

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

FORM APPROVED OMB NO. 0938-0050

WORKSHEET S PARTS I & II

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY | PROVIDER NO: 14-0065 | PERIOD FROM 11/1/2008 TO 10/31/2009 | INTERMEDIARY USE ONLY --AUDITED --DESK REVIEW --INITIAL --REOPENED --FINAL 1-MCR CODE 00 - # OF REOPENINGS | DATE RECEIVED: / / | INTERMEDIARY NO:

ELECTRONICALLY FILED COST REPORT DATE: 3/24/2010 TIME 17:28

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: ADVENTIST LA GRANGE MEMORIAL HOSPITAL 14-0065 FOR THE COST REPORTING PERIOD BEGINNING 11/1/2008 AND ENDING 10/31/2009 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

Table with columns: TITLE V, A, B, C, D, E. Rows: 1 HOSPITAL, 100 TOTAL. Values: 0, -397,158, 82,281, 0.

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

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX ADDRESS

1 STREET: 5101 S. WILLOW SPRINGS ROAD P.O. BOX:
 1.01 CITY: LAGRANGE STATE: IL ZIP CODE: 60525- COUNTY: COOK

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION:

COMPONENT	COMPONENT NAME	PROVIDER NO.	NPI NUMBER	DATE CERTIFIED	PAYMENT SYSTEM (P, T, O OR N)
02.00	HOSPITAL	14-0065	2.01	6/30/1966	V XVIII XIX 4 5 6 N P 0

17 COST REPORTING PERIOD (MM/DD/YYYY) FROM: 11/ 1/2008 TO: 10/31/2009

18 TYPE OF CONTROL

TYPE OF HOSPITAL/SUBPROVIDER

19 HOSPITAL
 20 SUBPROVIDER

OTHER INFORMATION

- 21 INDICATE IF YOUR HOSPITAL IS EITHER (1)URBAN OR (2)RURAL AT THE END OF THE COST REPORT PERIOD IN COLUMN 1. IF YOUR HOSPITAL IS GEOGRAPHICALLY CLASSIFIED OR LOCATED IN A RURAL AREA, IS YOUR BED SIZE IN ACCORDANCE WITH CFR 42 412.105 LESS THAN OR EQUAL TO 100 BEDS, ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO.
- 21.01 DOES YOUR FACILITY QUALIFY AND IS CURRENTLY RECEIVING PAYMENT FOR DISPROPORTIONATE SHARE HOSPITAL ADJUSTMENT IN ACCORDANCE WITH 42 CFR 412.106? ENTER IN COLUMN 1 "Y" FOR YES OR "N" FOR NO. IS THIS FACILITY SUBJECT TO THE PROVISIONS OF 42 CFR 412.106(c)(2) (PICKLE AMENDMENT HOSPITALS)? ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO. N N
- 21.02 HAS YOUR FACILITY RECEIVED A NEW GEOGRAPHIC RECLASSIFICATION STATUS CHANGE AFTER THE FIRST DAY OF THE COST REPORTING PERIOD FROM RURAL TO URBAN AND VICE VERSA? ENTER "Y" FOR YES AND "N" FOR NO. IF YES, ENTER IN COLUMN 2 THE EFFECTIVE DATE (MM/DD/YYYY) (SEE INSTRUCTIONS).
- 21.03 ENTER IN COLUMN 1 YOUR GEOGRAPHIC LOCATION EITHER (1)URBAN OR (2)RURAL. IF YOU ANSWERED URBAN IN COLUMN 1 INDICATE IF YOU RECEIVED EITHER A WAGE OR STANDARD GEOGRAPHICAL RECLASSIFICATION TO A RURAL LOCATION, ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. IF COLUMN 2 IS YES, ENTER IN COLUMN 3 THE EFFECTIVE DATE (MM/DD/YYYY)(SEE INSTRUCTIONS) DOES YOUR FACILITY CONTAIN 100 OR FEWER BEDS IN ACCORDANCE WITH 42 CFR 412.105? ENTER IN COLUMN 4 "Y" OR "N". ENTER IN COLUMN 5 THE PROVIDERS ACTUAL MSA OR CBSA. 1 N N 29404
- 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 \$5105 OR MI PPA \$147? (SEE INSTRUC) ENTER "Y" FOR YES, AND "N" FOR NO. N
- 21.07 DOES THIS HOSPITAL QUALIFY AS A SCH WITH 100 OR FEWER BEDS UNDER MI PPA \$147? ENTER "Y" FOR YES AND "N" FOR NO. (SEE INSTRUCTIONS)
- 21.08 WHICH METHOD IS USED TO DETERMINE MEDICAID DAYS ON S-3, PART I, COL. 5 ENTER IN COLUMN 1, "1" IF IT IS BASED ON DATE OF ADMISSION, "2" IF IT IS BASED ON CENSUS DAYS, OR "3" IF IT IS BASED ON DATE OF DISCHARGE. IS THIS METHOD DIFFERENT THAN THE METHOD USED IN THE PRECEDING COST REPORTING PERIOD? ENTER IN COLUMN 2, "Y" FOR YES OR "N" FOR NO. 3 N
- 22 ARE YOU CLASSIFIED AS A REFERRAL CENTER? N
- 23 DOES THIS FACILITY OPERATE A TRANSPLANT CENTER? IF YES, ENTER CERTIFICATION DATE(S) BELOW. N
- 23.01 IF THIS IS A MEDICARE CERTIFIED KIDNEY TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3. / / / /
- 23.02 IF THIS IS A MEDICARE CERTIFIED HEART TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3. / / / /
- 23.03 IF THIS IS A MEDICARE CERTIFIED LIVER TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3. / / / /
- 23.04 IF THIS IS A MEDICARE CERTIFIED LUNG TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3. / / / /
- 23.05 IF MEDICARE PANCREAS TRANSPLANTS ARE PERFORMED SEE INSTRUCTIONS FOR ENTERING CERTIFICATION AND TERMINATION DATE. / / / /
- 23.06 IF THIS IS A MEDICARE CERTIFIED INTESTINAL TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3. / / / /
- 23.07 IF THIS IS A MEDICARE CERTIFIED ISLET TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3. / / / /
- 24 IF THIS IS AN ORGAN PROCUREMENT ORGANIZATION (OPO), ENTER THE OPO NUMBER IN COLUMN 2 AND TERMINATION DATE IN COLUMN 3 (MM/DD/YYYY) / /
- 24.01 IF THIS IS A MEDICARE TRANSPLANT CENTER; ENTER THE CCN (PROVIDER NUMBER) IN COLUMN 2, THE CERTIFICATION DATE OR RECERTIFICATION DATE (AFTER 12/26/2007) IN COLUMN 3 (mm/dd/yyyy). / /

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

25.01 IS THIS TEACHING PROGRAM APPROVED IN ACCORDANCE WITH CMS PUB. 15-1, CHAPTER 4? Y

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

25.03 AS A TEACHING HOSPITAL, DID YOU ELECT COST REIMBURSEMENT FOR PHYSICIANS' SERVICES AS DEFINED IN CMS PUB. 15-1, SECTION 2148? IF YES, COMPLETE WORKSHEET D-9. N

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

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

25.06 HAS YOUR FACILITY RECEIVED ADDITIONAL DIRECT GME FTE RESIDENT CAP SLOTS OR IME FTE RESIDENTS CAP SLOTS UNDER 42 CFR 413.79(c)(4) OR 42 CFR 412.105(f)(1)(iv)(C)? ENTER "Y" FOR YES AND "N" FOR NO IN THE APPLICABLE COLUMNS (SEE INSTRUCTIONS) N N

26 IF THIS IS A SOLE COMMUNITY HOSPITAL (SCH), ENTER THE NUMBER OF PERIODS SCH STATUS IN EFFECT IN THE C/R PERIOD. ENTER BEGINNING AND ENDING DATES OF SCH STATUS ON LINE 26.01. SUBSCRIPT LINE 26.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES. 0

26.01 ENTER THE APPLICABLE SCH DATES: BEGINNING: / / ENDING: / /

26.02 ENTER THE APPLICABLE SCH DATES: BEGINNING: / / ENDING: / /

27 DOES THIS HOSPITAL HAVE AN AGREEMENT UNDER EITHER SECTION 1883 OR SECTION 1913 FOR SWING BEDS. IF YES, ENTER THE AGREEMENT DATE (MM/DD/YYYY) IN COLUMN 2. N / /

28 IF THIS FACILITY CONTAINS A HOSPITAL-BASED SNF, ARE ALL PATIENTS UNDER MANAGED CARE OR THERE WERE NO MEDICARE UTILIZATION ENTER "Y", IF "N" COMPLETE LINES 28.01 AND 28.02

28.01 IF HOSPITAL BASED SNF, ENTER APPROPRIATE TRANSITION PERIOD 1, 2, 3, OR 100 IN COLUMN 1. ENTER IN COLUMNS 2 AND 3 THE WAGE INDEX ADJUSTMENT FACTOR BEFORE AND ON OR AFTER THE OCTOBER 1ST (SEE INSTRUCTIONS)

	1	2	3	4
28.02	0	0.0000	0.0000	
28.02	0.00	0		

28.02 ENTER IN COLUMN 1 THE HOSPITAL BASED SNF FACILITY SPECIFIC RATE(FROM YOUR FISCAL INTERMEDIARY) IF YOU HAVE NOT TRANSITIONED TO 100% PPS SNF PPS PAYMENT. IN COLUMN 2 ENTER THE FACILITY CLASSIFICATION URBAN(1) OR RURAL (2). IN COLUMN 3 ENTER THE SNF MSA CODE OR TWO CHARACTER STATE CODE IF A RURAL BASED FACILITY. IN COLUMN 4, ENTER THE SNF CBSA CODE OR TWO CHARACTER CODE IF RURAL BASED FACILITY

A NOTICE PUBLISHED IN THE "FEDERAL REGISTER" VOL. 68, NO. 149 AUGUST 4, 2003 PROVIDED FOR AN INCREASE IN THE RUG PAYMENTS BEGINNING 10/01/2003. CONGRESS EXPECTED THIS INCREASE TO BE USED FOR DIRECT PATIENT CARE AND RELATED EXPENSES. ENTER IN COLUMN 1 THE PERCENTAGE OF TOTAL EXPENSES FOR EACH CATEGORY TO TOTAL SNF REVENUE FROM WORKSHEET G-2, PART I, LINE 6, COLUMN 3. INDICATE IN COLUMN 2 "Y" FOR YES OR "N" FOR NO IF THE SPENDING REFLECTS INCREASES ASSOCIATED WITH DIRECT PATIENT CARE AND RELATED EXPENSES FOR EACH CATEGORY. (SEE INSTR)

	%	Y/N
28.03 STAFFING	0.00%	
28.04 RECRUITMENT	0.00%	
28.05 RETENTION	0.00%	
28.06 TRAINING	0.00%	

29 IS THIS A RURAL HOSPITAL WITH A CERTIFIED SNF WHICH HAS FEWER THAN 50 BEDS IN THE AGGREGATE FOR BOTH COMPONENTS, USING THE SWING BED OPTIONAL METHOD OF REIMBURSEMENT? N

30 DOES THIS HOSPITAL QUALIFY AS A RURAL PRIMARY CARE HOSPITAL (RPCH)/CRITICAL ACCESS HOSPITAL(CAH)? (SEE 42 CFR 485.606ff) N

30.01 IF SO, IS THIS THE INITIAL 12 MONTH PERIOD FOR THE FACILITY OPERATED AS AN RPCH/CAH? SEE 42 CFR 413.70

30.02 IF THIS FACILITY QUALIFIES AS AN RPCH/CAH, HAS IT ELECTED THE ALL-INCLUSIVE METHOD OF PAYMENT FOR OUTPATIENT SERVICES? (SEE INSTRUCTIONS) N

30.03 IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIBIBLE FOR COST REIMBURSEMENT FOR AMBULANCE SERVICES? IF YES, ENTER IN COLUMN 2 THE DATE OF ELIGIBILITY DETERMINATION (DATE MUST BE ON OR AFTER 12/21/2000). N

30.04 IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIBIBLE FOR COST REIMBURSEMENT FOR I&R TRAINING PROGRAMS? ENTER "Y" FOR YES AND "N" FOR NO. IF YES, THE GME ELIMINATION WOULD NOT BE ON WORKSHEET B, PART I, COLUMN 26 AND THE PROGRAM WOULD BE COST REIMBURSED. IF YES COMPLETE WORKSHEET D-2, PART II N

31 IS THIS A RURAL HOSPITAL QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c). N

31.01 IS THIS A RURAL SUBPROVIDER 1 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c). N

31.02 IS THIS A RURAL SUBPROVIDER 2 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c). N

31.03 IS THIS A RURAL SUBPROVIDER 3 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c). N

31.04 IS THIS A RURAL SUBPROVIDER 4 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c). N

31.05 IS THIS A RURAL SUBPROVIDER 5 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c). N

MISCELLANEOUS COST REPORT INFORMATION

32 IS THIS AN ALL-INCLUSIVE PROVIDER? IF YES, ENTER THE METHOD USED (A, B, OR E ONLY) COL 2. N

33 IS THIS A NEW HOSPITAL UNDER 42 CFR 412.300 PPS CAPITAL? ENTER "Y" FOR YES AND "N" FOR NO IN COLUMN 1. IF YES, FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 2002, DO YOU ELECT TO BE REIMBURSED AT 100% FEDERAL CAPITAL PAYMENT? ENTER "Y" FOR YES AND "N" FOR NO IN COLUMN 2 N

34 IS THIS A NEW HOSPITAL UNDER 42 CFR 413.40 (f)(1)(i) TEFRA? N

35 HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)? N

35.01 HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)? N

35.02 HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)? N

35.03 HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)? N

35.04 HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)? N

57 ARE YOU CLAIMING NURSING AND ALLIED HEALTH COSTS? N
 58 ARE YOU AN INPATIENT REHABILITATION FACILITY(IRF), OR DO YOU CONTAIN AN IRF SUBPROVIDER? ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES HAVE YOU MADE THE ELECTION FOR 100% FEDERAL PPS REIMBURSEMENT? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. THIS OPTION IS ONLY AVAILABLE FOR COST REPORTING PERIODS BEGINNING ON OR AFTER 1/1/2002 AND BEFORE 10/1/2002. N
 58.01 IF LINE 58 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER "Y" FOR YES OR "N" FOR NO. IS THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR SEC. 412.424(d)(1)(iii)(2)? ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO. IF COLUMN 2 IS Y, ENTER 1, 2 OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS). IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5. (SEE INSTR).
 59 ARE YOU A LONG TERM CARE HOSPITAL (LTCH)? ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES, HAVE YOU MADE THE ELECTION FOR 100% FEDERAL PPS REIMBURSEMENT? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. (SEE INSTRUCTIONS) N
 60 ARE YOU AN INPATIENT PSYCHIATRIC FACILITY (IPF), OR DO YOU CONTAIN AN IPF SUBPROVIDER? ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES, IS THE IPF OR IPF SUBPROVIDER A NEW FACILITY? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. (SEE INSTRUCTIONS) N
 60.01 IF LINE 60 COLUMN 1 IS Y, AND THE FACILITY IS AN IPF SUBPROVIDER, WERE RESIDENTS TRAINING IN THIS FACILITY IN ITS MOST RECENT COST REPORTING PERIOD FILED BEFORE NOV. 15, 2004? ENTER "Y" FOR YES AND "N" FOR NO. IS THIS FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR §412.424(d)(1)(iii)(C)? ENTER IN COL. 2 "Y" FOR YES OR "N" FOR NO. IF COL. 2 IS Y, ENTER 1, 2 OR 3 RESPECTIVELY IN COL. 3, (SEE INSTRUC). IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COL. 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5. (SEE INSTRUC). O

MULTI CAMPUS

61.00 IS THIS FACILITY PART OF A MULTICAMPUS HOSPITAL THAT HAS ONE OR MORE CAMPUSES IN DIFFERENT CBSA? ENTER "Y" FOR YES AND "N" FOR NO. N
 IF LINE 61 IS YES, ENTER THE NAME IN COL. 0, COUNTY IN COL. 1, STATE IN COL. 2, ZIP IN COL. 3, CBSA IN COL. 4 AND FTE/CAMPUS IN COL. 5.

NAME	COUNTY	STATE	ZIP CODE	CBSA	FTE/CAMPUS
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62.00					0.00

SETTLEMENT DATA

63.00 WAS THE COST REPORT FILED USING THE PS&R (EITHER IN ITS ENTIRETY OR FOR TOTAL CHARGES AND DAYS ONLY)? ENTER "Y" FOR YES AND "N" FOR NO IN COL. 1. IF COL. 1 IS "Y", ENTER THE "PAID THROUGH" DATE OF THE PS&R IN COL. 2 (MM/DD/YYYY). Y 2/ 2/2010

PART II - WAGE DATA	AMOUNT REPORTED 1	RECLASS OF SALARIES 2	ADJUSTED SALARIES 3	PAID HOURS RELATED TO SALARY 4	AVERAGE HOURLY WAGE 5	DATA SOURCE 6
SALARIES						
1 TOTAL SALARY	54,773,073	121,650	54,894,723	1,907,095.00	28.78	
2 NON-PHYSICIAN ANESTHETIST PART A						
3 NON-PHYSICIAN ANESTHETIST PART B						
4 PHYSICIAN - PART A						
4.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
5 PHYSICIAN - PART B						
5.01 NON-PHYSICIAN - PART B						
6 INTERNS & RESIDENTS (APPRVD)	2,066,357		2,066,357	61,593.00	33.55	T* REPORT
6.01 CONTRACT SERVICES, I&R						
7 HOME OFFICE PERSONNEL						
8 SNF						
8.01 EXCLUDED AREA SALARIES	810,725		810,725	32,234.00	25.15	
OTHER WAGES & RELATED COSTS						
9 CONTRACT LABOR:	260,063		260,063	3,015.00	86.26	HSL REPORT
9.01 PHARMACY SERVICES UNDER CONTRACT						
9.02 LABORATORY SERVICES UNDER CONTRACT						
9.03 MANAGEMENT & ADMINISTRATIVE UNDER CONTRACT						
10 CONTRACT LABOR: PHYS PART A						
10.01 TEACHING PHYSICIAN UNDER CONTRACT (SEE INSTRUCTIONS)						
11 HOME OFFICE SALARIES & WAGE RELATED COSTS	4,411,632		4,411,632	74,364.00	59.32	10-8013 COST RP
12 HOME OFFICE: PHYS PART A						
12.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
WAGE RELATED COSTS						
13 WAGE-RELATED COSTS (CORE)	12,651,410		12,651,410			CMS 339
14 WAGE-RELATED COSTS (OTHER)						CMS 339
15 EXCLUDED AREAS	197,642		197,642			CMS 339
16 NON-PHYS ANESTHETIST PART A						CMS 339
17 NON-PHYS ANESTHETIST PART B						CMS 339
18 PHYSICIAN PART A						CMS 339
18.01 PART A TEACHING PHYSICIANS						CMS 339
19 PHYSICIAN PART B						CMS 339
19.01 WAGE-RELATD COSTS (RHC/FOHC)						CMS 339
20 INTERNS & RESIDENTS (APPRVD)	503,745		503,745			CMS 339
OVERHEAD COSTS - DIRECT SALARIES						
21 EMPLOYEE BENEFITS	48,025	437,178	485,203	13,602.00	35.67	
22 ADMINISTRATIVE & GENERAL	6,860,072	-1,215,426	5,644,646	214,738.00	26.29	
22.01 A & G UNDER CONTRACT						
23 MAINTENANCE & REPAIRS						
24 OPERATION OF PLANT	1,495,349	445,232	1,940,581	77,104.00	25.17	
25 LAUNDRY & LINEN SERVICE	62,224		62,224	4,456.00	13.96	
26 HOUSEKEEPING	1,454,289		1,454,289	107,616.00	13.51	
26.01 HOUSEKEEPING UNDER CONTRACT						
27 DIETARY	952,260	-707,578	244,682	18,184.00	13.46	
27.01 DIETARY UNDER CONTRACT						
28 CAFETERIA		707,578	707,578	52,603.00	13.45	
29 MAINTENANCE OF PERSONNEL						
30 NURSING ADMINISTRATION	803,369	252,633	1,056,002	24,097.00	43.82	
31 CENTRAL SERVICE AND SUPPLY	646,222		646,222	31,220.00	20.70	
32 PHARMACY	2,097,332	18,289	2,115,621	53,118.00	39.83	
33 MEDICAL RECORDS & MEDICAL RECORDS LIBRARY	1,340,605	120,587	1,461,192	68,484.00	21.34	
34 SOCIAL SERVICE	764,968		764,968	22,636.00	33.79	
35 OTHER GENERAL SERVICE						
PART III - HOSPITAL WAGE INDEX SUMMARY						
1 NET SALARIES	52,706,716	121,650	52,828,366	1,845,502.00	28.63	
2 EXCLUDED AREA SALARIES	810,725		810,725	32,234.00	25.15	
3 SUBTOTAL SALARIES	51,895,991	121,650	52,017,641	1,813,268.00	28.69	
4 SUBTOTAL OTHER WAGES & RELATED COSTS	4,671,695		4,671,695	77,379.00	60.37	
5 SUBTOTAL WAGE-RELATED COSTS	12,651,410		12,651,410		24.32	
6 TOTAL	69,219,096	121,650	69,340,746	1,890,647.00	36.68	
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	16,524,715	58,493	16,583,208	687,858.00	24.11	

DESCRIPTION

UNCOMPENSATED CARE INFORMATION		
1	DO YOU HAVE A WRITTEN CHARITY CARE POLICY?	
2	ARE PATIENTS WRITE-OFFS IDENTIFIED AS CHARITY? IF YES ANSWER LINES 2.01 THRU 2.04	
2.01	IS IT AT THE TIME OF ADMISSION?	
2.02	IS IT AT THE TIME OF FIRST BILLING?	
2.03	IS IT AFTER SOME COLLECTION EFFORT HAS BEEN MADE?	
2.04		
3	ARE CHARITY WRITE-OFFS MADE FOR PARTIAL BILLS?	
4	ARE CHARITY DETERMINATIONS BASED UPON ADMINISTRATIVE JUDGMENT WITHOUT FINANCIAL DATA?	
5	ARE CHARITY DETERMINATIONS BASED UPON INCOME DATA ONLY?	
6	ARE CHARITY DETERMINATIONS BASED UPON NET WORTH (ASSETS) DATA?	
7	ARE CHARITY DETERMINATIONS BASED UPON INCOME AND NET WORTH DATA?	
8	DOES YOUR ACCOUNTING SYSTEM SEPARATELY IDENTIFY BAD DEBT AND CHARITY CARE? IF YES ANSWER 8.01	
8.01	DO YOU SEPARATELY ACCOUNT FOR INPATIENT AND OUTPATIENT SERVICES?	
9	IS DISCERNING CHARITY FROM BAD DEBT A HIGH PRIORITY IN YOUR INSTITUTION? IF NO ANSWER 9.01 THRU 9.04	
9.01	IS IT BECAUSE THERE IS NOT ENOUGH STAFF TO DETERMINE ELIGIBILITY?	
9.02	IS IT BECAUSE THERE IS NO FINANCIAL INCENTIVE TO SEPARATE CHARITY FROM BAD DEBT?	
9.03	IS IT BECAUSE THERE IS NO CLEAR DIRECTIVE POLICY ON CHARITY DETERMINATION?	
9.04	IS IT BECAUSE YOUR INSTITUTION DOES NOT DEEM THE DISTINCTION IMPORTANT?	
10	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, WHAT IS THE MAXIMUM INCOME THAT CAN BE EARNED BY PATIENTS (SINGLE WITHOUT DEPENDENT) AND STILL DETERMINED TO BE A CHARITY WRITE OFF?	
11	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, IS THE INCOME DIRECTLY TIED TO FEDERAL POVERTY LEVEL? IF YES ANSWER 11.01 THRU 11.04	
11.01	IS THE PERCENTAGE LEVEL USED LESS THAN 100% OF THE FEDERAL POVERTY LEVEL?	
11.02	IS THE PERCENTAGE LEVEL USED BETWEEN 100% AND 150% OF THE FEDERAL POVERTY LEVEL?	
11.03	IS THE PERCENTAGE LEVEL USED BETWEEN 150% AND 200% OF THE FEDERAL POVERTY LEVEL?	
11.04	IS THE PERCENTAGE LEVEL USED GREATER THAN 200% OF THE FEDERAL POVERTY LEVEL?	
12	ARE PARTIAL WRITE-OFFS GIVEN TO HIGHER INCOME PATIENTS ON A GRADUAL SCALE?	
13	IS THERE CHARITY CONSIDERATION GIVEN TO HIGH NET WORTH PATIENTS WHO HAVE CATASTROPHIC OR OTHER EXTRAORDINARY MEDICAL EXPENSES?	
14	IS YOUR HOSPITAL STATE OR LOCAL GOVERNMENT OWNED? IF YES ANSWER LINES 14.01 AND 14.02	
14.01	DO YOU RECEIVE DIRECT FINANCIAL SUPPORT FROM THAT GOVERNMENT ENTITY FOR THE PURPOSE OF PROVIDING COMPENSATED CARE?	
14.02	WHAT PERCENTAGE OF THE AMOUNT ON LINE 14.01 IS FROM GOVERNMENT FUNDING?	
15	DO YOU RECEIVE RESTRICTED GRANTS FOR RENDERING CARE TO CHARITY PATIENTS?	
16	ARE OTHER NON-RESTRICTED GRANTS USED TO SUBSIDIZE CHARITY CARE?	
UNCOMPENSATED CARE REVENUES		
17	REVENUE FROM UNCOMPENSATED CARE	9,463,226
17.01	GROSS MEDICAID REVENUES	
18	REVENUES FROM STATE AND LOCAL INDIGENT CARE PROGRAMS	
19	REVENUE RELATED TO SCHIP (SEE INSTRUCTIONS)	
20	RESTRICTED GRANTS	
21	NON-RESTRICTED GRANTS	
22	TOTAL GROSS UNCOMPENSATED CARE REVENUES	9,463,226
UNCOMPENSATED CARE COST		
23	TOTAL CHARGES FOR PATIENTS COVERED BY STATE AND LOCAL INDIGENT CARE PROGRAMS	
24	COST TO CHARGE RATIO (WKST C, PART I, COLUMN 3, LINE 103, DIVIDED BY COLUMN 8, LINE 103)	.228130
25	TOTAL STATE AND LOCAL INDIGENT CARE PROGRAM COST (LINE 23 * LINE 24)	
26	TOTAL SCHIP CHARGES FROM YOUR RECORDS	
27	TOTAL SCHIP COST, (LINE 24 * LINE 26)	
28	TOTAL GROSS MEDICAID CHARGES FROM YOUR RECORDS	566,249,295

