

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

FORM APPROVED
 OMB NO. 0938-0050

WORKSHEET S
 PARTS I & II

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX		PROVIDER NO:		PERIOD		INTERMEDIARY USE ONLY		DATE RECEIVED:
COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY		14-0116		FROM 7/ 1/2009		--AUDITED --DESK REVIEW		/ /
				TO 6/30/2010		--INITIAL --REOPENED		INTERMEDIARY NO:
						--FINAL 1-MCR CODE		
						00 - # OF REOPENINGS		

ELECTRONICALLY FILED COST REPORT DATE: 11/29/2010 TIME 11:25

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: NORTHERN ILLINOIS MEDICAL CENTER 14-0116 FOR THE COST REPORTING PERIOD BEGINNING 7/ 1/2009 AND ENDING 6/30/2010 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	5	
1	HOSPITAL	0	115,301	83,063	0	
2	SUBPROVIDER	0	26,212	-113	0	
7	HOSPITAL-BASED HHA	0	0	0	0	
100	TOTAL	0	141,513	82,950	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.

V XVIII XIX
 PROSPECTIVE PAYMENT SYSTEM (PPS)-CAPITAL 1 2 3
 36 DO YOU ELECT FULLY PROSPECTIVE PAYMENT METHODOLOGY FOR CAPITAL COSTS? (SEE INSTRUCTIONS) N Y N
 36.01 DOES YOUR FACILITY QUALIFY AND RECEIVE PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE WITH 42 CFR 412.320? (SEE INSTRUCTIONS) N 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? N
 38.02 DOES THE TITLE XIX PROGRAM REDUCE CAPITAL FOLLOWING THE MEDICARE METHODOLOGY? N
 38.03 ARE TITLE XIX INF PATIENTS OCCUPYING TITLE XVIII SNF BEDS (DUAL CERTIFICATION)? N
 38.04 DO YOU OPERATE AN ICF/MR FACILITY FOR PURPOSES OF TITLE XIX? N
 40 ARE THERE ANY RELATED ORGANIZATION OR HOME OFFICE COSTS AS DEFINED IN CMS PUB 15-1, CHAP 10? IF YES, AND THIS FACILITY IS PART OF A CHAIN ORGANIZATION, ENTER IN COLUMN 2 THE CHAIN HOME OFFICE CHAIN NUMBER. (SEE INSTRUCTIONS). Y 14H122
 40.01 NAME: CENTGRA HEALTH SYSTEM FI/CONTRACTOR NAME NATIONAL GOVERNMENT SERVICES FI/CONTRACTOR #
 40.02 STREET: STREET: STREET: 385 MILLENNIUM DR P.O. BOX:
 40.03 CITY: CRYSTAL LAKE STATE: IL ZIP CODE: 60012-
 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? SEE CMS PUB. 15-11, SECTION 3617. IF YES, ENTER THE APPROVAL DATE IN COLUMN 2. N 00/00/0000
 45.01 WAS THERE A CHANGE IN THE STATISTICAL BASIS? Y
 45.02 WAS THERE A CHANGE IN THE ORDER OF ALLOCATION? N
 45.03 WAS THE CHANGE TO THE SIMPLIFIED COST FINDING METHOD? N
 46 IF YOU ARE PARTICIPATING IN THE NHCMD 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
50.00 HHA	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
 MDH PERIOD: BEGINNING: / / ENDING: / /
 54 LIST AMOUNTS OF MALPRACTICE PREMIUMS AND PAID LOSSES:
 PREMIUMS: 1,954,108
 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

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

COMPONENT	NO. OF BEDS 1	BED DAYS AVAILABLE 2	CAH N/A 2.01	TITLE V 3	I/P DAYS / TITLE XVII 4	O/P VISITS / NOT LTCH N/A 4.01	TRIPS TOTAL TITLE XIX 5
1 ADULTS & PEDIATRICS	139	50,735			18,851		3,287
2 HMO							
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS	139	50,735			18,851		3,287
6 INTENSIVE CARE UNIT	18	6,570			2,844		305
11 NURSERY							869
12 TOTAL	157	57,305			21,695		4,461
13 RPCH VISITS							
14 SUBPROVIDER I	15	5,475			2,568		96
18 HOME HEALTH AGENCY					24,880		2,321
25 TOTAL	172						
26 OBSERVATION BED DAYS							461
26 01 OBSERVATION BED DAYS-SUB I							
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							
29 LABOR & DELIVERY DAYS							

COMPONENT	TITLE XIX ADMITTED 5.01	I/P DAYS / OBSERVATION BEDS NOT ADMITTED 5.02	O/P VISITS TOTAL ALL PATS 6	TRIPS TOTAL ADMITTED 6.01	OBSERVATION BEDS NOT ADMITTED 6.02	INTERNS & RES. FTES TOTAL 7	LESS I&R REPL NON-PHYS ANES 8
1 ADULTS & PEDIATRICS			35,516				
2 HMO							
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS			35,516				
6 INTENSIVE CARE UNIT			4,801				
11 NURSERY			2,194				
12 TOTAL			42,511				
13 RPCH VISITS							
14 SUBPROVIDER I			3,592				
18 HOME HEALTH AGENCY			32,847				
25 TOTAL							
26 OBSERVATION BED DAYS	94	367	3,983	991	2,992		
26 01 OBSERVATION BED DAYS-SUB I							
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							
29 LABOR & DELIVERY DAYS							

COMPONENT	I & R FTES NET 9	FULL TIME EMPLOYEES ON PAYROLL 10	EQUIV NONPAID WORKERS 11	TITLE V 12	DISCHARGES TITLE XVII 13	TITLE XIX 14	TOTAL ALL PATIENTS 15
1 ADULTS & PEDIATRICS					4,733	1,102	10,488
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							
11 NURSERY							
12 TOTAL		1,075.55			4,733	1,102	10,488
13 RPCH VISITS							
14 SUBPROVIDER I		18.29			200	7	298
18 HOME HEALTH AGENCY		29.63					
25 TOTAL		1,123.47					
26 OBSERVATION BED DAYS							
26 01 OBSERVATION BED DAYS-SUB I							
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							
29 LABOR & DELIVERY DAYS							

HHA 1

	TITLE V 1	TITLE XVII 2	TITLE XIX 3	OTHER 4
1 HOME HEALTH AIDE HOURS	0	4,554	0	129
2 UNDUPLICATED CENSUS COUNT		934.00		305.00
	TOTAL 5			

1 HOME HEALTH AIDE HOURS	4,683
2 UNDUPLICATED CENSUS COUNT	1,239.00

HOME HEALTH AGENCY - NUMBER OF EMPLOYEES (FULL TIME EQUIVALENT)

ENTER THE NUMBER OF HOURS IN YOUR NORMAL WORK WEEK 40.00

HHA NO. OF FTE EMPLOYEES (2080 HRS)

	STAFF 1	CONTRACT 2	TOTAL 3
3 ADMINISTRATOR AND ASSISTANT ADMINISTRATOR(S)			
4 DIRECTOR(S) AND ASSISTANT DIRECTOR(S)			
5 OTHER ADMINISTRATIVE PERSONEL	12.64		12.64
6 DIRECTING NURSING SERVICE	9.18		9.18
7 NURSING SUPERVISOR			
8 PHYSICAL THERAPY SERVICE	5.95		5.95
9 PHYSICAL THERAPY SUPERVISOR			
10 OCCUPATIONAL THERAPY SERVICE	2.82		2.82
11 OCCUPATIONAL THERAPY SUPERVISOR			
12 SPEECH PATHOLOGY SERVICE			
13 SPEECH PATHOLOGY SUPERVISOR			
14 MEDICAL SOCIAL SERVICE	.90		.90
15 MEDICAL SOCIAL SERVICE SUPERVISOR			
16 HOME HEALTH AIDE	2.87		2.87
17 HOME HEALTH AIDE SUPERVISOR			
18			
HOME HEALTH AGENCY MSA CODES	1	1.01	
19 HOW MANY MSAs IN COL. 1 OR CBSAs IN COL. 1.01 DID YOU PROVIDER SERVICES TO DURING THE C/R PERIOD?	2	2	
20 LIST THOSE MSA CODE(S) IN COL. 1 & CBSA CODE(S) IN COL. 1.01 SERVICED DURING THIS C/R PERIOD (LINE 20 CONTAINS THE FIRST CODE).	1600	16974	
20.01	1600	29404	

PPS ACTIVITY DATA - APPLICABLE FOR SERVICES ON OR AFTER OCTOBER 1, 2000

	FULL EPI SODES			
	WITHOUT OUTLIERS 1	WITH OUTLIERS 2	LUPA EPI SODES 3	PEP ONLY EPI SODES 4
21 SKILLED NURSING VISITS	8,984	754	453	176
22 SKILLED NURSING VISIT CHARGES	1,778,695	147,330	92,730	35,115
23 PHYSICAL THERAPY VISITS	8,323	63	162	87
24 PHYSICAL THERAPY VISIT CHARGES	1,622,985	12,285	31,590	16,965
25 OCCUPATIONAL THERAPY VISITS	1,956	37	11	30
26 OCCUPATIONAL THERAPY VISIT CHARGES	381,420	7,215	2,145	5,850
27 SPEECH PATHOLOGY VISITS	616	30	7	6
28 SPEECH PATHOLOGY VISIT CHARGES	120,120	5,850	1,365	1,170
29 MEDICAL SOCIAL SERVICE VISITS	0	0	0	0
30 MEDICAL SOCIAL SERVICE VISIT CHARGES	0	0	0	0
31 HOME HEALTH AIDE VISITS	3,083	42	16	44
32 HOME HEALTH AIDE VISIT CHARGES	339,130	4,620	1,760	4,840
33 TOTAL VISITS (SUM OF LINES 21, 23, 25, 27, 29 & 31)	22,962	926	649	343
34 OTHER CHARGES	5,064	47	366	0
35 TOTAL CHARGES (SUM OF LNS 22, 24, 26, 28, 30, 32 & 34)	4,247,414	177,347	129,956	63,940
36 TOTAL NUMBER OF EPI SODES (STANDARD/NON OUTLIER)	1,239	0	230	30
37 TOTAL NUMBER OF OUTLIER EPI SODES	0	15	0	2
38 TOTAL NON-ROUTINE MEDICAL SUPPLY CHARGES	131,300	7,848	9,675	1,939

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	
17.01	GROSS MEDICAID REVENUES	13,396,113
18	REVENUES FROM STATE AND LOCAL INDIGENT CARE PROGRAMS	
19	REVENUE RELATED TO SCHIP (SEE INSTRUCTIONS)	
20	RESTRICTED GRANTS	
21	NON-RESTRICTED GRANTS	
22	TOTAL GROSS UNCOMPENSATED CARE REVENUES	13,396,113
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)	.298075
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	54,528,707

DESCRIPTION

29	TOTAL GROSS MEDICAID COST (LINE 24 * LINE 28)	16,253,644
30	OTHER UNCOMPENSATED CARE CHARGES FROM YOUR RECORDS	29,524,711
31	UNCOMPENSATED CARE COST (LINE 24 * LINE 30)	8,800,578
32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL (SUM OF LINES 25, 27, AND 29)	16,253,644

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

PROVIDER NO: 14-0116

PERIOD: FROM 7/1/2009 TO 6/30/2010

PREPARED 11/29/2010
WORKSHEET A

	COST CENTER	COST CENTER DESCRIPTION	SALARIES		OTHER	TOTAL	RECLASS- IFICATIONS	RECLASSIFIED TRIAL BALANCE
			1	2	3	4	5	
		GENERAL SERVICE COST CNTR						
1	0100	OLD CAP REL COSTS-BLDG & FIXT						
2	0200	OLD CAP REL COSTS-MVBLE EQUIP						
3	0300	NEW CAP REL COSTS-BLDG & FIXT		11,268,127	11,268,127	-3,870,590	7,397,537	
4	0400	NEW CAP REL COSTS-MVBLE EQUIP				8,801,935	8,801,935	
5	0500	EMPLOYEE BENEFITS	779,110	16,744,806	17,523,916	667,390	18,191,306	
6	0600	ADMINISTRATIVE & GENERAL	14,829,132	31,070,934	45,900,066	-2,341,838	43,558,228	
7	0700	MAINTENANCE & REPAIRS						
8	0800	OPERATION OF PLANT	1,681,843	2,784,030	4,465,873	16,900	4,482,773	
9	0900	LAUNDRY & LINEN SERVICE	50,880	655,644	706,524	498	707,022	
10	1000	HOUSEKEEPING	1,560,999	626,425	2,187,424	16,274	2,203,698	
11	1100	DIETARY	1,649,027	1,589,771	3,238,798	-1,095,284	2,143,514	
12	1200	CAFETERIA				1,112,361	1,112,361	
14	1400	NURSING ADMINISTRATION	1,601,659	53,228	1,654,887	10,057	1,664,944	
15	1500	CENTRAL SERVICES & SUPPLY	443,457	787,289	1,230,746	-51,569	1,179,177	
16	1600	PHARMACY	2,404,381	10,506,790	12,911,171	-9,765,986	3,145,185	
17	1700	MEDICAL RECORDS & LIBRARY	1,459,723	152,219	1,611,942	15,177	1,627,119	
18	1800	SOCIAL SERVICE						
		INPAT ROUTINE SRVC CNTRS						
25	2500	ADULTS & PEDIATRICS	17,355,105	2,309,568	19,664,673	-1,612,464	18,052,209	
26	2600	INTENSIVE CARE UNIT	4,326,166	856,171	5,182,337	-113,274	5,069,063	
31	3100	SUBPROVIDER I	1,261,078	68,507	1,329,585	-10,145	1,319,440	
33	3300	NURSERY				868,470	868,470	
		ANCILLARY SRVC COST CNTRS						
37	3700	OPERATING ROOM	7,390,627	11,284,023	18,674,650	-7,957,451	10,717,199	
39	3900	DELIVERY ROOM & LABOR ROOM				1,396,257	1,396,257	
40	4000	ANESTHESIOLOGY	126,282	663,034	789,316	-273,747	515,569	
41	4100	RADIOLOGY-DIAGNOSTIC	6,781,257	10,232,245	17,013,502	-5,295,106	11,718,396	
42	4200	RADIOLOGY-THERAPEUTIC	1,907,447	790,992	2,698,439	-1,397	2,697,042	
44	4400	LABORATORY	2,189,321	4,485,253	6,674,574	-100,376	6,574,198	
49	4900	RESPIRATORY THERAPY	1,116,208	447,841	1,564,049	-79,330	1,484,719	
50	5000	PHYSICAL THERAPY	4,382,329	792,602	5,174,931	3,463	5,178,394	
54	5400	ELECTROENCEPHALOGRAPHY						
54.01	5401	NEUROLOGY	71,982	3,140	75,122	1,379	76,501	
55	5500	MEDICAL SUPPLIES CHARGED TO PATIENTS				6,434,451	6,434,451	
55.30	5530	IMPL. DEV. CHARGED TO PATIENT				8,894,246	8,894,246	
56	5600	DRUGS CHARGED TO PATIENTS				9,705,192	9,705,192	
59	3140	CARDIOLOGY	654,703	44,710	699,413	2,189	701,602	
59.01	3160	CARDIOPULMONARY	452,985	203,779	656,764	5,528	662,292	
		OUTPAT SERVICE COST CNTRS						
60	6000	CLINIC	328,967	111,650	440,617	-849	439,768	
61	6100	EMERGENCY	4,090,341	1,237,265	5,327,606	-199,451	5,128,155	
62	6200	OBSERVATION BEDS (NON-DISTINCT PART)						
		OTHER REIMBURS COST CNTRS						
71	7100	HOME HEALTH AGENCY	2,312,096	438,062	2,750,158	26,639	2,776,797	
		SPEC PURPOSE COST CENTERS						
88	8800	INTEREST EXPENSE		5,210,484	5,210,484	-5,210,484		
95		SUBTOTALS	81,207,105	115,418,589	196,625,694	-935	196,624,759	
		NONREIMBURS COST CENTERS						
96	9600	GIFT, FLOWER, COFFEE SHOP & CANTEEN		607	607		607	
98.01	9801	OCCUPATIONAL HEALTH	76,951	60,900	137,851	935	138,786	
98.02	9802	FLIGHT FOR LIFE		1,174	1,174		1,174	
98.03	9803	HOME HEALTH DME						
98.04	9804	WELLNESS PROGRAM						
101		TOTAL	81,284,056	115,481,270	196,765,326	-0-	196,765,326	

