

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 5 PARTS I & II

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY I PROVIDER NO: I 14-0082 I PERIOD I FROM 6/ 1/2008 I TO 5/31/2009 I INTERMEDIARY USE ONLY I --AUDITED --DESK REVIEW I --INITIAL --REOPENED I --FINAL 1-MCR CODE I 00 - # OF REOPENINGS I DATE RECEIVED: I / / I INTERMEDIARY NO:

ELECTRONICALLY FILED COST REPORT DATE: 10/21/2009 TIME 15:10

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:

LOUIS A. WEISS MEMORIAL HOSPITAL 14-0082 FOR THE COST REPORTING PERIOD BEGINNING 6/ 1/2008 AND ENDING 5/31/2009 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.

ECR ENCRYPTION INFORMATION DATE: 10/21/2009 TIME 15:10

c4KDtIdPlylxhIMeEw0.3c9gFJ5Bo0 JyxoT0RUQckdHz7oBuSqFv1cdNPTAX KpI11cAFig0.XMaL

PI ENCRYPTION INFORMATION DATE: 10/21/2009 TIME 15:10

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OFFICER OR ADMINISTRATOR OF PROVIDER(S)

TITLE

DATE

PART II - SETTLEMENT SUMMARY

Table with columns: TITLE V, A, B, TITLE XVIII, TITLE XIX, and values for HOSPITAL, SUBPROVIDER, and TOTAL.

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.

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 5  
 PARTS I & II

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX	I	PROVIDER NO:	I	PERIOD	I	INTERMEDIARY USE ONLY	I	DATE RECEIVED:
COST REPORT CERTIFICATION	I	14-0082	I	FROM 6/ 1/2008	I	--AUDITED --DESK REVIEW	I	/ /
AND SETTLEMENT SUMMARY	I		I	TO 5/31/2009	I	--INITIAL --REOPENED	I	INTERMEDIARY NO:
						--FINAL 1-MCR CODE	I	
						00 - # OF REOPENINGS	I	

ELECTRONICALLY FILED COST REPORT DATE: 10/21/2009 TIME 15:09

PART I - CERTIFICATION

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CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

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LOUIS A. WEISS MEMORIAL HOSPITAL 14-0082

FOR THE COST REPORTING PERIOD BEGINNING 6/ 1/2008 AND ENDING 5/31/2009 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

	TITLE V	A	TITLE XVIII	B	TITLE XIX	
	1	2	3	4		
1 HOSPITAL	0	-856,636	1,067,300	0		0
2 SUBPROVIDER	0	-77,500	-1	0		0
2 .01 SUBPROVIDER II	0	0	1	0		0
100 TOTAL	0	-934,136	1,067,300	0		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: 4646 NORTH MARINE DRIVE P.O. BOX:  
 1.01 CITY: CHICAGO STATE: IL ZIP CODE: 60640- COUNTY: COOK

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION;

COMPONENT 0	COMPONENT NAME 1	PROVIDER NO. 2	NPI NUMBER 2.01	DATE CERTIFIED 3	PAYMENT SYSTEM (P,T,O OR N) V XVIII XIX 4 5 6
02.00 HOSPITAL	LOUIS A. WEISS MEMORIAL HOSPITAL	14-0082		7/ 1/1966	N P O
03.00 SUBPROVIDER	REHABILITATION UNIT	14-T082		7/ 1/1996	N P N
03.01 SUBPROVIDER 2	PSYCH UNIT	14-S082		6/ 1/2003	N P N

17 COST REPORTING PERIOD (MM/DD/YYYY) FROM: 6/ 1/2008 TO: 5/31/2009

18 TYPE OF CONTROL 1 2

TYPE OF HOSPITAL/SUBPROVIDER

19 HOSPITAL 1  
 20 SUBPROVIDER 5  
 20.01 SUBPROVIDER II 4

OTHER INFORMATION

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

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

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

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

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

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

21.06 DOES THIS HOSPITAL QUALIFY FOR THE 3-YEAR TRANSITION OF HOLD HARMLESS PAYMENTS FOR SMALL RURAL HOSPITAL; UNDER THE PROSPECTIVE PAYMENT SYSTEM FOR HOSPITAL OUTPATIENT SERVICES UNDER DRA §5105 OR MIPPA §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 MIPPA §147? ENTER "Y" FOR YES AND "N" FOR NO. (SEE INSTRUCTIONS) 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-I, CHAPTER 4? Y

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

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

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

25.05 HAS YOUR FACILITY DIRECT GME FTE CAP (COLUMN 1) OR IME FTE CAP (COLUMN 2) BEEN REDUCED UNDER 42 CFR 413.79(c)(3) OR 42 CFR 412.105(f)(1)(iv)(B)? ENTER "Y" FOR YES AND "N" FOR NO IN THE APPLICABLE COLUMNS. (SEE INSTRUCTIONS) Y 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 ENTER IN COLUMN 1 THE HOSPITAL BASED SNF FACILITY SPECIFIC RATE(FROM YOUR FISCAL INTERMEDIARY) IF YOU HAVE NOT TRANSITIONED TO 100% PPS SNF PPS PAYMENT. IN COLUMN 2 ENTER THE FACILITY CLASSIFICATION URBAN(1) OR RURAL (2). IN COLUMN 3 ENTER THE SNF MSA CODE OR TWO CHARACTER STATE CODE IF A RURAL BASED FACILITY. IN COLUMN 4, ENTER THE SNF CBSA CODE OR TWO CHARACTER CODE IF RURAL BASED FACILITY 0 0.000 0.0000  
 0.00 0

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

	%	Y/N
28.03 STAFFING	0.00%	
28.04 RECRUITMENT	0.00%	
28.05 RETENTION	0.00%	
28.06 TRAINING	0.00%	
28.07	0.00%	
28.08	0.00%	
28.09	0.00%	
28.10	0.00%	
28.11	0.00%	
28.12	0.00%	
28.13	0.00%	
28.14	0.00%	
28.15	0.00%	
28.16	0.00%	
28.17	0.00%	
28.18	0.00%	
28.19	0.00%	
28.20	0.00%	

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

MISCELLANEOUS COST REPORT INFORMATION

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

PROSPECTIVE PAYMENT SYSTEM (PPS)-CAPITAL

36 DO YOU ELECT FULLY PROSPECTIVE PAYMENT METHODOLOGY FOR CAPITAL COSTS? (SEE INSTRUCTIONS) N Y N  
 36.01 DOES YOUR FACILITY QUALIFY AND RECEIVE PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE

V XVIII XIX  
 1 2 3  
 N Y N

WITH 42 CFR 412.320? (SEE INSTRUCTIONS) N Y N  
 37 DO YOU ELECT HOLD HARMLESS PAYMENT METHODOLOGY FOR CAPITAL COSTS? (SEE INSTRUCTIONS) N N N  
 37.01 IF YOU ARE A HOLD HARMLESS PROVIDER, ARE YOU FILING ON THE BASIS OF 100% OF THE FED RATE? N N N

TITLE XIX INPATIENT SERVICES

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

40 ARE THERE ANY RELATED ORGANIZATION OR HOME OFFICE COSTS AS DEFINED IN CMS PUB 15-I, CHAP 10? IF YES, AND THIS FACILITY IS PART OF A CHAIN ORGANIZATION, ENTER IN COLUMN 2 THE CHAIN HOME OFFICE NUMBER. (SEE INSTRUCTIONS). Y 44H108

40.01 NAME: RIVERBEND FI/CONTRACTOR NAME FI/CONTRACTOR # 0039  
 40.02 STREET: 730 CHESTNUT STREET P.O. BOX:  
 40.03 CITY: CHATTANOOGA STATE: TN ZIP CODE: 37402-

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

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

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

52 DOES THIS HOSPITAL CLAIM EXPENDITURES FOR EXTRAORDINARY CIRCUMSTANCES IN ACCORDANCE WITH 42 CFR 412.348(e)? (SEE INSTRUCTIONS) N

52.01 IF YOU ARE A FULLY PROSPECTIVE OR HOLD HARMLESS PROVIDER ARE YOU ELIGIBLE FOR THE SPECIAL EXCEPTIONS PAYMENT PURSUANT TO 42 CFR 412.348(g)? IF YES, COMPLETE WORKSHEET L, PART IV N

53 IF YOU ARE A MEDICARE DEPENDENT HOSPITAL (MDH), ENTER THE NUMBER OF PERIODS MDH STATUS IN EFFECT. ENTER BEGINNING AND ENDING DATES OF MDH STATUS ON LINE 53.01. SUBSCRIPT LINE 53.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES. 0

53.01 MDH PERIOD: BEGINNING: / / ENDING: / /

54 LIST AMOUNTS OF MALPRACTICE PREMIUMS AND PAID LOSSES:  
 PREMIUMS: 392,868  
 PAID LOSSES: 0  
 AND/OR SELF INSURANCE: 0

54.01 ARE MALPRACTICE PREMIUMS AND PAID LOSSES REPORTED IN OTHER THAN THE ADMINISTRATIVE AND GENERAL COST CENTER? IF YES, SUBMIT SUPPORTING SCHEDULE LISTING COST CENTERS AND AMOUNTS CONTAINED THEREIN. N

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

56 ARE YOU CLAIMING AMBULANCE COSTS? IF YES, ENTER IN COLUMN 2 THE PAYMENT LIMIT PROVIDED FROM YOUR FISCAL INTERMEDIARY AND THE APPLICABLE DATES FOR THOSE LIMITS IN COLUMN 0. IF THIS IS THE FIRST YEAR OF OPERATION NO ENTRY IS REQUIRED IN COLUMN 2. IF COLUMN 1 IS Y, ENTER Y OR N IN COLUMN 3 WHETHER THIS IS YOUR FIRST YEAR OF OPERATIONS FOR RENDERING AMBULANCE SERVICES. ENTER IN COLUMN 4, IF APPLICABLE, THE FEE SCHEDULES AMOUNTS FOR THE PERIOD BEGINNING ON OR AFTER 4/1/2002.

	DATE	Y OR N	LIMIT	Y OR N	FEE\$
	0	1	2	3	4
56.01 ENTER SUBSEQUENT AMBULANCE PAYMENT LIMIT AS REQUIRED. SUBSCRIPT IF MORE THAN 2 LIMITS APPLY. ENTER IN COLUMN 4 THE FEE SCHEDULES AMOUNTS FOR INITIAL OR SUBSEQUENT PERIOD AS APPLICABLE.		N	0.00		0
56.02 THIRD AMBULANCE LIMIT AND FEE SCHEDULE IF NECESSARY.			0.00		0
56.03 FOURTH AMBULANCE LIMIT AND FEE SCHEDULE IF NECESSARY.			0.00		0

57 ARE YOU CLAIMING NURSING AND ALLIED HEALTH COSTS? N

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

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

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

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

60.01 IF LINE 60 COLUMN 1 IS Y, 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). 0

MULTICAMPUS

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

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

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

SETTLEMENT DATA

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

COMPONENT	NO. OF BEDS 1	BED DAYS AVAILABLE 2	CAH N/A 2.01	TITLE V 3	I/P DAYS / TITLE XVIII 4	O/P VISITS / NOT LTCH N/A 4.01	TRIPS TOTAL TITLE XIX 5
1 ADULTS & PEDIATRICS	132	48,180			17,102		7,452
2 HMO					991		23
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS	132	48,180			17,102		7,452
6 INTENSIVE CARE UNIT	16	5,840			2,779		1,269
7 CORONARY CARE UNIT							
8 BURN INTENSIVE CARE UNIT							
9 SURGICAL INTENSIVE CARE UNIT							
11 NURSERY							
12 TOTAL	148	54,020			19,881		8,721
13 RPCH VISITS							
14 SUBPROVIDER	26	9,490			2,977		365
14 01 SUBPROVIDER II	10	3,650			2,345		136
25 TOTAL	184						
26 OBSERVATION BED DAYS							130
26 01 OBSERVATION BED DAYS-SUB I							
26 02 OBSERVATION BED DAYS-SUB II							
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							

COMPONENT	TITLE XIX ADMITTED 5.01	I/P DAYS / OBSERVATION BEDS NOT ADMITTED 5.02	O/P VISITS TOTAL ALL PATS 6	/ TRIPS TOTAL OBSERVATION BEDS ADMITTED 6.01	NOT ADMITTED 6.02	INTERNS & RES. FTES TOTAL 7	LESS I&R REPL NON-PHYS ANES 8
1 ADULTS & PEDIATRICS			30,171				
2 HMO							
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS			30,171				
6 INTENSIVE CARE UNIT			5,140				
7 CORONARY CARE UNIT							
8 BURN INTENSIVE CARE UNIT							
9 SURGICAL INTENSIVE CARE UNIT							
11 NURSERY							
12 TOTAL			35,311			56.64	
13 RPCH VISITS							
14 SUBPROVIDER			4,397				
14 01 SUBPROVIDER II			3,065				
25 TOTAL						56.64	
26 OBSERVATION BED DAYS	2	128	445	14	431		
26 01 OBSERVATION BED DAYS-SUB I							
26 02 OBSERVATION BED DAYS-SUB II							
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							

COMPONENT	I & R FTES NET 9	--- FULL TIME EMPLOYEES ON PAYROLL 10	EQUIV NONPAID WORKERS 11	TITLE V 12	DISCHARGES TITLE XVIII 13	TITLE XIX 14	TOTAL ALL PATIENTS 15
1 ADULTS & PEDIATRICS					3,796	1,799	7,170
2 HMO							
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS							
6 INTENSIVE CARE UNIT							
7 CORONARY CARE UNIT							
8 BURN INTENSIVE CARE UNIT							
9 SURGICAL INTENSIVE CARE UNIT							
11 NURSERY							
12 TOTAL	56.64	776.28			3,796	1,799	7,170
13 RPCH VISITS							
14 SUBPROVIDER		19.81			258	40	375
14 01 SUBPROVIDER II		13.46			244	32	314
25 TOTAL	56.64	809.55					
26 OBSERVATION BED DAYS							
26 01 OBSERVATION BED DAYS-SUB I							
26 02 OBSERVATION BED DAYS-SUB II							
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							

HOSPITAL WAGE INDEX INFORMATION

PART II - WAGE DATA	AMOUNT REPORTED 1	RECLASS OF SALARIES 2	ADJUSTED SALARIES 3	PAID HOURS RELATED TO SALARY 4	AVERAGE HOURLY WAGE 5	DATA SOURCE 6
SALARIES						
1 TOTAL SALARY	48,638,245		48,638,245	1,683,871.00	28.88	
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)	2,780,234		2,780,234	110,019.00	25.27	
6.01 CONTRACT SERVICES, I&R						
7 HOME OFFICE PERSONNEL						
8 SNF						
8.01 EXCLUDED AREA SALARIES	3,285,143		3,285,143	109,356.00	30.04	
OTHER WAGES & RELATED COSTS						
9 CONTRACT LABOR:	2,223,392		2,223,392	33,844.00	65.70	
9.01 PHARMACY SERVICES UNDER CONTRACT						
9.02 LABORATORY SERVICES UNDER CONTRACT						
9.03 MANAGEMENT & ADMINISTRATIVE UNDER CONTRACT						
10 CONTRACT LABOR: PHYS PART A	500,626		500,626	5,083.00	98.49	
10.01 TEACHING PHYSICIAN UNDER CONTRACT (SEE INSTRUCTIONS)	641,730		641,730	8,542.00	75.13	
11 HOME OFFICE SALARIES & WAGE RELATED COSTS	2,175,158		2,175,158	17,821.00	122.06	
12 HOME OFFICE: PHYS PART A						
12.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
WAGE RELATED COSTS						
13 WAGE-RELATED COSTS (CORE)	6,883,848		6,883,848			CMS 339
14 WAGE-RELATED COSTS (OTHER)						CMS 339
15 EXCLUDED AREAS	311,316		311,316			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/FQHC)						CMS 339
20 INTERNS & RESIDENTS (APPRVD)	188,021		188,021			CMS 339
OVERHEAD COSTS - DIRECT SALARIES						
21 EMPLOYEE BENEFITS	749,762		749,762	23,052.00	32.52	
22 ADMINISTRATIVE & GENERAL	7,761,224		7,761,224	235,738.00	32.92	
22.01 A & G UNDER CONTRACT						
23 MAINTENANCE & REPAIRS						
24 OPERATION OF PLANT	1,478,748		1,478,748	61,428.00	24.07	
25 LAUNDRY & LINEN SERVICE						
26 HOUSEKEEPING	871,143		871,143	68,064.00	12.80	
26.01 HOUSEKEEPING UNDER CONTRACT						
27 DIETARY	962,797		962,797	59,967.00	16.06	
27.01 DIETARY UNDER CONTRACT						
28 CAFETERIA						
29 MAINTENANCE OF PERSONNEL						
30 NURSING ADMINISTRATION	746,122		746,122	19,004.00	39.26	
31 CENTRAL SERVICE AND SUPPLY	666,440		666,440	31,623.00	21.07	
32 PHARMACY	1,248,793		1,248,793	37,219.00	33.55	
33 MEDICAL RECORDS & MEDICAL RECORDS LIBRARY	981,842		981,842	46,102.00	21.30	
34 SOCIAL SERVICE	96,188		96,188	3,527.00	27.27	
35 OTHER GENERAL SERVICE						

PART III - HOSPITAL WAGE INDEX SUMMARY

1 NET SALARIES	45,858,011		45,858,011	1,573,852.00	29.14	
2 EXCLUDED AREA SALARIES	3,285,143		3,285,143	109,356.00	30.04	
3 SUBTOTAL SALARIES	42,572,868		42,572,868	1,464,496.00	29.07	
4 SUBTOTAL OTHER WAGES & RELATED COSTS	5,540,906		5,540,906	65,290.00	84.87	
5 SUBTOTAL WAGE-RELATED COSTS	6,883,848		6,883,848		16.17	
6 TOTAL	54,997,622		54,997,622	1,529,786.00	35.95	
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	15,563,059		15,563,059	585,724.00	26.57	

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	122,386,468
17.01	GROSS MEDICAID REVENUES	19,828,958
18	REVENUES FROM STATE AND LOCAL INDIGENT CARE PROGRAMS	92,381
19	REVENUE RELATED TO SCHIP (SEE INSTRUCTIONS)	
20	RESTRICTED GRANTS	
21	NON-RESTRICTED GRANTS	
22	TOTAL GROSS UNCOMPENSATED CARE REVENUES	142,307,807
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)	.221266
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	103,581,378



RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

I PROVIDER NO:  
I 14-0082  
I

I PERIOD:  
I FROM 6/ 1/2008  
I TO 5/31/2009  
I

I PREPARED 10/21/2009  
I WORKSHEET A  
I

COST CENTER	COST CENTER DESCRIPTION	SALARIES 1	OTHER 2	TOTAL 3	RECLASS- IFICATIONS 4	RECLASSIFIED TRIAL BALANCE 5
	GENERAL SERVICE COST CNTR					
1	0100 OLD CAP REL COSTS-BLDG & FIXT					
2	0200 OLD CAP REL COSTS-MVBLE EQUIP					
3	0300 NEW CAP REL COSTS-BLDG & FIXT					
4	0400 NEW CAP REL COSTS-MVBLE EQUIP				1,696,889	1,696,889
5	0500 EMPLOYEE BENEFITS	749,762	4,014,778	4,764,540	-15,633	4,748,907
6	0600 ADMINISTRATIVE & GENERAL	7,761,224	32,633,508	40,394,732	-1,308,673	39,086,059
7	0700 MAINTENANCE & REPAIRS					
7.01	0701 BIOMEDICAL ENGINEERING		852,934	852,934	-75	852,859
8	0800 OPERATION OF PLANT	1,478,748	3,603,954	5,082,702	235,309	5,318,011
9	0900 LAUNDRY & LINEN SERVICE		450,793	450,793	18,946	469,739
10	1000 HOUSEKEEPING	871,143	426,449	1,297,592	-16,310	1,281,282
11	1100 DIETARY	962,797	1,119,125	2,081,922	-4,758	2,077,164
12	1200 CAFETERIA					
13	1300 MAINTENANCE OF PERSONNEL					
14	1400 NURSING ADMINISTRATION	746,122	112,719	858,841	-434	858,407
15	1500 CENTRAL SERVICES & SUPPLY	666,440	1,361,825	2,028,265	-204,547	1,823,718
16	1600 PHARMACY	1,248,793	3,019,315	4,268,108	-1,306,500	2,961,608
17	1700 MEDICAL RECORDS & LIBRARY	981,842	234,703	1,216,545	-1,833	1,214,712
18	1800 SOCIAL SERVICE	96,188	8,186	104,374		104,374
22	2200 I&R SERVICES-SALARY & FRINGES APPRVD	2,780,234		2,780,234		2,780,234
23	2300 I&R SERVICES-OTHER PRGM COSTS APPRVD		2,333,788	2,333,788	-3,657	2,330,131
	INPAT ROUTINE SRVC CNTRS					
25	2500 ADULTS & PEDIATRICS	8,380,665	2,666,860	11,047,525	-672,835	10,374,690
26	2600 INTENSIVE CARE UNIT	2,855,416	1,299,137	4,154,553	-458,054	3,696,499
27	2700 CORONARY CARE UNIT					
28	2800 BURN INTENSIVE CARE UNIT					
29	2900 SURGICAL INTENSIVE CARE UNIT					
31	3100 SUBPROVIDER	1,163,847	684,806	1,848,653	-54,625	1,794,028
31.01	3101 SUBPROVIDER II	885,883	230,625	1,116,508	-12,686	1,103,822
33	3300 NURSERY					
	ANCILLARY SRVC COST CNTRS					
37	3700 OPERATING ROOM	3,605,723	10,582,150	14,187,873	-2,111,783	12,076,090
37.01	3701 G.I. LAB	471,860	489,363	961,223	-149,520	811,703
39	3900 DELIVERY ROOM & LABOR ROOM					
40	4000 ANESTHESIOLOGY	156,796	390,990	547,786	-281,910	265,876
41	4100 RADIOLOGY-DIAGNOSTIC	1,628,494	1,684,137	3,312,631	-281,362	3,031,269
41.02	4102 ULTRASOUND	214,137	50,567	264,704	-2,698	262,006
41.03	4103 CT SCANS	377,366	319,892	697,258	-80,278	616,980
42	4200 RADIOLOGY-THERAPEUTIC	228,430	305,316	533,746	-4,633	529,113
43	4300 RADIOISOTOPE	324,156	260,512	584,668	-10,143	574,525
43.01	4301 STRAUSS ONCOLOGY	462,936	3,988,227	4,451,163	-592,728	3,858,435
44	4400 LABORATORY	1,321,903	2,083,979	3,405,882	-86,027	3,319,855
47	4700 BLOOD STORING, PROCESSING & TRANS.		1,512,814	1,512,814		1,512,814
49	4900 RESPIRATORY THERAPY	1,043,232	359,447	1,402,679	-195,751	1,206,928
50	5000 PHYSICAL THERAPY	1,688,599	323,553	2,012,152	-11,373	2,000,779
50.01	5001 AUDIOLOGY	35,255	21,436	56,691	-18,122	38,569
50.02	5002 SCHWAB PHYSICAL THERAPY					
53	5300 ELECTROCARDIOLOGY	894,337	1,472,100	2,366,437	-224,344	2,142,093
54	5400 ELECTROENCEPHALOGRAPHY	53,309	7,540	60,849	-215	60,634
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS				4,684,182	4,684,182
56	5600 DRUGS CHARGED TO PATIENTS				2,062,028	2,062,028
58.01	3950 RENAL		415,029	415,029	-3,682	411,347
59	3951 WOUND CARE	218,059	189,776	407,835	-62,719	345,116
	OUTPAT SERVICE COST CNTRS					
60	6000 CLINIC	1,042,132	412,158	1,454,290	-146,176	1,308,114
60.01	6001 PROSTATE CENTER					
60.02	6002 SPINE CENTER					
61	6100 EMERGENCY	2,007,004	1,762,533	3,769,537	-513,805	3,255,732
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)					
	SPEC PURPOSE COST CENTERS					
90	9000 OTHER CAPITAL RELATED COSTS					
95	SUBTOTALS	47,402,832	81,685,024	129,087,856	584,672	129,672,528
	NONREIMBURS COST CENTERS					
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN					
98	9800 PHYSICIANS' PRIVATE OFFICES	839,977	1,935,716	2,775,693	-570,665	2,205,028
100	7950 PHYSICIAN ASSISTANTS	75,378	36,651	112,029		112,029
100.01	7951 DEVELOPMENT					
100.02	7952 HOSPICE		21,043	21,043	-9,970	11,073
100.03	7960 MARKETING	314,877	842,674	1,157,551	-1,302	1,156,249
100.04	7961 OUTREACH	5,181	17,527	22,708	-2,735	19,973
100.05	7953 VACANT SPACE					
101	TOTAL	48,638,245	84,538,635	133,176,880	-0-	133,176,880

RECLASSIFICATION AND ADJUSTMENT OF  
TRIAL BALANCE OF EXPENSESI PROVIDER NO:  
I 14-0082  
II PERIOD:  
I FROM 6/ 1/2008  
I TO 5/31/2009I PREPARED 10/21/2009  
I WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS 6	NET EXPENSES FOR ALLOC 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	4,114,223	5,811,112
4	0400 NEW CAP REL COSTS-MVBLE EQUIP	5,980,306	6,705,513
5	0500 EMPLOYEE BENEFITS	126,077	4,874,984
6	0600 ADMINISTRATIVE & GENERAL	-24,935,692	14,150,367
7	0700 MAINTENANCE & REPAIRS		
7.01	0701 BIOMEDICAL ENGINEERING		852,859
8	0800 OPERATION OF PLANT	-619,603	4,698,408
9	0900 LAUNDRY & LINEN SERVICE		469,739
10	1000 HOUSEKEEPING		1,281,282
11	1100 DIETARY	-359,052	1,718,112
12	1200 CAFETERIA		
13	1300 MAINTENANCE OF PERSONNEL		
14	1400 NURSING ADMINISTRATION	-215	858,192
15	1500 CENTRAL SERVICES & SUPPLY	-419	1,823,299
16	1600 PHARMACY	-176,486	2,785,122
17	1700 MEDICAL RECORDS & LIBRARY	-4,043	1,210,669
18	1800 SOCIAL SERVICE	-252	104,122
22	2200 I&R SERVICES-SALARY & FRINGES APPRVD		2,780,234
23	2300 I&R SERVICES-OTHER PRGM COSTS APPRVD	-406,233	1,923,898
	INPAT ROUTINE SRVC CNTRS		
25	2500 ADULTS & PEDIATRICS	-90,387	10,284,303
26	2600 INTENSIVE CARE UNIT	-8,602	3,687,897
27	2700 CORONARY CARE UNIT		
28	2800 BURN INTENSIVE CARE UNIT		
29	2900 SURGICAL INTENSIVE CARE UNIT		
31	3100 SUBPROVIDER	-21,218	1,772,810
31.01	3101 SUBPROVIDER II	-19,456	1,084,366
33	3300 NURSERY		
	ANCILLARY SRVC COST CNTRS		
37	3700 OPERATING ROOM	-9,572	12,066,518
37.01	3701 G.I. LAB	-46	811,657
39	3900 DELIVERY ROOM & LABOR ROOM	8,750	8,750
40	4000 ANESTHESIOLOGY	-40,500	225,376
41	4100 RADIOLOGY-DIAGNOSTIC	-647,416	2,383,853
41.02	3630 ULTRASOUND		262,006
41.03	3230 CT SCANS	-867	616,113
42	4200 RADIOLOGY-THERAPEUTIC		529,113
43	4300 RADIOISOTOPE	-15,751	558,774
43.01	3480 STRAUSS ONCOLOGY	-28,610	3,829,825
44	4400 LABORATORY	-5,582	3,314,273
47	4700 BLOOD STORING, PROCESSING & TRANS.	-5,153	1,507,661
49	4900 RESPIRATORY THERAPY	-10,311	1,196,617
50	5000 PHYSICAL THERAPY	-1,508	1,999,271
50.01	3040 AUDIOLOGY		38,569
50.02	5001 SCHWAB PHYSICAL THERAPY		
53	5300 ELECTROCARDIOLOGY	-2,079	2,140,014
54	5400 ELECTROENCEPHALOGRAPHY		60,634
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS		4,684,182
56	5600 DRUGS CHARGED TO PATIENTS		2,062,028
58.01	3950 RENAL		411,347
59	3951 WOUND CARE	-8,136	336,980
	OUTPAT SERVICE COST CNTRS		
60	6000 CLINIC	-97,233	1,210,881
60.01	6001 PROSTATE CENTER		
60.02	6002 SPINE CENTER		
61	6100 EMERGENCY	-601,960	2,653,772
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)		
	SPEC PURPOSE COST CENTERS		
90	9000 OTHER CAPITAL RELATED COSTS		-0-
95	SUBTOTALS	-17,887,026	111,785,502
	NONREIMBURS COST CENTERS		
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN		
98	9800 PHYSICIANS' PRIVATE OFFICES	-40,458	2,164,570
100	7950 PHYSICIAN ASSISTANTS	-23,601	88,428
100.01	7951 DEVELOPMENT		
100.02	7952 HOSPICE		11,073
100.03	7960 MARKETING		1,156,249
100.04	7961 OUTREACH		19,973
100.05	7953 VACANT SPACE		
101	TOTAL	-17,951,085	115,225,795

I PROVIDER NO: I PERIOD: I PREPARED 10/21/2009  
 I 14-0082 I FROM 6/ 1/2008 I NOT A CMS WORKSHEET  
 I I TO 5/31/2009 I

COST CENTERS USED IN COST REPORT

LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
GENERAL SERVICE COST			
1	OLD CAP REL COSTS-BLDG & FIXT	0100	
2	OLD CAP REL COSTS-MVBLE EQUIP	0200	
3	NEW CAP REL COSTS-BLDG & FIXT	0300	
4	NEW CAP REL COSTS-MVBLE EQUIP	0400	
5	EMPLOYEE BENEFITS	0500	
6	ADMINISTRATIVE & GENERAL	0600	
7	MAINTENANCE & REPAIRS	0700	
7.01	BIOMEDICAL ENGINEERING	0701	MAINTENANCE & REPAIRS
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	
22	I&R SERVICES-SALARY & FRINGES APPRVD	2200	
23	I&R SERVICES-OTHER PRGM COSTS APPRVD	2300	
INPAT ROUTINE SRVC C			
25	ADULTS & PEDIATRICS	2500	
26	INTENSIVE CARE UNIT	2600	
27	CORONARY CARE UNIT	2700	
28	BURN INTENSIVE CARE UNIT	2800	
29	SURGICAL INTENSIVE CARE UNIT	2900	
31	SUBPROVIDER	3100	
31.01	SUBPROVIDER II	3101	SUBPROVIDER #####
33	NURSERY	3300	
ANCILLARY SRVC COST			
37	OPERATING ROOM	3700	
37.01	G.I. LAB	3701	OPERATING ROOM
39	DELIVERY ROOM & LABOR ROOM	3900	
40	ANESTHESIOLOGY	4000	
41	RADIOLOGY-DIAGNOSTIC	4100	
41.02	ULTRASOUND	3630	ULTRA SOUND
41.03	CT SCANS	3230	CAT SCAN
42	RADIOLOGY-THERAPEUTIC	4200	
43	RADIOISOTOPE	4300	
43.01	STRAUSS ONCOLOGY	3480	ONCOLOGY
44	LABORATORY	4400	
47	BLOOD STORING, PROCESSING & TRANS.	4700	
49	RESPIRATORY THERAPY	4900	
50	PHYSICAL THERAPY	5000	
50.01	AUDIOLOGY	3040	AUDIOLOGY
50.02	SCHWAB PHYSICAL THERAPY	5001	PHYSICAL THERAPY
53	ELECTROCARDIOLOGY	5300	
54	ELECTROENCEPHALOGRAPHY	5400	
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	5500	
56	DRUGS CHARGED TO PATIENTS	5600	
58.01	RENAL	3950	OTHER ANCILLARY SERVICE COST CENTERS
59	WOUND CARE	3951	OTHER ANCILLARY SERVICE COST CENTERS
OUTPAT SERVICE COST			
60	CLINIC	6000	
60.01	PROSTATE CENTER	6001	CLINIC
60.02	SPINE CENTER	6002	CLINIC
61	EMERGENCY	6100	
62	OBSERVATION BEDS (NON-DISTINCT PART)	6200	
SPEC PURPOSE COST CE			
90	OTHER CAPITAL RELATED COSTS	9000	
95	SUBTOTALS	0000	
NONREIMBURS COST CEN			
96	GIFT, FLOWER, COFFEE SHOP & CANTEEN	9600	
98	PHYSICIANS' PRIVATE OFFICES	9800	
100	PHYSICIAN ASSISTANTS	7950	OTHER NONREIMBURSABLE COST CENTERS
100.01	DEVELOPMENT	7951	OTHER NONREIMBURSABLE COST CENTERS
100.02	HOSPICE	7952	OTHER NONREIMBURSABLE COST CENTERS
100.03	MARKETING	7960	OTHER NONREIMBURSABLE COST CENTERS
100.04	OUTREACH	7961	OTHER NONREIMBURSABLE COST CENTERS
100.05	VACANT SPACE	7953	OTHER NONREIMBURSABLE COST CENTERS
101	TOTAL	0000	