DESCRIPTION

29	TOTAL GROSS MEDICAID COST (LINE 24 * LINE 28)	129,178,452
30	OTHER UNCOMPENSATED CARE CHARGES FROM YOUR RECORDS	17,867,236
31	UNCOMPENSATED CARE COST (LINE 24 * LINE 30)	4,076,053
32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL (SUM OF LINES 25, 27, AND 29)	129,178,452

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

COST CENTER	COST CENTER DESCRIPTION	SALARIES	OTHER	TOTAL	RECLASSIFICATIONS	RECLASSIFIED TRIAL BALANCE
		1	2	3	4	5
	GENERAL SERVICE COST CNTR					
1	0100 OLD CAP REL COSTS-BLDG & FIXT					
2	0200 OLD CAP REL COSTS-MVBLE EQUIP					
3	0300 NEW CAP REL COSTS-BLDG & FIXT				19,097,760	19,097,760
4	0400 NEW CAP REL COSTS-MVBLE EQUIP				2,762,673	2,762,673
5	0500 EMPLOYEE BENEFITS	48,025	2,631,736	2,679,761	7,059,003	9,738,764
6	0600 ADMINISTRATIVE & GENERAL	6,860,072	30,940,282	37,800,354	-10,377,719	27,422,635
7	0700 MAINTENANCE & REPAIRS					
8	0800 OPERATION OF PLANT	1,495,349	4,398,951	5,894,300	1,806,718	7,701,018
9	0900 LAUNDRY & LINEN SERVICE	62,224	13,111	75,335		75,335
10	1000 HOUSEKEEPING	1,454,289	658,742	2,113,031		2,113,031
11	1100 DIETARY	952,260	1,053,884	2,006,144	-1,490,667	515,477
12	1200 CAFETERIA				1,490,667	1,490,667
13	1300 MAINTENANCE OF PERSONNEL					
14	1400 NURSING ADMINISTRATION	803,369	176,078	979,447	284,476	1,263,923
15	1500 CENTRAL SERVICES & SUPPLY	646,222	823,286	1,469,508	-690,200	779,308
16	1600 PHARMACY	2,097,332	5,514,787	7,612,119	-5,747,586	1,864,533
17	1700 MEDICAL RECORDS & LIBRARY	1,340,605	874,484	2,215,089	141,921	2,357,010
18	1800 SOCIAL SERVICE	764,968	485,940	1,250,908		1,250,908
20	2000 NONPHYSICIAN ANESTHETISTS					
21	2100 NURSING SCHOOL					
22	2200 I&R SERVICES-SALARY & FRINGES APPRVD	2,066,357	879,725	2,946,082		2,946,082
23	2300 I&R SERVICES-OTHER PRGM COSTS APPRVD					
24	2400 PARAMED ED PRGM-(SPECIFY) INPAT ROUTINE SRVC CNTRS					
25	2500 ADULTS & PEDIATRICS	10,355,444	1,576,460	11,931,904	632,002	12,563,906
26	2600 INTENSIVE CARE UNIT	2,833,878	480,015	3,313,893		3,313,893
33	3300 NURSERY		168,331	168,331	335,188	503,519
	ANCILLARY SRVC COST CNTRS					
37	3700 OPERATING ROOM	2,255,776	9,245,625	11,501,401		11,501,401
37.01	3330 ENDOSCOPY	930,403	519,433	1,449,836		1,449,836
37.02	3701 DAY SURGERY	1,022,767	150,126	1,172,893		1,172,893
38	3800 RECOVERY ROOM	528,089	73,424	601,513		601,513
39	3900 DELIVERY ROOM & LABOR ROOM	1,861,744	265,836	2,127,580	-967,190	1,160,390
41	4100 RADIOLOGY-DIAGNOSTIC	1,874,921	1,945,536	3,820,457	-1,410,097	2,410,360
41.01	3450 NUCLEAR MEDICINE	258,394	275,071	533,465	119,456	652,921
41.02	3630 ULTRASOUND	428,502	45,942	474,444	122,619	597,063
41.03	3230 CT SCAN	494,038	236,655	730,693	825,700	1,556,393
41.04	3430 MRI	321,898	81,357	403,255	294,754	698,009
41.05	4101 GRANT SQUARE IMAGING					
41.06	4102 WINDSOR MEDICAL RADIOLOGY					
41.07	3231 PET SCAN					
42	4200 RADIOLOGY-THERAPEUTIC	535,409	251,213	786,622	135,542	922,164
44	4400 LABORATORY	2,387,109	3,556,446	5,943,555		5,943,555
46.30	4650 BLOOD CLOTTING FACTORS ADMIN COSTS					
49	4900 RESPIRATORY THERAPY	907,577	280,869	1,188,446		1,188,446
50	5000 PHYSICAL THERAPY	1,837,330	528,873	2,366,203		2,366,203
50.01	5001 FAIRVIEW REHAB CTR					
50.02	5002 WESTCHESTER REHAB CTR					
50.03	5003 LAGRANGE REHAB CTR	729,737	73,715	803,452		803,452
51	5100 OCCUPATIONAL THERAPY	335,349	38,003	373,352		373,352
52	5200 SPEECH PATHOLOGY	94,355	19,873	114,228		114,228
53	5300 ELECTROCARDIOLOGY	613,110	3,055,630	3,668,740		3,668,740
53.01	3650 VASCULAR LAB	881,168	1,796,241	2,677,409		2,677,409
53.02	3140 CARDIAC REHAB	889,729	237,273	1,127,002		1,127,002
54	5400 ELECTROENCEPHALOGRAPHY	28,388	449,831	478,219		478,219
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS				690,200	690,200
56	5600 DRUGS CHARGED TO PATIENTS				5,767,103	5,767,103
59	3350 HEMODIALYSIS		313,373	313,373		313,373
59.01	3950 LITHOTRIpsy		202,091	202,091		202,091
	OUTPAT SERVICE COST CNTRS					
60.01	6001 PAIN MGMT CLINIC		29,659	29,659		29,659
61	6100 EMERGENCY	2,421,722	690,455	3,112,177		3,112,177
61.01	4950 OP DEPARTMENT	544,439	516,123	1,060,562		1,060,562
61.02	4951 MEDICAL ONCOLOGY					
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)					
63.50	6310 RHC					
63.60	6320 FQHC					
	OTHER REIMBURS COST CNTRS					
69.10	6910 CMHC					
69.20	6920 OPT					
69.30	6930 CMHC					
69.40	6940 OPT					
71	7100 HOME HEALTH AGENCY					
	SPEC PURPOSE COST CENTERS					
85.01	8510 PANCREAS ACQUISITION					
85.02	8520 INTESTINAL ACQUISITION					
85.03	8530 ISLET CELL ACQUISITION					
88	8800 INTEREST EXPENSE		21,574,863	21,574,863	-20,882,323	692,540
95	SUBTOTALS	53,962,348	97,129,348	151,091,696	-0-	151,091,696
	NONREIMBURS COST CENTERS					
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN	195,380	162,673	358,053		358,053
98	9800 PHYSICIANS' PRIVATE OFFICES		950,543	950,543		950,543
98.01	9801 CFPC CLINIC	615,345	303,138	918,483		918,483
100	7950 OFFICE BUILDINGS		1,095,738	1,095,738		1,095,738
101	TOTAL	54,773,073	99,641,440	154,414,513	-0-	154,414,513

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

PROVIDER NO: 14-0065
 PERIOD: FROM 11/1/2008 TO 10/31/2009
 PREPARED 3/24/2010
 WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS	NET EXPENSES FOR ALLOC
		6	7
	GENERAL SERVICE COST CNTR		
1 0100	OLD CAP REL COSTS-BLDG & FIXT		
2 0200	OLD CAP REL COSTS-MVBLE EQUIP		
3 0300	NEW CAP REL COSTS-BLDG & FIXT	-7,186,779	11,910,981
4 0400	NEW CAP REL COSTS-MVBLE EQUIP	786,258	3,548,931
5 0500	EMPLOYEE BENEFITS	178,062	9,916,826
6 0600	ADMINISTRATIVE & GENERAL	-10,051,858	17,370,777
7 0700	MAINTENANCE & REPAIRS		
8 0800	OPERATION OF PLANT	-100	7,700,918
9 0900	LAUNDRY & LINEN SERVICE		75,335
10 1000	HOUSEKEEPING		2,113,031
11 1100	DIETARY	-263,271	252,206
12 1200	CAFETERIA		1,490,667
13 1300	MAINTENANCE OF PERSONNEL		
14 1400	NURSING ADMINISTRATION	-23,952	1,239,971
15 1500	CENTRAL SERVICES & SUPPLY		779,308
16 1600	PHARMACY		1,864,533
17 1700	MEDICAL RECORDS & LIBRARY	56,841	2,413,851
18 1800	SOCIAL SERVICE		1,250,908
20 2000	NONPHYSICIAN ANESTHETISTS		
21 2100	NURSING SCHOOL		
22 2200	I&R SERVICES-SALARY & FRINGES APPRVD		2,946,082
23 2300	I&R SERVICES-OTHER PRGM COSTS APPRVD		
24 2400	PARAMED ED PRGM-(SPECIFY) INPAT ROUTINE SRVC CNTRS		
25 2500	ADULTS & PEDIATRICS	100	12,564,006
26 2600	INTENSIVE CARE UNIT		3,313,893
33 3300	NURSERY	-168	503,351
	ANCILLARY SRVC COST CNTRS		
37 3700	OPERATING ROOM		11,501,401
37.01 3330	ENDOSCOPY		1,449,836
37.02 3701	DAY SURGERY		1,172,893
38 3800	RECOVERY ROOM		601,513
39 3900	DELIVERY ROOM & LABOR ROOM		1,160,390
41 4100	RADIOLOGY-DIAGNOSTIC	-1,388	2,408,972
41.01 3450	NUCLEAR MEDICINE		652,921
41.02 3630	ULTRASOUND		597,063
41.03 3230	CT SCAN		1,556,393
41.04 3430	MRI		698,009
41.05 4101	GRANT SQUARE IMAGING		
41.06 4102	WINDSOR MEDICAL RADIOLOGY		
41.07 3231	PET SCAN		
42 4200	RADIOLOGY-THERAPEUTIC	-117,392	804,772
44 4400	LABORATORY	-225	5,943,330
46.30 4650	BLOOD CLOTTING FACTORS ADMIN COSTS		
49 4900	RESPIRATORY THERAPY	-10,316	1,178,130
50 5000	PHYSICAL THERAPY	-117,225	2,248,978
50.01 5001	FAIRVIEW REHAB CTR		
50.02 5002	WESTCHESTER REHAB CTR		
50.03 5003	LAGRANGE REHAB CTR	-9,470	793,982
51 5100	OCCUPATIONAL THERAPY		373,352
52 5200	SPEECH PATHOLOGY		114,228
53 5300	ELECTROCARDIOLOGY		3,668,740
53.01 3650	VASCULAR LAB		2,677,409
53.02 3140	CARDIAC REHAB	-78,816	1,048,186
54 5400	ELECTROENCEPHALOGRAPHY		478,219
55 5500	MEDICAL SUPPLIES CHARGED TO PATIENTS		690,200
56 5600	DRUGS CHARGED TO PATIENTS		5,767,103
59 3350	HEMODIALYSIS		313,373
59.01 3950	LITHOTRIPSY		202,091
	OUTPAT SERVICE COST CNTRS		
60.01 6001	PAIN MGMT CLINIC		29,659
61 6100	EMERGENCY	-68,448	3,043,729
61.01 4950	OP DEPARTMENT	-2,125	1,058,437
61.02 4951	MEDICAL ONCOLOGY		
62 6200	OBSERVATION BEDS (NON-DISTINCT PART)		
63.50 6310	RHC		
63.60 6320	FQHC		
	OTHER REIMBURS COST CNTRS		
69.10 6910	CMHC		
69.20 6920	OPT		
69.30 6930	CMHC		
69.40 6940	OPT		
71 7100	HOME HEALTH AGENCY		
	SPEC PURPOSE COST CENTERS		
85.01 8510	PANCREAS ACQUISITION		
85.02 8520	INTESTINAL ACQUISITION		
85.03 8530	ISLET CELL ACQUISITION		
88 8800	INTEREST EXPENSE	-692,540	-0-
95	SUBTOTALS	-17,602,812	133,488,884
	NONREIMBURS COST CENTERS		
96 9600	GIFT, FLOWER, COFFEE SHOP & CANTEEN		358,053
98 9800	PHYSICIANS' PRIVATE OFFICES		950,543
98.01 9801	CFPC CLINIC		918,483
100 7950	OFFICE BUILDINGS		1,095,738
101	TOTAL	-17,602,812	136,811,701

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-(SPECIFY)	2400	
	INPAT ROUTINE SRVC C		
25	ADULTS & PEDIATRICS	2500	
26	INTENSIVE CARE UNIT	2600	
33	NURSERY	3300	
	ANCILLARY SRVC COST		
37	OPERATING ROOM	3700	
37.01	ENDOSCOPY	3330	ENDOSCOPY
37.02	DAY SURGERY	3701	OPERATING ROOM
38	RECOVERY ROOM	3800	
39	DELIVERY ROOM & LABOR ROOM	3900	
41	RADIOLOGY-DIAGNOSTIC	4100	
41.01	NUCLEAR MEDICINE	3450	NUCLEAR MEDICINE-DIAGNOSTIC
41.02	ULTRASOUND	3630	ULTRA SOUND
41.03	CT SCAN	3230	CAT SCAN
41.04	MRI	3430	MAGNETIC RESONANCE IMAGING (MRI)
41.05	GRANT SQUARE IMAGING	4101	RADIOLOGY-DIAGNOSTIC
41.06	WINDSOR MEDICAL RADIOLOGY	4102	RADIOLOGY-DIAGNOSTIC
41.07	PET SCAN	3231	CAT SCAN
42	RADIOLOGY-THERAPEUTIC	4200	
44	LABORATORY	4400	
46.30	BLOOD CLOTTING FACTORS ADMIN COSTS	4650	BLOOD CLOTTING FOR HEMOPHILIACS
49	RESPIRATORY THERAPY	4900	
50	PHYSICAL THERAPY	5000	
50.01	FAIRVIEW REHAB CTR	5001	PHYSICAL THERAPY
50.02	WESTCHESTER REHAB CTR	5002	PHYSICAL THERAPY
50.03	LAGRANGE REHAB CTR	5003	PHYSICAL THERAPY
51	OCCUPATIONAL THERAPY	5100	
52	SPEECH PATHOLOGY	5200	
53	ELECTROCARDIOLOGY	5300	
53.01	VASCULAR LAB	3650	VASCULAR LAB
53.02	CARDIAC REHAB	3140	CARDIOLOGY
54	ELECTROENCEPHALOGRAPHY	5400	
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	5500	
56	DRUGS CHARGED TO PATIENTS	5600	
59	HEMODIALYSIS	3350	HEMATOLOGY
59.01	LITHOTRIPSY	3950	OTHER ANCILLARY SERVICE COST CENTERS
	OUTPAT SERVICE COST		
60.01	PAIN MGMT CLINIC	6001	CLINIC
61	EMERGENCY	6100	
61.01	OP DEPARTMENT	4950	OTHER OUTPATIENT SERVICE COST CENTER
61.02	MEDICAL ONCOLOGY	4951	OTHER OUTPATIENT SERVICE COST CENTER
62	OBSERVATION BEDS (NON-DISTINCT PART)	6200	
63.50	RHC	6310	RURAL HEALTH CLINIC #####
63.60	FQHC	6320	FEDERALLY QUALIFIED HEALTH CTR #####
	OTHER REIMBURS COST		
69.10	CMHC	6910	CMHC #####
69.20	OPT	6920	OPT #####
69.30	CMHC	6930	OOT #####
69.40	OPT	6940	OSP #####
71	HOME HEALTH AGENCY	7100	
	SPEC PURPOSE COST CE		
85.01	PANCREAS ACQUISITION	8510	
85.02	INTESTINAL ACQUISITION	8520	
85.03	ISLET CELL ACQUISITION	8530	
88	INTEREST EXPENSE	8800	
95	SUBTOTALS		OLD CAP REL COSTS-BLDG & FIXT
	NONREIMBURS COST CEN		
96	GIFT, FLOWER, COFFEE SHOP & CANTEEN	9600	
98	PHYSICIANS' PRIVATE OFFICES	9800	
98.01	CFPC CLINIC	9801	PHYSICIANS' PRIVATE OFFICES
100	OFFICE BUILDINGS	7950	OTHER NONREIMBURSABLE COST CENTERS
101	TOTAL		OLD CAP REL COSTS-BLDG & FIXT

RECLASSIFICATIONS

PROVIDER NO:
140065

PERIOD:
FROM 11/ 1/2008
TO 10/31/2009

PREPARED 3/24/2010
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER 2	INCREASE		
			LINE NO 3	SALARY 4	OTHER 5
1 CAFETERIA RECLASS	A	CAFETERIA	12	707,578	783,089
2 PROP TAX RECLASS	B	OPERATION OF PLANT	8		36,913
3 MED SUPPLY RECLASS	C	MEDICAL SUPPLIES CHARGED TO PATIENTS	55		690,200
4 DRUG RECLASS	D	DRUGS CHARGED TO PATIENTS	56		5,589,862
5 DIR OF NURSE SALARY RECLASS	F	NURSING ADMINISTRATION	14	180,141	
6 RADIOLOGY SALARY	G	NUCLEAR MEDICINE	41.01	27,767	91,689
7		ULTRASOUND	41.02	28,502	94,117
8		CT SCAN	41.03	191,928	633,772
9		MRI	41.04	68,513	226,241
10		RADIOLOGY-THERAPEUTIC	42	31,506	104,036
11 NURSERY SALARY	H	ADULTS & PEDIATRICS	25	543,995	88,007
12		NURSERY	33	409,410	
13					
14 DEPRECIATION	I	NEW CAP REL COSTS-BLDG & FIXT	3		11,751,372
15		NEW CAP REL COSTS-MVBLE EQUIP	4		2,117,612
16 COST OF IV TO PTS	J	DRUGS CHARGED TO PATIENTS	56		177,241
17 INTEREST RECLASS	V	NEW CAP REL COSTS-BLDG & FIXT	3		1,898,569
18		NEW CAP REL COSTS-MVBLE EQUIP	4		645,061
19		ADMINISTRATIVE & GENERAL	6		5,356,270
20					
21 RECLASS SHARED SERVICE	W	NEW CAP REL COSTS-BLDG & FIXT	3		5,447,819
22		EMPLOYEE BENEFITS	5	437,178	6,621,825
23		ADMINISTRATIVE & GENERAL	6	2,851,035	4,100,987
24		OPERATION OF PLANT	8	445,232	1,324,573
25		NURSING ADMINISTRATION	14	72,492	31,843
26		PHARMACY	16	18,289	1,228
27		MEDICAL RECORDS & LIBRARY	17	120,587	21,334
28		RADIOLOGY-DIAGNOSTIC	41	63,157	24,817
29		ADMINISTRATIVE & GENERAL	6	121,650	
30					
31 ZERO OUT INTEREST LINE 88	Y	ADMINISTRATIVE & GENERAL	6		55,170
36 TOTAL RECLASSIFICATIONS				6,318,960	47,913,647

(1) A letter (A, B, etc) must be entered on each line to identify each reclassification entry.
Transfer the amounts in columns 4, 5, 8, and 9 to Worksheet A, column 4, lines as appropriate.
See instructions for column 10 referencing to Worksheet A-7, Part III, columns 9 through 14.