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

PROVIDER NO: 14-0116
PERIOD: FROM 7/1/2009 TO 6/30/2010
PREPARED 11/29/2010
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	-4,059,078	3,338,459
4 0400	NEW CAP REL COSTS-MVBLE EQUIP		8,801,935
5 0500	EMPLOYEE BENEFITS	-692,216	17,499,090
6 0600	ADMINISTRATIVE & GENERAL	-11,597,870	31,960,358
7 0700	MAINTENANCE & REPAIRS		
8 0800	OPERATION OF PLANT	-424,754	4,058,019
9 0900	LAUNDRY & LINEN SERVICE		707,022
10 1000	HOUSEKEEPING	-163,132	2,040,566
11 1100	DIETARY		2,143,514
12 1200	CAFETERIA	-821,370	290,991
14 1400	NURSING ADMINISTRATION		1,664,944
15 1500	CENTRAL SERVICES & SUPPLY		1,179,177
16 1600	PHARMACY		3,145,185
17 1700	MEDICAL RECORDS & LIBRARY	-3,687	1,623,432
18 1800	SOCIAL SERVICE		
	INPAT ROUTINE SRVC CNTRS		
25 2500	ADULTS & PEDIATRICS	-303,394	17,748,815
26 2600	INTENSIVE CARE UNIT		5,069,063
31 3100	SUBPROVIDER I		1,319,440
33 3300	NURSERY		868,470
	ANCILLARY SRVC COST CNTRS		
37 3700	OPERATING ROOM	-543,862	10,173,337
39 3900	DELIVERY ROOM & LABOR ROOM		1,396,257
40 4000	ANESTHESIOLOGY	-60,000	455,569
41 4100	RADIOLOGY-DIAGNOSTIC	-17,315	11,701,081
42 4200	RADIOLOGY-THERAPEUTIC	-49,393	2,647,649
44 4400	LABORATORY	-500,317	6,073,881
49 4900	RESPIRATORY THERAPY	-87,677	1,397,042
50 5000	PHYSICAL THERAPY	-14,818	5,163,576
54 5400	ELECTROENCEPHALOGRAPHY		
54.01 5401	NEUROLOGY		76,501
55 5500	MEDICAL SUPPLIES CHARGED TO PATIENTS		6,434,451
55.30 5530	IMPL. DEV. CHARGED TO PATIENT		8,894,246
56 5600	DRUGS CHARGED TO PATIENTS		9,705,192
59 3140	CARDIOLOGY		701,602
59.01 3160	CARDIOPULMONARY	-122,521	539,771
	OUTPAT SERVICE COST CNTRS		
60 6000	CLINIC		439,768
61 6100	EMERGENCY	-635,169	4,492,986
62 6200	OBSERVATION BEDS (NON-DISTINCT PART)		
	OTHER REIMBURS COST CNTRS		
71 7100	HOME HEALTH AGENCY	-11,007	2,765,790
88 8800	SPEC PURPOSE COST CENTERS		
	INTEREST EXPENSE		-0-
95	SUBTOTALS	-20,107,580	176,517,179
	NONREIMBURS COST CENTERS		
96 9600	GIFT, FLOWER, COFFEE SHOP & CANTEEN		607
98.01 9801	OCCUPATIONAL HEALTH		138,786
98.02 9802	FLIGHT FOR LIFE		1,174
98.03 9803	HOME HEALTH DME		
98.04 9804	WELLNESS PROGRAM		
101	TOTAL	-20,107,580	176,657,746

RECLASSIFICATIONS

PROVIDER NO:
140116

PERIOD:
FROM 7/1/2009
TO 6/30/2010

PREPARED 11/29/2010
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER 2	INCREASE		
			LINE NO 3	SALARY 4	OTHER 5
1 CAPITAL RECLASS	A	NEW CAP REL COSTS-MVBLE EQUIP	4		8,801,935
2 SHARED FOOD AND PREPARATION	B	CAFETERIA	12	566,356	546,005
3 CHARGEABLE MEDICAL SUPPLY COST	C	MEDICAL SUPPLIES CHARGED TO PATIENTS	55		6,561,419
4		IMPL. DEV. CHARGED TO PATIENT	55.30		8,894,246
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					
27					
28 NURSERY AND LABOR & DELIVERY	D	NURSERY	33	693,920	174,550
29		DELIVERY ROOM & LABOR ROOM	39	1,115,629	280,628
30 INTEREST EXPENSE	E	NEW CAP REL COSTS-BLDG & FIXT	3		4,931,345
31		ADMINISTRATIVE & GENERAL	6		279,139
32 CHARGEABLE DRUG COST	F	DRUGS CHARGED TO PATIENTS	56		9,705,192
33 ATO RECLASS	H				
34		ADMINISTRATIVE & GENERAL	6	33,274	
35		OPERATION OF PLANT	8	17,109	
1 ATO RECLASS	H	LAUNDRY & LINEN SERVICE	9	498	
2		HOUSEKEEPING	10	17,764	
3		DIETARY	11	17,080	
4		NURSING ADMINISTRATION	14	10,060	
5		CENTRAL SERVICES & SUPPLY	15	5,595	
6		PHARMACY	16	28,054	
7		MEDICAL RECORDS & LIBRARY	17	15,177	
8		ADULTS & PEDIATRICS	25	193,641	
9		INTENSIVE CARE UNIT	26	46,812	
10		SUBPROVIDER I	31	12,411	
11		OPERATING ROOM	37	96,570	
12		ANESTHESIOLOGY	40	1,850	
13		RADIOLOGY-DIAGNOSTIC	41	89,089	
14		RADIOLOGY-THERAPEUTIC	42	22,086	
15		LABORATORY	44	17,464	
16		RESPIRATORY THERAPY	49	12,561	
17		PHYSICAL THERAPY	50	52,605	
18		NEUROLOGY	54.01	1,379	
19		CARDIOLOGY	59	5,937	
20		CARDIOPULMONARY	59.01	5,528	
21		CLINIC	60	6,270	
22		EMERGENCY	61	42,722	
23		HOME HEALTH AGENCY	71	26,639	
24		OCCUPATIONAL HEALTH	98.01	935	
25 RECLASS CENTEGRA ALLOCATION	J	ADMINISTRATIVE & GENERAL	6		11,447,227
26 RECLASS SOCIAL SVC / CASE MGMT	L	ADULTS & PEDIATRICS	25	1,039,162	18,120
27		INTENSIVE CARE UNIT	26	140,472	2,449
28 RECLASS WORKERS COMP	N	EMPLOYEE BENEFITS	5		1,446,500
36 TOTAL RECLASSIFICATIONS				4,334,649	53,088,755

(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:
140116

PERIOD:
FROM 7/ 1/2009
TO 6/30/2010

PREPARED 11/29/2010
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER 6	DECREASE		SALARY 8	OTHER 9	A-7 REF 10
			LINE NO 7				
1 CAPITAL RECLASS	A	NEW CAP REL COSTS-BLDG & FIXT	3			8,801,935	9
2 SHARED FOOD AND PREPARATION	B	DIETARY	11		566,356	546,005	
3 CHARGEABLE MEDICAL SUPPLY COST	C						
4		ADMINISTRATIVE & GENERAL	6			7,548	
5		OPERATION OF PLANT	8			126	
6		OPERATION OF PLANT	8			83	
7		HOUSEKEEPING	10			1,490	
8		DIETARY	11			3	
9		NURSING ADMINISTRATION	14			3	
10		CENTRAL SERVICES & SUPPLY	15			57,164	
11		PHARMACY	16			88,848	
12		ADULTS & PEDIATRICS	25			598,660	
13		INTENSIVE CARE UNIT	26			303,007	
14		SUBPROVIDER I	31			22,556	
15		OPERATING ROOM	37			8,054,021	
16		ANESTHESIOLOGY	40			275,597	
17		RADIOLOGY-DIAGNOSTIC	41			5,384,195	
18		RADIOLOGY-THERAPEUTIC	42			23,483	
19		LABORATORY	44			117,840	
20		RESPIRATORY THERAPY	49			91,891	
21		PHYSICAL THERAPY	50			49,142	
22		CARDIOLOGY	59			3,748	
23		CLINIC	60			7,119	
24		EMERGENCY	61			242,173	
25		MEDICAL SUPPLIES CHARGED TO PATIENTS	55			124,770	
26		MEDICAL SUPPLIES CHARGED TO PATIENTS	55			292	
27		MEDICAL SUPPLIES CHARGED TO PATIENTS	55			1,906	
28 NURSERY AND LABOR & DELIVERY	D	ADULTS & PEDIATRICS	25		1,809,549	455,178	
29							
30 INTEREST EXPENSE	E	INTEREST EXPENSE	88			5,210,484	11
31							
32 CHARGEABLE DRUG COST	F	PHARMACY	16			9,705,192	
33 ATO RECLASS	H	EMPLOYEE BENEFITS	5		779,110		
34							
35							
1 ATO RECLASS	H						
2							
3							
4							
5							
6							
7							
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19							
20							
21							
22							
23							
24							
25 RECLASS CENTEGRA ALLOCATION	J	ADMINISTRATIVE & GENERAL	6		11,447,227		
26 RECLASS SOCIAL SVC / CASE MGMT	L	ADMINISTRATIVE & GENERAL	6		1,179,634	20,569	
27							
28 RECLASS WORKERS COMP	N	ADMINISTRATIVE & GENERAL	6			1,446,500	
36 TOTAL RECLASSIFICATIONS					15,781,876	41,641,528	

(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:
140116

PERIOD:
FROM 7/ 1/2009
TO 6/30/2010

PREPARED 11/29/2010
WORKSHEET A-6
NOT A CMS WORKSHEET

RECLASS CODE: A
EXPLANATION : CAPITAL RECLASS

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	NEW CAP REL COSTS-MVBLE EQUIP	4	8,801,935
TOTAL RECLASSIFICATIONS FOR CODE A			8,801,935

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
NEW CAP REL COSTS-BLDG & FIXT	3	8,801,935	
			8,801,935

RECLASS CODE: B
EXPLANATION : SHARED FOOD AND PREPARATION

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	CAFETERIA	12	1,112,361
TOTAL RECLASSIFICATIONS FOR CODE B			1,112,361

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
DIETARY	11	1,112,361	
			1,112,361

RECLASS CODE: C
EXPLANATION : CHARGEABLE MEDICAL SUPPLY COST

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	MEDICAL SUPPLIES CHARGED TO PA	55	6,561,419
2.00	IMPL. DEV. CHARGED TO PATIENT	55.30	8,894,246
3.00			0
4.00			0
5.00			0
6.00			0
7.00			0
8.00			0
9.00			0
10.00			0
11.00			0
12.00			0
13.00			0
14.00			0
15.00			0
16.00			0
17.00			0
18.00			0
19.00			0
20.00			0
21.00			0
22.00			0
23.00			0
24.00			0
25.00			0
TOTAL RECLASSIFICATIONS FOR CODE C			15,455,665

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
		0	
ADMINISTRATIVE & GENERAL	6	7,548	
OPERATION OF PLANT	8	126	
OPERATION OF PLANT	8	83	
HOUSEKEEPING	10	1,490	
DIETARY	11	3	
NURSING ADMINISTRATION	14	3	
CENTRAL SERVICES & SUPPLY	15	57,164	
PHARMACY	16	88,848	
ADULTS & PEDIATRICS	25	598,660	
INTENSIVE CARE UNIT	26	303,007	
SUBPROVIDER I	31	22,556	
OPERATING ROOM	37	8,054,021	
ANESTHESIOLOGY	40	275,597	
RADIOLOGY-DIAGNOSTIC	41	5,384,195	
RADIOLOGY-THERAPEUTIC	42	23,483	
LABORATORY	44	117,840	
RESPIRATORY THERAPY	49	91,891	
PHYSICAL THERAPY	50	49,142	
CARDIOLOGY	59	3,748	
CLINIC	60	7,119	
EMERGENCY	61	242,173	
MEDICAL SUPPLIES CHARGED TO PA	55	124,770	
MEDICAL SUPPLIES CHARGED TO PA	55	292	
MEDICAL SUPPLIES CHARGED TO PA	55	1,906	
			15,455,665

RECLASS CODE: D
EXPLANATION : NURSERY AND LABOR & DELIVERY

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	NURSERY	33	868,470
2.00	DELIVERY ROOM & LABOR ROOM	39	1,396,257
TOTAL RECLASSIFICATIONS FOR CODE D			2,264,727

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
ADULTS & PEDIATRICS	25	2,264,727	
			0
			2,264,727

RECLASS CODE: E
EXPLANATION : INTEREST EXPENSE

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	4,931,345
2.00	ADMINISTRATIVE & GENERAL	6	279,139
TOTAL RECLASSIFICATIONS FOR CODE E			5,210,484

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
INTEREST EXPENSE	88	5,210,484	
			0
			5,210,484

RECLASS CODE: F
EXPLANATION : CHARGEABLE DRUG COST

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	DRUGS CHARGED TO PATIENTS	56	9,705,192
TOTAL RECLASSIFICATIONS FOR CODE F			9,705,192

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
PHARMACY	16	9,705,192	
			9,705,192

RECLASS CODE: H
EXPLANATION : ATO RECLASS

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00			0

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
EMPLOYEE BENEFITS	5	779,110	

RECLASSIFICATIONS

PROVIDER NO:
140116

PERIOD:
FROM 7/ 1/2009
TO 6/30/2010

PREPARED 11/29/2010
WORKSHEET A-6
NOT A CMS WORKSHEET

RECLASS CODE: H
EXPLANATION : ATO RECLASS

----- INCREASE -----			----- DECREASE -----		
LINE	COST CENTER	AMOUNT	LINE	COST CENTER	AMOUNT
2.00	ADMINISTRATIVE & GENERAL	33,274	6		0
3.00	OPERATION OF PLANT	17,109	8		0
4.00	LAUNDRY & LINEN SERVICE	498	9		0
5.00	HOUSEKEEPING	17,764	10		0
6.00	DIETARY	17,080	11		0
7.00	NURSING ADMINISTRATION	10,060	14		0
8.00	CENTRAL SERVICES & SUPPLY	5,595	15		0
9.00	PHARMACY	28,054	16		0
10.00	MEDICAL RECORDS & LIBRARY	15,177	17		0
11.00	ADULTS & PEDIATRICS	193,641	25		0
12.00	INTENSIVE CARE UNIT	46,812	26		0
13.00	SUBPROVIDER I	12,411	31		0
14.00	OPERATING ROOM	96,570	37		0
15.00	ANESTHESIOLOGY	1,850	40		0
16.00	RADIOLOGY-DIAGNOSTIC	89,089	41		0
17.00	RADIOLOGY-THERAPEUTIC	22,086	42		0
18.00	LABORATORY	17,464	44		0
19.00	RESPIRATORY THERAPY	12,561	49		0
20.00	PHYSICAL THERAPY	52,605	50		0
21.00	NEUROLOGY	1,379	54.01		0
22.00	CARDIOLOGY	5,937	59		0
23.00	CARDIOPULMONARY	5,528	59.01		0
24.00	CLINIC	6,270	60		0
25.00	EMERGENCY	42,722	61		0
26.00	HOME HEALTH AGENCY	26,639	71		0
27.00	OCCUPATIONAL HEALTH	935	98.01		0
TOTAL RECLASSIFICATIONS FOR CODE H		779,110			

RECLASS CODE: J
EXPLANATION : RECLASS CENTEGRA ALLOCATION

----- INCREASE -----			----- DECREASE -----		
LINE	COST CENTER	AMOUNT	LINE	COST CENTER	AMOUNT
1.00	ADMINISTRATIVE & GENERAL	11,447,227	6	ADMINISTRATIVE & GENERAL	11,447,227
TOTAL RECLASSIFICATIONS FOR CODE J		11,447,227			

RECLASS CODE: L
EXPLANATION : RECLASS SOCIAL SVC / CASE MGMT

----- INCREASE -----			----- DECREASE -----		
LINE	COST CENTER	AMOUNT	LINE	COST CENTER	AMOUNT
1.00	ADULTS & PEDIATRICS	1,057,282	25	ADMINISTRATIVE & GENERAL	1,200,203
2.00	INTENSIVE CARE UNIT	142,921	26		0
TOTAL RECLASSIFICATIONS FOR CODE L		1,200,203			

RECLASS CODE: N
EXPLANATION : RECLASS WORKERS COMP

----- INCREASE -----			----- DECREASE -----		
LINE	COST CENTER	AMOUNT	LINE	COST CENTER	AMOUNT
1.00	EMPLOYEE BENEFITS	1,446,500	5	ADMINISTRATIVE & GENERAL	1,446,500
TOTAL RECLASSIFICATIONS FOR CODE N		1,446,500			

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

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

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING BALANCES 1	PURCHASES 2	ACQUISITIONS DONATION 3	TOTAL 4	DI SPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7
1 LAND	65,000					65,000	
2 LAND IMPROVEMENTS	1,751,939	11,350		11,350		1,763,289	
3 BUILDINGS & FIXTURE	64,404,112	247,101		247,101		64,651,213	
4 BUILDING IMPROVEMEN	77,154					77,154	
5 FIXED EQUIPMENT	12,638,790				49,888	12,588,902	
6 MOVABLE EQUIPMENT	93,384,805				18,628,137	74,756,668	
7 SUBTOTAL	172,321,800	258,451		258,451	18,678,025	153,902,226	
8 RECONCILING ITEMS							
9 TOTAL	172,321,800	258,451		258,451	18,678,025	153,902,226	

PART III - RECONCILIATION OF CAPITAL COST CENTERS
 DESCRIPTION

		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL				
		GROSS ASSETS	CAPITALIZED LEASES	GROSS ASSETS FOR RATIO	RATIO	INSURANCE	TAXES	OTHER CAPITAL RELATED COSTS	TOTAL
		1	2	3	4	5	6	7	8
*									
1	OLD CAP REL COSTS-BL								
2	OLD CAP REL COSTS-MV								
3	NEW CAP REL COSTS-BL	74,756,668		74,756,668	.485741				
4	NEW CAP REL COSTS-MV	79,145,558		79,145,558	.514259				
5	TOTAL	153,902,226		153,902,226	1.000000				

DESCRIPTION SUMMARY OF OLD AND NEW CAPITAL

		DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL RELATED COST	TOTAL (1)
		9	10	11	12	13	14	15
*								
1	OLD CAP REL COSTS-BL							
2	OLD CAP REL COSTS-MV							
3	NEW CAP REL COSTS-BL	2,466,192		872,267				3,338,459
4	NEW CAP REL COSTS-MV	8,801,935						8,801,935
5	TOTAL	11,268,127		872,267				12,140,394

PART IV - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 THRU 4
 DESCRIPTION SUMMARY OF OLD AND NEW CAPITAL

		DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL RELATED COST	TOTAL (1)
		9	10	11	12	13	14	15
*								
1	OLD CAP REL COSTS-BL							
2	OLD CAP REL COSTS-MV							
3	NEW CAP REL COSTS-BL	11,268,127						11,268,127
4	NEW CAP REL COSTS-MV							
5	TOTAL	11,268,127						11,268,127