RECLASSIFICATIONS

PROVIDER NO:	PERIOD:	PREPARED 10/21/2009
140082	FROM 6/ 1/2008	WORKSHEET A-6
	TO 5/31/2009	

EXPLANATION OF RECLASSIFICATION	INCREASE				
	CODE (1)	COST CENTER	LINE NO	SALARY	OTHER
	1	2	3	4	5
1 RENTS & LEASES	A	NEW CAP REL COSTS-BLDG & FIXT	3		417,752
2		NEW CAP REL COSTS-MVBLE EQUIP	4		725,207
3		OPERATION OF PLANT	8		235,629
4		RADIOLOGY-DIAGNOSTIC	41		1,736
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25 PROPERTY TAXES	B	NEW CAP REL COSTS-BLDG & FIXT	3		1,279,137
26 BILLABLE DRUGS	C	DRUGS CHARGED TO PATIENTS	56		2,062,028
27					
28					
29					
30					
31					
32					
33					
34					
35					
1 BILLABLE DRUGS	C				
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16 LAUNDRY	D	LAUNDRY & LINEN SERVICE	9		18,946
17					
18 YELLOW PAGES	E	ADMINISTRATIVE & GENERAL	6		1,302
19 BILLABLE MEDICAL SUPPLIES	F	MEDICAL SUPPLIES CHARGED TO PATIENTS	55		4,684,182
20		CENTRAL SERVICES & SUPPLY	15		256,221
21					
22					
23					
24					
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35					

RECLASSIFICATIONS

PROVIDER NO:	PERIOD:	PREPARED
140082	FROM 6/ 1/2008	10/21/2009
	TO 5/31/2009	WORKSHEET A-6
		CONTD

EXPLANATION OF RECLASSIFICATION	CODE (1) COST CENTER	INCREASE		
		LINE NO	SALARY	OTHER
1 BILLABLE MEDICAL SUPPLIES	F			
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
36 TOTAL RECLASSIFICATIONS				9,682,140

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

RECLASSIFICATIONS

PROVIDER NO:	PERIOD:	PREPARED
140082	FROM 6/ 1/2008	10/21/2009
	TO 5/31/2009	WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER	DECREASE		A-7 REF	
			LINE NO	SALARY OTHER		
	1	6	7	8	9	10
1 RENTS & LEASES	A	EMPLOYEE BENEFITS	5		7,571	10
2		ADMINISTRATIVE & GENERAL	6		25,862	10
3		BIOMEDICAL ENGINEERING	7.01		75	
4		DIETARY	11		846	
5		CENTRAL SERVICES & SUPPLY	15		460,003	
6		MEDICAL RECORDS & LIBRARY	17		1,824	
7		I&R SERVICES-OTHER PRGM COSTS APPRVD	23		3,378	
8		ADULTS & PEDIATRICS	25		5,194	
9		INTENSIVE CARE UNIT	26		2,604	
10		SUBPROVIDER	31		1,824	
11		SUBPROVIDER II	31.01		736	
12		OPERATING ROOM	37		63,875	
13		G.I. LAB	37.01		2,908	
14		RADIOLOGY-THERAPEUTIC	42		510	
15		RADIOISOTOPE	43		1,638	
16		STRAUSS ONCOLOGY	43.01		61,936	
17		LABORATORY	44		1,128	
18		RESPIRATORY THERAPY	49		117,994	
19		PHYSICAL THERAPY	50		1,128	
20		ELECTROCARDIOLOGY	53		3,168	
21		WOUND CARE	59		1,582	
22		CLINIC	60		5,102	
23		EMERGENCY	61		47,490	
24		PHYSICIANS' PRIVATE OFFICES	98		561,948	
25 PROPERTY TAXES	B	ADMINISTRATIVE & GENERAL	6		1,279,137	13
26 BILLABLE DRUGS	C	EMPLOYEE BENEFITS	5		3,523	
27		CENTRAL SERVICES & SUPPLY	15		765	
28		PHARMACY	16		1,286,737	
29		ADULTS & PEDIATRICS	25		9,833	
30		INTENSIVE CARE UNIT	26		2,435	
31		SUBPROVIDER	31		1,867	
32		OPERATING ROOM	37		32,469	
33		G.I. LAB	37.01		687	
34		ANESTHESIOLOGY	40		108,222	
35		RADIOLOGY-DIAGNOSTIC	41		394	
1 BILLABLE DRUGS	C	ULTRASOUND	41.02		31	
2		CT SCANS	41.03		26	
3		RADIOLOGY-THERAPEUTIC	42		157	
4		RADIOISOTOPE	43		66	
5		STRAUSS ONCOLOGY	43.01		477,270	
6		LABORATORY	44		89	
7		RESPIRATORY THERAPY	49		71	
8		PHYSICAL THERAPY	50		45	
9		ELECTROCARDIOLOGY	53		1,999	
10		RENAL	58.01		979	
11		WOUND CARE	59		9,625	
12		CLINIC	60		117,868	
13		EMERGENCY	61		3,038	
14		PHYSICIANS' PRIVATE OFFICES	98		1,138	
15		OUTREACH	100.04		2,694	
16 LAUNDRY	D	OPERATING ROOM	37		17,504	
17		WOUND CARE	59		1,442	
18 YELLOW PAGES	E	MARKETING	100.03		1,302	
19 BILLABLE MEDICAL SUPPLIES	F	EMPLOYEE BENEFITS	5		4,539	
20		ADMINISTRATIVE & GENERAL	6		4,976	
21		OPERATION OF PLANT	8		320	
22		HOUSEKEEPING	10		16,310	
23		DIETARY	11		3,912	
24		NURSING ADMINISTRATION	14		434	
25		PHARMACY	16		19,763	
26		MEDICAL RECORDS & LIBRARY	17		9	
27		I&R SERVICES-OTHER PRGM COSTS APPRVD	23		279	
28		ADULTS & PEDIATRICS	25		657,808	
29		INTENSIVE CARE UNIT	26		453,015	
30		SUBPROVIDER	31		50,934	
31		SUBPROVIDER II	31.01		11,950	
32		OPERATING ROOM	37		1,997,935	
33		G.I. LAB	37.01		145,925	
34		ANESTHESIOLOGY	40		173,688	
35		RADIOLOGY-DIAGNOSTIC	41		282,704	

RECLASSIFICATIONS

PROVIDER NO:	PERIOD:	PREPARED
140082	FROM 6/ 1/2008	10/21/2009
	TO 5/31/2009	WORKSHEET A-6
		CONTD

EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER	DECREASE			A-7 REF 10
			LINE NO	SALARY	OTHER	
	1	6	7	8	9	
1 BILLABLE MEDICAL SUPPLIES	F	ULTRASOUND	41.02		2,667	
2		CT SCANS	41.03		80,252	
3		RADIOLOGY-THERAPEUTIC	42		3,966	
4		RADIOISOTOPE	43		8,439	
5		STRAUSS ONCOLOGY	43.01		53,522	
6		LABORATORY	44		84,810	
7		RESPIRATORY THERAPY	49		77,686	
8		PHYSICAL THERAPY	50		10,200	
9		AUDIOLOGY	50.01		18,122	
10		ELECTROCARDIOLOGY	53		219,177	
11		ELECTROENCEPHALOGRAPHY	54		215	
12		RENAL	58.01		2,703	
13		WOUND CARE	59		50,070	
14		CLINIC	60		23,206	
15		EMERGENCY	61		463,277	
16		PHYSICIANS' PRIVATE OFFICES	98		7,579	
17		HOSPICE	100.02		9,970	
18		OUTREACH	100.04		41	
36 TOTAL RECLASSIFICATIONS					9,682,140	

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

RECLASSIFICATIONS

PROVIDER NO:	PERIOD:	PREPARED
140082	FROM 6/ 1/2008	10/21/2009
	TO 5/31/2009	WORKSHEET A-6
		NOT A CMS WORKSHEET

RECLASS CODE: A  
EXPLANATION : RENTS & LEASES

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	417,752	EMPLOYEE BENEFITS	5	7,571	
2.00	NEW CAP REL COSTS-MVBLE EQUIP	4	725,207	ADMINISTRATIVE & GENERAL	6	25,862	
3.00	OPERATION OF PLANT	8	235,629	BIOMEDICAL ENGINEERING	7.01	75	
4.00	RADIOLOGY-DIAGNOSTIC	41	1,736	DIETARY	11	846	
5.00			0	CENTRAL SERVICES & SUPPLY	15	460,003	
6.00			0	MEDICAL RECORDS & LIBRARY	17	1,824	
7.00			0	I&R SERVICES-OTHER PRGM COSTS	23	3,378	
8.00			0	ADULTS & PEDIATRICS	25	5,194	
9.00			0	INTENSIVE CARE UNIT	26	2,604	
10.00			0	SUBPROVIDER	31	1,824	
11.00			0	SUBPROVIDER II	31.01	736	
12.00			0	OPERATING ROOM	37	63,875	
13.00			0	G.I. LAB	37.01	2,908	
14.00			0	RADIOLOGY-THERAPEUTIC	42	510	
15.00			0	RADIOISOTOPE	43	1,638	
16.00			0	STRAUSS ONCOLOGY	43.01	61,936	
17.00			0	LABORATORY	44	1,128	
18.00			0	RESPIRATORY THERAPY	49	117,994	
19.00			0	PHYSICAL THERAPY	50	1,128	
20.00			0	ELECTROCARDIOLOGY	53	3,168	
21.00			0	WOUND CARE	59	1,582	
22.00			0	CLINIC	60	5,102	
23.00			0	EMERGENCY	61	47,490	
24.00			0	PHYSICIANS' PRIVATE OFFICES	98	561,948	
TOTAL RECLASSIFICATIONS FOR CODE A			1,380,324				1,380,324

RECLASS CODE: B  
EXPLANATION : PROPERTY TAXES

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	1,279,137	ADMINISTRATIVE & GENERAL	6	1,279,137	
TOTAL RECLASSIFICATIONS FOR CODE B			1,279,137				1,279,137

RECLASS CODE: C  
EXPLANATION : BILLABLE DRUGS

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	DRUGS CHARGED TO PATIENTS	56	2,062,028	EMPLOYEE BENEFITS	5	3,523	
2.00			0	CENTRAL SERVICES & SUPPLY	15	765	
3.00			0	PHARMACY	16	1,286,737	
4.00			0	ADULTS & PEDIATRICS	25	9,833	
5.00			0	INTENSIVE CARE UNIT	26	2,435	
6.00			0	SUBPROVIDER	31	1,867	
7.00			0	OPERATING ROOM	37	32,469	
8.00			0	G.I. LAB	37.01	687	
9.00			0	ANESTHESIOLOGY	40	108,222	
10.00			0	RADIOLOGY-DIAGNOSTIC	41	394	
11.00			0	ULTRASOUND	41.02	31	
12.00			0	CT SCANS	41.03	26	
13.00			0	RADIOLOGY-THERAPEUTIC	42	157	
14.00			0	RADIOISOTOPE	43	66	
15.00			0	STRAUSS ONCOLOGY	43.01	477,270	
16.00			0	LABORATORY	44	89	
17.00			0	RESPIRATORY THERAPY	49	71	
18.00			0	PHYSICAL THERAPY	50	45	
19.00			0	ELECTROCARDIOLOGY	53	1,999	
20.00			0	RENAL	58.01	979	
21.00			0	WOUND CARE	59	9,625	
22.00			0	CLINIC	60	117,868	
23.00			0	EMERGENCY	61	3,038	
24.00			0	PHYSICIANS' PRIVATE OFFICES	98	1,138	
25.00			0	OUTREACH	100.04	2,694	
TOTAL RECLASSIFICATIONS FOR CODE C			2,062,028				2,062,028

RECLASS CODE: D  
EXPLANATION : LAUNDRY

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	LAUNDRY & LINEN SERVICE	9	18,946	OPERATING ROOM	37	17,504	

RECLASSIFICATIONS

PROVIDER NO:	PERIOD:	PREPARED
140082	6/ 1/2008	10/21/2009
	TO	WORKSHEET A-6
	5/31/2009	NOT A CMS WORKSHEET

RECLASS CODE: D  
EXPLANATION : LAUNDRY

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
2.00			0	WOUND CARE	59	1,442	
TOTAL RECLASSIFICATIONS FOR CODE D			18,946				18,946

RECLASS CODE: E  
EXPLANATION : YELLOW PAGES

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	ADMINISTRATIVE & GENERAL	6	1,302	MARKETING	100.03	1,302	
TOTAL RECLASSIFICATIONS FOR CODE E			1,302				1,302

RECLASS CODE: F  
EXPLANATION : BILLABLE MEDICAL SUPPLIES

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	MEDICAL SUPPLIES CHARGED TO PA	55	4,684,182	EMPLOYEE BENEFITS	5	4,539	
2.00	CENTRAL SERVICES & SUPPLY	15	256,221	ADMINISTRATIVE & GENERAL	6	4,976	
3.00			0	OPERATION OF PLANT	8	320	
4.00			0	HOUSEKEEPING	10	16,310	
5.00			0	DIETARY	11	3,912	
6.00			0	NURSING ADMINISTRATION	14	434	
7.00			0	PHARMACY	16	19,763	
8.00			0	MEDICAL RECORDS & LIBRARY	17	9	
9.00			0	I&R SERVICES-OTHER PRGM COSTS	23	279	
10.00			0	ADULTS & PEDIATRICS	25	657,808	
11.00			0	INTENSIVE CARE UNIT	26	453,015	
12.00			0	SUBPROVIDER	31	50,934	
13.00			0	SUBPROVIDER II	31.01	11,950	
14.00			0	OPERATING ROOM	37	1,997,935	
15.00			0	G.I. LAB	37.01	145,925	
16.00			0	ANESTHESIOLOGY	40	173,688	
17.00			0	RADIOLOGY-DIAGNOSTIC	41	282,704	
18.00			0	ULTRASOUND	41.02	2,667	
19.00			0	CT SCANS	41.03	80,252	
20.00			0	RADIOLOGY-THERAPEUTIC	42	3,966	
21.00			0	RADIOISOTOPE	43	8,439	
22.00			0	STRAUSS ONCOLOGY	43.01	53,522	
23.00			0	LABORATORY	44	84,810	
24.00			0	RESPIRATORY THERAPY	49	77,686	
25.00			0	PHYSICAL THERAPY	50	10,200	
26.00			0	AUDIOLOGY	50.01	18,122	
27.00			0	ELECTROCARDIOLOGY	53	219,177	
28.00			0	ELECTROENCEPHALOGRAPHY	54	215	
29.00			0	RENAL	58.01	2,703	
30.00			0	WOUND CARE	59	50,070	
31.00			0	CLINIC	60	23,206	
32.00			0	EMERGENCY	61	463,277	
33.00			0	PHYSICIANS' PRIVATE OFFICES	98	7,579	
34.00			0	HOSPICE	100.02	9,970	
35.00			0	OUTREACH	100.04	41	
TOTAL RECLASSIFICATIONS FOR CODE F			4,940,403				4,940,403

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

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

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING	PURCHASES	ACQUISITIONS	TOTAL	DISPOSALS	ENDING	FULLY
	BALANCES		DONATION		AND		BALANCE
	1	2	3	4	5	6	7
1 LAND	2,829,328					2,829,328	
2 LAND IMPROVEMENTS	606,139					606,139	
3 BUILDINGS & FIXTURE	44,043,213	10,992,496		10,992,496		55,035,709	
4 BUILDING IMPROVEMEN							
5 FIXED EQUIPMENT	236,794					236,794	
6 MOVABLE EQUIPMENT	127,401,056	5,903,857		5,903,857		133,304,913	
7 SUBTOTAL	175,116,530	16,896,353		16,896,353		192,012,883	
8 RECONCILING ITEMS							
9 TOTAL	175,116,530	16,896,353		16,896,353		192,012,883	

PART III - RECONCILIATION OF CAPITAL COST CENTERS

*	DESCRIPTION	GROSS ASSETS 1	COMPUTATION OF RATIOS		RATIO 4	ALLOCATION OF OTHER CAPITAL			TOTAL 8
			CAPITIALIZED LEASES 2	GROSS ASSETS FOR RATIO 3		INSURANCE 5	TAXES 6	OTHER CAPITAL RELATED COSTS 7	
1	OLD CAP REL COSTS-BL								
2	OLD CAP REL COSTS-MV								
3	NEW CAP REL COSTS-BL	55,641,848		55,641,848	.294116				
4	NEW CAP REL COSTS-MV	133,541,707		133,541,707	.705884				
5	TOTAL	189,183,555		189,183,555	1.000000				

*	DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL						TOTAL (1) 15
		DEPRECIATION 9	LEASE 10	INTEREST 11	INSURANCE 12	TAXES 13	OTHER CAPITAL RELATED COST 14	
1	OLD CAP REL COSTS-BL							
2	OLD CAP REL COSTS-MV							
3	NEW CAP REL COSTS-BL	1,388,463	417,752	2,530,674	36,447	1,437,776		5,811,112
4	NEW CAP REL COSTS-MV	5,061,498	725,207	908,002	10,806			6,705,513
5	TOTAL	6,449,961	1,142,959	3,438,676	47,253	1,437,776		12,516,625

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

*	DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL						TOTAL (1) 15
		DEPRECIATION 9	LEASE 10	INTEREST 11	INSURANCE 12	TAXES 13	OTHER CAPITAL RELATED COST 14	
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 workshheet A line numbers for capital cost centers.  
 (1) The amounts on lines 1 thru 4 must equal the corresponding amounts on worksheet A, column 7, lines 1 thru 4.  
 Columns 9 through 14 should include related worksheet A-6 reclassifications and worksheet A-8 adjustments. (See instructions).

ADJUSTMENTS TO EXPENSES

I PROVIDER NO: I 14-0082 I

I PERIOD: I FROM 6/ 1/2008 I TO 5/31/2009 I  
I PREPARED 10/21/2009 I WORKSHEET A-8 I

DESCRIPTION (1)	(2) BASIS/CODE	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST. A-7 REF. 5
			COST CENTER	LINE NO	
	1	2	3	4	5
1 INVST INCOME-OLD BLDGS AND FIXTURES			OLD CAP REL COSTS-BLDG &	1	
2 INVESTMENT INCOME-OLD MOVABLE EQUIP			OLD CAP REL COSTS-MVBLE E	2	
3 INVST INCOME-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &	3	
4 INVESTMENT INCOME-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E	4	
5 INVESTMENT INCOME-OTHER					
6 TRADE, QUANTITY AND TIME DISCOUNTS					
7 REFUNDS AND REBATES OF EXPENSES					
8 RENTAL OF PRVIDER SPACE BY SUPPLIERS					
9 TELEPHONE SERVICES					
10 TELEVISION AND RADIO SERVICE					
11 PARKING LOT	B	-1	ADMINISTRATIVE & GENERAL	6	
12 PROVIDER BASED PHYSICIAN ADJUSTMENT	A-8-2	-1,400,681			
13 SALE OF SCRAP, WASTE, ETC.					
14 RELATED ORGANIZATION TRANSACTIONS	A-8-1	-3,673,570			
15 LAUNDRY AND LINEN SERVICE					
16 CAFETERIA--EMPLOYEES AND GUESTS	B	-354,461	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	-4,034	MEDICAL RECORDS & LIBRARY	17	
21 NURSG SCHOOL(TUITN,FEES,BOOKS, ETC.)					
22 VENDING MACHINES	B	-10,120	ADMINISTRATIVE & GENERAL	6	
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	A	1,388,463	NEW CAP REL COSTS-BLDG &	3	9
32 DEPRECIATION-NEW MOVABLE EQUIP	A	5,090,061	NEW CAP REL COSTS-MVBLE E	4	9
33 NON-PHYSICIAN ANESTHETIST			**COST CENTER DELETED**	20	
34 PHYSICIANS' ASSISTANT					
35 ADJUSTMENT FOR OCCUPATIONAL THERAPY	A-8-4		**COST CENTER DELETED**	51	
36 ADJUSTMENT FOR SPEECH PATHOLOGY	A-8-4		**COST CENTER DELETED**	52	
37 DEPRECIATION	A	-8,202,552	ADMINISTRATIVE & GENERAL	6	
37.01 TELEPHONE SERVICES - DIRECT PHONE CO	A	-36,167	ADMINISTRATIVE & GENERAL	6	
37.02 TELEPHONE SERVICES - PBX SALARY	A	-48,069	ADMINISTRATIVE & GENERAL	6	
37.03 TELEPHONE SERVICES - PBX BENEFITS	A	-4,709	EMPLOYEE BENEFITS	5	
37.04 TELEPHONE SERVICES - DEPRECIATION	A	-19,968	NEW CAP REL COSTS-MVBLE E	4	9
37.05 TELEVISION SERVICES	A	-8,595	NEW CAP REL COSTS-MVBLE E	4	9
37.06 SATELITE TV	A	-4,191	DIETARY	11	
37.07 WATER TOWER RENT	B	-576,332	OPERATION OF PLANT	8	
37.08 HOSPICE REVENUE	B	-15	DIETARY	11	
37.09 MEDICAL STAFF APPLICATION	B	-10,960	ADMINISTRATIVE & GENERAL	6	
37.10 PAYMENT FROM DR. MAHAJAN FOR IT SERV	B	-2,016	ADMINISTRATIVE & GENERAL	6	
37.11 TRANSPORT REVENUE	B	-8,994	ADMINISTRATIVE & GENERAL	6	
37.12 OTHER OPERATING INCOME	B	-620,005	ADMINISTRATIVE & GENERAL	6	
37.13 HOSPICE REVENUE	B	-419	CENTRAL SERVICES & SUPPLY	15	
37.14 HOSPICE REVENUE	B	-176,486	PHARMACY	16	
37.15 OTHER OPERATING INCOME	B	-35	I&R SERVICES-OTHER PRGM C	23	
37.16 HOSPICE REVENUE	B	-120	ADULTS & PEDIATRICS	25	
37.17 HOSPICE REVENUE	B	-483	RADIOLOGY-DIAGNOSTIC	41	
37.18 HOSPICE REVENUE	B	-2,241	RADIOISOTOPE	43	
37.19 GRANTS/CONTRIBUTIONS	B	-12,723	STRAUSS ONCOLOGY	43.01	
37.20 HOSPICE REVENUE	B	-5,257	LABORATORY	44	
37.21 HOSPICE REVENUE	B	-5,153	BLOOD STORING, PROCESSING	47	
37.22 HOSPICE REVENUE	B	-10,311	RESPIRATORY THERAPY	49	
37.23 HOSPICE REVENUE	B	-852	PHYSICAL THERAPY	50	
37.24 HOSPICE REVENUE	B	-2,072	ELECTROCARDIOLOGY	53	
37.25 MISC RENTAL INCOME	B	-56,190	CLINIC	60	
37.26 INTEREST INCOME	B	-234	ADMINISTRATIVE & GENERAL	6	
37.27 ADVERTISING	A	-438	ADMINISTRATIVE & GENERAL	6	
37.28 ADVERTISING	A	-1,257	ADULTS & PEDIATRICS	25	
37.29 OTHER EXPENSE	A	-63,559	ADMINISTRATIVE & GENERAL	6	
37.30 OTHER EXPENSE	A	-1,350	OPERATION OF PLANT	8	
37.31 OTHER EXPENSE	A	-5,347	ADULTS & PEDIATRICS	25	
37.32 OTHER EXPENSE	A	-5,997	INTENSIVE CARE UNIT	26	
37.33 OTHER EXPENSE	A	-869	RADIOLOGY-DIAGNOSTIC	41	
37.34 OTHER EXPENSE	A	-294	PHYSICAL THERAPY	50	
37.35 PURCHASED SVCS	A	-1,097	EMPLOYEE BENEFITS	5	
37.36 PURCHASED SVCS	A	-27,548	ADMINISTRATIVE & GENERAL	6	
37.37 PURCHASED SVCS	A	-41,921	OPERATION OF PLANT	8	
37.38 PURCHASED SVCS	A	-161	DIETARY	11	
37.39 PURCHASED SVCS	A	-90	NURSING ADMINISTRATION	14	
37.40 PURCHASED SVCS	A	-252	SOCIAL SERVICE	18	
37.41 PURCHASED SVCS	A	-475	I&R SERVICES-OTHER PRGM C	23	
37.42 PURCHASED SVCS	A	-6,377	ADULTS & PEDIATRICS	25	
37.43 PURCHASED SVCS	A	-1,390	OPERATING ROOM	37	
37.44 PURCHASED SVCS	A	-600	RADIOISOTOPE	43	
37.45 PURCHASED SVCS	A	-1,661	CLINIC	60	
37.46 PHYSICIAN GUARANTEE	A	-55,103	ADMINISTRATIVE & GENERAL	6	
37.47 PHYSICIAN INTERVIEW	A	-2,629	ADMINISTRATIVE & GENERAL	6	
37.48 PHYSICIAN GUARANTEE	A	8,750	DELIVERY ROOM & LABOR ROO	39	

ADJUSTMENTS TO EXPENSES

I PROVIDER NO: I 14-0082  
I

I PERIOD: I PREPARED 10/21/2009  
I FROM 6/ 1/2008 I WORKSHEET A-8  
I TO 5/31/2009 I

DESCRIPTION (1)	(2)		EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED			WKST. A-7 REF. 5
	BASIS/CODE 1	AMOUNT 2	COST CENTER 3	LINE NO 4		
37.49 TRAVEL	A	-166	EMPLOYEE BENEFITS	5		
37.50 TRAVEL	A	-1,728	ADMINISTRATIVE & GENERAL	6		
37.51 ALCOHOL	A	-1,206	ADMINISTRATIVE & GENERAL	6		
37.52 ALCOHOL	A	-118	DIETARY	11		
37.53 MEALS	A	-1,976	ADMINISTRATIVE & GENERAL	6		
37.54 MEALS	A	-150	CLINIC	60		
37.55 PROPERTY TAX	A	158,639	NEW CAP REL COSTS-BLDG &	3	13	
37.56 DONATION & CONTRIBUTION	A	-9,925	ADMINISTRATIVE & GENERAL	6		
37.57 LOBBYING DUES	A	-40,100	ADMINISTRATIVE & GENERAL	6		
37.58 LOBBYING DUES	A	-106	DIETARY	11		
37.59 LOBBYING DUES	A	-9	MEDICAL RECORDS & LIBRARY	17		
37.60 LOBBYING DUES	A	-2	ADULTS & PEDIATRICS	25		
37.61 LOBBYING DUES	A	-69	OPERATING ROOM	37		
37.62 LOBBYING DUES	A	-28	PHYSICAL THERAPY	50		
37.63 LOBBYING DUES	A	-20	EMERGENCY	61		
37.64 DUES & SUBSCRIPTION	A	-12,871	ADMINISTRATIVE & GENERAL	6		
37.65 DUES & SUBSCRIPTION	A	-100	ADULTS & PEDIATRICS	25		
37.66 DUES & SUBSCRIPTION	A	-75	WOUND CARE	59		
37.67 DUES & SUBSCRIPTION	A	-850	CLINIC	60		
37.68 PHYSICIANS DUES & SUBSCRIPTION	A	-198	ADMINISTRATIVE & GENERAL	6		
37.69 PHYSICIANS DUES & SUBSCRIPTION	A	-325	LABORATORY	44		
37.70 PHYSICIANS DUES & SUBSCRIPTION	A	-20	CLINIC	60		
37.71 PHYSICIANS DUES & SUBSCRIPTION	A	-1,500	EMERGENCY	61		
37.72 PATIENT TRANSPORTATION	A	-30,993	ADMINISTRATIVE & GENERAL	6		
37.73 PATIENT TRANSPORTATION	A	-125	NURSING ADMINISTRATION	14		
37.74 PATIENT TRANSPORTATION	A	-4,542	ADULTS & PEDIATRICS	25		
37.75 PATIENT TRANSPORTATION	A	-423	INTENSIVE CARE UNIT	26		
37.76 PATIENT TRANSPORTATION	A	-11	SUBPROVIDER	31		
37.77 PATIENT TRANSPORTATION	A	-1,237	SUBPROVIDER II	31.01		
37.78 PATIENT TRANSPORTATION	A	-214	OPERATING ROOM	37		
37.79 PATIENT TRANSPORTATION	A	-46	G.I. LAB	37.01		
37.80 PATIENT TRANSPORTATION	A	-867	CT SCANS	41.03		
37.81 PATIENT TRANSPORTATION	A	-16	RADIOISOTOPE	43		
37.82 PATIENT TRANSPORTATION	A	-42	STRAUSS ONCOLOGY	43.01		
37.83 PATIENT TRANSPORTATION	A	-334	PHYSICAL THERAPY	50		
37.84 PATIENT TRANSPORTATION	A	-7	ELECTROCARDIOLOGY	53		
37.85 PATIENT TRANSPORTATION	A	-61	CLINIC	60		
37.86 PATIENT TRANSPORTATION	A	-3,860	EMERGENCY	61		
37.87 PENALTIES & FINES	A	-1,144	ADMINISTRATIVE & GENERAL	6		
37.88 BAD DEBTS	A	-8,732,917	ADMINISTRATIVE & GENERAL	6		
37.89 BAD DEBTS	A	-4,179	STRAUSS ONCOLOGY	43.01		
37.90 BAD DEBTS	A	-29,288	CLINIC	60		
37.91 LEGAL	A	-6,878	ADMINISTRATIVE & GENERAL	6		
37.92 SENIOR SERVICES	A	-52,178	ADULTS & PEDIATRICS	25		
37.93 START UP COSTS	A	-179,663	ADMINISTRATIVE & GENERAL	6		
37.94						
37.95						
37.96						
37.97						
37.98						
37.99						
38 OTHER ADJUSTMENTS (SPECIFY)						
39 OTHER ADJUSTMENTS (SPECIFY)						
40 OTHER ADJUSTMENTS (SPECIFY)						
41 OTHER ADJUSTMENTS (SPECIFY)						
42 OTHER ADJUSTMENTS (SPECIFY)						
43 OTHER ADJUSTMENTS (SPECIFY)						
44 OTHER ADJUSTMENTS (SPECIFY)						
45 OTHER ADJUSTMENTS (SPECIFY)						
46 OTHER ADJUSTMENTS (SPECIFY)						
47 OTHER ADJUSTMENTS (SPECIFY)						
48 OTHER ADJUSTMENTS (SPECIFY)						
49 OTHER ADJUSTMENTS (SPECIFY)						
50 TOTAL (SUM OF LINES 1 THRU 49)		-17,951,085				