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER	DECREASE			A-7 REF
			LINE NO	SALARY	OTHER	
	1	6	7	8	9	10
1 CAFETERIA RECLASS	A	DIETARY	11	707,578	783,089	
2 PROP TAX RECLASS	B	INTEREST EXPENSE	88		36,913	13
3 MED SUPPLY RECLASS	C	CENTRAL SERVICES & SUPPLY	15		690,200	
4 DRUG RECLASS	D	PHARMACY	16		5,589,862	
5 DIR OF NURSE SALARY RECLASS	F	ADMINISTRATIVE & GENERAL	6	180,141		
6 RADIOLOGY SALARY	G	RADIOLOGY-DIAGNOSTIC	41	348,216	1,149,855	
7						
8						
9						
10						
11 NURSERY SALARY	H	NURSERY	33		74,222	
12		DELIVERY ROOM & LABOR ROOM	39	953,405	13,785	
13		INTEREST EXPENSE	88		12,890,340	9
14 DEPRECIATION	I	ADMINISTRATIVE & GENERAL	6		978,644	9
15		PHARMACY	16		177,241	
16 COST OF IV TO PTS	J	PHARMACY	16			
17 INTEREST RECLASS	V					11
18						11
19						
20		INTEREST EXPENSE	88		7,899,900	
21 RECLASS SHARED SERVICE	W					9
22						
23						
24						
25						
26						
27						
28						
29		ADMINISTRATIVE & GENERAL	6		121,650	
30		ADMINISTRATIVE & GENERAL	6	4,007,970	17,574,426	
31 ZERO OUT INTEREST LINE 88	Y	INTEREST EXPENSE	88		55,170	
36 TOTAL RECLASSIFICATIONS				6,197,310	48,035,297	

(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: 140065	PERIOD: FROM 11/ 1/2008 TO 10/31/2009	PREPARED 3/24/2010 WORKSHEET A-6 NOT A CMS WORKSHEET
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RECLASS CODE: A
EXPLANATION : CAFETERIA RECLASS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	CAFETERIA	12	1,490,667	DIETARY	11	1,490,667	
TOTAL RECLASSIFICATIONS FOR CODE A			1,490,667				1,490,667

RECLASS CODE: B
EXPLANATION : PROP TAX RECLASS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	OPERATION OF PLANT	8	36,913	INTEREST EXPENSE	88	36,913	
TOTAL RECLASSIFICATIONS FOR CODE B			36,913				36,913

RECLASS CODE: C
EXPLANATION : MED SUPPLY RECLASS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	MEDICAL SUPPLIES CHARGED TO PA	55	690,200	CENTRAL SERVICES & SUPPLY	15	690,200	
TOTAL RECLASSIFICATIONS FOR CODE C			690,200				690,200

RECLASS CODE: D
EXPLANATION : DRUG RECLASS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	DRUGS CHARGED TO PATIENTS	56	5,589,862	PHARMACY	16	5,589,862	
TOTAL RECLASSIFICATIONS FOR CODE D			5,589,862				5,589,862

RECLASS CODE: F
EXPLANATION : DIR OF NURSE SALARY RECLASS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NURSING ADMINISTRATION	14	180,141	ADMINISTRATIVE & GENERAL	6	180,141	
TOTAL RECLASSIFICATIONS FOR CODE F			180,141				180,141

RECLASS CODE: G
EXPLANATION : RADIOLOGY SALARY

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NUCLEAR MEDICINE	41.01	119,456	RADIOLOGY-DIAGNOSTIC	41	1,498,071	
2.00	ULTRASOUND	41.02	122,619			0	
3.00	CT SCAN	41.03	825,700			0	
4.00	MRI	41.04	294,754			0	
5.00	RADIOLOGY-THERAPEUTIC	42	135,542			0	
TOTAL RECLASSIFICATIONS FOR CODE G			1,498,071				1,498,071

RECLASS CODE: H
EXPLANATION : NURSERY SALARY

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	ADULTS & PEDIATRICS	25	632,002			0	
2.00	NURSERY	33	409,410	NURSERY	33	74,222	
3.00			0	DELIVERY ROOM & LABOR ROOM	39	967,190	
TOTAL RECLASSIFICATIONS FOR CODE H			1,041,412				1,041,412

RECLASS CODE: I
EXPLANATION : DEPRECIATION

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	11,751,372	INTEREST EXPENSE	88	12,890,340	
2.00	NEW CAP REL COSTS-MVBLE EQUIP	4	2,117,612	ADMINISTRATIVE & GENERAL	6	978,644	
TOTAL RECLASSIFICATIONS FOR CODE I			13,868,984				13,868,984

RECLASS CODE: J
EXPLANATION : COST OF IV TO PTS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	DRUGS CHARGED TO PATIENTS	56	177,241	PHARMACY	16	177,241	
TOTAL RECLASSIFICATIONS FOR CODE J			177,241				177,241

RECLASSIFICATIONS

PROVIDER NO:
140065

PERIOD:
FROM 11/ 1/2008
TO 10/31/2009

PREPARED 3/24/2010
WORKSHEET A-6
NOT A CMS WORKSHEET

RECLASS CODE: V
EXPLANATION : INTEREST RECLASS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	1,898,569			0	
2.00	NEW CAP REL COSTS-MVBLE EQUIP	4	645,061			0	
3.00	ADMINISTRATIVE & GENERAL	6	5,356,270			0	
4.00			0	INTEREST EXPENSE	88	7,899,900	
TOTAL RECLASSIFICATIONS FOR CODE V			7,899,900			7,899,900	

RECLASS CODE: W
EXPLANATION : RECLASS SHARED SERVICE

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	5,447,819			0	
2.00	EMPLOYEE BENEFITS	5	7,059,003			0	
3.00	ADMINISTRATIVE & GENERAL	6	6,952,022			0	
4.00	OPERATION OF PLANT	8	1,769,805			0	
5.00	NURSING ADMINISTRATION	14	104,335			0	
6.00	PHARMACY	16	19,517			0	
7.00	MEDICAL RECORDS & LIBRARY	17	141,921			0	
8.00	RADIOLOGY-DIAGNOSTIC	41	87,974			0	
9.00	ADMINISTRATIVE & GENERAL	6	121,650	ADMINISTRATIVE & GENERAL	6	121,650	
10.00			0	ADMINISTRATIVE & GENERAL	6	21,582,396	
TOTAL RECLASSIFICATIONS FOR CODE W			21,704,046			21,704,046	

RECLASS CODE: Y
EXPLANATION : ZERO OUT INTEREST LINE 88

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	ADMINISTRATIVE & GENERAL	6	55,170	INTEREST EXPENSE	88	55,170	
TOTAL RECLASSIFICATIONS FOR CODE Y			55,170			55,170	

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

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

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING BALANCES 1	PURCHASES 2	ACQUISITIONS DONATION 3	TOTAL 4	DI SPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7
1 LAND	9,779,429					9,779,429	
2 LAND IMPROVEMENTS	6,072,154					6,072,154	
3 BUILDINGS & FIXTURE	196,083,682	3,661,957		3,661,957	148,780	199,596,859	
4 BUILDING IMPROVEMENT							
5 FIXED EQUIPMENT	28,663,094	9,030		9,030		28,672,124	
6 MOVABLE EQUIPMENT	35,957,211	1,116,230		1,116,230	25,000	37,048,441	
7 SUBTOTAL	276,555,570	4,787,217		4,787,217	173,780	281,169,007	
8 RECONCILING ITEMS							
9 TOTAL	276,555,570	4,787,217		4,787,217	173,780	281,169,007	

PART III - RECONCILIATION OF CAPITAL COST CENTERS
 DESCRIPTION

		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL			TOTAL	
		GROSS ASSETS	CAPITALIZED LEASES	GROSS ASSETS FOR RATIO	RATIO	INSURANCE	TAXES	OTHER CAPITAL RELATED COSTS	
*		1	2	3	4	5	6	7	8
1	OLD CAP REL COSTS-BL								
2	OLD CAP REL COSTS-MV								
3	NEW CAP REL COSTS-BL	228,268,983		228,268,983	.860362				
4	NEW CAP REL COSTS-MV	37,048,441		37,048,441	.139638				
5	TOTAL	265,317,424		265,317,424	1.000000				

DESCRIPTION

SUMMARY OF OLD AND NEW CAPITAL

		DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL RELATED COST	TOTAL (1)
*		9	10	11	12	13	14	15
1	OLD CAP REL COSTS-BL							
2	OLD CAP REL COSTS-MV							
3	NEW CAP REL COSTS-BL	10,012,412		1,898,569				11,910,981
4	NEW CAP REL COSTS-MV	2,903,870		645,061				3,548,931
5	TOTAL	12,916,282		2,543,630				15,459,912

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

SUMMARY OF OLD AND NEW CAPITAL

		DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL RELATED COST	TOTAL (1)
*		9	10	11	12	13	14	15
1	OLD CAP REL COSTS-BL							
2	OLD CAP REL COSTS-MV							
3	NEW CAP REL COSTS-BL							
4	NEW CAP REL COSTS-MV							
5	TOTAL							

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

ADJUSTMENTS TO EXPENSES

DESCRIPTION (1)	(2) BASIS/CODE 1	AMOUNT 2	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST. A-7 REF. 5
			COST CENTER 3	LINE NO 4	
1 INVST INCOME-OLD BLDGS AND FIXTURES			OLD CAP REL COSTS-BLDG &	1	
2 INVESTMENT INCOME-OLD MOVABLE EQUIP			OLD CAP REL COSTS-MVBLE E	2	
3 INVST INCOME-NEW BLDGS AND FIXTURES	B	-191,841	NEW CAP REL COSTS-BLDG &	3	9
4 INVESTMENT INCOME-NEW MOVABLE EQUIP	B	-65,185	NEW CAP REL COSTS-MVBLE E	4	9
5 INVESTMENT INCOME-OTHER	B	-234,936	ADMINISTRATIVE & GENERAL	6	
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	-36,452			
13 SALE OF SCRAP, WASTE, ETC.					
14 RELATED ORGANIZATION TRANSACTIONS	A-8-1	-186,710			
15 LAUNDRY AND LINEN SERVICE					
16 CAFETERIA--EMPLOYEES AND GUESTS	B	-263,271	DIETARY	11	
17 RENTAL OF QTRS TO EMPLOYEE AND OTHRS					
18 SALE OF MED AND SURG SUPPLIES					
19 SALE OF DRUGS TO OTHER THAN PATIENTS					
20 SALE OF MEDICAL RECORDS & ABSTRACTS	B	6,423	MEDICAL RECORDS & LIBRARY	17	
21 NURSG SCHOOL(TUITN, FEES, BOOKS, ETC.)					
22 VENDING MACHINES					
23 INCOME FROM IMPOSITION OF INTEREST					
24 INTRST EXP ON MEDICARE OVERPAYMENTS					
25 ADJUSTMENT FOR RESPIRATORY THERAPY	A-8-3/A-8-4		RESPIRATORY THERAPY	49	
26 ADJUSTMENT FOR PHYSICAL THERAPY	A-8-3/A-8-4		PHYSICAL THERAPY	50	
27 ADJUSTMENT FOR HHA PHYSICAL THERAPY	A-8-3				
28 UTILIZATION REVIEW-PHYSIAN COMP			**COST CENTER DELETED**	89	
29 DEPRECIATION-OLD BLDGS AND FIXTURES			OLD CAP REL COSTS-BLDG &	1	
30 DEPRECIATION-OLD MOVABLE EQUIP			OLD CAP REL COSTS-MVBLE E	2	
31 DEPRECIATION-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &	3	
32 DEPRECIATION-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E	4	
33 NON-PHYSICIAN ANESTHETIST			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 OTHER OPERATING REVENUE	B	-100	OPERATION OF PLANT	8	
37.01 NON ALLOW BAD DEBT EXPENSE	A	-4,570,192	ADMINISTRATIVE & GENERAL	6	
37.04 GOODWILL	A	-692,540	INTEREST EXPENSE	88	
38 ACCELERATED DEPRECIATION	A	-7,081,170	NEW CAP REL COSTS-BLDG &	3	9
39 OFFSET MARKETING DEPT 866	A	-516,290	ADMINISTRATIVE & GENERAL	6	
40 OTHER OPERATING REVENUE	B	-364,397	ADMINISTRATIVE & GENERAL	6	
41 NON ALLOWABLE INTERST EXPENSE	A	-3,013,178	ADMINISTRATIVE & GENERAL	6	
42 OTHER OPERATING REVENUE	B	-23,952	NURSING ADMINISTRATION	14	
43 OTHER OPERATING REVENUE	B	-168	NURSERY	33	
44 OTHER OPERATING REVENUE	B	-117,392	RADIOLOGY-THERAPEUTIC	42	
45 OTHER OPERATING REVENUE	B	-10,316	RESPIRATORY THERAPY	49	
46 OTHER OPERATING REVENUE	B	-117,225	PHYSICAL THERAPY	50	
47 OTHER OPERATING REVENUE	B	-9,470	LAGRANGE REHAB CTR	50.03	
48 OTHER OPERATING REVENUE	B	-59,447	CARDIAC REHAB	53.02	
48.01 OTHER OPERATING REVENUE	B	-51,365	EMERGENCY	61	
48.02 OTHER OPERATING REVENUE	B	100	ADULTS & PEDIATRICS	25	
48.03 OTHER OPERATING REVENUE	B	-1,388	RADIOLOGY-DIAGNOSTIC	41	
48.04 OTHER OPERATING REVENUE	B	-225	LABORATORY	44	
48.05 OTHER OPERATING REVENUE	B	-2,125	OP DEPARTMENT	61.01	
48.06					
49 OTHER ADJUSTMENTS (SPECIFY)					
50 TOTAL (SUM OF LINES 1 THRU 49)		-17,602,812			

(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	3	NEW CAP REL COSTS-BLDG &	86,232		86,232	9
2	6	ADMINISTRATIVE & GENERAL	21,582,396	21,662,316	-79,920	
3	4	NEW CAP REL COSTS-MVBLE E	851,443		851,443	9
4	5	EMPLOYEE BENEFITS	242,936	64,874	178,062	
4.01	6	ADMINISTRATIVE & GENERAL	6,400,895	7,673,840	-1,272,945	
4.02	17	MEDICAL RECORDS & LIBRARY	50,418		50,418	
5		TOTALS	29,214,320	29,401,030	-186,710	

* 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	B	LAGRANGE MEMORIAL	0.00	HINSDALE HEALTH SYSTEM	0.00	HLTHCARE MANAGEMENT
2	B	LAGRANGE MEMORIAL	0.00	ADVENTIST HEALTH SYSTEM	0.00	HLTHCARE MANAGEMENT
3			0.00		0.00	
4			0.00		0.00	
5			0.00		0.00	

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

COST ALLOCATION STATISTICS

LINE NO.	COST CENTER DESCRIPTION	STATISTICS CODE	STATISTICS DESCRIPTION	
	GENERAL SERVICE COST			
1	OLD CAP REL COSTS-BLDG & FIXT	1	ACCUM. COST	NOT ENTERED
2	OLD CAP REL COSTS-MVBLE EQUIP	2	SQUARE FEET	NOT ENTERED
3	NEW CAP REL COSTS-BLDG & FIXT	3	SQUARE FEET	ENTERED
4	NEW CAP REL COSTS-MVBLE EQUIP	3	SQUARE FEET	ENTERED
5	EMPLOYEE BENEFITS	S	GROSS SALARIES	ENTERED
6	ADMINISTRATIVE & GENERAL	-5	ACCUM. COST	NOT ENTERED
7	MAINTENANCE & REPAIRS	6	SQUARE FEET	NOT ENTERED
8	OPERATION OF PLANT	7	SQUARE FEET	ENTERED
9	LAUNDRY & LINEN SERVICE	8	PATIENT DAYS	ENTERED
10	HOUSEKEEPING	9	SQUARE FEET	ENTERED
11	DIETARY	8	PATIENT DAYS	ENTERED
12	CAFETERIA	S	GROSS SALARIES	ENTERED
13	MAINTENANCE OF PERSONNEL	11	NUMBER HOUSED	NOT ENTERED
14	NURSING ADMINISTRATION	8	PATIENT DAYS	ENTERED
15	CENTRAL SERVICES & SUPPLY	12	COSTED REQUIS.	ENTERED
16	PHARMACY	13	COSTED REQUIS.	ENTERED
17	MEDICAL RECORDS & LIBRARY	C	GROSS CHARGES	ENTERED
18	SOCIAL SERVICE	8	PATIENT DAYS	ENTERED
20	NONPHYSICIAN ANESTHETISTS	16	ASSIGNED TIME	NOT ENTERED
21	NURSING SCHOOL	17	ASSIGNED TIME	NOT ENTERED
22	I&R SERVICES-SALARY & FRINGES APPRVD	18	ASSIGNED TIME	ENTERED
23	I&R SERVICES-OTHER PRGM COSTS APPRVD	19	ASSIGNED TIME	NOT ENTERED
24	PARAMED ED PRGM-(SPECIFY)	20	ASSIGNED TIME	NOT ENTERED

COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION	OLD CAP REL C OSTS-BLDG & 1	OLD CAP REL C OSTS-MVBLE E 2	NEW CAP REL C OSTS-BLDG & 3	NEW CAP REL C OSTS-MVBLE E 4	EMPLOYEE BENE FITS 5	SUBTOTAL 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-BLDG &	11,910,981			11,910,981			
005 NEW CAP REL COSTS-MVBLE E	3,548,931				3,548,931		
006 EMPLOYEE BENEFITS	9,916,826			73,157	21,798	10,011,781	
007 ADMINISTRATIVE & GENERAL	17,370,777			1,853,576	552,282	1,038,660	20,815,295
008 MAINTENANCE & REPAIRS							
009 OPERATION OF PLANT	7,700,918			2,411,144	718,411	357,082	11,187,555
010 LAUNDRY & LINEN SERVICE	75,335			59,901	17,848	11,450	164,534
011 HOUSEKEEPING	2,113,031			43,289	12,898	267,601	2,436,819
012 DIETARY	252,206			197,222	58,763	45,023	553,214
013 CAFETERIA	1,490,667			226,348	67,441	130,200	1,914,656
014 MAINTENANCE OF PERSONNEL							
015 NURSING ADMINISTRATION	1,239,971					194,313	1,434,284
016 CENTRAL SERVICES & SUPPLY	779,308			50,935	15,176	118,910	964,329
017 PHARMACY	1,864,533			188,366	56,125	389,291	2,498,315
018 MEDICAL RECORDS & LIBRARY	2,413,851			194,142	57,846	268,871	2,934,710
020 SOCIAL SERVICE	1,250,908			330,501	98,474	140,760	1,820,643
021 NONPHYSICIAN ANESTHETISTS							
022 NURSING SCHOOL							
023 I&R SERVICES-SALARY & FRI	2,946,082					380,226	3,326,308
024 I&R SERVICES-OTHER PRGM C							
025 PARAMEDICAL PRGM-(SPECIFY)							
026 INPAT ROUTINE SRVC CNTRS							
033 ADULTS & PEDIATRICS	12,564,006			2,064,880	615,240	2,005,581	17,249,707
037 INTENSIVE CARE UNIT	3,313,893			220,105	65,581	521,456	4,121,035
037 NURSERY	503,351			35,891	10,694	75,335	625,271
037 ANCILLARY SRVC COST CNTRS							
037 01 OPERATING ROOM	11,501,401			657,536	195,916	415,081	12,769,934
037 02 ENDOSCOPY	1,449,836			113,284	33,753	171,202	1,768,075
037 03 DAY SURGERY	1,172,893			200,578	59,763	188,197	1,621,431
038 RECOVERY ROOM	601,513			44,857	13,365	97,173	756,908
039 DELIVERY ROOM & LABOR ROO	1,160,390			121,617	36,236	167,142	1,485,385
041 RADIOLOGY-DIAGNOSTIC	2,408,972			415,237	123,722	292,547	3,240,478
041 01 NUCLEAR MEDICINE	652,921			40,649	12,112	52,656	758,338
041 02 ULTRASOUND	597,063			27,200	8,104	84,092	716,459
041 03 CT SCAN	1,556,393			54,455	16,225	126,223	1,753,296
041 04 MRI	698,009					71,839	769,848
041 05 GRANT SQUARE IMAGING							
041 06 WINDSOR MEDICAL RADIOLOGY							
041 07 PET SCAN							
042 RADIOLOGY-THERAPEUTIC	804,772			435,644	129,802	104,317	1,474,535
044 LABORATORY	5,943,330			437,762	130,433	439,247	6,950,772
046 30 BLOOD CLOTTING FACTORS AD							
049 RESPIRATORY THERAPY	1,178,130			108,223	32,246	167,001	1,485,600
050 PHYSICAL THERAPY	2,248,978			105,583	31,459	338,083	2,724,103
050 01 FAIRVIEW REHAB CTR							
050 02 WESTCHESTER REHAB CTR							
050 03 LAGRANGE REHAB CTR	793,982			302,888	90,247	134,277	1,321,394
051 OCCUPATIONAL THERAPY	373,352			9,928	2,958	61,707	447,945
052 SPEECH PATHOLOGY	114,228			9,021	2,688	17,362	143,299
053 ELECTROCARDIOLOGY	3,668,740			14,439	4,302	112,817	3,800,298
053 01 VASCULAR LAB	2,677,409			237,376	70,727	162,142	3,147,654
053 02 CARDIAC REHAB	1,048,186			83,663	24,928	163,717	1,320,494
054 ELECTROENCEPHALOGRAPHY	478,219			17,162	5,113	5,224	505,718
055 MEDICAL SUPPLIES CHARGED	690,200						690,200
056 DRUGS CHARGED TO PATIENTS	5,767,103						5,767,103
059 HEMODIALYSIS	313,373						313,373
059 01 LI THOTRI PSY	202,091						202,091
060 01 OUTPAT SERVICE COST CNTRS							
061 PAIN MGMT CLINIC	29,659			162,211	48,332		240,202
061 EMERGENCY	3,043,729			362,211	107,923	445,616	3,959,479
061 01 OP DEPARTMENT	1,058,437					100,181	1,158,618
061 02 MEDICAL ONCOLOGY							
062 OBSERVATION BEDS (NON-DIS							
063 50 RHC							
063 60 FOHC							
069 OTHER REIMBURS COST CNTRS							
069 10 CMHC							
069 20 OPT							
069 30 CMHC							
069 40 OPT							
071 HOME HEALTH AGENCY							
085 SPEC PURPOSE COST CENTERS							
085 01 PANCREAS ACQUISITION							
085 02 INTESTINAL ACQUISITION							
085 03 ISLET CELL ACQUISITION							
095 SUBTOTALS	133,488,884			11,910,981	3,548,931	9,862,602	133,339,705
096 NONREIMBURS COST CENTERS							
098 GIFT, FLOWER, COFFEE SHOP	358,053					35,951	394,004
098 PHYSICIANS' PRIVATE OFFIC	950,543						950,543
098 01 CFPC CLINIC	918,483					113,228	1,031,711
100 OFFICE BUILDINGS	1,095,738						1,095,738
101 CROSS FOOT ADJUSTMENT							

COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION	0	1	2	3	4	5	SUBTOTAL
NONREIMBURS COST CENTERS								5a.00
NEGATIVE COST CENTER								
102 TOTAL	136,811,701				11,910,981	3,548,931	10,011,781	136,811,701
103								

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	20,815,295													
008 MAINTENANCE & REPAIRS														
009 OPERATION OF PLANT	2,007,584		13,195,139											
010 LAUNDRY & LINEN SERVICE	29,525		104,370		298,429									
011 HOUSEKEEPING	437,282		75,426				2,949,527							
012 DIETARY	99,273		343,634				77,874			1,073,995				
013 CAFETERIA	343,581		394,381				89,374						2,741,992	
014 MAINTENANCE OF PERSONNEL														
015 NURSING ADMINISTRATION	257,379												65,281	
016 CENTRAL SERVICES & SUPPLY	173,047		88,748				20,112						39,949	
017 PHARMACY	448,318		328,204				74,377						130,786	
018 MEDICAL RECORDS & LIBRARY	526,628		338,267				76,658						90,329	
020 SOCIAL SERVICE	326,711		575,854				130,500						47,290	
021 NONPHYSICIAN ANESTHETISTS														
022 NURSING SCHOOL														
023 I&R SERVICES-SALARY & FRI	596,899												127,740	
024 I&R SERVICES-OTHER PRGM C														
025 PARAMEDICAL PRGM-(SPECIFY)														
026 INPAT ROUTINE SRVC CNTRS														
025 ADULTS & PEDIATRICS	3,095,398		3,597,780		257,007		815,326			924,926			673,767	
026 INTENSIVE CARE UNIT	739,511		383,503		28,920		86,909			104,077			175,188	
033 NURSERY	112,204		62,536		12,502		14,172			44,992			25,309	
037 ANCILLARY SRVC COST CNTRS														
037 01 OPERATING ROOM	2,291,539		1,145,670				259,631						139,450	
037 02 ENDOSCOPY	317,278		197,382				44,731						57,517	
038 01 DAY SURGERY	290,963		349,480				79,199						63,226	
038 02 RECOVERY ROOM	135,826		78,157				17,712						32,646	
039 01 DELIVERY ROOM & LABOR ROO	266,549		211,902				48,021						56,153	
041 01 RADIOLOGY-DIAGNOSTIC	581,497		723,495				163,958						98,284	
041 02 NUCLEAR MEDICINE	136,082		70,826				16,050						17,690	
041 03 ULTRASOUND	128,567		47,393				10,740						28,252	
041 04 CT SCAN	314,625		94,881				21,502						42,406	
041 05 MRI	138,148												24,135	
041 06 GRANT SQUARE IMAGING														
041 07 WINDSOR MEDICAL RADIOLOGY														
042 01 PET SCAN														
042 02 RADIOLOGY-THERAPEUTIC	264,602		759,052				172,016						35,046	
044 01 LABORATORY	1,247,302		762,742				172,852						147,569	
046 30 BLOOD CLOTTING FACTORS AD														
049 01 RESPIRATORY THERAPY	266,588		188,565				42,732						56,106	
050 01 PHYSICAL THERAPY	488,835		183,965				41,690						113,582	
050 02 FAIRVIEW REHAB CTR														
050 03 WESTCHESTER REHAB CTR														
050 04 LAGRANGE REHAB CTR	237,122		527,742				119,597						45,112	
051 01 OCCUPATIONAL THERAPY	80,383		17,299				3,920						20,731	
052 01 SPEECH PATHOLOGY	25,715		15,718				3,562						5,833	
053 01 ELECTROCARDIOLOGY	681,956		25,158				5,701						37,902	
053 02 VASCULAR LAB	564,840		413,597				93,729						54,473	
053 03 CARDIAC REHAB	236,960		145,772				33,035						55,002	
054 01 ELECTROENCEPHALOGRAPHY	90,750		29,902				6,776						1,755	
055 01 MEDICAL SUPPLIES CHARGED	123,855													
056 01 DRUGS CHARGED TO PATIENTS	1,034,895													
059 01 HEMODIALYSIS	56,234													
059 02 LI THOTRI PSY	36,265													
060 01 OUTPAT SERVICE COST CNTRS														
061 01 PAIN MGMT CLINIC	43,104		282,632				64,050							
061 02 EMERGENCY	710,521		631,106				143,021						149,708	
061 03 OP DEPARTMENT	207,912												33,657	
062 01 MEDICAL ONCOLOGY														
062 02 OBSERVATION BEDS (NON-DIS														
063 50 RHC														
063 60 FOHC														
069 10 OTHER REIMBURS COST CNTRS														
069 20 CMHC														
069 30 OPT														
069 40 CMHC														
071 40 HOME HEALTH AGENCY														
085 01 SPEC PURPOSE COST CENTERS														
085 02 PANCREAS ACQUISITION														
085 03 INTTESTINAL ACQUISITION														
085 04 ISLET CELL ACQUISITION														
095 01 SUBTOTALS	20,192,253		13,195,139		298,429		2,949,527			1,073,995			2,691,874	
096 01 NONREIMBURS COST CENTERS														
096 02 GIFT, FLOWER, COFFEE SHOP	70,703												12,078	
098 01 PHYSICIANS' PRIVATE OFFIC	170,573													
100 01 CFPC CLINIC	185,138												38,040	
101 01 OFFICE BUILDINGS	196,628													
101 02 CROSS FOOT ADJUSTMENT														