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

ADJUSTMENTS TO EXPENSES

DESCR I PT I ON (1)	(2) BAS I S / CODE	AMOUNT	EXPENSE CLASS I F I C A T I O N ON	LINE NO	WKST. A-7 REF. 5
			WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED COST CENTER		
	1	2	3	4	
1 INVST INCOME-OLD BLDGS AND FIXTURES			OLD CAP REL COSTS-BLDG &	1	
2 INVESTMENT INCOME-OLD MOVABLE EQUIP			OLD CAP REL COSTS-MVBLE E	2	
3 INVST INCOME-NEW BLDGS AND FIXTURES	B	-2, 803, 455	NEW CAP REL COSTS-BLDG &	3	11
4 INVESTMENT INCOME-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E	4	
5 INVESTMENT INCOME-OTHER					
6 TRADE, QUANTI TY AND TIME DISCOUNTS					
7 REFUNDS AND REBATES OF EXPENSES	B	-15, 239	ADMINI STRATI VE & GENERAL	6	
8 RENTAL OF PRV I DER SPACE BY SUPPLI ERS					
9 TELEPHONE SERVI CES	A	-111, 099	ADMINI STRATI VE & GENERAL	6	
10 TELEVI S I ON AND RADI O SERVI CE	A	-112, 472	OPERATI ON OF PLANT	8	
11 PARKI NG LOT					
12 PROVIDER BASED PHYSICI AN ADJUSTMENT	A-8-2	-1, 512, 833			
13 SALE OF SCRAP, WASTE, ETC.					
14 RELATED ORGANI ZATI ON TRANSACTI ONS	A-8-1	-6, 362, 263			
15 LAUNDRY AND LI NEN SERVI CE					
16 CAFETERI A--EMPLOYEES AND GUESTS	B	-775, 009	CAFETERI A	12	
17 RENTAL OF QTRS TO EMPLYEE AND OTHRS					
18 SALE OF MED AND SURG SUPPLI ES					
19 SALE OF DRUGS TO OTHER THAN PATI ENTS					
20 SALE OF MEDI CAL RECORDS & ABSTRACTS	B	-3, 687	MEDI CAL RECORDS & LI BRARY	17	
21 NURSG SCHOOL(TUI TN, FEES, BOOKS, ETC.)					
22 VENDI NG MACHI NES					
23 INCOME FROM IMPOSIT I ON OF INTEREST					
24 INTRST EXP ON MEDI CARE OVERPAYMENTS					
25 ADJUSTMENT FOR RESPI RATORY THERAPY	A-8-3/A-8-4		RESPI RATORY THERAPY	49	
26 ADJUSTMENT FOR PHYSI CAL THERAPY	A-8-3/A-8-4		PHYSI CAL THERAPY	50	
27 ADJUSTMENT FOR HHA PHYSI CAL THERAPY	A-8-3				
28 UTI LI ZATI ON REVI EW-PHYSI AN COMP			**COST CENTER DELETED**	89	
29 DEPRECIATI ON-OLD BLDGS AND FIXTURES			OLD CAP REL COSTS-BLDG &	1	
30 DEPRECIATI ON-OLD MOVABLE EQUIP			OLD CAP REL COSTS-MVBLE E	2	
31 DEPRECIATI ON-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &	3	
32 DEPRECIATI ON-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E	4	
33 NON-PHYSI CI AN ANESTHETI ST			**COST CENTER DELETED**	20	
34 PHYSI CI ANS' ASSI STANT					
35 ADJUSTMENT FOR OCCUPATI ONAL THERAPY	A-8-4		**COST CENTER DELETED**	51	
36 ADJUSTMENT FOR SPEECH PATHOLOGY	A-8-4		**COST CENTER DELETED**	52	
37 OTHER ADJUSTMENTS (SPECI FY)	B	-8, 740	ADULTS & PEDI ATRI CS	25	
38 OTHER INCOME	B	-67, 968	ADMINI STRATI VE & GENERAL	6	
39 RADIOLOGY X-RAY COPY FEE	B	-17, 315	RADI OLOGY-DI AGNOSTI C	41	
39.01					
40 NURSI NG EDUCATI ON INCOME	B	-4, 038	ADMINI STRATI VE & GENERAL	6	
41 MEALS ON WHEELS	B	-22, 430	CAFETERI A	12	
42					
43 ER OTHER INCOME	B	-176, 271	EMERGENCY	61	
43.01					
44 IDPA PROVIDER TAX	A	-4, 950, 238	ADMINI STRATI VE & GENERAL	6	
45					
46					
47					
48					
49					
49.02 CHI LD CARE CENTER	B	-692, 216	EMPLOYEE BENEF I TS	5	
49.03 NELSON BUI LDING RENT	A	-11, 007	HOME HEALTH AGENCY	71	
49.08 I HA LOBBYI NG EXPENSE	A	-32, 020	ADMINI STRATI VE & GENERAL	6	
49.10 1998 INTEREST INCOME	B	-402	NEW CAP REL COSTS-BLDG &	3	11
49.11 2002 INTEREST INCOME	B	-59, 845	NEW CAP REL COSTS-BLDG &	3	11
49.12 1998 INTEREST EXPENSE	A	-1, 195, 376	NEW CAP REL COSTS-BLDG &	3	11
49.13					
49.15 ONCOLOGY EDUCATI ON INCOME	B	-20, 983	RADI OLOGY-THERAPEUTI C	42	
49.16 NEURO DAY TRAUMA INCOME	B	-60	PHYSI CAL THERAPY	50	
49.17 MEMBERSHI P DUES	B	-2, 370	ADMINI STRATI VE & GENERAL	6	
49.18 LABORATORY INCOME	B	-434, 474	LABORATORY	44	
49.19 EXPRESSO CART EXPENSE	A	-23, 931	CAFETERI A	12	
49.20 CABLE EXPENSE	B	-221, 064	OPERATI ON OF PLANT	8	
49.21 OTHER INCOME	B	-91, 218	OPERATI ON OF PLANT	8	
49.22 OTHER INCOME	B	-163, 132	HOUSEKEEPI NG	10	
49.23 RELATED RENTAL	B	-18, 753	RESPI RATORY THERAPY	49	
49.24 RELATED RENTAL	A	-14, 758	PHYSI CAL THERAPY	50	
49.25 RELATED RENTAL	A	-10, 748	EMERGENCY	61	
49.26 RELATED RENTAL	A	-95, 077	CARDI OPULMONARY	59.01	
49.27 RELATED RENTAL	A	-65, 843	LABORATORY	44	
49.28 RELATED RENTAL	A	-11, 246	ADMINI STRATI VE & GENERAL	6	
49.29					
50 TOTAL (SUM OF LI NES 1 THRU 49)		-20, 107, 580			

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

(2) Basis for adjustment (see instructions).

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

B. Amount Received - if cost cannot be determined.

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

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

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

LINE NO.	COST CENTER	EXPENSE ITEMS	AMOUNT OF ALLOWABLE COST	AMOUNT	NET* ADJUSTMENTS	WKSHT A-7 COL. REF.	
1	2	3	4	5	6		
1	6	ADMINISTRATIVE & GENERAL	CENTEGRA HEALTH SYSTEM	26,418,991	32,781,254	-6,362,263	
2							
3							
4							
5		TOTALS		26,418,991	32,781,254	-6,362,263	

* 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	B		CENTEGRA HEALTH SYSTEM	0.00	HOME OFFICE
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

PROVIDER NO: 14-0116
 PERIOD: FROM 7/1/2009 TO 6/30/2010
 PREPARED 11/29/2010
 WORKSHEET A-8-2
 GROUP 1

WKSHT A LINE NO.	COST CENTER/ PHYSICIAN IDENTIFIER	TOTAL REMUN- ERATION	PROFES- SIONAL COMPONENT	PROVIDER COMPONENT	RCE AMOUNT	PHYSICIAN/ PROVIDER COMPONENT HOURS	UNADJUSTED RCE LIMIT	5 PERCENT OF UNADJUSTED RCE LIMIT
1	2	3	4	5	6	7	8	9
1 25	ADULTS & Peds	294,654	294,654					
2 37	SURGERY	562,262	502,262	60,000	208,000	184	18,400	920
3 40	ANESTHESIA	60,000	60,000					
4 49	RESPIRATORY THERAPY	68,924	68,924					
5 59 1	CARDIOLOGY REHAB	30,000	25,000	5,000	177,200	30	2,556	128
6 42	ONCOLOGY	40,000		40,000	225,300	107	11,590	580
7 61	EMERGENCY ROOM	448,150	448,150					
8 6	A & G	41,389	41,389					
9								
10								
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
101	TOTAL	1,545,379	1,440,379	105,000		321	32,546	1,628

WKSHT A LINE NO.	COST CENTER/ PHYSICIAN IDENTIFIER	COST OF MEMBERSHIPS & CONTINUING EDUCATION	PROVIDER COMPONENT SHARE OF COL 12	PHYSICIAN COST OF MALPRACTICE INSURANCE	PROVIDER COMPONENT SHARE OF COL 14	ADJUSTED RCE LIMIT	RCE DIS- ALLOWANCE	ADJUSTMENT
10	11	12	13	14	15	16	17	18
1 25	ADULTS & Peds							294,654
2 37	SURGERY					18,400	41,600	543,862
3 40	ANESTHESIA							60,000
4 49	RESPIRATORY THERAPY							68,924
5 59	1 CARDIOLOGY REHAB					2,556	2,444	27,444
6 42	ONCOLOGY					11,590	28,410	28,410
7 61	EMERGENCY ROOM							448,150
8 6	A & G							41,389
9								
10								
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
101	TOTAL					32,546	72,454	1,512,833

COST ALLOCATION STATISTICS

LINE NO.	COST CENTER DESCRIPTION	STATISTICS CODE	STATISTICS DESCRIPTION		
	GENERAL SERVICE COST				
1	OLD CAP REL COSTS-BLDG & FIXT	1	SQUARE	FEET	NOT ENTERED
2	OLD CAP REL COSTS-MVBLE EQUIP	2	DOLLAR	VALUE	NOT ENTERED
3	NEW CAP REL COSTS-BLDG & FIXT	3	SQUARE	FEET	ENTERED
4	NEW CAP REL COSTS-MVBLE EQUIP	3	SQUARE	FEET	ENTERED
5	EMPLOYEE BENEFITS	S	GROSS	SALARIES	ENTERED
6	ADMINISTRATIVE & GENERAL	#	ACCUM.	COST	ENTERED
7	MAINTENANCE & REPAIRS	20	SQUARE	FEET	NOT ENTERED
8	OPERATION OF PLANT	3	SQUARE	FEET	ENTERED
9	LAUNDRY & LINEN SERVICE	7	POUNDS OF	LAUNDRY	ENTERED
10	HOUSEKEEPING	3	SQUARE	FEET	ENTERED
11	DIETARY	9	MEALS	SERVED	ENTERED
12	CAFETERIA	10	FTEs		ENTERED
14	NURSING ADMINISTRATION	12	DI RECT	NRSI NG HRS	ENTERED
15	CENTRAL SERVICES & SUPPLY	13	COSTED	REQUI S.	ENTERED
16	PHARMACY	14	COSTED	REQUI S.	ENTERED
17	MEDICAL RECORDS & LIBRARY	C	GROSS	CHARGES	ENTERED
18	SOCIAL SERVICE	16	TIME SPENT		NOT ENTERED

COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION	OLD CAP REL C OSTS-BLDG &	OLD CAP REL C OSTS-MVBLE E	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-MVBLE E	EMPLOYEE BENE FITS	SUBTOTAL
	0	1	2	3	4	5	5a.00
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &	3,338,459			3,338,459			
005 NEW CAP REL COSTS-MVBLE E	8,801,935				8,801,935		
006 EMPLOYEE BENEFITS	17,499,090			56,728	149,565	17,705,383	
007 ADMINISTRATIVE & GENERAL	31,960,358			523,015	1,378,944	566,767	34,429,084
008 MAINTENANCE & REPAIRS							
009 OPERATION OF PLANT	4,058,019			257,603	679,178	430,727	5,425,527
010 LAUNDRY & LINEN SERVICE	707,022			5,487	14,466	13,026	740,001
011 HOUSEKEEPING	2,040,566			44,611	117,617	400,256	2,603,050
012 DIETARY	2,143,514			103,637	273,243	278,814	2,799,208
014 CAFETERIA	290,991					143,585	434,576
015 NURSING ADMINISTRATION	1,664,944			20,688	54,545	408,611	2,148,788
016 CENTRAL SERVICES & SUPPLY	1,179,177			70,971	187,116	113,846	1,551,110
017 PHARMACY	3,145,185			26,649	70,260	616,683	3,858,777
018 MEDICAL RECORDS & LIBRARY	1,623,432			11,505	30,333	373,924	2,039,194
025 SOCIAL SERVICE							
026 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS	17,748,815			545,620	1,438,542	4,253,733	23,986,710
031 INTENSIVE CARE UNIT	5,069,063			106,248	280,126	1,144,272	6,599,709
033 SUBPROVIDER I	1,319,440			62,584	165,005	322,861	1,869,890
033 NURSERY	868,470			88,240	232,646	175,926	1,365,282
037 ANCILLARY SRVC COST CNTRS							
039 OPERATING ROOM	10,173,337			518,799	1,367,828	1,898,192	13,958,156
040 DELIVERY ROOM & LABOR ROO	1,396,257			48,376	127,546	282,840	1,855,019
041 ANESTHESIOLOGY	455,569			7,728	20,374	32,485	516,156
042 RADIOLOGY-DIAGNOSTIC	11,701,081			401,601	1,058,831	1,741,804	14,903,317
044 RADIOLOGY-THERAPEUTIC	2,647,649			130,679	344,538	489,185	3,612,051
049 LABORATORY	6,073,881			13,804	36,394	559,475	6,683,554
050 RESPIRATORY THERAPY	1,397,042			10,997	28,993	286,171	1,723,203
054 PHYSICAL THERAPY	5,163,576			97,111	256,036	1,124,367	6,641,090
054 01 ELECTROENCEPHALOGRAPHY							
054 01 NEUROLOGY	76,501			13,122	34,597	18,599	142,819
055 MEDICAL SUPPLIES CHARGED	6,434,451						6,434,451
055 30 IMPL. DEV. CHARGED TO PAT	8,894,246						8,894,246
056 DRUGS CHARGED TO PATIENTS	9,705,192						9,705,192
059 01 CARDIOPULMONARY	701,602			11,609	30,607	167,489	911,307
059 01 CARDIOPULMONARY	539,771					116,245	656,016
060 OUTPAT SERVICE COST CNTRS							
061 CLINIC	439,768			30,357	80,036	84,991	635,152
062 EMERGENCY	4,492,986			107,807	284,237	1,047,835	5,932,865
071 OBSERVATION BEDS (NON-DIS							
071 OTHER REIMBURS COST CNTRS							
071 HOME HEALTH AGENCY	2,765,790			5,452	14,375	592,928	3,378,545
095 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	176,517,179			3,321,028	8,755,978	17,685,637	176,434,045
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP	607			17,431	45,957		63,995
098 01 OCCUPATIONAL HEALTH	138,786					19,746	158,532
098 02 FLIGHT FOR LIFE	1,174						1,174
098 03 HOME HEALTH DME							
098 04 WELLNESS PROGRAM							
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	176,657,746			3,338,459	8,801,935	17,705,383	176,657,746

COST CENTER DESCRIPTION	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA
	6	7	8	9	10	11	12
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
007 ADMINISTRATIVE & GENERAL	34,429,084						
008 MAINTENANCE & REPAIRS							
009 OPERATION OF PLANT	1,313,352		6,738,879				
010 LAUNDRY & LINEN SERVICE	179,131		14,783	933,915			
011 HOUSEKEEPING	630,118		120,197		3,353,365		
012 DIETARY	677,601		279,236		141,792	3,897,837	
014 CAFETERIA	105,197						539,773
015 NURSING ADMINISTRATION	520,155		55,741		28,305		9,088
016 CENTRAL SERVICES & SUPPLY	375,476		191,220		97,099		7,176
017 PHARMACY	934,090		71,801		36,459		17,915
018 MEDICAL RECORDS & LIBRARY	493,626		30,999		15,741		20,317
025 SOCIAL SERVICE							
026 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS	5,806,374		1,470,095	430,410	746,493	3,152,776	162,072
031 INTENSIVE CARE UNIT	1,597,585		286,269	76,149	145,364	426,193	36,140
033 SUBPROVIDER I	452,642		168,624	45,365	85,625	318,868	11,354
037 NURSERY	330,492		237,749		120,725		5,804
039 ANCILLARY SRVC COST CNTRS							
040 OPERATING ROOM	3,378,837		1,397,828	115,919	709,797		66,079
041 DELIVERY ROOM & LABOR ROO	449,043		130,343		66,186		9,330
042 ANESTHESIOLOGY	124,945		20,821		10,573		1,241
044 RADIOLOGY-DIAGNOSTIC	3,607,631		1,082,054	127,800	549,451		57,475
049 RADIOLOGY-THERAPEUTIC	874,366		352,095		178,789		15,370
050 LABORATORY	1,617,881		37,192		18,886		22,570
054 RESPIRATORY THERAPY	417,134		29,629		15,045		11,434
055 PHYSICAL THERAPY	1,607,602		261,651		132,863		36,270
059 ELECTROENCEPHALOGRAPHY							
060 01 NEUROLOGY	34,572		35,356		17,953		999
061 30 MEDICAL SUPPLIES CHARGED	1,557,581						
062 01 IMPL. DEV. CHARGED TO PAT	2,153,021						
066 01 DRUGS CHARGED TO PATIENTS	2,349,326						
067 01 CARDIOLOGY	220,599		31,279		15,883		3,346
068 01 CARDIOPULMONARY	158,801						3,979
069 OUTPAT SERVICE COST CNTRS							
070 CLINIC	153,751		81,791		41,532		2,949
071 EMERGENCY	1,436,163		290,471	138,272	147,497		37,977
072 OBSERVATION BEDS (NON-DIS							
073 OTHER REIMBURS COST CNTRS							
074 HOME HEALTH AGENCY	817,841		14,690		7,459		
075 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	34,374,933		6,691,914	933,915	3,329,517	3,897,837	538,885
096 NONREIMBURS COST CENTERS							
098 01 GIFT, FLOWER, COFFEE SHOP	15,491		46,965		23,848		
098 02 OCCUPATIONAL HEALTH	38,376						888
098 03 FLIGHT FOR LIFE	284						
101 03 HOME HEALTH DME							
102 04 WELLNESS PROGRAM							
103 CROSS FOOT ADJUSTMENT							
103 NEGATIVE COST CENTER							
103 TOTAL	34,429,084		6,738,879	933,915	3,353,365	3,897,837	539,773