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

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

LINE NO.	COST CENTER	EXPENSE ITEMS	AMOUNT OF ALLOWABLE COST	AMOUNT	NET* ADJUSTMENTS	WKSHT A-7 COL. REF.
1	2	3	4	5	6	
1	6	ADMINISTRATIVE & GENERAL	AUTO INSURANCE	13,326	-13,326	
2	6	ADMINISTRATIVE & GENERAL	PROPERTY INSURANCE	20,234	-20,234	
3	6	ADMINISTRATIVE & GENERAL	MALPRACTICE INSURANCE	723,985	-723,985	
4	23	I&R SERVICES-OTHER PRGM C	MALPRACTICE INSURANCE	405,723	-405,723	
4.01	98	PHYSICIANS' PRIVATE OFFIC	MALPRACTICE INSURANCE	39,792	-39,792	
4.02	100	PHYSICIAN ASSISTANTS	MALPRACTICE INSURANCE	22,935	-22,935	
4.03	5	EMPLOYEE BENEFITS	WORKERS COMP	306,310	-306,310	
4.04	60	CLINIC	WORKERS COMP	9,013	-9,013	
4.05	98	PHYSICIANS' PRIVATE OFFIC	WORKERS COMP	666	-666	
4.06	100	PHYSICIAN ASSISTANTS	WORKERS COMP	666	-666	
4.07	6	ADMINISTRATIVE & GENERAL	INTEREST EXPENSE	6,692,021	-6,692,021	
4.08	6	ADMINISTRATIVE & GENERAL	MANAGEMENT FEE	2,448,081	-2,448,081	
4.09	3	NEW CAP REL COSTS-BLDG &	DIRECT ALLOC.-INSURANCE	36,447	36,447	12
4.10	4	NEW CAP REL COSTS-MVBLE E	DIRECT ALLOC.-INSURANCE	10,806	10,806	12
4.11	6	ADMINISTRATIVE & GENERAL	DIRECT ALLOC.-PROF. LIABI	392,868	392,868	
4.12	5	EMPLOYEE BENEFITS	DIRECT ALLOC.-WORKERS COM	438,359	438,359	
4.13	3	NEW CAP REL COSTS-BLDG &	DIRECT ALLOC.-INTEREST EX	2,530,674	2,530,674	11
4.14	4	NEW CAP REL COSTS-MVBLE E	DIRECT ALLOC.-INTEREST EX	908,002	908,002	11
4.15	6	ADMINISTRATIVE & GENERAL	DIRECT ALLOC.-INTEREST EX	255,780	255,780	
4.16	6	ADMINISTRATIVE & GENERAL	FUNCTIONAL ALLOCATION	201,945	201,945	
4.17	6	ADMINISTRATIVE & GENERAL	POOLED ALLOC.-MGMT FEES	2,234,301	2,234,301	
4.18	44	LABORATORY	GENESIS LAB	1,235,915	1,235,915	
4.19						
4.20						
5		TOTALS		8,245,097	11,918,667	-3,673,570

\* 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) NAME	PERCENTAGE OF OWNERSHIP	AND/OR HOME OFFICE TYPE OF BUSINESS
1	2	3	4	5	6
1	C	0.00	VANGUARD HEALTH SYSTEMS	100.00	HLTHCARE
2		0.00		0.00	
3		0.00		0.00	
4		0.00		0.00	
5		0.00		0.00	

(1) USE THE FOLLOWING SYMBOLS TO INDICATE INTERRELATIONSHIP TO RELATED ORGANIZATIONS:

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

PROVIDER BASED PHYSICIAN ADJUSTMENTS

I PROVIDER NO:  
I 14-0082  
I

I PERIOD:  
I FROM 6/ 1/2008  
I TO 5/31/2009

I PREPARED 10/21/2009  
I WORKSHEET A-8-2  
I GROUP 1

WKSHT A LINE NO.	COST CENTER/ PHYSICIAN IDENTIFIER	TOTAL REMUN- ERATION	PROFES- SIONAL COMPONENT	PROVIDER COMPONENT	RCE AMOUNT	PHYSICIAN/ PROVIDER COMPONENT HOURS	UNADJUSTED RCE LIMIT	5 PERCENT OF UNADJUSTED RCE LIMIT
1	2	3	4	5	6	7	8	9
1 6	ADMINISTRATIVE & GENERAL	37,180		37,180	177,200	261	22,235	1,112
2 23	I&R SERVICES-OTHER PRGM C	641,730		641,730	177,200	8,542	727,713	36,386
3 25	ADULTS & PEDIATRICS	51,900		51,900	177,200	369	31,436	1,572
4 26	INTENSIVE CARE UNIT	49,975		49,975	177,200	561	47,793	2,390
5 31	SUBPROVIDER	179,976	21,207	158,769	177,200	1,969	167,744	8,387
6 31 1	SUBPROVIDER II	36,000		36,000	154,100	240	17,781	889
7 37	OPERATING ROOM	77,332	7,899	69,433	208,000	971	97,100	4,855
8 40	ANESTHESIOLOGY	40,500	40,500					
9 41	RADIOLOGY-DIAGNOSTIC	689,716	639,712	50,004	225,300	403	43,652	2,183
10 43	RADIOISOTOPE	24,225		24,225	177,200	133	11,331	567
11 43 1	STRAUSS ONCOLOGY	11,666	11,666					
12 59	WOUND CARE	23,140		23,140	177,200	177	15,079	754
13 61	EMERGENCY	596,580	596,580					
14								
101	TOTAL	2,459,920	1,317,564	1,142,356		13,626	1,181,864	59,095

WKSHT A LINE NO.	COST CENTER/ PHYSICIAN IDENTIFIER	COST OF MEMBERSHIPS & CONTINUING EDUCATION	PROVIDER COMPONENT SHARE OF	PHYSICIAN COST OF MALPRACTICE INSURANCE	PROVIDER COMPONENT SHARE OF	ADJUSTED RCE LIMIT	RCE DIS- ALLOWANCE	ADJUSTMENT
10	11	12	COL 12 13	COL 14 15	COL 14 15	16	17	18
1 6	ADMINISTRATIVE & GENERAL					22,235	14,945	14,945
2 23	I&R SERVICES-OTHER PRGM C					727,713		
3 25	ADULTS & PEDIATRICS					31,436	20,464	20,464
4 26	INTENSIVE CARE UNIT					47,793	2,182	2,182
5 31	SUBPROVIDER					167,744		21,207
6 31 1	SUBPROVIDER II					17,781	18,219	18,219
7 37	OPERATING ROOM					97,100		7,899
8 40	ANESTHESIOLOGY							40,500
9 41	RADIOLOGY-DIAGNOSTIC					43,652	6,352	646,064
10 43	RADIOISOTOPE					11,331	12,894	12,894
11 43 1	STRAUSS ONCOLOGY							11,666
12 59	WOUND CARE					15,079	8,061	8,061
13 61	EMERGENCY							596,580
14								
101	TOTAL					1,181,864	83,117	1,400,681

COST ALLOCATION STATISTICS

I PROVIDER NO: I PERIOD: I PREPARED 10/21/2009  
 I 14-0082 I FROM 6/ 1/2008 I NOT A CMS WORKSHEET  
 I I TO 5/31/2009 I

LINE NO.	COST CENTER DESCRIPTION	STATISTICS CODE	STATISTICS DESCRIPTION	
	GENERAL SERVICE COST			
1	OLD CAP REL COSTS-BLDG & FIXT	1	SQUARE FEET	ENTERED
2	OLD CAP REL COSTS-MVBLE EQUIP	1	SQUARE FEET	ENTERED
3	NEW CAP REL COSTS-BLDG & FIXT	1	SQUARE FEET	ENTERED
4	NEW CAP REL COSTS-MVBLE EQUIP	1	SQUARE FEET	ENTERED
5	EMPLOYEE BENEFITS	2	GROSS SALARIES	ENTERED
6	ADMINISTRATIVE & GENERAL	-3	ACCUM. COST	NOT ENTERED
7	MAINTENANCE & REPAIRS	4	SQUARE FEET	NOT ENTERED
7.01	BIOMEDICAL ENGINEERING	1	SQUARE FEET	ENTERED
8	OPERATION OF PLANT	1	SQUARE FEET	ENTERED
9	LAUNDRY & LINEN SERVICE	5	POUNDS	ENTERED
10	HOUSEKEEPING	1	SQUARE FEET	ENTERED
11	DIETARY	7	MEALS SERVED	ENTERED
12	CAFETERIA	8	FTES	ENTERED
13	MAINTENANCE OF PERSONNEL	4	SQUARE FEET	NOT ENTERED
14	NURSING ADMINISTRATION	10	DIRECT NURSING HO	ENTERED
15	CENTRAL SERVICES & SUPPLY	11	COSTED REQUISITIO	ENTERED
16	PHARMACY	12	COSTED REQUISITIO	ENTERED
17	MEDICAL RECORDS & LIBRARY	13	GROSS REVE NUE	ENTERED
18	SOCIAL SERVICE	18	PATIENT DAYS	ENTERED
22	I&R SERVICES-SALARY & FRINGES APPRVD	22	ASSIGNED TIME	ENTERED
23	I&R SERVICES-OTHER PRGM COSTS APPRVD	22	ASSIGNED TIME	ENTERED

COST ALLOCATION - GENERAL SERVICE COSTS

I PROVIDER NO: I PERIOD: I PREPARED 10/21/2009  
 I 14-0082 I FROM 6/ 1/2008 I WORKSHEET B  
 I I TO 5/31/2009 I PART I

COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION	OLD CAP REL C OSTS-BLDG &	OLD CAP REL C OSTS-MVBLE E	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-MVBLE E	EMPLOYEE BENE FITS	SUBTOTAL
	0	1	2	3	4	5	5a.00
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
003 NEW CAP REL COSTS-BLDG &	5,811,112			5,811,112			
004 NEW CAP REL COSTS-MVBLE E	6,705,513				6,705,513		
005 EMPLOYEE BENEFITS	4,874,984			47,050	54,292	4,976,326	
006 ADMINISTRATIVE & GENERAL	14,150,367			645,605	744,972	806,508	16,347,452
007 MAINTENANCE & REPAIRS							
007 01 BIOMEDICAL ENGINEERING	852,859			23,051	26,599		902,509
008 OPERATION OF PLANT	4,698,408			779,849	899,877	153,664	6,531,798
009 LAUNDRY & LINEN SERVICE	469,739			46,884	54,100		570,723
010 HOUSEKEEPING	1,281,282			50,445	58,210	90,525	1,480,462
011 DIETARY	1,718,112			106,649	123,064	100,049	2,047,874
012 CAFETERIA				53,691	61,955		115,646
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION	858,192			5,825	6,722	77,533	948,272
015 CENTRAL SERVICES & SUPPLY	1,823,299			56,237	64,893	69,253	2,013,682
016 PHARMACY	2,785,122			20,221	23,334	129,768	2,958,445
017 MEDICAL RECORDS & LIBRARY	1,210,669			44,238	51,046	102,028	1,407,981
018 SOCIAL SERVICE	104,122					9,995	114,117
022 I&R SERVICES-SALARY & FRI	2,780,234					288,908	3,069,142
023 I&R SERVICES-OTHER PRGM C	1,923,898			168,679	194,640		2,287,217
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	10,284,303			926,425	1,069,012	870,871	13,150,611
026 INTENSIVE CARE UNIT	3,687,897			195,474	225,560	296,721	4,405,652
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
031 SUBPROVIDER	1,772,810			163,369	188,514	120,941	2,245,634
031 01 SUBPROVIDER II	1,084,366			84,314	97,291	92,057	1,358,028
033 NURSERY							
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	12,066,518			515,689	595,059	374,689	13,551,955
037 01 G.I. LAB	811,657			59,699	68,887	49,033	989,276
039 DELIVERY ROOM & LABOR ROO	8,750						8,750
040 ANESTHESIOLOGY	225,376			6,574	7,586	16,293	255,829
041 RADIOLOGY-DIAGNOSTIC	2,383,853			214,414	247,415	169,225	3,014,907
041 02 ULTRASOUND	262,006			2,846	3,284	22,252	290,388
041 03 CT SCANS	616,113			14,962	17,265	39,214	687,554
042 RADIOLOGY-THERAPEUTIC	529,113			49,547	57,173	23,737	659,570
043 RADIOISOTOPE	558,774					33,685	592,459
043 01 STRAUSS ONCOLOGY	3,829,825			61,264	70,693	48,106	4,009,888
044 LABORATORY	3,314,273			76,259	87,996	137,366	3,615,894
047 BLOOD STORING, PROCESSING	1,507,661			3,645	4,206		1,515,512
049 RESPIRATORY THERAPY	1,196,617			17,375	20,050	108,407	1,342,449
050 PHYSICAL THERAPY	1,999,271			56,271	64,931	175,471	2,295,944
050 01 AUDIOLOGY	38,569			3,329	3,841	3,664	49,403
050 02 SCHWAB PHYSICAL THERAPY							
053 ELECTROCARDIOLOGY	2,140,014			144,995	167,312	92,935	2,545,256
054 ELECTROENCEPHALOGRAPHY	60,634			1,664	1,920	5,540	69,758
055 MEDICAL SUPPLIES CHARGED	4,684,182						4,684,182
056 DRUGS CHARGED TO PATIENTS	2,062,028						2,062,028
058 01 RENAL	411,347						411,347
059 WOUND CARE	336,980			44,171	50,969	22,660	454,780
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC	1,210,881			113,773	131,284	108,293	1,564,231
060 01 PROSTATE CENTER							
060 02 SPINE CENTER							
061 EMERGENCY	2,653,772			197,238	227,596	208,558	3,287,164
062 OBSERVATION BEDS (NON-DIS							
062 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	111,785,502			5,001,721	5,771,548	4,847,949	109,913,769
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP							
098 PHYSICIANS' PRIVATE OFFIC	2,164,570			602,416	695,135	87,286	3,549,407
100 PHYSICIAN ASSISTANTS	88,428					7,833	96,261
100 01 DEVELOPMENT							
100 02 HOSPICE	11,073			34,851	40,215		86,139
100 03 MARKETING	1,156,249			5,159	5,953	32,720	1,200,081
100 04 OUTREACH	19,973			30,940	35,702	538	87,153
100 05 VACANT SPACE				136,025	156,960		292,985
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	115,225,795			5,811,112	6,705,513	4,976,326	115,225,795

COST ALLOCATION - GENERAL SERVICE COSTS

COST CENTER DESCRIPTION	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	BIOMEDICAL ENGINEERING	EN OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY
	6	7	7.01	8	9	10	11
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	16,347,452						
008 MAINTENANCE & REPAIRS							
009 01 BIOMEDICAL ENGINEERING	149,211		1,051,720				
010 OPERATION OF PLANT	1,079,896		160,965	7,772,659			
011 LAUNDRY & LINEN SERVICE	94,357		9,677	84,441	759,198		
012 HOUSEKEEPING	244,763		10,412	90,856		1,826,493	
013 DIETARY	338,573		22,013	192,084		46,179	2,646,723
014 CAFETERIA	19,120		11,082	96,701		23,248	1,209,508
015 MAINTENANCE OF PERSONNEL							
016 NURSING ADMINISTRATION	156,777		1,202	10,491		2,522	
017 CENTRAL SERVICES & SUPPLY	332,920		11,608	101,288		24,351	
018 PHARMACY	489,117		4,174	36,420		8,756	
019 MEDICAL RECORDS & LIBRARY	232,780		9,131	79,675		19,155	
020 SOCIAL SERVICE	18,867						
021 I&R SERVICES-SALARY & FRI	507,418						
022 I&R SERVICES-OTHER PRGM C	378,143		34,816	303,803		73,038	
023 INPAT ROUTINE SRVC CNTRS							
024 ADULTS & PEDIATRICS	2,174,177		191,222	1,668,567	305,344	401,142	783,710
025 INTENSIVE CARE UNIT	728,382		40,347	352,064	99,748	84,640	133,514
026 CORONARY CARE UNIT							
027 BURN INTENSIVE CARE UNIT							
028 SURGICAL INTENSIVE CARE U							
029 SUBPROVIDER	371,268		33,720	294,241	66,743	70,739	114,218
030 01 SUBPROVIDER II	224,521		17,403	151,857	22,346	36,508	79,612
031 NURSERY							
032 ANCILLARY SRVC COST CNTRS							
033 OPERATING ROOM	2,240,523		106,441	928,796	84,385	223,293	
034 01 G.I. LAB	163,556		12,322	107,523	11,981	25,850	
035 DELIVERY ROOM & LABOR ROO	1,447						
036 ANESTHESIOLOGY	42,296		1,357	11,840		2,847	
037 RADIOLOGY-DIAGNOSTIC	498,452		44,256	386,176	60,128	92,841	
038 02 ULTRASOUND	48,010		587	5,126		1,232	
039 03 CT SCANS	113,673		3,088	26,948		6,479	
040 RADIOLOGY-THERAPEUTIC	109,046		10,227	89,238	6,027	21,454	
041 RADIOISOTOPE	97,951				6,027		
042 01 STRAUSS ONCOLOGY	662,951		12,645	110,340	6,027	26,527	
043 LABORATORY	597,812		15,740	137,348		33,020	
044 BLOOD STORING, PROCESSING	250,558		752	6,565		1,578	
045 RESPIRATORY THERAPY	221,946		3,586	31,295		7,524	
046 PHYSICAL THERAPY	379,586		11,615	101,348		24,365	
047 01 AUDIOLOGY	8,168		687	5,995		1,441	
048 02 SCHWAB PHYSICAL THERAPY							
049 ELECTROCARDIOLOGY	420,805		29,928	261,148	6,027	62,783	
050 ELECTROENCEPHALOGRAPHY	11,533		344	2,998	6,027	721	
051 MEDICAL SUPPLIES CHARGED	774,431						
052 DRUGS CHARGED TO PATIENTS	340,913						
053 01 RENAL	68,008						
054 WOUND CARE	75,188		9,117	79,555		19,126	
055 OUTPAT SERVICE COST CNTRS							
056 CLINIC	258,613		23,483	204,914	12,202	49,264	
057 01 PROSTATE CENTER							
058 02 SPINE CENTER							
059 EMERGENCY	543,464		40,711	355,242	39,105	85,404	
060 OBSERVATION BEDS (NON-DIS							
061 SPEC PURPOSE COST CENTERS							
062 SUBTOTALS	15,469,220		884,658	6,314,883	732,117	1,476,027	2,320,562
063 NONREIMBURS COST CENTERS							
064 GIFT, FLOWER, COFFEE SHOP							
065 PHYSICIANS' PRIVATE OFFIC	586,820		124,342	1,084,999	2,941	260,846	277,356
066 PHYSICIAN ASSISTANTS	15,915						
067 01 DEVELOPMENT							
068 02 HOSPICE	14,241		7,193	62,769	24,140	15,090	34,670
069 03 MARKETING	198,408		1,065	9,292		2,234	14,135
070 04 OUTREACH	14,409		6,386	55,725		13,397	
071 05 VACANT SPACE	48,439		28,076	244,991		58,899	
072 CROSS FOOT ADJUSTMENT							
073 NEGATIVE COST CENTER							
074 TOTAL	16,347,452		1,051,720	7,772,659	759,198	1,826,493	2,646,723

COST CENTER DESCRIPTION	CAFETERIA 12	MAINTENANCE O F PERSONNEL 13	NURSING ADMIN ISTRATION 14	CENTRAL SERVI CES & SUPPLY 15	PHARMACY 16	MEDICAL RECOR DS & LIBRARY 17	SOCIAL SERVIC E 18
GENERAL SERVICE COST CNTR							
001 OLD CAP REL COSTS-BLDG &							
002 OLD CAP REL COSTS-MVBLE E							
003 NEW CAP REL COSTS-BLDG &							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS							
006 ADMINISTRATIVE & GENERAL							
007 MAINTENANCE & REPAIRS							
007 01 BIOMEDICAL ENGINEERING							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
011 DIETARY							
012 CAFETERIA	1,475,305						
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION	22,011		1,141,275				
015 CENTRAL SERVICES & SUPPLY	36,605			2,520,454			
016 PHARMACY	43,083				3,539,995		
017 MEDICAL RECORDS & LIBRARY	54,522					1,803,244	
018 SOCIAL SERVICE	4,094						137,078
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C	127,371						
INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	369,303		454,974			217,008	96,691
026 INTENSIVE CARE UNIT	96,811		119,372			60,624	16,473
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
031 SUBPROVIDER	48,959		60,363			20,544	14,091
031 01 SUBPROVIDER II	34,197		42,173			17,494	9,823
033 NURSERY							
ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	114,897		141,685			255,566	
037 01 G.I. LAB	19,073		23,513			22,914	
039 DELIVERY ROOM & LABOR ROO							
040 ANESTHESIOLOGY	7,393		9,125			29,567	
041 RADIOLOGY-DIAGNOSTIC	63,818					82,473	
041 02 ULTRASOUND	4,985					12,547	
041 03 CT SCANS	10,765					93,174	
042 RADIOLOGY-THERAPEUTIC	7,249					21,181	
043 RADIOISOTOPE	10,163		12,540			15,375	
043 01 STRAUSS ONCOLOGY	16,231		20,012			86,988	
044 LABORATORY	67,575					210,548	
047 BLOOD STORING, PROCESSING						21,694	
049 RESPIRATORY THERAPY	41,662		51,390			34,893	
050 PHYSICAL THERAPY	59,676					41,490	
050 01 AUDIOLOGY	1,252					386	
050 02 SCHWAB PHYSICAL THERAPY							
053 ELECTROCARDIOLOGY	31,355		38,672			91,652	
054 ELECTROENCEPHALOGRAPHY	2,384		2,954			1,330	
055 MEDICAL SUPPLIES CHARGED				2,520,454		150,935	
056 DRUGS CHARGED TO PATIENTS					3,539,995	163,196	
058 01 RENAL						4,398	
059 WOUND CARE	9,729		12,008			9,254	
OUTPAT SERVICE COST CNTRS							
060 CLINIC	42,072					17,264	
060 01 PROSTATE CENTER							
060 02 SPINE CENTER							
061 EMERGENCY	80,555		99,353			120,749	
062 OBSERVATION BEDS (NON-DIS							
SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	1,427,790		1,141,275	2,520,454	3,539,995	1,803,244	137,078
NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP							
098 PHYSICIANS' PRIVATE OFFIC	36,196						
100 PHYSICIAN ASSISTANTS	2,240						
100 01 DEVELOPMENT							
100 02 HOSPICE							
100 03 MARKETING	8,886						
100 04 OUTREACH	193						
100 05 VACANT SPACE							
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	1,475,305		1,141,275	2,520,454	3,539,995	1,803,244	137,078

COST CENTER DESCRIPTION	I&R SERVICES- SALARY & FRI	I&R SERVICES- OTHER PRGM C	SUBTOTAL	I&R COST POST STEP-DOWN ADJ	TOTAL
	22	23	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					
007 MAINTENANCE & REPAIRS					
007 01 BIOMEDICAL ENGINEERING					
008 OPERATION OF PLANT					
009 LAUNDRY & LINEN SERVICE					
010 HOUSEKEEPING					
011 DIETARY					
012 CAFETERIA					
013 MAINTENANCE OF PERSONNEL					
014 NURSING ADMINISTRATION					
015 CENTRAL SERVICES & SUPPLY					
016 PHARMACY					
017 MEDICAL RECORDS & LIBRARY					
018 SOCIAL SERVICE					
022 I&R SERVICES-SALARY & FRI	3,576,560				
023 I&R SERVICES-OTHER PRGM C		3,204,388			
025 ADULTS & PEDIATRICS	2,588,908	2,319,510	24,721,167	-4,908,418	19,812,749
026 INTENSIVE CARE UNIT			6,137,627		6,137,627
027 CORONARY CARE UNIT					
028 BURN INTENSIVE CARE UNIT					
029 SURGICAL INTENSIVE CARE U					
031 SUBPROVIDER			3,340,520		3,340,520
031 01 SUBPROVIDER II			1,993,962		1,993,962
033 NURSERY					
037 ANCILLARY SRVC COST CNTRS					
037 OPERATING ROOM	621,560	556,881	18,825,982	-1,178,441	17,647,541
037 01 G.I. LAB			1,376,008		1,376,008
039 DELIVERY ROOM & LABOR ROO			10,197		10,197
040 ANESTHESIOLOGY	234,253	209,877	804,384	-444,130	360,254
041 RADIOLOGY-DIAGNOSTIC	6,062	5,431	4,254,544	-11,493	4,243,051
041 02 ULTRASOUND			362,875		362,875
041 03 CT SCANS			941,681		941,681
042 RADIOLOGY-THERAPEUTIC			923,992		923,992
043 RADIOISOTOPE			734,515		734,515
043 01 STRAUSS ONCOLOGY			4,951,609		4,951,609
044 LABORATORY			4,677,937		4,677,937
047 BLOOD STORING, PROCESSING			1,796,659		1,796,659
049 RESPIRATORY THERAPY			1,734,745		1,734,745
050 PHYSICAL THERAPY	63,141	56,571	3,033,736	-119,712	2,914,024
050 01 AUDIOLOGY			67,332		67,332
050 02 SCHWAB PHYSICAL THERAPY					
053 ELECTROCARDIOLOGY			3,487,626		3,487,626
054 ELECTROENCEPHALOGRAPHY			98,049		98,049
055 MEDICAL SUPPLIES CHARGED			8,130,002		8,130,002
056 DRUGS CHARGED TO PATIENTS			6,159,273		6,159,273
058 01 RENAL			483,753		483,753
059 WOUND CARE			668,757		668,757
060 OUTPAT SERVICE COST CNTRS					
060 CLINIC			2,172,043		2,172,043
060 01 PROSTATE CENTER					
060 02 SPINE CENTER					
061 EMERGENCY	62,636	56,118	4,770,501	-118,754	4,651,747
062 OBSERVATION BEDS (NON-DIS					
062 SPEC PURPOSE COST CENTERS					
095 SUBTOTALS	3,576,560	3,204,388	106,659,476	-6,780,948	99,878,528
096 NONREIMBURS COST CENTERS					
096 GIFT, FLOWER, COFFEE SHOP					
098 PHYSICIANS' PRIVATE OFFIC			5,922,907		5,922,907
100 PHYSICIAN ASSISTANTS			114,416		114,416
100 01 DEVELOPMENT					
100 02 HOSPICE			244,242		244,242
100 03 MARKETING			1,434,101		1,434,101
100 04 OUTREACH			177,263		177,263
100 05 VACANT SPACE			673,390		673,390
101 CROSS FOOT ADJUSTMENT					
102 NEGATIVE COST CENTER					
103 TOTAL	3,576,560	3,204,388	115,225,795	-6,780,948	108,444,847

COST CENTER DESCRIPTION	DIR ASSIGNED 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 BENE FITS 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				47,050	54,292	101,342	101,342
007 ADMINISTRATIVE & GENERAL MAINTENANCE & REPAIRS				645,605	744,972	1,390,577	16,423
007 01 BIOMEDICAL ENGINEERING				23,051	26,599	49,650	
008 OPERATION OF PLANT				779,849	899,877	1,679,726	3,129
009 LAUNDRY & LINEN SERVICE				46,884	54,100	100,984	
010 HOUSEKEEPING				50,445	58,210	108,655	1,843
011 DIETARY				106,649	123,064	229,713	2,037
012 CAFETERIA				53,691	61,955	115,646	
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION				5,825	6,722	12,547	1,579
015 CENTRAL SERVICES & SUPPLY				56,237	64,893	121,130	1,410
016 PHARMACY				20,221	23,334	43,555	2,642
017 MEDICAL RECORDS & LIBRARY				44,238	51,046	95,284	2,078
018 SOCIAL SERVICE							204
022 I&R SERVICES-SALARY & FRI							5,883
023 I&R SERVICES-OTHER PRGM C				168,679	194,640	363,319	
025 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS				926,425	1,069,012	1,995,437	17,744
027 INTENSIVE CARE UNIT				195,474	225,560	421,034	6,042
028 CORONARY CARE UNIT							
029 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
031 SUBPROVIDER				163,369	188,514	351,883	2,463
031 01 SUBPROVIDER II				84,314	97,291	181,605	1,875
033 NURSERY							
037 ANCILLARY SRVC COST CNTRS							
037 01 OPERATING ROOM				515,689	595,059	1,110,748	7,630
039 G.I. LAB				59,699	68,887	128,586	998
040 DELIVERY ROOM & LABOR ROO							
041 ANESTHESIOLOGY				6,574	7,586	14,160	332
041 02 RADIOLOGY-DIAGNOSTIC				214,414	247,415	461,829	3,446
041 03 ULTRASOUND				2,846	3,284	6,130	453
042 CT SCANS				14,962	17,265	32,227	799
042 RADIOLOGY-THERAPEUTIC				49,547	57,173	106,720	483
043 RADIOISOTOPE							686
043 01 STRAUSS ONCOLOGY				61,264	70,693	131,957	980
044 LABORATORY				76,259	87,996	164,255	2,797
047 BLOOD STORING, PROCESSING				3,645	4,206	7,851	
049 RESPIRATORY THERAPY				17,375	20,050	37,425	2,207
050 PHYSICAL THERAPY				56,271	64,931	121,202	3,573
050 01 AUDIOLOGY				3,329	3,841	7,170	75
050 02 SCHWAB PHYSICAL THERAPY							
053 ELECTROCARDIOLOGY				144,995	167,312	312,307	1,892
054 ELECTROENCEPHALOGRAPHY				1,664	1,920	3,584	113
055 MEDICAL SUPPLIES CHARGED							
056 DRUGS CHARGED TO PATIENTS							
058 01 RENAL							
059 WOUND CARE				44,171	50,969	95,140	461
060 OUTPAT SERVICE COST CNTRS							
060 01 CLINIC				113,773	131,284	245,057	2,205
060 02 PROSTATE CENTER							
061 SPINE CENTER							
061 EMERGENCY				197,238	227,596	424,834	4,247
062 OBSERVATION BEDS (NON-DIS SPEC PURPOSE COST CENTERS							
095 SUBTOTALS				5,001,721	5,771,548	10,773,269	98,729
096 NONREIMBURS COST CENTERS							
098 GIFT, FLOWER, COFFEE SHOP							
100 PHYSICIANS' PRIVATE OFFIC				602,416	695,135	1,297,551	1,777
100 PHYSICIAN ASSISTANTS							159
100 01 DEVELOPMENT							
100 02 HOSPICE				34,851	40,215	75,066	
100 03 MARKETING				5,159	5,953	11,112	666
100 04 OUTREACH				30,940	35,702	66,642	11
100 05 VACANT SPACE				136,025	156,960	292,985	
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL				5,811,112	6,705,513	12,516,625	101,342

