

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		14-3025		FROM 7/ 1/2009		--AUDITED --DESK REVIEW		/ /
				TO 6/30/2010		--INITIAL --REOPENED		INTERMEDIARY NO:
						--FINAL 1-MCR CODE		
						00 - # OF REOPENINGS		

ELECTRONICALLY FILED COST REPORT DATE: 12/ 8/2010 TIME 17: 36

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: SCHWAB REHAB HOSP & CARE NETWORK 14-3025 FOR THE COST REPORTING PERIOD BEGINNING 7/ 1/2009 AND ENDING 6/30/2010 AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS A TRUE, CORRECT, AND COMPLETE STATEMENT PREPARED FROM THE BOOKS AND RECORDS OF THE PROVIDER IN ACCORDANCE WITH APPLICABLE INSTRUCTIONS, EXCEPT AS NOTED. I FURTHER CERTIFY THAT I AM FAMILIAR WITH THE LAWS AND REGULATIONS REGARDING THE PROVISION OF HEALTH CARE SERVICES, AND THAT THE SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

\_\_\_\_\_  
 OFFICER OR ADMINISTRATOR OF PROVIDER(S)

\_\_\_\_\_  
 TITLE

\_\_\_\_\_  
 DATE

PART II - SETTLEMENT SUMMARY

	TITLE V	A	TITLE XVIII	B	TITLE XIX	
	1	2	3	4	5	
1	HOSPITAL	0	172,135	-284	0	
5	HOSPITAL-BASED SNF	0	0	0	0	
100	TOTAL	0	172,135	-284	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	NO. OF BEDS 1	BED DAYS AVAILABLE 2	CAH N/A 2.01	TITLE V 3	I/P DAYS / TITLE XVII 4	O/P VISITS / NOT LTCH N/A 4.01	TRIPS TOTAL TITLE XIX 5
1 ADULTS & PEDIATRICS	80	29,200			5,915		9,991
2 HMO					592		782
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS	80	29,200			5,915		9,991
6 INTENSIVE CARE UNIT							
7 CORONARY CARE UNIT							
8 BURN INTENSIVE CARE UNIT							
9 SURGICAL INTENSIVE CARE UNIT							
11 NURSERY							
12 TOTAL	80	29,200			5,915		9,991
13 RPCH VISITS							
15 SKILLED NURSING FACILITY	21	7,665			3,362		
16 NURSING FACILITY							
20 AMBULATORY SURGICAL CENTER (							
25 TOTAL	101						
26 OBSERVATION BED DAYS							
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							
29 LABOR & DELIVERY DAYS							

COMPONENT	TITLE XIX ADMITTED 5.01	I/P DAYS / OBSERVATION BEDS NOT ADMITTED 5.02	O/P VISITS / TOTAL ALL PATS 6	TRIPS / TOTAL OBSERVATION BEDS ADMITTED 6.01	INTERNS & RES. LESS I&R REPL NON-PHYS ANES 7	FTES 8
1 ADULTS & PEDIATRICS			19,376			
2 HMO						
2 01 HMO - (IRF PPS SUBPROVIDER)						
3 ADULTS & PED-SB SNF						
4 ADULTS & PED-SB NF						
5 TOTAL ADULTS AND PEDS			19,376			
6 INTENSIVE CARE UNIT						
7 CORONARY CARE UNIT						
8 BURN INTENSIVE CARE UNIT						
9 SURGICAL INTENSIVE CARE UNIT						
11 NURSERY						
12 TOTAL			19,376		9.71	
13 RPCH VISITS						
15 SKILLED NURSING FACILITY			4,614			
16 NURSING FACILITY						
20 AMBULATORY SURGICAL CENTER (						
25 TOTAL					9.71	
26 OBSERVATION BED DAYS						
27 AMBULANCE TRIPS						
28 EMPLOYEE DISCOUNT DAYS						
28 01 EMP DISCOUNT DAYS -IRF						
29 LABOR & DELIVERY DAYS						

COMPONENT	I & R FTES NET 9	FULL TIME EMPLOYEES ON PAYROLL 10	EQUIV NONPAID WORKERS 11	DISCHARGES TITLE V 12	DISCHARGES TITLE XVII 13	DISCHARGES TITLE XIX 14	TOTAL ALL PATIENTS 15
1 ADULTS & PEDIATRICS					404	619	1,256
2 HMO							
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS							
6 INTENSIVE CARE UNIT							
7 CORONARY CARE UNIT							
8 BURN INTENSIVE CARE UNIT							
9 SURGICAL INTENSIVE CARE UNIT							
11 NURSERY							
12 TOTAL	9.71	315.51			404	619	1,256
13 RPCH VISITS							
15 SKILLED NURSING FACILITY		19.79					
16 NURSING FACILITY							
20 AMBULATORY SURGICAL CENTER (							
25 TOTAL	9.71	335.30					
26 OBSERVATION BED DAYS							
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							
29 LABOR & DELIVERY DAYS							