COST CENTER DESCRIPTION	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	SUBTOTAL	I&R COST POST STEP-DOWN ADJ 26
	14	15	16	17	18	25	
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
007 ADMINISTRATIVE & GENERAL							
008 MAINTENANCE & REPAIRS							
009 OPERATION OF PLANT							
010 LAUNDRY & LINEN SERVICE							
011 HOUSEKEEPING							
012 DIETARY							
014 CAFETERIA							
015 NURSING ADMINISTRATION	2,762,077						
016 CENTRAL SERVICES & SUPPLY		2,222,081					
017 PHARMACY			4,919,042				
018 MEDICAL RECORDS & LIBRARY				2,599,877			
025 SOCIAL SERVICE							
026 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	1,283,487			244,053		37,282,470	
026 INTENSIVE CARE UNIT	286,208			57,691		9,511,308	
031 SUBPROVIDER I	89,927			17,800		3,060,095	
033 NURSERY	45,979			10,457		2,116,488	
037 ANCILLARY SRVC COST CNTRS							
039 OPERATING ROOM	523,323			362,051		20,511,990	
040 DELIVERY ROOM & LABOR ROO	73,903			16,812		2,600,636	
041 ANESTHESIOLOGY	9,856			31,624		715,216	
042 RADIOLOGY-DIAGNOSTIC				638,870		20,966,598	
044 RADIOLOGY-THERAPEUTIC				91,958		5,124,629	
049 LABORATORY				351,318		8,731,401	
050 RESPIRATORY THERAPY	90,573			37,644		2,324,662	
054 PHYSICAL THERAPY				72,105		8,751,581	
054 01 ELECTROENCEPHALOGRAPHY							
055 NEUROLOGY				3,322		235,021	
055 MEDICAL SUPPLIES CHARGED		943,342		92,770		9,028,144	
056 30 IMPL. DEV. CHARGED TO PAT		1,278,739		121,506		12,447,512	
059 DRUGS CHARGED TO PATIENTS			4,919,042	329,126		17,302,686	
059 01 CARDIOLOGY	26,513			10,720		1,219,647	
059 01 CARDIOPULMONARY	31,524			4,437		854,757	
060 OUTPAT SERVICE COST CNTRS							
061 CLINIC				5,003		920,178	
062 EMERGENCY	300,784			100,610		8,384,639	
071 OBSERVATION BEDS (NON-DIS							
OTHER REIMBURS COST CNTRS							
095 HOME HEALTH AGENCY						4,218,535	
095 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	2,762,077	2,222,081	4,919,042	2,599,877		176,308,193	
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP						150,299	
098 01 OCCUPATIONAL HEALTH						197,796	
098 02 FLIGHT FOR LIFE						1,458	
098 03 HOME HEALTH DME							
098 04 WELLNESS PROGRAM							
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	2,762,077	2,222,081	4,919,042	2,599,877		176,657,746	

COST CENTER DESCRIPTION		TOTAL
		27
001	GENERAL SERVICE COST CNTR	
002	OLD CAP REL COSTS-BLDG &	
003	OLD CAP REL COSTS-MVBLE E	
004	NEW CAP REL COSTS-BLDG &	
005	NEW CAP REL COSTS-MVBLE E	
006	EMPLOYEE BENEFITS	
007	ADMINISTRATIVE & GENERAL	
008	MAINTENANCE & REPAIRS	
009	OPERATION OF PLANT	
010	LAUNDRY & LINEN SERVICE	
011	HOUSEKEEPING	
012	DIETARY	
014	CAFETERIA	
015	NURSING ADMINISTRATION	
016	CENTRAL SERVICES & SUPPLY	
017	PHARMACY	
018	MEDICAL RECORDS & LIBRARY	
018	SOCIAL SERVICE	
025	INPAT ROUTINE SRVC CNTRS	
025	ADULTS & PEDIATRICS	37,282,470
026	INTENSIVE CARE UNIT	9,511,308
031	SUBPROVIDER I	3,060,095
033	NURSERY	2,116,488
037	ANCILLARY SRVC COST CNTRS	
037	OPERATING ROOM	20,511,990
039	DELIVERY ROOM & LABOR ROO	2,600,636
040	ANESTHESIOLOGY	715,216
041	RADIOLOGY-DIAGNOSTIC	20,966,598
042	RADIOLOGY-THERAPEUTIC	5,124,629
044	LABORATORY	8,731,401
049	RESPIRATORY THERAPY	2,324,662
050	PHYSICAL THERAPY	8,751,581
054	ELECTROENCEPHALOGRAPHY	
054	01 NEUROLOGY	235,021
055	MEDICAL SUPPLIES CHARGED	9,028,144
055	30 IMPL. DEV. CHARGED TO PAT	12,447,512
056	DRUGS CHARGED TO PATIENTS	17,302,686
059	CARDIOLOGY	1,219,647
059	01 CARDIOPULMONARY	854,757
060	OUTPAT SERVICE COST CNTRS	
060	CLINIC	920,178
061	EMERGENCY	8,384,639
062	OBSERVATION BEDS (NON-DIS	
062	OTHER REIMBURS COST CNTRS	
071	HOME HEALTH AGENCY	4,218,535
095	SPEC PURPOSE COST CENTERS	
095	SUBTOTALS	176,308,193
096	NONREIMBURS COST CENTERS	
096	GIFT, FLOWER, COFFEE SHOP	150,299
098	01 OCCUPATIONAL HEALTH	197,796
098	02 FLIGHT FOR LIFE	1,458
098	03 HOME HEALTH DME	
098	04 WELLNESS PROGRAM	
101	CROSS FOOT ADJUSTMENT	
102	NEGATIVE COST CENTER	
103	TOTAL	176,657,746

COST CENTER DESCRIPTION	DIR ASSGND NEW CAPITAL REL COSTS	OLD CAP REL C OSTS-BLDG & OSTS-MVBLE E	OLD CAP REL C OSTS-BLDG & OSTS-MVBLE E	NEW CAP REL C OSTS-BLDG & OSTS-MVBLE E	NEW CAP REL C OSTS-BLDG & OSTS-MVBLE E	SUBTOTAL	EMPLOYEE BENEFITS
	0	1	2	3	4	4a	5
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS				56,728	149,565	206,293	206,293
007 ADMINISTRATIVE & GENERAL	957,026			523,015	1,378,944	2,858,985	6,604
008 MAINTENANCE & REPAIRS							
009 OPERATION OF PLANT	1,100			257,603	679,178	937,881	5,019
010 LAUNDRY & LINEN SERVICE				5,487	14,466	19,953	152
011 HOUSEKEEPING				44,611	117,617	162,228	4,664
012 DIETARY				103,637	273,243	376,880	3,249
014 CAFETERIA							1,673
015 NURSING ADMINISTRATION				20,688	54,545	75,233	4,761
016 CENTRAL SERVICES & SUPPLY				70,971	187,116	258,087	1,326
017 PHARMACY	592,800			26,649	70,260	689,709	7,185
018 MEDICAL RECORDS & LIBRARY	25,080			11,505	30,333	66,918	4,357
025 SOCIAL SERVICE							
026 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS				545,620	1,438,542	1,984,162	49,556
031 INTENSIVE CARE UNIT				106,248	280,126	386,374	13,333
033 SUBPROVIDER I				62,584	165,005	227,589	3,762
037 NURSERY				88,240	232,646	320,886	2,050
039 ANCILLARY SRVC COST CNTRS							
040 OPERATING ROOM				518,799	1,367,828	1,886,627	22,117
041 DELIVERY ROOM & LABOR ROO				48,376	127,546	175,922	3,296
042 ANESTHESIOLOGY				7,728	20,374	28,102	379
044 RADIOLOGY-DIAGNOSTIC	1,163,565			401,601	1,058,831	2,623,997	20,295
049 RADIOLOGY-THERAPEUTIC				130,679	344,538	475,217	5,700
050 LABORATORY				13,804	36,394	50,198	6,519
054 RESPIRATORY THERAPY	65,153			10,997	28,993	105,143	3,334
054 PHYSICAL THERAPY	230,193			97,111	256,036	583,340	13,101
054 01 ELECTROENCEPHALOGRAPHY				13,122	34,597	47,719	217
055 MEDICAL SUPPLIES CHARGED							
056 30 IMPL. DEV. CHARGED TO PAT							
059 DRUGS CHARGED TO PATIENTS							
059 01 CARDIOPULMONARY				11,609	30,607	42,216	1,952
060 OUTPAT SERVICE COST CNTRS							1,354
061 CLINIC				30,357	80,036	110,393	990
062 EMERGENCY	9,159			107,807	284,237	401,203	12,209
071 OBSERVATION BEDS (NON-DIS							
095 OTHER REIMBURS COST CNTRS							
096 HOME HEALTH AGENCY				5,452	14,375	19,827	6,909
098 SPEC PURPOSE COST CENTERS							
098 01 SUBTOTALS	3,044,076			3,321,028	8,755,978	15,121,082	206,063
098 02 NONREIMBURS COST CENTERS							
098 03 GIFT, FLOWER, COFFEE SHOP				17,431	45,957	63,388	
098 04 OCCUPATIONAL HEALTH							230
101 02 FLIGHT FOR LIFE	520					520	
102 03 HOME HEALTH DME							
103 04 WELLNESS PROGRAM							
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	3,044,596			3,338,459	8,801,935	15,184,990	206,293

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA
	6	7	8	9	10	11	12
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
007 ADMINISTRATIVE & GENERAL	2,865,589						
008 MAINTENANCE & REPAIRS							
009 OPERATION OF PLANT	109,314		1,052,214				
010 LAUNDRY & LINEN SERVICE	14,910		2,308	37,323			
011 HOUSEKEEPING	52,446		18,768		238,106		
012 DIETARY	56,398		43,600		10,068	490,195	
014 CAFETERIA	8,756						10,429
015 NURSING ADMINISTRATION	43,294		8,703		2,010		176
016 CENTRAL SERVICES & SUPPLY	31,252		29,857		6,895		139
017 PHARMACY	77,747		11,211		2,589		346
018 MEDICAL RECORDS & LIBRARY	41,086		4,840		1,118		393
025 SOCIAL SERVICE							
026 INPAT ROUTINE SRVC CNTRS							
031 ADULTS & PEDIATRICS	483,248		229,545	17,201	53,002	396,496	3,131
033 INTENSIVE CARE UNIT	132,971		44,698	3,043	10,322	53,598	698
037 SUBPROVIDER I	37,675		26,329	1,813	6,080	40,101	219
039 NURSERY	27,508		37,122		8,572		112
040 ANCILLARY SRVC COST CNTRS							
041 OPERATING ROOM	281,229		218,258	4,633	50,399		1,277
042 DELIVERY ROOM & LABOR ROO	37,375		20,352		4,700		180
044 ANESTHESIOLOGY	10,400		3,251		751		24
049 RADIOLOGY-DIAGNOSTIC	300,272		168,953	5,107	39,014		1,110
050 RADIOLOGY-THERAPEUTIC	72,776		54,976		12,695		297
054 LABORATORY	134,660		5,807		1,341		436
055 RESPIRATORY THERAPY	34,719		4,626		1,068		221
059 PHYSICAL THERAPY	133,805		40,854		9,434		701
054 ELECTROENCEPHALOGRAPHY							
054 01 NEUROLOGY	2,878		5,520		1,275		19
055 MEDICAL SUPPLIES CHARGED	129,641						
055 30 IMPL. DEV. CHARGED TO PAT	179,201						
056 DRUGS CHARGED TO PATIENTS	195,540						
059 01 CARDIOPULMONARY	18,361		4,884		1,128		65
059 OUTPAT SERVICE COST CNTRS	13,217						77
060 CLINIC	12,797		12,771		2,949		57
061 EMERGENCY	119,535		45,354	5,526	10,473		734
062 OBSERVATION BEDS (NON-DIS							
071 OTHER REIMBURS COST CNTRS							
071 HOME HEALTH AGENCY	68,071		2,294		530		
095 SPEC PURPOSE COST CENTERS							
096 SUBTOTALS	2,861,082		1,044,881	37,323	236,413	490,195	10,412
096 NONREIMBURS COST CENTERS							
098 01 GIFT, FLOWER, COFFEE SHOP	1,289		7,333		1,693		
098 02 OCCUPATIONAL HEALTH	3,194						17
098 03 FLIGHT FOR LIFE	24						
098 04 HOME HEALTH DME							
101 WELLNESS PROGRAM							
102 CROSS FOOT ADJUSTMENTS							
103 NEGATIVE COST CENTER							
103 TOTAL	2,865,589		1,052,214	37,323	238,106	490,195	10,429

COST CENTER DESCRIPTION	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	SUBTOTAL	POST STEPDOWN ADJUSTMENT
	14	15	16	17	18	25	26
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
007 ADMINISTRATIVE & GENERAL							
008 MAINTENANCE & REPAIRS							
009 OPERATION OF PLANT							
010 LAUNDRY & LINEN SERVICE							
011 HOUSEKEEPING							
012 DIETARY							
014 CAFETERIA							
015 NURSING ADMINISTRATION	134,177						
016 CENTRAL SERVICES & SUPPLY		327,556					
017 PHARMACY			788,787				
018 MEDICAL RECORDS & LIBRARY				118,712			
025 SOCIAL SERVICE							
026 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS	62,348			11,165		3,289,854	
031 INTENSIVE CARE UNIT	13,904			2,639		661,580	
033 SUBPROVIDER I	4,369			814		348,751	
037 NURSERY	2,234			478		398,962	
039 ANCILLARY SRVC COST CNTRS							
040 OPERATING ROOM	25,422			16,563		2,506,525	
041 DELIVERY ROOM & LABOR ROO	3,590			769		246,184	
042 ANESTHESIOLOGY	479			1,447		44,833	
044 RADIOLOGY-DIAGNOSTIC				29,000		3,187,748	
049 RADIOLOGY-THERAPEUTIC				4,207		625,868	
050 LABORATORY				16,072		215,033	
054 RESPIRATORY THERAPY	4,400			1,722		155,233	
055 PHYSICAL THERAPY				3,299		784,534	
054 01 ELECTROENCEPHALOGRAPHY							
055 01 NEUROLOGY				152		57,780	
055 30 MEDICAL SUPPLIES CHARGED		139,056		4,244		272,941	
056 01 IMPL. DEV. CHARGED TO PAT		188,500		5,559		373,260	
059 01 DRUGS CHARGED TO PATIENTS			788,787	15,057		999,384	
059 01 CARDIOLOGY	1,288			490		70,384	
059 01 CARDIOPULMONARY	1,531			203		16,382	
060 OUTPAT SERVICE COST CNTRS							
061 CLINIC				229		140,186	
062 EMERGENCY	14,612			4,603		614,249	
071 OBSERVATION BEDS (NON-DIS							
095 OTHER REIMBURS COST CNTRS							
096 HOME HEALTH AGENCY						97,631	
098 SPEC PURPOSE COST CENTERS							
098 01 SUBTOTALS	134,177	327,556	788,787	118,712		15,107,302	
098 02 NONREIMBURS COST CENTERS							
098 03 GIFT, FLOWER, COFFEE SHOP						73,703	
098 04 OCCUPATIONAL HEALTH						3,441	
101 FLIGHT FOR LIFE						544	
102 HOME HEALTH DME							
103 WELLNESS PROGRAM							
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	134,177	327,556	788,787	118,712		15,184,990	

COST CENTER DESCRIPTION		TOTAL
		27
001	GENERAL SERVICE COST CNTR	
002	OLD CAP REL COSTS-BLDG &	
003	OLD CAP REL COSTS-MVBLE E	
004	NEW CAP REL COSTS-BLDG &	
005	NEW CAP REL COSTS-MVBLE E	
006	EMPLOYEE BENEFITS	
007	ADMINISTRATIVE & GENERAL	
008	MAINTENANCE & REPAIRS	
009	OPERATION OF PLANT	
010	LAUNDRY & LINEN SERVICE	
011	HOUSEKEEPING	
012	DIETARY	
014	CAFETERIA	
015	NURSING ADMINISTRATION	
016	CENTRAL SERVICES & SUPPLY	
017	PHARMACY	
018	MEDICAL RECORDS & LIBRARY	
025	SOCIAL SERVICE	
026	INPAT ROUTINE SRVC CNTRS	
031	ADULTS & PEDIATRICS	3,289,854
033	INTENSIVE CARE UNIT	661,580
037	SUBPROVIDER I	348,751
039	NURSERY	398,962
040	ANCILLARY SRVC COST CNTRS	
041	OPERATING ROOM	2,506,525
042	DELIVERY ROOM & LABOR ROO	246,184
044	ANESTHESIOLOGY	44,833
049	RADIOLOGY-DIAGNOSTIC	3,187,748
050	RADIOLOGY-THERAPEUTIC	625,868
054	LABORATORY	215,033
055	RESPIRATORY THERAPY	155,233
056	PHYSICAL THERAPY	784,534
059	ELECTROENCEPHALOGRAPHY	
060	01 NEUROLOGY	57,780
061	MEDICAL SUPPLIES CHARGED	272,941
062	30 IMPL. DEV. CHARGED TO PAT	373,260
066	DRUGS CHARGED TO PATIENTS	999,384
069	CARDIOLOGY	70,384
071	01 CARDIOPULMONARY	16,382
075	OUTPAT SERVICE COST CNTRS	
080	CLINIC	140,186
081	EMERGENCY	614,249
082	OBSERVATION BEDS (NON-DIS	
083	OTHER REIMBURS COST CNTRS	
087	HOME HEALTH AGENCY	97,631
088	SPEC PURPOSE COST CENTERS	
090	SUBTOTALS	15,107,302
091	NONREIMBURS COST CENTERS	
092	GIFT, FLOWER, COFFEE SHOP	73,703
093	01 OCCUPATIONAL HEALTH	3,441
094	02 FLIGHT FOR LIFE	544
095	03 HOME HEALTH DME	
096	04 WELLNESS PROGRAM	
100	CROSS FOOT ADJUSTMENTS	
101	NEGATIVE COST CENTER	
102	TOTAL	15,184,990