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	BIOMEDICAL ENGINEERING	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY
	6	7	7.01	8	9	10	11
GENERAL SERVICE COST CNTR							
001 OLD CAP REL COSTS-BLDG &							
002 OLD CAP REL COSTS-MVBLE E							
003 NEW CAP REL COSTS-BLDG &							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS							
006 ADMINISTRATIVE & GENERAL	1,407,000						
007 MAINTENANCE & REPAIRS							
007 01 BIOMEDICAL ENGINEERING	12,843		62,493				
008 OPERATION OF PLANT	92,947		9,564	1,785,366			
009 LAUNDRY & LINEN SERVICE	8,121		575	19,396	129,076		
010 HOUSEKEEPING	21,067		619	20,870		153,054	
011 DIETARY	29,141		1,308	44,121		3,870	310,190
012 CAFETERIA	1,646		658	22,212		1,948	141,752
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION	13,494		71	2,410		211	
015 CENTRAL SERVICES & SUPPLY	28,655		690	23,266		2,041	
016 PHARMACY	42,099		248	8,366		734	
017 MEDICAL RECORDS & LIBRARY	20,036		543	18,301		1,605	
018 SOCIAL SERVICE	1,624						
022 I&R SERVICES-SALARY & FRI	43,674						
023 I&R SERVICES-OTHER PRGM C	32,547		2,069	69,783		6,120	
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	187,133		11,364	383,266	51,912	33,612	91,849
026 INTENSIVE CARE UNIT	62,692		2,397	80,869	16,959	7,093	15,647
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
031 SUBPROVIDER	31,955		2,004	67,587	11,347	5,928	13,386
031 01 SUBPROVIDER II	19,325		1,034	34,881	3,799	3,059	9,330
033 NURSERY							
037 ANCILLARY SRVC COST CNTRS							
037 01 OPERATING ROOM	192,805		6,325	213,343	14,347	18,711	
037 G.I. LAB	14,077		732	24,698	2,037	2,166	
039 DELIVERY ROOM & LABOR ROO	125						
040 ANESTHESIOLOGY	3,640		81	2,720		239	
041 RADIOLOGY-DIAGNOSTIC	42,902		2,630	88,704	10,223	7,780	
041 02 ULTRASOUND	4,132		35	1,177		103	
041 03 CT SCANS	9,784		184	6,190		543	
042 RADIOLOGY-THERAPEUTIC	9,386		608	20,498	1,025	1,798	
043 RADIOISOTOPE	8,431				1,025		
043 01 STRAUSS ONCOLOGY	57,061		751	25,345	1,025	2,223	
044 LABORATORY	51,454		935	31,549		2,767	
047 BLOOD STORING, PROCESSING	21,566		45	1,508		132	
049 RESPIRATORY THERAPY	19,103		213	7,188		630	
050 PHYSICAL THERAPY	32,671		690	23,279		2,042	
050 01 AUDIOLOGY	703		41	1,377		121	
050 02 SCHWAB PHYSICAL THERAPY							
053 ELECTROCARDIOLOGY	36,219		1,778	59,985	1,025	5,261	
054 ELECTROENCEPHALOGRAPHY	993		20	689	1,025	60	
055 MEDICAL SUPPLIES CHARGED	66,656						
056 DRUGS CHARGED TO PATIENTS	29,343						
058 01 RENAL	5,853						
059 WOUND CARE	6,472		542	18,274		1,603	
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC	22,259		1,395	47,068	2,075	4,128	
060 01 PROSTATE CENTER							
060 02 SPINE CENTER							
061 EMERGENCY	46,776		2,419	81,598	6,648	7,157	
062 OBSERVATION BEDS (NON-DIS							
062 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	1,331,410		52,568	1,450,518	124,472	123,685	271,964
NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP							
098 PHYSICIANS' PRIVATE OFFIC	50,508		7,388	249,222	500	21,858	32,506
100 PHYSICIAN ASSISTANTS	1,370						
100 01 DEVELOPMENT							
100 02 HOSPICE	1,226		427	14,418	4,104	1,265	4,063
100 03 MARKETING	17,077		63	2,134		187	1,657
100 04 OUTREACH	1,240		379	12,800		1,123	
100 05 VACANT SPACE	4,169		1,668	56,274		4,936	
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	1,407,000		62,493	1,785,366	129,076	153,054	310,190

COST CENTER DESCRIPTION	CAFETERIA 12	MAINTENANCE O F PERSONNEL 13	NURSING ADMIN ISTRATION 14	CENTRAL SERVI CES & SUPPLY 15	PHARMACY 16	MEDICAL RECOR DS & LIBRARY 17	SOCIAL SERVIC E 18
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							
007 MAINTENANCE & REPAIRS							
007 01 BIOMEDICAL ENGINEERING							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
011 DIETARY							
012 CAFETERIA	283,862						
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION	4,235		34,547				
015 CENTRAL SERVICES & SUPPLY	7,043			184,235			
016 PHARMACY	8,290				105,934		
017 MEDICAL RECORDS & LIBRARY	10,491					148,338	
018 SOCIAL SERVICE	788						2,616
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C	24,507						
025 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS	71,057		13,772			17,853	1,846
027 INTENSIVE CARE UNIT	18,627		3,613			4,988	314
028 CORONARY CARE UNIT							
029 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
031 SUBPROVIDER	9,420		1,827			1,690	269
031 01 SUBPROVIDER II	6,580		1,277			1,439	187
033 NURSERY							
037 ANCILLARY SRVC COST CNTRS							
037 01 OPERATING ROOM	22,107		4,289			21,011	
037 G.I. LAB	3,670		712			1,885	
039 DELIVERY ROOM & LABOR ROO							
040 ANESTHESIOLOGY	1,423		276			2,432	
041 RADIOLOGY-DIAGNOSTIC	12,279					6,785	
041 02 ULTRASOUND	959					1,032	
041 03 CT SCANS	2,071					7,665	
042 RADIOLOGY-THERAPEUTIC	1,395					1,743	
043 RADIOISOTOPE	1,955		380			1,265	
043 01 STRAUSS ONCOLOGY	3,123		606			7,157	
044 LABORATORY	13,002					17,322	
047 BLOOD STORING, PROCESSING						1,785	
049 RESPIRATORY THERAPY	8,016		1,556			2,871	
050 PHYSICAL THERAPY	11,482					3,413	
050 01 AUDIOLOGY	241					32	
050 02 SCHWAB PHYSICAL THERAPY							
053 ELECTROCARDIOLOGY	6,033		1,171			7,540	
054 ELECTROENCEPHALOGRAPHY	459		89			109	
055 MEDICAL SUPPLIES CHARGED				184,235		12,418	
056 DRUGS CHARGED TO PATIENTS			1,609		105,934	13,426	
058 01 RENAL						362	
059 WOUND CARE	1,872		363			761	
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC	8,095					1,420	
060 01 PROSTATE CENTER							
060 02 SPINE CENTER							
061 EMERGENCY	15,500		3,007			9,934	
062 OBSERVATION BEDS (NON-DIS							
062 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	274,720		34,547	184,235	105,934	148,338	2,616
096 NONREIMBURS COST CENTERS							
098 GIFT, FLOWER, COFFEE SHOP							
098 PHYSICIANS' PRIVATE OFFIC	6,964						
100 PHYSICIAN ASSISTANTS	431						
100 01 DEVELOPMENT							
100 02 HOSPICE							
100 03 MARKETING	1,710						
100 04 OUTREACH	37						
100 05 VACANT SPACE							
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	283,862		34,547	184,235	105,934	148,338	2,616

	COST CENTER DESCRIPTION	I&R SERVICES- SALARY & FRI	I&R SERVICES- OTHER PRGM C	SUBTOTAL	POST STEPDOWN ADJUSTMENT	TOTAL
		22	23	25	26	27
	GENERAL SERVICE COST CNTR					
001	OLD CAP REL COSTS-BLDG &					
002	OLD CAP REL COSTS-MVBLE E					
003	NEW CAP REL COSTS-BLDG &					
004	NEW CAP REL COSTS-MVBLE E					
005	EMPLOYEE BENEFITS					
006	ADMINISTRATIVE & GENERAL					
007	MAINTENANCE & REPAIRS					
007	01 BIOMEDICAL ENGINEERING					
008	OPERATION OF PLANT					
009	LAUNDRY & LINEN SERVICE					
010	HOUSEKEEPING					
011	DIETARY					
012	CAFETERIA					
013	MAINTENANCE OF PERSONNEL					
014	NURSING ADMINISTRATION					
015	CENTRAL SERVICES & SUPPLY					
016	PHARMACY					
017	MEDICAL RECORDS & LIBRARY					
018	SOCIAL SERVICE					
022	I&R SERVICES-SALARY & FRI	49,557				
023	I&R SERVICES-OTHER PRGM C		498,345			
	INPAT ROUTINE SRVC CNTRS					
025	ADULTS & PEDIATRICS			2,876,845		2,876,845
026	INTENSIVE CARE UNIT			640,275		640,275
027	CORONARY CARE UNIT					
028	BURN INTENSIVE CARE UNIT					
029	SURGICAL INTENSIVE CARE U					
031	SUBPROVIDER			499,759		499,759
031	01 SUBPROVIDER II			264,391		264,391
033	NURSERY					
	ANCILLARY SRVC COST CNTRS					
037	OPERATING ROOM			1,611,316		1,611,316
037	01 G.I. LAB			179,561		179,561
039	DELIVERY ROOM & LABOR ROO			125		125
040	ANESTHESIOLOGY			25,303		25,303
041	RADIOLOGY-DIAGNOSTIC			636,578		636,578
041	02 ULTRASOUND			14,021		14,021
041	03 CT SCANS			59,463		59,463
042	RADIOLOGY-THERAPEUTIC			143,656		143,656
043	RADIOISOTOPE			13,742		13,742
043	01 STRAUSS ONCOLOGY			230,228		230,228
044	LABORATORY			284,081		284,081
047	BLOOD STORING, PROCESSING			32,887		32,887
049	RESPIRATORY THERAPY			79,209		79,209
050	PHYSICAL THERAPY			198,352		198,352
050	01 AUDIOLOGY			9,760		9,760
050	02 SCHWAB PHYSICAL THERAPY					
053	ELECTROCARDIOLOGY			433,211		433,211
054	ELECTROENCEPHALOGRAPHY			7,141		7,141
055	MEDICAL SUPPLIES CHARGED			263,309		263,309
056	DRUGS CHARGED TO PATIENTS			150,312		150,312
058	01 RENAL			6,215		6,215
059	WOUND CARE			125,488		125,488
	OUTPAT SERVICE COST CNTRS					
060	CLINIC			333,702		333,702
060	01 PROSTATE CENTER					
060	02 SPINE CENTER					
061	EMERGENCY			602,120		602,120
062	OBSERVATION BEDS (NON-DIS					
	SPEC PURPOSE COST CENTERS					
095	SUBTOTALS			9,721,050		9,721,050
	NONREIMBURS COST CENTERS					
096	GIFT, FLOWER, COFFEE SHOP					
098	PHYSICIANS' PRIVATE OFFIC			1,668,274		1,668,274
100	PHYSICIAN ASSISTANTS			1,960		1,960
100	01 DEVELOPMENT					
100	02 HOSPICE			100,569		100,569
100	03 MARKETING			34,606		34,606
100	04 OUTREACH			82,232		82,232
100	05 VACANT SPACE			360,032		360,032
101	CROSS FOOT ADJUSTMENTS	49,557	498,345	547,902		547,902
102	NEGATIVE COST CENTER					
103	TOTAL	49,557	498,345	12,516,625		12,516,625

COST CENTER DESCRIPTION	OLD CAP REL C	OLD CAP REL C	NEW CAP REL C	NEW CAP REL C	EMPLOYEE BENE	RECONCILIATION
	OSTS-BLDG & (SQUARE FEET)	OSTS-MVBLE E (SQUARE FEET)	OSTS-BLDG & (SQUARE FEET)	OSTS-MVBLE E (SQUARE FEET)	(GROSS SALARIES)	
	1	2	3	4	5	6a.00
001 GENERAL SERVICE COST						
002 OLD CAP REL COSTS-BLD	349,159					
003 OLD CAP REL COSTS-MVB		349,159				
004 NEW CAP REL COSTS-BLD			349,159			
005 NEW CAP REL COSTS-MVB				349,159		
006 EMPLOYEE BENEFITS	2,827	2,827	2,827	2,827	47,888,480	
007 ADMINISTRATIVE & GENE	38,791	38,791	38,791	38,791	7,761,224	-16,347,452
007 MAINTENANCE & REPAIRS						
007 01 BIOMEDICAL ENGINEERIN	1,385	1,385	1,385	1,385		
008 OPERATION OF PLANT	46,857	46,857	46,857	46,857	1,478,748	
009 LAUNDRY & LINEN SERVI	2,817	2,817	2,817	2,817		
010 HOUSEKEEPING	3,031	3,031	3,031	3,031	871,143	
011 DIETARY	6,408	6,408	6,408	6,408	962,797	
012 CAFETERIA	3,226	3,226	3,226	3,226		
013 MAINTENANCE OF PERSON						
014 NURSING ADMINISTRATIO	350	350	350	350	746,122	
015 CENTRAL SERVICES & SU	3,379	3,379	3,379	3,379	666,440	
016 PHARMACY	1,215	1,215	1,215	1,215	1,248,793	
017 MEDICAL RECORDS & LIB	2,658	2,658	2,658	2,658	981,842	
018 SOCIAL SERVICE					96,188	
022 I&R SERVICES-SALARY &					2,780,234	
023 I&R SERVICES-OTHER PR	10,135	10,135	10,135	10,135		
025 INPAT ROUTINE SRVC CN						
026 ADULTS & PEDIATRICS	55,664	55,664	55,664	55,664	8,380,665	
027 INTENSIVE CARE UNIT	11,745	11,745	11,745	11,745	2,855,416	
028 CORONARY CARE UNIT						
029 BURN INTENSIVE CARE U						
031 SURGICAL INTENSIVE CA						
031 SUBPROVIDER	9,816	9,816	9,816	9,816	1,163,847	
031 01 SUBPROVIDER II	5,066	5,066	5,066	5,066	885,883	
033 NURSERY						
037 ANCILLARY SRVC COST C						
037 01 OPERATING ROOM	30,985	30,985	30,985	30,985	3,605,723	
039 G.I. LAB	3,587	3,587	3,587	3,587	471,860	
040 DELIVERY ROOM & LABOR						
040 ANESTHESIOLOGY	395	395	395	395	156,796	
041 RADIOLOGY-DIAGNOSTIC	12,883	12,883	12,883	12,883	1,628,494	
041 02 ULTRASOUND	171	171	171	171	214,137	
041 03 CT SCANS	899	899	899	899	377,366	
042 RADIOLOGY-THERAPEUTIC	2,977	2,977	2,977	2,977	228,430	
043 RADIOISOTOPE					324,156	
043 01 STRAUSS ONCOLOGY	3,681	3,681	3,681	3,681	462,936	
044 LABORATORY	4,582	4,582	4,582	4,582	1,321,903	
047 BLOOD STORING, PROCES	219	219	219	219		
049 RESPIRATORY THERAPY	1,044	1,044	1,044	1,044	1,043,232	
050 PHYSICAL THERAPY	3,381	3,381	3,381	3,381	1,688,599	
050 01 AUDIOLOGY	200	200	200	200	35,255	
050 02 SCHWAB PHYSICAL THERA						
053 ELECTROCARDIOLOGY	8,712	8,712	8,712	8,712	894,337	
054 ELECTROENCEPHALOGRAPH	100	100	100	100	53,309	
055 MEDICAL SUPPLIES CHAR						
056 DRUGS CHARGED TO PATI						
058 01 RENAL						
059 WOUND CARE	2,654	2,654	2,654	2,654	218,059	
060 OUTPAT SERVICE COST C						
060 01 CLINIC	6,836	6,836	6,836	6,836	1,042,132	
060 02 PROSTATE CENTER						
060 02 SPINE CENTER						
061 EMERGENCY	11,851	11,851	11,851	11,851	2,007,004	
062 OBSERVATION BEDS (NON						
095 SPEC PURPOSE COST CEN						
095 SUBTOTALS	300,527	300,527	300,527	300,527	46,653,070	-16,347,452
096 NONREIMBURS COST CENT						
098 GIFT, FLOWER, COFFEE						
100 PHYSICIANS' PRIVATE O	36,196	36,196	36,196	36,196	839,977	
100 PHYSICIAN ASSISTANTS					75,375	
100 01 DEVELOPMENT						
100 02 HOSPICE	2,094	2,094	2,094	2,094		
100 03 MARKETING	310	310	310	310	314,877	
100 04 OUTREACH	1,859	1,859	1,859	1,859	5,181	
100 05 VACANT SPACE	8,173	8,173	8,173	8,173		
101 CROSS FOOT ADJUSTMENT						
102 NEGATIVE COST CENTER						
103 COST TO BE ALLOCATED			5,811,112	6,705,513	4,976,326	
(WRKSHT B, PART I)						
104 UNIT COST MULTIPLIER			16.643168		.103915	
(WRKSHT B, PT I)				19.204755		
105 COST TO BE ALLOCATED						
(WRKSHT B, PART II)						
106 UNIT COST MULTIPLIER						
(WRKSHT B, PT II)						

COST ALLOCATION - STATISTICAL BASIS

COST CENTER DESCRIPTION	OLD CAP REL C	OLD CAP REL C	NEW CAP REL C	NEW CAP REL C	EMPLOYEE BENE	RECONCIL- IATION
	OSTS-BLDG &	OSTS-MVBLE E	OSTS-BLDG &	OSTS-MVBLE E	FITS	
	(SQUARE FEET	(SQUARE )FEET	(SQUARE )FEET	(SQUARE )FEET	(GROSS )SALARIES	
	1	2	3	4	5	6a.00
107 COST TO BE ALLOCATED (WRKSHT B, PART III)					101,342	
108 UNIT COST MULTIPLIER (WRKSHT B, PT III)					.002116	

COST ALLOCATION - STATISTICAL BASIS

COST CENTER DESCRIPTION	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	BIOMEDICAL ENGINEERING	EN OPERATION OF PLANT	LAUNDRY & LIN SERVICE	LIN HOUSEKEEPING	DIETARY
	( ACCUM. COST )	(SQUARE FEET )	(SQUARE FEET )	(SQUARE FEET )	(POUNDS )	(SQUARE FEET )	(MEALS )SERVED )
	6	7	7.01	8	9	10	11
GENERAL SERVICE COST							
001 OLD CAP REL COSTS-BLD							
002 OLD CAP REL COSTS-MVB							
003 NEW CAP REL COSTS-BLD							
004 NEW CAP REL COSTS-MVB							
005 EMPLOYEE BENEFITS							
006 ADMINISTRATIVE & GENE	98,878,343						
007 MAINTENANCE & REPAIRS							
007 01 BIOMEDICAL ENGINEERIN	902,509		306,156				
008 OPERATION OF PLANT	6,531,798		46,857	259,299			
009 LAUNDRY & LINEN SERVI	570,723		2,817	2,817	691,888		
010 HOUSEKEEPING	1,480,462		3,031	3,031		253,451	
011 DIETARY	2,047,874		6,408	6,408		6,408	367,193
012 CAFETERIA	115,646		3,226	3,226		3,226	167,801
013 MAINTENANCE OF PERSON							
014 NURSING ADMINISTRATIO	948,272		350	350		350	
015 CENTRAL SERVICES & SU	2,013,682		3,379	3,379		3,379	
016 PHARMACY	2,958,445		1,215	1,215		1,215	
017 MEDICAL RECORDS & LIB	1,407,981		2,658	2,658		2,658	
018 SOCIAL SERVICE	114,117						
022 I&R SERVICES-SALARY &	3,069,142						
023 I&R SERVICES-OTHER PR	2,287,217		10,135	10,135		10,135	
025 ADULTS & PEDIATRICS	13,150,611		55,664	55,664	278,271	55,664	108,728
026 INTENSIVE CARE UNIT	4,405,652		11,745	11,745	90,904	11,745	18,523
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE U							
029 SURGICAL INTENSIVE CA							
031 SUBPROVIDER	2,245,634		9,816	9,816	60,826	9,816	15,846
031 01 SUBPROVIDER II	1,358,028		5,066	5,066	20,365	5,066	11,045
033 NURSERY							
037 ANCILLARY SRVC COST C							
037 01 OPERATING ROOM	13,551,955		30,985	30,985	76,903	30,985	
039 G.I. LAB	989,276		3,587	3,587	10,919	3,587	
040 DELIVERY ROOM & LABOR	8,750						
041 ANESTHESIOLOGY	255,829		395	395		395	
041 RADIOLOGY-DIAGNOSTIC	3,014,907		12,883	12,883	54,797	12,883	
041 02 ULTRASOUND	290,388		171	171		171	
041 03 CT SCANS	687,554		899	899		899	
042 RADIOLOGY-THERAPEUTIC	659,570		2,977	2,977	5,493	2,977	
043 RADIOISOTOPE	592,459				5,493		
043 01 STRAUSS ONCOLOGY	4,009,888		3,681	3,681	5,493	3,681	
044 LABORATORY	3,615,894		4,582	4,582		4,582	
047 BLOOD STORING, PROCES	1,515,512		219	219		219	
049 RESPIRATORY THERAPY	1,342,449		1,044	1,044		1,044	
050 PHYSICAL THERAPY	2,295,944		3,381	3,381		3,381	
050 01 AUDIOLOGY	49,403		200	200		200	
050 02 SCHWAB PHYSICAL THERA							
053 ELECTROCARDIOLOGY	2,545,256		8,712	8,712	5,493	8,712	
054 ELECTROENCEPHALOGRAPH	69,758		100	100	5,493	100	
055 MEDICAL SUPPLIES CHAR	4,684,182						
056 DRUGS CHARGED TO PATI	2,062,028						
058 01 RENAL	411,347						
059 WOUND CARE	454,780		2,654	2,654		2,654	
060 OUTPAT SERVICE COST C							
060 01 CLINIC	1,564,231		6,836	6,836	11,120	6,836	
060 02 PROSTATE CENTER							
061 SPINE CENTER							
061 EMERGENCY	3,287,164		11,851	11,851	35,638	11,851	
062 OBSERVATION BEDS (NON SPEC PURPOSE COST CEN							
095 SUBTOTALS	93,566,317		257,524	210,667	667,208	204,819	321,943
096 NONREIMBURS COST CENT							
098 GIFT, FLOWER, COFFEE							
098 PHYSICIANS' PRIVATE O	3,549,407		36,196	36,196	2,680	36,196	38,479
100 PHYSICIAN ASSISTANTS	96,261						
100 01 DEVELOPMENT							
100 02 HOSPICE	86,139		2,094	2,094	22,000	2,094	4,810
100 03 MARKETING	1,200,081		310	310		310	1,961
100 04 OUTREACH	87,153		1,859	1,859		1,859	
100 05 VACANT SPACE	292,985		8,173	8,173		8,173	
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 COST TO BE ALLOCATED (WRKSHT B, PART I)	16,347,452		1,051,720	7,772,659	759,198	1,826,493	2,646,723
104 UNIT COST MULTIPLIER (WRKSHT B, PT I)	.165329		3.435242	29.975661	1.097285	7.206494	7.207989
105 COST TO BE ALLOCATED (WRKSHT B, PART II)							
106 UNIT COST MULTIPLIER (WRKSHT B, PT II)							



COST ALLOCATION - STATISTICAL BASIS

COST CENTER DESCRIPTION	CAFETERIA (FTES)	MAINTENANCE O F PERSONNEL (SQUARE FEET)	NURSING ADMIN ISTRATION (DIRECT )NURSING HO	CENTRAL SERVI CES & SUPPLY (COSTED )REQUISITIO	PHARMACY (COSTED )REQUISITIO	MEDICAL RECOR DS & LIBRARY (GROSS REVE )NUE	SOCIAL SERVIC E (PATIENT )DAYS
	12	13	14	15	16	17	18
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							
007 01 MAINTENANCE & REPAIRS							
008 BIOMEDICAL ENGINEERIN							
009 OPERATION OF PLANT							
010 LAUNDRY & LINEN SERVI							
011 HOUSEKEEPING							
012 DIETARY							
012 CAFETERIA	61,261						
013 MAINTENANCE OF PERSON							
014 NURSING ADMINISTRATIO	914		799,329				
015 CENTRAL SERVICES & SU	1,520			4,684,183			
016 PHARMACY	1,789				2,062,029		
017 MEDICAL RECORDS & LIB	2,264					450,935,408	
018 SOCIAL SERVICE	170						42,773
022 I&R SERVICES-SALARY &							
023 I&R SERVICES-OTHER PR	5,289						
025 INPAT ROUTINE SRVC CN							
026 ADULTS & PEDIATRICS	15,335		318,656			54,265,559	30,171
027 INTENSIVE CARE UNIT	4,020		83,606			15,159,697	5,140
028 CORONARY CARE UNIT							
029 BURN INTENSIVE CARE U							
031 SURGICAL INTENSIVE CA							
031 SUBPROVIDER	2,033		42,277			5,137,214	4,397
031 01 SUBPROVIDER II	1,420		29,537			4,374,547	3,065
033 NURSERY							
037 ANCILLARY SRVC COST C							
037 01 OPERATING ROOM	4,771		99,234			63,919,080	
039 G.I. LAB	792		16,468			5,730,010	
040 DELIVERY ROOM & LABOR							
041 ANESTHESIOLOGY	307		6,391			7,393,529	
041 RADIOLOGY-DIAGNOSTIC	2,650					20,623,489	
041 02 ULTRASOUND	207					3,137,513	
041 03 CT SCANS	447					23,299,304	
042 RADIOLOGY-THERAPEUTIC	301					5,296,654	
043 RADIOISOTOPE	422		8,783			3,844,737	
043 01 STRAUSS ONCOLOGY	674		14,016			21,752,459	
044 LABORATORY	2,806					52,650,222	
047 BLOOD STORING, PROCES						5,424,878	
049 RESPIRATORY THERAPY	1,730		35,993			8,725,326	
050 PHYSICAL THERAPY	2,478					10,375,131	
050 01 AUDIOLOGY	52					96,530	
050 02 SCHWAB PHYSICAL THERA							
053 ELECTROCARDIOLOGY	1,302		27,085			22,918,762	
054 ELECTROENCEPHALOGRAPH	99		2,069			332,564	
055 MEDICAL SUPPLIES CHAR				4,684,183		37,743,177	
056 DRUGS CHARGED TO PATI			37,219		2,062,029	40,809,200	
058 01 RENAL						1,099,855	
059 WOUND CARE	404		8,410			2,314,149	
060 OUTPAT SERVICE COST C							
060 01 CLINIC	1,747					4,317,055	
060 02 PROSTATE CENTER							
060 02 SPINE CENTER							
061 EMERGENCY	3,345		69,585			30,194,767	
062 OBSERVATION BEDS (NON							
095 SPEC PURPOSE COST CEN							
095 SUBTOTALS	59,288		799,329	4,684,183	2,062,029	450,935,408	42,773
096 NONREIMBURS COST CENT							
098 GIFT, FLOWER, COFFEE							
100 PHYSICIANS' PRIVATE O	1,503						
100 PHYSICIAN ASSISTANTS	93						
100 01 DEVELOPMENT							
100 02 HOSPICE							
100 03 MARKETING	369						
100 04 OUTREACH	8						
100 05 VACANT SPACE							
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 COST TO BE ALLOCATED	1,475,305		1,141,275	2,520,454	3,539,995	1,803,244	137,078
(WRKSHT B, PART I)							
104 UNIT COST MULTIPLIER				.538078		.003999	
(WRKSHT B, PT I)	24.082287		1.427791		1.716753		3.204779
105 COST TO BE ALLOCATED							
(WRKSHT B, PART II)							
106 UNIT COST MULTIPLIER							
(WRKSHT B, PT II)							

COST ALLOCATION - STATISTICAL BASIS

	COST CENTER DESCRIPTION	CAFETERIA	MAINTENANCE O	NURSING ADMIN	CENTRAL SERVI	PHARMACY	MEDICAL RECOR	SOCIAL SERVIC
		(FTES	(SQUARE	(DIRECT	(COSTED	(COSTED	(GROSS REVE	(PATIENT
		)FEET	)FEET	)NURSING HO	)REQUISITIO	)REQUISITIO	)NUE	)DAYS
		12	13	14	15	16	17	18
107	COST TO BE ALLOCATED (WRKSHT B, PART III	283,862		34,547	184,235	105,934	148,338	2,616
108	UNIT COST MULTIPLIER (WRKSHT B, PT III)	4.633649		.043220	.039331	.051374	.000329	.061160

COST ALLOCATION - STATISTICAL BASIS

I PROVIDER NO: I PERIOD: I PREPARED 10/21/2009  
 I 14-0082 I FROM 6/ 1/2008 I WORKSHEET B-1  
 I TO 5/31/2009 I

COST CENTER DESCRIPTION	I&R SERVICES- SALARY & FRI	I&R SERVICES- OTHER PRGM C
	(ASSIGNED TIME	(ASSIGNED TIME )
	22	23
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		
007 MAINTENANCE & REPAIRS		
007 01 BIOMEDICAL ENGINEERIN		
008 OPERATION OF PLANT		
009 LAUNDRY & LINEN SERVI		
010 HOUSEKEEPING		
011 DIETARY		
012 CAFETERIA		
013 MAINTENANCE OF PERSON		
014 NURSING ADMINISTRATIO		
015 CENTRAL SERVICES & SU		
016 PHARMACY		
017 MEDICAL RECORDS & LIB		
018 SOCIAL SERVICE		
022 I&R SERVICES-SALARY &	56,644	
023 I&R SERVICES-OTHER PR		56,644
INPAT ROUTINE SRVC CN		
025 ADULTS & PEDIATRICS	41,002	41,002
026 INTENSIVE CARE UNIT		
027 CORONARY CARE UNIT		
028 BURN INTENSIVE CARE U		
029 SURGICAL INTENSIVE CA		
031 SUBPROVIDER		
031 01 SUBPROVIDER II		
033 NURSERY		
ANCILLARY SRVC COST C		
037 OPERATING ROOM	9,844	9,844
037 01 G.I. LAB		
039 DELIVERY ROOM & LABOR		
040 ANESTHESIOLOGY	3,710	3,710
041 RADIOLOGY-DIAGNOSTIC	96	96
041 02 ULTRASOUND		
041 03 CT SCANS		
042 RADIOLOGY-THERAPEUTIC		
043 RADIOISOTOPE		
043 01 STRAUSS ONCOLOGY		
044 LABORATORY		
047 BLOOD STORING, PROCES		
049 RESPIRATORY THERAPY		
050 PHYSICAL THERAPY	1,000	1,000
050 01 AUDIOLOGY		
050 02 SCHWAB PHYSICAL THERA		
053 ELECTROCARDIOLOGY		
054 ELECTROENCEPHALOGRAPH		
055 MEDICAL SUPPLIES CHAR		
056 DRUGS CHARGED TO PATI		
058 01 RENAL		
059 WOUND CARE		
OUTPAT SERVICE COST C		
060 CLINIC		
060 01 PROSTATE CENTER		
060 02 SPINE CENTER		
061 EMERGENCY	992	992
062 OBSERVATION BEDS (NON		
SPEC PURPOSE COST CEN		
095 SUBTOTALS	56,644	56,644
NONREIMBURS COST CENT		
096 GIFT, FLOWER, COFFEE		
098 PHYSICIANS' PRIVATE O		
100 PHYSICIAN ASSISTANTS		
100 01 DEVELOPMENT		
100 02 HOSPICE		
100 03 MARKETING		
100 04 OUTREACH		
100 05 VACANT SPACE		
101 CROSS FOOT ADJUSTMENT		
102 NEGATIVE COST CENTER		
103 COST TO BE ALLOCATED	3,576,560	3,204,388
(PER WRKSHT B, PART		
UNIT COST MULTIPLIER		56.570652
(WRKSHT B, PT I)	63.141021	
105 COST TO BE ALLOCATED		
(PER WRKSHT B, PART		
106 UNIT COST MULTIPLIER		
(WRKSHT B, PT II)		