COST CENTER DESCRIPTION	ADMINISTRATIVE & GENERAL	MAINTENANCE REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA
	6	7	8	9	10	11	12
102 NONREIMBURS COST CENTERS							
103 NEGATIVE COST CENTER							
TOTAL	20,815,295		13,195,139	298,429	2,949,527	1,073,995	2,741,992

COST CENTER DESCRIPTION	MAINTENANCE	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		1,756,944					
016 CENTRAL SERVICES & SUPPLY			1,286,185				
017 PHARMACY			2,146	3,482,146			
018 MEDICAL RECORDS & LIBRARY					3,966,592		
020 SOCIAL SERVICE				6,089		2,907,087	
021 NONPHYSICIAN ANESTHETISTS							
022 NURSING SCHOOL							
023 I&R SERVICES-SALARY & FRI							
024 I&R SERVICES-OTHER PRGM C							
025 PARAMED ED PRGM-(SPECIFY)							
026 INPAT ROUTINE SRVC CNTRS							
033 ADULTS & PEDIATRICS		1,513,083	49,681	662	323,238	2,503,588	
037 INTENSIVE CARE UNIT		170,259	12,226	60	93,306	281,715	
037 NURSERY		73,602	1,147		10,566	121,784	
037 ANCILLARY SRVC COST CNTRS							
037 01 OPERATING ROOM			701,457	53,692	582,397		
037 02 ENDOSCOPY			26,473	875	79,482		
037 03 DAY SURGERY			6,876	1,114	2,482		
038 RECOVERY ROOM			2,501		35,544		
039 DELIVERY ROOM & LABOR ROO			8,161	282	24,964		
041 RADIOLOGY-DIAGNOSTIC			18,886	7,211	200,685		
041 01 NUCLEAR MEDICINE			589	157	51,178		
041 02 ULTRASOUND			887	350	52,533		
041 03 CT SCAN			164,905	91,692	353,751		
041 04 MRI			429	34,502	126,280		
041 05 GRANT SQUARE IMAGING							
041 06 WINDSOR MEDICAL RADIOLOGY							
041 07 PET SCAN							
042 RADIOLOGY-THERAPEUTIC			819	105	58,069		
044 LABORATORY			14,808	84	503,549		
046 30 BLOOD CLOTTING FACTORS AD							
049 RESPIRATORY THERAPY			3,745	11	96,265		
050 PHYSICAL THERAPY			647	46	58,904		
050 01 FAIRVIEW REHAB CTR							
050 02 WESTCHESTER REHAB CTR							
050 03 LAGRANGE REHAB CTR			524	72	24,916		
051 OCCUPATIONAL THERAPY			90		9,838		
052 SPEECH PATHOLOGY			26		4,692		
053 ELECTROCARDIOLOGY			54,751	41,503	244,492		
053 01 VASCULAR LAB			129,123	22,612	161,742		
053 02 CARDIAC REHAB			2,610	5	124,404		
054 ELECTROENCEPHALOGRAPHY			86		21,782		
055 MEDICAL SUPPLIES CHARGED			58,448	3,183,563	30,576		
056 DRUGS CHARGED TO PATIENTS					359,311		
059 HEMODIALYSIS					7,333		
059 01 LI THOTRIPSY					5,751		
060 01 OUTPAT SERVICE COST CNTRS							
061 PAIN MGMT CLINIC			2,038	2,378	12,558		
061 EMERGENCY			17,619	1,326	275,031		
061 01 OP DEPARTMENT			2,236	383	30,973		
061 02 MEDICAL ONCOLOGY							
062 OBSERVATION BEDS (NON-DIS							
063 50 RHC							
063 60 FOHC							
069 OTHER REIMBURS COST CNTRS							
069 10 CMHC							
069 20 OPT							
069 30 CMHC							
069 40 OPT							
071 HOME HEALTH AGENCY							
085 SPEC PURPOSE COST CENTERS							
085 01 PANCREAS ACQUISITION							
085 02 INTESTINAL ACQUISITION							
085 03 ISLET CELL ACQUISITION							
095 SUBTOTALS		1,756,944	1,283,934	3,448,774	3,966,592	2,907,087	
096 NONREIMBURS COST CENTERS							
098 GIFT, FLOWER, COFFEE SHOP							
098 PHYSICIANS' PRIVATE OFFIC							
098 01 CFPC CLINIC			1,671	33,372			
100 OFFICE BUILDINGS			580				
101 CROSS FOOT ADJUSTMENT							

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
102 NONREIMBURS COST CENTERS							
103 NEGATIVE COST CENTER							
TOTAL		1,756,944	1,286,185	3,482,146	3,966,592	2,907,087	

COST CENTER DESCRIPTION	NURSING SCHOOL	I&R SERVICES-SALARY & FRI	I&R SERVICES-OTHER PRGM C	PARAMED ED PR GM-(SPECIFY)	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						
020	SOCIAL SERVICE						
021	NONPHYSICIAN ANESTHETISTS						
022	NURSING SCHOOL						
023	I&R SERVICES-SALARY & FRI	4,050,947					
024	I&R SERVICES-OTHER PRGM C						
025	PARAMED ED PRGM-(SPECIFY)						
026	INPAT ROUTINE SRVC CNTRS						
033	ADULTS & PEDIATRICS	3,330,160			34,334,323	-3,330,160	31,004,163
037	INTENSIVE CARE UNIT				6,196,709		6,196,709
037	NURSERY				1,104,085		1,104,085
037	ANCILLARY SRVC COST CNTRS						
037 01	OPERATING ROOM	259,596			18,203,366	-259,596	17,943,770
037 02	ENDOSCOPY	61,030			2,552,843	-61,030	2,491,813
038	DAY SURGERY				2,414,771		2,414,771
039	RECOVERY ROOM				1,059,294		1,059,294
041	DELIVERY ROOM & LABOR ROO				2,101,417		2,101,417
041 01	RADIOLOGY-DIAGNOSTIC	140,565			5,175,059	-140,565	5,034,494
041 02	NUCLEAR MEDICINE				1,050,910		1,050,910
041 03	ULTRASOUND				985,181		985,181
041 04	CT SCAN				2,837,058		2,837,058
041 05	MRI				1,093,342		1,093,342
041 06	GRANT SQUARE IMAGING						
041 07	WINDSOR MEDICAL RADIOLOGY						
042	PET SCAN						
044	RADIOLOGY-THERAPEUTIC				2,764,244		2,764,244
046	LABORATORY				9,799,678		9,799,678
049	BLOOD CLOTTING FACTORS AD						
050	RESPIRATORY THERAPY				2,139,612		2,139,612
050 01	PHYSICAL THERAPY				3,611,772		3,611,772
050 02	FAIRVIEW REHAB CTR						
050 03	WESTCHESTER REHAB CTR				2,276,479		2,276,479
051	LAGRANGE REHAB CTR				580,206		580,206
052	OCCUPATIONAL THERAPY				198,845		198,845
053	SPEECH PATHOLOGY				4,891,761		4,891,761
053 01	ELECTROCARDIOLOGY				4,587,770		4,587,770
053 02	VASCULAR LAB				1,918,282		1,918,282
054	CARDIAC REHAB				656,769		656,769
055	ELECTROENCEPHALOGRAPHY				4,086,642		4,086,642
056	MEDICAL SUPPLIES CHARGED				7,161,309		7,161,309
059	DRUGS CHARGED TO PATIENTS				376,940		376,940
059 01	HEMODIALYSIS				244,107		244,107
060	LI THOTRIPSY						
061	OUTPAT SERVICE COST CNTRS				646,962		646,962
061 01	PAIN MGMT CLINIC				6,147,407	-259,596	5,887,811
061 02	EMERGENCY	259,596			1,433,779		1,433,779
062	OP DEPARTMENT						
063	MEDICAL ONCOLOGY						
063 50	OBSERVATION BEDS (NON-DIS						
063 60	RHC						
069	FQHC						
069 10	OTHER REIMBURS COST CNTRS						
069 20	CMHC						
069 30	OPT						
069 40	CMHC						
071	OPT						
085	HOME HEALTH AGENCY						
085 01	SPEC PURPOSE COST CENTERS						
085 02	PANCREAS ACQUISITION						
085 03	INTESTINAL ACQUISITION						
095	ISLET CELL ACQUISITION						
096	SUBTOTALS	4,050,947			132,630,922	-4,050,947	128,579,975
096	NONREIMBURS COST CENTERS						
098	GIFT, FLOWER, COFFEE SHOP				476,785		476,785
098 01	PHYSICIANS' PRIVATE OFFIC				1,121,116		1,121,116
100	CFPC CLINIC				1,289,932		1,289,932
101	OFFICE BUILDINGS				1,292,946		1,292,946
101	CROSS FOOT ADJUSTMENT						

COST CENTER DESCRIPTION	NURSING SCHOOL	I&R SERVICES- SALARY & FRI	I&R SERVICES- OTHER PRGM C	PARAMED ED PR GM-(SPECIFY)	SUBTOTAL	I&R COST POST STEP-DOWN ADJ	TOTAL
	21	22	23	24	25	26	27
NONREIMBURS COST CENTERS							
NEGATIVE COST CENTER							
102 TOTAL		4,050,947			136,811,701	-4,050,947	132,760,754

COST CENTER DESCRIPTION	DIR ASSGND 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 BENEFITS
	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				73,157	21,798	94,955	94,955
007 ADMINISTRATIVE & GENERAL				1,853,576	552,282	2,405,858	9,850
008 MAINTENANCE & REPAIRS							
009 OPERATION OF PLANT				2,411,144	718,411	3,129,555	3,386
010 LAUNDRY & LINEN SERVICE				59,901	17,848	77,749	109
011 HOUSEKEEPING				43,289	12,898	56,187	2,538
012 DIETARY				197,222	58,763	255,985	427
013 CAFETERIA				226,348	67,441	293,789	1,235
014 MAINTENANCE OF PERSONNEL							
015 NURSING ADMINISTRATION							1,843
016 CENTRAL SERVICES & SUPPLY				50,935	15,176	66,111	1,128
017 PHARMACY				188,366	56,125	244,491	3,692
018 MEDICAL RECORDS & LIBRARY				194,142	57,846	251,988	2,550
020 SOCIAL SERVICE				330,501	98,474	428,975	1,335
021 NONPHYSICIAN ANESTHETISTS							
022 NURSING SCHOOL							
023 I&R SERVICES-SALARY & FRI							3,606
024 I&R SERVICES-OTHER PRGM C							
025 PARAMEDICAL PRGM-(SPECIFY)							
026 INPAT ROUTINE SRVC CNTRS							
033 ADULTS & PEDIATRICS				2,064,880	615,240	2,680,120	19,027
037 INTENSIVE CARE UNIT				220,105	65,581	285,686	4,945
037 NURSERY				35,891	10,694	46,585	714
037 ANCILLARY SRVC COST CNTRS							
037 01 OPERATING ROOM				657,536	195,916	853,452	3,936
037 02 ENDOSCOPY				113,284	33,753	147,037	1,624
037 03 DAY SURGERY				200,578	59,763	260,341	1,785
038 RECOVERY ROOM				44,857	13,365	58,222	922
039 DELIVERY ROOM & LABOR ROO				121,617	36,236	157,853	1,585
041 RADIOLOGY-DIAGNOSTIC				415,237	123,722	538,959	2,774
041 01 NUCLEAR MEDICINE				40,649	12,112	52,761	499
041 02 ULTRASOUND				27,200	8,104	35,304	797
041 03 CT SCAN				54,455	16,225	70,680	1,197
041 04 MRI							681
041 05 GRANT SQUARE IMAGING							
041 06 WINDSOR MEDICAL RADIOLOGY							
041 07 PET SCAN							
042 RADIOLOGY-THERAPEUTIC				435,644	129,802	565,446	989
044 LABORATORY				437,762	130,433	568,195	4,166
046 30 BLOOD CLOTTING FACTORS AD							
049 RESPIRATORY THERAPY				108,223	32,246	140,469	1,584
050 PHYSICAL THERAPY				105,583	31,459	137,042	3,206
050 01 FAIRVIEW REHAB CTR							
050 02 WESTCHESTER REHAB CTR							
050 03 LAGRANGE REHAB CTR				302,888	90,247	393,135	1,273
051 OCCUPATIONAL THERAPY				9,928	2,958	12,886	585
052 SPEECH PATHOLOGY				9,021	2,688	11,709	165
053 ELECTROCARDIOLOGY				14,439	4,302	18,741	1,070
053 01 VASCULAR LAB				237,376	70,727	308,103	1,538
053 02 CARDIAC REHAB				83,663	24,928	108,591	1,553
054 ELECTROENCEPHALOGRAPHY				17,162	5,113	22,275	50
055 MEDICAL SUPPLIES CHARGED							
056 DRUGS CHARGED TO PATIENTS							
059 HEMODIALYSIS							
059 01 LI THOTRIPSY							
060 01 OUTPAT SERVICE COST CNTRS							
061 PAIN MGMT CLINIC				162,211	48,332	210,543	
061 EMERGENCY				362,211	107,923	470,134	4,226
061 01 OP DEPARTMENT							950
061 02 MEDICAL ONCOLOGY							
062 OBSERVATION BEDS (NON-DIS							
063 50 RHC							
063 60 FOHC							
069 OTHER REIMBURS COST CNTRS							
069 10 CMHC							
069 20 OPT							
069 30 CMHC							
069 40 OPT							
071 HOME HEALTH AGENCY							
085 SPEC PURPOSE COST CENTERS							
085 01 PANCREAS ACQUISITION							
085 02 INTESTINAL ACQUISITION							
085 03 ISLET CELL ACQUISITION							
095 SUBTOTALS				11,910,981	3,548,931	15,459,912	93,540
096 NONREIMBURS COST CENTERS							
098 GIFT, FLOWER, COFFEE SHOP							341
098 PHYSICIANS' PRIVATE OFFIC							
098 01 CFPC CLINIC							1,074
100 OFFICE BUILDINGS							
101 CROSS FOOT ADJUSTMENTS							

COST CENTER DESCRIPTION	DIR ASSGND NEW CAPITAL REL COSTS 0	OLD CAP REL C OSTS-BLDG & 1	OLD CAP REL C OSTS-MVBLE E 2	NEW CAP REL C OSTS-BLDG & 3	NEW CAP REL C OSTS-MVBLE E 4	SUBTOTAL 4a	EMPLOYEE BENEFITS 5
102 NONREIMBURS COST CENTERS							
103 NEGATIVE COST CENTER							
TOTAL				11,910,981	3,548,931	15,459,912	94,955

COST CENTER DESCRIPTION	ADMINISTRATIVE MAINTENANCE & OPERATION OF E & GENERAL REPAIRS 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	2,415,708						
008 MAINTENANCE & REPAIRS							
009 OPERATION OF PLANT	232,992		3,365,933				
010 LAUNDRY & LINEN SERVICE	3,427		26,624	107,909			
011 HOUSEKEEPING	50,749		19,240		128,714		
012 DIETARY	11,521		87,657		3,398	358,988	
013 CAFETERIA	39,875		100,602		3,900		439,401
014 MAINTENANCE OF PERSONNEL							
015 NURSING ADMINISTRATION	29,870						10,461
016 CENTRAL SERVICES & SUPPLY	20,083		22,639		878		6,401
017 PHARMACY	52,030		83,721		3,246		20,957
018 MEDICAL RECORDS & LIBRARY	61,118		86,288		3,345		14,475
020 SOCIAL SERVICE	37,917		146,894		5,695		7,578
021 NONPHYSICIAN ANESTHETISTS							
022 NURSING SCHOOL							
023 I&R SERVICES-SALARY & FRI	69,274						20,469
024 I&R SERVICES-OTHER PRGM C							
025 PARAMEDICAL PRGM-(SPECIFY)							
026 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	359,209		917,754	92,931	35,580	309,161	107,984
026 INTENSIVE CARE UNIT	85,825		97,827	10,457	3,793	34,788	28,072
033 NURSERY	13,022		15,952	4,521	618	15,039	4,056
037 ANCILLARY SRVC COST CNTRS							
037 01 OPERATING ROOM	265,947		292,248		11,330		22,346
037 02 ENDOSCOPY	36,822		50,350		1,952		9,217
037 03 DAY SURGERY	33,768		89,148		3,456		10,132
038 RECOVERY ROOM	15,763		19,937		773		5,231
039 DELIVERY ROOM & LABOR ROO	30,935		54,054		2,096		8,998
041 RADIOLOGY-DIAGNOSTIC	67,486		184,556		7,155		15,749
041 01 NUCLEAR MEDICINE	15,793		18,067		700		2,835
041 02 ULTRASOUND	14,921		12,089		469		4,527
041 03 CT SCAN	36,514		24,203		938		6,795
041 04 MRI	16,033						3,867
041 05 GRANT SQUARE IMAGING							
041 06 WINDSOR MEDICAL RADIOLOGY							
041 07 PET SCAN							
042 RADIOLOGY-THERAPEUTIC	30,709		193,626		7,507		5,616
044 LABORATORY	144,757		194,567		7,543		23,647
046 30 BLOOD CLOTTING FACTORS AD							
049 RESPIRATORY THERAPY	30,939		48,101		1,865		8,990
050 PHYSICAL THERAPY	56,732		46,927		1,819		18,201
050 01 FAIRVIEW REHAB CTR							
050 02 WESTCHESTER REHAB CTR							
050 03 LAGRANGE REHAB CTR	27,519		134,621		5,219		7,229
051 OCCUPATIONAL THERAPY	9,329		4,413		171		3,322
052 SPEECH PATHOLOGY	2,984		4,009		155		935
053 ELECTROCARDIOLOGY	79,145		6,418		249		6,073
053 01 VASCULAR LAB	65,553		105,504		4,090		8,729
053 02 CARDIAC REHAB	27,501		37,185		1,442		8,814
054 ELECTROENCEPHALOGRAPHY	10,532		7,628		296		281
055 MEDICAL SUPPLIES CHARGED	14,374						
056 DRUGS CHARGED TO PATIENTS	120,106						
059 HEMODIALYSIS	6,526						
059 01 LI THOTRI PSY	4,209						
060 01 OUTPAT SERVICE COST CNTRS							
061 PAIN MGMT CLINIC	5,002		72,096		2,795		
061 EMERGENCY	82,460		160,988		6,241		23,990
061 01 OP DEPARTMENT	24,129						5,393
061 02 MEDICAL ONCOLOGY							
062 OBSERVATION BEDS (NON-DIS							
063 50 RHC							
063 60 FOHC							
069 OTHER REIMBURS COST CNTRS							
069 10 CMHC							
069 20 OPT							
069 30 CMHC							
069 40 OPT							
071 HOME HEALTH AGENCY							
085 01 SPEC PURPOSE COST CENTERS							
085 02 PANCREAS ACQUISITION							
085 03 INTESTINAL ACQUISITION							
085 04 ISLET CELL ACQUISITION							
095 SUBTOTALS	2,343,400		3,365,933	107,909	128,714	358,988	431,370
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP	8,206						1,935
098 PHYSICIANS' PRIVATE OFFIC	19,796						
098 01 CFPC CLINIC	21,486						6,096
100 OFFICE BUILDINGS	22,820						
101 CROSS FOOT ADJUSTMENTS							

COST CENTER DESCRIPTION		ADMINISTRATIVE & GENERAL	MAINTENANCE REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA
		6	7	8	9	10	11	12
102	NONREIMBURS COST CENTERS							
103	NEGATIVE COST CENTER							
	TOTAL	2,415,708		3,365,933	107,909	128,714	358,988	439,401

COST CENTER DESCRIPTION	MAINTENANCE PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	SERVICES	NONPHYSICIAN ANESTHETISTS
	13	14	15	16	17	18	19	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		42,174						
016 CENTRAL SERVICES & SUPPLY			117,240					
017 PHARMACY			196	408,333				
018 MEDICAL RECORDS & LIBRARY					419,764			
020 SOCIAL SERVICE				714		629,108		
021 NONPHYSICIAN ANESTHETISTS								
022 NURSING SCHOOL								
023 I&R SERVICES-SALARY & FRI								
024 I&R SERVICES-OTHER PRGM C								
025 PARAMED ED PRGM-(SPECIFY)								
026 INPAT ROUTINE SRVC CNTRS								
025 ADULTS & PEDIATRICS		36,320	4,529	78	34,216		541,788	
026 INTENSIVE CARE UNIT		4,087	1,114	7	9,877		60,965	
033 NURSERY		1,767	105		1,118		26,355	
037 ANCILLARY SRVC COST CNTRS								
037 01 OPERATING ROOM			63,939	6,296	61,535			
037 02 ENDOSCOPY			2,413	103	8,413			
037 03 DAY SURGERY			627	131	263			
038 RECOVERY ROOM			228		3,762			
039 DELIVERY ROOM & LABOR ROO			744	33	2,643			
041 RADIOLOGY-DIAGNOSTIC			1,721	846	21,243			
041 01 NUCLEAR MEDICINE			54	18	5,417			
041 02 ULTRASOUND			81	41	5,561			
041 03 CT SCAN			15,031	10,752	37,446			
041 04 MRI			39	4,046	13,367			
041 05 GRANT SQUARE IMAGING								
041 06 WINDSOR MEDICAL RADIOLOGY								
041 07 PET SCAN								
042 RADIOLOGY-THERAPEUTIC			75	12	6,147			
044 LABORATORY			1,350	10	53,303			
046 30 BLOOD CLOTTING FACTORS AD								
049 RESPIRATORY THERAPY			341	1	10,190			
050 PHYSICAL THERAPY			59	5	6,235			
050 01 FAIRVIEW REHAB CTR								
050 02 WESTCHESTER REHAB CTR								
050 03 LAGRANGE REHAB CTR			48	8	2,637			
051 OCCUPATIONAL THERAPY			8		1,041			
052 SPEECH PATHOLOGY			2		497			
053 ELECTROCARDIOLOGY			4,991	4,867	25,880			
053 01 VASCULAR LAB			11,770	2,652	17,121			
053 02 CARDIAC REHAB			238	1	13,169			
054 ELECTROENCEPHALOGRAPHY			8		2,306			
055 MEDICAL SUPPLIES CHARGED			5,328	373,320	3,237			
056 DRUGS CHARGED TO PATIENTS					38,034			
059 HEMODIALYSIS					776			
059 01 LI THOTRI PSY					609			
060 01 OUTPAT SERVICE COST CNTRS								
061 PAIN MGMT CLINIC			186	279	1,329			
061 EMERGENCY			1,606	155	29,113			
061 01 OP DEPARTMENT			204	45	3,279			
061 02 MEDICAL ONCOLOGY								
062 OBSERVATION BEDS (NON-DIS								
063 50 RHC								
063 60 FOHC								
069 OTHER REIMBURS COST CNTRS								
069 10 CMHC								
069 20 OPT								
069 30 CMHC								
069 40 OPT								
071 HOME HEALTH AGENCY								
085 01 SPEC PURPOSE COST CENTERS								
085 02 PANCREAS ACQUISITION								
085 03 INTTESTINAL ACQUISITION								
085 03 ISLET CELL ACQUISITION								
095 SUBTOTALS		42,174	117,035	404,420	419,764	629,108		
096 NONREIMBURS COST CENTERS								
098 GIFT, FLOWER, COFFEE SHOP								
098 PHYSICIANS' PRIVATE OFFIC								
098 01 CFPC CLINIC			152	3,913				
100 OFFICE BUILDINGS			53					
101 CROSS FOOT ADJUSTMENTS								

COST CENTER DESCRIPTION	MAINTENANCE PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	SERVICES	NONPHYSICIAN ANESTHETISTS
	13	14	15	16	17	18	19	20
102 NONREIMBURS COST CENTERS								
103 NEGATIVE COST CENTER								
TOTAL		42,174	117,240	408,333	419,764	629,108		