COST CENTER DESCRIPTION	OLD CAP REL C OSTS-BLDG & (SQUARE FEET)	OLD CAP REL C OSTS-MVBLE E (DOLLAR VALUE)	NEW CAP REL C OSTS-BLDG & (SQUARE FEET)	NEW CAP REL C OSTS-MVBLE E (SQUARE FEET)	EMPLOYEE BENE FITS (GROSS SALARIES)	RECONCILIATION
	1	2	3	4	5	6a.00
GENERAL SERVICE COST						
001 OLD CAP REL COSTS-BLD						
002 OLD CAP REL COSTS-MVB						
003 NEW CAP REL COSTS-BLD			289,014			
004 NEW CAP REL COSTS-MVB				289,014		
005 EMPLOYEE BENEFITS			4,911	4,911	69,836,829	
006 ADMIN STRATIVE & GENE			45,278	45,278	2,235,545	-34,429,084
007 MAINTENANCE & REPAIRS						
008 OPERATION OF PLANT			22,301	22,301	1,698,952	
009 LAUNDRY & LINEN SERVI			475	475	51,378	
010 HOUSEKEEPING			3,862	3,862	1,578,763	
011 DIETARY			8,972	8,972	1,099,751	
012 CAFETERIA					566,356	
014 NURSING ADMIN STRATIO			1,791	1,791	1,611,719	
015 CENTRAL SERVICES & SU			6,144	6,144	449,052	
016 PHARMACY			2,307	2,307	2,432,435	
017 MEDICAL RECORDS & LIB			996	996	1,474,900	
018 SOCIAL SERVICE						
025 INPAT ROUTINE SRVC CN						
026 ADULTS & PEDIATRICS			47,235	47,235	16,778,359	
031 INTENSIVE CARE UNIT			9,198	9,198	4,513,450	
033 SUBPROVIDER I			5,418	5,418	1,273,489	
033 NURSERY			7,639	7,639	693,920	
037 ANCILLARY SRVC COST C						
039 OPERATING ROOM			44,913	44,913	7,487,197	
040 DELIVERY ROOM & LABOR			4,188	4,188	1,115,629	
041 ANESTHESIOLOGY			669	669	128,132	
042 RADIOLOGY-DIAGNOSTIC			34,767	34,767	6,870,346	
044 RADIOLOGY-THERAPEUTIC			11,313	11,313	1,929,533	
049 LABORATORY			1,195	1,195	2,206,785	
050 RESPIRATORY THERAPY			952	952	1,128,769	
054 PHYSICAL THERAPY			8,407	8,407	4,434,934	
054 01 ELECTROENCEPHALOGRAPH						
054 01 NEUROLOGY			1,136	1,136	73,361	
055 MEDICAL SUPPLIES CHAR						
055 30 IMPL. DEV. CHARGED TO						
056 DRUGS CHARGED TO PATI						
059 01 CARDIOLOGY			1,005	1,005	660,640	
059 01 CARDIOPULMONARY					458,513	
060 OUTPAT SERVICE COST C						
061 CLINIC			2,628	2,628	335,237	
062 EMERGENCY			9,333	9,333	4,133,063	
071 OBSERVATION BEDS (NON						
071 OTHER REIMBURS COST C			472	472	2,338,735	
095 HOME HEALTH AGENCY						
095 SPEC PURPOSE COST CEN						
095 SUBTOTALS			287,505	287,505	69,758,943	-34,429,084
096 NONREIMBURS COST CENT						
096 GIFT, FLOWER, COFFEE			1,509	1,509		
098 01 OCCUPATIONAL HEALTH					77,886	
098 02 FLIGHT FOR LIFE						
098 03 HOME HEALTH DME						
098 04 WELLNESS PROGRAM						
101 CROSS FOOT ADJUSTMENT						
102 NEGATIVE COST CENTER						
103 COST TO BE ALLOCATED			3,338,459	8,801,935	17,705,383	
104 (WRKSHT B, PART I)						
104 UNIT COST MULTIPLIER			11.551202		.253525	
105 (WRKSHT B, PT I)				30.455047		
105 COST TO BE ALLOCATED						
106 (WRKSHT B, PART II)						
106 UNIT COST MULTIPLIER						
107 (WRKSHT B, PT II)						
107 COST TO BE ALLOCATED					206,293	
108 (WRKSHT B, PART III)						
108 UNIT COST MULTIPLIER					.002954	
108 (WRKSHT B, PT III)						

COST CENTER DESCRIPTION	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA
	(ACCUM. COST)	(SQUARE FEET)	(SQUARE FEET)	(POUNDS OF LAUNDRY)	(SQUARE FEET)	(MEALS SERVED)	(FTEs)
	6	7	8	9	10	11	12
GENERAL SERVICE COST							
001 OLD CAP REL COSTS-BLD							
002 OLD CAP REL COSTS-MVB							
003 NEW CAP REL COSTS-BLD							
004 NEW CAP REL COSTS-MVB							
005 EMPLOYEE BENEFITS							
006 ADMINISTRATIVE & GENERAL	142,228,662						
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT	5,425,527		216,524				
009 LAUNDRY & LINEN SERVICE	740,001		475	959,205			
010 HOUSEKEEPING	2,603,050		3,862		212,187		
011 DIETARY	2,799,208		8,972		8,972	303,583	
012 CAFETERIA	434,576						86,955
014 NURSING ADMINISTRATIVE	2,148,788		1,791		1,791		1,464
015 CENTRAL SERVICES & SUPPLIES	1,551,110		6,144		6,144		1,156
016 PHARMACY	3,858,777		2,307		2,307		2,886
017 MEDICAL RECORDS & LIBRARY	2,039,194		996		996		3,273
018 SOCIAL SERVICE							
INPAT ROUTINE SRVC CNTR							
025 ADULTS & PEDIATRICS	23,986,710		47,235	442,066	47,235	245,554	26,109
026 INTENSIVE CARE UNIT	6,599,709		9,198	78,211	9,198	33,194	5,822
031 SUBPROVIDER I	1,869,890		5,418	46,593	5,418	24,835	1,829
033 NURSERY	1,365,282		7,639		7,639		935
ANCILLARY SRVC COST CENTER							
037 OPERATING ROOM	13,958,156		44,913	119,058	44,913		10,645
039 DELIVERY ROOM & LABOR	1,855,019		4,188		4,188		1,503
040 ANESTHESIOLOGY	516,156		669		669		200
041 RADIOLOGY-DIAGNOSTIC	14,903,317		34,767	131,261	34,767		9,259
042 RADIOLOGY-THERAPEUTIC	3,612,051		11,313		11,313		2,476
044 LABORATORY	6,683,554		1,195		1,195		3,636
049 RESPIRATORY THERAPY	1,723,203		952		952		1,842
050 PHYSICAL THERAPY	6,641,090		8,407		8,407		5,843
054 ELECTROENCEPHALOGRAPH							
054 01 NEUROLOGY	142,819		1,136		1,136		161
055 MEDICAL SUPPLIES CHARGED TO	6,434,451						
055 30 IMPL. DEV. CHARGED TO	8,894,246						
056 DRUGS CHARGED TO PATIENT	9,705,192						
059 01 CARDIOLOGY	911,307		1,005		1,005		539
059 01 CARDIOPULMONARY	656,016						641
060 OUTPAT SERVICE COST CENTER							
060 CLINIC	635,152		2,628		2,628		475
061 EMERGENCY	5,932,865		9,333	142,016	9,333		6,118
062 OBSERVATION BEDS (NON-REIMBURS)							
071 HOME HEALTH AGENCY	3,378,545		472		472		
SPEC PURPOSE COST CENTER							
095 SUBTOTALS	142,004,961		215,015	959,205	210,678	303,583	86,812
NONREIMBURS COST CENTER							
096 GIFT, FLOWER, COFFEE	63,995		1,509		1,509		
098 01 OCCUPATIONAL HEALTH	158,532						143
098 02 FLIGHT FOR LIFE	1,174						
098 03 HOME HEALTH DME							
098 04 WELLNESS PROGRAM							
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 COST TO BE ALLOCATED (WRKSHT B, PART I)	34,429,084		6,738,879	933,915	3,353,365	3,897,837	539,773
104 UNIT COST MULTIPLIER (WRKSHT B, PT I)	.242069		31.123012	.973634	15.803819	12.839444	6.207498
105 COST TO BE ALLOCATED (WRKSHT B, PART II)							
106 UNIT COST MULTIPLIER (WRKSHT B, PT II)							
107 COST TO BE ALLOCATED (WRKSHT B, PART III)	2,865,589		1,052,214	37,323	238,106	490,195	10,429
108 UNIT COST MULTIPLIER (WRKSHT B, PT III)	.020148		4.859572	.038910	1.122152	1.614698	.119936

COST CENTER DESCRIPTION	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE
	(DIRECT NRSNG HRS)	(COSTED) REQUIS.	(COSTED) REQUIS.	(GROSS) CHARGES	(TIME SPENT)
	14	15	16	17	18
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 ADMIN STRATIVE & GENE					
007 MAINTENANCE & REPAIRS					
008 OPERATION OF PLANT					
009 LAUNDRY & LINEN SERVI					
010 HOUSEKEEPING					
011 DIETARY					
012 CAFETERIA					
014 NURSING ADMINISTRATION	1,168,657				
015 CENTRAL SERVICES & SU		15,455,665			
016 PHARMACY			9,705,192		
017 MEDICAL RECORDS & LIB				577,337,044	
018 SOCIAL SERVICE					
INPAT ROUTINE SRVC CN					
025 ADULTS & PEDIATRICS	543,054			54,197,962	
026 INTENSIVE CARE UNIT	121,097			12,811,671	
031 SUBPROVIDER I	38,049			3,952,919	
033 NURSERY	19,454			2,322,180	
ANCILLARY SRVC COST C					
037 OPERATING ROOM	221,422			80,402,083	
039 DELIVERY ROOM & LABOR	31,269			3,733,415	
040 ANESTHESIOLOGY	4,170			7,022,813	
041 RADIOLOGY-DIAGNOSTIC				141,848,312	
042 RADIOLOGY-THERAPEUTIC				20,421,451	
044 LABORATORY				78,018,551	
049 RESPIRATORY THERAPY	38,322			8,359,780	
050 PHYSICAL THERAPY				16,012,571	
054 ELECTROENCEPHALOGRAPH					
054 01 NEUROLOGY				737,779	
055 MEDICAL SUPPLIES CHAR		6,561,419		20,601,904	
055 30 IMPL. DEV. CHARGED TO		8,894,246		26,983,453	
056 DRUGS CHARGED TO PATI			9,705,192	73,090,473	
059 CARDIOLOGY	11,218			2,380,528	
059 01 CARDIOPULMONARY	13,338			985,320	
OUTPAT SERVICE COST C					
060 CLINIC				1,111,070	
061 EMERGENCY	127,264			22,342,809	
062 OBSERVATION BEDS (NON					
OTHER REIMBURS COST C					
071 HOME HEALTH AGENCY					
SPEC PURPOSE COST CEN					
095 SUBTOTALS	1,168,657	15,455,665	9,705,192	577,337,044	
NONREIMBURS COST CENT					
096 GIFT, FLOWER, COFFEE					
098 01 OCCUPATIONAL HEALTH					
098 02 FLIGHT FOR LIFE					
098 03 HOME HEALTH DME					
098 04 WELLNESS PROGRAM					
101 CROSS FOOT ADJUSTMENT					
102 NEGATIVE COST CENTER					
103 COST TO BE ALLOCATED	2,762,077	2,222,081	4,919,042	2,599,877	
(PER WRKSHT B, PART					
104 UNIT COST MULTIPLIER		.143771		.004503	
(WRKSHT B, PT I)	2.363463		.506846		
105 COST TO BE ALLOCATED					
(PER WRKSHT B, PART					
106 UNIT COST MULTIPLIER					
(WRKSHT B, PT I I)					
107 COST TO BE ALLOCATED	134,177	327,556	788,787	118,712	
(PER WRKSHT B, PART					
108 UNIT COST MULTIPLIER		.021193		.000206	
(WRKSHT B, PT I I I)	.114813		.081275		

POST STEP DOWN ADJUSTMENTS

PROVIDER NO:
14-0116

PERIOD:
FROM 7/ 1/2009
TO 6/30/2010

PREPARED 11/29/2010
WORKSHEET B-2

DESCRIPTION	WORKSHEET		AMOUNT
	PART	LINE NO.	
1	2	3	4
1 ADJ FOR EPO COSTS IN RENAL DIA	1	57	
2 ADJ FOR EPO COSTS IN HOME PROG	1	64	
3 ADJ FOR ARANESP IN RENAL DIALY	1	57	
4 ADJ FOR ARANESP IN HOME PROGRA	1	64	

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT CHARGES 6	OUTPATIENT CHARGES 7	TOTAL CHARGES 8	COST OR OTHER RATIO 9	TEFRA INPAT- IENT RATIO 10	PPS INPAT- IENT RATIO 11
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	48,013,804		48,013,804			
26	INTENSIVE CARE UNIT	12,811,671		12,811,671			
31	SUBPROVIDER I	3,952,919		3,952,919			
33	NURSERY	2,322,180		2,322,180			
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	27,425,060	52,977,023	80,402,083	.255118	.255118	.255635
39	DELIVERY ROOM & LABOR ROO	3,199,163	534,252	3,733,415	.696584	.696584	.696584
40	ANESTHESIOLOGY	3,126,038	3,896,775	7,022,813	.101842	.101842	.101842
41	RADIOLOGY-DIAGNOSTIC	42,783,956	99,064,356	141,848,312	.147810	.147810	.147810
42	RADIOLOGY-THERAPEUTIC	930,669	19,490,782	20,421,451	.250943	.250943	.252335
44	LABORATORY	38,386,453	39,632,098	78,018,551	.111914	.111914	.111914
49	RESPIRATORY THERAPY	7,298,119	1,061,661	8,359,780	.278077	.278077	.278077
50	PHYSICAL THERAPY	6,690,375	9,322,196	16,012,571	.546544	.546544	.546544
54	ELECTROENCEPHALOGRAPHY						
54	01 NEUROLOGY	476,428	261,351	737,779	.318552	.318552	.318552
55	MEDICAL SUPPLIES CHARGED	13,492,752	7,109,152	20,601,904	.438219	.438219	.438219
55	30 IMPL. DEV. CHARGED TO PAT	18,964,240	8,019,213	26,983,453	.461302	.461302	.461302
56	DRUGS CHARGED TO PATIENTS	41,744,934	31,345,539	73,090,473	.236730	.236730	.236730
59	CARDIOLOGY	615,220	1,765,308	2,380,528	.512343	.512343	.512343
59	01 CARDIOPULMONARY	47,925	937,395	985,320	.867492	.867492	.869972
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	6,664	1,104,406	1,111,070	.828191	.828191	.828191
61	EMERGENCY	7,542,267	14,800,542	22,342,809	.375272	.375272	.375272
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS		6,184,158	6,184,158	.607920	.607920	.607920
101	SUBTOTAL	279,830,837	297,506,207	577,337,044			
102	LESS OBSERVATION BEDS						
103	TOTAL	279,830,837	297,506,207	577,337,044			

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27 1	CAPITAL COST WKST B PT II & III, COL. 27 2	OPERATING COST NET OF CAPITAL COST 3	CAPITAL REDUCTION 4	OPERATING COST REDUCTION AMOUNT 5	COST NET OF CAP AND OPER COST REDUCTION 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM	20,511,990	2,506,525	18,005,465			20,511,990
39	DELIVERY ROOM & LABOR ROO	2,600,636	246,184	2,354,452			2,600,636
40	ANESTHESIOLOGY	715,216	44,833	670,383			715,216
41	RADIOLOGY-DIAGNOSTIC	20,966,598	3,187,748	17,778,850			20,966,598
42	RADIOLOGY-THERAPEUTIC	5,124,629	625,868	4,498,761			5,124,629
44	LABORATORY	8,731,401	215,033	8,516,368			8,731,401
49	RESPIRATORY THERAPY	2,324,662	155,233	2,169,429			2,324,662
50	PHYSICAL THERAPY	8,751,581	784,534	7,967,047			8,751,581
54	ELECTROENCEPHALOGRAPHY						
54	01 NEUROLOGY	235,021	57,780	177,241			235,021
55	MEDICAL SUPPLIES CHARGED	9,028,144	272,941	8,755,203			9,028,144
55	30 IMPL. DEV. CHARGED TO PAT	12,447,512	373,260	12,074,252			12,447,512
56	DRUGS CHARGED TO PATIENTS	17,302,686	999,384	16,303,302			17,302,686
59	CARDIOLOGY	1,219,647	70,384	1,149,263			1,219,647
59	01 CARDIOPULMONARY	854,757	16,382	838,375			854,757
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	920,178	140,186	779,992			920,178
61	EMERGENCY	8,384,639	614,249	7,770,390			8,384,639
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	3,759,474	331,740	3,427,734			3,759,474
101	SUBTOTAL	123,878,771	10,642,264	113,236,507			123,878,771
102	LESS OBSERVATION BEDS	3,759,474	331,740	3,427,734			3,759,474
103	TOTAL	120,119,297	10,310,524	109,808,773			120,119,297