COMPUTATION OF RATIO OF COSTS TO CHARGES

I PROVIDER NO: I PERIOD: I PREPARED 10/21/2009  
 I 14-0082 I FROM 6/ 1/2008 I WORKSHEET C  
 I I TO 5/31/2009 I PART I

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS	19,812,749		19,812,749	20,464	19,833,213
26	INTENSIVE CARE UNIT	6,137,627		6,137,627	2,182	6,139,809
27	CORONARY CARE UNIT					
28	BURN INTENSIVE CARE UNIT					
29	SURGICAL INTENSIVE CARE U					
31	SUBPROVIDER	3,340,520		3,340,520		3,340,520
31	01 SUBPROVIDER II	1,993,962		1,993,962	18,219	2,012,181
33	NURSERY ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	17,647,541		17,647,541		17,647,541
37	01 G.I. LAB	1,376,008		1,376,008		1,376,008
39	DELIVERY ROOM & LABOR ROO	10,197		10,197		10,197
40	ANESTHESIOLOGY	360,254		360,254		360,254
41	RADIOLOGY-DIAGNOSTIC	4,243,051		4,243,051	6,352	4,249,403
41	02 ULTRASOUND	362,875		362,875		362,875
41	03 CT SCANS	941,681		941,681		941,681
42	RADIOLOGY-THERAPEUTIC	923,992		923,992		923,992
43	RADIOISOTOPE	734,515		734,515	12,894	747,409
43	01 STRAUSS ONCOLOGY	4,951,609		4,951,609		4,951,609
44	LABORATORY	4,677,937		4,677,937		4,677,937
47	BLOOD STORING, PROCESSING	1,796,659		1,796,659		1,796,659
49	RESPIRATORY THERAPY	1,734,745		1,734,745		1,734,745
50	PHYSICAL THERAPY	2,914,024		2,914,024		2,914,024
50	01 AUDIOLOGY	67,332		67,332		67,332
50	02 SCHWAB PHYSICAL THERAPY					
53	ELECTROCARDIOLOGY	3,487,626		3,487,626		3,487,626
54	ELECTROENCEPHALOGRAPHY	98,049		98,049		98,049
55	MEDICAL SUPPLIES CHARGED	8,130,002		8,130,002		8,130,002
56	DRUGS CHARGED TO PATIENTS	6,159,273		6,159,273		6,159,273
58	01 RENAL	483,753		483,753		483,753
59	WOUND CARE	668,757		668,757	8,061	676,818
60	OUTPAT SERVICE COST CNTRS					
60	CLINIC	2,172,043		2,172,043		2,172,043
60	01 PROSTATE CENTER					
60	02 SPINE CENTER					
61	EMERGENCY	4,651,747		4,651,747		4,651,747
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	288,275		288,275		288,275
101	SUBTOTAL	100,166,803		100,166,803	68,172	100,234,975
102	LESS OBSERVATION BEDS	288,275		288,275		288,275
103	TOTAL	99,878,528		99,878,528	68,172	99,946,700

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT CHARGES 6	OUTPATIENT CHARGES 7	TOTAL CHARGES 8	COST OR OTHER RATIO 9	TEFRA INPAT- IENT RATIO 10	PPS INPAT- IENT RATIO 11
25	INPAT ROUTINE SRVC CNTRS						
26	ADULTS & PEDIATRICS	54,265,559		54,265,559			
27	INTENSIVE CARE UNIT	15,159,697		15,159,697			
28	CORONARY CARE UNIT						
29	BURN INTENSIVE CARE UNIT						
30	SURGICAL INTENSIVE CARE U						
31	SUBPROVIDER	5,137,214		5,137,214			
32	01 SUBPROVIDER II	4,374,547		4,374,547			
33	NURSERY						
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	33,228,698	30,690,382	63,919,080	.276092	.276092	.276092
38	01 G.I. LAB	2,288,152	3,441,858	5,730,010	.240141	.240141	.240141
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY	4,131,000	3,262,529	7,393,529	.048726	.048726	.048726
41	RADIOLOGY-DIAGNOSTIC	8,634,650	11,988,839	20,623,489	.205739	.205739	.206047
42	02 ULTRASOUND	1,020,044	2,117,469	3,137,513	.115657	.115657	.115657
43	03 CT SCANS	11,548,632	11,750,672	23,299,304	.040417	.040417	.040417
44	RADIOLOGY-THERAPEUTIC	2,054,484	3,242,170	5,296,654	.174448	.174448	.174448
45	RADIOISOTOPE	491,281	3,353,456	3,844,737	.191044	.191044	.194398
46	01 STRAUSS ONCOLOGY	1,276,809	20,475,650	21,752,459	.227634	.227634	.227634
47	LABORATORY	38,651,822	13,998,400	52,650,222	.088849	.088849	.088849
48	BLOOD STORING, PROCESSING	4,852,355	572,523	5,424,878	.331189	.331189	.331189
49	RESPIRATORY THERAPY	8,266,736	458,590	8,725,326	.198817	.198817	.198817
50	PHYSICAL THERAPY	7,968,761	2,406,370	10,375,131	.280866	.280866	.280866
51	01 AUDIOLOGY	4,310	92,220	96,530	.697524	.697524	.697524
52	02 SCHWAB PHYSICAL THERAPY						
53	ELECTROCARDIOLOGY	16,471,631	6,447,131	22,918,762	.152173	.152173	.152173
54	ELECTROENCEPHALOGRAPHY	277,715	54,849	332,564	.294827	.294827	.294827
55	MEDICAL SUPPLIES CHARGED	28,164,604	9,578,573	37,743,177	.215403	.215403	.215403
56	DRUGS CHARGED TO PATIENTS	33,320,934	7,488,266	40,809,200	.150929	.150929	.150929
57	01 RENAL	1,094,258	5,597	1,099,855	.439833	.439833	.439833
58	WOUND CARE	56,948	2,257,201	2,314,149	.288986	.288986	.292469
59	OUTPAT SERVICE COST CNTRS						
60	CLINIC	2,164,869	2,152,186	4,317,055	.503131	.503131	.503131
61	01 PROSTATE CENTER						
62	02 SPINE CENTER						
63	EMERGENCY	12,262,128	17,932,639	30,194,767	.154058	.154058	.154058
64	OBSERVATION BEDS (NON-DIS	14,704	445,163	459,867	.626866	.626866	.626866
65	OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	297,182,542	154,212,733	451,395,275			
102	LESS OBSERVATION BEDS						
103	TOTAL	297,182,542	154,212,733	451,395,275			

COMPUTATION OF RATIO OF COSTS TO CHARGES  
 SPECIAL TITLE XIX WORKSHEET

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS	24,721,167		24,721,167	20,464	24,741,631
26	INTENSIVE CARE UNIT	6,137,627		6,137,627	2,182	6,139,809
27	CORONARY CARE UNIT					
28	BURN INTENSIVE CARE UNIT					
29	SURGICAL INTENSIVE CARE U					
31	SUBPROVIDER	3,340,520		3,340,520		3,340,520
31	01 SUBPROVIDER II	1,993,962		1,993,962	18,219	2,012,181
33	NURSERY ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	18,825,982		18,825,982		18,825,982
37	01 G.I. LAB	1,376,008		1,376,008		1,376,008
39	DELIVERY ROOM & LABOR ROO	10,197		10,197		10,197
40	ANESTHESIOLOGY	804,384		804,384		804,384
41	RADIOLOGY-DIAGNOSTIC	4,254,544		4,254,544	6,352	4,260,896
41	02 ULTRASOUND	362,875		362,875		362,875
41	03 CT SCANS	941,681		941,681		941,681
42	RADIOLOGY-THERAPEUTIC	923,992		923,992		923,992
43	RADIOISOTOPE	734,515		734,515	12,894	747,409
43	01 STRAUSS ONCOLOGY	4,951,609		4,951,609		4,951,609
44	LABORATORY	4,677,937		4,677,937		4,677,937
47	BLOOD STORING, PROCESSING	1,796,659		1,796,659		1,796,659
49	RESPIRATORY THERAPY	1,734,745		1,734,745		1,734,745
50	PHYSICAL THERAPY	3,033,736		3,033,736		3,033,736
50	01 AUDIOLOGY	67,332		67,332		67,332
50	02 SCHWAB PHYSICAL THERAPY					
53	ELECTROCARDIOLOGY	3,487,626		3,487,626		3,487,626
54	ELECTROENCEPHALOGRAPHY	98,049		98,049		98,049
55	MEDICAL SUPPLIES CHARGED	8,130,002		8,130,002		8,130,002
56	DRUGS CHARGED TO PATIENTS	6,159,273		6,159,273		6,159,273
58	01 RENAL	483,753		483,753		483,753
59	WOUND CARE	668,757		668,757	8,061	676,818
60	OUTPAT SERVICE COST CNTRS					
60	CLINIC	2,172,043		2,172,043		2,172,043
60	01 PROSTATE CENTER					
60	02 SPINE CENTER					
61	EMERGENCY	4,770,501		4,770,501		4,770,501
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	288,275		288,275		288,275
101	SUBTOTAL	106,947,751		106,947,751	68,172	107,015,923
102	LESS OBSERVATION BEDS	288,275		288,275		288,275
103	TOTAL	106,659,476		106,659,476	68,172	106,727,648

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT CHARGES 6	OUTPATIENT CHARGES 7	TOTAL CHARGES 8	COST OR OTHER RATIO 9	TEFRA INPAT- IENT RATIO 10	PPS INPAT- IENT RATIO 11
25	INPAT ROUTINE SRVC CNTRS						
26	ADULTS & PEDIATRICS	54,265,559		54,265,559			
27	INTENSIVE CARE UNIT	15,159,697		15,159,697			
28	CORONARY CARE UNIT						
29	BURN INTENSIVE CARE UNIT						
31	SURGICAL INTENSIVE CARE U						
31	SUBPROVIDER	5,137,214		5,137,214			
33	01 SUBPROVIDER II	4,374,547		4,374,547			
33	NURSERY						
37	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	33,228,698	30,690,382	63,919,080	.294528	.294528	.294528
39	01 G.I. LAB	2,288,152	3,441,858	5,730,010	.240141	.240141	.240141
40	DELIVERY ROOM & LABOR ROO						
41	ANESTHESIOLOGY	4,131,000	3,262,529	7,393,529	.108796	.108796	.108796
41	RADIOLOGY-DIAGNOSTIC	8,634,650	11,988,839	20,623,489	.206296	.206296	.206604
41	02 ULTRASOUND	1,020,044	2,117,469	3,137,513	.115657	.115657	.115657
41	03 CT SCANS	11,548,632	11,750,672	23,299,304	.040417	.040417	.040417
42	RADIOLOGY-THERAPEUTIC	2,054,484	3,242,170	5,296,654	.174448	.174448	.174448
43	RADIOISOTOPE	491,281	3,353,456	3,844,737	.191044	.191044	.194398
43	01 STRAUSS ONCOLOGY	1,276,809	20,475,650	21,752,459	.227634	.227634	.227634
44	LABORATORY	38,651,822	13,998,400	52,650,222	.088849	.088849	.088849
47	BLOOD STORING, PROCESSING	4,852,355	572,523	5,424,878	.331189	.331189	.331189
49	RESPIRATORY THERAPY	8,266,736	458,590	8,725,326	.198817	.198817	.198817
50	PHYSICAL THERAPY	7,968,761	2,406,370	10,375,131	.292405	.292405	.292405
50	01 AUDIOLOGY	4,310	92,220	96,530	.697524	.697524	.697524
50	02 SCHWAB PHYSICAL THERAPY						
53	ELECTROCARDIOLOGY	16,471,631	6,447,131	22,918,762	.152173	.152173	.152173
54	ELECTROENCEPHALOGRAPHY	277,715	54,849	332,564	.294827	.294827	.294827
55	MEDICAL SUPPLIES CHARGED	28,164,604	9,578,573	37,743,177	.215403	.215403	.215403
56	DRUGS CHARGED TO PATIENTS	33,320,934	7,488,266	40,809,200	.150929	.150929	.150929
58	01 RENAL	1,094,258	5,597	1,099,855	.439833	.439833	.439833
59	WOUND CARE	56,948	2,257,201	2,314,149	.288986	.288986	.292469
60	OUTPAT SERVICE COST CNTRS						
60	CLINIC	2,164,869	2,152,186	4,317,055	.503131	.503131	.503131
60	01 PROSTATE CENTER						
60	02 SPINE CENTER						
61	EMERGENCY	12,262,128	17,932,639	30,194,767	.157991	.157991	.157991
62	OBSERVATION BEDS (NON-DIS	14,704	445,163	459,867	.626866	.626866	.626866
62	OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	297,182,542	154,212,733	451,395,275			
102	LESS OBSERVATION BEDS						
103	TOTAL	297,182,542	154,212,733	451,395,275			

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST	CAPITAL COST	OPERATING	CAPITAL	OPERATING COST	COST NET OF
		WKST B, PT I COL. 27 1	WKST B PT II & III, COL. 27 2	COST NET OF CAPITAL COST 3	REDUCTION 4	REDUCTION AMOUNT 5	CAP AND OPER COST REDUCTION 6
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	17,647,541	1,611,316	16,036,225			17,647,541
37 01	G.I. LAB	1,376,008	179,561	1,196,447			1,376,008
39	DELIVERY ROOM & LABOR ROO	10,197	125	10,072			10,197
40	ANESTHESIOLOGY	360,254	25,303	334,951			360,254
41	RADIOLOGY-DIAGNOSTIC	4,243,051	636,578	3,606,473			4,243,051
41 02	ULTRASOUND	362,875	14,021	348,854			362,875
41 03	CT SCANS	941,681	59,463	882,218			941,681
42	RADIOLOGY-THERAPEUTIC	923,992	143,656	780,336			923,992
43	RADIOISOTOPE	734,515	13,742	720,773			734,515
43 01	STRAUSS ONCOLOGY	4,951,609	230,228	4,721,381			4,951,609
44	LABORATORY	4,677,937	284,081	4,393,856			4,677,937
47	BLOOD STORING, PROCESSING	1,796,659	32,887	1,763,772			1,796,659
49	RESPIRATORY THERAPY	1,734,745	79,209	1,655,536			1,734,745
50	PHYSICAL THERAPY	2,914,024	198,352	2,715,672			2,914,024
50 01	AUDIOLOGY	67,332	9,760	57,572			67,332
50 02	SCHWAB PHYSICAL THERAPY						
53	ELECTROCARDIOLOGY	3,487,626	433,211	3,054,415			3,487,626
54	ELECTROENCEPHALOGRAPHY	98,049	7,141	90,908			98,049
55	MEDICAL SUPPLIES CHARGED	8,130,002	263,309	7,866,693			8,130,002
56	DRUGS CHARGED TO PATIENTS	6,159,273	150,312	6,008,961			6,159,273
58 01	RENAL	483,753	6,215	477,538			483,753
59	WOUND CARE	668,757	125,488	543,269			668,757
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	2,172,043	333,702	1,838,341			2,172,043
60 01	PROSTATE CENTER						
60 02	SPINE CENTER						
61	EMERGENCY	4,651,747	602,120	4,049,627			4,651,747
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	288,275	41,815	246,460			288,275
101	SUBTOTAL	68,881,945	5,481,595	63,400,350			68,881,945
102	LESS OBSERVATION BEDS	288,275	41,815	246,460			288,275
103	TOTAL	68,593,670	5,439,780	63,153,890			68,593,670

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	63,919,080	.276092	.276092
37 01	G.I. LAB	5,730,010	.240141	.240141
39	DELIVERY ROOM & LABOR ROO			
40	ANESTHESIOLOGY	7,393,529	.048726	.048726
41	RADIOLOGY-DIAGNOSTIC	20,623,489	.205739	.205739
41 02	ULTRASOUND	3,137,513	.115657	.115657
41 03	CT SCANS	23,299,304	.040417	.040417
42	RADIOLOGY-THERAPEUTIC	5,296,654	.174448	.174448
43	RADIOISOTOPE	3,844,737	.191044	.191044
43 01	STRAUSS ONCOLOGY	21,752,459	.227634	.227634
44	LABORATORY	52,650,222	.088849	.088849
47	BLOOD STORING, PROCESSING	5,424,878	.331189	.331189
49	RESPIRATORY THERAPY	8,725,326	.198817	.198817
50	PHYSICAL THERAPY	10,375,131	.280866	.280866
50 01	AUDIOLOGY	96,530	.697524	.697524
50 02	SCHWAB PHYSICAL THERAPY			
53	ELECTROCARDIOLOGY	22,918,762	.152173	.152173
54	ELECTROENCEPHALOGRAPHY	332,564	.294827	.294827
55	MEDICAL SUPPLIES CHARGED	37,743,177	.215403	.215403
56	DRUGS CHARGED TO PATIENTS	40,809,200	.150929	.150929
58 01	RENAL	1,099,855	.439833	.439833
59	WOUND CARE	2,314,149	.288986	.288986
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	4,317,055	.503131	.503131
60 01	PROSTATE CENTER			
60 02	SPINE CENTER			
61	EMERGENCY	30,194,767	.154058	.154058
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	459,867	.626866	.626866
101	SUBTOTAL	372,458,258		
102	LESS OBSERVATION BEDS	459,867		
103	TOTAL	371,998,391		

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
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	18,825,982	1,611,316	17,214,666			18,825,982
37 01	G.I. LAB	1,376,008	179,561	1,196,447			1,376,008
39	DELIVERY ROOM & LABOR ROO	10,197	125	10,072			10,197
40	ANESTHESIOLOGY	804,384	25,303	779,081			804,384
41	RADIOLOGY-DIAGNOSTIC	4,254,544	636,578	3,617,966			4,254,544
41 02	ULTRASOUND	362,875	14,021	348,854			362,875
41 03	CT SCANS	941,681	59,463	882,218			941,681
42	RADIOLOGY-THERAPEUTIC	923,992	143,656	780,336			923,992
43	RADIOISOTOPE	734,515	13,742	720,773			734,515
43 01	STRAUSS ONCOLOGY	4,951,609	230,228	4,721,381			4,951,609
44	LABORATORY	4,677,937	284,081	4,393,856			4,677,937
47	BLOOD STORING, PROCESSING	1,796,659	32,887	1,763,772			1,796,659
49	RESPIRATORY THERAPY	1,734,745	79,209	1,655,536			1,734,745
50	PHYSICAL THERAPY	3,033,736	198,352	2,835,384			3,033,736
50 01	AUDIOLOGY	67,332	9,760	57,572			67,332
50 02	SCHWAB PHYSICAL THERAPY						
53	ELECTROCARDIOLOGY	3,487,626	433,211	3,054,415			3,487,626
54	ELECTROENCEPHALOGRAPHY	98,049	7,141	90,908			98,049
55	MEDICAL SUPPLIES CHARGED	8,130,002	263,309	7,866,693			8,130,002
56	DRUGS CHARGED TO PATIENTS	6,159,273	150,312	6,008,961			6,159,273
58 01	RENAL	483,753	6,215	477,538			483,753
59	WOUND CARE	668,757	125,488	543,269			668,757
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	2,172,043	333,702	1,838,341			2,172,043
60 01	PROSTATE CENTER						
60 02	SPINE CENTER						
61	EMERGENCY	4,770,501	602,120	4,168,381			4,770,501
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	288,275	41,815	246,460			288,275
101	SUBTOTAL	70,754,475	5,481,595	65,272,880			70,754,475
102	LESS OBSERVATION BEDS	288,275	41,815	246,460			288,275
103	TOTAL	70,466,200	5,439,780	65,026,420			70,466,200

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	63,919,080	.294528	.294528
37 01	G.I. LAB	5,730,010	.240141	.240141
39	DELIVERY ROOM & LABOR ROO			
40	ANESTHESIOLOGY	7,393,529	.108796	.108796
41	RADIOLOGY-DIAGNOSTIC	20,623,489	.206296	.206296
41 02	ULTRASOUND	3,137,513	.115657	.115657
41 03	CT SCANS	23,299,304	.040417	.040417
42	RADIOLOGY-THERAPEUTIC	5,296,654	.174448	.174448
43	RADIOISOTOPE	3,844,737	.191044	.191044
43 01	STRAUSS ONCOLOGY	21,752,459	.227634	.227634
44	LABORATORY	52,650,222	.088849	.088849
47	BLOOD STORING, PROCESSING	5,424,878	.331189	.331189
49	RESPIRATORY THERAPY	8,725,326	.198817	.198817
50	PHYSICAL THERAPY	10,375,131	.292405	.292405
50 01	AUDIOLOGY	96,530	.697524	.697524
50 02	SCHWAB PHYSICAL THERAPY			
53	ELECTROCARDIOLOGY	22,918,762	.152173	.152173
54	ELECTROENCEPHALOGRAPHY	332,564	.294827	.294827
55	MEDICAL SUPPLIES CHARGED	37,743,177	.215403	.215403
56	DRUGS CHARGED TO PATIENTS	40,809,200	.150929	.150929
58 01	RENAL	1,099,855	.439833	.439833
59	WOUND CARE	2,314,149	.288986	.288986
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	4,317,055	.503131	.503131
60 01	PROSTATE CENTER			
60 02	SPINE CENTER			
61	EMERGENCY	30,194,767	.157991	.157991
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	459,867	.626866	.626866
101	SUBTOTAL	372,458,258		
102	LESS OBSERVATION BEDS	459,867		
103	TOTAL	371,998,391		

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL			NEW CAPITAL		
		CAPITAL REL COST (B, II) 1	SWING BED ADJUSTMENT 2	REDUCED CAP RELATED COST 3	CAPITAL REL COST (B, III) 4	SWING BED ADJUSTMENT 5	REDUCED CAP RELATED COST 6
25	INPAT ROUTINE SRVC CNTRS						
	ADULTS & PEDIATRICS				2,876,845		2,876,845
26	INTENSIVE CARE UNIT				640,275		640,275
27	CORONARY CARE UNIT						
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U						
31	SUBPROVIDER				499,759		499,759
31 01	SUBPROVIDER II				264,391		264,391
33	NURSERY						
101	TOTAL				4,281,270		4,281,270

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL PATIENT DAYS 7	INPATIENT PROGRAM DAYS 8	OLD CAPITAL PER DIEM 9	INPAT PROGRAM OLD CAP CST 10	NEW CAPITAL PER DIEM 11	INPAT PROGRAM NEW CAP CST 12
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	30,616	17,102			93.97	1,607,075
26	INTENSIVE CARE UNIT	5,140	2,779			124.57	346,180
27	CORONARY CARE UNIT						
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U						
31	SUBPROVIDER	4,397	2,977			113.66	338,366
31 01	SUBPROVIDER II	3,065	2,345			86.26	202,280
33	NURSERY						
101	TOTAL	43,218	25,203				2,493,901

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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	COSTS 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM		1,611,316	63,919,080	18,053,600		
37	01 G.I. LAB		179,561	5,730,010	748,703		
39	DELIVERY ROOM & LABOR ROO		125				
40	ANESTHESIOLOGY		25,303	7,393,529	2,075,056		
41	RADIOLOGY-DIAGNOSTIC		636,578	20,623,489	5,435,631		
41	02 ULTRASOUND		14,021	3,137,513	722,213		
41	03 CT SCANS		59,463	23,299,304	5,797,298		
42	RADIOLOGY-THERAPEUTIC		143,656	5,296,654	1,097,687		
43	RADIOISOTOPE		13,742	3,844,737			
43	01 STRAUSS ONCOLOGY		230,228	21,752,459	145		
44	LABORATORY		284,081	52,650,222	22,202,653		
47	BLOOD STORING, PROCESSING		32,887	5,424,878	1,769,517		
49	RESPIRATORY THERAPY		79,209	8,725,326	4,045,152		
50	PHYSICAL THERAPY		198,352	10,375,131	2,018,839		
50	01 AUDIOLOGY		9,760	96,530			
50	02 SCHWAB PHYSICAL THERAPY						
53	ELECTROCARDIOLOGY		433,211	22,918,762	8,187,051		
54	ELECTROENCEPHALOGRAPHY		7,141	332,564	258,329		
55	MEDICAL SUPPLIES CHARGED		263,309	37,743,177	14,050,214		
56	DRUGS CHARGED TO PATIENTS		150,312	40,809,200	17,862,446		
58	01 RENAL		6,215	1,099,855	566,459		
59	WOUND CARE		125,488	2,314,149			
60	OUTPAT SERVICE COST CNTRS						
60	CLINIC		333,702	4,317,055	9,516		
60	01 PROSTATE CENTER						
60	02 SPINE CENTER						
61	EMERGENCY		602,120	30,194,767	4,135,569		
62	OBSERVATION BEDS (NON-DIS		41,815	459,867	3,954		
62	OTHER REIMBURS COST CNTRS						
101	TOTAL		5,481,595	372,458,258	109,040,032		

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

I PROVIDER NO: I PERIOD: I PREPARED 10/21/2009  
 I 14-0082 I FROM 6/ 1/2008 I WORKSHEET D  
 I COMPONENT NO: I TO 5/31/2009 I PART II  
 I 14-0082 I I

TITLE XVIII, PART A

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WKST A	COST CENTER	DESCRIPTION	NEW CAPITAL CST/CHRG RATIO	COSTS
LINE NO.			7	8
		ANCILLARY SRVC COST CNTRS		
37		OPERATING ROOM	.025209	455,113
37	01	G.I. LAB	.031337	23,462
39		DELIVERY ROOM & LABOR ROO		
40		ANESTHESIOLOGY	.003422	7,101
41		RADIOLOGY-DIAGNOSTIC	.030867	167,782
41	02	ULTRASOUND	.004469	3,228
41	03	CT SCANS	.002552	14,795
42		RADIOLOGY-THERAPEUTIC	.027122	29,771
43		RADIOISOTOPE	.003574	
43	01	STRAUSS ONCOLOGY	.010584	2
44		LABORATORY	.005396	119,806
47		BLOOD STORING, PROCESSING	.006062	10,727
49		RESPIRATORY THERAPY	.009078	36,722
50		PHYSICAL THERAPY	.019118	38,596
50	01	AUDIOLOGY	.101108	
50	02	SCHWAB PHYSICAL THERAPY		
53		ELECTROCARDIOLOGY	.018902	154,752
54		ELECTROENCEPHALOGRAPHY	.021473	5,547
55		MEDICAL SUPPLIES CHARGED	.006976	98,014
56		DRUGS CHARGED TO PATIENTS	.003683	65,787
58	01	RENAL	.005651	3,201
59		WOUND CARE	.054226	
		OUTPAT SERVICE COST CNTRS		
60		CLINIC	.077299	736
60	01	PROSTATE CENTER		
60	02	SPINE CENTER		
61		EMERGENCY	.019941	82,467
62		OBSERVATION BEDS (NON-DIS	.090928	360
		OTHER REIMBURS COST CNTRS		
101		TOTAL		1,317,969

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

I PROVIDER NO: I PERIOD: I PREPARED 10/21/2009  
 I 14-0082 I FROM 6/ 1/2008 I WORKSHEET D  
 I I TO 5/31/2009 I 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
	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS					30,616	
25						5,140	
26	INTENSIVE CARE UNIT						
27	CORONARY CARE UNIT						
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U						
31	SUBPROVIDER					4,397	
31 01	SUBPROVIDER II					3,065	
33	NURSERY						
101	TOTAL					43,218	

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

I PROVIDER NO: I PERIOD: I PREPARED 10/21/2009  
 I 14-0082 I FROM 6/ 1/2008 I WORKSHEET D  
 I I TO 5/31/2009 I PART III

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT PROG DAYS	INPAT PROGRAM PASS THRU COST
		7	8
25	ADULTS & PEDIATRICS	17,102	
26	INTENSIVE CARE UNIT	2,779	
27	CORONARY CARE UNIT		
28	BURN INTENSIVE CARE UNIT		
29	SURGICAL INTENSIVE CARE U		
31	SUBPROVIDER	2,977	
31 01	SUBPROVIDER II	2,345	
33	NURSERY		
101	TOTAL	25,203	

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HOSPITAL

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WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST	HOSPITAL	MED ED NRS SCHOOL COST	MED ED ALLIED HEALTH COST	MED ED ALL OTHER COSTS	BLOOD CLOT FOR HEMOPHILIACS
		1	1.01	2	2.01	2.02	2.03
37	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM						
37	01 G.I. LAB						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
41	02 ULTRASOUND						
41	03 CT SCANS						
42	RADIOLOGY-THERAPEUTIC						
43	RADIOISOTOPE						
43	01 STRAUSS ONCOLOGY						
44	LABORATORY						
47	BLOOD STORING, PROCESSING						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
50	01 AUDIOLOGY						
50	02 SCHWAB PHYSICAL THERAPY						
53	ELECTROCARDIOLOGY						
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
58	01 RENAL						
59	WOUND CARE						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60	01 PROSTATE CENTER						
60	02 SPINE CENTER						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS						
101	TOTAL						

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF COST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
37	ANCILLARY SRVC COST CNTRS							
37	OPERATING ROOM			63,919,080			18,053,600	
37	01 G.I. LAB			5,730,010			748,703	
39	DELIVERY ROOM & LABOR ROO							
40	ANESTHESIOLOGY			7,393,529			2,075,056	
41	RADIOLOGY-DIAGNOSTIC			20,623,489			5,435,631	
41	02 ULTRASOUND			3,137,513			722,213	
41	03 CT SCANS			23,299,304			5,797,298	
42	RADIOLOGY-THERAPEUTIC			5,296,654			1,097,687	
43	RADIOISOTOPE			3,844,737				
43	01 STRAUSS ONCOLOGY			21,752,459			145	
44	LABORATORY			52,650,222			22,202,653	
47	BLOOD STORING, PROCESSING			5,424,878			1,769,517	
49	RESPIRATORY THERAPY			8,725,326			4,045,152	
50	PHYSICAL THERAPY			10,375,131			2,018,839	
50	01 AUDIOLOGY			96,530				
50	02 SCHWAB PHYSICAL THERAPY							
53	ELECTROCARDIOLOGY			22,918,762			8,187,051	
54	ELECTROENCEPHALOGRAPHY			332,564			258,329	
55	MEDICAL SUPPLIES CHARGED			37,743,177			14,050,214	
56	DRUGS CHARGED TO PATIENTS			40,809,200			17,862,446	
58	01 RENAL			1,099,855			566,459	
59	WOUND CARE			2,314,149				
60	OUTPAT SERVICE COST CNTRS							
60	CLINIC			4,317,055			9,516	
60	01 PROSTATE CENTER							
60	02 SPINE CENTER							
61	EMERGENCY			30,194,767			4,135,569	
62	OBSERVATION BEDS (NON-DIS			459,867			3,954	
62	OTHER REIMBURS COST CNTRS							
101	TOTAL			372,458,258			109,040,032	

