPTION PAYMENT FOR INPATIENT PROGRAM CAPITAL		
11 DIRECT GRADUATE MEDICAL EDUCATION PAYMENT	3,797,533	
11.01 NURSING AND ALLIED HEALTH MANAGED CARE		
11.02 SPECIAL ADD-ON PAYMENTS FOR NEW TECHNOLOGIES		
12 NET ORGAN ACQUISITION COST	167,496	
13 COST OF TEACHING PHYSICIANS		
14 ROUTINE SERVICE OTHER PASS THROUGH COSTS	173,534	
15 ANCILLARY SERVICE OTHER PASS THROUGH COSTS	68	
16 TOTAL	72,940,191	
17 PRIMARY PAYER PAYMENTS	46,977	
18 TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES	72,893,214	
19 DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	4,116,466	
20 COINSURANCE BILLED TO PROGRAM BENEFICIARIES	320,810	
21 REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	1,435,045	
21.01 ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	1,004,532	
21.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES		
22 SUBTOTAL	69,460,470	
23 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION		
24 OTHER ADJUSTMENTS (SPECIFY)		
24.99 OUTLIER RECONCILIATION ADJUSTMENT		
25 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS		
26 AMOUNT DUE PROVIDER	69,460,470	
27 SEQUESTRATION ADJUSTMENT		
28 INTERIM PAYMENTS	67,316,506	
28.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
29 BALANCE DUE PROVIDER (PROGRAM)	2,143,964	
30 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.		

----- FI ONLY -----
 50 OPERATING OUTLIER AMOUNT FROM WKS E, A, L2.01
 51 CAPITAL OUTLIER AMOUNT FROM WKS L, I, L3.01
 52 OPERATING OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)
 53 CAPITAL OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)
 54 THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY
 55 TIME VALUE OF MONEY (SEE INSTRUCTIONS)
 56 CAPITAL TIME VALUE OF MONEY (SEE INSTRUCTIONS)

CALCULATION OF REIMBURSEMENT SETTLEMENT

PART B - MEDICAL AND OTHER HEALTH SERVICES

HOSPITAL

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)	2, 829	
1. 01	MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER APRIL 1, 2001 (SEE INSTRUCTIONS).	13, 328, 686	
1. 02	PPS PAYMENTS RECEIVED INCLUDING OUTLIERS.	10, 670, 013	- 1, 490
1. 03	ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO.		
1. 04	LINE 1. 01 TIMES LINE 1. 03.		
1. 05	LINE 1. 02 DIVIDED BY LINE 1. 04.		
1. 06	TRANSITIONAL CORRIDOR PAYMENT (SEE INSTRUCTIONS)		
1. 07	ENTER THE AMOUNT FROM WORKSHEET D, PART IV, (COLS 9, 9. 01, 9. 02) LINE 101.	4, 997	
2	INTERNS AND RESIDENTS		
3	ORGAN ACQUISITIONS		
4	COST OF TEACHING PHYSICIANS		
5	TOTAL COST (SEE INSTRUCTIONS)	2, 829	
	COMPUTATION OF LESSER OF COST OR CHARGES		
	REASONABLE CHARGES		
6	ANCILLARY SERVICE CHARGES	10, 000	
7	INTERNS AND RESIDENTS SERVICE CHARGES		
8	ORGAN ACQUISITION CHARGES		
9	CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS.		
10	TOTAL REASONABLE CHARGES	10, 000	
	CUSTOMARY CHARGES		
11	AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS		
12	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413. 13(e).		
13	RATIO OF LINE 11 TO LINE 12		
14	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)	10, 000	
15	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	7, 171	
16	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES		
17	LESSER OF COST OR CHARGES (FOR CAH SEE INSTRUC)	2, 829	
17. 01	TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 1. 02, 1. 06 AND 1. 07)	10, 673, 520	
	COMPUTATION OF REIMBURSEMENT SETTLEMENT		
18	DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)	714	
18. 01	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 17. 01 (SEE INSTRUCTIONS)	2, 999, 939	
19	SUBTOTAL (SEE INSTRUCTIONS)	7, 675, 696	
20	SUM OF AMOUNTS FROM WORKSHEET E PARTS C, D & E (SEE INSTR.)		
21	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	864, 116	
22	ESRD DIRECT MEDICAL EDUCATION COSTS		
23	SUBTOTAL	8, 539, 812	
24	PRIMARY PAYER PAYMENTS	14, 052	
25	SUBTOTAL	8, 525, 760	
	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)		
26	COMPOSITE RATE ESRD		
27	BAD DEBTS (SEE INSTRUCTIONS)	14, 148	
27. 01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	9, 904	
27. 02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES		
28	SUBTOTAL	8, 535, 664	
29	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION.		
30	OTHER ADJUSTMENTS (SPECIFY)		
30. 99	OTHER ADJUSTMENTS (MSP-LCC RECONCILIATION AMOUNT)		
31	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS.		
32	SUBTOTAL	8, 535, 664	
33	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)		
34	INTERIM PAYMENTS	8, 518, 821	
34. 01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
35	BALANCE DUE PROVIDER/PROGRAM	16, 843	
36	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115. 2		

PART B - MEDICAL AND OTHER HEALTH SERVICES

SUBPROVIDER 1

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)	
1.01	MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER APRIL 1, 2001 (SEE INSTRUCTIONS).	1,745,189
1.02	PPS PAYMENTS RECEIVED INCLUDING OUTLIERS.	2,339,052
1.03	ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO.	
1.04	LINE 1.01 TIMES LINE 1.03.	
1.05	LINE 1.02 DIVIDED BY LINE 1.04.	
1.06	TRANSITIONAL CORRIDOR PAYMENT (SEE INSTRUCTIONS)	
1.07	ENTER THE AMOUNT FROM WORKSHEET D, PART IV, (COLS 9, 9.01, 9.02) LINE 101.	
2	INTERNS AND RESIDENTS	
3	ORGAN ACQUISITIONS	
4	COST OF TEACHING PHYSICIANS	
5	TOTAL COST (SEE INSTRUCTIONS)	

COMPUTATION OF LESSER OF COST OR CHARGES

6	REASONABLE CHARGES	
7	ANCILLARY SERVICE CHARGES	
8	INTERNS AND RESIDENTS SERVICE CHARGES	
9	ORGAN ACQUISITION CHARGES	
10	CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS.	
	TOTAL REASONABLE CHARGES	
11	CUSTOMARY CHARGES	
	AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS	
12	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e).	
13	RATIO OF LINE 11 TO LINE 12	
14	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)	
15	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	
16	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	
17	LESSER OF COST OR CHARGES (FOR CAH SEE INSTRUC)	
17.01	TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 1.02, 1.06 AND 1.07)	2,339,052