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
37	ANCILLARY SRVC COST CNTRS			
	OPERATING ROOM	80,402,083	.255118	.255118
39	DELIVERY ROOM & LABOR ROO	3,733,415	.696584	.696584
40	ANESTHESIOLOGY	7,022,813	.101842	.101842
41	RADIOLOGY-DIAGNOSTIC	141,848,312	.147810	.147810
42	RADIOLOGY-THERAPEUTIC	20,421,451	.250943	.250943
44	LABORATORY	78,018,551	.111914	.111914
49	RESPIRATORY THERAPY	8,359,780	.278077	.278077
50	PHYSICAL THERAPY	16,012,571	.546544	.546544
54	ELECTROENCEPHALOGRAPHY			
54	01 NEUROLOGY	737,779	.318552	.318552
55	MEDICAL SUPPLIES CHARGED	20,601,904	.438219	.438219
55	30 IMPL. DEV. CHARGED TO PAT	26,983,453	.461302	.461302
56	DRUGS CHARGED TO PATIENTS	73,090,473	.236730	.236730
59	CARDIOLOGY	2,380,528	.512343	.512343
59	01 CARDIOPULMONARY	985,320	.867492	.867492
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	1,111,070	.828191	.828191
61	EMERGENCY	22,342,809	.375272	.375272
62	OBSERVATION BEDS (NON-DIS	6,184,158	.607920	.607920
	OTHER REIMBURS COST CNTRS			
101	SUBTOTAL	510,236,470		
102	LESS OBSERVATION BEDS	6,184,158		
103	TOTAL	504,052,312		

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27 1	CAPITAL COST WKST B PT II & III, COL. 27 2	OPERATING COST NET OF CAPITAL COST 3	CAPITAL REDUCTION 4	OPERATING COST REDUCTION AMOUNT 5	COST NET OF CAP AND OPER COST REDUCTION 6
37	ANCILLARY SRVC COST CNTRS	20,511,990	2,506,525	18,005,465	250,653	1,044,317	19,217,020
39	OPERATING ROOM	2,600,636	246,184	2,354,452	24,618	136,558	2,439,460
40	DELIVERY ROOM & LABOR ROO	715,216	44,833	670,383	4,483	38,882	671,851
41	ANESTHESIOLOGY	20,966,598	3,187,748	17,778,850	318,775	1,031,173	19,616,650
42	RADIOLOGY-DIAGNOSTIC	5,124,629	625,868	4,498,761	62,587	260,928	4,801,114
44	RADIOLOGY-THERAPEUTIC	8,731,401	215,033	8,516,368	21,503	493,949	8,215,949
49	LABORATORY	2,324,662	155,233	2,169,429	15,523	125,827	2,183,312
50	RESPIRATORY THERAPY	8,751,581	784,534	7,967,047	78,453	462,089	8,211,039
54	PHYSICAL THERAPY						
54	ELECTROENCEPHALOGRAPHY						
54	01 NEUROLOGY	235,021	57,780	177,241	5,778	10,280	218,963
55	MEDICAL SUPPLIES CHARGED	9,028,144	272,941	8,755,203	27,294	507,802	8,493,048
55	30 IMPL. DEV. CHARGED TO PAT	12,447,512	373,260	12,074,252	37,326	700,307	11,709,879
56	DRUGS CHARGED TO PATIENTS	17,302,686	999,384	16,303,302	99,938	945,592	16,257,156
59	CARDIOLOGY	1,219,647	70,384	1,149,263	7,038	66,657	1,145,952
59	01 CARDIOPULMONARY	854,757	16,382	838,375	1,638	48,626	804,493
60	OUTPAT SERVICE COST CNTRS						
60	CLINIC	920,178	140,186	779,992	14,019	45,240	860,919
61	EMERGENCY	8,384,639	614,249	7,770,390	61,425	450,683	7,872,531
62	OBSERVATION BEDS (NON-DIS	3,759,474	331,740	3,427,734	33,174	198,809	3,527,491
	OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	123,878,771	10,642,264	113,236,507	1,064,225	6,567,719	116,246,827
102	LESS OBSERVATION BEDS	3,759,474	331,740	3,427,734	33,174	198,809	3,527,491
103	TOTAL	120,119,297	10,310,524	109,808,773	1,031,051	6,368,910	112,719,336

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRGRATIO	I/P PT B COST TO CHRGRATIO
		7	8	9
37	ANCILLARY SRVC COST CNTRS			
	OPERATING ROOM	80,402,083	.239011	.252000
39	DELIVERY ROOM & LABOR ROO	3,733,415	.653412	.689990
40	ANESTHESIOLOGY	7,022,813	.095667	.101203
41	RADIOLOGY-DIAGNOSTIC	141,848,312	.138293	.145563
42	RADIOLOGY-THERAPEUTIC	20,421,451	.235102	.247879
44	LABORATORY	78,018,551	.105308	.111639
49	RESPIRATORY THERAPY	8,359,780	.261169	.276220
50	PHYSICAL THERAPY	16,012,571	.512787	.541645
54	ELECTROENCEPHALOGRAPHY			
54	01 NEUROLOGY	737,779	.296787	.310720
55	MEDICAL SUPPLIES CHARGED	20,601,904	.412246	.436894
55	30 IMPL. DEV. CHARGED TO PAT	26,983,453	.433965	.459918
56	DRUGS CHARGED TO PATIENTS	73,090,473	.222425	.235362
59	CARDIOLOGY	2,380,528	.481386	.509387
59	01 CARDIOPULMONARY	985,320	.816479	.865829
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	1,111,070	.774856	.815573
61	EMERGENCY	22,342,809	.352352	.372523
62	OBSERVATION BEDS (NON-DIS	6,184,158	.570408	.602556
	OTHER REIMBURS COST CNTRS			
101	SUBTOTAL	510,236,470		
102	LESS OBSERVATION BEDS	6,184,158		
103	TOTAL	504,052,312		

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL PATIENT DAYS 7	INPATIENT PROGRAM DAYS 8	OLD CAPITAL PER DIEM 9	INPAT PROGRAM OLD CAP CST 10	NEW CAPITAL PER DIEM 11	INPAT PROGRAM NEW CAP CST 12
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS	39,499	18,851			83.29	1,570,100
26	INTENSIVE CARE UNIT	4,801	2,844			137.80	391,903
31	SUBPROVIDER I	3,592	2,568			97.09	249,327
33	NURSERY	2,194				181.84	
101	TOTAL	50,086	24,263				2,211,330

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST 1	MED EDUCATN COST 2	SWING BED ADJ AMOUNT 3	TOTAL COSTS 4	TOTAL PATIENT DAYS 5	PER DIEM 6
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS					39,499	
26	INTENSIVE CARE UNIT					4,801	
31	SUBPROVIDER I					3,592	
33	NURSERY					2,194	
101	TOTAL					50,086	

WKST A	COST CENTER DESCRIPTION	INPATIENT	INPAT PROGRAM
LINE NO.		PROG DAYS	PASS THRU COST
		7	8
25	ADULTS & PEDIATRICS	18,851	
26	INTENSIVE CARE UNIT	2,844	
31	SUBPROVIDER I	2,568	
33	NURSERY		
101	TOTAL	24,263	

TITLE XVIII, PART A HOSPITAL PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST	1.01	MED ED NRS SCHOOL COST	2	MED ED ALLIED HEALTH COST	2.01	MED ED ALL OTHER COSTS	2.02	BLOOD CLOT FOR HEMOPHILIACS	2.03
	ANCILLARY SRVC COST CNTRS										
37	OPERATING ROOM										
39	DELIVERY ROOM & LABOR ROO										
40	ANESTHESIOLOGY										
41	RADIOLOGY-DIAGNOSTIC										
42	RADIOLOGY-THERAPEUTIC										
44	LABORATORY										
49	RESPIRATORY THERAPY										
50	PHYSICAL THERAPY										
54	ELECTROENCEPHALOGRAPHY										
54	01 NEUROLOGY										
55	MEDICAL SUPPLIES CHARGED										
55	30 IMPL. DEV. CHARGED TO PAT										
56	DRUGS CHARGED TO PATIENTS										
59	CARDIOLOGY										
59	01 CARDIOPULMONARY										
60	OUTPAT SERVICE COST CNTRS										
60	CLINIC										
61	EMERGENCY										
62	OBSERVATION BEDS (NON-DIS										
62	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 CST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
37	ANCILLARY SRVC COST CNTRS OPERATING ROOM			80,402,083			11,620,462	
39	DELIVERY ROOM & LABOR ROO			3,733,415				
40	ANESTHESIOLOGY			7,022,813			1,210,002	
41	RADIOLOGY-DIAGNOSTIC			141,848,312			25,165,903	
42	RADIOLOGY-THERAPEUTIC			20,421,451			479,564	
44	LABORATORY			78,018,551			20,946,724	
49	RESPIRATORY THERAPY			8,359,780			4,479,443	
50	PHYSICAL THERAPY			16,012,571			2,452,848	
54	ELECTROENCEPHALOGRAPHY							
54	01 NEUROLOGY			737,779			268,465	
55	MEDICAL SUPPLIES CHARGED			20,601,904			6,969,551	
55	30 IMPL. DEV. CHARGED TO PAT			26,983,453			9,794,100	
56	DRUGS CHARGED TO PATIENTS			73,090,473			21,775,628	
59	CARDIOLOGY			2,380,528			368,148	
59	01 CARDIOPULMONARY			985,320			23,579	
60	OUTPAT SERVICE COST CNTRS CLINIC			1,111,070			5,289	
61	EMERGENCY			22,342,809			4,141,773	
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS			6,184,158				
101	TOTAL			510,236,470			109,701,479	

TITLE XVIII, PART A HOSPITAL PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES 8	OUTPAT PROG D, V COL 5.03 8.01	OUTPAT PROG D, V COL 5.04 8.02	OUTPAT PROG PASS THRU COST 9	COL 8.01 * COL 5 9.01	COL 8.02 * COL 5 9.02
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM	11,920,121					
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY	630,055					
41	RADIOLOGY-DIAGNOSTIC	24,439,146					
42	RADIOLOGY-THERAPEUTIC	8,568,483					
44	LABORATORY	1,606,975					
49	RESPIRATORY THERAPY	318,393					
50	PHYSICAL THERAPY	276,373					
54	ELECTROENCEPHALOGRAPHY						
54	01 NEUROLOGY	58,062					
55	MEDICAL SUPPLIES CHARGED	1,497,680					
55	30 IMPL. DEV. CHARGED TO PAT	3,456,965					
56	DRUGS CHARGED TO PATIENTS	11,899,009					
59	CARDIOLOGY	599,468					
59	01 CARDIOPULMONARY	424,291					
60	OUTPAT SERVICE COST CNTRS						
	CLINIC	537,430					
61	EMERGENCY	2,159,197					
62	OBSERVATION BEDS (NON-DIS	1,348,632					
	OTHER REIMBURS COST CNTRS						
101	TOTAL	69,740,280					

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	.255118	.255118			
39 DELIVERY ROOM & LABOR ROOM	.696584	.696584			
40 ANESTHESIOLOGY	.101842	.101842			
41 RADIOLOGY-DIAGNOSTIC	.147810	.147810			
42 RADIOLOGY-THERAPEUTIC	.250943	.250943			
44 LABORATORY	.111914	.111914			
49 RESPIRATORY THERAPY	.278077	.278077			
50 PHYSICAL THERAPY	.546544	.546544			
54 ELECTROENCEPHALOGRAPHY					
54 01 NEUROLOGY	.318552	.318552			
55 MEDICAL SUPPLIES CHARGED TO PATIENTS	.438219	.438219			
55 30 IMPL. DEV. CHARGED TO PATIENT	.461302	.461302			
56 DRUGS CHARGED TO PATIENTS	.236730	.236730			
59 CARDIOLOGY	.512343	.512343			
59 01 CARDIOPULMONARY	.867492	.867492			
60 OUTPAT SERVICE COST CNTRS					
60 CLINIC	.828191	.828191			
61 EMERGENCY	.375272	.375272			
62 OBSERVATION BEDS (NON-DISTINCT PART)	.607920	.607920			
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 Servi ces	Non-PPS	PPS Servi ces	Outpatient Ambulatory Surgical Ctr
		FYB to 12/31	Servi ces	1/1 to FYE	
	5	5.01	5.02	5.03	6
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM		11,920,121			
39 DELIVERY ROOM & LABOR ROOM					
40 ANESTHESIOLOGY		630,055			
41 RADIOLOGY-DIAGNOSTIC		24,439,146	259		
42 RADIOLOGY-THERAPEUTIC		8,568,483			
44 LABORATORY		1,606,975			
49 RESPIRATORY THERAPY		318,393			
50 PHYSICAL THERAPY		276,373			
54 ELECTROENCEPHALOGRAPHY					
54 01 NEUROLOGY		58,062			
55 MEDICAL SUPPLIES CHARGED TO PATIENTS		1,497,680			
55 30 IMPL. DEV. CHARGED TO PATIENT		3,456,965			
56 DRUGS CHARGED TO PATIENTS		11,899,009			
59 CARDIOLOGY		599,468			
59 01 CARDIOPULMONARY		424,291			
60 OUTPAT SERVICE COST CNTRS					
60 CLINIC		537,430			
61 EMERGENCY		2,159,197			
62 OBSERVATION BEDS (NON-DISTINCT PART)		1,348,632			
101 SUBTOTAL		69,740,280	259		
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS- PROGRAM ONLY CHARGES					
104 NET CHARGES		69,740,280	259		

(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				3,041,037	
39 DELIVERY ROOM & LABOR ROOM					
40 ANESTHESIOLOGY				64,166	
41 RADIOLOGY-DIAGNOSTIC				3,612,350	38
42 RADIOLOGY-THERAPEUTIC				2,150,201	
44 LABORATORY				179,843	
49 RESPIRATORY THERAPY				88,538	
50 PHYSICAL THERAPY				151,050	
54 ELECTROENCEPHALOGRAPHY					
54 01 NEUROLOGY				18,496	
55 MEDICAL SUPPLIES CHARGED TO PATIENTS				656,312	
55 30 IMPL. DEV. CHARGED TO PATIENT				1,594,705	
56 DRUGS CHARGED TO PATIENTS				2,816,852	
59 RADIOLOGY				307,133	
59 01 CARDIOPULMONARY				368,069	
60 OUTPAT SERVICE COST CNTRS					
60 CLINIC				445,095	
61 EMERGENCY				810,286	
62 OBSERVATION BEDS (NON-DISTINCT PART)				819,860	
101 SUBTOTAL				17,123,993	38
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES					
104 NET CHARGES				17,123,993	38

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

TITLE XVIII, PART B

HOSPITAL

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

Cost Center Description 9.03 10 11

- (A) ANCILLARY SRVC COST CNTRS
- 37 OPERATING ROOM
- 39 DELIVERY ROOM & LABOR ROOM
- 40 ANESTHESIOLOGY
- 41 RADIOLOGY-DIAGNOSTIC
- 42 RADIOLOGY-THERAPEUTIC
- 44 LABORATORY
- 49 RESPIRATORY THERAPY
- 50 PHYSICAL THERAPY
- 54 ELECTROENCEPHALOGRAPHY
- 54 01 NEUROLOGY
- 55 MEDICAL SUPPLIES CHARGED TO PATIENTS
- 55 30 IMPL. DEV. CHARGED TO PATIENT
- 56 DRUGS CHARGED TO PATIENTS
- 59 CARDIOLOGY
- 59 01 CARDIOPULMONARY
- 60 OUTPAT SERVICE COST CNTRS
- 60 CLINIC
- 61 EMERGENCY
- 62 OBSERVATION BEDS (NON-DISTINCT PART)
- 101 SUBTOTAL
- 102 CRNA CHARGES
- 103 LESS PBP CLINIC LAB SVCS-
- 104 PROGRAM ONLY CHARGES
- 104 NET CHARGES

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

TITLE XVIII, PART A SUBPROVIDER 1 PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST	1.01	MED ED NRS SCHOOL COST	MED ED ALLIED HEALTH COST	MED ED ALL OTHER COSTS	BLOOD CLOT FOR HEMOPHILIACS
	ANCILLARY SRVC COST CNTRS	1	1.01	2	2.01	2.02	2.03
37	OPERATING ROOM						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
42	RADIOLOGY-THERAPEUTIC						
44	LABORATORY						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
54	ELECTROENCEPHALOGRAPHY						
54	01 NEUROLOGY						
55	MEDICAL SUPPLIES CHARGED						
55	30 IMPL. DEV. CHARGED TO PAT						
56	DRUGS CHARGED TO PATIENTS						
59	CARDIOLOGY						
59	01 CARDIOPULMONARY						
60	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
62	OTHER REIMBURS COST CNTRS						
101	TOTAL						

TITLE XVIII, PART A

SUBPROVIDER 1

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF CST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
37	ANCILLARY SRVC COST CNTRS OPERATING ROOM			80,402,083			3,871	
39	DELIVERY ROOM & LABOR ROO			3,733,415				
40	ANESTHESIOLOGY			7,022,813			377	
41	RADIOLOGY-DIAGNOSTIC			141,848,312			118,811	
42	RADIOLOGY-THERAPEUTIC			20,421,451			36,138	
44	LABORATORY			78,018,551			525,159	
49	RESPIRATORY THERAPY			8,359,780			57,722	
50	PHYSICAL THERAPY			16,012,571			2,248,125	
54	ELECTROENCEPHALOGRAPHY							
54	01 NEUROLOGY			737,779			2,977	
55	MEDICAL SUPPLIES CHARGED			20,601,904			83,562	
55	30 IMPL. DEV. CHARGED TO PAT			26,983,453			648	
56	DRUGS CHARGED TO PATIENTS			73,090,473			690,269	
59	CARDIOLOGY			2,380,528			1,217	
59	01 CARDIOPULMONARY			985,320				
60	OUTPAT SERVICE COST CNTRS CLINIC			1,111,070				
61	EMERGENCY			22,342,809			178	
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS			6,184,158				
101	TOTAL			510,236,470			3,769,054	

TITLE XVIII, PART A

SUBPROVIDER 1

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES 8	OUTPAT PROG D, V COL 5.03 8.01	OUTPAT PROG D, V COL 5.04 8.02	OUTPAT PROG PASS THRU COST 9	COL 8.01 * COL 5 9.01	COL 8.02 * COL 5 9.02
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
42	RADIOLOGY-THERAPEUTIC						
44	LABORATORY						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
54	ELECTROENCEPHALOGRAPHY						
54	01 NEUROLOGY		178				
55	MEDICAL SUPPLIES CHARGED		48				
55	30 IMPL. DEV. CHARGED TO PAT						
56	DRUGS CHARGED TO PATIENTS		1,652				
59	CARDIOLOGY						
59	01 CARDIOPULMONARY						
60	OUTPAT SERVICE COST CNTRS						
	CLINIC						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
	OTHER REIMBURS COST CNTRS						
101	TOTAL		1,878				