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A	COST CENTER	DESCRIPTION	OUTPAT PROG CHARGES	OUTPAT PROG D,V COL 5.03 8.01	OUTPAT PROG D,V COL 5.04 8.02	OUTPAT PROG PASS THRU COST 9	COL 8.01 * COL 5 9.01	COL 8.02 * COL 5 9.02
		ANCILLARY SRVC COST CNTRS						
37		OPERATING ROOM	11,599,922					
37	01	G.I. LAB	933,722					
39		DELIVERY ROOM & LABOR ROO						
40		ANESTHESIOLOGY	1,165,502					
41		RADIOLOGY-DIAGNOSTIC	8,888,473					
41	02	ULTRASOUND	622,767					
41	03	CT SCANS	5,273,275					
42		RADIOLOGY-THERAPEUTIC	1,367,950					
43		RADIOISOTOPE						
43	01	STRAUSS ONCOLOGY	10,790,946					
44		LABORATORY	1,010,539					
47		BLOOD STORING, PROCESSING	138,296					
49		RESPIRATORY THERAPY	32,259					
50		PHYSICAL THERAPY	323					
50	01	AUDIOLOGY	24,566					
50	02	SCHWAB PHYSICAL THERAPY						
53		ELECTROCARDIOLOGY	3,788,349					
54		ELECTROENCEPHALOGRAPHY	36,455					
55		MEDICAL SUPPLIES CHARGED	3,956,085					
56		DRUGS CHARGED TO PATIENTS	2,092,704					
58	01	RENAL	2,662					
59		WOUND CARE	102,897					
60		OUTPAT SERVICE COST CNTRS						
60		CLINIC	256,204					
60	01	PROSTATE CENTER						
60	02	SPINE CENTER						
61		EMERGENCY	4,089,286					
62		OBSERVATION BEDS (NON-DIS	128,625					
		OTHER REIMBURS COST CNTRS						
101		TOTAL	56,301,807					

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	.276092	.276092			
37 01 G.I. LAB	.240141	.240141			
39 DELIVERY ROOM & LABOR ROOM					
40 ANESTHESIOLOGY	.048726	.048726			
41 RADIOLOGY-DIAGNOSTIC	.205739	.205739			
41 02 ULTRASOUND	.115657	.115657			
41 03 CT SCANS	.040417	.040417			
42 RADIOLOGY-THERAPEUTIC	.174448	.174448			
43 RADIOISOTOPE	.191044	.191044			
43 01 STRAUSS ONCOLOGY	.227634	.227634			
44 LABORATORY	.088849	.088849			
47 BLOOD STORING, PROCESSING & TRANS.	.331189	.331189			
49 RESPIRATORY THERAPY	.198817	.198817			
50 PHYSICAL THERAPY	.280866	.280866			
50 01 AUDIOLOGY	.697524	.697524			
50 02 SCHWAB PHYSICAL THERAPY					
53 ELECTROCARDIOLOGY	.152173	.152173			
54 ELECTROENCEPHALOGRAPHY	.294827	.294827			
55 MEDICAL SUPPLIES CHARGED TO PATIENTS	.215403	.215403			
56 DRUGS CHARGED TO PATIENTS	.150929	.150929			
58 01 RENAL	.439833	.439833			
59 WOUND CARE	.288986	.288986			
60 OUTPAT SERVICE COST CNTRS					
60 CLINIC	.503131	.503131			
60 01 PROSTATE CENTER					
60 02 SPINE CENTER					
61 EMERGENCY	.154058	.154058			
62 OBSERVATION BEDS (NON-DISTINCT PART)	.626866	.626866			
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

Cost Center Description	All Other (1)	PPS Services FYB to 12/31	Non-PPS Services	PPS Services 1/1 to FYE	Outpatient Ambulatory Surgical Ctr
	5	5.01	5.02	5.03	6
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM		11,599,922			
37 01 G.I. LAB		933,722			
39 DELIVERY ROOM & LABOR ROOM					
40 ANESTHESIOLOGY		1,165,502			
41 RADIOLOGY-DIAGNOSTIC		8,888,473			
41 02 ULTRASOUND		622,767			
41 03 CT SCANS		5,273,275			
42 RADIOLOGY-THERAPEUTIC		1,367,950			
43 RADIOISOTOPE					
43 01 STRAUSS ONCOLOGY		10,790,946			
44 LABORATORY		1,010,539			
47 BLOOD STORING, PROCESSING & TRANS.		138,296			
49 RESPIRATORY THERAPY		32,259			
50 PHYSICAL THERAPY		323			
50 01 AUDIOLOGY		24,566			
50 02 SCHWAB PHYSICAL THERAPY					
53 ELECTROCARDIOLOGY		3,788,349			
54 ELECTROENCEPHALOGRAPHY		36,455			
55 MEDICAL SUPPLIES CHARGED TO PATIENTS		3,956,085			
56 DRUGS CHARGED TO PATIENTS		2,092,704			
58 01 RENAL		2,662			
59 WOUND CARE		102,897			
60 OUTPAT SERVICE COST CNTRS					
60 CLINIC		256,204			
60 01 PROSTATE CENTER					
60 02 SPINE CENTER					
61 EMERGENCY		4,089,286			
62 OBSERVATION BEDS (NON-DISTINCT PART)		128,625			
101 SUBTOTAL		56,301,807			
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS- PROGRAM ONLY CHARGES					
104 NET CHARGES		56,301,807			

(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				3,202,646	
37 01 G.I. LAB				224,225	
39 DELIVERY ROOM & LABOR ROOM					
40 ANESTHESIOLOGY				56,790	
41 RADIOLOGY-DIAGNOSTIC				1,828,706	
41 02 ULTRASOUND				72,027	
41 03 CT SCANS				213,130	
42 RADIOLOGY-THERAPEUTIC				238,636	
43 RADIOISOTOPE					
43 01 STRAUSS ONCOLOGY				2,456,386	
44 LABORATORY				89,785	
47 BLOOD STORING, PROCESSING & TRANS.				45,802	
49 RESPIRATORY THERAPY				6,414	
50 PHYSICAL THERAPY				91	
50 01 AUDIOLOGY				17,135	
50 02 SCHWAB PHYSICAL THERAPY					
53 ELECTROCARDIOLOGY				576,484	
54 ELECTROENCEPHALOGRAPHY				10,748	
55 MEDICAL SUPPLIES CHARGED TO PATIENTS				852,153	
56 DRUGS CHARGED TO PATIENTS				315,850	
58 01 RENAL				1,171	
59 WOUND CARE				29,736	
60 OUTPAT SERVICE COST CNTRS					
60 CLINIC				128,904	
60 01 PROSTATE CENTER					
60 02 SPINE CENTER					
61 EMERGENCY				629,987	
62 OBSERVATION BEDS (NON-DISTINCT PART)				80,631	
101 SUBTOTAL				11,077,437	
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-					
PROGRAM ONLY CHARGES					
104 NET CHARGES				11,077,437	

(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) 37 ANCILLARY SRVC COST CNTRS
- 37 OPERATING ROOM
- 37 01 G.I. LAB
- 39 DELIVERY ROOM & LABOR ROOM
- 40 ANESTHESIOLOGY
- 41 RADIOLOGY-DIAGNOSTIC
- 41 02 ULTRASOUND
- 41 03 CT SCANS
- 42 RADIOLOGY-THERAPEUTIC
- 43 RADIOISOTOPE
- 43 01 STRAUSS ONCOLOGY
- 44 LABORATORY
- 47 BLOOD STORING, PROCESSING & TRANS.
- 49 RESPIRATORY THERAPY
- 50 PHYSICAL THERAPY
- 50 01 AUDIOLOGY
- 50 02 SCHWAB PHYSICAL THERAPY
- 53 ELECTROCARDIOLOGY
- 54 ELECTROENCEPHALOGRAPHY
- 55 MEDICAL SUPPLIES CHARGED TO PATIENTS
- 56 DRUGS CHARGED TO PATIENTS
- 58 01 RENAL
- 59 WOUND CARE
- 60 OUTPAT SERVICE COST CNTRS
- 60 CLINIC
- 60 01 PROSTATE CENTER
- 60 02 SPINE CENTER
- 61 EMERGENCY
- 62 OBSERVATION BEDS (NON-DISTINCT PART)
- 101 SUBTOTAL
- 102 CRNA CHARGES
- 103 LESS PBP CLINIC LAB SVCS-
- PROGRAM ONLY CHARGES
- 104 NET CHARGES

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

I PROVIDER NO: I PERIOD: I PREPARED 10/21/2009  
 I 14-0082 I FROM 6/ 1/2008 I WORKSHEET D  
 I COMPONENT NO: I TO 5/31/2009 I PART II  
 I 14-T082 I I

TITLE XVIII, PART A

SUBPROVIDER 1

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2	TOTAL CHARGES 3	INPAT PROGRAM CHARGES 4	OLD CAPITAL CST/CHRG RATIO 5	CAPITAL COSTS 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM		1,611,316	63,919,080	74,016		
37 01	G.I. LAB		179,561	5,730,010	1,265		
39	DELIVERY ROOM & LABOR ROO		125				
40	ANESTHESIOLOGY		25,303	7,393,529	1,559		
41	RADIOLOGY-DIAGNOSTIC		636,578	20,623,489	130,714		
41 02	ULTRASOUND		14,021	3,137,513	4,039		
41 03	CT SCANS		59,463	23,299,304	69,409		
42	RADIOLOGY-THERAPEUTIC		143,656	5,296,654	13,889		
43	RADIOISOTOPE		13,742	3,844,737	39,272		
43 01	STRAUSS ONCOLOGY		230,228	21,752,459			
44	LABORATORY		284,081	52,650,222	599,088		
47	BLOOD STORING, PROCESSING		32,887	5,424,878	25,947		
49	RESPIRATORY THERAPY		79,209	8,725,326	169,764		
50	PHYSICAL THERAPY		198,352	10,375,131	2,910,694		
50 01	AUDIOLOGY		9,760	96,530			
50 02	SCHWAB PHYSICAL THERAPY						
53	ELECTROCARDIOLOGY		433,211	22,918,762	41,935		
54	ELECTROENCEPHALOGRAPHY		7,141	332,564	1,519		
55	MEDICAL SUPPLIES CHARGED		263,309	37,743,177	248,940		
56	DRUGS CHARGED TO PATIENTS		150,312	40,809,200	729,993		
58 01	RENAL		6,215	1,099,855	111,774		
59	WOUND CARE		125,488	2,314,149			
60	OUTPAT SERVICE COST CNTRS						
60	CLINIC		333,702	4,317,055			
60 01	PROSTATE CENTER						
60 02	SPINE CENTER						
61	EMERGENCY		602,120	30,194,767			
62	OBSERVATION BEDS (NON-DIS		41,815	459,867			
	OTHER REIMBURS COST CNTRS						
101	TOTAL		5,481,595	372,458,258	5,173,817		

TITLE XVIII, PART A SUBPROVIDER 1 PPS

WKST A	COST CENTER DESCRIPTION	NEW CAPITAL	
LINE NO.		CST/CHRG RATIO	COSTS
		7	8
37	ANCILLARY SRVC COST CNTRS		
	OPERATING ROOM	.025209	1,866
37 01	G.I. LAB	.031337	40
39	DELIVERY ROOM & LABOR ROO		
40	ANESTHESIOLOGY	.003422	5
41	RADIOLOGY-DIAGNOSTIC	.030867	4,035
41 02	ULTRASOUND	.004469	18
41 03	CT SCANS	.002552	177
42	RADIOLOGY-THERAPEUTIC	.027122	377
43	RADIOISOTOPE	.003574	140
43 01	STRAUSS ONCOLOGY	.010584	
44	LABORATORY	.005396	3,233
47	BLOOD STORING, PROCESSING	.006062	157
49	RESPIRATORY THERAPY	.009078	1,541
50	PHYSICAL THERAPY	.019118	55,647
50 01	AUDIOLOGY	.101108	
50 02	SCHWAB PHYSICAL THERAPY		
53	ELECTROCARDIOLOGY	.018902	793
54	ELECTROENCEPHALOGRAPHY	.021473	33
55	MEDICAL SUPPLIES CHARGED	.006976	1,737
56	DRUGS CHARGED TO PATIENTS	.003683	2,689
58 01	RENAL	.005651	632
59	WOUND CARE	.054226	
	OUTPAT SERVICE COST CNTRS		
60	CLINIC	.077299	
60 01	PROSTATE CENTER		
60 02	SPINE CENTER		
61	EMERGENCY	.019941	
62	OBSERVATION BEDS (NON-DIS	.090928	
	OTHER REIMBURS COST CNTRS		
101	TOTAL		73,120



TITLE XVIII, PART A

SUBPROVIDER 1

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF CST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
	ANCILLARY SRVC COST CNTRS							
37	OPERATING ROOM			63,919,080			74,016	
37 01	G.I. LAB			5,730,010			1,265	
39	DELIVERY ROOM & LABOR ROO							
40	ANESTHESIOLOGY			7,393,529			1,559	
41	RADIOLOGY-DIAGNOSTIC			20,623,489			130,714	
41 02	ULTRASOUND			3,137,513			4,039	
41 03	CT SCANS			23,299,304			69,409	
42	RADIOLOGY-THERAPEUTIC			5,296,654			13,889	
43	RADIOISOTOPE			3,844,737			39,272	
43 01	STRAUSS ONCOLOGY			21,752,459				
44	LABORATORY			52,650,222			599,088	
47	BLOOD STORING, PROCESSING			5,424,878			25,947	
49	RESPIRATORY THERAPY			8,725,326			169,764	
50	PHYSICAL THERAPY			10,375,131			2,910,694	
50 01	AUDIOLOGY			96,530				
50 02	SCHWAB PHYSICAL THERAPY							
53	ELECTROCARDIOLOGY			22,918,762			41,935	
54	ELECTROENCEPHALOGRAPHY			332,564			1,519	
55	MEDICAL SUPPLIES CHARGED			37,743,177			248,940	
56	DRUGS CHARGED TO PATIENTS			40,809,200			729,993	
58 01	RENAL			1,099,855			111,774	
59	WOUND CARE			2,314,149				
	OUTPAT SERVICE COST CNTRS							
60	CLINIC			4,317,055				
60 01	PROSTATE CENTER							
60 02	SPINE CENTER							
61	EMERGENCY			30,194,767				
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS			459,867				
101	TOTAL			372,458,258			5,173,817	

TITLE XVIII, PART A

SUBPROVIDER 1

PPS

WKST A	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES	OUTPAT PROG D,V COL 5.03	OUTPAT PROG D,V COL 5.04	OUTPAT PROG PASS THRU COST	COL 8.01 * COL 5	COL 8.02 * COL 5
LINE NO.		8	8.01	8.02	9	9.01	9.02
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM						
37 01	G.I. LAB						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC	10,590					
41 02	ULTRASOUND	2,571					
41 03	CT SCANS	12,836					
42	RADIOLOGY-THERAPEUTIC						
43	RADIOISOTOPE						
43 01	STRAUSS ONCOLOGY						
44	LABORATORY	850					
47	BLOOD STORING, PROCESSING						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
50 01	AUDIOLOGY						
50 02	SCHWAB PHYSICAL THERAPY						
53	ELECTROCARDIOLOGY	4,001					
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
58 01	RENAL						
59	WOUND CARE						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60 01	PROSTATE CENTER						
60 02	SPINE CENTER						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
	OTHER REIMBURS COST CNTRS						
101	TOTAL	30,848					

TITLE XVIII, PART B SUBPROVIDER 1

Cost Center Description	Cost/Charge Ratio (C, Pt I, col. 9)	Cost/Charge Ratio (C, Pt II, col. 9)	Outpatient Ambulatory Surgical Ctr	Outpatient Radiology	Other Outpatient Diagnostic
	1	1.02	2	3	4
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM	.276092	.276092			
37 01 G.I. LAB	.240141	.240141			
39 DELIVERY ROOM & LABOR ROOM					
40 ANESTHESIOLOGY	.048726	.048726			
41 RADIOLOGY-DIAGNOSTIC	.205739	.205739			
41 02 ULTRASOUND	.115657	.115657			
41 03 CT SCANS	.040417	.040417			
42 RADIOLOGY-THERAPEUTIC	.174448	.174448			
43 RADIOISOTOPE	.191044	.191044			
43 01 STRAUSS ONCOLOGY	.227634	.227634			
44 LABORATORY	.088849	.088849			
47 BLOOD STORING, PROCESSING & TRANS.	.331189	.331189			
49 RESPIRATORY THERAPY	.198817	.198817			
50 PHYSICAL THERAPY	.280866	.280866			
50 01 AUDIOLOGY	.697524	.697524			
50 02 SCHWAB PHYSICAL THERAPY					
53 ELECTROCARDIOLOGY	.152173	.152173			
54 ELECTROENCEPHALOGRAPHY	.294827	.294827			
55 MEDICAL SUPPLIES CHARGED TO PATIENTS	.215403	.215403			
56 DRUGS CHARGED TO PATIENTS	.150929	.150929			
58 01 RENAL	.439833	.439833			
59 WOUND CARE	.288986	.288986			
60 OUTPAT SERVICE COST CNTRS					
60 CLINIC	.503131	.503131			
60 01 PROSTATE CENTER					
60 02 SPINE CENTER					
61 EMERGENCY	.154058	.154058			
62 OBSERVATION BEDS (NON-DISTINCT PART)	.626866	.626866			
101 SUBTOTAL					
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES					
104 NET CHARGES					

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

TITLE XVIII, PART B

SUBPROVIDER 1

	All Other (1)	PPS Services FYB to 12/31	Non-PPS Services	PPS Services 1/1 to FYE	Outpatient Ambulatory Surgical Ctr
Cost Center Description	5	5.01	5.02	5.03	6
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM					
37 01 G.I. LAB					
39 DELIVERY ROOM & LABOR ROOM					
40 ANESTHESIOLOGY					
41 RADIOLOGY-DIAGNOSTIC		10,590			
41 02 ULTRASOUND		2,571			
41 03 CT SCANS		12,836			
42 RADIOLOGY-THERAPEUTIC					
43 RADIOISOTOPE					
43 01 STRAUSS ONCOLOGY					
44 LABORATORY		850			
47 BLOOD STORING, PROCESSING & TRANS.					
49 RESPIRATORY THERAPY					
50 PHYSICAL THERAPY					
50 01 AUDIOLOGY					
50 02 SCHWAB PHYSICAL THERAPY					
53 ELECTROCARDIOLOGY		4,001			
54 ELECTROENCEPHALOGRAPHY					
55 MEDICAL SUPPLIES CHARGED TO PATIENTS					
56 DRUGS CHARGED TO PATIENTS					
58 01 RENAL					
59 WOUND CARE					
60 OUTPAT SERVICE COST CNTRS					
60 CLINIC					
60 01 PROSTATE CENTER					
60 02 SPINE CENTER					
61 EMERGENCY					
62 OBSERVATION BEDS (NON-DISTINCT PART)					
101 SUBTOTAL		30,848			
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS- PROGRAM ONLY CHARGES					
104 NET CHARGES		30,848			

(A) WORKSHEET A LINE NUMBERS

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

TITLE XVIII, PART B

SUBPROVIDER 1

Cost Center Description	Outpatient Radiology	Other Outpatient Diagnostic	All Other	PPS Services FYB to 12/31	Non-PPS Services
(A) ANCILLARY SRVC COST CNTRS	7	8	9	9.01	9.02
37 OPERATING ROOM					
37 01 G.I. LAB					
39 DELIVERY ROOM & LABOR ROOM					
40 ANESTHESIOLOGY					
41 RADIOLOGY-DIAGNOSTIC				2,179	
41 02 ULTRASOUND				297	
41 03 CT SCANS				519	
42 RADIOLOGY-THERAPEUTIC					
43 RADIOISOTOPE					
43 01 STRAUSS ONCOLOGY					
44 LABORATORY				76	
47 BLOOD STORING, PROCESSING & TRANS.					
49 RESPIRATORY THERAPY					
50 PHYSICAL THERAPY					
50 01 AUDIOLOGY					
50 02 SCHWAB PHYSICAL THERAPY					
53 ELECTROCARDIOLOGY				609	
54 ELECTROENCEPHALOGRAPHY					
55 MEDICAL SUPPLIES CHARGED TO PATIENTS					
56 DRUGS CHARGED TO PATIENTS					
58 01 RENAL					
59 WOUND CARE					
60 OUTPAT SERVICE COST CNTRS					
60 CLINIC					
60 01 PROSTATE CENTER					
60 02 SPINE CENTER					
61 EMERGENCY					
62 OBSERVATION BEDS (NON-DISTINCT PART)					
101 SUBTOTAL				3,680	
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-					
PROGRAM ONLY CHARGES					
104 NET CHARGES				3,680	

(A) WORKSHEET A LINE NUMBERS

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

TITLE XVIII, PART B

SUBPROVIDER 1

	PPS Services 1/1 to FYE	Hospital I/P Part B Charges	Hospital I/P Part B Costs
Cost Center Description	9.03	10	11
(A) ANCILLARY SRVC COST CNTRS			
37 OPERATING ROOM			
37 01 G.I. LAB			
39 DELIVERY ROOM & LABOR ROOM			
40 ANESTHESIOLOGY			
41 RADIOLOGY-DIAGNOSTIC			
41 02 ULTRASOUND			
41 03 CT SCANS			
42 RADIOLOGY-THERAPEUTIC			
43 RADIOISOTOPE			
43 01 STRAUSS ONCOLOGY			
44 LABORATORY			
47 BLOOD STORING, PROCESSING & TRANS.			
49 RESPIRATORY THERAPY			
50 PHYSICAL THERAPY			
50 01 AUDIOLOGY			
50 02 SCHWAB PHYSICAL THERAPY			
53 ELECTROCARDIOLOGY			
54 ELECTROENCEPHALOGRAPHY			
55 MEDICAL SUPPLIES CHARGED TO PATIENTS			
56 DRUGS CHARGED TO PATIENTS			
58 01 RENAL			
59 WOUND CARE			
OUTPAT SERVICE COST CNTRS			
60 CLINIC			
60 01 PROSTATE CENTER			
60 02 SPINE CENTER			
61 EMERGENCY			
62 OBSERVATION BEDS (NON-DISTINCT PART)			
101 SUBTOTAL			
102 CRNA CHARGES			
103 LESS PBP CLINIC LAB SVCS-			
PROGRAM ONLY CHARGES			
104 NET CHARGES			

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

I PROVIDER NO: I PERIOD: I PREPARED 10/21/2009  
 I 14-0082 I FROM 6/ 1/2008 I WORKSHEET D  
 I COMPONENT NO: I TO 5/31/2009 I PART II  
 I 14-S082 I I

TITLE XVIII, PART A

SUBPROVIDER 2

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2	TOTAL CHARGES 3	INPAT PROGRAM CHARGES 4	OLD CAPITAL CST/CHRG RATIO 5	COSTS 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM		1,611,316	63,919,080	9,100		
37 01	G.I. LAB		179,561	5,730,010	4,762		
39	DELIVERY ROOM & LABOR ROO		125				
40	ANESTHESIOLOGY		25,303	7,393,529	668		
41	RADIOLOGY-DIAGNOSTIC		636,578	20,623,489	65,971		
41 02	ULTRASOUND		14,021	3,137,513	7,992		
41 03	CT SCANS		59,463	23,299,304	78,933		
42	RADIOLOGY-THERAPEUTIC		143,656	5,296,654	10,235		
43	RADIOISOTOPE		13,742	3,844,737	14,431		
43 01	STRAUSS ONCOLOGY		230,228	21,752,459			
44	LABORATORY		284,081	52,650,222	403,768		
47	BLOOD STORING, PROCESSING		32,887	5,424,878			
49	RESPIRATORY THERAPY		79,209	8,725,326	20,945		
50	PHYSICAL THERAPY		198,352	10,375,131	114,741		
50 01	AUDIOLOGY		9,760	96,530	1,930		
50 02	SCHWAB PHYSICAL THERAPY						
53	ELECTROCARDIOLOGY		433,211	22,918,762	64,559		
54	ELECTROENCEPHALOGRAPHY		7,141	332,564	3,725		
55	MEDICAL SUPPLIES CHARGED		263,309	37,743,177	23,406		
56	DRUGS CHARGED TO PATIENTS		150,312	40,809,200	391,709		
58 01	RENAL		6,215	1,099,855	2,321		
59	WOUND CARE		125,488	2,314,149			
60	OUTPAT SERVICE COST CNTRS						
60	CLINIC		333,702	4,317,055			
60 01	PROSTATE CENTER						
60 02	SPINE CENTER						
61	EMERGENCY		602,120	30,194,767	113,106		
62	OBSERVATION BEDS (NON-DIS		41,815	459,867			
	OTHER REIMBURS COST CNTRS						
101	TOTAL		5,481,595	372,458,258	1,332,302		

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

I PROVIDER NO: I PERIOD: I PREPARED 10/21/2009  
 I 14-0082 I FROM 6/ 1/2008 I WORKSHEET D  
 I COMPONENT NO: I TO 5/31/2009 I PART II  
 I 14-S082 I I

TITLE XVIII, PART A SUBPROVIDER 2

WKST A LINE NO.	COST CENTER DESCRIPTION	NEW CAPITAL CST/CHRG RATIO 7	COSTS 8
	ANCILLARY SRVC COST CNTRS		
37	OPERATING ROOM	.025209	229
37 01	G.I. LAB	.031337	149
39	DELIVERY ROOM & LABOR ROO		
40	ANESTHESIOLOGY	.003422	2
41	RADIOLOGY-DIAGNOSTIC	.030867	2,036
41 02	ULTRASOUND	.004469	36
41 03	CT SCANS	.002552	201
42	RADIOLOGY-THERAPEUTIC	.027122	278
43	RADIOISOTOPE	.003574	52
43 01	STRAUSS ONCOLOGY	.010584	
44	LABORATORY	.005396	2,179
47	BLOOD STORING, PROCESSING	.006062	
49	RESPIRATORY THERAPY	.009078	190
50	PHYSICAL THERAPY	.019118	2,194
50 01	AUDIOLOGY	.101108	195
50 02	SCHWAB PHYSICAL THERAPY		
53	ELECTROCARDIOLOGY	.018902	1,220
54	ELECTROENCEPHALOGRAPHY	.021473	80
55	MEDICAL SUPPLIES CHARGED	.006976	163
56	DRUGS CHARGED TO PATIENTS	.003683	1,443
58 01	RENAL	.005651	13
59	WOUND CARE	.054226	
60	OUTPAT SERVICE COST CNTRS CLINIC	.077299	
60 01	PROSTATE CENTER		
60 02	SPINE CENTER		
61	EMERGENCY	.019941	2,255
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	.090928	
101	TOTAL		12,915

PPS

TITLE XVIII, PART A

SUBPROVIDER 2

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST		MED ED NRS SCHOOL COST	MED ED ALLIED HEALTH COST	MED ED ALL OTHER COSTS	BLOOD CLOT FOR HEMOPHILIACS
		1	1.01	2	2.01	2.02	2.03
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM						
37 01	G.I. LAB						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
41 02	ULTRASOUND						
41 03	CT SCANS						
42	RADIOLOGY-THERAPEUTIC						
43	RADIOISOTOPE						
43 01	STRAUSS ONCOLOGY						
44	LABORATORY						
47	BLOOD STORING, PROCESSING						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
50 01	AUDIOLOGY						
50 02	SCHWAB PHYSICAL THERAPY						
53	ELECTROCARDIOLOGY						
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
58 01	RENAL						
59	WOUND CARE						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60 01	PROSTATE CENTER						
60 02	SPINE CENTER						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
	OTHER REIMBURS COST CNTRS						
101	TOTAL						

TITLE XVIII, PART A

SUBPROVIDER 2

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF CST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
37	ANCILLARY SRVC COST CNTRS							
37	OPERATING ROOM			63,919,080			9,100	
37	01 G.I. LAB			5,730,010			4,762	
39	DELIVERY ROOM & LABOR ROO							
40	ANESTHESIOLOGY			7,393,529			668	
41	RADIOLOGY-DIAGNOSTIC			20,623,489			65,971	
41	02 ULTRASOUND			3,137,513			7,992	
41	03 CT SCANS			23,299,304			78,933	
42	RADIOLOGY-THERAPEUTIC			5,296,654			10,235	
43	RADIOISOTOPE			3,844,737			14,431	
43	01 STRAUSS ONCOLOGY			21,752,459				
44	LABORATORY			52,650,222			403,768	
47	BLOOD STORING, PROCESSING			5,424,878				
49	RESPIRATORY THERAPY			8,725,326			20,945	
50	PHYSICAL THERAPY			10,375,131			114,741	
50	01 AUDIOLOGY			96,530			1,930	
50	02 SCHWAB PHYSICAL THERAPY							
53	ELECTROCARDIOLOGY			22,918,762			64,559	
54	ELECTROENCEPHALOGRAPHY			332,564			3,725	
55	MEDICAL SUPPLIES CHARGED			37,743,177			23,406	
56	DRUGS CHARGED TO PATIENTS			40,809,200			391,709	
58	01 RENAL			1,099,855			2,321	
59	WOUND CARE			2,314,149				
60	OUTPAT SERVICE COST CNTRS							
60	CLINIC			4,317,055				
60	01 PROSTATE CENTER							
60	02 SPINE CENTER							
61	EMERGENCY			30,194,767			113,106	
62	OBSERVATION BEDS (NON-DIS			459,867				
62	OTHER REIMBURS COST CNTRS							
101	TOTAL			372,458,258			1,332,302	

TITLE XVIII, PART A

SUBPROVIDER 2

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES	OUTPAT PROG D,V COL 5.03	OUTPAT PROG D,V COL 5.04	OUTPAT PROG PASS THRU COST	COL 8.01 * COL 5	COL 8.02 * COL 5
		8	8.01	8.02	9	9.01	9.02
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM						
37 01	G.I. LAB						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC	3,436					
41 02	ULTRASOUND						
41 03	CT SCANS	1,645					
42	RADIOLOGY-THERAPEUTIC						
43	RADIOISOTOPE						
43 01	STRAUSS ONCOLOGY						
44	LABORATORY						
47	BLOOD STORING, PROCESSING						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
50 01	AUDIOLOGY						
50 02	SCHWAB PHYSICAL THERAPY						
53	ELECTROCARDIOLOGY	3,885					
54	ELECTROENCEPHALOGRAPHY	745					
55	MEDICAL SUPPLIES CHARGED	443					
56	DRUGS CHARGED TO PATIENTS	145					
58 01	RENAL						
59	WOUND CARE						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60 01	PROSTATE CENTER						
60 02	SPINE CENTER						
61	EMERGENCY	3,125					
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS						
101	TOTAL	13,424					

