

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		14-0301		FROM 12/ 1/2009		--AUDITED --DESK REVIEW		/ /
				TO 11/30/2010		--INITIAL --REOPENED		INTERMEDIARY NO:
						--FINAL 1-MCR CODE		
						00 - # OF REOPENINGS		

ELECTRONICALLY FILED COST REPORT DATE: 4/28/2011 TIME 10:07

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: OAK FOREST HOSPITAL OF COOK COUNTY 14-0301

FOR THE COST REPORTING PERIOD BEGINNING 12/ 1/2009 AND ENDING 11/30/2010 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	
1	HOSPITAL	0	-68,339	43,566	0
2	SUBPROVIDER	0	3,642	0	0
100	TOTAL	0	-64,697	43,566	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.

COMPONENT	I & R FTES	--- FULL TIME	EQUIV ---	DISCHARGES			TOTAL ALL PATIENTS
	NET	EMPLOYEES ON PAYROLL	NONPAID WORKERS	TITLE V	TITLE XVIII	TITLE XIX	
24 RHC	9	10	11	12	13	14	15
24 10 FQHC							
25 TOTAL	4.64	820.55					
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							

PART II - WAGE DATA	AMOUNT REPORTED 1	RECLASS OF SALARIES 2	ADJUSTED SALARIES 3	PAID HOURS RELATED TO SALARY 4	AVERAGE HOURLY WAGE 5	DATA SOURCE 6
SALARIES						
1 TOTAL SALARY	51,738,283		51,738,283	1,661,646.91	31.14	
2 NON-PHYSICIAN ANESTHETIST PART A						
3 NON-PHYSICIAN ANESTHETIST PART B						
4 PHYSICIAN - PART A	2,475,650		2,475,650	24,125.90	102.61	H. B. P. WORKPAPER
4.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)	613,800		613,800	6,125.87	100.20	worksheet 30-2
5 PHYSICIAN - PART B	6,114,508		6,114,508	66,569.00	91.85	HBP WORKPAPER
5.01 NON-PHYSICIAN - PART B						
6 INTERNS & RESIDENTS (APPRVD)						
6.01 CONTRACT SERVICES, I&R						
7 HOME OFFICE PERSONNEL						
8 SNF	158,603		158,603	6,570.10	24.14	EXCEL PAYROLL
8.01 EXCLUDED AREA SALARIES	2,455,912	-137,340	2,318,572	83,746.50	27.69	EXCEL PAYROLL
OTHER WAGES & RELATED COSTS						
9 CONTRACT LABOR:	1,249,624		1,249,624	25,635.00	48.75	REG. W/P & MGMT. CONT.
9.01 PHARMACY SERVICES UNDER CONTRACT						
9.02 LABORATORY SERVICES UNDER CONTRACT						
9.03 MANAGEMENT & ADMINISTRATIVE UNDER CONTRACT	61,641		61,641	1,954.00	31.55	MGMT. CONTRACT. SUMMARY
10 CONTRACT LABOR: PHYS PART A	15,894		15,894	174.00	91.34	HBP WORKPAPER
10.01 TEACHING PHYSICIAN UNDER CONTRACT (SEE INSTRUCTIONS)						
11 HOME OFFICE SALARIES & WAGE RELATED COSTS	4,060,958		4,060,958	110,998.00	36.59	OFH EMP. ON 890 E. R.
12 HOME OFFICE: PHYS PART A						
12.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
WAGE RELATED COSTS						
13 WAGE-RELATED COSTS (CORE)	14,601,746		14,601,746			CMS 339
14 WAGE-RELATED COSTS (OTHER)						CMS 339
15 EXCLUDED AREAS	727,469		727,469			CMS 339
16 NON-PHYS ANESTHETIST PART A						CMS 339
17 NON-PHYS ANESTHETIST PART B						CMS 339
18 PHYSICIAN PART A	875,820		875,820			CMS 339
18.01 PART A TEACHING PHYSICIANS	217,147		217,147			CMS 339
19 PHYSICIAN PART B	410,390		410,390			CMS 339
19.01 WAGE-RELATD COSTS (RHC/FOHC)						CMS 339
20 INTERNS & RESIDENTS (APPRVD)						CMS 339
OVERHEAD COSTS - DIRECT SALARIES						
21 EMPLOYEE BENEFITS	140,398		140,398	23,038.80	6.09	
22 ADMINISTRATIVE & GENERAL	5,270,740	-173,882	5,096,858	236,025.88	21.59	
22.01 A & G UNDER CONTRACT	502,022		502,022	9,507.65	52.80	
23 MAINTENANCE & REPAIRS	3,466,440		3,466,440	97,162.90	35.68	
24 OPERATION OF PLANT	3,924,031		3,924,031	135,631.30	28.93	
25 LAUNDRY & LINEN SERVICE						
26 HOUSEKEEPING	2,023,179		2,023,179	109,990.10	18.39	
26.01 HOUSEKEEPING UNDER CONTRACT						
27 DIETARY	2,612,937		2,612,937	129,882.90	20.12	
27.01 DIETARY UNDER CONTRACT						
28 CAFETERIA						
29 MAINTENANCE OF PERSONNEL						
30 NURSING ADMINISTRATION						
31 CENTRAL SERVICE AND SUPPLY	633,872		633,872	33,508.30	18.92	
32 PHARMACY						
33 MEDICAL RECORDS & MEDICAL RECORDS LIBRARY	1,360,569		1,360,569	47,762.20	28.49	
34 SOCIAL SERVICE	418,287	173,882	592,169	13,687.20	43.26	
35 OTHER GENERAL SERVICE	419,338	-226,692	192,646	8,064.70	23.89	
PART III - HOSPITAL WAGE INDEX SUMMARY						
1 NET SALARIES	45,511,997		45,511,997	1,598,459.69	28.47	
2 EXCLUDED AREA SALARIES	2,614,515	-137,340	2,477,175	90,316.60	27.43	
3 SUBTOTAL SALARIES	42,897,482	137,340	43,034,822	1,508,143.09	28.53	
4 SUBTOTAL OTHER WAGES & RELATED COSTS	5,388,117		5,388,117	138,761.00	38.83	
5 SUBTOTAL WAGE-RELATED COSTS	15,477,566		15,477,566		35.97	
6 TOTAL	63,763,165	137,340	63,900,505	1,646,904.09	38.80	
7 NET SALARIES						
8 EXCLUDED AREA SALARIES						
9 SUBTOTAL SALARIES						
10 SUBTOTAL OTHER WAGES & RELATED COSTS						
11 SUBTOTAL WAGE-RELATED COSTS						
12 TOTAL						
13 TOTAL OVERHEAD COSTS	20,771,813	-226,692	20,545,121	844,261.93	24.34	

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	51,717,197
17.01	GROSS MEDICAID REVENUES	17,111,968
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	68,829,165
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)	1.577230
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)	

DESCRIPTION

28	TOTAL GROSS MEDICAID CHARGES FROM YOUR RECORDS	17,111,968
29	TOTAL GROSS MEDICAID COST (LINE 24 * LINE 28)	26,989,509
30	OTHER UNCOMPENSATED CARE CHARGES FROM YOUR RECORDS	51,717,197
31	UNCOMPENSATED CARE COST (LINE 24 * LINE 30)	81,569,915
32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL (SUM OF LINES 25, 27, AND 29)	26,989,509

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

PROVIDER NO: 14-0301
 PERIOD: FROM 12/1/2009 TO 11/30/2010
 PREPARED 4/28/2011
 WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	SALARIES 1	OTHER 2	TOTAL 3	RECLASS- IFICATIONS 4	RECLASSIFIED TRIAL BALANCE 5
	GENERAL SERVICE COST CNTR					
1	0100 OLD CAP REL COSTS-BLDG & FIXT		1,181,899	1,181,899		1,181,899
2	0200 OLD CAP REL COSTS-MVBLE EQUIP		1,955,762	1,955,762		1,955,762
3	0300 NEW CAP REL COSTS-BLDG & FIXT					
4	0400 NEW CAP REL COSTS-MVBLE EQUIP					
5	0500 EMPLOYEE BENEFITS	140,398	26,171,704	26,312,102		26,312,102
6	0600 ADMINISTRATIVE & GENERAL	5,270,740	1,339,057	6,609,797	-173,882	6,435,915
7	0700 MAINTENANCE & REPAIRS	3,466,440	2,194,566	5,661,006		5,661,006
8	0800 OPERATION OF PLANT	3,924,031	2,783,458	6,707,489		6,707,489
9	0900 LAUNDRY & LINEN SERVICE		302,889	302,889		302,889
10	1000 HOUSEKEEPING	2,023,179	262,945	2,286,124		2,286,124
11	1100 DIETARY	2,612,937	633,756	3,246,693		3,246,693
12	1200 CAFETERIA					
14	1400 NURSING ADMINISTRATION					
15	1500 CENTRAL SERVICES & SUPPLY	633,872	175,515	809,387	-123,114	686,273
16	1600 PHARMACY		1,176,858	1,176,858	-1,203,478	-26,620
17	1700 MEDICAL RECORDS & LIBRARY	1,360,569	90,529	1,451,098		1,451,098
18	1800 SOCIAL SERVICE	418,287	429	418,716	173,882	592,598
19	1950 MEDICAL ADMINISTRATION	419,338	362,629	781,967	-226,692	555,275
20	2000 NONPHYSICIAN ANESTHETISTS					
21	2100 NURSING SCHOOL					
22	2200 I&R SERVICES-SALARY & FRINGES APPRVD					
23	2300 I&R SERVICES-OTHER PRGM COSTS APPRVD				921,307	921,307
24	2400 PARAMEDICAL PRGM-(SPECIFY) INPAT ROUTINE SRVC CNTRS					
25	2500 ADULTS & PEDIATRICS	10,355,798	174,867	10,530,665	-89,943	10,440,722
26	2600 INTENSIVE CARE UNIT	2,625,345	65,087	2,690,432	-55,252	2,635,180
31	3100 SUBPROVIDER I	2,313,014	96,622	2,409,636	-230,061	2,179,575
34	3400 SKILLED NURSING FACILITY	158,603	13,078	171,681	-10,579	161,102
35	3500 NURSING FACILITY					
	ANCILLARY SRVC COST CNTRS					
37	3700 OPERATING ROOM	2,555,361	612,074	3,167,435	-497,882	2,669,553
37.01	3950 PATHOLOGY	440,918	18,395	459,313		459,313
37.02	3951 NEUROLOGY & PSYCHIATRY	661,870	2,830	664,700		664,700
37.03	3952 CLINICAL PSYCHOLOGY& PSYCHOTHERAPY	431,878	4,014	435,892		435,892
41	4100 RADIOLOGY-DIAGNOSTIC	1,034,432	1,671,851	2,706,283	-36,569	2,669,714
43	4300 RADIOISOTOPE					
44	4400 LABORATORY	1,429,913	919,611	2,349,524		2,349,524
46.30	4650 BLOOD CLOTTING FACTORS ADMIN COSTS					
49	4900 RESPIRATORY THERAPY	1,081,253	235,345	1,316,598		1,316,598
50	5000 PHYSICAL THERAPY	1,585,164	405,099	1,990,263		1,990,263
51	5100 OCCUPATIONAL THERAPY	721,094	14,863	735,957		735,957
52	5200 SPEECH PATHOLOGY	352,913	872	353,785		353,785
53	5300 ELECTROCARDIOLOGY	628,392	39,761	668,153	-16,025	652,128
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS				545,098	545,098
56	5600 DRUGS CHARGED TO PATIENTS				1,211,280	1,211,280
59	3953 ACTIVITY THERAPY	1,843		1,843		1,843
	OUTPAT SERVICE COST CNTRS					
60	6000 CLINIC	3,192,858	519	3,193,377	-125,567	3,067,810
61	6100 EMERGENCY	1,754,945	140,247	1,895,192	-62,096	1,833,096
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)					
63.50	6310 RHC					
63.60	6320 FQHC					
	OTHER REIMBURS COST CNTRS					
69.10	6910 CMHC					
69.20	6920 OUTPATIENT PHYSICAL THERAPY					
69.30	6930 OUTPATIENT OCCUPATIONAL THERAPY					
69.40	6940 OUTPATIENT SPEECH PATHOLOGY					
71	7100 HOME HEALTH AGENCY					
	SPEC PURPOSE COST CENTERS					
85.01	8510 PANCREAS ACQUISITION					
85.02	8520 INTESTINAL ACQUISITION					
85.03	8530 ISLET CELL ACQUISITION					
95	SUBTOTALS	51,595,385	43,047,131	94,642,516	427	94,642,943
	NONREIMBURS COST CENTERS					
96.01	9601 COUNTY STORE-NON-ALLOWABLE					
97.01	9701 OPTOMETRY	142,898	364	143,262		143,262
98.01	9801 DENTAL		427	427	-427	
98.02	9802 NON-REIMBURSABLE COMMUNITY CLINICS					
98.09	9803 IDLE					
99.03	9902 IDLE SPACE B22/OTHER					
99.04	9903 H REC. 2 - 6 VACANT					
99.05	9904 PUBLIC AID OFFICES VACANT					
99.06	9905 MISC. WALLS AND HALLS					
99.07	9906 ALL TUNNELS					
99.08	9907 VACANT AND USED FOR STORAGE					
99.09	9901 OTHER COUNTY AGENCIES					
101	TOTAL	51,738,283	43,047,922	94,786,205	-0-	94,786,205

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

PROVIDER NO: 14-0301
PERIOD: FROM 12/1/2009 TO 11/30/2010
PREPARED 4/28/2011
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	884,960	2,066,859
2 0200	OLD CAP REL COSTS-MVBLE EQUIP	213,394	2,169,156
3 0300	NEW CAP REL COSTS-BLDG & FIXT		
4 0400	NEW CAP REL COSTS-MVBLE EQUIP		
5 0500	EMPLOYEE BENEFITS	-6,940,678	19,371,424
6 0600	ADMINISTRATIVE & GENERAL	11,296,322	17,732,237
7 0700	MAINTENANCE & REPAIRS		5,661,006
8 0800	OPERATION OF PLANT		6,707,489
9 0900	LAUNDRY & LINEN SERVICE		302,889
10 1000	HOUSEKEEPING		2,286,124
11 1100	DIETARY	-90,285	3,156,408
12 1200	CAFETERIA		
14 1400	NURSING ADMINISTRATION		
15 1500	CENTRAL SERVICES & SUPPLY		686,273
16 1600	PHARMACY	8,034,140	8,007,520
17 1700	MEDICAL RECORDS & LIBRARY	-11,324	1,439,774
18 1800	SOCIAL SERVICE		592,598
19 1950	MEDICAL ADMINISTRATION		555,275
20 2000	NONPHYSICIAN ANESTHETISTS		
21 2100	NURSING SCHOOL		
22 2200	I&R SERVICES-SALARY & FRINGES APPRVD		
23 2300	I&R SERVICES-OTHER PRGM COSTS APPRVD		921,307
24 2400	PARAMED ED PRGM-(SPECIFY) INPAT ROUTINE SRVC CNTRS		
25 2500	ADULTS & PEDIATRICS	-4,386,368	6,054,354
26 2600	INTENSIVE CARE UNIT	-508,263	2,126,917
31 3100	SUBPROVIDER I		2,179,575
34 3400	SKILLED NURSING FACILITY		161,102
35 3500	NURSING FACILITY		
	ANCILLARY SRVC COST CNTRS		
37 3700	OPERATING ROOM	-1,404,071	1,265,482
37.01 3950	PATHOLOGY	-93,109	366,204
37.02 3951	NEUROLOGY & PSYCHIATRY	-258,184	406,516
37.03 3952	CLINICAL PSYCHOLOGY& PSYCHOTHERAPY		435,892
41 4100	RADIOLOGY-DIAGNOSTIC	-316,832	2,352,882
43 4300	RADIO SOTOPE		
44 4400	LABORATORY		2,349,524
46.30 4650	BLOOD CLOTTING FACTORS ADMIN COSTS		
49 4900	RESPIRATORY THERAPY		1,316,598
50 5000	PHYSICAL THERAPY	-858,169	1,132,094
51 5100	OCCUPATIONAL THERAPY		735,957
52 5200	SPEECH PATHOLOGY		353,785
53 5300	ELECTROCARDIOLOGY	-269,155	382,973
55 5500	MEDICAL SUPPLIES CHARGED TO PATIENTS		545,098
56 5600	DRUGS CHARGED TO PATIENTS		1,211,280
59 3953	ACTIVITY THERAPY		1,843
	OUTPAT SERVICE COST CNTRS		
60 6000	CLINIC	-1,263,277	1,804,533
61 6100	EMERGENCY	-632,843	1,200,253
62 6200	OBSERVATION BEDS (NON-DISTINCT PART)		
63.50 6310	RHC		
63.60 6320	FQHC		
	OTHER REIMBURS COST CNTRS		
69.10 6910	CMHC		
69.20 6920	OUTPATIENT PHYSICAL THERAPY		
69.30 6930	OUTPATIENT OCCUPATIONAL THERAPY		
69.40 6940	OUTPATIENT SPEECH PATHOLOGY		
71 7100	HOME HEALTH AGENCY		
	SPEC PURPOSE COST CENTERS		
85.01 8510	PANCREAS ACQUISITION		
85.02 8520	INTESTINAL ACQUISITION		
85.03 8530	ISLET CELL ACQUISITION		
95	SUBTOTALS	3,396,258	98,039,201
	NONREIMBURS COST CENTERS		
96.01 9601	COUNTY STORE-NON-ALLOWABLE		
97.01 9701	OPTOMETRY		143,262
98.01 9801	DENTAL		
98.02 9802	NON-REIMBURSABLE COMMUNITY CLINICS		
98.09 9803	IDLE		
99.03 9902	IDLE SPACE B22/OTHER		
99.04 9903	H REC. 2 - 6 VACANT		
99.05 9904	PUBLIC AID OFFICES VACANT		
99.06 9905	MISC. WALLS AND HALLS		
99.07 9906	ALL TUNNELS		
99.08 9907	VACANT AND USED FOR STORAGE		
99.09 9901	OTHER COUNTY AGENCIES		
101	TOTAL	3,396,258	98,182,463