COST CENTER DESCRIPTION	NURSING SCHOOL	I&R SERVICES-SALARY & FRI	I&R SERVICES-OTHER PRGM C	PARAMED ED PRGM-(SPECIFY)	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						
020	SOCIAL SERVICE						
021	NONPHYSICIAN ANESTHETISTS						
022	NURSING SCHOOL		93,349				
023	I&R SERVICES-SALARY & FRI						
024	I&R SERVICES-OTHER PRGM C						
025	PARAMED ED PRGM-(SPECIFY)						
026	INPAT ROUTINE SRVC CNTRS				5,138,697		5,138,697
033	ADULTS & PEDIATRICS				627,443		627,443
037	INTENSIVE CARE UNIT				129,852		129,852
037	NURSERY						
037	ANCILLARY SRVC COST CNTRS						
037	OPERATING ROOM				1,581,029		1,581,029
037	01 ENDOSCOPY				257,931		257,931
037	02 DAY SURGERY				399,651		399,651
038	RECOVERY ROOM				104,838		104,838
039	DELIVERY ROOM & LABOR ROO				258,941		258,941
041	RADIOLOGY-DIAGNOSTIC				840,489		840,489
041	01 NUCLEAR MEDICINE				96,144		96,144
041	02 ULTRASOUND				73,790		73,790
041	03 CT SCAN				203,556		203,556
041	04 MRI				38,033		38,033
041	05 GRANT SQUARE IMAGING						
041	06 WINDSOR MEDICAL RADIOLOGY						
041	07 PET SCAN						
042	RADIOLOGY-THERAPEUTIC				810,127		810,127
044	LABORATORY				997,538		997,538
046	30 BLOOD CLOTTING FACTORS AD						
049	RESPIRATORY THERAPY				242,480		242,480
050	PHYSICAL THERAPY				270,226		270,226
050	01 FAIRVIEW REHAB CTR						
050	02 WESTCHESTER REHAB CTR						
050	03 LAGRANGE REHAB CTR				571,689		571,689
051	OCCUPATIONAL THERAPY				31,755		31,755
052	SPEECH PATHOLOGY				20,456		20,456
053	ELECTROCARDIOLOGY				147,434		147,434
053	01 VASCULAR LAB				525,060		525,060
053	02 CARDIAC REHAB				198,494		198,494
054	ELECTROENCEPHALOGRAPHY				43,376		43,376
055	MEDICAL SUPPLIES CHARGED				396,259		396,259
056	DRUGS CHARGED TO PATIENTS				158,140		158,140
059	HEMODIALYSIS				7,302		7,302
059	01 LI THOTRI PSY				4,818		4,818
060	OUTPAT SERVICE COST CNTRS						
061	01 PAIN MGMT CLINIC				292,230		292,230
061	EMERGENCY				778,913		778,913
061	01 OP DEPARTMENT				34,000		34,000
061	02 MEDICAL ONCOLOGY						
062	OBSERVATION BEDS (NON-DIS						
063	50 RHC						
063	60 FOHC						
069	OTHER REIMBURS COST CNTRS						
069	10 CMHC						
069	20 OPT						
069	30 CMHC						
069	40 OPT						
071	HOME HEALTH AGENCY						
085	SPEC PURPOSE COST CENTERS						
085	01 PANCREAS ACQUISITION						
085	02 INTESTINAL ACQUISITION						
085	03 ISLET CELL ACQUISITION						
095	SUBTOTALS				15,280,691		15,280,691
096	NONREIMBURS COST CENTERS						
098	GIFT, FLOWER, COFFEE SHOP				10,482		10,482
098	PHYSICIANS' PRIVATE OFFIC				19,796		19,796
098	01 CFPC CLINIC				32,721		32,721
100	OFFICE BUILDINGS				22,873		22,873
101	CROSS FOOT ADJUSTMENTS		93,349		93,349		93,349

	COST CENTER DESCRIPTION	NURSING SCHOOL	I&R SERVICES- SALARY & FRI	I&R SERVICES- OTHER PRGM C	PARAMED ED PR GM-(SPECIFY)	SUBTOTAL	POST STEPDOWN ADJUSTMENT	TOTAL
		21	22	23	24	25	26	27
102	NONREIMBURS COST CENTERS							
103	NEGATIVE COST CENTER							
	TOTAL		93,349			15,459,912		15,459,912

COST CENTER DESCRIPTION	OLD CAP REL C OSTS-BLDG & (ACCU. T	OLD CAP REL C OSTS-MVBLE E COS(SQUARE)FEET	NEW CAP REL C OSTS-BLDG & (SQUARE)FEET	NEW CAP REL C OSTS-MVBLE E (SQUARE)FEET	EMPLOYEE BENE FITS (GROSS SALARIES)	RECONCILIATION
	1	2	3	4	5	6a. 00
GENERAL SERVICE COST						
001 OLD CAP REL COSTS-BLD						
002 OLD CAP REL COSTS-MVB						
003 NEW CAP REL COSTS-BLD			433,083			
004 NEW CAP REL COSTS-MVB				433,083		
005 EMPLOYEE BENEFITS			2,660	2,660	54,409,520	
006 ADMINSTRATIVE & GENE			67,396	67,396	5,644,646	-20,815,295
007 MAINTENANCE & REPAIRS						
008 OPERATION OF PLANT			87,669	87,669	1,940,581	
009 LAUNDRY & LINEN SERVI			2,178	2,178	62,224	
010 HOUSEKEEPING			1,574	1,574	1,454,289	
011 DIETARY			7,171	7,171	244,682	
012 CAFETERIA			8,230	8,230	707,578	
013 MAINTENANCE OF PERSON						
014 NURSING ADMINSTRATIO					1,056,002	
015 CENTRAL SERVICES & SU			1,852	1,852	646,222	
016 PHARMACY			6,849	6,849	2,115,621	
017 MEDICAL RECORDS & LIB			7,059	7,059	1,461,192	
018 SOCIAL SERVICE			12,017	12,017	764,968	
020 NONPHYSICIAN ANESTHET						
021 NURSING SCHOOL						
022 I&R SERVICES-SALARY &					2,066,357	
023 I&R SERVICES-OTHER PR						
024 PARAMED ED PRGM-(SPEC						
INPAT ROUTINE SRVC CN						
025 ADULTS & PEDIATRICS			75,079	75,079	10,899,439	
026 INTENSIVE CARE UNIT			8,003	8,003	2,833,878	
033 NURSERY			1,305	1,305	409,410	
ANCILLARY SRVC COST C						
037 OPERATING ROOM			23,908	23,908	2,255,776	
037 01 ENDOSCOPY			4,119	4,119	930,403	
037 02 DAY SURGERY			7,293	7,293	1,022,767	
038 RECOVERY ROOM			1,631	1,631	528,089	
039 DELIVERY ROOM & LABOR			4,422	4,422	908,339	
041 RADIOLOGY-DIAGNOSTIC			15,098	15,098	1,589,862	
041 01 NUCLEAR MEDICINE			1,478	1,478	286,161	
041 02 ULTRASOUND			989	989	457,004	
041 03 CT SCAN			1,980	1,980	685,966	
041 04 MRI					390,411	
041 05 GRANT SQUARE IMAGING						
041 06 WINDSOR MEDICAL RADIO						
041 07 PET SCAN						
042 RADIOLOGY-THERAPEUTIC			15,840	15,840	566,915	
044 LABORATORY			15,917	15,917	2,387,109	
046 30 BLOOD CLOTTING FACTOR						
049 RESPIRATORY THERAPY			3,935	3,935	907,577	
050 PHYSICAL THERAPY			3,839	3,839	1,837,330	
050 01 FAIRVIEW REHAB CTR						
050 02 WESTCHESTER REHAB CTR						
050 03 LAGRANGE REHAB CTR			11,013	11,013	729,737	
051 OCCUPATIONAL THERAPY			361	361	335,349	
052 SPEECH PATHOLOGY			328	328	94,355	
053 ELECTROCARDIOLOGY			525	525	613,110	
053 01 VASCULAR LAB			8,631	8,631	881,168	
053 02 CARDIAC REHAB			3,042	3,042	889,729	
054 ELECTROENCEPHALOGRAPH			624	624	28,388	
055 MEDICAL SUPPLIES CHAR						
056 DRUGS CHARGED TO PATI						
059 HEMODIALYSIS						
059 01 LI THOTRI PSY						
OUTPAT SERVICE COST C						
060 01 PAIN MGMT CLINIC			5,898	5,898		
061 EMERGENCY			13,170	13,170	2,421,722	
061 01 OP DEPARTMENT					544,439	
061 02 MEDICAL ONCOLOGY						
062 OBSERVATION BEDS (NON						
063 50 RHC						
063 60 FQHC						
OTHER REIMBURS COST C						
069 10 CMHC						
069 20 OPT						
069 30 CMHC						
069 40 OPT						
071 HOME HEALTH AGENCY						
SPEC PURPOSE COST CEN						
085 01 PANCREAS ACQUISITION						
085 02 INTESITINAL ACQUISITIO						
085 03 ISLET CELL ACQUISITIO						
095 SUBTOTALS			433,083	433,083	53,598,795	-20,815,295
NONREIMBURS COST CENT						
096 GIFT, FLOWER, COFFEE					195,380	

COST CENTER DESCRIPTION	OLD CAP REL C	OLD CAP REL C	NEW CAP REL C	NEW CAP REL C	EMPLOYEE BENE	RECONCILIATION
	OSTS-BLDG &	OSTS-MVBLE E	OSTS-BLDG &	OSTS-MVBLE E	FITS	
	(ACCUM. T	COS(SQUARE) FEET	(SQUARE) FEET	(SQUARE) FEET	(GROSS SALARIES)	
	1	2	3	4	5	6a.00
098 NONREIMBURS COST CENT						
098 01 PHYSICIANS' PRIVATE O						
100 CFPC CLINIC					615,345	
101 OFFICE BUILDINGS						
102 CROSS FOOT ADJUSTMENT						
103 NEGATIVE COST CENTER						
COST TO BE ALLOCATED			11,910,981	3,548,931	10,011,781	
(WRKSH B, PART I)						
104 UNIT COST MULTIPLIER			27.502767		.184008	
(WRKSH B, PT I)				8.194575		
105 COST TO BE ALLOCATED						
(WRKSH B, PART II)						
106 UNIT COST MULTIPLIER						
(WRKSH B, PT II)						
107 COST TO BE ALLOCATED					94,955	
(WRKSH B, PART III)						
108 UNIT COST MULTIPLIER					.001745	
(WRKSH B, PT III)						

COST CENTER DESCRIPTION	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA
	(ACCUM. COST)	(SQUARE FEET)	(SQUARE FEET)	(PATIENT DAYS)	(SQUARE FEET)	(PATIENT DAYS)	(GROSS SALARIES)
	6	7	8	9	10	11	12
GENERAL SERVICE COST							
001 OLD CAP REL COSTS-BLD							
002 OLD CAP REL COSTS-MVB							
003 NEW CAP REL COSTS-BLD							
004 NEW CAP REL COSTS-MVB							
005 EMPLOYEE BENEFITS							
006 ADMINISTRATIVE & GENERAL	115,996,406						
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT	11,187,555		275,358				
009 LAUNDRY & LINEN SERVICE	164,534		2,178	38,790			
010 HOUSEKEEPING	2,436,819		1,574		271,606		
011 DIETARY	553,214		7,171		7,171	38,790	
012 CAFETERIA	1,914,656		8,230		8,230		44,355,520
013 MAINTENANCE OF PERSON							
014 NURSING ADMINISTRATIVE	1,434,284						1,056,002
015 CENTRAL SERVICES & SUPPLIES	964,329		1,852		1,852		646,222
016 PHARMACY	2,498,315		6,849		6,849		2,115,621
017 MEDICAL RECORDS & LIBRARY	2,934,710		7,059		7,059		1,461,192
018 SOCIAL SERVICE	1,820,643		12,017		12,017		764,968
020 NONPHYSICIAN ANESTHESIA							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & BENEFITS	3,326,308						2,066,357
023 I&R SERVICES-OTHER PERSONNEL							
024 PARAMEDICAL PRGM-(SPEC INPAT ROUTINE SRVC CNTR)							
025 ADULTS & PEDIATRICS	17,249,707		75,079	33,406	75,079	33,406	10,899,439
026 INTENSIVE CARE UNIT	4,121,035		8,003	3,759	8,003	3,759	2,833,878
033 NURSERY	625,271		1,305	1,625	1,305	1,625	409,410
037 ANCILLARY SRVC COST CENTER							
037 01 OPERATING ROOM	12,769,934		23,908		23,908		2,255,776
037 02 ENDOSCOPY	1,768,075		4,119		4,119		930,403
037 03 DAY SURGERY	1,621,431		7,293		7,293		1,022,767
038 RECOVERY ROOM	756,908		1,631		1,631		528,089
039 DELIVERY ROOM & LABOR	1,485,385		4,422		4,422		908,339
041 RADIOLOGY-DIAGNOSTIC	3,240,478		15,098		15,098		1,589,862
041 01 NUCLEAR MEDICINE	758,338		1,478		1,478		286,161
041 02 ULTRASOUND	716,459		989		989		457,004
041 03 CT SCAN	1,753,296		1,980		1,980		685,966
041 04 MRI	769,848						390,411
041 05 GRANT SQUARE IMAGING							
041 06 WINDSOR MEDICAL RADIOLOGY							
041 07 PET SCAN							
042 RADIOLOGY-THERAPEUTIC	1,474,535		15,840		15,840		566,915
044 LABORATORY	6,950,772		15,917		15,917		2,387,109
046 30 BLOOD CLOTTING FACTOR							
049 RESPIRATORY THERAPY	1,485,600		3,935		3,935		907,577
050 PHYSICAL THERAPY	2,724,103		3,839		3,839		1,837,330
050 01 FAIRVIEW REHAB CENTER							
050 02 WESTCHESTER REHAB CENTER							
050 03 LAGRANGE REHAB CENTER	1,321,394		11,013		11,013		729,737
051 OCCUPATIONAL THERAPY	447,945		361		361		335,349
052 SPEECH PATHOLOGY	143,299		328		328		94,355
053 ELECTROCARDIOLOGY	3,800,298		525		525		613,110
053 01 VASCULAR LAB	3,147,654		8,631		8,631		881,168
053 02 CARDIAC REHAB	1,320,494		3,042		3,042		889,729
054 ELECTROENCEPHALOGRAPHY	505,718		624		624		28,388
055 MEDICAL SUPPLIES CHARACTERIZED	690,200						
056 DRUGS CHARGED TO PATIENT	5,767,103						
059 HEMODIALYSIS	313,373						
059 01 LIOTHOTRIPTYLINE	202,091						
060 01 OUTPATIENT SERVICE COST CENTER							
061 PAIN MANAGEMENT CLINIC	240,202		5,898		5,898		
061 EMERGENCY	3,959,479		13,170		13,170		2,421,722
061 01 OP DEPARTMENT	1,158,618						544,439
061 02 MEDICAL ONCOLOGY							
062 OBSERVATION BEDS (NON-PAYING)							
063 50 RHC							
063 60 FQHC							
069 10 CMHC							
069 20 OPT							
069 30 CMHC							
069 40 OPT							
071 HOME HEALTH AGENCY SPEC PURPOSE COST CENTER							
085 01 PANCREAS ACQUISITION							
085 02 INTESTINAL ACQUISITION							
085 03 SILENT CELL ACQUISITION							
095 SUBTOTALS	112,524,410		275,358	38,790	271,606	38,790	43,544,795
096 NONREIMBURSABLE COST CENTER							
GI FT, FLOWER, COFFEE	394,004						195,380

	COST CENTER DESCRIPTION	ADMINISTRATIVE & GENERAL	MAINTENANCE REPAIRS	& OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA
		(ACCUM. COST)	(SQUARE FEET)	(SQUARE FEET)	(PATIENT DAYS)	(SQUARE FEET)	(PATIENT DAYS)	(GROSS SALARIES)
		6	7	8	9	10	11	12
098	NONREIMBURS COST CENT							
098	PHYSICIANS' PRIVATE OFFICE	950,543						
098 01	CFPC CLINIC	1,031,711						615,345
100	OFFICE BUILDINGS	1,095,738						
101	CROSS FOOT ADJUSTMENT							
102	NEGATIVE COST CENTER							
103	COST TO BE ALLOCATED (WRKSHT B, PART I)	20,815,295		13,195,139	298,429	2,949,527	1,073,995	2,741,992
104	UNIT COST MULTIPLIER (WRKSHT B, PT I)				7.693452		27.687419	
105	COST TO BE ALLOCATED (WRKSHT B, PART II)	.179448		47.919941		10.859580		.061819
106	UNIT COST MULTIPLIER (WRKSHT B, PT II)							
107	COST TO BE ALLOCATED (WRKSHT B, PART III)	2,415,708		3,365,933	107,909	128,714	358,988	439,401
108	UNIT COST MULTIPLIER (WRKSHT B, PT III)	.020826		12.223843	2.781877	.473900	9.254653	.009906

COST CENTER DESCRIPTION	MAINTENANCE PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS
	(NUMBER HOUSED)	(PATIENT DAYS)	(COSTED REQUIS.)	(COSTED REQUIS.)	(GROSS CHARGES)	(PATIENT DAYS)	(ASSIGNED TIME)
	13	14	15	16	17	18	20
GENERAL SERVICE COST							
001 OLD CAP REL COSTS-BLD							
002 OLD CAP REL COSTS-MVB							
003 NEW CAP REL COSTS-BLD							
004 NEW CAP REL COSTS-MVB							
005 EMPLOYEE BENEFITS							
006 ADMINSTRATIVE & GENE							
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVI							
010 HOUSEKEEPING							
011 DIETARY							
012 CAFETERIA							
013 MAINTENANCE OF PERSON							
014 NURSING ADMINISTRATION		38,790					
015 CENTRAL SERVICES & SU			15,188,241				
016 PHARMACY			25,338	6,114,131			
017 MEDICAL RECORDS & LIB					563,626,795		
018 SOCIAL SERVICE				10,691		38,790	
020 NONPHYSICIAN ANESTHET							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY &							
023 I&R SERVICES-OTHER PR							
024 PARAMED ED PRGM-(SPEC							
INPAT ROUTINE SRVC CN							
025 ADULTS & PEDIATRICS		33,406	586,671	1,162	45,927,479	33,406	
026 INTENSIVE CARE UNIT		3,759	144,373	105	13,257,514	3,759	
033 NURSERY		1,625	13,545		1,501,332	1,625	
ANCILLARY SRVC COST C							
037 OPERATING ROOM			8,283,349	94,275	82,780,675		
037 01 ENDOSCOPY			312,614	1,537	11,293,279		
037 02 DAY SURGERY			81,192	1,956	352,677		
038 RECOVERY ROOM			29,528		5,050,323		
039 DELIVERY ROOM & LABOR			96,372	495	3,547,010		
041 RADIOLOGY-DIAGNOSTIC			223,015	12,662	28,514,480		
041 01 NUCLEAR MEDICINE			6,952	276	7,271,654		
041 02 ULTRASOUND			10,470	615	7,464,222		
041 03 CT SCAN			1,947,319	160,997	50,262,970		
041 04 MRI			5,061	60,580	17,942,608		
041 05 GRANT SQUARE IMAGING							
041 06 WINDSOR MEDICAL RADIO							
041 07 PET SCAN							
042 RADIOLOGY-THERAPEUTIC			9,667	185	8,250,827		
044 LABORATORY			174,861	148	71,547,157		
046 30 BLOOD CLOTTING FACTOR							
049 RESPIRATORY THERAPY			44,224	19	13,677,921		
050 PHYSICAL THERAPY			7,641	80	8,369,462		
050 01 FAIRVIEW REHAB CTR							
050 02 WESTCHESTER REHAB CTR							
050 03 LAGRANGE REHAB CTR			6,189	127	3,540,183		
051 OCCUPATIONAL THERAPY			1,065		1,397,822		
052 SPEECH PATHOLOGY			310		666,655		
053 ELECTROCARDIOLOGY			646,541	72,874	34,738,887		
053 01 VASCULAR LAB			1,524,782	39,704	22,981,182		
053 02 CARDIAC REHAB			30,826	8	17,676,008		
054 ELECTROENCEPHALOGRAPH			1,019		3,094,896		
055 MEDICAL SUPPLIES CHAR			690,200	5,589,862	4,344,388		
056 DRUGS CHARGED TO PATI					51,052,930		
059 HEMODIALYSIS					1,041,971		
059 01 LI THOTRI PSY					817,120		
OUTPAT SERVICE COST C							
060 01 PAIN MGMT CLINIC			24,064	4,175	1,784,335		
061 EMERGENCY			208,060	2,328	39,078,049		
061 01 OP DEPARTMENT			26,410	673	4,400,779		
061 02 MEDICAL ONCOLOGY							
062 OBSERVATION BEDS (NON							
063 50 RHC							
063 60 FQHC							
OTHER REIMBURS COST C							
069 10 CMHC							
069 20 OPT							
069 30 CMHC							
069 40 OPT							
071 HOME HEALTH AGENCY							
SPEC PURPOSE COST CEN							
085 01 PANCREAS ACQUISITION							
085 02 INTESITINAL ACQUISITIO							
085 03 ISLET CELL ACQUISITIO							
095 SUBTOTALS		38,790	15,161,658	6,055,534	563,626,795	38,790	
NONREIMBURS COST CENT							
096 GIFT, FLOWER, COFFEE							

COST CENTER DESCRIPTION	MAINTENANCE PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS
	(NUMBER HOUSED)	(PATIENT) DAYS	(COSTED) REQUIS.	(COSTED) REQUIS.	(GROSS) CHARGES	(PATIENT) DAYS	(ASSIGNED) TIME
	13	14	15	16	17	18	20
098 NONREIMBURS COST CENT							
098 01 PHYSICIANS' PRIVATE OFFICE			19,737	58,597			
100 OFFICE BUILDINGS			6,846				
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 COST TO BE ALLOCATED (WRKSH B, PART I)		1,756,944	1,286,185	3,482,146	3,966,592	2,907,087	
104 UNIT COST MULTIPLIER (WRKSH B, PT I)		45.293735	.084683	.569524	.007038	74.944238	
105 COST TO BE ALLOCATED (WRKSH B, PART II)							
106 UNIT COST MULTIPLIER (WRKSH B, PT II)							
107 COST TO BE ALLOCATED (WRKSH B, PART III)		42,174	117,240	408,333	419,764	629,108	
108 UNIT COST MULTIPLIER (WRKSH B, PT III)		1.087239	.007719	.066785	.000745	16.218304	

COST CENTER DESCRIPTION	NURSING SCHOOL	I&R SERVICES-SALARY & FRI	I&R SERVICES-OTHER PRGM C	PARAMED ED PRGM-(SPECIFY)
	(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				
019 SOCIAL SERVICE				
020 NONPHYSICIAN ANESTHET				
021 NURSING SCHOOL				
022 I&R SERVICES-SALARY &		37,436		
023 I&R SERVICES-OTHER PR				
024 PARAMED ED PRGM-(SPEC				
025 INPAT ROUTINE SRVC CN				
026 ADULTS & PEDIATRICS		30,775		
033 INTENSIVE CARE UNIT				
037 NURSERY				
037 01 ANCILLARY SRVC COST C				
037 02 OPERATING ROOM		2,399		
037 03 ENDOSCOPY		564		
037 04 DAY SURGERY				
038 RECOVERY ROOM				
039 DELIVERY ROOM & LABOR				
041 RADIOLOGY-DIAGNOSTIC		1,299		
041 01 NUCLEAR MEDICINE				
041 02 ULTRASOUND				
041 03 CT SCAN				
041 04 MRI				
041 05 GRANT SQUARE IMAGING				
041 06 WINDSOR MEDICAL RADIO				
041 07 PET SCAN				
042 RADIOLOGY-THERAPEUTIC				
044 LABORATORY				
046 30 BLOOD CLOTTING FACTOR				
049 RESPIRATORY THERAPY				
050 PHYSICAL THERAPY				
050 01 FAIRVIEW REHAB CTR				
050 02 WESTCHESTER REHAB CTR				
050 03 LAGRANGE REHAB CTR				
051 OCCUPATIONAL THERAPY				
052 SPEECH PATHOLOGY				
053 ELECTROCARDIOLOGY				
053 01 VASCULAR LAB				
053 02 CARDIAC REHAB				
054 ELECTROENCEPHALOGRAPH				
055 MEDICAL SUPPLIES CHAR				
056 DRUGS CHARGED TO PATI				
059 HEMODIALYSIS				
059 01 LI THOTRI PSY				
060 01 OUTPAT SERVICE COST C				
061 PAIN MGMT CLINIC				
061 EMERGENCY		2,399		
061 01 OP DEPARTMENT				
061 02 MEDICAL ONCOLOGY				
062 OBSERVATION BEDS (NON				
063 50 RHC				
063 60 FQHC				
069 10 CMHC				
069 20 OPT				
069 30 CMHC				
069 40 OPT				
071 HOME HEALTH AGENCY				
085 01 SPEC PURPOSE COST CEN				
085 02 PANCREAS ACQUISITION				
085 03 INTES TINAL ACQUISITIO				
095 03 ISLET CELL ACQUISITIO				
095 SUBTOTALS		37,436		
096 NONREIMBURS COST CENT				
096 GIFT, FLOWER, COFFEE				