COMPUTATION OF REIMBURSEMENT SETTLEMENT

18	DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)	
18.01	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 17.01 (SEE INSTRUCTIONS)	471,315
19	SUBTOTAL (SEE INSTRUCTIONS)	1,867,737
20	SUM OF AMOUNTS FROM WORKSHEET E PARTS C, D & E (SEE INSTR.)	
21	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	
22	ESRD DIRECT MEDICAL EDUCATION COSTS	
23	SUBTOTAL	1,867,737
24	PRIMARY PAYER PAYMENTS	
25	SUBTOTAL	1,867,737
26	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)	
27	COMPOSITE RATE ESRD	
27.01	BAD DEBTS (SEE INSTRUCTIONS)	
27.02	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	
28	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	
29	SUBTOTAL	1,867,737
30	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION.	
30.99	OTHER ADJUSTMENTS (SPECIFY)	
31	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS.	
32	SUBTOTAL	1,867,737
33	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
34	INTERIM PAYMENTS	
34.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	1,867,737
35	BALANCE DUE PROVIDER/PROGRAM	
36	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2	

TITLE XVIII HOSPITAL

DESCRIPTION	INPATIENT- PART A		P A R T B	
	MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		67,107,506		8,510,821
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.		NONE		NONE
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
ADJUSTMENTS TO PROVIDER .01	4/18/2007	34,800	4/18/2007	8,000
ADJUSTMENTS TO PROVIDER .02	8/ 8/2007	174,200		
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		209,000		8,000
4 TOTAL INTERIM PAYMENTS		67,316,506		8,518,821
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
TENTATIVE TO PROVIDER .01				
TENTATIVE TO PROVIDER .02				
TENTATIVE TO PROVIDER .03				
TENTATIVE TO PROGRAM .50				
TENTATIVE TO PROGRAM .51				
TENTATIVE TO PROGRAM .52				
SUBTOTAL .99		NONE		NONE
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)				
SETTLEMENT TO PROVIDER .01				
SETTLEMENT TO PROGRAM .02				
7 TOTAL MEDICARE PROGRAM LIABILITY				

NAME OF INTERMEDIARY:
 INTERMEDIARY NO: 00000

SIGNATURE OF AUTHORIZED PERSON: _____

DATE: ___/___/___

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

TITLE XVIII SUBPROVIDER 1

DESCRIPTION	INPATIENT- PART A		P A R T B	
	MM/DD/YYYY ¹	AMOUNT ²	MM/DD/YYYY ³	AMOUNT ⁴
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		3,598,355		1,867,737
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.		NONE		NONE
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
ADJUSTMENTS TO PROVIDER .01				
ADJUSTMENTS TO PROVIDER .02				
ADJUSTMENTS TO PROVIDER .03				
ADJUSTMENTS TO PROVIDER .04				
ADJUSTMENTS TO PROVIDER .05				
ADJUSTMENTS TO PROGRAM .50				
ADJUSTMENTS TO PROGRAM .51				
ADJUSTMENTS TO PROGRAM .52				
ADJUSTMENTS TO PROGRAM .53				
ADJUSTMENTS TO PROGRAM .54				
SUBTOTAL .99				
4 TOTAL INTERIM PAYMENTS		3,598,355		1,867,737
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
TENTATIVE TO PROVIDER .01				
TENTATIVE TO PROVIDER .02				
TENTATIVE TO PROVIDER .03				
TENTATIVE TO PROGRAM .50				
TENTATIVE TO PROGRAM .51				
TENTATIVE TO PROGRAM .52				
SUBTOTAL .99				
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)		NONE		NONE
SETTLEMENT TO PROVIDER .01				
SETTLEMENT TO PROGRAM .02				
7 TOTAL MEDICARE PROGRAM LIABILITY				

NAME OF INTERMEDIARY:
 INTERMEDIARY NO: 00000

SIGNATURE OF AUTHORIZED PERSON: _____

DATE: ___/___/___

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

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

1	INPATIENT HOSPITAL SERVICES (SEE INSTRUCTIONS)	4,280,162
1.01	HOSPITAL SPECIFIC AMOUNT (SEE INSTRUCTIONS)	1,070,041
1.02	ENTER FROM THE PS&R, THE IRF PPS PAYMENT	
1.03	MEDICAID SSI RATIO (IRF PPS ONLY) (SEE INSTR.)	
1.04	INPATIENT REHABILITATION FACILITY LIP PAYMENTS (SEE INSTRUCTIONS)	
1.05	OUTLIER PAYMENTS	
1.06	TOTAL PPS PAYMENTS (SUM OF LINES 1.01, (1.02, 1.04 FOR COLUMNS 1 & 1.01), 1.05 AND 1.42)	
1.07	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT (SEE INSTRUCTIONS)	
1.08	INPATIENT PSYCHIATRIC FACILITY (IPF) NET FEDERAL IPF PPS PAYMENTS (EXCLUDING OUTLIER, ECT, STOP-LOSS, AND MEDICAL EDUCATION PAYMENTS)	3,178,091
1.09	NET IPF PPS OUTLIER PAYMENTS	5,399
1.10	NET IPF PPS ECT PAYMENTS	46,185
1.11	UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR LATEST COST REPORT FILED PRIOR TO NOVEMBER 15, 2004 (SEE INSTRUCTIONS)	.59
1.12	NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTRUCTIONS)	
1.13	CURRENT YEARS UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	.95
1.14	CURRENT YEARS UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.15	INTERN AND RESIDENT COUNT FOR IPF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)	.59
1.16	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)	30.400000
1.17	MEDICAL EDUCATION ADJUSTMENT FACTOR $\{(1 + (\text{LINE } 1.15/1.16)) \text{ RAISED TO THE POWER OF } .5150 - 1\}$.009949
1.18	MEDICAL EDUCATION ADJUSTMENT (LINE 1.08 MULTIPLIED BY LINE 1.17)	31,619
1.19	ADJUSTED NET IPF PPS PAYMENTS (SUM OF LINES 1.08, 1.09, 1.10 AND 1.18)	3,261,294
1.20	STOP LOSS PAYMENT FLOOR (LINE 1 x 70%)	2,996,113
1.21	ADJUSTED NET PAYMENT FLOOR (LINE 1.20 x THE APPROPRIATE FEDERAL BLEND PERCENTAGE)	2,247,085
1.22	STOP LOSS ADJUSTMENT (IF LINE 1.21 IS GREATER THAN LINE 1.19 ENTER THE AMOUNT ON LINE 1.21 LESS LINE 1.19 OTHERWISE ENTER -0-)	
1.23	TOTAL IPF PPS PAYMENTS (SUM OF LINES 1.01, 1.19 AND 1.22)	4,331,335
1.35	INPATIENT REHABILITATION FACILITY (IRF) UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR COST REPORT PERIODS ENDING ON/OR PRIOR TO NOVEMBER 15, 2004. (SEE INST.)	
1.36	NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTRUCTIONS)	
1.37	CURRENT YEAR'S UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.38	CURRENT YEAR'S UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.39	INTERN AND RESIDENT COUNT FOR IRF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)	
1.40	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)	
1.41	MEDICAL EDUCATION ADJUSTMENT FACTOR $\{(1 + (\text{LINE } 1.39/1.40)) \text{ RAISED TO THE POWER OF } .9012 - 1\}$	
1.42	MEDICAL EDUCATION ADJUSTMENT (LINE 1.02 MULTIPLIED BY LINE 1.41)	
2	ORGAN ACQUISITION	
3	COST OF TEACHING PHYSICIANS	
4	SUBTOTAL (SEE INSTRUCTIONS)	4,331,335
5	PRIMARY PAYER PAYMENTS	
6	SUBTOTAL	4,331,335
7	DEDUCTIBLES	333,072
8	SUBTOTAL	3,998,263
9	COINSURANCE	187,248
10	SUBTOTAL	3,811,015
11	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROF SERV)	41,976
11.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	29,383
11.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	
12	SUBTOTAL	3,840,398
13	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	
13.01	OTHER PASS THROUGH COSTS (SEE INSTRUCTIONS)	2
14	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION	
15	OTHER ADJUSTMENTS (SPECIFY)	
15.99	OUTLIER RECONCILIATION ADJUSTMENT	
16	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS	
17	TOTAL AMOUNT PAYABLE TO THE PROVIDER (SEE INSTRUCTIONS)	3,840,400
18	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
19	INTERIM PAYMENTS	3,598,355
19.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
20	BALANCE DUE PROVIDER/PROGRAM	242,045
21	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2.	