COST CENTERS USED IN COST REPORT

I PROVIDER NO: I PERIOD: I PREPARED 4/28/2011
 I 14-0301 I FROM 12/ 1/2009 I NOT A CMS WORKSHEET
 I I TO 11/30/2010 I

LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
	GENERAL SERVICE COST		
1	OLD CAP REL COSTS-BLDG & FIXT	0100	
2	OLD CAP REL COSTS-MVBLE EQUIP	0200	
3	NEW CAP REL COSTS-BLDG & FIXT	0300	
4	NEW CAP REL COSTS-MVBLE EQUIP	0400	
5	EMPLOYEE BENEFITS	0500	
6	ADMINISTRATIVE & GENERAL	0600	
7	MAINTENANCE & REPAIRS	0700	
8	OPERATION OF PLANT	0800	
9	LAUNDRY & LINEN SERVICE	0900	
10	HOUSEKEEPING	1000	
11	DIETARY	1100	
12	CAFETERIA	1200	
14	NURSING ADMINISTRATION	1400	
15	CENTRAL SERVICES & SUPPLY	1500	
16	PHARMACY	1600	
17	MEDICAL RECORDS & LIBRARY	1700	
18	SOCIAL SERVICE	1800	
19	MEDICAL ADMINISTRATION	1950	OTHER GENERAL SERVICE COST CENTERS
20	NONPHYSICIAN ANESTHETISTS	2000	
21	NURSING SCHOOL	2100	
22	I&R SERVICES-SALARY & FRINGES APPRVD	2200	
23	I&R SERVICES-OTHER PRGM COSTS APPRVD	2300	
24	PARAMED ED PRGM-(SPECIFY)	2400	
	INPAT ROUTINE SRVC C		
25	ADULTS & PEDIATRICS	2500	
26	INTENSIVE CARE UNIT	2600	
31	SUBPROVIDER I	3100	
34	SKILLED NURSING FACILITY	3400	
35	NURSING FACILITY	3500	
	ANCILLARY SRVC COST		
37	OPERATING ROOM	3700	
37.01	PATHOLOGY	3950	OTHER ANCILLARY SERVICE COST CENTERS
37.02	NEUROLOGY & PSYCHIATRY	3951	OTHER ANCILLARY SERVICE COST CENTERS
37.03	CLINICAL PSYCHOLOGY& PSYCHOTHERAPY	3952	OTHER ANCILLARY SERVICE COST CENTERS
41	RADIOLOGY-DIAGNOSTIC	4100	
43	RADIOISOTOPE	4300	
44	LABORATORY	4400	
46.30	BLOOD CLOTTING FACTORS ADMIN COSTS	4650	BLOOD CLOTTING FOR HEMOPHILIACS
49	RESPIRATORY THERAPY	4900	
50	PHYSICAL THERAPY	5000	
51	OCCUPATIONAL THERAPY	5100	
52	SPEECH PATHOLOGY	5200	
53	ELECTROCARDIOLOGY	5300	
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	5500	
56	DRUGS CHARGED TO PATIENTS	5600	
59	ACTIVITY THERAPY	3953	OTHER ANCILLARY SERVICE COST CENTERS
	OUTPAT SERVICE COST		
60	CLINIC	6000	
61	EMERGENCY	6100	
62	OBSERVATION BEDS (NON-DISTINCT PART)	6200	
63.50	RHC	6310	RURAL HEALTH CLINIC #####
63.60	FQHC	6320	FEDERALLY QUALIFIED HEALTH CTR #####
	OTHER REIMBURS COST		
69.10	CMHC	6910	CMHC #####
69.20	OUTPATIENT PHYSICAL THERAPY	6920	OPT #####
69.30	OUTPATIENT OCCUPATIONAL THERAPY	6930	OOT #####
69.40	OUTPATIENT SPEECH PATHOLOGY	6940	OSP #####
71	HOME HEALTH AGENCY	7100	
	SPEC PURPOSE COST CE		
85.01	PANCREAS ACQUISITION	8510	
85.02	INTESTINAL ACQUISITION	8520	
85.03	ISLET CELL ACQUISITION	8530	
95	SUBTOTALS		OLD CAP REL COSTS-BLDG & FIXT
	NONREIMBURS COST CEN		
96.01	COUNTY STORE-NON-ALLOWABLE	9601	GIFT, FLOWER, COFFEE SHOP & CANTEEN
97.01	OPTOMETRY	9701	RESEARCH
98.01	DENTAL	9801	PHYSICIANS' PRIVATE OFFICES
98.02	NON-REIMBURSABLE COMMUNITY CLINICS	9802	PHYSICIANS' PRIVATE OFFICES
98.09	IDLE	9803	PHYSICIANS' PRIVATE OFFICES
99.03	IDLE SPACE B22/OTHER	9902	NONPAID WORKERS
99.04	H REC. 2 - 6 VACANT	9903	NONPAID WORKERS
99.05	PUBLIC AID OFFICES VACANT	9904	NONPAID WORKERS
99.06	MISC. WALLS AND HALLS	9905	NONPAID WORKERS
99.07	ALL TUNNELS	9906	NONPAID WORKERS
99.08	VACANT AND USED FOR STORAGE	9907	NONPAID WORKERS
99.09	OTHER COUNTY AGENCIES	9901	NONPAID WORKERS
101	TOTAL		OLD CAP REL COSTS-BLDG & FIXT

RECLASSIFICATIONS

PROVIDER NO:
140301

PERIOD:
FROM 12/ 1/2009
TO 11/30/2010

PREPARED 4/28/2011
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	INCREASE				
	CODE (1)	COST CENTER	LINE NO	SALARY	OTHER
	1	2	3	4	5
1 SUPPLIES/DRUGS CHARGED TO PTS.	A	MEDICAL SUPPLIES CHARGED TO PATIENTS	55		545,098
2 DRUGS CHARGED TO PATIENTS			56		1,211,280
3					
4					
5					
6					
7					
8					
9 RECLASS MEDICAL DIRECTOR	B	ADULTS & PEDIATRICS	25	226,692	
10 RECLASS PODIATRY RESIDENTS SALARY	C	I&R SERVICES-OTHER PRGM COSTS APPRVD	23	114,523	
11 REHAB CONTRACT PAYMENTS	D	I&R SERVICES-OTHER PRGM COSTS APPRVD	23		48,126
12 REHAB RESIDENTS OVERHEAD COSTS	E	I&R SERVICES-OTHER PRGM COSTS APPRVD	23		4,629
13 RECLASS HBP TEACHING DOLLARS	F	I&R SERVICES-OTHER PRGM COSTS APPRVD	23	91,230	
14		I&R SERVICES-OTHER PRGM COSTS APPRVD	23	11,654	
15		I&R SERVICES-OTHER PRGM COSTS APPRVD	23	5,763	
16		I&R SERVICES-OTHER PRGM COSTS APPRVD	23	71,662	
17		I&R SERVICES-OTHER PRGM COSTS APPRVD	23	36,569	
18		I&R SERVICES-OTHER PRGM COSTS APPRVD	23	16,025	
19		I&R SERVICES-OTHER PRGM COSTS APPRVD	23	380,864	
20		I&R SERVICES-OTHER PRGM COSTS APPRVD	23	137,340	
21 PODIATRY RESIDENTS OVERHEAD	G	I&R SERVICES-OTHER PRGM COSTS APPRVD	23	2,922	
22 TO RECLASS DENTAL EXPENSES	H	OPERATING ROOM	37		427
23 NURSING EMP. WORKING IN MED. SOC	I	SOCIAL SERVICE	18	173,882	
36 TOTAL RECLASSIFICATIONS				1,269,126	1,809,560

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

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER 6	DECREASE		SALARY 8	OTHER 9	A-7 REF 10
			LINE NO 7				
1 SUPPLIES/DRUGS CHARGED TO PTS.	A		ADULTS & PEDIATRICS	25		153,743	
2			INTENSIVE CARE UNIT	26		55,252	
3			SUBPROVIDER I	31		39,966	
4			SKILLED NURSING FACILITY	34		10,579	
5			PHARMACY	16		1,203,478	
6			CENTRAL SERVICES & SUPPLY	15		123,114	
7			CLINIC	60		113,913	
8			EMERGENCY	61		56,333	
9 RECLASS MEDICAL DIRECTOR	B		MEDICAL ADMINISTRATION	19	226,692		
10 RECLASS PODIATRY RESIDENTS SALARY	C		OPERATING ROOM	37	114,523		
11 REHAB CONTRACT PAYMENTS	D		SUBPROVIDER I	31		48,126	
12 REHAB RESIDENTS OVERHEAD COSTS	E		SUBPROVIDER I	31		4,629	
13 RECLASS HBP TEACHING DOLLARS	F		ADULTS & PEDIATRICS	25	91,230		
14			CLINIC	60	11,654		
15			EMERGENCY	61	5,763		
16			ADULTS & PEDIATRICS	25	71,662		
17			RADIOLOGY-DIAGNOSTIC	41	36,569		
18			ELECTROCARDIOLOGY	53	16,025		
19			OPERATING ROOM	37	380,864		
20			SUBPROVIDER I	31	137,340		
21 PODIATRY RESIDENTS OVERHEAD	G		OPERATING ROOM	37	2,922		
22 TO RECLASS DENTAL EXPENSES	H		DENTAL	98.01		427	
23 NURSING EMP. WORKING IN MED. SOC	I		ADMINISTRATIVE & GENERAL	6	173,882		
36 TOTAL RECLASSIFICATIONS					1,269,126	1,809,560	

(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:
140301

PERIOD:
FROM 12/ 1/2009
TO 11/30/2010

PREPARED 4/28/2011
WORKSHEET A-6
NOT A CMS WORKSHEET

RECLASS CODE: A
EXPLANATION : SUPPLIES/DRUGS CHARGED TO PTS.

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	MEDICAL SUPPLIES CHARGED TO PA	55	545,098	ADULTS & PEDIATRICS	25	153,743	
2.00	DRUGS CHARGED TO PATIENTS	56	1,211,280	INTENSIVE CARE UNIT	26	55,252	
3.00			0	SUBPROVIDER I	31	39,966	
4.00			0	SKILLED NURSING FACILITY	34	10,579	
5.00			0	PHARMACY	16	1,203,478	
6.00			0	CENTRAL SERVICES & SUPPLY	15	123,114	
7.00			0	CLINIC	60	113,913	
8.00			0	EMERGENCY	61	56,333	
TOTAL RECLASSIFICATIONS FOR CODE A			1,756,378	TOTAL RECLASSIFICATIONS FOR CODE A			1,756,378

RECLASS CODE: B
EXPLANATION : RECLASS MEDICAL DIRECTOR

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	ADULTS & PEDIATRICS	25	226,692	MEDICAL ADMINISTRATION	19	226,692	
TOTAL RECLASSIFICATIONS FOR CODE B			226,692	TOTAL RECLASSIFICATIONS FOR CODE B			226,692

RECLASS CODE: C
EXPLANATION : RECLASS PODIATRY RESIDENTS SALARY

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	I&R SERVICES-OTHER PRGM COSTS	23	114,523	OPERATING ROOM	37	114,523	
TOTAL RECLASSIFICATIONS FOR CODE C			114,523	TOTAL RECLASSIFICATIONS FOR CODE C			114,523

RECLASS CODE: D
EXPLANATION : REHAB CONTRACT PAYMENTS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	I&R SERVICES-OTHER PRGM COSTS	23	48,126	SUBPROVIDER I	31	48,126	
TOTAL RECLASSIFICATIONS FOR CODE D			48,126	TOTAL RECLASSIFICATIONS FOR CODE D			48,126

RECLASS CODE: E
EXPLANATION : REHAB RESIDENTS OVERHEAD COSTS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	I&R SERVICES-OTHER PRGM COSTS	23	4,629	SUBPROVIDER I	31	4,629	
TOTAL RECLASSIFICATIONS FOR CODE E			4,629	TOTAL RECLASSIFICATIONS FOR CODE E			4,629

RECLASS CODE: F
EXPLANATION : RECLASS HBP TEACHING DOLLARS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	I&R SERVICES-OTHER PRGM COSTS	23	91,230	ADULTS & PEDIATRICS	25	91,230	
2.00	I&R SERVICES-OTHER PRGM COSTS	23	11,654	CLINIC	60	11,654	
3.00	I&R SERVICES-OTHER PRGM COSTS	23	5,763	EMERGENCY	61	5,763	
4.00	I&R SERVICES-OTHER PRGM COSTS	23	71,662	ADULTS & PEDIATRICS	25	71,662	
5.00	I&R SERVICES-OTHER PRGM COSTS	23	36,569	RADIOLOGY-DIAGNOSTIC	41	36,569	
6.00	I&R SERVICES-OTHER PRGM COSTS	23	16,025	ELECTROCARDIOLOGY	53	16,025	
7.00	I&R SERVICES-OTHER PRGM COSTS	23	380,864	OPERATING ROOM	37	380,864	
8.00	I&R SERVICES-OTHER PRGM COSTS	23	137,340	SUBPROVIDER I	31	137,340	
TOTAL RECLASSIFICATIONS FOR CODE F			751,107	TOTAL RECLASSIFICATIONS FOR CODE F			751,107

RECLASS CODE: G
EXPLANATION : PODIATRY RESIDENTS OVERHEAD

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	I&R SERVICES-OTHER PRGM COSTS	23	2,922	OPERATING ROOM	37	2,922	
TOTAL RECLASSIFICATIONS FOR CODE G			2,922	TOTAL RECLASSIFICATIONS FOR CODE G			2,922

RECLASS CODE: H
EXPLANATION : TO RECLASS DENTAL EXPENSES

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	OPERATING ROOM	37	427	DENTAL	98.01	427	
TOTAL RECLASSIFICATIONS FOR CODE H			427	TOTAL RECLASSIFICATIONS FOR CODE H			427

RECLASSIFICATIONS

PROVIDER NO:
140301

PERIOD:
FROM 12/ 1/2009
TO 11/30/2010

PREPARED 4/28/2011
WORKSHEET A-6
NOT A CMS WORKSHEET

RECLASS CODE: I
EXPLANATION : NURSING EMP. WORKING IN MED. SOC

----- INCREASE -----			----- DECREASE -----		
LINE	COST CENTER	AMOUNT	LINE	COST CENTER	AMOUNT
1.00	SOCIAL SERVICE	173,882	18	ADMINISTRATIVE & GENERAL	173,882
TOTAL RECLASSIFICATIONS FOR CODE I		173,882	6		173,882

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

	DESCRIPTION	BEGINNING BALANCES 1	ACQUISITIONS		TOTAL 4	DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7
			PURCHASES 2	DONATION 3				
1	LAND							
2	LAND IMPROVEMENTS	2,717,512					2,717,512	
3	BUILDINGS & FIXTURE	19,143,463					19,143,463	
4	BUILDING IMPROVEMENT	50,802,434					50,802,434	
5	FIXED EQUIPMENT	8,330,575	104,404		104,404		8,434,979	
6	MOVABLE EQUIPMENT	19,407,935					19,407,935	
7	SUBTOTAL	100,401,919	104,404		104,404		100,506,323	
8	RECONCILING ITEMS							
9	TOTAL	100,401,919	104,404		104,404		100,506,323	

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

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

PART III - RECONCILIATION OF CAPITAL COST CENTERS
 DESCRIPTION

		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL			TOTAL	
		GROSS ASSETS	CAPITALIZED LEASES	GROSS ASSETS FOR RATIO	RATIO	INSURANCE	TAXES	OTHER CAPITAL RELATED COSTS	
*		1	2	3	4	5	6	7	8
1	OLD CAP REL COSTS-BL	19,904,744		19,904,744	.504978				
2	OLD CAP REL COSTS-MV	19,512,340		19,512,340	.495022				
3	NEW CAP REL COSTS-BL								
4	NEW CAP REL COSTS-MV								
5	TOTAL	39,417,084		39,417,084	1.000000				