COST CENTER DESCRIPTION	NURSING SCHOOL	I&R SERVICES- SALARY & FRI	I&R SERVICES- OTHER PRGM C	PARAMED ED PRGM-(SPECIFY)
	(ASSIGNED TIME)	(ASSIGNED TIME)	(ASSIGNED TIME)	(ASSIGNED TIME)
	21	22	23	24
098 NONREIMBURS COST CENT				
098 01 PHYSICIANS' PRIVATE O				
100 CFPC CLINIC				
101 OFFICE BUILDINGS				
102 CROSS FOOT ADJUSTMENT				
103 NEGATIVE COST CENTER				
COST TO BE ALLOCATED		4,050,947		
(PER WRKSHT B, PART				
104 UNIT COST MULTIPLIER		108.209932		
(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		93,349		
(PER WRKSHT B, PART				
108 UNIT COST MULTIPLIER		2.493562		
(WRKSHT B, PT III)				

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DI ALLOWANCE 4	TOTAL COSTS 5
	INPAT ROUTINE SRVC CNTRS					
25	ADULTS & PEDIATRICS	31,004,163		31,004,163		31,004,163
26	INTENSIVE CARE UNIT	6,196,709		6,196,709		6,196,709
33	NURSERY	1,104,085		1,104,085		1,104,085
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	17,943,770		17,943,770		17,943,770
37	01 ENDOSCOPY	2,491,813		2,491,813		2,491,813
37	02 DAY SURGERY	2,414,771		2,414,771		2,414,771
38	RECOVERY ROOM	1,059,294		1,059,294		1,059,294
39	DELIVERY ROOM & LABOR ROO	2,101,417		2,101,417		2,101,417
41	RADIOLOGY-DIAGNOSTIC	5,034,494		5,034,494		5,034,494
41	01 NUCLEAR MEDICINE	1,050,910		1,050,910		1,050,910
41	02 ULTRASOUND	985,181		985,181		985,181
41	03 CT SCAN	2,837,058		2,837,058		2,837,058
41	04 MRI	1,093,342		1,093,342		1,093,342
41	05 GRANT SQUARE IMAGING					
41	06 WINDSOR MEDICAL RADIOLOGY					
41	07 PET SCAN					
42	RADIOLOGY-THERAPEUTIC	2,764,244		2,764,244		2,764,244
44	LABORATORY	9,799,678		9,799,678		9,799,678
46	30 BLOOD CLOTTING FACTORS AD					
49	RESPIRATORY THERAPY	2,139,612		2,139,612		2,139,612
50	PHYSICAL THERAPY	3,611,772		3,611,772		3,611,772
50	01 FAIRVIEW REHAB CTR					
50	02 WESTCHESTER REHAB CTR					
50	03 LAGRANGE REHAB CTR	2,276,479		2,276,479		2,276,479
51	OCCUPATIONAL THERAPY	580,206		580,206		580,206
52	SPEECH PATHOLOGY	198,845		198,845		198,845
53	ELECTROCARDIOLOGY	4,891,761		4,891,761		4,891,761
53	01 VASCULAR LAB	4,587,770		4,587,770		4,587,770
53	02 CARDIAC REHAB	1,918,282		1,918,282		1,918,282
54	ELECTROENCEPHALOGRAPHY	656,769		656,769		656,769
55	MEDICAL SUPPLIES CHARGED	4,086,642		4,086,642		4,086,642
56	DRUGS CHARGED TO PATIENTS	7,161,309		7,161,309		7,161,309
59	HEMODIALYSIS	376,940		376,940		376,940
59	01 LITHOTRIPSY	244,107		244,107		244,107
	OUTPAT SERVICE COST CNTRS					
60	01 PAIN MGMT CLINIC	646,962		646,962		646,962
61	EMERGENCY	5,887,811		5,887,811		5,887,811
61	01 OP DEPARTMENT	1,433,779		1,433,779		1,433,779
61	02 MEDICAL ONCOLOGY					
62	OBSERVATION BEDS (NON-DIS	2,965,353		2,965,353		2,965,353
63	50 RHC					
63	60 FOHC					
	OTHER REIMBURS COST CNTRS					
101	SUBTOTAL	131,545,328		131,545,328		131,545,328
102	LESS OBSERVATION BEDS	2,965,353		2,965,353		2,965,353
103	TOTAL	128,579,975		128,579,975		128,579,975

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT CHARGES 6	OUTPATIENT CHARGES 7	TOTAL CHARGES 8	COST OR OTHER RATIO 9	TEFRA INPAT- IENT RATIO 10	PPS INPAT- IENT RATIO 11
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	38,559,147		38,559,147			
26	INTENSIVE CARE UNIT	13,257,514		13,257,514			
33	NURSERY	1,501,332		1,501,332			
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	52,992,385	29,788,290	82,780,675	.216763	.216763	.216763
37 01	ENDOSCOPY	2,963,849	8,329,430	11,293,279	.220646	.220646	.220646
37 02	DAY SURGERY	29,450	323,227	352,677	6.846976	6.846976	6.846976
38	RECOVERY ROOM	2,296,757	2,753,566	5,050,323	.209748	.209748	.209748
39	DELIVERY ROOM & LABOR ROO	2,780,631	766,379	3,547,010	.592447	.592447	.592447
41	RADIOLOGY-DIAGNOSTIC	8,116,624	20,397,856	28,514,480	.176559	.176559	.176559
41 01	NUCLEAR MEDICINE	3,183,426	4,088,228	7,271,654	.144521	.144521	.144521
41 02	ULTRASOUND	1,366,593	6,097,629	7,464,222	.131987	.131987	.131987
41 03	CT SCAN	17,346,339	32,916,631	50,262,970	.056444	.056444	.056444
41 04	MRI	5,714,035	12,228,573	17,942,608	.060936	.060936	.060936
41 05	GRANT SQUARE IMAGING						
41 06	WINDSOR MEDICAL RADIOLOGY						
41 07	PET SCAN						
42	RADIOLOGY-THERAPEUTIC	261,372	7,989,455	8,250,827	.335026	.335026	.335026
44	LABORATORY	43,072,778	28,474,379	71,547,157	.136968	.136968	.136968
46 30	BLOOD CLOTTING FACTORS AD						
49	RESPIRATORY THERAPY	12,562,427	1,115,494	13,677,921	.156428	.156428	.156428
50	PHYSICAL THERAPY	3,511,260	4,858,202	8,369,462	.431542	.431542	.431542
50 01	FAIRVIEW REHAB CTR						
50 02	WESTCHESTER REHAB CTR						
50 03	LAGRANGE REHAB CTR		3,540,183	3,540,183	.643040	.643040	.643040
51	OCCUPATIONAL THERAPY	1,348,214	49,608	1,397,822	.415079	.415079	.415079
52	SPEECH PATHOLOGY	595,558	71,097	666,655	.298273	.298273	.298273
53	ELECTROCARDIOLOGY	25,608,218	9,130,669	34,738,887	.140815	.140815	.140815
53 01	VASCULAR LAB	13,019,325	9,961,857	22,981,182	.199632	.199632	.199632
53 02	CARDIAC REHAB	8,978,762	8,697,246	17,676,008	.108525	.108525	.108525
54	ELECTROENCEPHALOGRAPHY	385,821	2,709,075	3,094,896	.212210	.212210	.212210
55	MEDICAL SUPPLIES CHARGED	2,521,353	1,823,035	4,344,388	.940672	.940672	.940672
56	DRUGS CHARGED TO PATIENTS	40,412,207	10,640,723	51,052,930	.140272	.140272	.140272
59	HEMODIALYSIS	1,040,712	1,259	1,041,971	.361757	.361757	.361757
59 01	LITHOTRIPSY		817,120	817,120	.298741	.298741	.298741
	OUTPAT SERVICE COST CNTRS						
60 01	PAIN MGMT CLINIC	29,523	1,754,812	1,784,335	.362579	.362579	.362579
61	EMERGENCY	14,850,580	24,227,469	39,078,049	.150668	.150668	.150668
61 01	OP DEPARTMENT	5,791	4,394,988	4,400,779	.325801	.325801	.325801
61 02	MEDICAL ONCOLOGY						
62	OBSERVATION BEDS (NON-DIS	1,643,411	5,724,921	7,368,332	.402446	.402446	.402446
63 50	RHC						
63 60	FOHC						
	OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	319,955,394	243,671,401	563,626,795			
102	LESS OBSERVATION BEDS						
103	TOTAL	319,955,394	243,671,401	563,626,795			

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT CHARGES 6	OUTPATIENT CHARGES 7	TOTAL CHARGES 8	COST OR OTHER RATIO 9	TEFRA INPAT- IENT RATIO 10	PPS INPAT- IENT RATIO 11
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	38,559,147		38,559,147			
26	INTENSIVE CARE UNIT	13,257,514		13,257,514			
33	NURSERY	1,501,332		1,501,332			
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	52,992,385	29,788,290	82,780,675	.219899	.219899	.219899
37 01	ENDOSCOPY	2,963,849	8,329,430	11,293,279	.226050	.226050	.226050
37 02	DAY SURGERY	29,450	323,227	352,677	6.846976	6.846976	6.846976
38	RECOVERY ROOM	2,296,757	2,753,566	5,050,323	.209748	.209748	.209748
39	DELIVERY ROOM & LABOR ROO	2,780,631	766,379	3,547,010	.592447	.592447	.592447
41	RADIOLOGY-DIAGNOSTIC	8,116,624	20,397,856	28,514,480	.181489	.181489	.181489
41 01	NUCLEAR MEDICINE	3,183,426	4,088,228	7,271,654	.144521	.144521	.144521
41 02	ULTRASOUND	1,366,593	6,097,629	7,464,222	.131987	.131987	.131987
41 03	CT SCAN	17,346,339	32,916,631	50,262,970	.056444	.056444	.056444
41 04	MRI	5,714,035	12,228,573	17,942,608	.060936	.060936	.060936
41 05	GRANT SQUARE IMAGING						
41 06	WINDSOR MEDICAL RADIOLOGY						
41 07	PET SCAN						
42	RADIOLOGY-THERAPEUTIC	261,372	7,989,455	8,250,827	.335026	.335026	.335026
44	LABORATORY	43,072,778	28,474,379	71,547,157	.136968	.136968	.136968
46 30	BLOOD CLOTTING FACTORS AD						
49	RESPIRATORY THERAPY	12,562,427	1,115,494	13,677,921	.156428	.156428	.156428
50	PHYSICAL THERAPY	3,511,260	4,858,202	8,369,462	.431542	.431542	.431542
50 01	FAIRVIEW REHAB CTR						
50 02	WESTCHESTER REHAB CTR						
50 03	LAGRANGE REHAB CTR		3,540,183	3,540,183	.643040	.643040	.643040
51	OCCUPATIONAL THERAPY	1,348,214	49,608	1,397,822	.415079	.415079	.415079
52	SPEECH PATHOLOGY	595,558	71,097	666,655	.298273	.298273	.298273
53	ELECTROCARDIOLOGY	25,608,218	9,130,669	34,738,887	.140815	.140815	.140815
53 01	VASCULAR LAB	13,019,325	9,961,857	22,981,182	.199632	.199632	.199632
53 02	CARDIAC REHAB	8,978,762	8,697,246	17,676,008	.108525	.108525	.108525
54	ELECTROENCEPHALOGRAPHY	385,821	2,709,075	3,094,896	.212210	.212210	.212210
55	MEDICAL SUPPLIES CHARGED	2,521,353	1,823,035	4,344,388	.940672	.940672	.940672
56	DRUGS CHARGED TO PATIENTS	40,412,207	10,640,723	51,052,930	.140272	.140272	.140272
59	HEMODIALYSIS	1,040,712	1,259	1,041,971	.361757	.361757	.361757
59 01	LITHOTRIPSY		817,120	817,120	.298741	.298741	.298741
	OUTPAT SERVICE COST CNTRS						
60 01	PAIN MGMT CLINIC	29,523	1,754,812	1,784,335	.362579	.362579	.362579
61	EMERGENCY	14,850,580	24,227,469	39,078,049	.157311	.157311	.157311
61 01	OP DEPARTMENT	5,791	4,394,988	4,400,779	.325801	.325801	.325801
61 02	MEDICAL ONCOLOGY						
62	OBSERVATION BEDS (NON-DIS	1,643,411	5,724,921	7,368,332	.402446	.402446	.402446
63 50	RHC						
63 60	FOHC						
	OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	319,955,394	243,671,401	563,626,795			
102	LESS OBSERVATION BEDS						
103	TOTAL	319,955,394	243,671,401	563,626,795			

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						
37	OPERATING ROOM	17,943,770	1,581,029	16,362,741			17,943,770
37	01 ENDOSCOPY	2,491,813	257,931	2,233,882			2,491,813
37	02 DAY SURGERY	2,414,771	399,651	2,015,120			2,414,771
38	RECOVERY ROOM	1,059,294	104,838	954,456			1,059,294
39	DELIVERY ROOM & LABOR ROO	2,101,417	258,941	1,842,476			2,101,417
41	RADIOLOGY-DIAGNOSTIC	5,034,494	840,489	4,194,005			5,034,494
41	01 NUCLEAR MEDICINE	1,050,910	96,144	954,766			1,050,910
41	02 ULTRASOUND	985,181	73,790	911,391			985,181
41	03 CT SCAN	2,837,058	203,556	2,633,502			2,837,058
41	04 MRI	1,093,342	38,033	1,055,309			1,093,342
41	05 GRANT SQUARE IMAGING						
41	06 WINDSOR MEDICAL RADIOLOGY						
41	07 PET SCAN						
42	RADIOLOGY-THERAPEUTIC	2,764,244	810,127	1,954,117			2,764,244
44	LABORATORY	9,799,678	997,538	8,802,140			9,799,678
46	30 BLOOD CLOTTING FACTORS AD						
49	RESPIRATORY THERAPY	2,139,612	242,480	1,897,132			2,139,612
50	PHYSICAL THERAPY	3,611,772	270,226	3,341,546			3,611,772
50	01 FAIRVIEW REHAB CTR						
50	02 WESTCHESTER REHAB CTR						
50	03 LAGRANGE REHAB CTR	2,276,479	571,689	1,704,790			2,276,479
51	OCCUPATIONAL THERAPY	580,206	31,755	548,451			580,206
52	SPEECH PATHOLOGY	198,845	20,456	178,389			198,845
53	ELECTROCARDIOLOGY	4,891,761	147,434	4,744,327			4,891,761
53	01 VASCULAR LAB	4,587,770	525,060	4,062,710			4,587,770
53	02 CARDIAC REHAB	1,918,282	198,494	1,719,788			1,918,282
54	ELECTROENCEPHALOGRAPHY	656,769	43,376	613,393			656,769
55	MEDICAL SUPPLIES CHARGED	4,086,642	396,259	3,690,383			4,086,642
56	DRUGS CHARGED TO PATIENTS	7,161,309	158,140	7,003,169			7,161,309
59	HEMODIALYSIS	376,940	7,302	369,638			376,940
59	01 LIOTHOTRIpsy	244,107	4,818	239,289			244,107
60	OUTPAT SERVICE COST CNTRS						
60	01 PAIN MGMT CLINIC	646,962	292,230	354,732			646,962
61	EMERGENCY	5,887,811	778,913	5,108,898			5,887,811
61	01 OP DEPARTMENT	1,433,779	34,000	1,399,779			1,433,779
61	02 MEDICAL ONCOLOGY						
62	OBSERVATION BEDS (NON-DIS	2,965,353	491,484	2,473,869			2,965,353
63	50 RHC						
63	60 FOHC						
101	OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	93,240,371	9,876,183	83,364,188			93,240,371
102	LESS OBSERVATION BEDS	2,965,353	491,484	2,473,869			2,965,353
103	TOTAL	90,275,018	9,384,699	80,890,319			90,275,018

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRGRATIO	I/P PT B COST TO CHRGRATIO
		7	8	9
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	82,780,675	.216763	.216763
37 01	ENDOSCOPY	11,293,279	.220646	.220646
37 02	DAY SURGERY	352,677	6.846976	6.846976
38	RECOVERY ROOM	5,050,323	.209748	.209748
39	DELIVERY ROOM & LABOR ROO	3,547,010	.592447	.592447
41	RADIOLOGY-DIAGNOSTIC	28,514,480	.176559	.176559
41 01	NUCLEAR MEDICINE	7,271,654	.144521	.144521
41 02	ULTRASOUND	7,464,222	.131987	.131987
41 03	CT SCAN	50,262,970	.056444	.056444
41 04	MRI	17,942,608	.060936	.060936
41 05	GRANT SQUARE IMAGING			
41 06	WINDSOR MEDICAL RADIOLOGY			
41 07	PET SCAN			
42	RADIOLOGY-THERAPEUTIC	8,250,827	.335026	.335026
44	LABORATORY	71,547,157	.136968	.136968
46 30	BLOOD CLOTTING FACTORS AD			
49	RESPIRATORY THERAPY	13,677,921	.156428	.156428
50	PHYSICAL THERAPY	8,369,462	.431542	.431542
50 01	FAIRVIEW REHAB CTR			
50 02	WESTCHESTER REHAB CTR			
50 03	LAGRANGE REHAB CTR	3,540,183	.643040	.643040
51	OCCUPATIONAL THERAPY	1,397,822	.415079	.415079
52	SPEECH PATHOLOGY	666,655	.298273	.298273
53	ELECTROCARDIOLOGY	34,738,887	.140815	.140815
53 01	VASCULAR LAB	22,981,182	.199632	.199632
53 02	CARDIAC REHAB	17,676,008	.108525	.108525
54	ELECTROENCEPHALOGRAPHY	3,094,896	.212210	.212210
55	MEDICAL SUPPLIES CHARGED	4,344,388	.940672	.940672
56	DRUGS CHARGED TO PATIENTS	51,052,930	.140272	.140272
59	HEMODIALYSIS	1,041,971	.361757	.361757
59 01	LI THOTRIPSY	817,120	.298741	.298741
	OUTPAT SERVICE COST CNTRS			
60 01	PAIN MGMT CLINIC	1,784,335	.362579	.362579
61	EMERGENCY	39,078,049	.150668	.150668
61 01	OP DEPARTMENT	4,400,779	.325801	.325801
61 02	MEDICAL ONCOLOGY			
62	OBSERVATION BEDS (NON-DIS	7,368,332	.402446	.402446
63 50	RHC			
63 60	FOHC			
	OTHER REIMBURS COST CNTRS			
101	SUBTOTAL	510,308,802		
102	LESS OBSERVATION BEDS	7,368,332		
103	TOTAL	502,940,470		

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						
37	OPERATING ROOM	18,203,366	1,581,029	16,622,337	158,103	964,096	17,081,167
37	01 ENDOSCOPY	2,552,843	257,931	2,294,912	25,793	133,105	2,393,945
37	02 DAY SURGERY	2,414,771	399,651	2,015,120	39,965	116,877	2,257,929
38	RECOVERY ROOM	1,059,294	104,838	954,456	10,484	55,358	993,452
39	DELIVERY ROOM & LABOR ROO	2,101,417	258,941	1,842,476	25,894	106,864	1,968,659
41	RADIOLOGY-DIAGNOSTIC	5,175,059	840,489	4,334,570	84,049	251,405	4,839,605
41	01 NUCLEAR MEDICINE	1,050,910	96,144	954,766	9,614	55,376	985,920
41	02 ULTRASOUND	985,181	73,790	911,391	7,379	52,861	924,941
41	03 CT SCAN	2,837,058	203,556	2,633,502	20,356	152,743	2,663,959
41	04 MRI	1,093,342	38,033	1,055,309	3,803	61,208	1,028,331
41	05 GRANT SQUARE IMAGING						
41	06 WINDSOR MEDICAL RADIOLOGY						
41	07 PET SCAN						
42	RADIOLOGY-THERAPEUTIC	2,764,244	810,127	1,954,117	81,013	113,339	2,569,892
44	LABORATORY	9,799,678	997,538	8,802,140	99,754	510,524	9,189,400
46	30 BLOOD CLOTTING FACTORS AD						
49	RESPIRATORY THERAPY	2,139,612	242,480	1,897,132	24,248	110,034	2,005,330
50	PHYSICAL THERAPY	3,611,772	270,226	3,341,546	27,023	193,810	3,390,939
50	01 FAIRVIEW REHAB CTR						
50	02 WESTCHESTER REHAB CTR						
50	03 LAGRANGE REHAB CTR	2,276,479	571,689	1,704,790	57,169	98,878	2,120,432
51	OCCUPATIONAL THERAPY	580,206	31,755	548,451	3,176	31,810	545,220
52	SPEECH PATHOLOGY	198,845	20,456	178,389	2,046	10,347	186,452
53	ELECTROCARDIOLOGY	4,891,761	147,434	4,744,327	14,743	275,171	4,601,847
53	01 VASCULAR LAB	4,587,770	525,060	4,062,710	52,506	235,637	4,299,627
53	02 CARDIAC REHAB	1,918,282	198,494	1,719,788	19,849	99,748	1,798,685
54	ELECTROENCEPHALOGRAPHY	656,769	43,376	613,393	4,338	35,577	616,854
55	MEDICAL SUPPLIES CHARGED	4,086,642	396,259	3,690,383	39,626	214,042	3,832,974
56	DRUGS CHARGED TO PATIENTS	7,161,309	158,140	7,003,169	15,814	406,184	6,739,311
59	HEMODIALYSIS	376,940	7,302	369,638	730	21,439	354,771
59	01 LI THOTRI PSY	244,107	4,818	239,289	482	13,879	229,746
	OUTPAT SERVICE COST CNTRS						
60	01 PAIN MGMT CLINIC	646,962	292,230	354,732	29,223	20,574	597,165
61	EMERGENCY	6,147,407	778,913	5,368,494	77,891	311,373	5,758,143
61	01 OP DEPARTMENT	1,433,779	34,000	1,399,779	3,400	81,187	1,349,192
61	02 MEDICAL ONCOLOGY						
62	OBSERVATION BEDS (NON-DIS	2,965,353	491,484	2,473,869	49,148	143,484	2,772,721
63	RHC						
63	60 FOHC						
	OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	93,961,158	9,876,183	84,084,975	987,619	4,876,930	88,096,609
102	LESS OBSERVATION BEDS	2,965,353	491,484	2,473,869	49,148	143,484	2,772,721
103	TOTAL	90,995,805	9,384,699	81,611,106	938,471	4,733,446	85,323,888

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRG RATIO	I/P PT B COST TO CHRG RATIO
		7	8	9
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	82,780,675	.206342	.217989
37 01	ENDOSCOPY	11,293,279	.211980	.223766
37 02	DAY SURGERY	352,677	6.402258	6.733657
38	RECOVERY ROOM	5,050,323	.196711	.207672
39	DELIVERY ROOM & LABOR ROO	3,547,010	.555019	.585147
41	RADIOLOGY-DIAGNOSTIC	28,514,480	.169724	.178541
41 01	NUCLEAR MEDICINE	7,271,654	.135584	.143199
41 02	ULTRASOUND	7,464,222	.123917	.130999
41 03	CT SCAN	50,262,970	.053000	.056039
41 04	MRI	17,942,608	.057312	.060724
41 05	GRANT SQUARE IMAGING			
41 06	WINDSOR MEDICAL RADIOLOGY			
41 07	PET SCAN			
42	RADIOLOGY-THERAPEUTIC	8,250,827	.311471	.325208
44	LABORATORY	71,547,157	.128438	.135574
46 30	BLOOD CLOTTING FACTORS AD			
49	RESPIRATORY THERAPY	13,677,921	.146611	.154655
50	PHYSICAL THERAPY	8,369,462	.405156	.428313
50 01	FAIRVIEW REHAB CTR			
50 02	WESTCHESTER REHAB CTR			
50 03	LAGRANGE REHAB CTR	3,540,183	.598961	.626891
51	OCCUPATIONAL THERAPY	1,397,822	.390050	.412806
52	SPEECH PATHOLOGY	666,655	.279683	.295204
53	ELECTROCARDIOLOGY	34,738,887	.132470	.140391
53 01	VASCULAR LAB	22,981,182	.187093	.197347
53 02	CARDIAC REHAB	17,676,008	.101759	.107402
54	ELECTROENCEPHALOGRAPHY	3,094,896	.199313	.210809
55	MEDICAL SUPPLIES CHARGED	4,344,388	.882282	.931550
56	DRUGS CHARGED TO PATIENTS	51,052,930	.132006	.139962
59	HEMODIALYSIS	1,041,971	.340481	.361056
59 01	LI THOTRIPSY	817,120	.281166	.298151
	OUTPAT SERVICE COST CNTRS			
60 01	PAIN MGMT CLINIC	1,784,335	.334671	.346201
61	EMERGENCY	39,078,049	.147350	.155318
61 01	OP DEPARTMENT	4,400,779	.306580	.325029
61 02	MEDICAL ONCOLOGY			
62	OBSERVATION BEDS (NON-DIS	7,368,332	.376302	.395775
63 50	RHC			
63 60	FOHC			
	OTHER REIMBURS COST CNTRS			
101	SUBTOTAL	510,308,802		
102	LESS OBSERVATION BEDS	7,368,332		
103	TOTAL	502,940,470		