TITLE XVIII PART A HOSPITAL PPS

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

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

PART IV - COMPUTATION OF OBSERVATION BED COST

83	TOTAL OBSERVATION BED DAYS	3,983
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	943.88
85	OBSERVATION BED COST	3,759,474

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	37,282,470		3,759,474	
87	NEW CAPITAL-RELATED COST	3,289,854	.088241	3,759,474	331,740
88	NON PHYSICIAN ANESTHETIST	37,282,470		3,759,474	
89	MEDICAL EDUCATION	37,282,470		3,759,474	
89.01	MEDICAL EDUCATION - ALLIED HEA				
89.02	MEDICAL EDUCATION - ALL OTHER				

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	851.92
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	3,060,095			
87	NEW CAPITAL-RELATED COST	348,751	113967		
88	NON PHYSICIAN ANESTHETIST	3,060,095			
89	MEDICAL EDUCATION	3,060,095			
89.01	MEDICAL EDUCATION - ALLIED HEA				
89.02	MEDICAL EDUCATION - ALL OTHER				

TITLE XVIII, PART A HOSPITAL PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS		28,511,163	
26	INTENSIVE CARE UNIT		7,164,032	
31	SUBPROVIDER I ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.255635	11,620,462	2,970,597
39	DELIVERY ROOM & LABOR ROOM	.696584		
40	ANESTHESIOLOGY	.101842	1,210,002	123,229
41	RADIOLOGY-DIAGNOSTIC	.147810	25,165,903	3,719,772
42	RADIOLOGY-THERAPEUTIC	.252335	479,564	121,011
44	LABORATORY	.111914	20,946,724	2,344,232
49	RESPIRATORY THERAPY	.278077	4,479,443	1,245,630
50	PHYSICAL THERAPY	.546544	2,452,848	1,340,589
54	ELECTROENCEPHALOGRAPHY			
54	01 NEUROLOGY	.318552	268,465	85,520
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.438219	6,969,551	3,054,190
55	30 IMPL. DEV. CHARGED TO PATIENT	.461302	9,794,100	4,518,038
56	DRUGS CHARGED TO PATIENTS	.236730	21,775,628	5,154,944
59	CARDIOLOGY	.512343	368,148	188,618
59	01 CARDIOPULMONARY	.869972	23,579	20,513
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	.828191	5,289	4,380
61	EMERGENCY	.375272	4,141,773	1,554,291
62	OBSERVATION BEDS (NON-DISTINCT PART) OTHER REIMBURS COST CNTRS	.607920		
101	TOTAL		109,701,479	26,445,554
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		109,701,479	

TITLE XVII HOSPITAL

DESCRIPTION	INPATIENT-PART A		PART B	
	MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT
	1	2	3	4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		36,555,903		11,738,875
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.		215,308		203,951
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
ADJUSTMENTS TO PROVIDER		.01		
ADJUSTMENTS TO PROVIDER		.02		
ADJUSTMENTS TO PROVIDER		.03		
ADJUSTMENTS TO PROVIDER		.04		
ADJUSTMENTS TO PROVIDER		.05		
ADJUSTMENTS TO PROGRAM		.50		
ADJUSTMENTS TO PROGRAM		.51		
ADJUSTMENTS TO PROGRAM		.52		
ADJUSTMENTS TO PROGRAM		.53		
ADJUSTMENTS TO PROGRAM		.54		
SUBTOTAL		.99		
4 TOTAL INTERIM PAYMENTS		NONE		NONE
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
TENTATIVE TO PROVIDER		.01		
TENTATIVE TO PROVIDER		.02		
TENTATIVE TO PROVIDER		.03		
TENTATIVE TO PROGRAM		.50		
TENTATIVE TO PROGRAM		.51		
TENTATIVE TO PROGRAM		.52		
SUBTOTAL		.99		
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)				
SETTLEMENT TO PROVIDER		.01		
SETTLEMENT TO PROGRAM		.02		
			NONE	NONE
		115,301		83,063
7 TOTAL MEDICARE PROGRAM LIABILITY				
			36,886,512	12,025,889

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 XVII SUBPROVIDER 1

DESCRIPTION	INPATIENT-PART A		PART B	
	MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER	1	3,182,652	3	171
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.		NONE		NONE
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
ADJUSTMENTS TO PROVIDER		.01		
ADJUSTMENTS TO PROVIDER		.02		
ADJUSTMENTS TO PROVIDER		.03		
ADJUSTMENTS TO PROVIDER		.04		
ADJUSTMENTS TO PROVIDER		.05		
ADJUSTMENTS TO PROGRAM		.50		
ADJUSTMENTS TO PROGRAM		.51		
ADJUSTMENTS TO PROGRAM		.52		
ADJUSTMENTS TO PROGRAM		.53		
ADJUSTMENTS TO PROGRAM		.54		
SUBTOTAL		.99		
4 TOTAL INTERIM PAYMENTS		NONE		NONE
TO BE COMPLETED BY INTERMEDIARY		3,182,652		171
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
TENTATIVE TO PROVIDER		.01		
TENTATIVE TO PROVIDER		.02		
TENTATIVE TO PROVIDER		.03		
TENTATIVE TO PROGRAM		.50		
TENTATIVE TO PROGRAM		.51		
TENTATIVE TO PROGRAM		.52		
SUBTOTAL		.99		
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)		NONE		NONE
SETTLEMENT TO PROVIDER		26,212		
SETTLEMENT TO PROGRAM				113
7 TOTAL MEDICARE PROGRAM LIABILITY		3,208,864		58

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	3,129,926
1.03	MEDICARE SSI RATIO (IRF PPS ONLY) (SEE INSTR.)	.0034
1.04	INPATIENT REHABILITATION FACILITY LIP PAYMENTS (SEE INSTRUCTIONS)	58,404
1.05	OUTLIER PAYMENTS	30,864
1.06	TOTAL PPS PAYMENTS (SUM OF LINES 1.01, (1.02, 1.04 FOR COLUMNS 1 & 1.01), 1.05 AND 1.42)	3,219,194
1.07	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT (SEE INSTRUCTIONS)	
	INPATIENT PSYCHIATRIC FACILITY (IPF)	
1.08	NET FEDERAL IPF PPS PAYMENTS (EXCLUDING OUTLIER, ECT, STOP-LOSS, AND MEDICAL EDUCATION PAYMENTS)	
1.09	NET IPF PPS OUTLIER PAYMENTS	
1.10	NET IPF PPS ECT PAYMENTS	
1.11	UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR LATEST COST REPORT FILED PRIOR TO NOVEMBER 15, 2004 (SEE INSTRUCTIONS)	
1.12	NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTRUCTIONS)	
1.13	CURRENT YEARS UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.14	CURRENT YEARS UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.15	INTERN AND RESIDENT COUNT FOR IPF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)	
1.16	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)	
1.17	MEDICAL EDUCATION ADJUSTMENT FACTOR $\{((1 + (LINE 1.15/1.16))) \text{ RAISED TO THE POWER OF } .5150 - 1\}$.	
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)	9.841096
1.41	MEDICAL EDUCATION ADJUSTMENT FACTOR $\{((1 + (LINE 1.39/1.40))) \text{ RAISED TO THE POWER OF } .9012 - 1\}$.	
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)	3,219,194
5	PRIMARY PAYER PAYMENTS	
6	SUBTOTAL	3,219,194
7	DEDUCTIBLES	11,940
8	SUBTOTAL	3,207,254
9	COINSURANCE	549
10	SUBTOTAL	3,206,705
11	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROF SERV)	3,084
11.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	2,159
11.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	
12	SUBTOTAL	3,208,864
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	

	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
LIABILITIES AND FUND BALANCE	1	2	3	4
CURRENT LIABILITIES				
28 ACCOUNTS PAYABLE	2,851,000			
29 SALARIES, WAGES & FEES PAYABLE	14,657,000			
30 PAYROLL TAXES PAYABLE				
31 NOTES AND LOANS PAYABLE (SHORT TERM)	2,587,000			
32 DEFERRED INCOME				
33 ACCELERATED PAYMENTS				
34 DUE TO OTHER FUNDS				
35 OTHER CURRENT LIABILITIES	12,136,000			
36 TOTAL CURRENT LIABILITIES	32,231,000			
LONG TERM LIABILITIES				
37 MORTGAGE PAYABLE				
38 NOTES PAYABLE	63,529,000			
39 UNSECURED LOANS				
40.01 LOANS PRIOR TO 7/1/66				
40.02 ON OR AFTER 7/1/66				
41 OTHER LONG TERM LIABILITIES	6,585,000			
42 TOTAL LONG-TERM LIABILITIES	70,114,000			
43 TOTAL LIABILITIES	102,345,000			
CAPITAL ACCOUNTS				
44 GENERAL FUND BALANCE	126,622,000			
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	126,622,000			
52 TOTAL LIABILITIES AND FUND BALANCES	228,967,000			

		GENERAL FUND		SPECIFIC PURPOSE FUND	
		1	2	3	4
1	FUND BALANCE AT BEGINNING OF PERIOD		111,684,084		
2	NET INCOME (LOSS)		23,406,000		
3	TOTAL		135,090,084		
4	ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
5	ASSETS RELEASED FROM REST		235,000		
6	CHANGE FAIR VALUE/ UNREAL	4,779,000			
7					
8					
9					
10	TOTAL ADDITIONS		5,014,000		
11	SUBTOTAL		140,104,084		
12	DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
13	TRANSFERS TO AFFILIATES	13,356,000			
14	OTHER RECONCILING ITEM	126,084			
15					
16					
17					
18	TOTAL DEDUCTIONS		13,482,084		
19	FUND BALANCE AT END OF PERIOD PER BALANCE SHEET		126,622,000		

		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	ASSETS RELEASED FROM REST				
6	CHANGE FAIR VALUE/ UNREAL				
7					
8					
9					
10	TOTAL ADDITIONS				
11	SUBTOTAL				
12	DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
13	TRANSFERS TO AFFILIATES				
14	OTHER RECONCILING ITEM				
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	48,013,804		48,013,804
2 00 SUBPROVIDER I	3,952,919		3,952,919
4 00 SWING BED - SNF			
5 00 SWING BED - NF			
9 00 TOTAL GENERAL INPATIENT ROUTINE CARE	51,966,723		51,966,723
INTENSIVE CARE TYPE INPATIENT HOSPITAL SVCS			
10 00 INTENSIVE CARE UNIT	12,811,671		12,811,671
15 00 TOTAL INTENSIVE CARE TYPE INPAT HOSP	12,811,671		12,811,671
16 00 TOTAL INPATIENT ROUTINE CARE SERVICE	64,778,394		64,778,394
17 00 ANCILLARY SERVICES	215,052,441	297,911,331	512,963,772
18 00 OUTPATIENT SERVICES			
19 00 HOME HEALTH AGENCY		6,507,157	6,507,157
24 00			
25 00 TOTAL PATIENT REVENUES	279,830,835	304,418,488	584,249,323

PART II - OPERATING EXPENSES

26 00 OPERATING EXPENSES		196,765,326	
ADD (SPECIFY)			
27 00 ADD (SPECIFY)			
28 00 BAD DEBTS	19,711,000		
29 00			
30 00			
31 00			
32 00			
33 00 TOTAL ADDITIONS		19,711,000	
DEDUCT (SPECIFY)			
34 00 DEDUCT (SPECIFY)			
35 00			
36 00			
37 00			
38 00			
39 00 TOTAL DEDUCTIONS			
40 00 TOTAL OPERATING EXPENSES		216,476,326	

DESCRIPTION

1	TOTAL PATIENT REVENUES	584,249,323
2	LESS: ALLOWANCES AND DISCOUNTS ON PATIENT'S ACCTS	352,973,323
3	NET PATIENT REVENUES	231,276,000
4	LESS: TOTAL OPERATING EXPENSES	216,476,326
5	NET INCOME FROM SERVICE TO PATIENTS	14,799,674
	OTHER INCOME	
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.	88,000
7	INCOME FROM INVESTMENTS	5,642,000
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE	
9	REVENUE FROM TELEVISION AND RADIO SERVICE	
10	PURCHASE DISCOUNTS	
11	REBATES AND REFUNDS OF EXPENSES	
12	PARKING LOT RECEIPTS	
13	REVENUE FROM LAUNDRY AND LINEN SERVICE	
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS	
15	REVENUE FROM RENTAL OF LIVING QUARTERS	
16	REVENUE FROM SALE OF MEDICAL & SURGICAL SUPPLIES TO OTHER THAN PATIENTS	
17	REVENUE FROM SALE OF DRUGS TO OTHER THAN PATIENTS	
18	REVENUE FROM SALE OF MEDICAL RECORDS & ABSTRACTS	
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC)	
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOP & CANTEEN	
21	RENTAL OF VENDING MACHINES	
22	RENTAL OF HOSPITAL SPACE	
23	GOVERNMENTAL APPROPRIATIONS	
24	OTHER REVENUE	2,844,000
24.01	NET ASSETS RELEASED FROM RESTRICTION	33,000
24.02		
24.03		
24.04		
24.05		
24.06		
24.07		
24.08		
24.09		
24.10		
24.11		
24.12		
24.13		
24.14		
24.15		
24.16		
24.17		
24.18		
24.19		
24.20		
24.21		
24.22		
24.23		
24.24		
25	TOTAL OTHER INCOME	8,607,000
26	TOTAL	23,406,674
	OTHER EXPENSES	
27	RECONCILING ITEM	674
28		
29		
30	TOTAL OTHER EXPENSES	674
31	NET INCOME (OR LOSS) FOR THE PERIOD	23,406,000

HHA 1

	SALARIES	EMPLOYEE BENEFITS	TRANSPORTATION	CONTRACTED/PURCHASED SVCS	OTHER COSTS	TOTAL
	1	2	3	4	5	6
GENERAL SERVICE COST CENTERS						
1						
2						
3						
4						
5						
	740,288				164,976	905,264
HHA REIMBURSABLE SERVICES						
6	734,452		71,828			806,280
7	523,661		46,811			570,472
8	216,269		14,736			231,005
9						
10						
11	97,426		14,941			112,367
12					124,770	124,770
13						
13.20						
14						
HHA NONREIMBURSABLE SERVICES						
15						
16						
17						
18						
19						
20						
21						
22						
23						
23.50						
24	2,312,096		148,316		289,746	2,750,158

	RECLASSIFICATIONS	RECLASSIFIED TRIAL BALANCE	ADJUSTMENTS	NET EXPENSES FOR ALLOCATION
	7	8	9	10
GENERAL SERVICE COST CENTERS				
1				
2				
3				
4				
5	26,639	931,903	-11,007	920,896
HHA REIMBURSABLE SERVICES				
6		806,280		806,280
7		570,472		570,472
8		231,005		231,005
9				
10				
11		112,367		112,367
12		124,770		124,770
13				
13.20				
14				
HHA NONREIMBURSABLE SERVICES				
15				
16				
17				
18				
19				
20				
21				
22				
23				
23.50				
24	26,639	2,776,797	-11,007	2,765,790

HHA 1

	NET EXPENSES FOR COST ALLOCATION	CAP-REL COST-BLDG & FIX	CAP-REL COST-MOV EQUIP	PLANT OPER & MAINT	TRANSPORTATION	SUBTOTAL	ADMINISTRATIVE & GENERAL
	0	1	2	3	4	4A	5
GENERAL SERVICE COST CENTERS							
1							
2							
3							
4							
5		920,896				920,896	920,896
HHA REIMBURSABLE SERVICES							
6		806,280				806,280	424,594
7		570,472				570,472	300,415
8		231,005				231,005	121,649
9							
10							
11		112,367				112,367	59,173
12		124,770				124,770	15,065
13							
13. 20							
14							
HHA NONREIMBURSABLE SERVICES							
15							
16							
17							
18							
19							
20							
21							
22							
23							
23. 50							
24		2,765,790				2,765,790	

TOTAL

6

GENERAL SERVICE COST CENTERS							
1							
2							
3							
4							
5							
HHA REIMBURSABLE SERVICES							
6		1,230,874					
7		870,887					
8		352,654					
9							
10							
11		171,540					
12		139,835					
13							
13. 20							
14							
HHA NONREIMBURSABLE SERVICES							
15							
16							
17							
18							
19							
20							
21							
22							
23							
23. 50							
24		2,765,790					

HHA 1

	CAP-REL COST-BLDG & FIX (SQUARE FEET)	CAP-REL COST-MOV EQUIP (DOLLAR VALUE)	PLANT OPER & MAINT (SQUARE FEET)	TRANSPORTATIO N (MI LEAGE)	RECONCILIATIO N (ADMINISTRATIV E & GENERAL (ACCUM. COST)
	1	2	3	4	5A	5
GENERAL SERVICE COST CENTERS						
1						
2						
3						
4						
5						
					-920,896	1,748,732
HHA REIMBURSABLE SERVICES						
6						806,280
7						570,472
8						231,005
9						
10						
11						112,367
12						
13						
13. 20						
14						
					-96,162	28,608
HHA NONREIMBURSABLE SERVICES						
15						
16						
17						
18						
19						
20						
21						
22						
23						
23. 50						
24						
25						
26						
					-1,017,058	1,748,732
						920,896
						.526608

HHA 1

HHA COST CENTER	HHA TRIAL BALANCE (1) 0	OLD CAP REL COSTS-BLDG & 1	OLD CAP REL COSTS-MVBLE 2	NEW CAP REL COSTS-BLDG & 3	NEW CAP REL COSTS-MVBLE 4	EMPLOYEE BENEFITS 5
1 ADMIN & GENERAL				5,452	14,375	194,435
2 SKILLED NURSING CARE	1,230,874					186,202
3 PHYSICAL THERAPY	870,887					132,761
4 OCCUPATIONAL THERAPY	352,654					54,830
5 SPEECH PATHOLOGY						
6 MEDICAL SOCIAL SERVICES						
7 HOME HEALTH AIDE	171,540					24,700
8 SUPPLIES	139,835					
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19) (2)	2,765,790			5,452	14,375	592,928
21 UNIT COST MULTIPLIER						

(1) COLUMN 0, LINE 20 MUST AGREE WITH WKST. A, COLUMN 7, LINE 71.
 (2) COLUMNS 0 THROUGH 27, LINE 20 MUST AGREE WITH THE CORRESPONDING COLUMNS OF WKST. B, PART I, LINE 71.