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

- 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 XIX	HOSPITAL	OTHER TITLE V OR TITLE XIX	TITLE XVIII SNF PPS
			1	2
1	COMPUTATION OF NET COST OF COVERED SERVICE			
2	INPATIENT HOSPITAL/SNF/NF SERVICES			
3	MEDICAL AND OTHER SERVICES			
4	INTERNS AND RESIDENTS (SEE INSTRUCTIONS)			
5	ORGAN ACQUISITION (CERT TRANSPLANT CENTERS ONLY)			
6	COST OF TEACHING PHYSICIANS (SEE INSTRUCTIONS)			
7	SUBTOTAL			
8	33,248,735			
9	INPATIENT PRIMARY PAYER PAYMENTS			
	OUTPATIENT PRIMARY PAYER PAYMENTS			
	SUBTOTAL			
	33,248,735			
	COMPUTATION OF LESSER OF COST OR CHARGES			
	REASONABLE CHARGES			
10	ROUTINE SERVICE CHARGES			
11	ANCILLARY SERVICE CHARGES			
12	INTERNS AND RESIDENTS SERVICE CHARGES			
13	ORGAN ACQUISITION CHARGES, NET OF REVENUE			
14	TEACHING PHYSICIANS			
15	INCENTIVE FROM TARGET AMOUNT COMPUTATION			
16	TOTAL REASONABLE CHARGES			
	101,124,638			
	CUSTOMARY CHARGES			
17	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR			
	PAYMENT FOR SERVICES ON A CHARGE BASIS			
18	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE			
	FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT			
	BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e)			
19	RATIO OF LINE 17 TO LINE 18			
20	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)			
21	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST			
22	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			
23	COST OF COVERED SERVICES			
	33,248,735			
24	PROSPECTIVE PAYMENT AMOUNT			
25	OTHER THAN OUTLIER PAYMENTS			
26	OUTLIER PAYMENTS			
27	PROGRAM CAPITAL PAYMENTS			
28	CAPITAL EXCEPTION PAYMENTS (SEE INSTRUCTIONS)			
29	ROUTINE SERVICE OTHER PASS THROUGH COSTS			
30	ANCILLARY SERVICE OTHER PASS THROUGH COSTS			
31	SUBTOTAL			
	33,248,735			
32	CUSTOMARY CHARGES (TITLE XIX PPS COVERED SERVICES ONLY)			
33	TITLES V OR XIX PPS, LESSER OF LNS 30 OR 31; NON PPS & TITLE			
	XVIII ENTER AMOUNT FROM LINE 30			
	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)			
	33,248,735			
	COMPUTATION OF REIMBURSEMENT SETTLEMENT			
34	EXCESS OF REASONABLE COST			
35	SUBTOTAL			
	33,248,735			
36	COINSURANCE			
37	SUM OF AMOUNTS FROM WKST. E, PARTS C, D & E, LN 19			
38	REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)			
38.01	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS ENDING			
	BEFORE 10/01/05 (SEE INSTRUCTIONS)			
38.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES			
38.03	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS BEGINNING			
	ON OR AFTER 10/01/05 (SEE INSTRUCTIONS)			
39	UTILIZATION REVIEW			
40	SUBTOTAL (SEE INSTRUCTIONS)			
	33,248,735			
41	INPATIENT ROUTINE SERVICE COST			
42	MEDICARE INPATIENT ROUTINE CHARGES			
43	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR			
	PAYMENT FOR SERVICES ON A CHARGE BASIS			
44	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE			
	FOR PAYMENT OF PART A SERVICES			
45	RATIO OF LINE 43 TO 44			
46	TOTAL CUSTOMARY CHARGES			
47	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST			
48	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			
49	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER			
	TERMINATION OR A DECREASE IN PROGRAM UTILIZATION			
50	OTHER ADJUSTMENTS (SPECIFY)			
51	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS			
	RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS			
	SUBTOTAL			
	33,248,735			
52	INDIRECT MEDICAL EDUCATION ADJUSTMENT (PPS ONLY)			
53	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS			
54	TOTAL AMOUNT PAYABLE TO THE PROVIDER			
55	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)			
56	INTERIM PAYMENTS			
57.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)			
58	BALANCE DUE PROVIDER/PROGRAM			
59	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS)			
	IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2.			
	13,042,413			

TITLE XIX	SUBPROVIDER 1	OTHER TITLE V OR TITLE XIX	TITLE XVIII SNF PPS
		1	2
COMPUTATION OF NET COST OF COVERED SERVICE			
1	INPATIENT HOSPITAL/SNF/NF SERVICES	1,481,592	
2	MEDICAL AND OTHER SERVICES		
3	INTERNS AND RESIDENTS (SEE INSTRUCTIONS)		
4	ORGAN ACQUISITION (CERT TRANSPLANT CENTERS ONLY)		
5	COST OF TEACHING PHYSICIANS (SEE INSTRUCTIONS)		
6	SUBTOTAL	1,481,592	
7	INPATIENT PRIMARY PAYER PAYMENTS		
8	OUTPATIENT PRIMARY PAYER PAYMENTS		
9	SUBTOTAL	1,481,592	
COMPUTATION OF LESSER OF COST OR CHARGES			
REASONABLE CHARGES			
10	ROUTINE SERVICE CHARGES	3,120,455	
11	ANCILLARY SERVICE CHARGES	984,534	
12	INTERNS AND RESIDENTS SERVICE CHARGES		
13	ORGAN ACQUISITION CHARGES, NET OF REVENUE		
14	TEACHING PHYSICIANS		
15	INCENTIVE FROM TARGET AMOUNT COMPUTATION		
16	TOTAL REASONABLE CHARGES	4,104,989	
CUSTOMARY CHARGES			
17	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS		
18	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e)		
19	RATIO OF LINE 17 TO LINE 18		
20	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)	4,104,989	
21	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	2,623,397	
22	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES		
23	COST OF COVERED SERVICES	1,481,592	
PROSPECTIVE PAYMENT AMOUNT			
24	OTHER THAN OUTLIER PAYMENTS		
25	OUTLIER PAYMENTS		
26	PROGRAM CAPITAL PAYMENTS		
27	CAPITAL EXCEPTION PAYMENTS (SEE INSTRUCTIONS)		
28	ROUTINE SERVICE OTHER PASS THROUGH COSTS		
29	ANCILLARY SERVICE OTHER PASS THROUGH COSTS		
30	SUBTOTAL	1,481,592	
31	CUSTOMARY CHARGES (TITLE XIX PPS COVERED SERVICES ONLY)		
32	TITLES V OR XIX PPS, LESSER OF LNS 30 OR 31; NON PPS & TITLE XVIII ENTER AMOUNT FROM LINE 30	1,481,592	
33	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)		
COMPUTATION OF REIMBURSEMENT SETTLEMENT			
34	EXCESS OF REASONABLE COST		
35	SUBTOTAL	1,481,592	
36	COINSURANCE		
37	SUM OF AMOUNTS FROM WKST. E, PARTS C, D & E, LN 19		
38	REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)		
38.01	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS ENDING BEFORE 10/01/05 (SEE INSTRUCTIONS)		
38.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES		
38.03	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS BEGINNING ON OR AFTER 10/01/05 (SEE INSTRUCTIONS)		
39	UTILIZATION REVIEW		
40	SUBTOTAL (SEE INSTRUCTIONS)	1,481,592	
41	INPATIENT ROUTINE SERVICE COST		
42	MEDICARE INPATIENT ROUTINE CHARGES		
43	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS		
44	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT OF PART A SERVICES		
45	RATIO OF LINE 43 TO 44		
46	TOTAL CUSTOMARY CHARGES		
47	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST		
48	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES		
49	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION		
50	OTHER ADJUSTMENTS (SPECIFY)		
51	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS		
52	SUBTOTAL	1,481,592	
53	INDIRECT MEDICAL EDUCATION ADJUSTMENT (PPS ONLY)		
54	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS		
55	TOTAL AMOUNT PAYABLE TO THE PROVIDER	1,481,592	
56	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)		
57	INTERIM PAYMENTS	2,497,889	
57.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
58	BALANCE DUE PROVIDER/PROGRAM	-1,016,297	
59	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2.		