DESCRIPTION

SUMMARY OF OLD AND NEW CAPITAL

		DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL RELATED COST	TOTAL (1)
*		9	10	11	12	13	14	15
1	OLD CAP REL COSTS-BL	1,063,111		1,003,748				2,066,859
2	OLD CAP REL COSTS-MV	1,240,771		928,385				2,169,156
3	NEW CAP REL COSTS-BL							
4	NEW CAP REL COSTS-MV							
5	TOTAL	2,303,882		1,932,133				4,236,015

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

SUMMARY OF OLD AND NEW CAPITAL

		DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL RELATED COST	TOTAL (1)
*		9	10	11	12	13	14	15
1	OLD CAP REL COSTS-BL	1,063,111		118,788				1,181,899
2	OLD CAP REL COSTS-MV	1,240,771		714,991				1,955,762
3	NEW CAP REL COSTS-BL							
4	NEW CAP REL COSTS-MV							
5	TOTAL	2,303,882		833,779				3,137,661

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

ADJUSTMENTS TO EXPENSES

DESCRIPTION (1)	(2) BASIS/CODE 1	AMOUNT 2	EXPENSE CLASSIFICATION ON	LINE NO 4	WKST. A-7 REF. 5
			WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED COST CENTER 3		
1 INVST INCOME-OLD BLDGS AND FIXTURES			OLD CAP REL COSTS-BLDG &	1	
2 INVESTMENT INCOME-OLD MOVABLE EQUIP			OLD CAP REL COSTS-MVBLE E	2	
3 INVST INCOME-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &	3	
4 INVESTMENT INCOME-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E	4	
5 INVESTMENT INCOME-OTHER					
6 TRADE, QUANTITY AND TIME DISCOUNTS					
7 REFUNDS AND REBATES OF EXPENSES					
8 RENTAL OF PRVIDER SPACE BY SUPPLIERS					
9 TELEPHONE SERVICES					
10 TELEVISION AND RADIO SERVICE					
11 PARKING LOT					
12 PROVIDER BASED PHYSICIAN ADJUSTMENT	A-8-2	-9,990,271			
13 SALE OF SCRAP, WASTE, ETC.					
14 RELATED ORGANIZATION TRANSACTIONS	A-8-1	14,396,590			
15 LAUNDRY AND LINEN SERVICE					
16 CAFETERIA--EMPLOYEES AND GUESTS					
17 RENTAL OF QTRS TO EMPLOYEE AND OTHRS					
18 SALE OF MED AND SURG SUPPLIES					
19 SALE OF DRUGS TO OTHER THAN PATIENTS					
20 SALE OF MEDICAL RECORDS & ABSTRACTS					
21 NURSG SCHOOL(TUITN, FEES, BOOKS, ETC.)					
22 VENDING MACHINES					
23 INCOME FROM IMPOSITION OF INTEREST					
24 INTRST EXP ON MEDICARE OVERPAYMENTS					
25 ADJUSTMENT FOR RESPIRATORY THERAPY	A-8-3/A-8-4		RESPIRATORY THERAPY	49	
26 ADJUSTMENT FOR PHYSICAL THERAPY	A-8-3/A-8-4		PHYSICAL THERAPY	50	
27 ADJUSTMENT FOR HHA PHYSICAL THERAPY	A-8-3				
28 UTILIZATION REVIEW-PHYSIAN COMP			**COST CENTER DELETED**	89	
29 DEPRECIATION-OLD BLDGS AND FIXTURES			OLD CAP REL COSTS-BLDG &	1	
30 DEPRECIATION-OLD MOVABLE EQUIP			OLD CAP REL COSTS-MVBLE E	2	
31 DEPRECIATION-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &	3	
32 DEPRECIATION-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E	4	
33 NON-PHYSICIAN ANESTHETIST			NONPHYSICIAN ANESTHETISTS	20	
34 PHYSICIANS' ASSISTANT					
35 ADJUSTMENT FOR OCCUPATIONAL THERAPY	A-8-4		OCCUPATIONAL THERAPY	51	
36 ADJUSTMENT FOR SPEECH PATHOLOGY	A-8-4		SPEECH PATHOLOGY	52	
37 MALPRACTICE INSURANCE EXP.	B	-617,345	ADMINISTRATIVE & GENERAL	6	
38 CAFETERIA SALES	B	-90,285	DIETARY	11	
39 MEDICAL RECORDS ALL FEES	B	-11,324	MEDICAL RECORDS & LIBRARY	17	
40 JURY	B	-11,324	ADMINISTRATIVE & GENERAL	6	
41 HEARING AIDS, DENTURES	B	-24,270	ADMINISTRATIVE & GENERAL	6	
41.01 X RAY SCRAP	B	-479	ADMINISTRATIVE & GENERAL	6	
42 CO PAY PHARMACY	B	-167,214	ADMINISTRATIVE & GENERAL	6	
43 COUNTY STORE SALES	B	-82,147	ADMINISTRATIVE & GENERAL	6	
44 INCOME ON INVESTMENTS	B	-3,383	ADMINISTRATIVE & GENERAL	6	
45 PUBLIC TELEPHONE CMMISSION	B	-2,693	ADMINISTRATIVE & GENERAL	6	
46 KEY DEPOSIT	B	-70	ADMINISTRATIVE & GENERAL	6	
47 PARKING LOT GATE PASS	B	-160	ADMINISTRATIVE & GENERAL	6	
48 OTHER ADJUSTMENTS (SPECIFY)					
49 OTHER ADJUSTMENTS (SPECIFY)	B	-155	ADMINISTRATIVE & GENERAL	6	
49.02 COST CONTAINMENT	B	-178	ADMINISTRATIVE & GENERAL	6	
49.03 CASH DISBURSED	B	966	ADMINISTRATIVE & GENERAL	6	
50 TOTAL (SUM OF LINES 1 THRU 49)		3,396,258			

(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	5	EMPLOYEE BENEFITS	COOK COUNTY PENSION	6,940,678	-6,940,678	
2	1	OLD CAP REL COSTS-BLDG &	BOND INTEREST EXPENSE	884,960	884,960	11
3	6	ADMINISTRATIVE & GENERAL	COOK COUNTY COSTS	660,757	660,757	
4						
4.01	16	PHARMACY	COOK COUNTY COSTS	8,034,140	8,034,140	
4.02	6	ADMINISTRATIVE & GENERAL	COOK COUNTY COSTS	11,544,017	11,544,017	
4.03	2	OLD CAP REL COSTS-MVBLE E	COOK COUNTY COSTS BUREAU	213,394	213,394	11
5		TOTALS		21,337,268	6,940,678	14,396,590

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

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

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

SYMBOL (1)	NAME	PERCENTAGE OF OWNERSHIP	RELATED ORGANIZATION(S) AND/OR HOME OFFICE NAME	PERCENTAGE OF OWNERSHIP	TYPE OF BUSINESS
1	2	3	4	5	6
1	B	COUNTY OF COOK		0.00	0.00
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: 14-0301
 PERIOD: FROM 12/1/2009 TO 11/30/2010
 PREPARED: 4/28/2011
 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	CONSULTANTS E. R.	2,741	2,741		165,600			
2 25	CONSULTANTS INT. MED	143,180	115,544	27,636	165,600	368	29,298	1,465
3 41	CONSULTANTS RADIOLOGY	29,507	21,490	8,017	225,300	86	9,315	466
4 25	INTERNAL MEDICINE	4,851,984	3,784,650	1,067,334	165,600	6,915	550,540	27,527
5 53	CARDIOLOGY	450,123	223,360	226,763	165,600	2,184	173,880	8,694
6 41	RADIOLOGY	563,335	237,060	326,275	225,300	2,380	257,795	12,890
7 37 1	PATHOLOGY	288,422	28,843	259,579	208,000	1,872	187,200	9,360
8 37 2	NEURO/PSYCH INT. MED	333,208	233,246	99,962	208,000	719	71,900	3,595
9 26	INTENSIVE CARE MEDICINE	553,514	481,229	72,285	165,600	540	42,992	2,150
10 50	PHYSIATRY	1,057,814	858,169	199,645	165,600	2,920	232,477	11,624
11 60	O/P FAMILY PRACTICE	161,571	145,066	16,505	138,700	179	11,936	597
12 60	O/P INTERNAL MEDICINE	1,316,521	967,267	349,254	138,700	2,871	191,446	9,572
13 61	E/R FAMILY PRACTICE	79,710	71,739	7,971	138,700	89	5,935	297
14 61	E/R INTERNAL MEDICINE	659,674	478,343	181,331	138,700	1,420	94,689	4,734
15 37	SURGERY ANESTHESIA	622,854	268,873	353,981	208,000	2,309	230,900	11,545
16 37	SURGERY GENERAL	539,173	477,505	61,668	208,000	656	65,600	3,280
17 37	SURGERY CONSULTANTS	310,946	295,052	15,894	208,000	1,037	103,700	5,185
18 37	SURGERY UROLOGY	141,551	141,551		208,000			
19 37	PODIATRY SURGERY	154,155	35,877	118,278	208,000	3,890	389,000	19,450
20 37	OPHTHAMOLOGY SURGERY	182,989	73,196	109,793	208,000	1,248	124,800	6,240
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
101	TOTAL	12,442,972	8,940,801	3,502,171		31,683	2,773,403	138,671

PROVIDER BASED PHYSICIAN ADJUSTMENTS

PROVIDER NO: 14-0301
 PERIOD: FROM 12/1/2009 TO 11/30/2010
 PREPARED: 4/28/2011
 WORKSHEET: A-8-2
 GROUP: 1

WKSHT A LINE NO.	COST CENTER/ PHYSICIAN IDENTIFIER	COST OF MEMBERSHIPS & CONTINUING EDUCATION	PROVIDER COMPONENT SHARE OF	PHYSICIAN COST OF MALPRACTICE INSURANCE	PROVIDER COMPONENT SHARE OF	ADJUSTED RCE LIMIT	RCE DIS- ALLOWANCE	ADJUSTMENT
10	11	12	13	14	15	16	17	18
1 25	CONSULTANTS E. R.			86				2,741
2 25	CONSULTANTS INT. MED			4,475	864	30,162		115,544
3 41	CONSULTANTS RADIOLOGY			922	251	9,566		21,490
4 25	INTERNAL MEDICINE			151,657	33,361	583,901	483,433	4,268,083
5 53	CARDIOLOGY			14,069	7,088	180,968	45,795	269,155
6 41	RADIOLOGY			17,608	10,198	267,993	58,282	295,342
7 37 1	PATHOLOGY			9,015	8,113	195,313	64,266	93,109
8 37 2	NEURO/PSYCH INT. MED			10,415	3,124	75,024	24,938	258,184
9 26	INTENSIVE CARE MEDICINE			17,301	2,259	45,251	27,034	508,263
10 50	PHYSIATRY			33,064	6,240	238,717		858,169
11 60	O/P FAMILY PRACTICE			5,050	516	12,452	4,053	149,119
12 60	O/P INTERNAL MEDICINE			41,150	10,917	202,363	146,891	1,114,158
13 61	E/R FAMILY PRACTICE			2,491	249	6,184	1,787	73,526
14 61	E/R INTERNAL MEDICINE			20,619	5,668	100,357	80,974	559,317
15 37	SURGERY ANESTHESIA			19,468	11,064	241,964	112,017	380,890
16 37	SURGERY GENERAL			16,853	1,928	67,528		477,505
17 37	SURGERY CONSULTANTS			9,719	497	104,197		295,052
18 37	SURGERY UROLOGY			4,424				141,551
19 37	PODIATRY SURGERY			4,818	3,697	392,697		35,877
20 37	OPHTHAMOLOGY SURGERY			5,720	3,432	128,232		73,196
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
101	TOTAL			388,924	109,466	2,882,869	1,049,470	9,990,271

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	ENTERED
2	OLD CAP REL COSTS-MVBLE EQUIP	2	DOLLAR	VALUE	ENTERED
3	NEW CAP REL COSTS-BLDG & FIXT	3	SQUARE	FEET	NOT ENTERED
4	NEW CAP REL COSTS-MVBLE EQUIP	4	DOLLAR	VALUE	NOT ENTERED
5	EMPLOYEE BENEFITS	5	GROSS	SALARIES	ENTERED
6	ADMINISTRATIVE & GENERAL	-6	ACCUM.	COST	NOT ENTERED
7	MAINTENANCE & REPAIRS	7	SQUARE	FEET	ENTERED
8	OPERATION OF PLANT	8	SQUARE	FEET	ENTERED
9	LAUNDRY & LINEN SERVICE	9	POUNDS OF	LAUNDRY	ENTERED
10	HOUSEKEEPING	10	SQUARE	FEET	ENTERED
11	DIETARY	11	MEALS	SERVED	ENTERED
12	CAFETERIA	12	F. T. E. 'S		ENTERED
14	NURSING ADMINISTRATION	14	NO. EMP.	SUPERVISED	ENTERED
15	CENTRAL SERVICES & SUPPLY	15	COSTED	REQUIS.	ENTERED
16	PHARMACY	16	COSTED	REQUIS.	ENTERED
17	MEDICAL RECORDS & LIBRARY	17	TIME	SPENT	ENTERED
18	SOCIAL SERVICE	18	TIME	SPENT	ENTERED
19	MEDICAL ADMINISTRATION	19	PART B	DOLLARS	ENTERED
20	NONPHYSICIAN ANESTHETISTS	20	ASSIGNED	TIME	NOT ENTERED
21	NURSING SCHOOL	21	ASSIGNED	TIME	NOT ENTERED
22	I&R SERVICES-SALARY & FRINGES APPRVD	22	ASSIGNED	TIME	NOT ENTERED
23	I&R SERVICES-OTHER PRGM COSTS APPRVD	23	RESIDENTS	FTE	ENTERED
24	PARAMED ED PRGM-(SPECIFY)	24	ASSIGNED	TIME	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 5a.00
	0	1	2	3	4	5	
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &	2,066,859	2,066,859					
003 OLD CAP REL COSTS-MVBLE E	2,169,156		2,169,156				
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS	19,371,424	2,990	4,186			19,378,600	
007 ADMINISTRATIVE & GENERAL	17,732,237	180,411	120,347			1,909,379	19,942,374
008 MAINTENANCE & REPAIRS	5,661,006	198,550	604,091			1,255,753	7,719,400
009 OPERATION OF PLANT	6,707,489	161,603	114,146			1,421,519	8,404,757
010 LAUNDRY & LINEN SERVICE	302,889		65,391				368,280
011 HOUSEKEEPING	2,286,124	35,673	2,940			732,917	3,057,654
012 DIETARY	3,156,408	88,068	38,566			946,563	4,229,605
014 CAFETERIA							
015 NURSING ADMINISTRATION		11,176	250,966			686,727	948,869
016 CENTRAL SERVICES & SUPPLY	686,273	29,878	33,933			229,626	979,710
017 PHARMACY	8,007,520	112,831	152,389				8,272,740
018 MEDICAL RECORDS & LIBRARY	1,439,774	16,861	2,803			492,880	1,952,318
019 SOCIAL SERVICE	592,598	5,888				151,529	750,015
020 MEDICAL ADMINISTRATION	555,275	2,487	356			151,909	710,027
021 NONPHYSICIAN ANESTHETISTS							
022 NURSING SCHOOL							
023 I&R SERVICES-SALARY & FRI							
024 I&R SERVICES-OTHER PRGM C	921,307						921,307
025 PARAMED ED PRGM-(SPECIFY)							
026 INPAT ROUTINE SRVC CNTRS							
027 ADULTS & PEDIATRICS	6,054,354	105,822	262,377			3,751,514	10,174,067
028 INTENSIVE CARE UNIT	2,126,917	3,216	6,253			951,057	3,087,443
031 SUBPROVIDER I	2,179,575	55,360	5,115			837,912	3,077,962
034 SKILLED NURSING FACILITY	161,102	11,479	16,061			57,456	246,098
035 NURSING FACILITY							
037 ANCILLARY SRVC COST CNTRS							
037 01 OPERATING ROOM	1,265,482	18,370	140,316			925,705	2,349,873
037 02 PATHOLOGY	366,204	6,627	5,165			159,727	537,723
037 03 NEUROLOGY & PSYCHIATRY	406,516	2,231				239,769	648,516
037 04 CLINICAL PSYCHOLOGY& PSYC	435,892	6,501				156,452	598,845
041 RADIOLOGY-DIAGNOSTIC	2,352,882	5,346	124,593			374,733	2,857,554
043 RADIOISOTOPE							
044 LABORATORY	2,349,524	8,812	35,187			518,000	2,911,523
046 30 BLOOD CLOTTING FACTORS AD							
049 RESPIRATORY THERAPY	1,316,598	13,181	79,932			391,695	1,801,406
050 PHYSICAL THERAPY	1,132,094	18,040	5,226			574,242	1,729,602
051 OCCUPATIONAL THERAPY	735,957	23,147	4,375			261,224	1,024,703
052 SPEECH PATHOLOGY	353,785	4,436	911			127,846	486,978
053 ELECTROCARDIOLOGY	382,973	1,647	48,610			227,641	660,871
055 MEDICAL SUPPLIES CHARGED	545,098						545,098
056 DRUGS CHARGED TO PATIENTS	1,211,280						1,211,280
059 ACTIVITY THERAPY	1,843		3,325			668	5,836
060 OUTPAT SERVICE COST CNTRS							
061 CLINIC	1,804,533	32,125	17,127			1,156,645	3,010,430
062 EMERGENCY	1,200,253	12,800	8,469			635,746	1,857,268
063 50 OBSERVATION BEDS (NON-DIS							
063 60 RHC							
069 10 FOHC							
069 20 OTHER REIMBURS COST CNTRS							
069 30 CMHC							
069 40 OUTPATIENT PHYSICAL THERA							
071 50 OUTPATIENT OCCUPATIONAL T							
071 60 OUTPATIENT SPEECH PATHOLO							
071 70 HOME HEALTH AGENCY							
085 01 SPEC PURPOSE COST CENTERS							
085 02 PANCREAS ACQUISITION							
085 03 INTESTINAL ACQUISITION							
095 04 ISLET CELL ACQUISITION							
095 05 SUBTOTALS	98,039,201	1,175,556	2,153,156			19,326,834	97,080,132
096 01 NONREIMBURS COST CENTERS							
097 01 COUNTY STORE-NON-ALLOWABL							
098 01 OPTOMETRY	143,262	1,333	553			51,766	196,914
098 02 DENTAL			3,643				3,643
098 03 NON-REIMBURSABLE COMMUNIT		1,962					1,962
099 04 IDLE							
099 05 IDLE SPACE B22/OTHER							
099 06 H REC. 2 - 6 VACANT							
099 07 PUBLIC AID OFFICES VACANT							
099 08 MISC. WALLS AND HALLS		191,084					191,084
099 09 ALL TUNNELS		105,584					105,584
099 10 VACANT AND USED FOR STORE		496,775	11,804				508,579
099 11 OTHER COUNTY AGENCIES		94,565					94,565
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	98,182,463	2,066,859	2,169,156			19,378,600	98,182,463