HHA COST CENTER	SUBTOTAL 5A	ADMINISTRATIVE & GENERAL 6	MAINTENANCE & REPAIRS 7	OPERATION OF PLANT 8	LAUNDRY & LINEN SERVICE 9	HOUSEKEEPING 10
1 ADMIN & GENERAL	214,262	51,866		14,690		7,459
2 SKILLED NURSING CARE	1,417,076	343,030				
3 PHYSICAL THERAPY	1,003,648	242,952				
4 OCCUPATIONAL THERAPY	407,484	98,639				
5 SPEECH PATHOLOGY						
6 MEDICAL SOCIAL SERVICES						
7 HOME HEALTH AIDE	196,240	47,504				
8 SUPPLIES	139,835	33,850				
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19) (2)	3,378,545	817,841		14,690		7,459
21 UNIT COST MULTIPLIER						

(1) COLUMN 0, LINE 20 MUST AGREE WITH WKST. A, COLUMN 7, LINE 71.
 (2) COLUMNS 0 THROUGH 27, LINE 20 MUST AGREE WITH THE CORRESPONDING COLUMNS OF WKST. B, PART I, LINE 71.

HHA 1

HHA COST CENTER	DIETARY 11	CAFETERIA 12	NURSING ADMINISTRATION 14	CENTRAL SERVICES & SUPPLIES 15	PHARMACY 16	MEDICAL RECORDS & LIBRARY 17
1 ADMIN & GENERAL						
2 SKILLED NURSING CARE						
3 PHYSICAL THERAPY						
4 OCCUPATIONAL THERAPY						
5 SPEECH PATHOLOGY						
6 MEDICAL SOCIAL SERVICES						
7 HOME HEALTH AIDE						
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19) (2)						
21 UNIT COST MULTIPLIER						

- (1) COLUMN 0, LINE 20 MUST AGREE WITH WKST. A, COLUMN 7, LINE 71.
- (2) COLUMNS 0 THROUGH 27, LINE 20 MUST AGREE WITH THE CORRESPONDING COLUMNS OF WKST. B, PART I, LINE 71.

HHA COST CENTER	SOCIAL SERVICE 18	SUBTOTAL 25	POST STEP DOWN ADJUST 26	SUBTOTAL 27	ALLOCATED HHA A & G 28	TOTAL HHA COSTS 29
1 ADMIN & GENERAL		288,277		288,277		
2 SKILLED NURSING CARE		1,760,106		1,760,106	129,101	1,889,207
3 PHYSICAL THERAPY		1,246,600		1,246,600	91,436	1,338,036
4 OCCUPATIONAL THERAPY		506,123		506,123	37,123	543,246
5 SPEECH PATHOLOGY						
6 MEDICAL SOCIAL SERVICES						
7 HOME HEALTH AIDE		243,744		243,744	17,878	261,622
8 SUPPLIES		173,685		173,685	12,739	186,424
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19) (2)		4,218,535		4,218,535	288,277	4,218,535
21 UNIT COST MULTIPLIER					0.073348	

- (1) COLUMN 0, LINE 20 MUST AGREE WITH WKST. A, COLUMN 7, LINE 71.
- (2) COLUMNS 0 THROUGH 27, LINE 20 MUST AGREE WITH THE CORRESPONDING COLUMNS OF WKST. B, PART I, LINE 71.

HHA 1

HHA COST CENTER	OLD CAP REL COSTS-BLDG & (SQUARE FEET	OLD CAP REL COSTS-MVBLE (DOLLAR VALUE	NEW CAP REL COSTS-BLDG & (SQUARE FEET	NEW CAP REL COSTS-MVBLE (SQUARE FEET	EMPLOYEE BENEFITS (GROSS SALARIES	RECONCILIATION
	1	2	3	4	5	6A
1 ADMIN & GENERAL			472	472	766,926	
2 SKILLED NURSING CARE					734,452	
3 PHYSICAL THERAPY					523,661	
4 OCCUPATIONAL THERAPY					216,269	
5 SPEECH PATHOLOGY						
6 MEDICAL SOCIAL SERVICES						
7 HOME HEALTH AIDE					97,427	
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19)			472	472	2,338,735	
21 COST TO BE ALLOCATED			5,452	14,375	592,928	
22 UNIT COST MULTIPLIER			11.550847	30.455508	0.253525	

HHA COST CENTER	ADMINISTRATIVE & GENERAL (ACCUM. COST	MAINTENANCE & REPAIRS (SQUARE FEET	OPERATION OF PLANT (SQUARE FEET	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY	HOUSEKEEPING (SQUARE FEET	DIETARY (MEALS SERVED
	6	7	8	9	10	11
1 ADMIN & GENERAL	214,262		472		472	
2 SKILLED NURSING CARE	1,417,076					
3 PHYSICAL THERAPY	1,003,648					
4 OCCUPATIONAL THERAPY	407,484					
5 SPEECH PATHOLOGY						
6 MEDICAL SOCIAL SERVICES						
7 HOME HEALTH AIDE	196,240					
8 SUPPLIES	139,835					
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19)	3,378,545		472		472	
21 COST TO BE ALLOCATED	817,841		14,690		7,459	
22 UNIT COST MULTIPLIER	0.242069		31.122881		15.802966	

HHA 1

	CAFETERIA (FTEs)	NURSING ADMINISTRATION (DIRECT NRSNG HRS)	CENTRAL SERVICES & SUPPLIES (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (TIME SPENT)
HHA COST CENTER	12	14	15	16	17	18
1 ADMIN & GENERAL						
2 SKILLED NURSING CARE						
3 PHYSICAL THERAPY						
4 OCCUPATIONAL THERAPY						
5 SPEECH PATHOLOGY						
6 MEDICAL SOCIAL SERVICES						
7 HOME HEALTH AIDE						
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19)						
21 COST TO BE ALLOCATED						
22 UNIT COST MULTIPLIER						

[] TITLE V [X] TITLE XVIII [] TITLE XIX

PART I - APPORTIONMENT OF HHA COST CENTERS:
 COMPUTATION OF THE LESSER OF AGGREGATE MEDICARE COST OR THE AGGREGATE OF THE MEDICARE LIMITATION

COST PER VISIT COMPUTATION	FROM WKST H-5 PART I COL. 29, LINE:	FACILITY COSTS (FROM PART I)	SHARED ANCILLARY COSTS (FROM PART II)	TOTAL HHA COSTS	TOTAL VISITS	AVERAGE COST PER VISIT	PROGRAM VISITS
							PART A
PATIENT SERVICES							6
1 SKILLED NURSING	2	1,889,207	2	1,889,207	14,693	128.58	5,997
2 PHYSICAL THERAPY	3	1,338,036		1,338,036	11,561	115.74	5,668
3 OCCUPATIONAL THERAPY	4	543,246		543,246	2,471	219.85	1,249
4 SPEECH PATHOLOGY	5				847		445
5 MEDICAL SOCIAL SERVICES	6						
6 HOME HEALTH AIDE SERVICE	7	261,622		261,622	3,275	79.88	1,504
7 TOTAL		4,032,111		4,032,111	32,847		14,863

	-----PROGRAM VISITS-----		-----COST OF SERVICES-----		TOTAL PROGRAM COST
	NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR	NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR	
	7	8	PART A 9	10	11
1 SKILLED NURSING	4,370		771,094	561,895	1,332,989
2 PHYSICAL THERAPY	2,967		656,014	343,401	999,415
3 OCCUPATIONAL THERAPY	785		274,593	172,582	447,175
4 SPEECH PATHOLOGY	214				
5 MEDICAL SOCIAL SERVICES					
6 HOME HEALTH AIDE SERVICES	1,681		120,140	134,278	254,418
7 TOTAL	10,017		1,821,841	1,212,156	3,033,997

LIMITATION COST COMPUTATION	PATIENT SERVICES	1	2	3	4	PROGRAM COST LIMITS	PROGRAM VISITS
						5	6
8 SKILLED NURSING		1600					
8.01 SKILLED NURSING		1600					
9 PHYSICAL THERAPY		1600					
9.01 PHYSICAL THERAPY		1600					
10 OCCUPATIONAL THERAPY		1600					
10.01 OCCUPATIONAL THERAPY		1600					
11 SPEECH PATHOLOGY		1600					
11.01 SPEECH PATHOLOGY		1600					
12 MEDICAL SOCIAL SERVICES		1600					
12.01 MEDICAL SOCIAL SERVICES		1600					
13 HOME HEALTH AIDE SERVICE		1600					
13.01 HOME HEALTH AIDE SERVICE		1600					
14 TOTAL							

	-----PROGRAM VISITS-----		-----COST OF SERVICES-----		TOTAL PROGRAM COST
	NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR	NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR	
	7	8	PART A 9	10	11
8 SKILLED NURSING					12
8.01 SKILLED NURSING					
9 PHYSICAL THERAPY					
9.01 PHYSICAL THERAPY					
10 OCCUPATIONAL THERAPY					
10.01 OCCUPATIONAL THERAPY					
11 SPEECH PATHOLOGY					
11.01 SPEECH PATHOLOGY					
12 MEDICAL SOCIAL SERVICES					
12.01 MEDICAL SOCIAL SERVICES					
13 HOME HEALTH AIDE SERVICE					
13.01 HOME HEALTH AIDE SERVICE					
14 TOTAL					

[] TITLE V [X] TITLE XVIII [] TITLE XIX

PART I - APPORTIONMENT OF HHA COST CENTERS:
 COMPUTATION OF THE LESSER OF AGGREGATE MEDICARE COST OR THE AGGREGATE OF THE MEDICARE LIMITATION

SUPPLIES AND EQUIPMENT COST COMPUTATION	FROM WKST H-5 PART I COL. 29, LINE:	FACILITY COSTS (FROM WKST H-5 PART I) 1	SHARED ANCILLARY COSTS (FROM PART II) 2	TOTAL HHA COSTS 3	TOTAL CHARGES 4	RATIO 5	PROGRAM COVERED CHARGES PART A 6
15 COST OF MEDICAL SUPPLIES	8.00	186,424		186,424	150,762	1.236545	52,722
16 COST OF DRUGS	9.00						
16.20 COST OF DRUGS	9.20						

	PROGRAM COVERED CHARGES -----PART B-----		-----COST OF SERVICES-----	
	NOT SUBJECT TO DEDUCT & COINSUR 7	SUBJECT TO DEDUCT & COINSUR 8	NOT SUBJECT TO DEDUCT & COINSUR 9	SUBJECT TO DEDUCT & COINSUR 10
15 COST OF MEDICAL SUPPLIES	98,040		65,193	121,231
16 COST OF DRUGS				
16.20 COST OF DRUGS				

PER BENEFICIARY COST LIMITATION:	MSA NUMBER 1	AMOUNT 2
162 PROGRAM UNDUP CENSUS FROM WRKST S-4	1600	
16.01 PROGRAM UNDUP CENSUS FROM WRKST S-4	1600	
17 PER BENE COST LIMITATION (FRM FI)	1600	
17.01 PER BENE COST LIMITATION (FRM FI)	1600	
18 PER BENE COST LIMITATION (LN 17*18)		

PART II - APPORTIONMENT OF COST OF HHA SERVICES FURNISHED BY SHARED HOSPITAL DEPARTMENTS

	FROM WKST C PT I, COL 9	COST TO CHARGE RATIO 1	TOTAL HHA CHARGES 2	HHA SHARED ANCILLARY COSTS 3	TRANSFER TO PART I AS INDICATED 4
1 PHYSICAL THERAPY	50	.546544			COL 2, LN 2
2 OCCUPATIONAL THERAPY	51				COL 2, LN 3
3 SPEECH PATHOLOGY	52				COL 2, LN 4
4 MEDICAL SUPPLIES CHARGED TO PATIENT	55	.438219			COL 2, LN 15
4.30 IMPL. DEV. CHARGED TO PATIENT	55.30	.461302			
5 DRUGS CHARGED TO PATIENTS	56	.236730			COL 2, LN 16

PART III - OUTPATIENT THERAPY REDUCTION COMPUTATION

	FROM PART I, COL 5 1	COST PER VISIT 2	PART B SERVICES SUBJECT TO DEDUCTIBLES AND COINSURANCE		PROGRAM COSTS		PROG VISITS ON OR AFTER 5
			PRIOR 1/1/1998 TO 12/31/1998 3	1/1/1998 TO 12/31/1998 4			
1 PHYSICAL THERAPY	2	115.74	2.01	3	3.01	4	5
2 OCCUPATIONAL THERAPY	3	219.85					
3 SPEECH PATHOLOGY	4						
4 TOTAL (SUM OF LINES 1-3)							

TITLE XVII HHA 1

PART I - COMPUTATION OF THE LESSER OF REASONABLE COST OR CUSTOMARY CHARGES	PART A	PART B NOT SUBJECT TO DED & COINS	PART B SUBJECT TO DED & COINS
	1	2	3
1 REASONABLE COST OF SERVICES			
2 TOTAL CHARGES			
3 CUSTOMARY CHARGES			
4 AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS			
5 AMOUNT 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(B)			
6 RATIO OF LINE 3 TO 4 (NOT TO EXCEED 1.000000)			
7 TOTAL CUSTOMARY CHARGES			
8 EXCESS OF TOTAL CUSTOMARY CHARGES OVER TOTAL REASONABLE COST			
9 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			
10 PRIMARY PAYOR AMOUNTS			

PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT

	PART A SERVICES 1	PART B SERVICES 2
10 TOTAL REASONABLE COST		
10.01 TOTAL PPS REIMBURSEMENT-FULL EPIISODES WITHOUT OUTLIERS	2,627,315	1,736,639
10.02 TOTAL PPS REIMBURSEMENT-FULL EPIISODES WITH OUTLIERS	31,468	11,682
10.03 TOTAL PPS REIMBURSEMENT-LUPA EPIISODES	54,802	34,670
10.04 TOTAL PPS REIMBURSEMENT-PEP EPIISODES	12,612	15,485
10.05 TOTAL PPS REIMBURSEMENT-SCIC WITHIN A PEP EPIISODE	131	39
10.06 TOTAL PPS REIMBURSEMENT-SCIC EPIISODES		
10.07 TOTAL PPS OUTLIER REIMBURSEMENT-FULL EPIISODES WITH OUTLIERS	10,285	9,424
10.08 TOTAL PPS OUTLIER REIMBURSEMENT-PEP EPIISODES	2,351	527
10.09 TOTAL PPS OUTLIER REIMBURSEMENT-SCIC WITHIN A PEP EPIISODE		
10.10 TOTAL PPS OUTLIER REIMBURSEMENT-SCIC EPIISODES		
10.11 TOTAL OTHER PAYMENTS		
10.12 DME PAYMENTS		
10.13 OXYGEN PAYMENTS		
10.14 PROSTHETIC AND ORTHOTIC PAYMENTS		
11 PART B DEDUCTIBLES BILLED TO MEDICARE PATIENTS (EXCLUDE COINSURANCE)		
12 SUBTOTAL	2,738,964	1,808,466
13 EXCESS REASONABLE COST		
14 SUBTOTAL	2,738,964	1,808,466
15 COINSURANCE BILLED TO PROGRAM PATIENTS		
16 NET COST	2,738,964	1,808,466
17 REIMBURSABLE BAD DEBTS		
17.01 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)		
18 TOTAL COSTS - CURRENT COST REPORTING PERIOD	2,738,964	1,808,466
19 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS		
20 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM AGENCIES' TERMINATION OR DECREASE IN MEDICARE UTILIZATION		
21 OTHER ADJUSTMENTS (SPECIFY)		
22 SUBTOTAL	2,738,964	1,808,466
23 SEQUESTRATION ADJUSTMENT		
24 SUBTOTAL	2,738,964	1,808,466
25 INTERIM PAYMENTS	2,738,964	1,808,466
25.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
26 BALANCE DUE PROVIDER/PROGRAM		
27 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11 SECTION 115.2		

TITLE XVII HHA 1

DESCRIPTION	PART A		PART B	
	MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER	1	2,738,964	3	1,808,466
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.		NONE		NONE
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
ADJUSTMENTS TO PROVIDER		.01		
ADJUSTMENTS TO PROVIDER		.02		
ADJUSTMENTS TO PROVIDER		.03		
ADJUSTMENTS TO PROVIDER		.04		
ADJUSTMENTS TO PROVIDER		.05		
ADJUSTMENTS TO PROGRAM		.50		
ADJUSTMENTS TO PROGRAM		.51		
ADJUSTMENTS TO PROGRAM		.52		
ADJUSTMENTS TO PROGRAM		.53		
ADJUSTMENTS TO PROGRAM		.54		
SUBTOTAL		.99		
4 TOTAL INTERIM PAYMENTS		NONE		NONE
TO BE COMPLETED BY INTERMEDIARY		2,738,964		1,808,466
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
TENTATIVE TO PROVIDER		.01		
TENTATIVE TO PROVIDER		.02		
TENTATIVE TO PROVIDER		.03		
TENTATIVE TO PROGRAM		.50		
TENTATIVE TO PROGRAM		.51		
TENTATIVE TO PROGRAM		.52		
SUBTOTAL		.99		
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)		NONE		NONE
SETTLEMENT TO PROVIDER		.01		
SETTLEMENT TO PROGRAM		.02		
7 TOTAL MEDICARE PROGRAM LIABILITY		2,738,964		1,808,466

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.