TITLE XVIII

COMPUTATION OF TOTAL DIRECT GME AMOUNT		
1	NUMBER OF FTE RESIDENTS FOR OB/GYN & PRIMARY CARE	
1.01	NUMBER OF FTE RESIDENTS FOR ALL OTHER (SEE INSTR)	
2	UPDATED PER RESIDENT AMOUNT FOR OB/GYN & PRIMARY	
2.01	UPDATED PER RESIDENT AMOUNT FOR 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	141.30
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).	2.00
	E-3, PT 6 LN 4 + LINE 3.03	
3.04	FTE ADJUSTMENT CAP (SUM OF LINES 3.01 THRU 3.03)	2.00
3.05	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR THE CURRENT YEAR FROM YOUR RECORDS	143.30
3.06	ENTER THE LESSER OF LINE 3.04 OR LINE 3.05.	144.40
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.	143.30
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.	98.76
3.09	ENTER THE SUM OF LINES 3.07 AND 3.08.	
3.10	SEE INSTRUCTIONS	134.33
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.	133.31
3.12	SEE INSTRUCTIONS	
3.13	TOTAL WEIGHTED RESIDENT FTE COUNT FOR NONPRIMARY CARE RESIDENTS FOR THE PRIOR COST REPORTING YEAR (SEE INSTRUCTIONS)	35.30
3.14	TOTAL WEIGHTED RESIDENT FTE COUNT FOR NONPRIMARY CARE RESIDENTS FOR THE PENULTIMATE COST REPORTING YEAR (SEE INSTRUCTIONS)	37.86
3.15	ROLLING AVERAGE FTE COUNT (SEE INSTRUCTIONS)	
	RES INIT YEARS	37.19
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)	37.19
3.17	ENTER THE NONPRIMARY CARE PER RESIDENT AMOUNT.	
3.18	SEE INSTRUCTIONS	89,400.64
3.19	ENTER THE WEIGHTED FTE RESIDENT COUNT FOR PRIMARY CARE AND OB/GYN RESIDENTS FOR THE PRIOR YEAR (SEE INSTRUCTIONS)	3,324,810
3.20	ENTER THE WEIGHTED FTE RESIDENT COUNT FOR PRIMARY CARE AND OB/GYN RESIDENTS FOR THE PENULTIMATE YEAR (SEE INSTRUCTIONS)	95.13
3.21	SEE INSTRUCTIONS	
	RES INIT YEARS	95.75
3.22	SEE INSTRUCTIONS	95.75
3.23	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001	89,400.64
3.24	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001	8,560,111
3.25	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001	11,884,921
COMPUTATION OF PROGRAM PATIENT LOAD		
4	PROGRAM PART A INPATIENT DAYS	38,956
5	TOTAL INPATIENT DAYS	123,759
6	RATIO OF PROGRAM INPATIENT DAYS TO TOTAL INPATIENT DAYS.	.314773
6.01	TOTAL GME PAYMENT FOR NON-MANAGED CARE DAYS	LN 6 * LN 3.25 + E-3, 6 L 11
6.02	PROGRAM MANAGED CARE DAYS OCCURRING ON OR AFTER JANUARY 1 OF THIS COST REPORTING PERIOD (SEE INSTRUCTIONS)	3,741,052 26,171
6.03	ENTER THE TOTAL INPATIENT DAYS FROM LINE 5 ABOVE.	3,767,223
6.04	ENTER THE APPROPRIATE PERCENTAGE FOR INCLUSION OF THE MANAGED CARE DAYS (SEE INSTRUCTIONS)	10,771
6.05	GRADUATE MEDICAL EDUCATION PAYMENT FOR MANAGED CARE DAYS ON OR AFTER JAN 1 THROUGH THE END OF THE COST REPORTING PERIOD.	123,759
6.06	PROGRAM MANAGED CARE DAYS OCCURRING BEFORE JAN 1 OF THIS COST REPORTING YEAR (SEE INSTRUCTIONS)	100.00
6.07	ENTER THE APPROPRIATE PERCENTAGE USING THE CRITERIA IDENTIFIED ON LINE 6.04 ABOVE. (SEE INSTRUCTIONS)	888,212
6.08	GRADUATE MEDICAL EDUCATION PAYMENT FOR MANAGED CARE DAYS PRIOR TO JANUARY 1 OF THIS COST REPORTING PERIOD	100.00
	PRIOR TO 422 E-3, 6 LN 12	6,214
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	7,241,979
9	RATIO OF DIRECT MEDICAL EDUCATION COSTS TO TOTAL CHARGES	
10	MEDICARE OUTPATIENT ESRD CHARGES	
11	MEDICARE OUTPATIENT ESRD DIRECT MEDICAL EDUCATION COSTS	
APPORTIONMENT BASED ON MEDICARE REASONABLE COST TITLE XVIII ONLY PART A REASONABLE COST		
12	REASONABLE COST (SEE INSTRUCTIONS)	66,097,129
13	ORGAN ACQUISITION COSTS	167,496
14	COST OF TEACHING PHYSICIANS	
15	PRIMARY PAYER PAYMENTS	46,977
16	TOTAL PART A REASONABLE COST	66,217,648