COST ALLOCATION - GENERAL SERVICE COSTS

COST CENTER DESCRIPTION	ADMINISTRATIVE & GENERAL		MAINTENANCE & REPAIRS		OPERATION OF PLANT		LAUNDRY & LINEN SERVICE		HOUSEKEEPING		DIETARY		CAFETERIA	
	6	7	8	9	10	11	12							
001	GENERAL SERVICE COST CNTR													
002	OLD CAP REL COSTS-BLDG &													
003	OLD CAP REL COSTS-MVBLE E													
004	NEW CAP REL COSTS-BLDG &													
005	NEW CAP REL COSTS-MVBLE E													
006	EMPLOYEE BENEFITS													
007	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													
019	SOCIAL SERVICE													
020	MEDICAL ADMINISTRATION													
021	NONPHYSICIAN ANESTHETISTS													
022	NURSING SCHOOL													
023	I&R SERVICES-SALARY & FRI													
024	I&R SERVICES-OTHER PRGM C													
025	PARAMED ED PRGM-(SPECIFY)													
026	INPAT ROUTINE SRVC CNTRS													
027	ADULTS & PEDIATRICS													
028	INTENSIVE CARE UNIT													
029	SUBPROVIDER I													
030	SKILLED NURSING FACILITY													
031	NURSING FACILITY													
032	ANCILLARY SRVC COST CNTRS													
033	OPERATING ROOM													
034	PATHOLOGY													
035	NEUROLOGY & PSYCHIATRY													
036	CLINICAL PSYCHOLOGY& PSYC													
037	RADIOLOGY-DIAGNOSTIC													
038	RADIOISOTOPE													
039	LABORATORY													
040	BLOOD CLOTTING FACTORS AD													
041	RESPIRATORY THERAPY													
042	PHYSICAL THERAPY													
043	OCCUPATIONAL THERAPY													
044	SPEECH PATHOLOGY													
045	ELECTROCARDIOLOGY													
046	MEDICAL SUPPLIES CHARGED													
047	DRUGS CHARGED TO PATIENTS													
048	ACTIVITY THERAPY													
049	OUTPAT SERVICE COST CNTRS													
050	CLINIC													
051	EMERGENCY													
052	OBSERVATION BEDS (NON-DIS													
053	RHC													
054	FOHC													
055	OTHER REIMBURS COST CNTRS													
056	CMHC													
057	OUTPATIENT PHYSICAL THERA													
058	OUTPATIENT OCCUPATIONAL T													
059	OUTPATIENT SPEECH PATHOLO													
060	HOME HEALTH AGENCY													
061	SPEC PURPOSE COST CENTERS													
062	PANCREAS ACQUISITION													
063	INTESTINAL ACQUISITION													
064	ISLET CELL ACQUISITION													
065	SUBTOTALS													
066	NONREIMBURS COST CENTERS													
067	COUNTY STORE-NON-ALLOWABL													
068	OPTOMETRY													
069	DENTAL													
070	NON-REIMBURSABLE COMMUNIT													
071	IDLE													
072	IDLE SPACE B22/OTHER													
073	H REC. 2 - 6 VACANT													
074	PUBLIC AID OFFICES VACANT													
075	MISC. WALLS AND HALLS													
076	ALL TUNNELS													
077	VACANT AND USED FOR STORE													
078	OTHER COUNTY AGENCIES													
079	CROSS FOOT ADJUSTMENT													
080	NEGATIVE COST CENTER													
081	TOTAL													

COST CENTER DESCRIPTION	NURSING ADMINISTRATION 14	CENTRAL SERVICES & SUPPLY 15	PHARMACY 16	MEDICAL RECORDS & LIBRARY 17	SOCIAL SERVICE 18	MEDICAL ADMINISTRATION 19	NONPHYSICIAN ANESTHETISTS 20
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
007 ADMINSTRATIVE & GENERAL							
008 MAINTENANCE & REPAIRS							
009 OPERATION OF PLANT							
010 LAUNDRY & LINEN SERVICE							
011 HOUSEKEEPING							
012 DIETARY							
014 CAFETERIA							
015 NURSING ADMINISTRATION	1,371,565						
016 CENTRAL SERVICES & SUPPLY		1,712,877					
017 PHARMACY		80,580	12,287,621				
018 MEDICAL RECORDS & LIBRARY				2,722,764			
019 SOCIAL SERVICE					1,036,462		
020 MEDICAL ADMINISTRATION						931,253	
021 NONPHYSICIAN ANESTHETISTS							
022 NURSING SCHOOL							
023 I&R SERVICES-SALARY & FRI							
024 I&R SERVICES-OTHER PRGM C							
025 PARAMED ED PRGM-(SPECIFY)							
026 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	618,420	211,917	13,857	411,181	735,111	419,895	
026 INTENSIVE CARE UNIT	172,679	76,460	2,937	62,799			
031 SUBPROVIDER I	207,514	55,010	4,142	148,025	240,572	64,310	
034 SKILLED NURSING FACILITY	19,728	14,098	4,227	29,904	9,117	16,157	
035 NURSING FACILITY							
037 ANCILLARY SRVC COST CNTRS							
037 01 OPERATING ROOM	33,150	469,314	14,676				
037 02 PATHOLOGY		11,117					
037 03 NEUROLOGY & PSYCHIATRY		650					
041 CLINICAL PSYCHOLOGY& PSYC		2,074					
043 RADIOLOGY-DIAGNOSTIC		849	1,224				
044 RADIOISOTOPE							
046 LABORATORY		15,646	825,572				
049 BLOOD CLOTTING FACTORS AD							
050 RESPIRATORY THERAPY		286,806					
051 PHYSICAL THERAPY		85,668	311				
052 OCCUPATIONAL THERAPY		902					
053 SPEECH PATHOLOGY		116					
055 ELECTROCARDIOLOGY		45	43,237				
056 MEDICAL SUPPLIES CHARGED		171,339					
059 DRUGS CHARGED TO PATIENTS			11,329,052				
060 ACTIVITY THERAPY							
060 OUTPAT SERVICE COST CNTRS							
061 CLINIC	254,336	153,756	32,317	1,377,081	51,662	237,389	
062 EMERGENCY	65,738	76,037	15,975	678,822		193,502	
063 OBSERVATION BEDS (NON-DIS							
063 50 RHC							
063 60 FOHC							
069 OTHER REIMBURS COST CNTRS							
069 10 CMHC							
069 20 OUTPATIENT PHYSICAL THERA							
069 30 OUTPATIENT OCCUPATIONAL T							
069 40 OUTPATIENT SPEECH PATHOLO							
071 HOME HEALTH AGENCY							
085 SPEC PURPOSE COST CENTERS							
085 01 PANCREAS ACQUISITION							
085 02 INTESTINAL ACQUISITION							
085 03 ISLET CELL ACQUISITION							
095 SUBTOTALS	1,371,565	1,712,384	12,287,527	2,707,812	1,036,462	931,253	
096 NONREIMBURS COST CENTERS							
096 01 COUNTY STORE-NON-ALLOWABL							
097 01 OPTOMETRY		493	94				
098 01 DENTAL							
098 02 NON-REIMBURSABLE COMMUNIT				14,952			
098 09 IDLE							
099 03 IDLE SPACE B22/OTHER							
099 04 H REC. 2 - 6 VACANT							
099 05 PUBLIC AID OFFICES VACANT							
099 06 MI SC. WALLS AND HALLS							
099 07 ALL TUNNELS							
099 08 VACANT AND USED FOR STORE							
099 09 OTHER COUNTY AGENCIES							
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	1,371,565	1,712,877	12,287,621	2,722,764	1,036,462	931,253	

COST CENTER DESCRIPTION	NURSING SCHOOL	I&R SERVICES-SALARY & FRI	I&R SERVICES-OTHER PRGM C	PARAMED ED PR GM-(SPECIFY)	SUBTOTAL	I&R COST POST STEP-DOWN ADJ	TOTAL
	21	22	23	24	25	26	27
001	GENERAL SERVICE COST CNTR						
002	OLD CAP REL COSTS-BLDG &						
003	OLD CAP REL COSTS-MVBLE E						
004	NEW CAP REL COSTS-BLDG &						
005	NEW CAP REL COSTS-MVBLE E						
006	EMPLOYEE BENEFITS						
007	ADMINISTRATIVE & GENERAL						
008	MAINTENANCE & REPAIRS						
009	OPERATION OF PLANT						
010	LAUNDRY & LINEN SERVICE						
011	HOUSEKEEPING						
012	DIETARY						
014	CAFETERIA						
015	NURSING ADMINISTRATION						
016	CENTRAL SERVICES & SUPPLY						
017	PHARMACY						
018	MEDICAL RECORDS & LIBRARY						
019	SOCIAL SERVICE						
020	MEDICAL ADMINISTRATION						
021	NONPHYSICIAN ANESTHETISTS						
022	NURSING SCHOOL						
023	I&R SERVICES-SALARY & FRI						
024	I&R SERVICES-OTHER PRGM C			1,156,136			
025	PARAMED ED PRGM-(SPECIFY)						
026	INPAT ROUTINE SRVC CNTRS						
031	ADULTS & PEDIATRICS		775,202		22,010,849	-775,202	21,235,647
034	INTENSIVE CARE UNIT				4,902,917		4,902,917
035	SUBPROVIDER I		380,934		7,426,220	-380,934	7,045,286
037	SKILLED NURSING FACILITY				1,207,872		1,207,872
041	NURSING FACILITY						
043	ANCILLARY SRVC COST CNTRS						
046	OPERATING ROOM				3,763,205		3,763,205
049	01 PATHOLOGY				793,136		793,136
050	02 NEUROLOGY & PSYCHIATRY				850,560		850,560
051	03 CLINICAL PSYCHOLOGY& PSYC				858,745		858,745
052	RADIOLOGY-DIAGNOSTIC				3,674,484		3,674,484
053	RADIOISOTOPE						
055	LABORATORY				4,637,436		4,637,436
056	30 BLOOD CLOTTING FACTORS AD						
059	RESPIRATORY THERAPY				2,760,705		2,760,705
060	PHYSICAL THERAPY				2,548,333		2,548,333
061	OCCUPATIONAL THERAPY				1,661,314		1,661,314
062	SPEECH PATHOLOGY				682,996		682,996
063	ELECTROCARDIOLOGY				899,257		899,257
069	MEDICAL SUPPLIES CHARGED				855,375		855,375
071	DRUGS CHARGED TO PATIENTS				12,849,072		12,849,072
075	ACTIVITY THERAPY				7,324		7,324
085	OUTPAT SERVICE COST CNTRS						
088	CLINIC				6,404,088		6,404,088
091	EMERGENCY				3,567,846		3,567,846
095	OBSERVATION BEDS (NON-DIS						
096	50 RHC						
097	60 FOHC						
098	OTHER REIMBURS COST CNTRS						
099	10 CMHC						
100	20 OUTPATIENT PHYSICAL THERA						
101	30 OUTPATIENT OCCUPATIONAL T						
102	40 OUTPATIENT SPEECH PATHOLO						
103	HOME HEALTH AGENCY						
104	SPEC PURPOSE COST CENTERS						
105	01 PANCREAS ACQUISITION						
106	02 INTESTINAL ACQUISITION						
107	03 ISLET CELL ACQUISITION						
108	SUBTOTALS		1,156,136		82,361,734	-1,156,136	81,205,598
109	NONREIMBURS COST CENTERS						
110	01 COUNTY STORE-NON-ALLOWABL						
111	01 OPTOMETRY				269,256		269,256
112	01 DENTAL				4,572		4,572
113	02 NON-REIMBURSABLE COMMUNIT				49,164		49,164
114	09 IDLE						
115	03 IDLE SPACE B22/OTHER						
116	04 H REC. 2 - 6 VACANT						
117	05 PUBLIC AID OFFICES VACANT						
118	06 MI SC. WALLS AND HALLS				3,331,671		3,331,671
119	07 ALL TUNNELS				1,840,926		1,840,926
120	08 VACANT AND USED FOR STORE				8,676,337		8,676,337
121	09 OTHER COUNTY AGENCIES				1,648,803		1,648,803
122	CROSS FOOT ADJUSTMENT						
123	NEGATIVE COST CENTER						
124	TOTAL		1,156,136		98,182,463	-1,156,136	97,026,327

COST CENTER DESCRIPTION	DIR ASSIGNED OLD CAPITAL REL COSTS	OLD CAP REL C OSTS-BLDG & 1	OLD CAP REL C OSTS-MVBLE E 2	NEW CAP REL C OSTS-BLDG & 3	NEW CAP REL C OSTS-MVBLE E 4	SUBTOTAL 4a	EMPLOYEE BENEFITS 5
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						
005	EMPLOYEE BENEFITS		2,990	4,186		7,176	7,176
006	ADMINISTRATIVE & GENERAL	973	180,411	120,347		301,731	706
007	MAINTENANCE & REPAIRS	6,922	198,550	604,091		809,563	465
008	OPERATION OF PLANT		161,603	114,146		275,749	526
009	LAUNDRY & LINEN SERVICE			65,391		65,391	
010	HOUSEKEEPING		35,673	2,940		38,613	271
011	DIETARY		88,068	38,566		126,634	350
012	CAFETERIA						
014	NURSING ADMINISTRATION		11,176	250,966		262,142	254
015	CENTRAL SERVICES & SUPPLY	74,993	29,878	33,933		138,804	85
016	PHARMACY		112,831	152,389		265,220	
017	MEDICAL RECORDS & LIBRARY		16,861	2,803		19,664	182
018	SOCIAL SERVICE		5,888			5,888	56
019	MEDICAL ADMINISTRATION		2,487	356		2,843	56
020	NONPHYSICIAN ANESTHETISTS						
021	NURSING SCHOOL						
022	I&R SERVICES-SALARY & FRI						
023	I&R SERVICES-OTHER PRGM C						
024	PARAMEDICAL PRGM-(SPECIFY)						
025	INPAT ROUTINE SRVC CNTRS						
025	ADULTS & PEDIATRICS		105,822	262,377		368,199	1,396
026	INTENSIVE CARE UNIT		3,216	6,253		9,469	352
031	SUBPROVIDER I		55,360	5,115		60,475	310
034	SKILLED NURSING FACILITY		11,479	16,061		27,540	21
035	NURSING FACILITY						
037	ANCILLARY SRVC COST CNTRS						
037	OPERATING ROOM		18,370	140,316		158,686	342
037 01	PATHOLOGY		6,627	5,165		11,792	59
037 02	NEUROLOGY & PSYCHIATRY		2,231			2,231	89
037 03	CLINICAL PSYCHOLOGY& PSYC		6,501			6,501	58
041	RADIOLOGY-DIAGNOSTIC		5,346	124,593		129,939	139
043	RADIOISOTOPE						
044	LABORATORY		8,812	35,187		43,999	192
046	BLOOD CLOTTING FACTORS AD						
049	RESPIRATORY THERAPY		13,181	79,932		93,113	145
050	PHYSICAL THERAPY		18,040	5,226		23,266	212
051	OCCUPATIONAL THERAPY		23,147	4,375		27,522	97
052	SPEECH PATHOLOGY		4,436	911		5,347	47
053	ELECTROCARDIOLOGY		1,647	48,610		50,257	84
055	MEDICAL SUPPLIES CHARGED						
056	DRUGS CHARGED TO PATIENTS						
059	ACTIVITY THERAPY			3,325		3,325	
060	OUTPAT SERVICE COST CNTRS						
060	CLINIC		32,125	17,127		49,252	428
061	EMERGENCY		12,800	8,469		21,269	235
062	OBSERVATION BEDS (NON-DIS						
063	50 RHC						
063	60 FOHC						
069	OTHER REIMBURS COST CNTRS						
069	10 CMHC						
069	20 OUTPATIENT PHYSICAL THERA						
069	30 OUTPATIENT OCCUPATIONAL T						
069	40 OUTPATIENT SPEECH PATHOLO						
071	HOME HEALTH AGENCY						
085	SPEC PURPOSE COST CENTERS						
085 01	PANCREAS ACQUISITION						
085 02	INTESTINAL ACQUISITION						
085 03	ISLET CELL ACQUISITION						
095	SUBTOTALS	82,888	1,175,556	2,153,156		3,411,600	7,157
096	NONREIMBURS COST CENTERS						
096 01	COUNTY STORE-NON-ALLOWABL						
097	01 OPTOMETRY		1,333	553		1,886	19
098	01 DENTAL			3,643		3,643	
098	02 NON-REIMBURSABLE COMMUNIT		1,962			1,962	
098	09 IDLE						
099	03 IDLE SPACE B22/OTHER						
099	04 H REC. 2 - 6 VACANT						
099	05 PUBLIC AID OFFICES VACANT						
099	06 MISC. WALLS AND HALLS		191,084			191,084	
099	07 ALL TUNNELS		105,584			105,584	
099	08 VACANT AND USED FOR STORE		496,775	11,804		508,579	
099	09 OTHER COUNTY AGENCIES		94,565			94,565	
101	CROSS FOOT ADJUSTMENTS						
102	NEGATIVE COST CENTER						
103	TOTAL	82,888	2,066,859	2,169,156		4,318,903	7,176