TITLE XVIII, PART B SUBPROVIDER 2

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	.276092	.276092			
37 01 G.I. LAB	.240141	.240141			
39 DELIVERY ROOM & LABOR ROOM					
40 ANESTHESIOLOGY	.048726	.048726			
41 RADIOLOGY-DIAGNOSTIC	.205739	.205739			
41 02 ULTRASOUND	.115657	.115657			
41 03 CT SCANS	.040417	.040417			
42 RADIOLOGY-THERAPEUTIC	.174448	.174448			
43 RADIOISOTOPE	.191044	.191044			
43 01 STRAUSS ONCOLOGY	.227634	.227634			
44 LABORATORY	.088849	.088849			
47 BLOOD STORING, PROCESSING & TRANS.	.331189	.331189			
49 RESPIRATORY THERAPY	.198817	.198817			
50 PHYSICAL THERAPY	.280866	.280866			
50 01 AUDIOLOGY	.697524	.697524			
50 02 SCHWAB PHYSICAL THERAPY					
53 ELECTROCARDIOLOGY	.152173	.152173			
54 ELECTROENCEPHALOGRAPHY	.294827	.294827			
55 MEDICAL SUPPLIES CHARGED TO PATIENTS	.215403	.215403			
56 DRUGS CHARGED TO PATIENTS	.150929	.150929			
58 01 RENAL	.439833	.439833			
59 WOUND CARE	.288986	.288986			
60 OUTPAT SERVICE COST CNTRS					
60 CLINIC	.503131	.503131			
60 01 PROSTATE CENTER					
60 02 SPINE CENTER					
61 EMERGENCY	.154058	.154058			
62 OBSERVATION BEDS (NON-DISTINCT PART)	.626866	.626866			
101 SUBTOTAL					
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES					
104 NET CHARGES					

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

TITLE XVIII, PART B

SUBPROVIDER 2

		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					
37	01 G.I. LAB					
39	DELIVERY ROOM & LABOR ROOM					
40	ANESTHESIOLOGY					
41	RADIOLOGY-DIAGNOSTIC		3,436			
41	02 ULTRASOUND					
41	03 CT SCANS		1,645			
42	RADIOLOGY-THERAPEUTIC					
43	RADIOISOTOPE					
43	01 STRAUSS ONCOLOGY					
44	LABORATORY					
47	BLOOD STORING, PROCESSING & TRANS.					
49	RESPIRATORY THERAPY					
50	PHYSICAL THERAPY					
50	01 AUDIOLOGY					
50	02 SCHWAB PHYSICAL THERAPY					
53	ELECTROCARDIOLOGY		3,885			
54	ELECTROENCEPHALOGRAPHY		745			
55	MEDICAL SUPPLIES CHARGED TO PATIENTS		443			
56	DRUGS CHARGED TO PATIENTS		145			
58	01 RENAL					
59	WOUND CARE					
	OUTPAT SERVICE COST CNTRS					
60	CLINIC					
60	01 PROSTATE CENTER					
60	02 SPINE CENTER					
61	EMERGENCY		3,125			
62	OBSERVATION BEDS (NON-DISTINCT PART)					
101	SUBTOTAL		13,424			
102	CRNA CHARGES					
103	LESS PBP CLINIC LAB SVCS-					
	PROGRAM ONLY CHARGES					
104	NET CHARGES		13,424			

(A) WORKSHEET A LINE NUMBERS

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

TITLE XVIII, PART B SUBPROVIDER 2

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					
37 01 G.I. LAB					
39 DELIVERY ROOM & LABOR ROOM					
40 ANESTHESIOLOGY					
41 RADIOLOGY-DIAGNOSTIC				707	
41 02 ULTRASOUND					
41 03 CT SCANS				66	
42 RADIOLOGY-THERAPEUTIC					
43 RADIOISOTOPE					
43 01 STRAUSS ONCOLOGY					
44 LABORATORY					
47 BLOOD STORING, PROCESSING & TRANS.					
49 RESPIRATORY THERAPY					
50 PHYSICAL THERAPY					
50 01 AUDIOLOGY					
50 02 SCHWAB PHYSICAL THERAPY					
53 ELECTROCARDIOLOGY				591	
54 ELECTROENCEPHALOGRAPHY				220	
55 MEDICAL SUPPLIES CHARGED TO PATIENTS				95	
56 DRUGS CHARGED TO PATIENTS				22	
58 01 RENAL					
59 WOUND CARE					
60 OUTPAT SERVICE COST CNTRS					
60 CLINIC					
60 01 PROSTATE CENTER					
60 02 SPINE CENTER					
61 EMERGENCY				481	
62 OBSERVATION BEDS (NON-DISTINCT PART)					
101 SUBTOTAL				2,182	
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS- PROGRAM ONLY CHARGES					
104 NET CHARGES				2,182	

TITLE XVIII, PART B

SUBPROVIDER 2

Cost Center Description	PPS Services 1/1 to FYE	Hospital I/P Part B Charges	Hospital I/P Part B Costs
(A) ANCILLARY SRVC COST CNTRS	9.03	10	11
37 OPERATING ROOM			
37 01 G.I. LAB			
39 DELIVERY ROOM & LABOR ROOM			
40 ANESTHESIOLOGY			
41 RADIOLOGY-DIAGNOSTIC			
41 02 ULTRASOUND			
41 03 CT SCANS			
42 RADIOLOGY-THERAPEUTIC			
43 RADIOISOTOPE			
43 01 STRAUSS ONCOLOGY			
44 LABORATORY			
47 BLOOD STORING, PROCESSING & TRANS.			
49 RESPIRATORY THERAPY			
50 PHYSICAL THERAPY			
50 01 AUDIOLOGY			
50 02 SCHWAB PHYSICAL THERAPY			
53 ELECTROCARDIOLOGY			
54 ELECTROENCEPHALOGRAPHY			
55 MEDICAL SUPPLIES CHARGED TO PATIENTS			
56 DRUGS CHARGED TO PATIENTS			
58 01 RENAL			
59 WOUND CARE			
60 OUTPAT SERVICE COST CNTRS			
60 CLINIC			
60 01 PROSTATE CENTER			
60 02 SPINE CENTER			
61 EMERGENCY			
62 OBSERVATION BEDS (NON-DISTINCT PART)			
101 SUBTOTAL			
102 CRNA CHARGES			
103 LESS PBP CLINIC LAB SVCS-			
PROGRAM ONLY CHARGES			
104 NET CHARGES			

(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)	30,616
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	30,616
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	30,616
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
6	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)	
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)	17,102
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	19,833,213
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	19,833,213

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	54,265,559
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	69,425,256
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.365484
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	2,267.61
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	19,833,213

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 647.81  
 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST 11,078,847  
 40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM  
 41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST 11,078,847

	TOTAL I/P COST 1	TOTAL I/P DAYS 2	AVERAGE PER DIEM 3	PROGRAM DAYS 4	PROGRAM COST 5
42 NURSERY (TITLE V & XIX ONLY)					
INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS					
43 INTENSIVE CARE UNIT	6,139,809	5,140	1,194.52	2,779	3,319,571
44 CORONARY CARE UNIT					
45 BURN INTENSIVE CARE UNIT					
46 SURGICAL INTENSIVE CARE UNIT					
47 OTHER SPECIAL CARE					
48 PROGRAM INPATIENT ANCILLARY SERVICE COST					18,762,670
49 TOTAL PROGRAM INPATIENT COSTS					33,161,088

PASS THROUGH COST ADJUSTMENTS

50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES 1,953,255  
 51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES 1,317,969  
 52 TOTAL PROGRAM EXCLUDABLE COST 3,271,224  
 53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN  
 ANESTHETIST, AND MEDICAL EDUCATION COSTS 29,889,864

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	445
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	647.81
85	OBSERVATION BED COST	288,275

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	19,833,213		288,275	
87	NEW CAPITAL-RELATED COST	2,876,845	.145052	288,275	41,815
88	NON PHYSICIAN ANESTHETIST	19,833,213		288,275	
89	MEDICAL EDUCATION	19,833,213		288,275	
89.01	MEDICAL EDUCATION - ALLIED HEA				
89.02	MEDICAL EDUCATION - ALL OTHER				

TITLE XVIII PART A SUBPROVIDER I PPS

PART I - ALL PROVIDER COMPONENTS

I

INPATIENT DAYS

1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	4,397
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	4,397
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	4,397
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
7	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
8	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
9	TOTAL INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	2,977
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	3,340,520
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	3,340,520

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	5,137,214
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	5,137,214
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.650259
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	1,168.35
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	3,340,520

TITLE XVIII PART A SUBPROVIDER I PPS

PART II - HOSPITAL AND SUBPROVIDERS ONLY

1

PROGRAM INPATIENT OPERATING COST BEFORE  
 PASS THROUGH COST ADJUSTMENTS

38 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM 759.73  
 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST 2,261,716  
 40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM  
 41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST 2,261,716

	TOTAL I/P COST 1	TOTAL I/P DAYS 2	AVERAGE PER DIEM 3	PROGRAM DAYS 4	PROGRAM COST 5
42 NURSERY (TITLE V & XIX ONLY)					
INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS					
43 INTENSIVE CARE UNIT					
44 CORONARY CARE UNIT					
45 BURN INTENSIVE CARE UNIT					
46 SURGICAL INTENSIVE CARE UNIT					
47 OTHER SPECIAL CARE					1
48 PROGRAM INPATIENT ANCILLARY SERVICE COST					1,193,955
49 TOTAL PROGRAM INPATIENT COSTS					3,455,671

PASS THROUGH COST ADJUSTMENTS

50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES 338,366  
 51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES 73,120  
 52 TOTAL PROGRAM EXCLUDABLE COST 411,486  
 53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN  
 ANESTHETIST, AND MEDICAL EDUCATION COSTS 3,044,185

TARGET AMOUNT AND LIMIT COMPUTATION

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

PROGRAM INPATIENT ROUTINE SWING BED COST

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

TITLE XVIII PART A SUBPROVIDER I PPS

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

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

PART IV - COMPUTATION OF OBSERVATION BED COST

83	TOTAL OBSERVATION BED DAYS	
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	759.73
85	OBSERVATION BED COST	

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

	COST	ROUTINE COST	COLUMN 1 DIVIDED BY COLUMN 2	TOTAL OBSERVATION BED COST	OBSERVATION BED PASS THROUGH COST
	1	2	3	4	5
86	OLD CAPITAL-RELATED COST	3,340,520			
87	NEW CAPITAL-RELATED COST	499,759	.149605		
88	NON PHYSICIAN ANESTHETIST	3,340,520			
89	MEDICAL EDUCATION	3,340,520			
89.01	MEDICAL EDUCATION - ALLIED HEA				
89.02	MEDICAL EDUCATION - ALL OTHER				

TITLE XVIII PART A SUBPROVIDER II PPS

PART I - ALL PROVIDER COMPONENTS

1

INPATIENT DAYS

1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	3,065
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	3,065
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	3,065
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
7	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
8	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
9	TOTAL INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	2,345
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	2,012,181
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	2,012,181

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	4,374,547
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	4,374,547
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.459975
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	1,427.26
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	2,012,181

TITLE XVIII PART A SUBPROVIDER II 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 656.50  
 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST 1,539,493  
 40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM  
 41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST 1,539,493

	TOTAL I/P COST 1	TOTAL I/P DAYS 2	AVERAGE PER DIEM 3	PROGRAM DAYS 4	PROGRAM COST 5
42 NURSERY (TITLE V & XIX ONLY)					
INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS					
43 INTENSIVE CARE UNIT					
44 CORONARY CARE UNIT					
45 BURN INTENSIVE CARE UNIT					
46 SURGICAL INTENSIVE CARE UNIT					
47 OTHER SPECIAL CARE					1
48 PROGRAM INPATIENT ANCILLARY SERVICE COST					193,127
49 TOTAL PROGRAM INPATIENT COSTS					1,732,620

PASS THROUGH COST ADJUSTMENTS

50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES 202,280  
 51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES 12,915  
 52 TOTAL PROGRAM EXCLUDABLE COST 215,195  
 53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN  
 ANESTHETIST, AND MEDICAL EDUCATION COSTS 1,517,425

TARGET AMOUNT AND LIMIT COMPUTATION

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

PROGRAM INPATIENT ROUTINE SWING BED COST

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

TITLE XVIII PART A SUBPROVIDER II PPS

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

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

PART IV - COMPUTATION OF OBSERVATION BED COST

83	TOTAL OBSERVATION BED DAYS	
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	656.50
85	OBSERVATION BED COST	

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

	COST	ROUTINE COST	COLUMN 1 DIVIDED BY COLUMN 2	TOTAL OBSERVATION BED COST	OBSERVATION BED PASS THROUGH COST
	1	2	3	4	5
86	OLD CAPITAL-RELATED COST	2,012,181			
87	NEW CAPITAL-RELATED COST	264,391	2,012,181	.131395	
88	NON PHYSICIAN ANESTHETIST		2,012,181		
89	MEDICAL EDUCATION		2,012,181		
89.01	MEDICAL EDUCATION - ALLIED HEA				
89.02	MEDICAL EDUCATION - ALL OTHER				

TITLE XIX - I/P HOSPITAL OTHER

PART I - ALL PROVIDER COMPONENTS

1

INPATIENT DAYS

1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	30,616
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	30,616
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
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	30,616
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)	7,452
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLE V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)	
15	TOTAL NURSERY DAYS (TITLE V OR XIX ONLY)	
16	NURSERY DAYS (TITLE V OR XIX ONLY)	

SWING-BED ADJUSTMENT

17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	24,721,167
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)	
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	24,721,167

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	24,721,167

TITLE XIX - I/P

HOSPITAL

OTHER

PART II - HOSPITAL AND SUBPROVIDERS ONLY

1

PROGRAM INPATIENT OPERATING COST BEFORE  
 PASS THROUGH COST ADJUSTMENTS

38 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM 807.46  
 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST 6,017,192  
 40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM  
 41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST 6,017,192

	TOTAL I/P COST 1	TOTAL I/P DAYS 2	AVERAGE PER DIEM 3	PROGRAM DAYS 4	PROGRAM COST 5
42 NURSERY (TITLE V & XIX ONLY) INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS					
43 INTENSIVE CARE UNIT	6,137,627	5,140	1,194.09	1,269	1,515,300
44 CORONARY CARE UNIT					
45 BURN INTENSIVE CARE UNIT					
46 SURGICAL INTENSIVE CARE UNIT					
47 OTHER SPECIAL CARE					
48 PROGRAM INPATIENT ANCILLARY SERVICE COST					1
49 TOTAL PROGRAM INPATIENT COSTS					7,532,492

PASS THROUGH COST ADJUSTMENTS

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

TARGET AMOUNT AND LIMIT COMPUTATION

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

PROGRAM INPATIENT ROUTINE SWING BED COST

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

TITLE XIX - I/P HOSPITAL OTHER

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

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

PART IV - COMPUTATION OF OBSERVATION BED COST

83	TOTAL OBSERVATION BED DAYS	445
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	807.46
85	OBSERVATION BED COST	359,320

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

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

## COMPUTATION OF INPATIENT OPERATING COST

I	PROVIDER NO:	I	PERIOD:	I	PREPARED 10/21/2009
I	14-0082	I	FROM 6/ 1/2008	I	WORKSHEET D-1
I	COMPONENT NO:	I	TO 5/31/2009	I	PART I
I	14-T082	I		I	

TITLE XIX - I/P

SUBPROVIDER I

OTHER

## PART I - ALL PROVIDER COMPONENTS

1

## INPATIENT DAYS

1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	4,397
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	4,397
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	4,397
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)	365
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
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST

## PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)
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

TITLE XIX - I/P SUBPROVIDER I OTHER

PART II - HOSPITAL AND SUBPROVIDERS ONLY

1

PROGRAM INPATIENT OPERATING COST BEFORE  
 PASS THROUGH COST ADJUSTMENTS

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

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

1

48 PROGRAM INPATIENT ANCILLARY SERVICE COST  
 49 TOTAL PROGRAM INPATIENT COSTS

PASS THROUGH COST ADJUSTMENTS

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

TARGET AMOUNT AND LIMIT COMPUTATION

54 PROGRAM DISCHARGES 40  
 55 TARGET AMOUNT PER DISCHARGE  
 56 TARGET AMOUNT  
 57 DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT  
 58 BONUS PAYMENT  
 58.01 LESSER OF LINES 53/54 OR 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED  
 AND COMPOUNDED BY THE MARKET BASKET  
 58.02 LESSER OF LINES 53/54 OR 55 FROM PRIOR YEAR COST REPORT, UPDATED BY THE MARKET  
 BASKET  
 58.03 IF LINES 53/54 IS LESS THAN THE LOWER OF LINES 55, 58.01 OR 58.02 ENTER THE  
 LESSER OF 50% OF THE AMOUNT BY WHICH OPERATING COSTS (LINE 53) ARE LESS THAN  
 EXPECTED COSTS (LINES 54 x 58.02), OR 1 PERCENT OF THE TARGET AMOUNT (LINE 56)  
 OTHERWISE ENTER ZERO.  
 58.04 RELIEF PAYMENT  
 59 ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT  
 59.01 ALLOWABLE INPATIENT COST PER DISCHARGE (LINE 59 / LINE 54) (LTCH ONLY)  
 59.02 PROGRAM DISCHARGES PRIOR TO JULY 1  
 59.03 PROGRAM DISCHARGES AFTER JULY 1  
 59.04 PROGRAM DISCHARGES (SEE INSTRUCTIONS)  
 59.05 REDUCED INPATIENT COST PER DISCHARGE FOR DISCHARGES PRIOR TO JULY 1  
 (SEE INSTRUCTIONS) (LTCH ONLY)  
 59.06 REDUCED INPATIENT COST PER DISCHARGE FOR DISCHARGES AFTER JULY 1  
 (SEE INSTRUCTIONS) (LTCH ONLY)  
 59.07 REDUCED INPATIENT COST PER DISCHARGE (SEE INSTRUCTIONS) (LTCH ONLY)  
 59.08 REDUCED INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTRUCTIONS)

PROGRAM INPATIENT ROUTINE SWING BED COST

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

TITLE XIX - I/P SUBPROVIDER I OTHER

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

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

PART IV - COMPUTATION OF OBSERVATION BED COST

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

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

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

TITLE XIX - I/P SUBPROVIDER II OTHER

PART I - ALL PROVIDER COMPONENTS

1

INPATIENT DAYS

1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	3,065
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	3,065
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
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	3,065
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)	136
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLE V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)	
15	TOTAL NURSERY DAYS (TITLE V OR XIX ONLY)	
16	NURSERY DAYS (TITLE V OR XIX ONLY)	

SWING-BED ADJUSTMENT

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

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	
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	

TITLE XIX - I/P SUBPROVIDER II OTHER

PART II - HOSPITAL AND SUBPROVIDERS ONLY

1

PROGRAM INPATIENT OPERATING COST BEFORE  
 PASS THROUGH COST ADJUSTMENTS

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

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

1

48 PROGRAM INPATIENT ANCILLARY SERVICE COST  
 49 TOTAL PROGRAM INPATIENT COSTS

PASS THROUGH COST ADJUSTMENTS

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

TARGET AMOUNT AND LIMIT COMPUTATION

54 PROGRAM DISCHARGES 32  
 55 TARGET AMOUNT PER DISCHARGE  
 56 TARGET AMOUNT  
 57 DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT  
 58 BONUS PAYMENT  
 58.01 LESSER OF LINES 53/54 OR 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED  
 AND COMPOUNDED BY THE MARKET BASKET  
 58.02 LESSER OF LINES 53/54 OR 55 FROM PRIOR YEAR COST REPORT, UPDATED BY THE MARKET  
 BASKET  
 58.03 IF LINES 53/54 IS LESS THAN THE LOWER OF LINES 55, 58.01 OR 58.02 ENTER THE  
 LESSER OF 50% OF THE AMOUNT BY WHICH OPERATING COSTS (LINE 53) ARE LESS THAN  
 EXPECTED COSTS (LINES 54 x 58.02), OR 1 PERCENT OF THE TARGET AMOUNT (LINE 56)  
 OTHERWISE ENTER ZERO.  
 58.04 RELIEF PAYMENT  
 59 ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT  
 59.01 ALLOWABLE INPATIENT COST PER DISCHARGE (LINE 59 / LINE 54) (LTCH ONLY)  
 59.02 PROGRAM DISCHARGES PRIOR TO JULY 1  
 59.03 PROGRAM DISCHARGES AFTER JULY 1  
 59.04 PROGRAM DISCHARGES (SEE INSTRUCTIONS)  
 59.05 REDUCED INPATIENT COST PER DISCHARGE FOR DISCHARGES PRIOR TO JULY 1  
 (SEE INSTRUCTIONS) (LTCH ONLY)  
 59.06 REDUCED INPATIENT COST PER DISCHARGE FOR DISCHARGES AFTER JULY 1  
 (SEE INSTRUCTIONS) (LTCH ONLY)  
 59.07 REDUCED INPATIENT COST PER DISCHARGE (SEE INSTRUCTIONS) (LTCH ONLY)  
 59.08 REDUCED INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTRUCTIONS)

PROGRAM INPATIENT ROUTINE SWING BED COST

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

TITLE XIX - I/P SUBPROVIDER II OTHER

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

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

PART IV - COMPUTATION OF OBSERVATION BED COST

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

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

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

TITLE XVIII, PART A HOSPITAL PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
	INPAT ROUTINE SRVC CNTRS			
25	ADULTS & PEDIATRICS		30,761,892	
26	INTENSIVE CARE UNIT		8,175,818	
27	CORONARY CARE UNIT			
28	BURN INTENSIVE CARE UNIT			
29	SURGICAL INTENSIVE CARE UNIT			
31	SUBPROVIDER			
31	01 SUBPROVIDER II			
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.276092	18,053,600	4,984,455
37	01 G.I. LAB	.240141	748,703	179,794
39	DELIVERY ROOM & LABOR ROOM			
40	ANESTHESIOLOGY	.048726	2,075,056	101,109
41	RADIOLOGY-DIAGNOSTIC	.206047	5,435,631	1,119,995
41	02 ULTRASOUND	.115657	722,213	83,529
41	03 CT SCANS	.040417	5,797,298	234,309
42	RADIOLOGY-THERAPEUTIC	.174448	1,097,687	191,489
43	RADIOISOTOPE	.194398		
43	01 STRAUSS ONCOLOGY	.227634	145	33
44	LABORATORY	.088849	22,202,653	1,972,684
47	BLOOD STORING, PROCESSING & TRANS.	.331189	1,769,517	586,045
49	RESPIRATORY THERAPY	.198817	4,045,152	804,245
50	PHYSICAL THERAPY	.280866	2,018,839	567,023
50	01 AUDIOLOGY	.697524		
50	02 SCHWAB PHYSICAL THERAPY			
53	ELECTROCARDIOLOGY	.152173	8,187,051	1,245,848
54	ELECTROENCEPHALOGRAPHY	.294827	258,329	76,162
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.215403	14,050,214	3,026,458
56	DRUGS CHARGED TO PATIENTS	.150929	17,862,446	2,695,961
58	01 RENAL	.439833	566,459	249,147
59	WOUND CARE	.292469		
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	.503131	9,516	4,788
60	01 PROSTATE CENTER			
60	02 SPINE CENTER			
61	EMERGENCY	.154058	4,135,569	637,117
62	OBSERVATION BEDS (NON-DISTINCT PART)	.626866	3,954	2,479
	OTHER REIMBURS COST CNTRS			
101	TOTAL		109,040,032	18,762,670
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		109,040,032	

TITLE XVIII, PART A SUBPROVIDER 1 PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
	INPAT ROUTINE SRVC CNTRS			
25	ADULTS & PEDIATRICS			
26	INTENSIVE CARE UNIT			
27	CORONARY CARE UNIT			
28	BURN INTENSIVE CARE UNIT			
29	SURGICAL INTENSIVE CARE UNIT			
31	SUBPROVIDER		3,483,090	
31	01 SUBPROVIDER II			
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.276092	74,016	20,435
37	01 G.I. LAB	.240141	1,265	304
39	DELIVERY ROOM & LABOR ROOM			
40	ANESTHESIOLOGY	.048726	1,559	76
41	RADIOLOGY-DIAGNOSTIC	.206047	130,714	26,933
41	02 ULTRASOUND	.115657	4,039	467
41	03 CT SCANS	.040417	69,409	2,805
42	RADIOLOGY-THERAPEUTIC	.174448	13,889	2,423
43	RADIOISOTOPE	.194398	39,272	7,634
43	01 STRAUSS ONCOLOGY	.227634		
44	LABORATORY	.088849	599,088	53,228
47	BLOOD STORING, PROCESSING & TRANS.	.331189	25,947	8,593
49	RESPIRATORY THERAPY	.198817	169,764	33,752
50	PHYSICAL THERAPY	.280866	2,910,694	817,515
50	01 AUDIOLOGY	.697524		
50	02 SCHWAB PHYSICAL THERAPY			
53	ELECTROCARDIOLOGY	.152173	41,935	6,381
54	ELECTROENCEPHALOGRAPHY	.294827	1,519	448
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.215403	248,940	53,622
56	DRUGS CHARGED TO PATIENTS	.150929	729,993	110,177
58	01 RENAL	.439833	111,774	49,162
59	WOUND CARE	.292469		
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	.503131		
60	01 PROSTATE CENTER			
60	02 SPINE CENTER			
61	EMERGENCY	.154058		
62	OBSERVATION BEDS (NON-DISTINCT PART)	.626866		
	OTHER REIMBURS COST CNTRS			
101	TOTAL		5,173,817	1,193,955
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		5,173,817	

TITLE XVIII, PART A SUBPROVIDER 2 PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
	INPAT ROUTINE SRVC CNTRS			
25	ADULTS & PEDIATRICS			
26	INTENSIVE CARE UNIT			
27	CORONARY CARE UNIT			
28	BURN INTENSIVE CARE UNIT			
29	SURGICAL INTENSIVE CARE UNIT			
31	SUBPROVIDER			
31	01 SUBPROVIDER II		3,357,134	
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.276092	9,100	2,512
37	01 G.I. LAB	.240141	4,762	1,144
39	DELIVERY ROOM & LABOR ROOM			
40	ANESTHESIOLOGY	.048726	668	33
41	RADIOLOGY-DIAGNOSTIC	.206047	65,971	13,593
41	02 ULTRASOUND	.115657	7,992	924
41	03 CT SCANS	.040417	78,933	3,190
42	RADIOLOGY-THERAPEUTIC	.174448	10,235	1,785
43	RADIOISOTOPE	.194398	14,431	2,805
43	01 STRAUSS ONCOLOGY	.227634		
44	LABORATORY	.088849	403,768	35,874
47	BLOOD STORING, PROCESSING & TRANS.	.331189		
49	RESPIRATORY THERAPY	.198817	20,945	4,164
50	PHYSICAL THERAPY	.280866	114,741	32,227
50	01 AUDIOLOGY	.697524	1,930	1,346
50	02 SCHWAB PHYSICAL THERAPY			
53	ELECTROCARDIOLOGY	.152173	64,559	9,824
54	ELECTROENCEPHALOGRAPHY	.294827	3,725	1,098
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.215403	23,406	5,042
56	DRUGS CHARGED TO PATIENTS	.150929	391,709	59,120
58	01 RENAL	.439833	2,321	1,021
59	WOUND CARE	.292469		
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	.503131		
60	01 PROSTATE CENTER			
60	02 SPINE CENTER			
61	EMERGENCY	.154058	113,106	17,425
62	OBSERVATION BEDS (NON-DISTINCT PART)	.626866		
	OTHER REIMBURS COST CNTRS			
101	TOTAL		1,332,302	193,127
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		1,332,302	



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 INSTRU		
5.06 TOTAL ADDITIONAL PAYMENT		
6 SUBTOTAL (SEE INSTRUCTIONS)	42,377,471	
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)	42,377,471	
9 PAYMENT FOR INPATIENT PROGRAM CAPITAL	3,193,235	
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)	2,521,960	
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	48,092,666	
17 PRIMARY PAYER PAYMENTS	257,510	
18 TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES	47,835,156	
19 DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	2,193,260	
20 COINSURANCE BILLED TO PROGRAM BENEFICIARIES	471,088	
21 REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	678,686	
21.01 ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	475,080	
21.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	539,027	
22 SUBTOTAL	45,645,888	
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	45,645,888	
27 SEQUESTRATION ADJUSTMENT		
28 INTERIM PAYMENTS	46,502,524	
28.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
29 BALANCE DUE PROVIDER (PROGRAM)	-856,636	
30 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2.		
----- FI ONLY -----		
50 OPERATING OUTLIER AMOUNT FROM WKS E, A, L2.01		
51 CAPITAL OUTLIER AMOUNT FROM WKS L, I, L3.01		
52 OPERATING OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)		
53 CAPITAL OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)		
54 THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY		
55 TIME VALUE OF MONEY (SEE INSTRUCTIONS)		
56 CAPITAL TIME VALUE OF MONEY (SEE INSTRUCTIONS)		

PART B - MEDICAL AND OTHER HEALTH SERVICES

HOSPITAL

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)	
1.01	MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER APRIL 1, 2001 (SEE INSTRUCTIONS).	11,077,437
1.02	PPS PAYMENTS RECEIVED INCLUDING OUTLIERS.	9,824,969
1.03	ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO.	.792
1.04	LINE 1.01 TIMES LINE 1.03.	8,773,330
1.05	LINE 1.02 DIVIDED BY LINE 1.04.	
1.06	TRANSITIONAL CORRIDOR PAYMENT (SEE INSTRUCTIONS)	
1.07	ENTER THE AMOUNT FROM WORKSHEET D, PART IV, (COLS 9, 9.01, 9.02) LINE 101.	
2	INTERNS AND RESIDENTS	
3	ORGAN ACQUISITIONS	
4	COST OF TEACHING PHYSICIANS	
5	TOTAL COST (SEE INSTRUCTIONS)	

COMPUTATION OF LESSER OF COST OR CHARGES

REASONABLE CHARGES		
6	ANCILLARY SERVICE CHARGES	
7	INTERNS AND RESIDENTS SERVICE CHARGES	
8	ORGAN ACQUISITION CHARGES	
9	CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS.	
10	TOTAL REASONABLE CHARGES	
CUSTOMARY CHARGES		
11	AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS	
12	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e).	
13	RATIO OF LINE 11 TO LINE 12	
14	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)	
15	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	
16	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	
17	LESSER OF COST OR CHARGES (FOR CAH SEE INSTRUC)	
17.01	TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 1.02, 1.06 AND 1.07)	9,824,969

COMPUTATION OF REIMBURSEMENT SETTLEMENT		
18	DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)	
18.01	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 17.01 (SEE INSTRUCTIONS)	2,464,702
19	SUBTOTAL (SEE INSTRUCTIONS)	7,360,267
20	SUM OF AMOUNTS FROM WORKSHEET E PARTS C, D & E (SEE INSTR.)	
21	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	733,165
22	ESRD DIRECT MEDICAL EDUCATION COSTS	
23	SUBTOTAL	8,093,432
24	PRIMARY PAYER PAYMENTS	9,542
25	SUBTOTAL	8,083,890

REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)		
26	COMPOSITE RATE ESRD	
27	BAD DEBTS (SEE INSTRUCTIONS)	477,337
27.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	334,136
27.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	363,169
28	SUBTOTAL	8,418,026
29	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION.	
30	OTHER ADJUSTMENTS (SPECIFY)	
30.99	OTHER ADJUSTMENTS (MSP-LCC RECONCILIATION AMOUNT)	
31	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS.	
32	SUBTOTAL	8,418,026
33	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
34	INTERIM PAYMENTS	7,350,726
34.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
35	BALANCE DUE PROVIDER/PROGRAM	1,067,300
36	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2	