TITLE XVIII

PART B REASONABLE COST		
17	REASONABLE COST	15,081,701
18	PRIMARY PAYER PAYMENTS	14,052
19	TOTAL PART B REASONABLE COST	15,067,649
20	TOTAL REASONABLE COST	81,285,297
21	RATIO OF PART A REASONABLE COST TO TOTAL REASONABLE COST	.814633
22	RATIO OF PART B REASONABLE COST TO TOTAL REASONABLE COST	.185367
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)	4,661,649
24	PART A MEDICARE GME PAYMENT-- TITLE XVIII ONLY	3,797,533
25	PART B MEDICARE GME PAYMENT-- TITLE XVIII ONLY	864,116

TITLE XVIII

CALCULATION OF REDUCED DIRECT GME CAP UNDER SECTION 422 OF MMA

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

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

5 ADDITIONAL UNWEIGHTED ALLOPATHIC AND OSTEOPATHIC DIRECT GME FTE RESIDENT CAP SLOTS RECEIVED UNDER 42 SEC. 413.79(c)(4)	1.00	
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)	1.02	
7 ALLOWABLE DIRECT GME FTE RESIDENT CAP (SEE INSTRUCTIONS)	.93	
8 ENTER THE LOCALITY ADJUSTMENT NATIONAL AVERAGE PER RESIDENT AMOUNT (SEE INSTRUCTIONS)	89,400.64	
9 MULTIPLY LINE 7 TIMES LINE 8	83,143	
10 MEDICARE PROGRAM PATIENT LOAD FROM WKST E-3, PART IV, LINE 6.	.314773	
11 DIRECT GME PAYMENT FOR NON-MANAGED CARE DAYS (MULTIPLY LN 9 * LN 10)	26,171	
12 DIRECT GME PAYMENT FOR MANAGED CARE DAYS (MULTIPLY LINE 9 BY WKST E-3, PART IV [(LINE 6.02+6.06)/LINE 5])	6,214	

CALCULATION OF REDUCED IME CAP UNDER SECTION 422 OF MMA

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

CALCULATION OF ADDITIONAL IME PAYMENTS ATTRIBUTABLE TO SECTION 422 OF MMA

16 NUMBER OF ADDITIONAL ALLOPATHIC AND OSTEOPATHIC IME FTE RESIDENT CAP SLOTS UNDER 42 SEC. 412.105(f)(1)(iv)(C).	1.00	
17 IME FTE RESIDENT COUNT OVER CAP (SEE INSTRUCTIONS)	1.15	
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)	1.00	
19 RESIDENT TO BED COUNT (DIVIDE LINE 18 BY LINE 3 OF WKST E, PART A)	.001901	
20 IME ADJUSTMENT FACTOR (SEE INSTRUCTIONS)	.000508	
21 DRG OTHER THAN OUTLIER PAYMENTS FOR DISCHARGES ON OR AFTER JULY 1, 2005.	41,589,588	
22 SIMULATED MEDICARE MANAGED CARE PAYMENTS FOR DISCHARGES ON OR AFTER JULY 1, 2005	13,193,525	
23 ADDITIONAL IME PAYMENTS ATTRIBUTABLE TO SECTION 422 OF MMA	27,830	

BALANCE SHEET

PROVIDER NO: 26-0091
 PERIOD: FROM 1/ 1/2007 TO 12/31/2007
 WORKSHEET G

ASSETS		GENERAL FUND	SPECIFIC FUND PURPOSE	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
CURRENT ASSETS					
1	CASH ON HAND AND IN BANKS	1,368,418			
2	TEMPORARY INVESTMENTS	162,098,465			
3	NOTES RECEIVABLE				
4	ACCOUNTS RECEIVABLE	69,596,428			
5	OTHER RECEIVABLES	1,422,016			
6	LESS: ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE				
7	INVENTORY	6,223,908			
8	PREPAID EXPENSES	9,524,932			
9	OTHER CURRENT ASSETS				
10	DUE FROM OTHER FUNDS				
11	TOTAL CURRENT ASSETS	250,234,167			
FIXED ASSETS					
12	LAND	6,404,076			
12.01	LAND IMPROVEMENTS	7,795,293			
13	LESS ACCUMULATED DEPRECIATION	-6,038,671			
14	BUILDINGS	331,132,117			
14.01	LESS ACCUMULATED DEPRECIATION	-171,995,797			
15	LEASEHOLD IMPROVEMENTS	629,138			
15.01	LESS ACCUMULATED DEPRECIATION	-526,133			
16	FIXED EQUIPMENT	49,644,424			
16.01	LESS ACCUMULATED DEPRECIATION	-39,387,642			
17	AUTOMOBILES AND TRUCKS				
17.01	LESS ACCUMULATED DEPRECIATION				
18	MAJOR MOVABLE EQUIPMENT	152,377,022			
18.01	LESS ACCUMULATED DEPRECIATION	-108,445,761			
19	MINOR EQUIPMENT DEPRECIABLE	1,925,993			
19.01	LESS ACCUMULATED DEPRECIATION	-153,390			
20	MINOR EQUIPMENT-NONDEPRECIABLE				
21	TOTAL FIXED ASSETS	223,360,669			
OTHER ASSETS					
22	INVESTMENTS	82,486,863	10,816,589	11,815,922	756,430
23	DEPOSITS ON LEASES				
24	DUE FROM OWNERS/OFFICERS				
25	OTHER ASSETS	2,117,623			
26	TOTAL OTHER ASSETS	84,604,486	10,816,589	11,815,922	756,430
27	TOTAL ASSETS	558,199,322	10,816,589	11,815,922	756,430

	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
LIABILITIES AND FUND BALANCE	1	2	3	4
CURRENT LIABILITIES				
28 ACCOUNTS PAYABLE	14,236,193			
29 SALARIES, WAGES & FEES PAYABLE	17,553,553			
30 PAYROLL TAXES PAYABLE	950,681			
31 NOTES AND LOANS PAYABLE (SHORT TERM)	3,480,128			
32 DEFERRED INCOME				
33 ACCELERATED PAYMENTS				
34 DUE TO OTHER FUNDS				
35 OTHER CURRENT LIABILITIES	-12,143,853			
36 TOTAL CURRENT LIABILITIES	24,076,702			
LONG TERM LIABILITIES				
37 MORTGAGE PAYABLE	69,385,498			
38 NOTES PAYABLE				
39 UNSECURED LOANS				
40.01 LOANS PRIOR TO 7/1/66				
40.02 ON OR AFTER 7/1/66				
41 OTHER LONG TERM LIABILITIES	13,922,290			
42 TOTAL LONG-TERM LIABILITIES	83,307,788			
43 TOTAL LIABILITIES	107,384,490			
CAPITAL ACCOUNTS				
44 GENERAL FUND BALANCE	450,814,832			
45 SPECIFIC PURPOSE FUND		10,816,589		
46 DONOR CREATED- ENDOWMENT FUND BALANCE- RESTRICTED			11,815,922	
47 DONOR CREATED- ENDOWMENT FUND BALANCE- UNRESTRICTED				
48 GOVERNING BODY CREATED- ENDOWMENT FUND BALANCE				
49 PLANT FUND BALANCE-INVESTED IN PLANT				
50 PLANT FUND BALANCE- RESERVE FOR PLANT IMPROVEMENT, REPLACEMENT AND EXPANSION				756,430
51 TOTAL FUND BALANCES	450,814,832	10,816,589	11,815,922	756,430
52 TOTAL LIABILITIES AND FUND BALANCES	558,199,322	10,816,589	11,815,922	756,430