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													
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													
019	SOCIAL SERVICE													
020	MEDICAL ADMINISTRATION													
021	NONPHYSICIAN ANESTHETISTS													
022	NURSING SCHOOL													
023	I&R SERVICES-SALARY & FRI													
024	I&R SERVICES-OTHER PRGM C													
025	PARAMED ED PRGM-(SPECIFY)													
026	INPAT ROUTINE SRVC CNTRS													
027	ADULTS & PEDIATRICS													
028	INTENSIVE CARE UNIT													
029	SUBPROVIDER I													
030	SKILLED NURSING FACILITY													
031	NURSING FACILITY													
032	ANCILLARY SRVC COST CNTRS													
033	OPERATING ROOM													
034	PATHOLOGY													
035	NEUROLOGY & PSYCHIATRY													
036	CLINICAL PSYCHOLOGY& PSYC													
037	RADIOLOGY-DIAGNOSTIC													
038	RADIOISOTOPE													
039	LABORATORY													
040	BLOOD CLOTTING FACTORS AD													
041	RESPIRATORY THERAPY													
042	PHYSICAL THERAPY													
043	OCCUPATIONAL THERAPY													
044	SPEECH PATHOLOGY													
045	ELECTROCARDIOLOGY													
046	MEDICAL SUPPLIES CHARGED													
047	DRUGS CHARGED TO PATIENTS													
048	ACTIVITY THERAPY													
049	OUTPAT SERVICE COST CNTRS													
050	CLINIC													
051	EMERGENCY													
052	OBSERVATION BEDS (NON-DIS													
053	RHC													
054	FOHC													
055	OTHER REIMBURS COST CNTRS													
056	CMHC													
057	OUTPATIENT PHYSICAL THERA													
058	OUTPATIENT OCCUPATIONAL T													
059	OUTPATIENT SPEECH PATHOLO													
060	HOME HEALTH AGENCY													
061	SPEC PURPOSE COST CENTERS													
062	PANCREAS ACQUISITION													
063	INTESTINAL ACQUISITION													
064	ISLET CELL ACQUISITION													
065	SUBTOTALS													
066	NONREIMBURS COST CENTERS													
067	COUNTY STORE-NON-ALLOWABL													
068	OPTOMETRY													
069	DENTAL													
070	NON-REIMBURSABLE COMMUNIT													
071	IDLE													
072	IDLE SPACE B22/OTHER													
073	H REC. 2 - 6 VACANT													
074	PUBLIC AID OFFICES VACANT													
075	MISC. WALLS AND HALLS													
076	ALL TUNNELS													
077	VACANT AND USED FOR STORE													
078	OTHER COUNTY AGENCIES													
079	CROSS FOOT ADJUSTMENTS													
080	NEGATIVE COST CENTER													
081	TOTAL													

ALLOCATION OF OLD CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	NURSING ADMINISTRATION 14	CENTRAL SERVICES & SUPPLY 15	PHARMACY 16	MEDICAL RECORDS & LIBRARY 17	SOCIAL SERVICE 18	MEDICAL ADMINISTRATION 19	NONPHYSICIAN ANESTHETISTS 20
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
007 ADMINISTRATIVE & GENERAL							
008 MAINTENANCE & REPAIRS							
009 OPERATION OF PLANT							
010 LAUNDRY & LINEN SERVICE							
011 HOUSEKEEPING							
012 DIETARY							
014 CAFETERIA							
015 NURSING ADMINISTRATION	275,073						
016 CENTRAL SERVICES & SUPPLY		166,764					
017 PHARMACY		7,845	396,003				
018 MEDICAL RECORDS & LIBRARY				40,986			
019 SOCIAL SERVICE					13,590		
020 MEDICAL ADMINISTRATION						7,649	
021 NONPHYSICIAN ANESTHETISTS							
022 NURSING SCHOOL							
023 I&R SERVICES-SALARY & FRI							
024 I&R SERVICES-OTHER PRGM C							
025 PARAMED ED PRGM-(SPECIFY)							
026 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	124,028	20,632	447	6,190	9,639	3,449	
026 INTENSIVE CARE UNIT	34,631	7,444	95	945			
031 SUBPROVIDER I	41,618	5,356	133	2,228	3,154	528	
034 SKILLED NURSING FACILITY	3,956	1,373	136	450	120	133	
035 NURSING FACILITY							
037 ANCILLARY SRVC COST CNTRS							
037 01 OPERATING ROOM	6,648	45,693	473				
037 02 PATHOLOGY		1,082					
037 03 NEUROLOGY & PSYCHIATRY		63					
041 CLINICAL PSYCHOLOGY& PSYC		202					
043 RADIOLOGY-DIAGNOSTIC		83	39				
044 RADIOISOTOPE							
046 LABORATORY		1,523	26,606				
049 BLOOD CLOTTING FACTORS AD							
050 RESPIRATORY THERAPY		27,923					
051 PHYSICAL THERAPY		8,341	10				
052 OCCUPATIONAL THERAPY		88					
053 SPEECH PATHOLOGY		11					
055 ELECTROCARDIOLOGY		4	1,393				
056 MEDICAL SUPPLIES CHARGED		16,681					
059 DRUGS CHARGED TO PATIENTS			365,111				
060 ACTIVITY THERAPY							
060 OUTPAT SERVICE COST CNTRS							
061 CLINIC	51,008	14,969	1,042	20,730	677	1,950	
062 EMERGENCY	13,184	7,403	515	10,218		1,589	
063 OBSERVATION BEDS (NON-DIS							
063 50 RHC							
063 60 FOHC							
069 OTHER REIMBURS COST CNTRS							
069 10 CMHC							
069 20 OUTPATIENT PHYSICAL THERA							
069 30 OUTPATIENT OCCUPATIONAL T							
069 40 OUTPATIENT SPEECH PATHOLO							
071 HOME HEALTH AGENCY							
085 SPEC PURPOSE COST CENTERS							
085 01 PANCREAS ACQUISITION							
085 02 INTESTINAL ACQUISITION							
085 03 ISLET CELL ACQUISITION							
095 SUBTOTALS	275,073	166,716	396,000	40,761	13,590	7,649	
096 NONREIMBURS COST CENTERS							
096 01 COUNTY STORE-NON-ALLOWABL							
097 01 OPTOMETRY		48	3				
098 01 DENTAL							
098 02 NON-REIMBURSABLE COMMUNIT				225			
098 09 IDLE							
099 03 IDLE SPACE B22/OTHER							
099 04 H REC. 2 - 6 VACANT							
099 05 PUBLIC AID OFFICES VACANT							
099 06 MI SC. WALLS AND HALLS							
099 07 ALL TUNNELS							
099 08 VACANT AND USED FOR STORE							
099 09 OTHER COUNTY AGENCIES							
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	275,073	166,764	396,003	40,986	13,590	7,649	

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 (DOLLAR VALUE)	EMPLOYEE BENEFITS (GROSS SALARIES)	RECONCILIATION
	1	2	3	4	5	6a.00
GENERAL SERVICE COST						
001 OLD CAP REL COSTS-BLD	1,208,157					
002 OLD CAP REL COSTS-MVB		1,955,763				
003 NEW CAP REL COSTS-BLD						
004 NEW CAP REL COSTS-MVB						
005 EMPLOYEE BENEFITS	1,748	3,774			53,493,562	
006 ADMIN STRATIVE & GENE	105,457	108,508			5,270,741	-19,942,374
007 MAINTENANCE & REPAIRS	116,060	544,661			3,466,440	
008 OPERATION OF PLANT	94,463	102,917			3,924,031	
009 LAUNDRY & LINEN SERVI		58,958				
010 HOUSEKEEPING	20,852	2,651			2,023,179	
011 DIETARY	51,479	34,772			2,612,937	
012 CAFETERIA						
014 NURSING ADMIN STRATIO	6,533	226,277			1,895,675	
015 CENTRAL SERVICES & SU	17,465	30,595			633,872	
016 PHARMACY	65,954	137,398				
017 MEDICAL RECORDS & LIB	9,856	2,527			1,360,569	
018 SOCIAL SERVICE	3,442				418,287	
019 MEDICAL ADMIN STRATIO	1,454	321			419,338	
020 NONPHYSICIAN ANESTHET						
021 NURSING SCHOOL						
022 I&R SERVICES-SALARY &						
023 I&R SERVICES-OTHER PR						
024 PARAMED ED PRGM-(SPEC						
INPAT ROUTINE SRVC CN						
025 ADULTS & PEDIATRICS	61,857	236,565			10,355,798	
026 INTENSIVE CARE UNIT	1,880	5,638			2,625,345	
031 SUBPROVIDER I	32,360	4,612			2,313,014	
034 SKILLED NURSING FACIL	6,710	14,481			158,603	
035 NURSING FACILITY						
ANCILLARY SRVC COST C						
037 OPERATING ROOM	10,738	126,512			2,555,361	
037 01 PATHOLOGY	3,874	4,657			440,918	
037 02 NEUROLOGY & PSYCHIATR	1,304				661,870	
037 03 CLINICAL PSYCHOLOGY&	3,800				431,878	
041 RADIOLOGY-DIAGNOSTIC	3,125	112,336			1,034,432	
043 RADIOISOTOPE						
044 LABORATORY	5,151	31,725			1,429,913	
046 30 BLOOD CLOTTING FACTOR						
049 RESPIRATORY THERAPY	7,705	72,069			1,081,253	
050 PHYSICAL THERAPY	10,545	4,712			1,585,164	
051 OCCUPATIONAL THERAPY	13,530	3,945			721,094	
052 SPEECH PATHOLOGY	2,593	821			352,913	
053 ELECTROCARDIOLOGY	963	43,828			628,392	
055 MEDICAL SUPPLIES CHAR						
056 DRUGS CHARGED TO PATI						
059 ACTIVITY THERAPY		2,998			1,844	
060 OUTPAT SERVICE COST C						
CLINIC	18,778	15,442			3,192,858	
061 EMERGENCY	7,482	7,636			1,754,945	
062 OBSERVATION BEDS (NON						
063 50 RHC						
063 60 FOHC						
OTHER REIMBURS COST C						
069 10 CMHC						
069 20 OUTPATIENT PHYSICAL T						
069 30 OUTPATIENT OCCUPATION						
069 40 OUTPATIENT SPEECH PAT						
071 HOME HEALTH AGENCY						
SPEC PURPOSE COST CEN						
085 01 PANCREAS ACQUISITION						
085 02 INTESTINAL ACQUISITIO						
085 03 ISLET CELL ACQUISITIO						
095 SUBTOTALS	687,158	1,941,336			53,350,664	-19,942,374
NONREIMBURS COST CENT						
096 01 COUNTY STORE-NON-ALLO						
097 01 OPTOMETRY	779	499			142,898	
098 01 DENTAL		3,285				
098 02 NON-REIMBURSABLE COMM	1,147					
098 09 IDLE						
099 03 IDLE SPACE B22/OTHER						
099 04 H REC. 2 - 6 VACANT						
099 05 PUBLIC AID OFFICES VA						
099 06 MI SC. WALLS AND HALLS	111,696					
099 07 ALL TUNNELS	61,718					
099 08 VACANT AND USED FOR S	290,382	10,643				
099 09 OTHER COUNTY AGENCIES	55,277					
101 CROSS FOOT ADJUSTMENT						
102 NEGATIVE COST CENTER						
103 COST TO BE ALLOCATED	2,066,859	2,169,156			19,378,600	
(WRKSH T B, PART I)						

COST CENTER DESCRIPTION	OLD CAP REL C	OLD CAP REL C	NEW CAP REL C	NEW CAP REL C	EMPLOYEE BENE	RECONCI L- IATION
	OSTS-BLDG &	OSTS-MVBLE E	OSTS-BLDG &	OSTS-MVBLE E	FITS	
	(SQUARE FEET	(DOLLAR)VALUE	(SQUARE)FEET	(DOLLAR)VALUE	(GROSS)SALARIES	
	1	2	3	4	5	6a.00
104 NONREIMBURS COST CENT UNIT COST MULTIPLIER (WRKSHT B, PT I)	1.710754				.362260	
105 COST TO BE ALLOCATED (WRKSHT B, PART II)		1.109110			7,176	
106 UNIT COST MULTIPLIER (WRKSHT B, PT II)					.000134	
107 COST TO BE ALLOCATED (WRKSHT B, PART III)						
108 UNIT COST MULTIPLIER (WRKSHT B, PT III)						