TO BE COMPLETED BY CONTRACTOR		
50	ORIGINAL OUTLIER AMOUNT (SEE INSTRUCTIONS)	
51	OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)	
52	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY	
53	TIME VALUE OF MONEY (SEE INSTRUCTIONS)	
54	TOTAL (SUM OF LINES 51 AND 53)	

PART B - MEDICAL AND OTHER HEALTH SERVICES  
 SUBPROVIDER 1

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)	
1.01	MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER APRIL 1, 2001 (SEE INSTRUCTIONS).	3,680
1.02	PPS PAYMENTS RECEIVED INCLUDING OUTLIERS.	4,438
1.03	ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO.	.792
1.04	LINE 1.01 TIMES LINE 1.03.	2,915
1.05	LINE 1.02 DIVIDED BY LINE 1.04.	
1.06	TRANSITIONAL CORRIDOR PAYMENT (SEE INSTRUCTIONS)	
1.07	ENTER THE AMOUNT FROM WORKSHEET D, PART IV, (COLS 9, 9.01, 9.02) LINE 101.	
2	INTERNS AND RESIDENTS	
3	ORGAN ACQUISITIONS	
4	COST OF TEACHING PHYSICIANS	
5	TOTAL COST (SEE INSTRUCTIONS)	

COMPUTATION OF LESSER OF COST OR CHARGES

REASONABLE CHARGES		
6	ANCILLARY SERVICE CHARGES	
7	INTERNS AND RESIDENTS SERVICE CHARGES	
8	ORGAN ACQUISITION CHARGES	
9	CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS.	
10	TOTAL REASONABLE CHARGES	
CUSTOMARY CHARGES		
11	AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS	
12	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e).	
13	RATIO OF LINE 11 TO LINE 12	
14	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)	
15	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	
16	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	
17	LESSER OF COST OR CHARGES (FOR CAH SEE INSTRUC)	
17.01	TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 1.02, 1.06 AND 1.07)	4,438

COMPUTATION OF REIMBURSEMENT SETTLEMENT

18	DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)	
18.01	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 17.01 (SEE INSTRUCTIONS)	1,256
19	SUBTOTAL (SEE INSTRUCTIONS)	3,182
20	SUM OF AMOUNTS FROM WORKSHEET E PARTS C, D & E (SEE INSTR.)	
21	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	
22	ESRD DIRECT MEDICAL EDUCATION COSTS	
23	SUBTOTAL	3,182
24	PRIMARY PAYER PAYMENTS	
25	SUBTOTAL	3,182

REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)

26	COMPOSITE RATE ESRD	
27	BAD DEBTS (SEE INSTRUCTIONS)	
27.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	
27.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	
28	SUBTOTAL	3,182
29	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION.	
30	OTHER ADJUSTMENTS (SPECIFY)	
30.99	OTHER ADJUSTMENTS (MSP-LCC RECONCILIATION AMOUNT)	
31	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS.	
32	SUBTOTAL	3,182
33	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
34	INTERIM PAYMENTS	3,183
34.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
35	BALANCE DUE PROVIDER/PROGRAM	-1
36	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2	

TO BE COMPLETED BY CONTRACTOR

50	ORIGINAL OUTLIER AMOUNT (SEE INSTRUCTIONS)	
51	OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)	
52	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY	
53	TIME VALUE OF MONEY (SEE INSTRUCTIONS)	
54	TOTAL (SUM OF LINES 51 AND 53)	

PART B - MEDICAL AND OTHER HEALTH SERVICES

SUBPROVIDER 2

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)	
1.01	MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER APRIL 1, 2001 (SEE INSTRUCTIONS).	2,182
1.02	PPS PAYMENTS RECEIVED INCLUDING OUTLIERS.	2,405
1.03	ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO.	.792
1.04	LINE 1.01 TIMES LINE 1.03.	1,728
1.05	LINE 1.02 DIVIDED BY LINE 1.04.	
1.06	TRANSITIONAL CORRIDOR PAYMENT (SEE INSTRUCTIONS)	
1.07	ENTER THE AMOUNT FROM WORKSHEET D, PART IV, (COLS 9, 9.01, 9.02) LINE 101.	
2	INTERNS AND RESIDENTS	
3	ORGAN ACQUISITIONS	
4	COST OF TEACHING PHYSICIANS	
5	TOTAL COST (SEE INSTRUCTIONS)	

COMPUTATION OF LESSER OF COST OR CHARGES

REASONABLE CHARGES		
6	ANCILLARY SERVICE CHARGES	
7	INTERNS AND RESIDENTS SERVICE CHARGES	
8	ORGAN ACQUISITION CHARGES	
9	CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS.	
10	TOTAL REASONABLE CHARGES	
CUSTOMARY CHARGES		
11	AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS	
12	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e).	
13	RATIO OF LINE 11 TO LINE 12	
14	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)	
15	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	
16	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	
17	LESSER OF COST OR CHARGES (FOR CAH SEE INSTRUC)	
17.01	TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 1.02, 1.06 AND 1.07)	2,405

COMPUTATION OF REIMBURSEMENT SETTLEMENT		
18	DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)	
18.01	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 17.01 (SEE INSTRUCTIONS)	623
19	SUBTOTAL (SEE INSTRUCTIONS)	1,782
20	SUM OF AMOUNTS FROM WORKSHEET E PARTS C, D & E (SEE INSTR.)	
21	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	
22	ESRD DIRECT MEDICAL EDUCATION COSTS	
23	SUBTOTAL	1,782
24	PRIMARY PAYER PAYMENTS	
25	SUBTOTAL	1,782

REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)		
26	COMPOSITE RATE ESRD	
27	BAD DEBTS (SEE INSTRUCTIONS)	
27.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	
27.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	
28	SUBTOTAL	1,782
29	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION.	
30	OTHER ADJUSTMENTS (SPECIFY)	
30.99	OTHER ADJUSTMENTS (MSP-LCC RECONCILIATION AMOUNT)	
31	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS.	
32	SUBTOTAL	1,782
33	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
34	INTERIM PAYMENTS	1,781
34.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
35	BALANCE DUE PROVIDER/PROGRAM	1
36	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2	

TO BE COMPLETED BY CONTRACTOR		
50	ORIGINAL OUTLIER AMOUNT (SEE INSTRUCTIONS)	
51	OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)	
52	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY	
53	TIME VALUE OF MONEY (SEE INSTRUCTIONS)	
54	TOTAL (SUM OF LINES 51 AND 53)	

TITLE XVIII HOSPITAL

DESCRIPTION	INPATIENT-PART A		P A R T B	
	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		46,840,953		7,350,726
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	5/ 1/2009	107,822		
ADJUSTMENTS TO PROVIDER .02				
ADJUSTMENTS TO PROVIDER .03				
ADJUSTMENTS TO PROVIDER .04				
ADJUSTMENTS TO PROVIDER .05				
ADJUSTMENTS TO PROGRAM .50	12/12/2008	446,251		
ADJUSTMENTS TO PROGRAM .51				
ADJUSTMENTS TO PROGRAM .52				
ADJUSTMENTS TO PROGRAM .53				
ADJUSTMENTS TO PROGRAM .54				
SUBTOTAL .99		-338,429		NONE
4 TOTAL INTERIM PAYMENTS		46,502,524		7,350,726
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
TENTATIVE TO PROVIDER .01				
TENTATIVE TO PROVIDER .02				
TENTATIVE TO PROVIDER .03				
TENTATIVE TO PROGRAM .50				
TENTATIVE TO PROGRAM .51				
TENTATIVE TO PROGRAM .52				
SUBTOTAL .99		NONE		NONE
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)	SETTLEMENT TO PROVIDER .01			1,067,300
	SETTLEMENT TO PROGRAM .02	856,636		
7 TOTAL MEDICARE PROGRAM LIABILITY		45,645,888		8,418,026

NAME OF INTERMEDIARY:  
 INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: \_\_\_\_\_

DATE: \_\_\_/\_\_\_/\_\_\_

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

TITLE XVIII SUBPROVIDER 1

DESCRIPTION	INPATIENT-PART A		P A R T B	
	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		4,089,867		3,183
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.		NONE		NONE
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
ADJUSTMENTS TO PROVIDER .01				
ADJUSTMENTS TO PROVIDER .02				
ADJUSTMENTS TO PROVIDER .03				
ADJUSTMENTS TO PROVIDER .04				
ADJUSTMENTS TO PROVIDER .05				
ADJUSTMENTS TO PROGRAM .50				
ADJUSTMENTS TO PROGRAM .51				
ADJUSTMENTS TO PROGRAM .52				
ADJUSTMENTS TO PROGRAM .53				
ADJUSTMENTS TO PROGRAM .54				
SUBTOTAL		NONE		NONE
4 TOTAL INTERIM PAYMENTS		4,089,867		3,183
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		NONE		NONE
6 DETERMINED NET SETTLEMENT				
AMOUNT (BALANCE DUE)	SETTLEMENT TO PROVIDER			1
BASED ON COST REPORT (1)	SETTLEMENT TO PROGRAM	77,500		
7 TOTAL MEDICARE PROGRAM LIABILITY		4,012,367		3,182

NAME OF INTERMEDIARY:  
 INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: \_\_\_\_\_

DATE: \_\_/\_\_/\_\_

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

TITLE XVIII SUBPROVIDER 2

DESCRIPTION	INPATIENT-PART A		P A R T B	
	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		1,885,709		1,781
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.		NONE		NONE
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
ADJUSTMENTS TO PROVIDER .01				
ADJUSTMENTS TO PROVIDER .02				
ADJUSTMENTS TO PROVIDER .03				
ADJUSTMENTS TO PROVIDER .04				
ADJUSTMENTS TO PROVIDER .05				
ADJUSTMENTS TO PROGRAM .50				
ADJUSTMENTS TO PROGRAM .51				
ADJUSTMENTS TO PROGRAM .52				
ADJUSTMENTS TO PROGRAM .53				
ADJUSTMENTS TO PROGRAM .54				
SUBTOTAL		NONE		NONE
4 TOTAL INTERIM PAYMENTS		1,885,709		1,781
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		NONE		NONE
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)				1
SETTLEMENT TO PROVIDER .01				
SETTLEMENT TO PROGRAM .02				
7 TOTAL MEDICARE PROGRAM LIABILITY		1,885,709		1,782

NAME OF INTERMEDIARY:  
 INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: \_\_\_\_\_

DATE: \_\_\_/\_\_\_/\_\_\_

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

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

1	INPATIENT HOSPITAL SERVICES (SEE INSTRUCTIONS)	
1.01	HOSPITAL SPECIFIC AMOUNT (SEE INSTRUCTIONS)	
1.02	ENTER FROM THE PS&R, THE IRF PPS PAYMENT	3,677,726
1.03	MEDICARE SSI RATIO (IRF PPS ONLY) (SEE INSTR.)	.0983
1.04	INPATIENT REHABILITATION FACILITY LIP PAYMENTS (SEE INSTRUCTIONS)	402,226
1.05	OUTLIER PAYMENTS	
1.06	TOTAL PPS PAYMENTS (SUM OF LINES 1.01, (1.02, 1.04 FOR COLUMNS 1 & 1.01), 1.05 AND 1.42)	4,079,952
1.07	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT (SEE INSTRUCTIONS)	
	INPATIENT PSYCHIATRIC FACILITY (IPF)	
1.08	NET FEDERAL IPF PPS PAYMENTS (EXCLUDING OUTLIER, ECT, STOP-LOSS, AND MEDICAL EDUCATION PAYMENTS)	
1.09	NET IPF PPS OUTLIER PAYMENTS	
1.10	NET IPF PPS ECT PAYMENTS	
1.11	UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR LATEST COST REPORT FILED PRIOR TO NOVEMBER 15, 2004 (SEE INSTRUCTIONS)	
1.12	NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTRUCTIONS)	
1.13	CURRENT YEARS UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.14	CURRENT YEARS UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.15	INTERN AND RESIDENT COUNT FOR IPF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)	
1.16	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)	
1.17	MEDICAL EDUCATION ADJUSTMENT FACTOR $\{((1 + (\text{LINE } 1.15/1.16))) \text{ RAISED TO THE POWER OF } .5150 - 1\}$ .	
1.18	MEDICAL EDUCATION ADJUSTMENT (LINE 1.08 MULTIPLIED BY LINE 1.17).	
1.19	ADJUSTED NET IPF PPS PAYMENTS (SUM OF LINES 1.08, 1.09, 1.10 AND 1.18)	
1.20	STOP LOSS PAYMENT FLOOR (LINE 1 x 70%)	
1.21	ADJUSTED NET PAYMENT FLOOR (LINE 1.20 x THE APPROPRIATE FEDERAL BLEND PERCENTAGE)	
1.22	STOP LOSS ADJUSTMENT (IF LINE 1.21 IS GREATER THAN LINE 1.19 ENTER THE AMOUNT ON LINE 1.21 LESS LINE 1.19 OTHERWISE ENTER -0-)	
1.23	TOTAL IPF PPS PAYMENTS (SUM OF LINES 1.01, 1.19 AND 1.22)	
	INPATIENT REHABILITATION FACILITY (IRF)	
1.35	UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR COST REPORT PERIODS ENDING ON/OR PRIOR TO NOVEMBER 15, 2004. (SEE INST.)	
1.36	NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTRUCTIONS)	
1.37	CURRENT YEAR'S UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.38	CURRENT YEAR'S UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.39	INTERN AND RESIDENT COUNT FOR IRF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)	
1.40	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)	12.046575
1.41	MEDICAL EDUCATION ADJUSTMENT FACTOR $\{((1 + (\text{LINE } 1.39/1.40))) \text{ RAISED TO THE POWER OF } .9012 - 1\}$ .	
1.42	MEDICAL EDUCATION ADJUSTMENT (LINE 1.02 MULTIPLIED BY LINE 1.41).	
2	ORGAN ACQUISITION	
3	COST OF TEACHING PHYSICIANS	
4	SUBTOTAL (SEE INSTRUCTIONS)	4,079,952
5	PRIMARY PAYER PAYMENTS	
6	SUBTOTAL	4,079,952
7	DEDUCTIBLES	10,460
8	SUBTOTAL	4,069,492
9	COINSURANCE	57,125
10	SUBTOTAL	4,012,367
11	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROF SERV)	
11.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	
11.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	
12	SUBTOTAL	4,012,367
13	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	
13.01	OTHER PASS THROUGH COSTS (SEE INSTRUCTIONS)	
14	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION	
15	OTHER ADJUSTMENTS (SPECIFY)	
15.99	OUTLIER RECONCILIATION ADJUSTMENT	
16	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS	

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

	RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS	
17	TOTAL AMOUNT PAYABLE TO THE PROVIDER (SEE INSTRUCTIONS)	4,012,367
18	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
19	INTERIM PAYMENTS	4,089,867
19.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
20	BALANCE DUE PROVIDER/PROGRAM	-77,500
21	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2.	

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

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



PART I - MEDICARE PART A SERVICES - TEFRA AND IRF PPS AND LTCH PPS AND IPF PPS  
SUBPROVIDER 2

17	RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS	
	TOTAL AMOUNT PAYABLE TO THE PROVIDER (SEE INSTRUCTIONS)	1,885,709
18	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
19	INTERIM PAYMENTS	1,885,709
19.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
20	BALANCE DUE PROVIDER/PROGRAM	
21	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS)	
	IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2.	

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

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

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

	TITLE XIX	HOSPITAL	OTHER TITLE V OR TITLE XIX	TITLE XVIII SNF PPS
			1	2
1	COMPUTATION OF NET COST OF COVERED SERVICE			
2	INPATIENT HOSPITAL/SNF/NF SERVICES		7,532,492	
3	MEDICAL AND OTHER SERVICES			
4	INTERNS AND RESIDENTS (SEE INSTRUCTIONS)			
5	ORGAN ACQUISITION (CERT TRANSPLANT CENTERS ONLY)			
6	COST OF TEACHING PHYSICIANS (SEE INSTRUCTIONS)			
7	SUBTOTAL		7,532,492	
8	INPATIENT PRIMARY PAYER PAYMENTS			
9	OUTPATIENT PRIMARY PAYER PAYMENTS			
	SUBTOTAL		7,532,492	
	COMPUTATION OF LESSER OF COST OR CHARGES			
	REASONABLE CHARGES			
10	ROUTINE SERVICE CHARGES			
11	ANCILLARY SERVICE CHARGES			
12	INTERNS AND RESIDENTS SERVICE CHARGES			
13	ORGAN ACQUISITION CHARGES, NET OF REVENUE			
14	TEACHING PHYSICIANS			
15	INCENTIVE FROM TARGET AMOUNT COMPUTATION			
16	TOTAL REASONABLE CHARGES			
	CUSTOMARY CHARGES			
17	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS			
18	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e)			
19	RATIO OF LINE 17 TO LINE 18			
20	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)			
21	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST			
22	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES		7,532,492	
23	COST OF COVERED SERVICES		7,532,492	
	PROSPECTIVE PAYMENT AMOUNT			
24	OTHER THAN OUTLIER PAYMENTS			
25	OUTLIER PAYMENTS			
26	PROGRAM CAPITAL PAYMENTS			
27	CAPITAL EXCEPTION PAYMENTS (SEE INSTRUCTIONS)			
28	ROUTINE SERVICE OTHER PASS THROUGH COSTS			
29	ANCILLARY SERVICE OTHER PASS THROUGH COSTS			
30	SUBTOTAL		7,532,492	
31	CUSTOMARY CHARGES (TITLE XIX PPS COVERED SERVICES ONLY)			
32	TITLES V OR XIX PPS, LESSER OF LNS 30 OR 31; NON PPS & TITLE XVIII ENTER AMOUNT FROM LINE 30		7,532,492	
33	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)			
	COMPUTATION OF REIMBURSEMENT SETTLEMENT			
34	EXCESS OF REASONABLE COST		7,532,492	
35	SUBTOTAL			
36	COINSURANCE			
37	SUM OF AMOUNTS FROM WKST. E, PARTS C, D & E, LN 19			
38	REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)			
38.01	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS ENDING BEFORE 10/01/05 (SEE INSTRUCTIONS)			
38.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES			
38.03	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS BEGINNING ON OR AFTER 10/01/05 (SEE INSTRUCTIONS)			
39	UTILIZATION REVIEW			
40	SUBTOTAL (SEE INSTRUCTIONS)			
41	INPATIENT ROUTINE SERVICE COST			
42	MEDICARE INPATIENT ROUTINE CHARGES			
43	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS			
44	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT OF PART A SERVICES			
45	RATIO OF LINE 43 TO 44			
46	TOTAL CUSTOMARY CHARGES			
47	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST			
48	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			
49	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION			
50	OTHER ADJUSTMENTS (SPECIFY)			
51	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS			
52	SUBTOTAL			
53	INDIRECT MEDICAL EDUCATION ADJUSTMENT (PPS ONLY)			
54	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS			
55	TOTAL AMOUNT PAYABLE TO THE PROVIDER			
56	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)			
57	INTERIM PAYMENTS			
57.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)			
58	BALANCE DUE PROVIDER/PROGRAM			
59	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS)			

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

TITLE XIX

HOSPITAL

OTHER  
TITLE V OR  
TITLE XIX  
1

TITLE XVIII  
SNF PPS  
2

IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2.

CALCULATION OF REIMBURSEMENT SETTLEMENT

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

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

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

TITLE XIX

SUBPROVIDER 1

OTHER  
TITLE V OR  
TITLE XIX  
1

TITLE XVIII  
SNF PPS  
2

IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2.

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

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

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

TITLE XIX

SUBPROVIDER 2

OTHER  
TITLE V OR  
TITLE XIX  
1

TITLE XVIII  
SNF PPS  
2

IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2.

TITLE XVIII

COMPUTATION OF TOTAL DIRECT GME AMOUNT

1	NUMBER OF FTE RESIDENTS FOR OB/GYN & PRIMARY CARE		
1.01	NUMBER OF FTE RESIDENTS FOR ALL OTHER (SEE INSTR)		
2	UPDATED PER RESIDENT AMOUNT FOR OB/GYN & PRIMARY		
2.01	UPDATED PER RESIDENT AMOUNT ALL OTHER (SEE INSTR)		
3	AGGREGATE APPROVED AMOUNT		
3.01	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR COST REPTG PERIODS ENDING ON OR BEFORE 12/31/96		62.64
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)	62.36	62.36
3.05	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR THE CURRENT YEAR FROM YOUR RECORDS		52.06
3.06	ENTER THE LESSER OF LINE 3.04 OR LINE 3.05.		52.06
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.		26.14
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.		22.32
3.09	ENTER THE SUM OF LINES 3.07 AND 3.08.		48.46
3.10	SEE INSTRUCTIONS		48.46
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.		4.59
3.12	SEE INSTRUCTIONS		26.91
3.13	TOTAL WEIGHTED RESIDENT FTE COUNT FOR NONPRIMARY CARE RESIDENTS FOR THE PRIOR COST REPORTING YEAR (SEE INSTRUCTIONS)		20.50
3.14	TOTAL WEIGHTED RESIDENT FTE COUNT FOR NONPRIMARY CARE RESIDENTS FOR THE PENULTIMATE COST REPORTING YEAR (SEE INSTRUCTIONS)		7.55
3.15	ROLLING AVERAGE FTE COUNT (SEE INSTRUCTIONS)	RES INIT YEARS	18.32
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)		18.32
3.17	ENTER THE NONPRIMARY CARE PER RESIDENT AMOUNT.		105,913.19
3.18	SEE INSTRUCTIONS		1,940,330
3.19	ENTER THE WEIGHTED FTE RESIDENT COUNT FOR PRIMARY CARE AND OB/GYN RESIDENTS FOR THE PRIOR YEAR (SEE INSTRUCTIONS)		25.81
3.20	ENTER THE WEIGHTED FTE RESIDENT COUNT FOR PRIMARY CARE AND OB/GYN RESIDENTS FOR THE PENULTIMATE YEAR (SEE INSTRUCTIONS)		39.33
3.21	SEE INSTRUCTIONS	RES INIT YEARS	30.43
3.22	SEE INSTRUCTIONS		30.43
3.23	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001		111,851.14
3.24	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001		3,403,630
3.25	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001		5,343,960

COMPUTATION OF PROGRAM PATIENT LOAD

4	PROGRAM PART A INPATIENT DAYS		25,203
5	TOTAL INPATIENT DAYS		42,773
6	RATIO OF PROGRAM INPATIENT DAYS TO TOTAL INPATIENT DAYS.	LN 6 * LN 3.25 + E-3, 6 L 11	.589227
6.01	TOTAL GME PAYMENT FOR NON-MANAGED CARE DAYS	3,148,806	3,148,806
6.02	PROGRAM MANAGED CARE DAYS OCCURING ON OR AFTER JANUARY 1 OF THIS COST REPORTING PERIOD (SEE INSTRUCTIONS)		991
6.03	ENTER THE TOTAL INPATIENT DAYS FROM LINE 5 ABOVE.		42,773
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.		106,319
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) 38,349,379
- 13 ORGAN ACQUISITION COSTS
- 14 COST OF TEACHING PHYSICIANS
- 15 PRIMARY PAYER PAYMENTS 257,510
- 16 TOTAL PART A REASONABLE COST 38,091,869

PART B REASONABLE COST

- 17 REASONABLE COST 11,083,299
- 18 PRIMARY PAYER PAYMENTS 9,542
- 19 TOTAL PART B REASONABLE COST 11,073,757
- 20 TOTAL REASONABLE COST 49,165,626
- 21 RATIO OF PART A REASONABLE COST TO TOTAL REASONABLE COST .774766
- 22 RATIO OF PART B REASONABLE COST TO TOTAL REASONABLE COST .225234

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 3,255,125  
 (SUM OF LINES 6.01, 6.05, & 6.08)
- 24 PART A MEDICARE GME PAYMENT--TITLE XVIII ONLY 2,521,960
- 25 PART B MEDICARE GME PAYMENT--TITLE XVIII ONLY 733,165

TITLE XVIII

CALCULATION OF REDUCED DIRECT GME CAP UNDER SECTION 422 OF MMA

	COLUMN 1	COLUMN 1.01
1 RATIO OF DAYS OCCURRING ON OR AFTER 7/1/2005 TO TOTAL DAYS IN THE COST REPORTING PERIOD.	1.000000	
2 REDUCED DIRECT GME FTE CAP (SEE INSTRUCTIONS)	62.36	
3 UNADJUSTED DIRECT GME FTE CAP (WKST E-3, PART IV, SUM OF LINES 3.01 AND 3.02)	62.64	
4 PRORATED REDUCED DIRECT GME FTE CAP (SEE INSTRUCTIONS)	62.36	

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 IME CAP UNDER SECTION 422 OF MMA

13 REDUCED IME FTE CAP (SEE INSTRUCTIONS)	60.71
14 UNADJUSTED IME FTE CAP (WKST E, PART A, SUM OF LINES 3.04 AND 3.05)	62.12
15 PRORATED REDUCED ALLOWABLE IME FTE CAP	60.71

CALCULATION OF ADDITIONAL IME PAYMENTS ATTRIBUTABLE TO SECTION 422 OF MMA

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



	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
LIABILITIES AND FUND BALANCE	1	2	3	4
CURRENT LIABILITIES				
28 ACCOUNTS PAYABLE	15,218,370			
29 SALARIES, WAGES & FEES PAYABLE				
30 PAYROLL TAXES PAYABLE				
31 NOTES AND LOANS PAYABLE (SHORT TERM)				
32 DEFERRED INCOME				
33 ACCELERATED PAYMENTS				
34 DUE TO OTHER FUNDS				
35 OTHER CURRENT LIABILITIES				
36 TOTAL CURRENT LIABILITIES	15,218,370			
LONG TERM LIABILITIES				
37 MORTGAGE PAYABLE	106,671,346			
38 NOTES PAYABLE	-185,256			
39 UNSECURED LOANS				
40.01 LOANS PRIOR TO 7/1/66				
40.02 ON OR AFTER 7/1/66				
41 OTHER LONG TERM LIABILITIES	2,123,962			
42 TOTAL LONG-TERM LIABILITIES	108,610,052			
43 TOTAL LIABILITIES	123,828,422			
CAPITAL ACCOUNTS				
44 GENERAL FUND BALANCE	-52,332,168			
45 SPECIFIC PURPOSE FUND				
46 DONOR CREATED- ENDOWMENT FUND BALANCE- RESTRICTED				
47 DONOR CREATED- ENDOWMENT FUND BALANCE- UNRESTRICT				
48 GOVERNING BODY CREATED- ENDOWMENT FUND BALANCE				
49 PLANT FUND BALANCE-INVESTED IN PLANT				
50 PLANT FUND BALANCE- RESERVE FOR PLANT IMPROVEMENT, REPLACEMENT AND EXPANSION				
51 TOTAL FUND BALANCES	-52,332,168			
52 TOTAL LIABILITIES AND FUND BALANCES	71,496,254			

	GENERAL FUND		SPECIFIC PURPOSE FUND	
	1	2	3	4
1 FUND BALANCE AT BEGINNING OF PERIOD		-46,266,980		
2 NET INCOME (LOSS)		-9,830,434		
3 TOTAL		-56,097,414		
4 ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
5 ADDITIONS (CREDIT ADJUSTM				
6				
7				
8				
9				
10 TOTAL ADDITIONS				
11 SUBTOTAL		-56,097,414		
12 DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
13 DEDUCTIONS (DEBIT ADJUSTM				
14				
15				
16				
17				
18 TOTAL DEDUCTIONS				
19 FUND BALANCE AT END OF PERIOD PER BALANCE SHEET		-56,097,414		

	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				
7				
8				
9				
10 TOTAL ADDITIONS				
11 SUBTOTAL				
12 DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
13 DEDUCTIONS (DEBIT ADJUSTM				
14				
15				
16				
17				
18 TOTAL DEDUCTIONS				
19 FUND BALANCE AT END OF PERIOD PER BALANCE SHEET				

PART I - PATIENT REVENUES

REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3
GENERAL INPATIENT ROUTINE CARE SERVICES			
1 00 HOSPITAL	54,265,559		54,265,559
2 00 SUBPROVIDER	5,137,214		5,137,214
2 01 SUBPROVIDER II	4,374,547		4,374,547
4 00 SWING BED - SNF			
5 00 SWING BED - NF			
9 00 TOTAL GENERAL INPATIENT ROUTINE CARE	63,777,320		63,777,320
INTENSIVE CARE TYPE INPATIENT HOSPITAL SVCS			
10 00 INTENSIVE CARE UNIT	15,159,697		15,159,697
11 00 CORONARY CARE UNIT			
12 00 BURN INTENSIVE CARE UNIT			
13 00 SURGICAL INTENSIVE CARE UNIT			
15 00 TOTAL INTENSIVE CARE TYPE INPAT HOSP	15,159,697		15,159,697
16 00 TOTAL INPATIENT ROUTINE CARE SERVICE	78,937,017		78,937,017
17 00 ANCILLARY SERVICES	203,803,824	133,682,745	337,486,569
18 00 OUTPATIENT SERVICES	14,441,701	20,529,988	34,971,689
24 00 PHYSICIAN PRIVATE OFFICE		1,197,208	1,197,208
24 01 PHYSICIAN ASSISTANTS		13,901	13,901
24 02 OUTREACH		26,596	26,596
24 03 PHYSICIAN REVENUES		679,345	679,345
25 00 TOTAL PATIENT REVENUES	297,182,542	156,129,783	453,312,325

PART II-OPERATING EXPENSES

26 00 OPERATING EXPENSES	133,176,880
ADD (SPECIFY)	
27 00 ADD (SPECIFY)	
28 00	
29 00	
30 00	
31 00	
32 00	
33 00 TOTAL ADDITIONS	
DEDUCT (SPECIFY)	
34 00 DEDUCT (SPECIFY)	
35 00	
36 00	
37 00	
38 00	
39 00 TOTAL DEDUCTIONS	
40 00 TOTAL OPERATING EXPENSES	133,176,880



CALCULATION OF CAPITAL PAYMENT

TITLE XVIII, PART A

HOSPITAL

FULLY PROSPECTIVE METHOD

PART I - FULLY PROSPECTIVE METHOD

1	CAPITAL HOSPITAL SPECIFIC RATE PAYMENTS	
	CAPITAL FEDERAL AMOUNT	
2	CAPITAL DRG OTHER THAN OUTLIER	2,539,166
3	CAPITAL DRG OUTLIER PAYMENTS PRIOR TO 10/01/1997	
3 .01	CAPITAL DRG OUTLIER PAYMENTS AFTER 10/01/1997	39,083
	INDIRECT MEDICAL EDUCATION ADJUSTMENT	
4	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS	96.74
	IN THE COST REPORTING PERIOD	
4 .01	NUMBER OF INTERNS AND RESIDENTS	52.15
	(SEE INSTRUCTIONS)	
4 .02	INDIRECT MEDICAL EDUCATION PERCENTAGE	16.43
4 .03	INDIRECT MEDICAL EDUCATION ADJUSTMENT	417,185
	(SEE INSTRUCTIONS)	
5	PERCENTAGE OF SSI RECEIPT PATIENT DAYS TO	12.28
	MEDICARE PART A PATIENT DAYS	
5 .01	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL	24.76
	DAYS REPORTED ON S-3, PART I	
5 .02	SUM OF 5 AND 5.01	37.04
5 .03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE	7.79
5 .04	DISPROPORTIONATE SHARE ADJUSTMENT	197,801
6	TOTAL PROSPECTIVE CAPITAL PAYMENTS	3,193,235
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)	