	GENERAL FUND		SPECIFIC PURPOSE FUND	
	1	2	3	4
1 FUND BALANCE AT BEGINNING OF PERIOD		410,100,100		10,999,501
2 NET INCOME (LOSS)		60,569,876		
3 TOTAL		470,669,976		10,999,501
4 ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
5 ADDITIONS				
6 GAIN ON INVESTMENTS	1,206,323		1,801,421	
7 DONATIONS				
8 TRANSFERS FROM OTHER FUND	621,373			
9 CORPORATE OFFICE				
10 TOTAL ADDITIONS		1,827,696		1,801,421
11 SUBTOTAL		472,497,672		12,800,922
12 DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
13 DEDUCTIONS				
14 CORPORATE OFFICE	3,460,800			
15 TRANSFER TO RELATED ORGAN	8,580,640			
16 TRANSFERS TO OTHER FUNDS	1,756,579		1,984,333	
17 LOSS ON INVESTMENTS	7,884,821			
18 TOTAL DEDUCTIONS		21,682,840		1,984,333
19 FUND BALANCE AT END OF PERIOD PER BALANCE SHEET		450,814,832		10,816,589

	ENDOWMENT FUND		PLANT FUND	
	5	6	7	8
1 FUND BALANCE AT BEGINNING OF PERIOD		10,640,282		998,446
2 NET INCOME (LOSS)				
3 TOTAL		10,640,282		998,446
4 ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
5 ADDITIONS				
6 GAIN ON INVESTMENTS				
7 DONATIONS				
8 TRANSFERS FROM OTHER FUND	1,283,767			
9 CORPORATE OFFICE				
10 TOTAL ADDITIONS		1,283,767		
11 SUBTOTAL		11,924,049		998,446
12 DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
13 DEDUCTIONS				
14 CORPORATE OFFICE				
15 TRANSFER TO RELATED ORGAN				
16 TRANSFERS TO OTHER FUNDS	108,127		242,016	
17 LOSS ON INVESTMENTS				
18 TOTAL DEDUCTIONS		108,127		242,016
19 FUND BALANCE AT END OF PERIOD PER BALANCE SHEET		11,815,922		756,430

PART I - PATIENT REVENUES

REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3
GENERAL INPATIENT ROUTINE CARE SERVICES			
1 00 HOSPITAL	204,019,508		204,019,508
2 00 SUBPROVIDER	15,075,201		15,075,201
4 00 SWING BED - SNF			
5 00 SWING BED - NF			
6 00 SKILLED NURSING FACILITY			
7 00 NURSING FACILITY			
7 01 ICF/MR			
8 00 OTHER LONG TERM CARE			
9 00 TOTAL GENERAL INPATIENT ROUTINE CARE INTENSIVE CARE TYPE INPATIENT HOSPITAL SVCS	219,094,709		219,094,709
10 00 INTENSIVE CARE UNIT	10,077,047		10,077,047
10 01 PEDIATRIC INTENSIVE CARE UNIT	15,463,736		15,463,736
11 00 CORONARY CARE UNIT	11,204,502		11,204,502
12 00 BURN INTENSIVE CARE UNIT			
14 00 SURGICAL INTENSIVE CARE UNIT			
14 00 NEONATAL INTENSIVE CARE UNIT	36,542,256		36,542,256
15 00 TOTAL INTENSIVE CARE TYPE INPAT HOSP	73,287,541		73,287,541
16 00 TOTAL INPATIENT ROUTINE CARE SERVICE	292,382,250		292,382,250
17 00 ANCILLARY SERVICES	472,286,172		472,286,172
18 00 OUTPATIENT SERVICES		373,158,711	373,158,711
19 00 HOME HEALTH AGENCY			
20 00 AMBULANCE SERVICES			
21 00 CORF			
22 00 AMBULATORY SURGICAL CENTER (D. P.)			
23 00 HOSPICE			
24 00 NONREIMBURSEABLE/PRO FEES	5,916,899	36,191,596	42,108,495
25 00 TOTAL PATIENT REVENUES	770,585,321	409,350,307	1,179,935,628

PART II - OPERATING EXPENSES

26 00 OPERATING EXPENSES		463,867,285	
ADD (SPECIFY)			
27 00			
28 00			
29 00			
30 00			
31 00			
32 00			
33 00 TOTAL ADDITIONS			
DEDUCT (SPECIFY)			
34 00			
35 00			
36 00			
37 00			
38 00			
39 00 TOTAL DEDUCTIONS			
40 00 TOTAL OPERATING EXPENSES		463,867,285	

STATEMENT OF REVENUES AND EXPENSES

DESCRIPTION		
1	TOTAL PATIENT REVENUES	1179,935,628
2	LESS: ALLOWANCES AND DISCOUNTS ON	706,928,412
3	NET PATIENT REVENUES	473,007,216
4	LESS: TOTAL OPERATING EXPENSES	463,867,285
5	NET INCOME FROM SERVICE TO PATIENT	9,139,931
	OTHER INCOME	
6	CONTRIBUTIONS, DONATIONS, BEQUES	11,536,774
7	INCOME FROM INVESTMENTS	11,689,960
8	REVENUE FROM TELEPHONE AND TELEG	
9	REVENUE FROM TELEVISION AND RADI	
10	PURCHASE DISCOUNTS	41,293
11	REBATES AND REFUNDS OF EXPENSES	
12	PARKING LOT RECEIPTS	98,218
13	REVENUE FROM LAUNDRY AND LINEN S	
14	REVENUE FROM MEALS SOLD TO EMPLO	2,855,843
15	REVENUE FROM RENTAL OF LIVING QU	
16	REVENUE FROM SALE OF MEDICAL & S	
	TO OTHER THAN PATIENTS	
17	REVENUE FROM SALE OF DRUGS TO OT	1,566,651
18	REVENUE FROM SALE OF MEDICAL REC	6,239
19	TUITION (FEES, SALE OF TEXTBOOKS	
20	REVENUE FROM GIFTS, FLOWER, COFFE	
21	RENTAL OF VENDING MACHINES	
22	RENTAL OF HOSPITAL SPACE	
23	GOVERNMENTAL APPROPRIATIONS	1,900,716
24		
24.01	MISCELLANEOUS	21,734,251
25	TOTAL OTHER INCOME	51,429,945
26	TOTAL	60,569,876
	OTHER EXPENSES	
27		
28		
29		
30	TOTAL OTHER EXPENSES	
31	NET INCOME (OR LOSS) FOR THE PERIO	60,569,876