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2	TOTAL CHARGES 3	INPAT PROGRAM CHARGES 4	OLD CAPITAL CST/CHRG RATIO 5	CAPITAL COSTS 6
37	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM		1,581,029	82,780,675	27,958,012		
37	01 ENDOSCOPY		257,931	11,293,279	2,077,535		
37	02 DAY SURGERY		399,651	352,677			
38	RECOVERY ROOM		104,838	5,050,323	1,254,982		
39	DELIVERY ROOM & LABOR ROO		258,941	3,547,010	6,910		
41	RADIOLOGY-DIAGNOSTIC		840,489	28,514,480	5,448,487		
41	01 NUCLEAR MEDICINE		96,144	7,271,654	2,310,563		
41	02 ULTRASOUND		73,790	7,464,222	835,024		
41	03 CT SCAN		203,556	50,262,970	11,289,971		
41	04 MRI		38,033	17,942,608	3,856,184		
41	05 GRANT SQUARE IMAGING						
41	06 WINDSOR MEDICAL RADIOLOGY						
41	07 PET SCAN						
42	RADIOLOGY-THERAPEUTIC		810,127	8,250,827	223,179		
44	LABORATORY		997,538	71,547,157	29,565,511		
46	30 BLOOD CLOTTING FACTORS AD						
49	RESPIRATORY THERAPY		242,480	13,677,921	10,240,098		
50	PHYSICAL THERAPY		270,226	8,369,462	2,815,352		
50	01 FAIRVIEW REHAB CTR						
50	02 WESTCHESTER REHAB CTR						
50	03 LAGRANGE REHAB CTR		571,689	3,540,183			
51	OCCUPATIONAL THERAPY		31,755	1,397,822	1,072,279		
52	SPEECH PATHOLOGY		20,456	666,655	494,687		
53	ELECTROCARDIOLOGY		147,434	34,738,887	19,469,444		
53	01 VASCULAR LAB		525,060	22,981,182	10,941,786		
53	02 CARDIAC REHAB		198,494	17,676,008	2,611,512		
54	ELECTROENCEPHALOGRAPHY		43,376	3,094,896	259,239		
55	MEDICAL SUPPLIES CHARGED		396,259	4,344,388	1,895,215		
56	DRUGS CHARGED TO PATIENTS		158,140	51,052,930	26,981,936		
59	HEMODIALYSIS		7,302	1,041,971	732,170		
59	01 LI THOTRIPSY		4,818	817,120			
60	OUTPAT SERVICE COST CNTRS						
60	01 PAIN MGMT CLINIC		292,230	1,784,335			
61	EMERGENCY		778,913	39,078,049	10,057,455		
61	01 OP DEPARTMENT		34,000	4,400,779	5,498		
61	02 MEDICAL ONCOLOGY						
62	OBSERVATION BEDS (NON-DIS		491,484	7,368,332			
63	50 RHC						
63	60 FOHC						
101	OTHER REIMBURS COST CNTRS TOTAL		9,876,183	510,308,802	172,403,029		

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS
 PROVIDER NO: 14-0065 PERIOD: FROM 11/1/2008 TO 10/31/2009 PREPARED 3/24/2010
 COMPONENT NO: 14-0065 PART II WORKSHEET D

TITLE XVIII, PART A HOSPITAL PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NEW CAPITAL CST/CHRG RATIO	COSTS
		7	8
37	ANCILLARY SRVC COST CNTRS		
	OPERATING ROOM	.019099	533,970
37 01	ENDOSCOPY	.022839	47,449
37 02	DAY SURGERY	1.133193	
38	RECOVERY ROOM	.020759	26,052
39	DELIVERY ROOM & LABOR ROO	.073003	504
41	RADIOLOGY-DIAGNOSTIC	.029476	160,600
41 01	NUCLEAR MEDICINE	.013222	30,550
41 02	ULTRASOUND	.009886	8,255
41 03	CT SCAN	.004050	45,724
41 04	MRI	.002120	8,175
41 05	GRANT SQUARE IMAGING		
41 06	WINDSOR MEDICAL RADIOLOGY		
41 07	PET SCAN		
42	RADIOLOGY-THERAPEUTIC	.098187	21,913
44	LABORATORY	.013942	412,202
46 30	BLOOD CLOTTING FACTORS AD		
49	RESPIRATORY THERAPY	.017728	181,536
50	PHYSICAL THERAPY	.032287	90,899
50 01	FAIRVIEW REHAB CTR		
50 02	WESTCHESTER REHAB CTR		
50 03	LAGRANGE REHAB CTR	.161486	
51	OCCUPATIONAL THERAPY	.022717	24,359
52	SPEECH PATHOLOGY	.030685	15,179
53	ELECTROCARDIOLOGY	.004244	82,628
53 01	VASCULAR LAB	.022847	249,987
53 02	CARDIAC REHAB	.011230	29,327
54	ELECTROENCEPHALOGRAPHY	.014015	3,633
55	MEDICAL SUPPLIES CHARGED	.091212	172,866
56	DRUGS CHARGED TO PATIENTS	.003098	83,590
59	HEMODIALYSIS	.007008	5,131
59 01	LI THOTRIPSY	.005896	
	OUTPAT SERVICE COST CNTRS		
60 01	PAIN MGMT CLINIC	.163775	
61	EMERGENCY	.019932	200,465
61 01	OP DEPARTMENT	.007726	42
61 02	MEDICAL ONCOLOGY		
62	OBSERVATION BEDS (NON-DIS	.066702	
63 50	RHC		
63 60	FOHC		
	OTHER REIMBURS COST CNTRS		
101	TOTAL		2,435,036

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

PROVIDER NO: 14-0065
 PERIOD: FROM 11/1/2008 TO 10/31/2009
 PREPARED 3/24/2010
 WORKSHEET D
 PART III

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST 1	MED EDUCATN COST 2	SWING BED ADJ AMOUNT 3	TOTAL COSTS 4	TOTAL PATIENT DAYS 5	PER DIEM 6
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS					36,939	
26	INTENSIVE CARE UNIT					3,759	
33	NURSERY					1,625	
101	TOTAL					42,323	

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

PROVIDER NO:	PERIOD:	PREPARED
14-0065	FROM 11/1/2008	3/24/2010
	TO 10/31/2009	WORKSHEET D
		PART III

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT PROG DAYS	INPAT PROGRAM PASS THRU COST
		7	8
25	ADULTS & PEDIATRICS	22,664	
26	INTENSIVE CARE UNIT	2,501	
33	NURSERY		
101	TOTAL	25,165	

TITLE XVIII, PART A HOSPITAL PPS

WKST A LINE NO.	COST CENTER	DESCRIPTION	NONPHYSICIAN ANESTHETIST	1	1.01	MED ED NRS SCHOOL COST	2	MED ED ALLIED HEALTH COST	2.01	MED ED ALL OTHER COSTS	2.02	BLOOD CLOT FOR HEMOPHILIACS	2.03
		ANCILLARY SRVC COST CNTRS											
37		OPERATING ROOM											
37	01	ENDOSCOPY											
37	02	DAY SURGERY											
38		RECOVERY ROOM											
39		DELIVERY ROOM & LABOR ROO											
41		RADIOLOGY-DIAGNOSTIC											
41	01	NUCLEAR MEDICINE											
41	02	ULTRASOUND											
41	03	CT SCAN											
41	04	MRI											
41	05	GRANT SQUARE IMAGING											
41	06	WINDSOR MEDICAL RADIOLOGY											
41	07	PET SCAN											
42		RADIOLOGY-THERAPEUTIC											
44		LABORATORY											
46	30	BLOOD CLOTTING FACTORS AD											
49		RESPIRATORY THERAPY											
50		PHYSICAL THERAPY											
50	01	FAIRVIEW REHAB CTR											
50	02	WESTCHESTER REHAB CTR											
50	03	LAGRANGE REHAB CTR											
51		OCCUPATIONAL THERAPY											
52		SPEECH PATHOLOGY											
53		ELECTROCARDIOLOGY											
53	01	VASCULAR LAB											
53	02	CARDIAC REHAB											
54		ELECTROENCEPHALOGRAPHY											
55		MEDICAL SUPPLIES CHARGED											
56		DRUGS CHARGED TO PATIENTS											
59		HEMODIALYSIS											
59	01	LITHOTRIPSY											
		OUTPAT SERVICE COST CNTRS											
60	01	PAIN MGMT CLINIC											
61		EMERGENCY											
61	01	OP DEPARTMENT											
61	02	MEDICAL ONCOLOGY											
62		OBSERVATION BEDS (NON-DIS											
63	50	RHC											
63	60	FOHC											
		OTHER REIMBURS COST CNTRS											
101		TOTAL											

TITLE XVIII, PART A HOSPITAL PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF COST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
37	ANCILLARY SRVC COST CNTRS			82,780,675			27,958,012	
37	OPERATING ROOM			11,293,279			2,077,535	
37	01 ENDOSCOPY			352,677				
37	02 DAY SURGERY			5,050,323			1,254,982	
38	RECOVERY ROOM			3,547,010			6,910	
39	DELIVERY ROOM & LABOR ROO			28,514,480			5,448,487	
41	RADIOLOGY-DIAGNOSTIC			7,271,654			2,310,563	
41	01 NUCLEAR MEDICINE			7,464,222			835,024	
41	02 ULTRASOUND			50,262,970			11,289,971	
41	03 CT SCAN			17,942,608			3,856,184	
41	04 MRI							
41	05 GRANT SQUARE IMAGING							
41	06 WINDSOR MEDICAL RADIOLOGY							
41	07 PET SCAN							
42	RADIOLOGY-THERAPEUTIC			8,250,827			223,179	
44	LABORATORY			71,547,157			29,565,511	
46	30 BLOOD CLOTTING FACTORS AD							
49	RESPIRATORY THERAPY			13,677,921			10,240,098	
50	PHYSICAL THERAPY			8,369,462			2,815,352	
50	01 FAIRVIEW REHAB CTR							
50	02 WESTCHESTER REHAB CTR							
50	03 LAGRANGE REHAB CTR			3,540,183				
51	OCCUPATIONAL THERAPY			1,397,822			1,072,279	
52	SPEECH PATHOLOGY			666,655			494,687	
53	ELECTROCARDIOLOGY			34,738,887			19,469,444	
53	01 VASCULAR LAB			22,981,182			10,941,786	
53	02 CARDIAC REHAB			17,676,008			2,611,512	
54	ELECTROENCEPHALOGRAPHY			3,094,896			259,239	
55	MEDICAL SUPPLIES CHARGED			4,344,388			1,895,215	
56	DRUGS CHARGED TO PATIENTS			51,052,930			26,981,936	
59	HEMODIALYSIS			1,041,971			732,170	
59	01 LI THOTRI PSY			817,120				
60	OUTPAT SERVICE COST CNTRS							
60	01 PAIN MGMT CLINIC			1,784,335				
61	EMERGENCY			39,078,049			10,057,455	
61	01 OP DEPARTMENT			4,400,779			5,498	
61	02 MEDICAL ONCOLOGY							
62	OBSERVATION BEDS (NON-DIS			7,368,332				
63	50 RHC							
63	60 FOHC							
101	OTHER REIMBURS COST CNTRS							
	TOTAL			510,308,802			172,403,029	

TITLE XVIII, PART A HOSPITAL PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES 8	OUTPAT PROG D, V COL 5.03 8.01	OUTPAT PROG D, V COL 5.04 8.02	OUTPAT PROG PASS THRU COST 9	COL 8.01 * COL 5 9.01	COL 8.02 * COL 5 9.02
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	4,425,529					
37 01	ENDOSCOPY	4,726,149					
37 02	DAY SURGERY	309,485					
38	RECOVERY ROOM	576,979					
39	DELIVERY ROOM & LABOR ROO						
41	RADIOLOGY-DIAGNOSTIC	4,795,876					
41 01	NUCLEAR MEDICINE	1,616,201					
41 02	ULTRASOUND	1,183,307					
41 03	CT SCAN	11,310,523					
41 04	MRI	3,345,966					
41 05	GRANT SQUARE IMAGING						
41 06	WINDSOR MEDICAL RADIOLOGY						
41 07	PET SCAN						
42	RADIOLOGY-THERAPEUTIC	3,995,547					
44	LABORATORY	1,886,115					
46 30	BLOOD CLOTTING FACTORS AD						
49	RESPIRATORY THERAPY	602,601					
50	PHYSICAL THERAPY						
50 01	FAIRVIEW REHAB CTR						
50 02	WESTCHESTER REHAB CTR						
50 03	LAGRANGE REHAB CTR						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY	16,587					
53	ELECTROCARDIOLOGY	4,191,808					
53 01	VASCULAR LAB	9,881,905					
53 02	CARDIAC REHAB	1,823,646					
54	ELECTROENCEPHALOGRAPHY	758,739					
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS	5,788,078					
59	HEMODIALYSIS						
59 01	LI THOTRIPSY	798,593					
	OUTPAT SERVICE COST CNTRS						
60 01	PAIN MGMT CLINIC	1,735,064					
61	EMERGENCY	5,856,931					
61 01	OP DEPARTMENT	843,483					
61 02	MEDICAL ONCOLOGY						
62	OBSERVATION BEDS (NON-DIS	1,877,696					
63 50	RHC						
63 60	FOHC						
	OTHER REIMBURS COST CNTRS						
101	TOTAL	72,346,808					

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	.216763	.216763			
37 01 ENDOSCOPY	.220646	.220646			
37 02 DAY SURGERY	6.846976	6.846976			
38 RECOVERY ROOM	.209748	.209748			
39 DELIVERY ROOM & LABOR ROOM	.592447	.592447			
41 RADIOLOGY-DIAGNOSTIC	.176559	.176559			
41 01 NUCLEAR MEDICINE	.144521	.144521			
41 02 ULTRASOUND	.131987	.131987			
41 03 CT SCAN	.056444	.056444			
41 04 MRI	.060936	.060936			
41 05 GRANT SQUARE IMAGING					
41 06 WINDSOR MEDICAL RADIOLOGY					
41 07 PET SCAN					
42 RADIOLOGY-THERAPEUTIC	.335026	.335026			
44 LABORATORY	.136968	.136968			
46 30 BLOOD CLOTTING FACTORS ADMIN COSTS					
49 RESPIRATORY THERAPY	.156428	.156428			
50 PHYSICAL THERAPY	.431542	.431542			
50 01 FAIRVIEW REHAB CTR					
50 02 WESTCHESTER REHAB CTR					
50 03 LAGRANGE REHAB CTR	.643040	.643040			
51 OCCUPATIONAL THERAPY	.415079	.415079			
52 SPEECH PATHOLOGY	.298273	.298273			
53 ELECTROCARDIOLOGY	.140815	.140815			
53 01 VASCULAR LAB	.199632	.199632			
53 02 CARDIAC REHAB	.108525	.108525			
54 ELECTROENCEPHALOGRAPHY	.212210	.212210			
55 MEDICAL SUPPLIES CHARGED TO PATIENTS	.940672	.940672			
56 DRUGS CHARGED TO PATIENTS	.140272	.140272			
59 HEMODIALYSIS	.361757	.361757			
59 01 LITHOTRIPSY	.298741	.298741			
60 01 OUTPAT SERVICE COST CNTRS					
61 PAIN MGMT CLINIC	.362579	.362579			
61 EMERGENCY	.150668	.150668			
61 01 OP DEPARTMENT	.325801	.325801			
61 02 MEDICAL ONCOLOGY					
62 OBSERVATION BEDS (NON-DISTINCT PART)	.402446	.402446			
63 50 RHC					
63 60 FOHC					
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		4,425,529	1,968		
37 01 ENDOSCOPY		4,726,149	6,887		
37 02 DAY SURGERY		309,485			
38 RECOVERY ROOM		576,979			
39 DELIVERY ROOM & LABOR ROOM					
41 RADIOLOGY-DIAGNOSTIC		4,795,876	1,968		
41 01 NUCLEAR MEDICINE		1,616,201			
41 02 ULTRASOUND		1,183,307			
41 03 CT SCAN		11,310,523			
41 04 MRI		3,345,966			
41 05 GRANT SQUARE IMAGING					
41 06 WINDSOR MEDICAL RADIOLOGY					
41 07 PET SCAN					
42 RADIOLOGY-THERAPEUTIC		3,995,547			
44 LABORATORY		1,886,115			
46 30 BLOOD CLOTTING FACTORS ADMIN COSTS					
49 RESPIRATORY THERAPY		602,601			
50 PHYSICAL THERAPY					
50 01 FAIRVIEW REHAB CTR					
50 02 WESTCHESTER REHAB CTR					
50 03 LAGRANGE REHAB CTR					
51 OCCUPATIONAL THERAPY					
52 SPEECH PATHOLOGY		16,587			
53 ELECTROCARDIOLOGY		4,191,808			
53 01 VASCULAR LAB		9,881,905	8,854		
53 02 CARDIAC REHAB		1,823,646			
54 ELECTROENCEPHALOGRAPHY		758,739			
55 MEDICAL SUPPLIES CHARGED TO PATIENTS					
56 DRUGS CHARGED TO PATIENTS		5,788,078			
59 HEMODIALYSIS					
59 01 LITHOTRIPSY		798,593			
60 01 OUTPAT SERVICE COST CNTRS					
61 PAIN MGMT CLINIC		1,735,064			
61 EMERGENCY		5,856,931			
61 01 OP DEPARTMENT		843,483			
61 02 MEDICAL ONCOLOGY					
62 OBSERVATION BEDS (NON-DISTINCT PART)		1,877,696			
63 50 RHC					
63 60 FOHC					
101 SUBTOTAL		72,346,808	19,677		
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS- PROGRAM ONLY CHARGES					
104 NET CHARGES		72,346,808	19,677		

(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				959,291	427
37 01 ENDOSCOPY				1,042,806	1,520
37 02 DAY SURGERY				2,119,036	
38 RECOVERY ROOM				121,020	
39 DELIVERY ROOM & LABOR ROOM					
41 RADIOLOGY-DIAGNOSTIC				846,755	347
41 01 NUCLEAR MEDICINE				233,575	
41 02 ULTRASOUND				156,181	
41 03 CT SCAN				638,411	
41 04 MRI				203,890	
41 05 GRANT SQUARE IMAGING					
41 06 WINDSOR MEDICAL RADIOLOGY					
41 07 PET SCAN					
42 RADIOLOGY-THERAPEUTIC				1,338,612	
44 LABORATORY				258,337	
46 30 BLOOD CLOTTING FACTORS ADMIN COSTS					
49 RESPIRATORY THERAPY				94,264	
50 PHYSICAL THERAPY					
50 01 FAIRVIEW REHAB CTR					
50 02 WESTCHESTER REHAB CTR					
50 03 LAGRANGE REHAB CTR					
51 OCCUPATIONAL THERAPY					
52 SPEECH PATHOLOGY				4,947	
53 ELECTROCARDIOLOGY				590,269	
53 01 VASCULAR LAB				1,972,744	1,768
53 02 CARDIAC REHAB				197,911	
54 ELECTROENCEPHALOGRAPHY				161,012	
55 MEDICAL SUPPLIES CHARGED TO PATIENTS					
56 DRUGS CHARGED TO PATIENTS				811,905	
59 HEMODIALYSIS					
59 01 LITHOTRIPSY				238,572	
60 01 OUTPAT SERVICE COST CNTRS					
61 PAIN MGMT CLINIC				629,098	
61 EMERGENCY				882,452	
61 01 OP DEPARTMENT				274,808	
61 02 MEDICAL ONCOLOGY					
62 OBSERVATION BEDS (NON-DISTINCT PART)				755,671	
63 50 RHC					
63 60 FOHC					
101 SUBTOTAL				14,531,567	4,062
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES					
104 NET CHARGES				14,531,567	4,062

(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
- 37 01 ENDOSCOPY
- 37 02 DAY SURGERY
- 38 RECOVERY ROOM
- 39 DELIVERY ROOM & LABOR ROOM
- 41 RADIOLOGY-DIAGNOSTIC
- 41 01 NUCLEAR MEDICINE
- 41 02 ULTRASOUND
- 41 03 CT SCAN
- 41 04 MRI
- 41 05 GRANT SQUARE IMAGING
- 41 06 WINDSOR MEDICAL RADIOLOGY
- 41 07 PET SCAN
- 42 RADIOLOGY-THERAPEUTIC
- 44 LABORATORY
- 46 30 BLOOD CLOTTING FACTORS ADMIN COSTS
- 49 RESPIRATORY THERAPY
- 50 PHYSICAL THERAPY
- 50 01 FAIRVIEW REHAB CTR
- 50 02 WESTCHESTER REHAB CTR
- 50 03 LAGRANGE REHAB CTR
- 51 OCCUPATIONAL THERAPY
- 52 SPEECH PATHOLOGY
- 53 ELECTROCARDIOLOGY
- 53 01 VASCULAR LAB
- 53 02 CARDIAC REHAB
- 54 ELECTROENCEPHALOGRAPHY
- 55 MEDICAL SUPPLIES CHARGED TO PATIENTS
- 56 DRUGS CHARGED TO PATIENTS
- 59 HEMODIALYSIS
- 59 01 LITHOTRIPSY
- 60 01 OUTPAT SERVICE COST CNTRS
- 61 PAIN MGMT CLINIC
- 61 EMERGENCY
- 61 01 OP DEPARTMENT
- 61 02 MEDICAL ONCOLOGY
- 62 OBSERVATION BEDS (NON-DISTINCT PART)
- 63 50 RHC
- 63 60 FOHC
- 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 HOSPITAL PPS

PART I - ALL PROVIDER COMPONENTS

1

INPATIENT DAYS

1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	36,939
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	36,939
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	36,939
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
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)	22,664
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	31,004,163
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	31,004,163

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL	
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL	
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT	
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	31,004,163

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					839.33
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST					19,022,575
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM					
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST					19,022,575

	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	6,196,709	3,759	1,648.50	2,501	4,122,899
44	CORONARY CARE UNIT				
45	BURN INTENSIVE CARE UNIT				
46	SURGICAL INTENSIVE CARE UNIT				
47	OTHER SPECIAL CARE				
48	PROGRAM INPATIENT ANCILLARY SERVICE COST				
49	TOTAL PROGRAM INPATIENT COSTS				

PASS THROUGH COST ADJUSTMENTS

50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES					3,570,256
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES					2,435,036
52	TOTAL PROGRAM EXCLUDABLE COST					6,005,292
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST, AND MEDICAL EDUCATION COSTS					46,352,159

TARGET AMOUNT AND LIMIT COMPUTATION

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

PROGRAM INPATIENT ROUTINE SWING BED COST

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

TITLE XVIII PART A HOSPITAL PPS

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

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

PART IV - COMPUTATION OF OBSERVATION BED COST

83	TOTAL OBSERVATION BED DAYS	3,533
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	839.33
85	OBSERVATION BED COST	2,965,353

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	31,004,163		2,965,353	
87	NEW CAPITAL-RELATED COST	5,138,697	.165742	2,965,353	491,484
88	NON PHYSICIAN ANESTHETIST	31,004,163		2,965,353	
89	MEDICAL EDUCATION	31,004,163		2,965,353	
89.01	MEDICAL EDUCATION - ALLIED HEA				
89.02	MEDICAL EDUCATION - ALL OTHER				