COST CENTER DESCRIPTION	ADMINISTRATIVE MAINTENANCE & OPERATION OF E & GENERAL REPAIRS PLANT			LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA
	(ACCUM. COST)	(SQUARE FEET)	(SQUARE FEET)	(POUNDS OF LAUNDRY)	(SQUARE FEET)	(MEALS SERVED)	(F. T. E. 'S)
	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	78,240,089						
007 MAINTENANCE & REPAIRS	7,719,400	984,892					
008 OPERATION OF PLANT	8,404,757	94,463	890,432				
009 LAUNDRY & LINEN SERVICE	368,280			376,230			
010 HOUSEKEEPING	3,057,654	20,852	20,852		869,580		
011 DIETARY	4,229,605	51,479	51,479		51,479	76,917	
012 CAFETERIA							48,533
014 NURSING ADMINISTRATIVE	948,869	6,533	6,533		6,533		2,615
015 CENTRAL SERVICES & SUPPLIES	979,710	17,465	17,465		17,465		1,568
016 PHARMACY	8,272,740	65,954	65,954		65,954		3,864
017 MEDICAL RECORDS & LIBRARY	1,952,318	9,856	9,856		9,856		2,281
018 SOCIAL SERVICE	750,015	3,442	3,442		3,442		658
019 MEDICAL ADMINISTRATIVE	710,027	1,454	1,454		1,454		388
020 NONPHYSICIAN ANESTHESIOLOGIST							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & BENEFITS							
023 I&R SERVICES-OTHER PERSONNEL	921,307						507
024 PARAMEDICAL PROGRAM-(SPECIAL INPATIENT ROUTINE SERVICE CENTER)							
025 ADULTS & PEDIATRICS	10,174,067	61,857	61,857	227,245	61,857	46,458	11,999
026 INTENSIVE CARE UNIT	3,087,443	1,880	1,880	34,596	1,880	7,073	2,731
031 SUBPROVIDER	3,077,962	32,360	32,360	81,966	32,360	16,757	3,367
034 SKILLED NURSING FACILITY	246,098	6,710	6,710	32,423	6,710	6,629	296
035 NURSING FACILITY							
037 ANCILLARY SERVICE COST CENTER							
037 01 OPERATING ROOM	2,349,873	10,738	10,738		10,738		2,151
037 02 PATHOLOGY	537,723	3,874	3,874		3,874		490
037 03 NEUROLOGY & PSYCHIATRY	648,516	1,304	1,304		1,304		440
037 04 CLINICAL PSYCHOLOGY & RADIOLOGY-DIAGNOSTIC	598,845	3,800	3,800		3,800		739
041 RADIOLOGY-DIAGNOSTIC	2,857,554	3,125	3,125		3,125		1,092
043 RADIOISOTOPE							
044 LABORATORY	2,911,523	5,151	5,151		5,151		2,603
046 30 BLOOD CLOTTING FACTOR							
049 RESPIRATORY THERAPY	1,801,406	7,705	7,708		7,708		1,663
050 PHYSICAL THERAPY	1,729,602	10,545	10,545		10,545		1,759
051 OCCUPATIONAL THERAPY	1,024,703	13,530	13,530		13,530		1,292
052 SPEECH PATHOLOGY	486,978	2,593	2,593		2,593		497
053 ELECTROCARDIOLOGY	660,871	963	963		963		795
055 MEDICAL SUPPLIES CHARACTERIZED	545,098						
056 DRUGS CHARGED TO PATIENT	1,211,280						
059 ACTIVITY THERAPY	5,836						8
060 OUTPATIENT SERVICE COST CENTER							
061 CLINIC	3,010,430	18,778	18,778		18,778		3,729
062 EMERGENCY	1,857,268	7,482	7,482		7,482		901
062 OBSERVATION BEDS (NON)							
063 50 RHC							
063 60 FQHC							
069 OTHER REIMBURSABLE COST CENTER							
069 10 CMHC							
069 20 OUTPATIENT PHYSICAL THERAPY							
069 30 OUTPATIENT OCCUPATIONAL THERAPY							
069 40 OUTPATIENT SPEECH PATHOLOGY							
071 HOME HEALTH AGENCY							
085 SPEC PURPOSE COST CENTER							
085 01 PANCREAS ACQUISITION							
085 02 INTESTINAL ACQUISITION							
085 03 ISLET CELL ACQUISITION							
095 SUBTOTALS	77,137,758	463,893	369,433	376,230	348,581	76,917	48,433
096 NONREIMBURSABLE COST CENTER							
096 01 COUNTY STORE-NON-ALLO							
097 01 OPTOMETRY	196,914	779	779		779		100
098 01 DENTAL	3,643						
098 02 NON-REIMBURSABLE COMM	1,962	1,147	1,147		1,147		
098 09 IDLE							
099 03 IDLE SPACE B22/OTHER							
099 04 H REC. 2 - 6 VACANT							
099 05 PUBLIC AID OFFICES VA							
099 06 MISCELLANEOUS WALLS AND HALLS	191,084	111,696	111,696		111,696		
099 07 ALL TUNNELS	105,584	61,718	61,718		61,718		
099 08 VACANT AND USED FOR STORAGE	508,579	290,382	290,382		290,382		
099 09 OTHER COUNTY AGENCIES	94,565	55,277	55,277		55,277		
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 COST TO BE ALLOCATED (WORKSHEET B, PART I)	19,942,374	9,686,975	11,476,118	462,150	4,310,847	6,732,677	

	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)	(F. T. E. 'S)
		6	7	8	9	10	11	12
104	NONREIMBURS COST CENT UNIT COST MULTIPLIER (WRKSHT B, PT I)	.254887	9.835571	12.888259	1.228371	4.957390	87.531716	
105	COST TO BE ALLOCATED (WRKSHT B, PART II)	302,437	839,863	389,312	66,814	77,600	214,331	
106	UNIT COST MULTIPLIER (WRKSHT B, PT II)	.003865	.852746	.437217	.177588	.089238	2.786523	
107	COST TO BE ALLOCATED (WRKSHT B, PART III)							
108	UNIT COST MULTIPLIER (WRKSHT B, PT III)							

COST CENTER DESCRIPTION	NURSING ADMINISTRATION (NO. EMP. SUPERVISED)	CENTRAL SERVICES & SUPPLY (COSTED) REQUIS.	PHARMACY (COSTED) REQUIS.	MEDICAL RECORDS & LIBRARY (TIME) SPENT	SOCIAL SERVICE (TIME) SPENT	MEDICAL ADMINISTRATION (PART B) DOLLARS	NONPHYSICIAN ANESTHETISTS (ASSIGNED) TIME
	14	15	16	17	18	19	20
GENERAL SERVICE COST							
001 OLD CAP REL COSTS-BLD							
002 OLD CAP REL COSTS-MVB							
003 NEW CAP REL COSTS-BLD							
004 NEW CAP REL COSTS-MVB							
005 EMPLOYEE BENEFITS							
006 ADMINISTRATIVE & GENERAL							
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
011 DIETARY							
012 CAFETERIA							
014 NURSING ADMINISTRATION	21,970						
015 CENTRAL SERVICES & SUPPLY		1,230,774					
016 PHARMACY		57,900	1,305,306				
017 MEDICAL RECORDS & LIBRARY				1,821			
018 SOCIAL SERVICE					1,222,572		
019 MEDICAL ADMINISTRATION						7,055,560	
020 NONPHYSICIAN ANESTHETIST							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & BENEFITS							
023 I&R SERVICES-OTHER PERSONNEL							
024 INPATIENT ROUTINE SERVICE CENTER							
025 ADULTS & PEDIATRICS	9,906	152,271	1,472	275	867,110	3,181,312	
026 INTENSIVE CARE UNIT	2,766	54,940	312	42			
031 SUBPROVIDER	3,324	39,527	440	99	283,770	487,240	
034 SKILLED NURSING FACILITY	316	10,130	449	20	10,754	122,409	
035 NURSING FACILITY							
037 ANCILLARY SERVICE COST CENTER							
037 01 OPERATING ROOM	531	337,224	1,559				
037 02 PATHOLOGY		7,988					
037 02 NEUROLOGY & PSYCHIATRY		467					
037 03 CLINICAL PSYCHOLOGY & RADIOLOGY-DIAGNOSTIC		1,490					
041 RADIOLOGY-DIAGNOSTIC		610	130				
043 RADIOISOTOPE							
044 LABORATORY		11,242	87,700				
046 30 BLOOD CLOTTING FACTOR							
049 RESPIRATORY THERAPY		206,082					
050 PHYSICAL THERAPY		61,556	33				
051 OCCUPATIONAL THERAPY		648					
052 SPEECH PATHOLOGY		83					
053 ELECTROCARDIOLOGY		32	4,593				
055 MEDICAL SUPPLIES CHARACTERIZED BY CHARGE		123,114					
056 DRUGS CHARGED TO PATIENT ACTIVITY THERAPY			1,203,478				
059 OUTPATIENT SERVICE COST CENTER							
060 CLINIC	4,074	110,480	3,433	921	60,938	1,798,555	
061 EMERGENCY	1,053	54,636	1,697	454		1,466,044	
062 OBSERVATION BEDS (NON-REIMBURSABLE)							
063 50 RHC							
063 60 FOHC							
069 OTHER REIMBURSABLE COST CENTER							
069 10 CMHC							
069 20 OUTPATIENT PHYSICAL THERAPY							
069 30 OUTPATIENT OCCUPATIONAL THERAPY							
069 40 OUTPATIENT SPEECH PATHOLOGY							
071 HOME HEALTH AGENCY							
SPECIFIC PURPOSE COST CENTER							
085 01 PANCREAS ACQUISITION							
085 02 INTESTINAL ACQUISITION							
085 03 ISLET CELL ACQUISITION							
095 SUBTOTALS	21,970	1,230,420	1,305,296	1,811	1,222,572	7,055,560	
NONREIMBURSABLE COST CENTER							
096 01 COUNTY STORE-NON-ALLOTTED							
097 01 OPTOMETRY		354	10				
098 01 DENTAL							
098 02 NON-REIMBURSABLE COMMUNITY				10			
098 09 IDLE							
099 03 IDLE SPACE B22/OTHER							
099 04 H REC. 2 - 6 VACANT							
099 05 PUBLIC AID OFFICES VACANT							
099 06 MISC. WALLS AND HALLS							
099 07 ALL TUNNELS							
099 08 VACANT AND USED FOR STORAGE							
099 09 OTHER COUNTY AGENCIES							
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 COST TO BE ALLOCATED (WORKSHEET B, PART I)	1,371,565	1,712,877	12,287,621	2,722,764	1,036,462	931,253	

COST ALLOCATION - STATISTICAL BASIS

	COST CENTER DESCRIPTION	NURSING ADMIN	CENTRAL SERVI	PHARMACY	MEDI CAL RECOR	SOCIAL SERVI C	MEDI CAL ADMI N	NONPHYSI CI AN
		ISTRATION	CES & SUPPLY		DS & LIBRARY	E	ISTRATION	ANESTHETISTS
		(NO. EMP. SUPERVISED)	(COSTED)REQUIS.	(COSTED)REQUIS.	(TIME)SPENT	(TIME)SPENT	(PART B)DOLLARS	(ASSIGNED)TIME
		14	15	16	17	18	19	20
104	NONREIMBURS COST CENT UNIT COST MULTIPLIER (WRKSHT B, PT I)		1.391707		1,495.202636		.131989	
105	COST TO BE ALLOCATED (WRKSHT B, PART II)	62.428994 275,073	166,764	9.413594 396,003	40,986	.847772 13,590	7,649	
106	UNIT COST MULTIPLIER (WRKSHT B, PT III)		.135495		22.507414		.001084	
107	COST TO BE ALLOCATED (WRKSHT B, PART III)	12.520391		.303379		.011116		
108	UNIT COST MULTIPLIER (WRKSHT B, PT III)							

COST CENTER DESCRIPTION	NURSING SCHOOL	I&R SERVICES-SALARY & FRI	I&R SERVICES-OTHER PRGM C	PARAMED ED PRGM-(SPECIFY)
	(ASSIGNED TIME)	(ASSIGNED TIME)	(RESIDENTS)FTE	(ASSIGNED TIME)
	21	22	23	24
001 GENERAL SERVICE COST				
002 OLD CAP REL COSTS-BLD				
003 OLD CAP REL COSTS-MVB				
004 NEW CAP REL COSTS-BLD				
005 NEW CAP REL COSTS-MVB				
006 EMPLOYEE BENEFITS				
007 ADMIN STRATIVE & GENE				
008 MAINTENANCE & REPAIRS				
009 OPERATION OF PLANT				
010 LAUNDRY & LINEN SERVI				
011 HOUSEKEEPING				
012 DIETARY				
014 CAFETERIA				
015 NURSING ADMIN STRATIO				
016 CENTRAL SERVICES & SU				
017 PHARMACY				
018 MEDICAL RECORDS & LIB				
019 SOCIAL SERVICE				
020 MEDICAL ADMIN STRATIO				
021 NONPHYSICIAN ANESTHET				
022 NURSING SCHOOL				
023 I&R SERVICES-SALARY &				
024 I&R SERVICES-OTHER PR			607	
025 PARAMED ED PRGM-(SPEC				
026 INPAT ROUTINE SRVC CN				
027 ADULTS & PEDIATRICS			407	
028 INTENSIVE CARE UNIT				
031 SUBPROVIDER I			200	
034 SKILLED NURSING FACIL				
035 NURSING FACILITY				
037 ANCILLARY SRVC COST C				
037 01 OPERATING ROOM				
037 02 PATHOLOGY				
037 03 NEUROLOGY & PSYCHIATR				
041 03 CLINICAL PSYCHOLOGY&				
043 RADIOLOGY-DIAGNOSTIC				
044 RADIOISOTOPE				
046 LABORATORY				
049 30 BLOOD CLOTTING FACTOR				
050 RESPIRATORY THERAPY				
051 PHYSICAL THERAPY				
052 OCCUPATIONAL THERAPY				
053 SPEECH PATHOLOGY				
055 ELECTROCARDIOLOGY				
056 MEDICAL SUPPLIES CHAR				
059 DRUGS CHARGED TO PATI				
060 ACTIVITY THERAPY				
061 OUTPAT SERVICE COST C				
062 CLINIC				
063 EMERGENCY				
063 50 OBSERVATION BEDS (NON				
063 60 RHC				
069 60 FOHC				
069 OTHER REIMBURS COST C				
069 10 CMHC				
069 20 OUTPATIENT PHYSICAL T				
069 30 OUTPATIENT OCCUPATION				
069 40 OUTPATIENT SPEECH PAT				
071 HOME HEALTH AGENCY				
085 SPEC PURPOSE COST CEN				
085 01 PANCREAS ACQUISITION				
085 02 INTESINAL ACQUISITIO				
085 03 ISLET CELL ACQUISITIO				
095 SUBTOTALS			607	
096 NONREIMBURS COST CENT				
096 01 COUNTY STORE-NON-ALLO				
097 01 OPTOMETRY				
098 01 DENTAL				
098 02 NON-REIMBURSABLE COMM				
098 09 IDLE				
099 03 IDLE SPACE B22/OTHER				
099 04 H REC. 2 - 6 VACANT				
099 05 PUBLIC AID OFFICES VA				
099 06 MISC. WALLS AND HALLS				
099 07 ALL TUNNELS				
099 08 VACANT AND USED FOR S				
099 09 OTHER COUNTY AGENCIES				
101 CROSS FOOT ADJUSTMENT				
102 NEGATIVE COST CENTER				
103 COST TO BE ALLOCATED			1,156,136	
(PER WRKSHT B, PART				

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DI ALLOWANCE 4	TOTAL COSTS 5
	INPAT ROUTINE SRVC CNTRS					
25	ADULTS & PEDIATRICS	21,235,647		21,235,647	483,433	21,719,080
26	INTENSIVE CARE UNIT	4,902,917		4,902,917	27,034	4,929,951
31	SUBPROVIDER I	7,045,286		7,045,286		7,045,286
34	SKILLED NURSING FACILITY	1,207,872		1,207,872		1,207,872
35	NURSING FACILITY					
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	3,763,205		3,763,205	112,017	3,875,222
37	01 PATHOLOGY	793,136		793,136	64,266	857,402
37	02 NEUROLOGY & PSYCHIATRY	850,560		850,560	24,938	875,498
37	03 CLINICAL PSYCHOLOGY& PSYC	858,745		858,745		858,745
41	RADIOLOGY-DIAGNOSTIC	3,674,484		3,674,484	58,282	3,732,766
43	RADIOISOTOPE					
44	LABORATORY	4,637,436		4,637,436		4,637,436
46	30 BLOOD CLOTTING FACTORS AD					
49	RESPIRATORY THERAPY	2,760,705		2,760,705		2,760,705
50	PHYSICAL THERAPY	2,548,333		2,548,333		2,548,333
51	OCCUPATIONAL THERAPY	1,661,314		1,661,314		1,661,314
52	SPEECH PATHOLOGY	682,996		682,996		682,996
53	ELECTROCARDIOLOGY	899,257		899,257	45,795	945,052
55	MEDICAL SUPPLIES CHARGED	855,375		855,375		855,375
56	DRUGS CHARGED TO PATIENTS	12,849,072		12,849,072		12,849,072
59	ACTIVITY THERAPY	7,324		7,324		7,324
	OUTPAT SERVICE COST CNTRS					
60	CLINIC	6,404,088		6,404,088	150,944	6,555,032
61	EMERGENCY	3,567,846		3,567,846	82,761	3,650,607
62	OBSERVATION BEDS (NON-DIS	428,941		428,941		428,941
63	50 RHC					
63	60 FOHC					
	OTHER REIMBURS COST CNTRS					
101	SUBTOTAL	81,634,539		81,634,539	1,049,470	82,684,009
102	LESS OBSERVATION BEDS	428,941		428,941		428,941
103	TOTAL	81,205,598		81,205,598	1,049,470	82,255,068

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	17,140,500		17,140,500			
26	INTENSIVE CARE UNIT	6,017,100		6,017,100			
31	SUBPROVIDER I	7,784,300		7,784,300			
34	SKILLED NURSING FACILITY	926,670		926,670			
35	NURSING FACILITY						
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	431,520	970,545	1,402,065	2.684045	2.684045	2.763939
37 01	PATHOLOGY	114,096	225,439	339,535	2.335948	2.335948	2.525224
37 02	NEUROLOGY & PSYCHIATRY	264,540	30,896	295,436	2.878999	2.878999	2.963410
37 03	CLINICAL PSYCHOLOGY & PSYC	420,762	121,116	541,878	1.584757	1.584757	1.584757
41	RADIOLOGY-DIAGNOSTIC	224,502	932,887	1,157,389	3.174805	3.174805	3.225161
43	RADIOISOTOPE						
44	LABORATORY	510,693	66,752	577,445	8.030957	8.030957	8.030957
46	BLOOD CLOTTING FACTORS AD						
49	RESPIRATORY THERAPY	182,935	186	183,121	15.075851	15.075851	15.075851
50	PHYSICAL THERAPY	508,675	16,032	524,707	4.856678	4.856678	4.856678
51	OCCUPATIONAL THERAPY	200,132	8,466	208,598	7.964189	7.964189	7.964189
52	SPEECH PATHOLOGY	102,007	10,035	112,042	6.095893	6.095893	6.095893
53	ELECTROCARDIOLOGY	416,206	338,939	755,145	1.190840	1.190840	1.251484
55	MEDICAL SUPPLIES CHARGED	526,215	5,315	531,530	1.609269	1.609269	1.609269
56	DRUGS CHARGED TO PATIENTS	3,770,911	3,770,912	7,541,823	1.703709	1.703709	1.703709
59	ACTIVITY THERAPY	7,970	193,230	201,200	.036402	.036402	.036402
	OUTPAT SERVICE COST CNTRS						
60	CLINIC		1,225,857	1,225,857	5.224172	5.224172	5.347306
61	EMERGENCY	235,315	3,784,566	4,019,881	.887550	.887550	.908138
62	OBSERVATION BEDS (NON-DIS						
63 50	RHC						
63 60	FOHC						
	OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	39,785,049	11,701,173	51,486,222			
102	LESS OBSERVATION BEDS						
103	TOTAL	39,785,049	11,701,173	51,486,222			