CHECK ONE: XX RENAL DIALYSIS DEPARTMENT — HOME PROGRAM DIALYSIS

	TOTAL COSTS 1	BASIS 2	STATISTICS 3	FTEs PER 2080 HOURS 4
1 REGISTERED NURSES	227,053	HOURS OF SERVICE	6,534.00	3.14
2 LICENSED PRACTICAL NURSES		HOURS OF SERVICE		
3 NURSES AIDES		HOURS OF SERVICE		
4 TECHNICIANS		HOURS OF SERVICE		
5 SOCIAL WORKERS		HOURS OF SERVICE		
6 DIETICIANS		HOURS OF SERVICE		
7 PHYSICIANS	65,002	ACCUMULATED COST		
8 NON-PATIENT CARE SALARY		ACCUMULATED COST		
9 SUBTOTAL (SUM OF LINES 1-8)	292,055			
10 EMPLOYEE BENEFITS		SALARY		
11 OLD & NEW CAPITAL RELATED COSTS-BLDGS. & OLD & NEW CAPITAL RELATED COSTS-MOV. EQU		SQUARE FEET		
12 MACHINERY COSTS & REPAIRS	2,335	PERCENTAGE OF TIME		
13 SUPPLIES	37,095	PERCENTAGE OF TIME		
14 DRUGS	543	REQUISITIONS		
15 OTHER	1,044,488	REQUISITIONS		
16 SUBTOTAL (SUM OF LINES 9-16)*	1,376,516	ACCUMULATED COST		
17 OLD CAPITAL RELATED COSTS-BLDGS. & FIXTU		SQUARE FEET		
18 OLD CAPITAL RELATED COSTS-MOV. EQUIP.		PERCENTAGE OF TIME		
19 NEW CAPITAL RELATED COSTS-BLDGS. & FIXTU	17,352	SQUARE FEET		
20 NEW CAPITAL RELATED COSTS-MOV. EQUIP.	23,146	PERCENTAGE OF TIME		
21 EMPLOYEE BENEFITS	46,343	SALARY		
22 ADMINISTRATIVE AND GENERAL	398,144	ACCUMULATED COST		
23 MAINT./REPAIRS-OPERATION-HOUSEKEEPING	60,673	SQUARE FEET		
24 MEDICAL EDUCATION PROGRAM COSTS		REQUISITIONS		
25 CENTRAL SERVICES & SUPPLIES		REQUISITIONS		
26 PHARMACY	-49,423	ACCUMULATED COST		
27 OTHER ALLOCATED COST	68,559			
28 SUBTOTAL (SUM OF LINES 17-28)*	1,941,310			
29 LABORATORY (SEE INSTRUCTIONS)		CHARGES		
30 RESPIRATORY THERAPY (SEE INSTRUCTIONS)		CHARGES		
31 OTHER (SEE INSTRUCTIONS)		CHARGES		
32 TOTAL COSTS (SUM OF LINES 29-32)	1,941,310			

* LINE 17, COLUMN 1 SHOULD AGREE WITH WORKSHEET A, COLUMN 7 FOR LINE 57 OR LINE 64 AS APPROPRIATE, AND LINE 29, COLUMN 1 SHOULD AGREE WITH WORKSHEET B, PART I FOR LINE 57 OR LINE 64 AS APPROPRIATE.

CHECK ONE: XX RENAL DIALYSIS DEPARTMENT — HOME PROGRAM DIALYSIS

OUTPATIENT SERVICES COMPOSITE PAYMENT RATE		CAPITAL AND RELATED COSTS		DIRECT PATIENT CARE SALARY		EMPLOYEE BENEFITS
		BUILDING	EQUIPMENT	RNS	OTHER	
		1	2	3	4	5
1	TOTAL RENAL DEPARTMENT COSTS MAINTENANCE	78,025	25,481	227,053		46,343
2	HEMODIALYSIS	13,708	4,480	39,904		8,147
3	INTERMITTENT PERITONEAL TRAINING					
4	HEMODIALYSIS					
5	INTERMITTENT PERITONEAL					
6	CAPD					
7	CCDP					
8	HOME HEMODIALYSIS					
9	INTERMITTENT PERITONEAL					
10	CAPD					
11	CCDP					
12	OTHER BILLABLE SERVICES INPATIENT DIALYSIS	64,317	21,001	187,149		38,196
13	METHOD II HOME PATIENT EPO (INCLUDED IN RENAL DEPARTMENT)					
14	OTHER					
15	TOTAL (SUM OF LINES 2-15)					
16	MEDICAL EDUCATION PROGRAM COSTS	78,025	25,481	227,053		46,343
17	TOTAL RENAL COSTS (LINE 16 + LINE 17)					

OUTPATIENT SERVICES COMPOSITE PAYMENT RATE		DRUGS	MEDICAL SUPPLIES	ROUTINE ANCILLARY SERVICES	SUBTOTAL (SUM OF COLS. 1-8)	OVERHEAD
		6	7	8	9	10
1	TOTAL RENAL DEPARTMENT COSTS MAINTENANCE	-48,880	37,095		365,117	1,576,193
2	HEMODIALYSIS	-8,632	37,095		94,702	408,824
3	INTERMITTENT PERITONEAL TRAINING					
4	HEMODIALYSIS					
5	INTERMITTENT PERITONEAL					
6	CAPD					
7	CCDP					
8	HOME HEMODIALYSIS					
9	INTERMITTENT PERITONEAL					
10	CAPD					
11	CCDP					
12	OTHER BILLABLE SERVICES INPATIENT DIALYSIS	-40,248			270,415	1,167,369
13	METHOD II HOME PATIENT EPO (INCLUDED IN RENAL DEPARTMENT)	49,618				
14	OTHER					
15	TOTAL (SUM OF LINES 2-15)					
16	MEDICAL EDUCATION PROGRAM COSTS	-48,880	37,095		365,117	1,576,193
17	TOTAL RENAL COSTS (LINE 16 + LINE 17)					

OUTPATIENT SERVICES COMPOSITE PAYMENT RATE		TOTAL (COL. 9 + COL. 10)
		11
1	TOTAL RENAL DEPARTMENT COSTS MAINTENANCE	1,941,310
2	HEMODIALYSIS	503,526
3	INTERMITTENT PERITONEAL TRAINING	
4	HEMODIALYSIS	
5	INTERMITTENT PERITONEAL	
6	CAPD	
7	CCDP	
8	HOME HEMODIALYSIS	
9	INTERMITTENT PERITONEAL	
10	CAPD	
11	CCDP	
12	OTHER BILLABLE SERVICES INPATIENT DIALYSIS	1,437,784
13	METHOD II HOME PATIENT EPO (INCLUDED IN RENAL DEPARTMENT)	
14	OTHER	
15	TOTAL (SUM OF LINES 2-15)	
16	MEDICAL EDUCATION PROGRAM COSTS	1,941,310
17	TOTAL RENAL COSTS (LINE 16 + LINE 17)	

CHECK ONE: XX RENAL DIALYSIS DEPARTMENT — HOME PROGRAM DIALYSIS

COMPOSITE PAYMENT SERVICES		CAPITAL AND RELATED COSTS	DIRECT PATIENT CARE SALARY	EMPLOYEE BENEFITS
		BUILDING	RNS	
		1	3	5
		(SQUARE FEET)	(HOURS)	(SALARY)
		2	4	
		(% OF TIME)	(OTHER HOURS)	
1	TOTAL RENAL DEPARTMENT COSTS	78,025	227,053	46,343
2	MAINTENANCE			
3	HEMODIALYSIS INTERMITTENT PERITONEAL TRAINING	383	971.00	39,914
4	HEMODIALYSIS			
5	INTERMITTENT PERITONEAL			
6	CAPD			
7	CCDP			
8	HOME			
9	HEMODIALYSIS			
10	INTERMITTENT PERITONEAL			
11	CAPD			
12	CCDP			
13	OTHER BILLABLE SERVICES			
14	INPATIENT DIALYSIS TREATMENTS 35791284	1,797	4,554.00	187,139
15	METHOD 11 HOME PATIENT			
16	EPO			
17	OTHER			
	TOTAL STATISTICAL BASIS			
	UNIT COST MULTIPLIER (LINE 1 DIVIDED BY LINE 16)	.002180	.552500	.227053