TITLE XVIII, PART A		HOSPITAL		
WKST A	COST CENTER DESCRIPTION	RATIO COST	INPATIENT	INPATIENT
LINE NO.		TO CHARGES	CHARGES	COST
		1	2	3
25	INPAT ROUTINE SRVC CNTRS			
	ADULTS & PEDIATRICS		25,272,985	
26	INTENSIVE CARE UNIT		11,030,758	
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.216763	27,958,012	6,060,263
37	01 ENDOSCOPY	.220646	2,077,535	458,400
37	02 DAY SURGERY	6.846976		
38	RECOVERY ROOM	.209748	1,254,982	263,230
39	DELIVERY ROOM & LABOR ROOM	.592447	6,910	4,094
41	RADIOLOGY-DIAGNOSTIC	.176559	5,448,487	961,979
41	01 NUCLEAR MEDICINE	.144521	2,310,563	333,925
41	02 ULTRASOUND	.131987	835,024	110,212
41	03 CT SCAN	.056444	11,289,971	637,251
41	04 MRI	.060936	3,856,184	234,980
41	05 GRANT SQUARE IMAGING			
41	06 WINDSOR MEDICAL RADIOLOGY			
41	07 PET SCAN			
42	RADIOLOGY-THERAPEUTIC	.335026	223,179	74,771
44	LABORATORY	.136968	29,565,511	4,049,529
46	30 BLOOD CLOTTING FACTORS ADMIN COSTS			
49	RESPIRATORY THERAPY	.156428	10,240,098	1,601,838
50	PHYSICAL THERAPY	.431542	2,815,352	1,214,943
50	01 FAIRVIEW REHAB CTR			
50	02 WESTCHESTER REHAB CTR			
50	03 LAGRANGE REHAB CTR	.643040		
51	OCCUPATIONAL THERAPY	.415079	1,072,279	445,080
52	SPEECH PATHOLOGY	.298273	494,687	147,552
53	ELECTROCARDIOLOGY	.140815	19,469,444	2,741,590
53	01 VASCULAR LAB	.199632	10,941,786	2,184,331
53	02 CARDIAC REHAB	.108525	2,611,512	283,414
54	ELECTROENCEPHALOGRAPHY	.212210	259,239	55,013
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.940672	1,895,215	1,782,776
56	DRUGS CHARGED TO PATIENTS	.140272	26,981,936	3,784,810
59	HEMODIALYSIS	.361757	732,170	264,868
59	01 LITHOTRIPSY	.298741		
	OUTPAT SERVICE COST CNTRS			
60	01 PAIN MGMT CLINIC	.362579		
61	EMERGENCY	.150668	10,057,455	1,515,337
61	01 OP DEPARTMENT	.325801	5,498	1,791
61	02 MEDICAL ONCOLOGY			
62	OBSERVATION BEDS (NON-DISTINCT PART)	.402446		
63	50 RHC			
63	60 FOHC			
	OTHER REIMBURS COST CNTRS			
101	TOTAL		172,403,029	29,211,977
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		172,403,029	

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS
 HOSPITAL

DESCRIPTION	1	1.01
DRG AMOUNT		
1 OTHER THAN OUTLIER PAYMENTS OCCURRING PRIOR TO OCTOBER 1	3,517,081	
1.01 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER OCTOBER 1 AND BEFORE JANUARY 1	6,186,594	
1.02 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER JAN 1	29,153,067	
MANAGED CARE PATIENTS		
1.03 PAYMENTS PRIOR TO MARCH 1ST OR OCTOBER 1ST	128,784	
1.04 PAYMENTS ON OR AFTER OCTOBER 1 AND PRIOR TO JANUARY 1	203,546	
1.05 PAYMENTS ON OR AFTER JANUARY 1ST BUT BEFORE 4/1 / 10/1	1,325,579	
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)	1,725,485	
3 BED DAYS AVAILABLE DIVIDED BY # DAYS IN COST RPTG PERIOD	192.64	
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.	19.00	
3.05 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS WHICH MEET THE CRITERIA FOR AN ADD-ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii)		
3.06 ADJUSTED FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR AFFILIATED PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii)		
	FOR CR PERIODS ENDING ON OR AFTER 7/1/2005	
3.07 SUM OF LINES 3.04 THROUGH 3.06 (SEE INSTRUCTIONS)	E-3 PT 6 LN 15 PLUS LN 3.06 18.65	18.65
3.08 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS IN THE CURRENT YEAR FROM YOUR RECORDS		18.00
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)		18.00
3.15 TOTAL ALLOWABLE FTE COUNT FOR THE PRIOR YEAR, IF NONE BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE		18.47
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		18.27
3.17 SUM OF LINES 3.14 THRU 3.16 DIVIDED BY THE NUMBER OF THOSE LINES IN EXCESS OF ZERO (SEE INSTRUCTIONS).		18.25
3.18 CURRENT YEAR RESIDENT TO BED RATIO (LN 3.17 DIVIDED BY LN 3)		.094736
3.19 PRIOR YEAR RESIDENT TO BED RATIO (SEE INSTRUCTIONS)		.110618
3.20 FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 1997, ENTER THE LESSER OF LINES 3.18 OR 3.19. (SEE INST)		.094736
3.21 I ME PAYMENTS FOR DISCHARGES OCCURRING PRIOR TO OCT 1		183,773
3.22 I ME PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER OCT 1, BUT BEFORE JANUARY 1 (SEE INSTRUCTIONS)		322,101
3.23 I ME PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER JANUARY 1		1,536,307
3.24 SUM OF LINES 3.21 THROUGH 3.23 (SEE INSTRUCTIONS).	SUM OF LINES 3.21 - 3.23 2,042,181	2,042,181
DISPROPORTIONATE SHARE ADJUSTMENT		
4 PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS (SEE INSTRUCTIONS)		
4.01 PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS REPORTED ON WORKSHEET S-3, PART I		
4.02 SUM OF LINES 4 AND 4.01		
4.03 ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTR)		
4.04 DISPROPORTIONATE SHARE ADJUSTMENT (SEE INSTRUCTIONS)		
ADDITIONAL PAYMENT FOR HIGH PERCENTAGE OF ESRD BENEFICIARY DISCHARGES		
5 TOTAL MEDICARE DISCHARGES ON WKST S-3, PART I EXCLUDING DISCHARGES FOR DRGs 302, 316, 317 OR MS-DRGS 652, 682 - 685. (SEE INSTRUCTIONS)		
5.01 TOTAL ESRD MEDICARE DISCHARGES EXCLUDING DRGs 302, 316, 317 OR MS-DRGS 652 AND 682 - 685. (SEE INSTRUCTIONS)		

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS
 HOSPITAL

DESCRIPTION	1	1.01
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, 317, OR MS-DRGS 652, 682-685. (SEE INSTRUCTIONS)		
5.04 RATIO OF AVERAGE LENGTH OF STAY TO ONE WEEK		
5.05 AVERAGE WEEKLY COST FOR DIALYSIS TREATMENTS (SEE INSTRUC)		
5.06 TOTAL ADDITIONAL PAYMENT		
6 SUBTOTAL (SEE INSTRUCTIONS)	42,624,408	
7 HOSPITAL SPECIFIC PAYMENTS (TO BE COMPLETED BY SCH AND MDH, SMALL RURAL HOSPITALS ONLY, SEE INSTRUCTIONS)		
7.01 HOSPITAL SPECIFIC PAYMENTS (TO BE COMPLETED BY SCH AND MDH, SMALL RURAL HOSPITALS ONLY, SEE INSTRUCTIONS FY BEG. 10/1/2000)		
8 TOTAL PAYMENT FOR INPATIENT OPERATING COSTS SCH AND MDH ONLY (SEE INSTRUCTIONS)	42,624,408	
9 PAYMENT FOR INPATIENT PROGRAM CAPITAL	3,725,477	
10 EXCEPTION PAYMENT FOR INPATIENT PROGRAM CAPITAL (WORKSHEET L, PART IV, SEE INSTRUCTIONS)		
11 DIRECT GRADUATE MEDICAL EDUCATION PAYMENT (FROM WORKSHEET E-3, PART IV, SEE INSTRUCTIONS)	1,339,381	
11.01 NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT		
11.02 SPECIAL ADD-ON PAYMENTS FOR NEW TECHNOLOGIES		
12 NET ORGAN ACQUISITION COST		
13 COST OF TEACHING PHYSICIANS		
14 ROUTINE SERVICE OTHER PASS THROUGH COSTS		
15 ANCILLARY SERVICE OTHER PASS THROUGH COSTS		
16 TOTAL	47,689,266	
17 PRIMARY PAYER PAYMENTS	9,751	
18 TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES	47,679,515	
19 DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	3,624,432	
20 COINSURANCE BILLED TO PROGRAM BENEFICIARIES	216,089	
21 REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	341,209	
21.01 ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	238,846	
21.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	244,056	
22 SUBTOTAL	44,077,840	
23 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION		
24 OTHER ADJUSTMENTS (SPECIFY)		
24.98 CREDIT FOR MANUFACTURER REPLACED MEDICAL DEVICES		
24.99 OUTLIER RECONCILIATION ADJUSTMENT		
25 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS		
26 AMOUNT DUE PROVIDER	44,077,840	
27 SEQUESTRATION ADJUSTMENT		
28 INTERIM PAYMENTS	44,474,998	
28.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
29 BALANCE DUE PROVIDER (PROGRAM)	-397,158	
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)		

TITLE XVII HOSPITAL

DESCRIPTION	INPATIENT-PART A		PART B	
	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		44,278,027		9,188,852
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	10/27/2009	212,778	10/27/2009	10,958
ADJUSTMENTS TO PROVIDER .02				
ADJUSTMENTS TO PROVIDER .03				
ADJUSTMENTS TO PROVIDER .04				
ADJUSTMENTS TO PROVIDER .05				
ADJUSTMENTS TO PROGRAM .50	9/10/2009	15,807	9/10/2009	62,331
ADJUSTMENTS TO PROGRAM .51				
ADJUSTMENTS TO PROGRAM .52				
ADJUSTMENTS TO PROGRAM .53				
ADJUSTMENTS TO PROGRAM .54				
SUBTOTAL .99		196,971		-51,373
4 TOTAL INTERIM PAYMENTS		44,474,998		9,137,479
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)		397,158		82,281
7 TOTAL MEDICARE PROGRAM LIABILITY		44,077,840		9,219,760

NAME OF INTERMEDIARY:
 INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: _____

DATE: ___/___/___

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

TITLE XVIII

COMPUTATION OF TOTAL DIRECT GME AMOUNT

1	NUMBER OF FTE RESIDENTS FOR OB/GYN & PRIMARY CARE		
1.01	NUMBER OF FTE RESIDENTS FOR ALL OTHER (SEE INSTR)		
2	UPDATED PER RESIDENT AMOUNT FOR OB/GYN & PRIMARY		
2.01	UPDATED PER RESIDENT AMOUNT ALL OTHER (SEE INSTR)		
3	AGGREGATE APPROVED AMOUNT		
3.01	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR COST REPTG PERIODS ENDING ON OR BEFORE 12/31/96		19.00
3.02	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS WHICH MEET THE CRITERIA FOR AN ADD ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH 42 CFR 413.86(g)(6)		
3.03	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGS FOR AFFILIATED PROGS IN ACCORD W/ 42 CFR 413.86(g)(4).	E-3, PT 6 LN 4 + LINE 3.03	
3.04	FTE ADJUSTMENT CAP (SUM OF LINES 3.01 THRU 3.03)	18.65	18.65
3.05	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR THE CURRENT YEAR FROM YOUR RECORDS		18.00
3.06	ENTER THE LESSER OF LINE 3.04 OR LINE 3.05.		18.00
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.		18.00
3.08	WEIGHTED FTE COUNT FOR ALL OTHER PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR IN COLUMN 1. IF CURRENT YEAR IS ZERO AND TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COL. ZERO.		
3.09	ENTER THE SUM OF LINES 3.07 AND 3.08.		18.00
3.10	SEE INSTRUCTIONS		18.00
3.11	WEIGHTED DENTAL & PODIATRIC RESIDENT FTE COUNT FOR CUR YEAR IN COLUMN 1. IF CURRENT YEAR IS ZERO & TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COL. ZERO.		
3.12	SEE INSTRUCTIONS		
3.13	TOTAL WEIGHTED RESIDENT FTE COUNT FOR NONPRIMARY CARE RESIDENTS FOR THE PRIOR COST REPORTING YEAR (SEE INSTRUCTIONS)		
3.14	TOTAL WEIGHTED RESIDENT FTE COUNT FOR NONPRIMARY CARE RESIDENTS FOR THE PENULTIMATE COST REPORTING YEAR (SEE INSTRUCTIONS)		
3.15	ROLLING AVERAGE FTE COUNT (SEE INSTRUCTIONS)	RES INIT YEARS	
3.16	ENTER THE SUM OF LINE 3.15 PLUS THE WEIGHTED NUMBER OF NONPRIMARY CARE FTE RESIDENTS IN THE INITIAL YEAR OF NEW ALLOPATHIC AND OSTEOPATHIC PROGRAMS. (SEE INSTRUCTIONS)		
3.17	ENTER THE NONPRIMARY CARE PER RESIDENT AMOUNT.		133,556.93
3.18	SEE INSTRUCTIONS		
3.19	ENTER THE WEIGHTED FTE RESIDENT COUNT FOR PRIMARY CARE AND OB/GYN RESIDENTS FOR THE PRIOR YEAR (SEE INSTRUCTIONS)		18.47
3.20	ENTER THE WEIGHTED FTE RESIDENT COUNT FOR PRIMARY CARE AND OB/GYN RESIDENTS FOR THE PENULTIMATE YEAR (SEE INSTRUCTIONS)		18.27
3.21	SEE INSTRUCTIONS	RES INIT YEARS	18.25
3.22	SEE INSTRUCTIONS		18.25
3.23	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001		133,556.93
3.24	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001		2,437,414
3.25	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001		2,437,414

COMPUTATION OF PROGRAM PATIENT LOAD

4	PROGRAM PART A INPATIENT DAYS		25,165
5	TOTAL INPATIENT DAYS		37,165
6	RATIO OF PROGRAM INPATIENT DAYS TO TOTAL INPATIENT DAYS.	LN 6 * LN 3.25 + E-3, 6 L 11	.677116
6.01	TOTAL GME PAYMENT FOR NON-MANAGED CARE DAYS	1,650,412	1,650,412
6.02	PROGRAM MANAGED CARE DAYS OCCURRING ON OR AFTER JANUARY 1 OF THIS COST REPORTING PERIOD (SEE INSTRUCTIONS)		1,081
6.03	ENTER THE TOTAL INPATIENT DAYS FROM LINE 5 ABOVE.		37,165
6.04	ENTER THE APPROPRIATE PERCENTAGE FOR INCLUSION OF THE MANAGED CARE DAYS (SEE INSTRUCTIONS)		100.00
6.05	GRADUATE MEDICAL EDUCATION PAYMENT FOR MANAGED CARE DAYS ON OR AFTER JAN 1 THROUGH THE END OF THE COST REPORTING PERIOD.		60,879
6.06	PROGRAM MANAGED CARE DAYS OCCURRING BEFORE JAN 1 OF THIS COST REPORTING YEAR (SEE INSTRUCTIONS)		
6.07	ENTER THE APPROPRIATE PERCENTAGE USING THE CRITERIA IDENTIFIED ON LINE 6.04 ABOVE. (SEE INSTRUCTIONS)	PRIOR TO 422 E-3, 6 LN 12	100.00
6.08	GRADUATE MEDICAL EDUCATION PAYMENT FOR MANAGED CARE DAYS PRIOR TO JANUARY 1 OF THIS COST REPORTING PERIOD		

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

7	RENAL DIALYSIS DIRECT MEDICAL EDUCATION COSTS
8	RENAL DIALYSIS AND HOME DIALYSIS TOTAL CHARGES
9	RATIO OF DIRECT MEDICAL EDUCATION COSTS TO TOTAL CHARGES

TITLE XVIII

10 MEDICARE OUTPATIENT ESRD CHARGES
 11 MEDICARE OUTPATIENT ESRD DIRECT MEDICAL EDUCATION COSTS

APPORTIONMENT BASED ON MEDICARE REASONABLE COST TITLE XVIII ONLY

PART A REASONABLE COST

12	REASONABLE COST (SEE INSTRUCTIONS)	52,357,451
13	ORGAN ACQUISITION COSTS	
14	COST OF TEACHING PHYSICIANS	
15	PRIMARY PAYER PAYMENTS	9,751
16	TOTAL PART A REASONABLE COST	52,347,700

PART B REASONABLE COST

17	REASONABLE COST	14,537,162
18	PRIMARY PAYER PAYMENTS	1,603
19	TOTAL PART B REASONABLE COST	14,535,559
20	TOTAL REASONABLE COST	66,883,259
21	RATIO OF PART A REASONABLE COST TO TOTAL REASONABLE COST	.782673
22	RATIO OF PART B REASONABLE COST TO TOTAL REASONABLE COST	.217327

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)	1,711,291
24	PART A MEDICARE GME PAYMENT--TITLE XVIII ONLY	1,339,381
25	PART B MEDICARE GME PAYMENT--TITLE XVIII ONLY	371,910

TITLE XVII I

CALCULATION OF REDUCED DIRECT GME CAP UNDER SECTION 422 OF MMA

	COLUMN 1	COLUMN 1.01
1 RATIO OF DAYS OCCURRING ON OR AFTER 7/1/2005 TO TOTAL DAYS IN THE COST REPORTING PERIOD.	1.000000	
2 REDUCED DIRECT GME FTE CAP (SEE INSTRUCTIONS)	18.65	
3 UNADJUSTED DIRECT GME FTE CAP (WKST E-3, PART IV, SUM OF LINES 3.01 AND 3.02)	19.00	
4 PRORATED REDUCED DIRECT GME FTE CAP (SEE INSTRUCTIONS)	18.65	

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

- 5 ADDITIONAL UNWEIGHTED ALLOPATHIC AND OSTEOPATHIC DIRECT GME FTE RESIDENT CAP SLOTS RECEIVED UNDER 42 SEC. 413.79(c)(4)
- 5.01 PRORATED ADDITIONAL UNWEIGHTED DIRECT GME FTE RESIDENT CAP SLOTS (COST REPORTING PERIODS OVERLAPPING 7/1/2005 ONLY)
- 6 DIRECT GME FTE WEIGHTED RESIDENT COUNT OVER CAP (SEE INSTRUCTIONS)
- 7 SECT. 422 ALLOWABLE DIRECT GME FTE RESIDENT COUNT (SEE INSTRUCTIONS)
- 8 ENTER THE LOCALITY ADJUSTMENT NATIONAL AVERAGE PER RESIDENT AMOUNT (SEE INSTRUCTIONS)
- 9 MULTIPLY LINE 7 TIMES LINE 8
- 10 MEDICARE PROGRAM PATIENT LOAD FROM WKST E-3, PART IV, LINE 6.
- 11 DIRECT GME PAYMENT FOR NON-MANAGED CARE DAYS (MULTIPLY LN 9 * LN 10)
- 12 DIRECT GME PAYMENT FOR MANAGED CARE DAYS (MULTIPLY LINE 9 BY WKST E-3, PART IV [(LINE 6.02+6.06)/LINE 5])

CALCULATION OF REDUCED IIME CAP UNDER SECTION 422 OF MMA

13 REDUCED IIME FTE CAP (SEE INSTRUCTIONS)	18.65
14 UNADJUSTED IIME FTE CAP (WKST E, PART A, SUM OF LINES 3.04 AND 3.05)	19.00
15 PRORATED REDUCED ALLOWABLE IIME FTE CAP	18.65

CALCULATION OF ADDITIONAL IIME PAYMENTS ATTRIBUTABLE TO SECTION 422 OF MMA

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

		GENERAL FUND		SPECIFIC PURPOSE FUND	
		1	2	3	4
1	FUND BALANCE AT BEGINNING OF PERIOD		28,811,630		
2	NET INCOME (LOSS)		2,016,313		
3	TOTAL		30,827,943		
4	ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
5	ADDITIONS (CREDIT ADJUSTM				
6	ACCUMULATED EARNINGS	9,765,719			
7					
8					
9					
10	TOTAL ADDITIONS		9,765,719		
11	SUBTOTAL		40,593,662		
12	DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
13	DEDUCTIONS (DEBIT ADJUSTM				
14	NET ASSETS	827,594			
15	DONATED				
16	CR YR	3,489,292			
17					
18	TOTAL DEDUCTIONS		4,316,886		
19	FUND BALANCE AT END OF PERIOD PER BALANCE SHEET		36,276,776		

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

PART I - PATIENT REVENUES

REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3
GENERAL INPATIENT ROUTINE CARE SERVICES			
1 00 HOSPITAL	45,093,174		45,093,174
4 00 SWING BED - SNF			
5 00 SWING BED - NF			
9 00 TOTAL GENERAL INPATIENT ROUTINE CARE	45,093,174		45,093,174
INTENSIVE CARE TYPE INPATIENT HOSPITAL SVCS			
10 00 INTENSIVE CARE UNIT	7,701,581		7,701,581
15 00 TOTAL INTENSIVE CARE TYPE INPAT HOSP	7,701,581		7,701,581
16 00 TOTAL INPATIENT ROUTINE CARE SERVICE	52,794,755		52,794,755
17 00 ANCILLARY SERVICES	265,092,016	248,362,524	513,454,540
18 00 OUTPATIENT SERVICES			
18 50 RHC			
18 60 FOHC			
19 00 HOME HEALTH AGENCY			
21 10 CMHC			
21 20 OPT			
21 30 CMHC			
21 40 OPT			
24 00			
25 00 TOTAL PATIENT REVENUES	317,886,771	248,362,524	566,249,295

PART II - OPERATING EXPENSES

26 00 OPERATING EXPENSES		154,414,513	
ADD (SPECIFY)			
27 00 ADD (SPECIFY)			
28 00 BAD DEBT EXPENSE	4,570,192		
29 00			
30 00			
31 00			
32 00			
33 00 TOTAL ADDITIONS		4,570,192	
DEDUCT (SPECIFY)			
34 00 DEDUCT (SPECIFY)			
35 00 BAD DEBT EXPENSE	4,570,192		
36 00			
37 00			
38 00			
39 00 TOTAL DEDUCTIONS		4,570,192	
40 00 TOTAL OPERATING EXPENSES		154,414,513	

DESCRIPTION

1	TOTAL PATIENT REVENUES	566,249,295
2	LESS: ALLOWANCES AND DISCOUNTS ON PATIENT'S ACCTS	413,386,133
3	NET PATIENT REVENUES	152,863,162
4	LESS: TOTAL OPERATING EXPENSES	154,414,513
5	NET INCOME FROM SERVICE TO PATIENTS	-1,551,351
	OTHER INCOME	
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.	
7	INCOME FROM INVESTMENTS	
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE	
9	REVENUE FROM TELEVISION AND RADIO SERVICE	
10	PURCHASE DISCOUNTS	
11	REBATES AND REFUNDS OF EXPENSES	
12	PARKING LOT RECEIPTS	
13	REVENUE FROM LAUNDRY AND LINEN SERVICE	
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS	263,271
15	REVENUE FROM RENTAL OF LIVING QUARTERS	
16	REVENUE FROM SALE OF MEDICAL & SURGICAL SUPPLIES TO OTHER THAN PATIENTS	
17	REVENUE FROM SALE OF DRUGS TO OTHER THAN PATIENTS	
18	REVENUE FROM SALE OF MEDICAL RECORDS & ABSTRACTS	4,279
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC)	
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOP & CANTEEN	90,576
21	RENTAL OF VENDING MACHINES	
22	RENTAL OF HOSPITAL SPACE	
23	GOVERNMENTAL APPROPRIATIONS	
24	GI FT SHOP	76,347
24.01	EMERGENCY SERVICES	51,365
24.02	RADIOLOGY	118,780
24.03	PHYSICAL THERAPY	126,695
24.04	ADMIN AND GENERAL	1,511,209
24.06	OFFICE BUILDING	1,239,992
24.07	ALL OTHER NON PATIENT REVENUE	85,150
25	TOTAL OTHER INCOME	3,567,664
26	TOTAL	2,016,313
	OTHER EXPENSES	
27	BAD DEBT EXPENSE	
28		
29		
30	TOTAL OTHER EXPENSES	
31	NET INCOME (OR LOSS) FOR THE PERIOD	2,016,313

PART I - FULLY PROSPECTIVE METHOD

1	CAPITAL HOSPITAL SPECIFIC RATE PAYMENTS	
	CAPITAL FEDERAL AMOUNT	
2	CAPITAL DRG OTHER THAN OUTLIER	3,210,815
3	CAPITAL DRG OUTLIER PAYMENTS PRIOR TO 10/01/1997	
3.01	CAPITAL DRG OUTLIER PAYMENTS AFTER 10/01/1997	297,611
	INDIRECT MEDICAL EDUCATION ADJUSTMENT	
4	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS	101.82
	IN THE COST REPORTING PERIOD	
4.01	NUMBER OF INTERNS AND RESIDENTS	18.25
	(SEE INSTRUCTIONS)	
4.02	INDIRECT MEDICAL EDUCATION PERCENTAGE	5.19
4.03	INDIRECT MEDICAL EDUCATION ADJUSTMENT	166,641
	(SEE INSTRUCTIONS)	
5	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO	.96
	MEDICARE PART A PATIENT DAYS	
5.01	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL	6.73
	DAYS REPORTED ON S-3, PART I	
5.02	SUM OF 5 AND 5.01	7.69
5.03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE	1.57
5.04	DISPROPORTIONATE SHARE ADJUSTMENT	50,410
6	TOTAL PROSPECTIVE CAPITAL PAYMENTS	3,725,477
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)	