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	3,763,205	235,734	3,527,471			3,763,205
37 01	PATHOLOGY	793,136	20,355	772,781			793,136
37 02	NEUROLOGY & PSYCHIATRY	850,560	6,688	843,872			850,560
37 03	CLINICAL PSYCHOLOGY& PSYC	858,745	14,316	844,429			858,745
41	RADIOLOGY-DIAGNOSTIC	3,674,484	145,554	3,528,930			3,674,484
43	RADIOISOTOPE						
44	LABORATORY	4,637,436	90,677	4,546,759			4,637,436
46 30	BLOOD CLOTTING FACTORS AD						
49	RESPIRATORY THERAPY	2,760,705	138,771	2,621,934			2,760,705
50	PHYSICAL THERAPY	2,548,333	53,057	2,495,276			2,548,333
51	OCCUPATIONAL THERAPY	1,661,314	50,328	1,610,986			1,661,314
52	SPEECH PATHOLOGY	682,996	10,863	672,133			682,996
53	ELECTROCARDIOLOGY	899,257	55,620	843,637			899,257
55	MEDICAL SUPPLIES CHARGED	855,375	18,788	836,587			855,375
56	DRUGS CHARGED TO PATIENTS	12,849,072	369,793	12,479,279			12,849,072
59	ACTIVITY THERAPY	7,324	3,348	3,976			7,324
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	6,404,088	177,590	6,226,498			6,404,088
61	EMERGENCY	3,567,846	71,910	3,495,936			3,567,846
62	OBSERVATION BEDS (NON-DIS	428,941	16,362	412,579			428,941
63	50 RHC						
63	60 FQHC						
	OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	47,242,817	1,479,754	45,763,063			47,242,817
102	LESS OBSERVATION BEDS	428,941	16,362	412,579			428,941
103	TOTAL	46,813,876	1,463,392	45,350,484			46,813,876

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	1,402,065	2.684045	2.684045
37 01	PATHOLOGY	339,535	2.335948	2.335948
37 02	NEUROLOGY & PSYCHIATRY	295,436	2.878999	2.878999
37 03	CLINICAL PSYCHOLOGY& PSYC	541,878	1.584757	1.584757
41	RADIOLOGY-DIAGNOSTIC	1,157,389	3.174805	3.174805
43	RADIOISOTOPE			
44	LABORATORY	577,445	8.030957	8.030957
46 30	BLOOD CLOTTING FACTORS AD			
49	RESPIRATORY THERAPY	183,121	15.075851	15.075851
50	PHYSICAL THERAPY	524,707	4.856678	4.856678
51	OCCUPATIONAL THERAPY	208,598	7.964189	7.964189
52	SPEECH PATHOLOGY	112,042	6.095893	6.095893
53	ELECTROCARDIOLOGY	755,145	1.190840	1.190840
55	MEDICAL SUPPLIES CHARGED	531,530	1.609269	1.609269
56	DRUGS CHARGED TO PATIENTS	7,541,823	1.703709	1.703709
59	ACTIVITY THERAPY	201,200	.036402	.036402
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	1,225,857	5.224172	5.224172
61	EMERGENCY	4,019,881	.887550	.887550
62	OBSERVATION BEDS (NON-DIS			
63 50	RHC			
63 60	FQHC			
	OTHER REIMBURS COST CNTRS			
101	SUBTOTAL	19,617,652		
102	LESS OBSERVATION BEDS			
103	TOTAL	19,617,652		

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27 1	CAPITAL COST WKST B PT II & III, COL. 27 2	OPERATING COST NET OF CAPITAL COST 3	CAPITAL REDUCTION 4	OPERATING COST REDUCTION AMOUNT 5	COST NET OF CAP AND OPER REDUCTION 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM	3,763,205	235,734	3,527,471	23,573	204,593	3,535,039
37 01	PATHOLOGY	793,136	20,355	772,781	2,036	44,821	746,279
37 02	NEUROLOGY & PSYCHIATRY	850,560	6,688	843,872	669	48,945	800,946
37 03	CLINICAL PSYCHOLOGY& PSYC	858,745	14,316	844,429	1,432	48,977	808,336
41	RADIOLOGY-DIAGNOSTIC	3,674,484	145,554	3,528,930	14,555	204,678	3,455,251
43	RADIOISOTOPE						
44	LABORATORY	4,637,436	90,677	4,546,759	9,068	263,712	4,364,656
46 30	BLOOD CLOTTING FACTORS AD						
49	RESPIRATORY THERAPY	2,760,705	138,771	2,621,934	13,877	152,072	2,594,756
50	PHYSICAL THERAPY	2,548,333	53,057	2,495,276	5,306	144,726	2,398,301
51	OCCUPATIONAL THERAPY	1,661,314	50,328	1,610,986	5,033	93,437	1,562,844
52	SPEECH PATHOLOGY	682,996	10,863	672,133	1,086	38,984	642,926
53	ELECTROCARDIOLOGY	899,257	55,620	843,637	5,562	48,931	844,764
55	MEDICAL SUPPLIES CHARGED	855,375	18,788	836,587	1,879	48,522	804,974
56	DRUGS CHARGED TO PATIENTS	12,849,072	369,793	12,479,279	36,979	723,798	12,088,295
59	ACTIVITY THERAPY	7,324	3,348	3,976	335	231	6,758
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	6,404,088	177,590	6,226,498	17,759	361,137	6,025,192
61	EMERGENCY	3,567,846	71,910	3,495,936	7,191	202,764	3,357,891
62	OBSERVATION BEDS (NON-DIS	428,941	16,362	412,579	1,636	23,930	403,375
63	50 RHC						
63	60 FQHC						
	OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	47,242,817	1,479,754	45,763,063	147,976	2,654,258	44,440,583
102	LESS OBSERVATION BEDS	428,941	16,362	412,579	1,636	23,930	403,375
103	TOTAL	46,813,876	1,463,392	45,350,484	146,340	2,630,328	44,037,208

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRGRATIO	I/P PT B COST TO CHRGRATIO
		7	8	9
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	1,402,065	2.521309	2.667232
37 01	PATHOLOGY	339,535	2.197944	2.329951
37 02	NEUROLOGY & PSYCHIATRY	295,436	2.711064	2.876735
37 03	CLINICAL PSYCHOLOGY& PSYC	541,878	1.491731	1.582114
41	RADIOLOGY-DIAGNOSTIC	1,157,389	2.985384	3.162229
43	RADIOISOTOPE			
44	LABORATORY	577,445	7.558566	8.015253
46 30	BLOOD CLOTTING FACTORS AD			
49	RESPIRATORY THERAPY	183,121	14.169626	15.000071
50	PHYSICAL THERAPY	524,707	4.570743	4.846566
51	OCCUPATIONAL THERAPY	208,598	7.492133	7.940062
52	SPEECH PATHOLOGY	112,042	5.738259	6.086200
53	ELECTROCARDIOLOGY	755,145	1.118678	1.183475
55	MEDICAL SUPPLIES CHARGED	531,530	1.514447	1.605734
56	DRUGS CHARGED TO PATIENTS	7,541,823	1.602835	1.698806
59	ACTIVITY THERAPY	201,200	.033588	.034737
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	1,225,857	4.915086	5.209685
61	EMERGENCY	4,019,881	.835321	.885761
62	OBSERVATION BEDS (NON-DIS			
63 50	RHC			
63 60	FQHC			
	OTHER REIMBURS COST CNTRS			
101	SUBTOTAL	19,617,652		
102	LESS OBSERVATION BEDS			
103	TOTAL	19,617,652		

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL			NEW CAPITAL		
		CAPITAL REL COST (B, I I) 1	SWING BED ADJUSTMENT 2	REDUCED CAP RELATED COST 3	CAPITAL REL COST (B, I I I) 4	SWING BED ADJUSTMENT 5	REDUCED CAP RELATED COST 6
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	828,469		828,469			
26	INTENSIVE CARE UNIT	93,315		93,315			
31	SUBPROVIDER I	231,579		231,579			
101	TOTAL	1,153,363		1,153,363			

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	13,013	951	63.66	60,541		
26	INTENSIVE CARE UNIT	1,942	191	48.05	9,178		
31	SUBPROVIDER I	4,601	309	50.33	15,552		
101	TOTAL	19,556	1,451		85,271		

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					13,013	
26	INTENSIVE CARE UNIT					1,942	
31	SUBPROVIDER I					4,601	
34	SKILLED NURSING FACILITY					1,820	
35	NURSING FACILITY						
101	TOTAL					21,376	

WKST A	COST CENTER DESCRIPTION	INPATIENT	INPAT PROGRAM
LINE NO.		PROG DAYS	PASS THRU COST
		7	8
25	ADULTS & PEDIATRICS	951	
26	INTENSIVE CARE UNIT	191	
31	SUBPROVIDER I	309	
34	SKILLED NURSING FACILITY		
35	NURSING FACILITY		
101	TOTAL	1,451	

TITLE XVIII, PART A HOSPITAL PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST	HOSPITAL	MED ED NRS SCHOOL COST	MED ED ALLIED HEALTH COST	MED ED ALL OTHER COSTS	BLOOD CLOT FOR HEMOPHILIACS
		1	1.01	2	2.01	2.02	2.03
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM						
37	01 PATHOLOGY						
37	02 NEUROLOGY & PSYCHIATRY						
37	03 CLINICAL PSYCHOLOGY& PSYC						
41	RADIOLOGY-DIAGNOSTIC						
43	RADIOISOTOPE						
44	LABORATORY						
46	30 BLOOD CLOTTING FACTORS AD						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
59	ACTIVITY THERAPY						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
63	50 RHC						
63	60 FQHC						
	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			1,402,065				
	OPERATING ROOM							
37	01 PATHOLOGY			339,535				
37	02 NEUROLOGY & PSYCHIATRY			295,436				
37	03 CLINICAL PSYCHOLOGY& PSYC			541,878				
41	RADIOLOGY-DIAGNOSTIC			1,157,389				
43	RADIOISOTOPE							
44	LABORATORY			577,445				
46	30 BLOOD CLOTTING FACTORS AD							
49	RESPIRATORY THERAPY			183,121				
50	PHYSICAL THERAPY			524,707				
51	OCCUPATIONAL THERAPY			208,598				
52	SPEECH PATHOLOGY			112,042				
53	ELECTROCARDIOLOGY			755,145				
55	MEDICAL SUPPLIES CHARGED			531,530				
56	DRUGS CHARGED TO PATIENTS			7,541,823				
59	ACTIVITY THERAPY			201,200				
	OUTPAT SERVICE COST CNTRS							
60	CLINIC			1,225,857				
61	EMERGENCY			4,019,881				
62	OBSERVATION BEDS (NON-DIS							
63	50 RHC							
63	60 FQHC							
	OTHER REIMBURS COST CNTRS							
101	TOTAL			19,617,652				

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						
37	01 OPERATING ROOM	89,623					
37	02 PATHOLOGY						
37	02 NEUROLOGY & PSYCHIATRY						
37	03 CLINICAL PSYCHOLOGY& PSYC	121,116					
41	RADIOLOGY-DIAGNOSTIC	176,919					
43	RADIOISOTOPE						
44	LABORATORY	35,918					
46	30 BLOOD CLOTTING FACTORS AD						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY	83,626					
55	MEDICAL SUPPLIES CHARGED	2,488					
56	DRUGS CHARGED TO PATIENTS	79,559					
59	ACTIVITY THERAPY						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	1,225,857					
61	EMERGENCY	224,460					
62	OBSERVATION BEDS (NON-DIS						
63	50 RHC						
63	60 FQHC						
	OTHER REIMBURS COST CNTRS						
101	TOTAL	2,039,566					

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			1,402,065				
	OPERATING ROOM							
37	01 PATHOLOGY			339,535				
37	02 NEUROLOGY & PSYCHIATRY			295,436				
37	03 CLINICAL PSYCHOLOGY& PSYC			541,878				
41	RADIOLOGY-DIAGNOSTIC			1,157,389				
43	RADIOISOTOPE							
44	LABORATORY			577,445				
46	30 BLOOD CLOTTING FACTORS AD							
49	RESPIRATORY THERAPY			183,121				
50	PHYSICAL THERAPY			524,707				
51	OCCUPATIONAL THERAPY			208,598				
52	SPEECH PATHOLOGY			112,042				
53	ELECTROCARDIOLOGY			755,145				
55	MEDICAL SUPPLIES CHARGED			531,530				
56	DRUGS CHARGED TO PATIENTS			7,541,823				
59	ACTIVITY THERAPY			201,200				
	OUTPAT SERVICE COST CNTRS							
60	CLINIC			1,225,857				
61	EMERGENCY			4,019,881				
62	OBSERVATION BEDS (NON-DIS							
63	50 RHC							
63	60 FQHC							
	OTHER REIMBURS COST CNTRS							
101	TOTAL			19,617,652				

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						
37	01 PATHOLOGY						
37	02 NEUROLOGY & PSYCHIATRY						
37	03 CLINICAL PSYCHOLOGY& PSYC						
41	RADIOLOGY-DIAGNOSTIC						
43	RADIOISOTOPE						
44	LABORATORY						
46	30 BLOOD CLOTTING FACTORS AD						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
59	ACTIVITY THERAPY						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
63	50 RHC						
63	60 FQHC						
	OTHER REIMBURS COST CNTRS						
101	TOTAL						

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	257
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	1,669.03
85	OBSERVATION BED COST	428,941

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	828,469	21,719,080	428,941	16,362
87	NEW CAPITAL-RELATED COST		21,719,080	428,941	
88	NON PHYSICIAN ANESTHETIST		21,719,080	428,941	
89	MEDICAL EDUCATION		21,719,080	428,941	
89.01	MEDICAL EDUCATION - ALLIED HEA				
89.02	MEDICAL EDUCATION - ALL OTHER				

TITLE XIX - I/P SNF 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	68,165
72	PER DIEM CAPITAL-RELATED COSTS	37.45
73	PROGRAM CAPITAL-RELATED COSTS	68,159
74	INPATIENT ROUTINE SERVICE COST	-68,159
75	AGGREGATE CHARGES TO BENEFICIARIES FOR EXCESS COSTS	
76	TOTAL PROGRAM ROUTINE SERVICE COSTS FOR COMPARISON TO THE COST LIMITATION	-68,159
77	INPATIENT ROUTINE SERVICE COST PER DIEM LIMITATION	
78	INPATIENT ROUTINE SERVICE COST LIMITATION	
79	REASONABLE INPATIENT ROUTINE SERVICE COSTS	
80	PROGRAM INPATIENT ANCILLARY SERVICES	
81	UTILIZATION REVIEW - PHYSICIAN COMPENSATION	
82	TOTAL PROGRAM INPATIENT OPERATING COSTS	