COMPOSITE PAYMENT SERVICES		DRUGS	MEDICAL SUPPLIES	ROUTINE ANCILLARY SERVICES	SUBTOTAL (SUM OF COLS. 1-8)	OVERHEAD
		6	7	8	9	10
		(REQUIST.)	(REQUIST.)	(CHARGES)		(ACCUMULATED COST)
1	TOTAL RENAL DEPARTMENT COSTS	-48,880	37,095		365,117	1,576,193
2	MAINTENANCE					
3	HEMODIALYSIS	89	1			
4	INTERMITTENT PERITONEAL TRAINING					
5	HEMODIALYSIS					
6	INTERMITTENT PERITONEAL					
7	CAPD					
8	CCDP					
9	HOME					
10	HEMODIALYSIS					
11	INTERMITTENT PERITONEAL					
12	CAPD					
13	CCDP					
14	OTHER BILLABLE SERVICES					
15	INPATIENT DIALYSIS TREATMENTS 35791284	415				
16	METHOD 11 HOME PATIENT					
17	EPO					
	OTHER					
	TOTAL STATISTICAL BASIS					
	UNIT COST MULTIPLIER (LINE 1 DIVIDED BY LINE 16)	.000504	.000001			.365117

CHECK ONE: XX RENAL DIALYSIS DEPARTMENT — HOME PROGRAM DIALYSIS

	NUMBER OF TOTAL TREATMENTS	TOTAL COST (FROM WKST. I-2, COL 11)	AVERAGE COST OF PROGRAM TREATMENTS	NUMBER OF PROGRAM TREATMENTS PRIOR TO 4/1/2005	NUMBER OF PROGRAM TREATMENTS OR OR AFTER 4/1/2005
	1	2	3	4	5
1 MAINTENANCE - HEMODIALYSIS	745	503,526	675.87	383	4.01
2 MAINTENANCE - PERITONEAL DIALYSIS					
3 TRAINING - HEMODIALYSIS					
4 TRAINING - PERITONEAL DIALYSIS					
5 TRAINING - CONTINUOUS AMBULATORY PERITONEAL DIALYSIS					
6 TRAINING - CONTINUOUS CYCLING PERITONEAL DIALYSIS					
7 HOME PROGRAM - HEMODIALYSIS					
8 HOME PROGRAM - PERITONEAL DIALYSIS					
9 HOME PROGRAM - CONTINUOUS AMBULATORY PERITONEAL DIALYSIS					
10 HOME PROGRAM - CONTINUOUS CYCLING PERITONEAL DIALYSIS					
11 TOTALS (SUM OF LINES 1-8, COLUMNS 1 AND 4) (SUM OF LINES 1-10, COLUMNS 2, 5, AND 7)	745	503,526		383	

PATIENT WEEKS

PATIENT WEEKS

	TOTAL PROGRAM EXPENSES	PAYMENT RATE PRIOR TO 4/1/2005	PAYMENT RATE ON OR AFTER 4/1/2005	TOTAL PROGRAM PAYMENT
	5	6	7	8
1 MAINTENANCE - HEMODIALYSIS	258,858	221.74	6.01	84,926
2 MAINTENANCE - PERITONEAL DIALYSIS				
3 TRAINING - HEMODIALYSIS				
4 TRAINING - PERITONEAL DIALYSIS				
5 TRAINING - CONTINUOUS AMBULATORY PERITONEAL DIALYSIS				
6 TRAINING - CONTINUOUS CYCLING PERITONEAL DIALYSIS				
7 HOME PROGRAM - HEMODIALYSIS				
8 HOME PROGRAM - PERITONEAL DIALYSIS				
9 HOME PROGRAM - CONTINUOUS AMBULATORY PERITONEAL DIALYSIS				
10 HOME PROGRAM - CONTINUOUS CYCLING PERITONEAL DIALYSIS				
11 TOTALS (SUM OF LINES 1-8, COLUMNS 1 AND 4) (SUM OF LINES 1-10, COLUMNS 2, 5, AND 7)	258,858			84,926

CALCULATION OF REIMBURSABLE
 BAD DEBTS - TITLE XVIII - PART B

	DESCRIPTION	
1	TOTAL EXPENSES RELATED TO CARE OF PROGRAM BENEFICIARIES (SEE INSTRUCTIONS)	258,858
2	TOTAL PAYMENT (FROM WORKSHEET I-4, COLUMN 7, LINE 11)	84,926
3	DEDUCTIBLES BILLED TO MEDICARE (PART B) PATIENTS	
4	COINSURANCE BILLED TO MEDICARE (PART B) PATIENTS	
5	BAD DEBTS FOR DEDUCTIBLES AND COINSURANCE, NET OF BAD DEBT RECOVERIES	
5 01	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	
6	NET DEDUCTIBLES AND COINSURANCE BILLED TO MEDICARE (PART B) PATIENTS (SUM OF LINES 3 & 4 LESS LINE 5)	
7	PROGRAM PAYMENT (LINE 2 LESS LINE 3, TIMES 80%)	67,941
8	UNRECOVERED FROM MEDICARE (PART B) PATIENTS (LESSER OF LINE 1 OR LINE 2 MINUS THE SUM OF LINES 6 AND 7. IF NEGATIVE, ENTER ZERO AND DO NOT COMPLETE LINE 9.)	16,985
9	REIMBURSABLE BAD DEBTS (LESSER OF LINE 8 OR LINE 5) (TRANSFER TO WORKSHEET E, PART B, LINE 26)	

PART I - FULLY PROSPECTIVE METHOD		
1	CAPITAL HOSPITAL SPECIFIC RATE PAYMENTS	
	CAPITAL FEDERAL AMOUNT	
2	CAPITAL DRG OTHER THAN OUTLIER	3,669,764
3	CAPITAL DRG OUTLIER PAYMENTS PRIOR TO 10/01/1997	
3.01	CAPITAL DRG OUTLIER PAYMENTS AFTER 10/01/1997	81,094
	INDIRECT MEDICAL EDUCATION ADJUSTMENT	
4	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS	313.22
	IN THE COST REPORTING PERIOD	
4.01	NUMBER OF INTERNS AND RESIDENTS	143.58
	(SEE INSTRUCTIONS)	
4.02	INDIRECT MEDICAL EDUCATION PERCENTAGE	13.81
4.03	INDIRECT MEDICAL EDUCATION ADJUSTMENT	506,794
	(SEE INSTRUCTIONS)	
5	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO	8.25
	MEDI CARE PART A PATIENT DAYS	
5.01	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL	44.10
	DAYS REPORTED ON S-3, PART I	
5.02	SUM OF 5 AND 5.01	52.35
5.03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE	11.18
5.04	DISPROPORTIONATE SHARE ADJUSTMENT	410,280
6	TOTAL PROSPECTIVE CAPITAL PAYMENTS	4,667,932
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)	