PART IV - COMPUTATION OF OBSERVATION BED COST

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

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

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

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS
 HOSPITAL

DESCRIPTION	1	1.01
5.01 TOTAL ESRD MEDICARE DISCHARGES EXCLUDING DRGs 302, 316, 317 OR MS-DRGS 652 AND 682 - 685. (SEE INSTRUCTIONS)		
5.02 DIVIDE LINE 5.01 BY LINE 5 (IF LESS THAN 10%, YOU DO NOT QUALIFY FOR ADJUSTMENT)		
5.03 TOTAL MEDICARE ESRD INPATIENT DAYS EXCLUDING DRGs 302, 316, 317, OR MS-DRGS 652, 682-685. (SEE INSTRUCTIONS)		
5.04 RATIO OF AVERAGE LENGTH OF STAY TO ONE WEEK		
5.05 AVERAGE WEEKLY COST FOR DIALYSIS TREATMENTS (SEE INSTRUC)		
5.06 TOTAL ADDITIONAL PAYMENT		
6 SUBTOTAL (SEE INSTRUCTIONS)	1,474,787	
7 HOSPITAL SPECIFIC PAYMENTS (TO BE COMPLETED BY SCH AND MDH, SMALL RURAL HOSPITALS ONLY, SEE INSTRUCTIONS)		
7.01 HOSPITAL SPECIFIC PAYMENTS (TO BE COMPLETED BY SCH AND MDH, SMALL RURAL HOSPITALS ONLY, SEE INSTRUCTIONS FY BEG. 10/1/2000)		
8 TOTAL PAYMENT FOR INPATIENT OPERATING COSTS SCH AND MDH ONLY (SEE INSTRUCTIONS)	1,474,787	
9 PAYMENT FOR INPATIENT PROGRAM CAPITAL	103,202	
10 EXCEPTION PAYMENT FOR INPATIENT PROGRAM CAPITAL (WORKSHEET L, PART IV, SEE INSTRUCTIONS)		
11 DIRECT GRADUATE MEDICAL EDUCATION PAYMENT (FROM WORKSHEET E-3, PART IV, SEE INSTRUCTIONS)	5,156	
11.01 NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT		
11.02 SPECIAL ADD-ON PAYMENTS FOR NEW TECHNOLOGIES		
12 NET ORGAN ACQUISITION COST		
13 COST OF TEACHING PHYSICIANS		
14 ROUTINE SERVICE OTHER PASS THROUGH COSTS		
15 ANCILLARY SERVICE OTHER PASS THROUGH COSTS		
16 TOTAL	1,583,145	
17 PRIMARY PAYER PAYMENTS		
18 TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES	1,583,145	
19 DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	174,548	
20 COINSURANCE BILLED TO PROGRAM BENEFICIARIES	43,856	
21 REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	3,300	
21.01 ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	2,310	
21.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	3,300	
22 SUBTOTAL	1,367,051	
23 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION		
24 OTHER ADJUSTMENTS (SPECIFY)		
24.94 LOW VOLUME ADJUSTMENT PAYMENT-1		
24.95 LOW VOLUME ADJUSTMENT PAYMENT-2		
24.96 LOW VOLUME ADJUSTMENT PAYMENT-3		
24.97 HCERA PAYMENTS		
24.98 CREDIT FOR MANUFACTURER REPLACED MEDICAL DEVICES		
24.99 OUTLIER RECONCILIATION ADJUSTMENT		
25 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS		
26 AMOUNT DUE PROVIDER	1,367,051	
27 SEQUESTRATION ADJUSTMENT		
28 INTERIM PAYMENTS	1,435,390	
28.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
29 BALANCE DUE PROVIDER (PROGRAM)	-68,339	
30 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.		
----- FI ONLY -----		
50 OPERATING OUTLIER AMOUNT FROM WKS E, A, L2.01		
51 CAPITAL OUTLIER AMOUNT FROM WKS L, I, L3.01		
52 OPERATING OUTLIER RECONCILIATION ADJUSTMENT AMOUNT(SEE INST)		
53 CAPITAL OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (SEE INST)		
54 THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY (SEE INSTRUCTIONS)		
55 TIME VALUE OF MONEY (SEE INSTRUCTIONS)		
56 CAPITAL TIME VALUE OF MONEY (SEE INSTRUCTIONS)		

TITLE XVII HOSPITAL

DESCRIPTION	INPATIENT-PART A		PART B	
	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		1,435,390		729,444
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		24,237		
ADJUSTMENTS TO PROVIDER .02				
ADJUSTMENTS TO PROVIDER .03				
ADJUSTMENTS TO PROVIDER .04				
ADJUSTMENTS TO PROVIDER .05				
ADJUSTMENTS TO PROVIDER .49				
ADJUSTMENTS TO PROGRAM .50				
ADJUSTMENTS TO PROGRAM .51				
ADJUSTMENTS TO PROGRAM .52				
ADJUSTMENTS TO PROGRAM .53				
ADJUSTMENTS TO PROGRAM .54		24,237		
ADJUSTMENTS TO PROGRAM .99				
SUBTOTAL		NONE		NONE
4 TOTAL INTERIM PAYMENTS		1,435,390		729,444
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
TENTATIVE TO PROVIDER .01				
TENTATIVE TO PROVIDER .02				
TENTATIVE TO PROVIDER .03				
TENTATIVE TO PROGRAM .50				
TENTATIVE TO PROGRAM .51				
TENTATIVE TO PROGRAM .52				
SUBTOTAL		NONE		NONE
6 DETERMINED NET SETTLEMENT	SETTLEMENT TO PROVIDER .01			43,566
AMOUNT (BALANCE DUE)	SETTLEMENT TO PROGRAM .02	68,339		
BASED ON COST REPORT (1)				
7 TOTAL MEDICARE PROGRAM LIABILITY		1,367,051		773,010

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 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		508,950		
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		508,950		
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		3,642		
SETTLEMENT TO PROGRAM .02				
7 TOTAL MEDICARE PROGRAM LIABILITY		512,592		

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		401,151
1.03	MEDICARE SSI RATIO (IRF PPS ONLY) (SEE INSTR.)		.0775
1.04	INPATIENT REHABILITATION FACILITY LIP PAYMENTS (SEE INSTRUCTIONS)		78,024
1.05	OUTLIER PAYMENTS		
1.06	TOTAL PPS PAYMENTS (SUM OF LINES 1.01, (1.02, 1.04 FOR COLUMNS 1 & 1.01), 1.05 AND 1.42)		514,792
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.)		1.96
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.)		1.66
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)		1.66
1.40	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)	12.605479	
1.41	MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)		.088787
1.42	MEDICAL EDUCATION ADJUSTMENT (LINE 1.02 MULTIPLIED BY LINE 1.41).		35,617
2	ORGAN ACQUISITION		
3	COST OF TEACHING PHYSICIANS		
4	SUBTOTAL (SEE INSTRUCTIONS)		514,792
5	PRIMARY PAYER PAYMENTS		
6	SUBTOTAL		514,792
7	DEDUCTIBLES		2,200
8	SUBTOTAL		512,592
9	COINSURANCE		
10	SUBTOTAL		512,592
11	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROF SERV)		
11.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)		
11.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES		
12	SUBTOTAL		512,592
13	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS		
13.01	OTHER PASS THROUGH COSTS (SEE INSTRUCTIONS)		
14	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION		
15	OTHER ADJUSTMENTS (SPECIFY)		
15.99	OUTLIER RECONCILIATION ADJUSTMENT		
16	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS		

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

RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS		
17	TOTAL AMOUNT PAYABLE TO THE PROVIDER (SEE INSTRUCTIONS)	512,592
18	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
19	INTERIM PAYMENTS	508,950
19.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
20	BALANCE DUE PROVIDER/PROGRAM	3,642
21	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.	

----- FI ONLY -----		
50	ORIGINAL PPS AMOUNT OR ORIGINAL OUTLIER AMOUNT (SEE INSTRUCTIONS).	
51	OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (SEE INSTRUCTIONS)	
52	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY	
53	TIME VALUE OF MONEY (SEE INSTRUCTIONS).	

TITLE XVIII

COMPUTATION OF TOTAL DIRECT GME AMOUNT

1	NUMBER OF FTE RESIDENTS FOR OB/GYN & PRIMARY CARE		
1.01	NUMBER OF FTE RESIDENTS FOR ALL OTHER (SEE INSTR)		
2	UPDATED PER RESIDENT AMOUNT FOR OB/GYN & PRIMARY		
2.01	UPDATED PER RESIDENT AMOUNT ALL OTHER (SEE INSTR)		
3	AGGREGATE APPROVED AMOUNT		
3.01	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR COST REPTG PERIODS ENDING ON OR BEFORE 12/31/96		4.40
3.02	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS WHICH MEET THE CRITERIA FOR AN ADD ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH 42 CFR 413.86(g)(6)		
3.03	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGS FOR AFFILIATED PROGS IN ACCORD W/ 42 CFR 413.86(g)(4).	E-3, PT 6 LN 4 + LINE 3.03	
3.04	FTE ADJUSTMENT CAP (SUM OF LINES 3.01 THRU 3.03)	2.03	2.03
3.05	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR THE CURRENT YEAR FROM YOUR RECORDS		4.64
3.06	ENTER THE LESSER OF LINE 3.04 OR LINE 3.05.		2.03
3.07	WEIGHTED FTE COUNT FOR PRIMARY CARE PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR IN COLUMN 1. IF CURRENT YEAR IS ZERO AND TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COL. ZERO.		1.66
3.08	WEIGHTED FTE COUNT FOR ALL OTHER PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR IN COLUMN 1. IF CURRENT YEAR IS ZERO AND TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COL. ZERO.		1.00
3.09	ENTER THE SUM OF LINES 3.07 AND 3.08.		2.66
3.10	SEE INSTRUCTIONS		1.17
3.11	WEIGHTED DENTAL & PODIATRIC RESIDENT FTE COUNT FOR CUR YEAR IN COLUMN 1. IF CURRENT YEAR IS ZERO & TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COL. ZERO.		2.98
3.12	SEE INSTRUCTIONS		3.42
3.13	TOTAL WEIGHTED RESIDENT FTE COUNT FOR NONPRIMARY CARE RESIDENTS FOR THE PRIOR COST REPORTING YEAR (SEE INSTRUCTIONS)		1.00
3.14	TOTAL WEIGHTED RESIDENT FTE COUNT FOR NONPRIMARY CARE RESIDENTS FOR THE PENULTIMATE COST REPORTING YEAR (SEE INSTRUCTIONS)		1.00
3.15	ROLLING AVERAGE FTE COUNT (SEE INSTRUCTIONS)	RES INIT YEARS	1.81
3.16	ENTER THE SUM OF LINE 3.15 PLUS THE WEIGHTED NUMBER OF NONPRIMARY CARE FTE RESIDENTS IN THE INITIAL YEAR OF NEW ALLOPATHIC AND OSTEOPATHIC PROGRAMS. (SEE INSTRUCTIONS)		1.81
3.17	ENTER THE NONPRIMARY CARE PER RESIDENT AMOUNT.		86,316.90
3.18	SEE INSTRUCTIONS		156,234
3.19	ENTER THE WEIGHTED FTE RESIDENT COUNT FOR PRIMARY CARE AND OB/GYN RESIDENTS FOR THE PRIOR YEAR (SEE INSTRUCTIONS)		2.20
3.20	ENTER THE WEIGHTED FTE RESIDENT COUNT FOR PRIMARY CARE AND OB/GYN RESIDENTS FOR THE PENULTIMATE YEAR (SEE INSTRUCTIONS)		2.00
3.21	SEE INSTRUCTIONS	RES INIT YEARS	1.64
3.22	SEE INSTRUCTIONS		1.64
3.23	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001		86,316.90
3.24	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001		141,560
3.25	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001		297,794

COMPUTATION OF PROGRAM PATIENT LOAD

4	PROGRAM PART A INPATIENT DAYS		1,451
5	TOTAL INPATIENT DAYS		19,299
6	RATIO OF PROGRAM INPATIENT DAYS TO TOTAL INPATIENT DAYS.	LN 6 * LN 3.25 + E-3, 6 L 11	.075185
6.01	TOTAL GME PAYMENT FOR NON-MANAGED CARE DAYS	22,390	22,390
6.02	PROGRAM MANAGED CARE DAYS OCCURRING ON OR AFTER JANUARY 1 OF THIS COST REPORTING PERIOD (SEE INSTRUCTIONS)		17
6.03	ENTER THE TOTAL INPATIENT DAYS FROM LINE 5 ABOVE.		19,299
6.04	ENTER THE APPROPRIATE PERCENTAGE FOR INCLUSION OF THE MANAGED CARE DAYS (SEE INSTRUCTIONS)		100.00
6.05	GRADUATE MEDICAL EDUCATION PAYMENT FOR MANAGED CARE DAYS ON OR AFTER JAN 1 THROUGH THE END OF THE COST REPORTING PERIOD.		225
6.06	PROGRAM MANAGED CARE DAYS OCCURRING BEFORE JAN 1 OF THIS COST REPORTING YEAR (SEE INSTRUCTIONS)		
6.07	ENTER THE APPROPRIATE PERCENTAGE USING THE CRITERIA IDENTIFIED ON LINE 6.04 ABOVE. (SEE INSTRUCTIONS)	PRIOR TO 422 E-3, 6 LN 12	100.00
6.08	GRADUATE MEDICAL EDUCATION PAYMENT FOR MANAGED CARE DAYS PRIOR TO JANUARY 1 OF THIS COST REPORTING PERIOD		

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

7	RENAL DIALYSIS DIRECT MEDICAL EDUCATION COSTS
8	RENAL DIALYSIS AND HOME DIALYSIS TOTAL CHARGES

TITLE XVIII

- 9 RATIO OF DIRECT MEDICAL EDUCATION COSTS TO TOTAL CHARGES
- 10 MEDICARE OUTPATIENT ESRD CHARGES
- 11 MEDICARE OUTPATIENT ESRD DIRECT MEDICAL EDUCATION COSTS

APPORTIONMENT BASED ON MEDICARE REASONABLE COST TITLE XVIII ONLY
 PART A REASONABLE COST

- 12 REASONABLE COST (SEE INSTRUCTIONS) 2,400,227
- 13 ORGAN ACQUISITION COSTS
- 14 COST OF TEACHING PHYSICIANS
- 15 PRIMARY PAYER PAYMENTS
- 16 TOTAL PART A REASONABLE COST 2,400,227

PART B REASONABLE COST

- 17 REASONABLE COST 8,127,732
- 18 PRIMARY PAYER PAYMENTS
- 19 TOTAL PART B REASONABLE COST 8,127,732
- 20 TOTAL REASONABLE COST 10,527,959
- 21 RATIO OF PART A REASONABLE COST TO TOTAL REASONABLE COST .227986
- 22 RATIO OF PART B REASONABLE COST TO TOTAL REASONABLE COST .772014

ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B

- 23 TOTAL PROGRAM GME PAYMENT
- 23.01 FOR COST REPORTING PERIODS BEGINNING ON OR AFTER 10/1/97 22,615
 (SUM OF LINES 6.01, 6.05, & 6.08)
- 24 PART A MEDICARE GME PAYMENT--TITLE XVIII ONLY 5,156
- 25 PART B MEDICARE GME PAYMENT--TITLE XVIII ONLY 17,459

TITLE XVII I

CALCULATION OF REDUCED DIRECT GME CAP UNDER SECTION 422 OF MMA

	COLUMN 1	COLUMN 1.01
1 RATIO OF DAYS OCCURRING ON OR AFTER 7/1/2005 TO TOTAL DAYS IN THE COST REPORTING PERIOD.	1.000000	
2 REDUCED DIRECT GME FTE CAP (SEE INSTRUCTIONS)	2.03	
3 UNADJUSTED DIRECT GME FTE CAP (WKST E-3, PART IV, SUM OF LINES 3.01 AND 3.02)	4.40	
4 PRORATED REDUCED DIRECT GME FTE CAP (SEE INSTRUCTIONS)	2.03	

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

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

CALCULATION OF REDUCED IIME CAP UNDER SECTION 422 OF MMA

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

CALCULATION OF ADDITIONAL IIME PAYMENTS ATTRIBUTABLE TO SECTION 422 OF MMA

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

PART I - PATIENT REVENUES

REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3
GENERAL INPATIENT ROUTINE CARE SERVICES			
1 00 HOSPITAL	23,313,698		23,313,698
2 00 SUBPROVIDER I	8,045,926		8,045,926
4 00 SWING BED - SNF			
5 00 SWING BED - NF			
6 00 SKILLED NURSING FACILITY	1,021,605		1,021,605
7 00 NURSING FACILITY			
9 00 TOTAL GENERAL INPATIENT ROUTINE CARE INTENSIVE CARE TYPE INPATIENT HOSPITAL SVCS	32,381,229		32,381,229
10 00 INTENSIVE CARE UNIT			
15 00 TOTAL INTENSIVE CARE TYPE INPAT HOSP			
16 00 TOTAL INPATIENT ROUTINE CARE SERVICE	32,381,229		32,381,229
17 00 ANCILLARY SERVICES			
18 00 OUTPATIENT SERVICES		35,017,624	35,017,624
18 50 RHC			
18 60 FQHC			
19 00 HOME HEALTH AGENCY			
21 10 CMHC			
21 20 OUTPATIENT PHYSICAL THERAPY			
21 30 OUTPATIENT OCCUPATIONAL THERAPY			
21 40 OUTPATIENT SPEECH PATHOLOGY			
24 00			
25 00 TOTAL PATIENT REVENUES	32,381,229	35,017,624	67,398,853

PART II - OPERATING EXPENSES

26 00 OPERATING EXPENSES		94,786,205	
ADD (SPECIFY)			
27 00 ADD (SPECIFY)			
28 00			
29 00			
30 00			
31 00			
32 00			
33 00 TOTAL ADDITIONS			
DEDUCT (SPECIFY)			
34 00 DEDUCT (SPECIFY)			
35 00			
36 00			
37 00			
38 00			
39 00 TOTAL DEDUCTIONS			
40 00 TOTAL OPERATING EXPENSES		94,786,205	