PROSPECTIVE PAYMENT FOR SNF  
STATISTICAL DATA

PROVIDER NO: 14-3025  
PERIOD: FROM 7/1/2009 TO 6/30/2010  
PREPARED 12/8/2010  
WORKSHEET S-7

GROUP(1)	M3PI REVENUE CODE	SERVICES PRIOR TO 10/1 RATE	10/1 DAYS	SERVICES ON/AFTER 10/1 RATE	10/1 DAYS	SRVCS 4/1/01 TO 9/30/01 RATE	4.03 DAYS
1	2	3	3.01	4	4.01	4.02	4.03
1	RUC						
2	RUB						
3	RUA		22				
3.01	RUX						
3.02	RUL		8				
4	RVC						
5	RVB		793				
6	RVA		1,396				
6.01	RVX		5				
6.02	RVL		169				
7	RHC		192				
8	RHB		238				
9	RHA		244				
9.01	RHX						
9.02	RHL						
10	RMC		8				
11	RMB		10				
12	RMA		16				
12.01	RMX		119				
12.02	RML		129				
13	RLB						
14	RLA						
14.01	RLX						
15	SE3						
16	SE2		2				
17	SE1						
18	SSC		1				
19	SSB						
20	SSA		5				
21	CC2						
22	CC1						
23	CB2						
24	CB1						
25	CA2						
26	CA1		5				
27	IB2						
28	IB1						
29	IA2						
30	IA1						
31	BB2						
32	BB1						
33	BA2						
34	BA1						
35	PE2						
36	PE1						
37	PD2						
38	PD1						
39	PC2						
40	PC1						
41	PB2						
42	PB1						
43	PA2						
44	PA1						
45	AAA						
45.01	ES3						
45.02	ES2						
45.03	ES1						
45.04	HE2						
45.05	HE1						
45.06	HD2						
45.07	HD1						
45.08	HC2						
45.09	HC1						
45.10	HB2						
45.11	HB1						
45.12	LE2						
45.13	LE1						
45.14	LD2						
45.15	LD1						
45.16	LC2						
45.17	LC1						
45.18	LB2						
45.19	LB1						
45.20	CE2						
45.21	CE1						
45.22	CD1						
45.23	CD1						
46	TOTAL		3,362				

(1) Enter in column 3.01 the days prior to October 1st and in column 4.01 the days on after October 1st. Enter in column 4.03 the days on 4/1/2001 through 9/30/2001. The sum of the days in column 3.01, 4.01, and 4.03 must agree with the days reported on Wkst. S-3, Part I, column 4, line 15. The sum of the days in column 4.06 must agree with the days reported on Wkst S-3, Part I column 4, line 3.





RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

PROVIDER NO: 14-3025

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

PREPARED 12/8/2010 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					
2	0200	OLD CAP REL COSTS-MVBLE EQUIP					
3	0300	NEW CAP REL COSTS-BLDG & FIXT		498,510	498,510	966,060	1,464,570
3.01	0301	NEW CAP REL COSTS-BLDG & FIX		454,245	454,245	350,077	804,322
4	0400	NEW CAP REL COSTS-MVBLE EQUIP		330,185	330,185	332,464	662,649
5	0500	EMPLOYEE BENEFITS	844	3,075,104	3,075,948	14,747	3,090,695
6	0600	ADMINISTRATIVE & GENERAL	4,936,943	7,894,697	12,831,640	-1,678,844	11,152,796
7	0700	MAINTENANCE & REPAIRS					
8	0800	OPERATION OF PLANT		1,171,526	1,171,526	-11,185	1,160,341
9	0900	LAUNDRY & LINEN SERVICE		198,542	198,542		198,542
10	1000	HOUSEKEEPING	496,299	304,054	800,353	-600	799,753
11	1100	DIETARY	21,074	784,147	805,221		805,221
12	1200	CAFETERIA					
13	1300	MAINTENANCE OF PERSONNEL					
14	1400	NURSING ADMINISTRATION	523,090	13,242	536,332	-311,370	224,962
15	1500	CENTRAL SERVICES & SUPPLY	268,766	369,946	638,712	-193,278	445,434
16	1600	PHARMACY		1,243,120	1,243,120		1,243,120
17	1700	MEDICAL RECORDS & LIBRARY	160,633	52,276	212,909	-32,927	179,982
18	1800	SOCIAL SERVICE	383,868	64,418	448,286	-39,730	408,556
20	2000	NONPHYSICIAN ANESTHETISTS					
21	2100	NURSING SCHOOL					
22	2200	I&R SERVICES-SALARY & FRINGES APPRVD	736,824		736,824		736,824
23	2300	I&R SERVICES-OTHER PRGM COSTS APPRVD		51,862	51,862	143,739	195,601
24	2400	PARAMED ED PRGM-(SPECIFY)					
25	2500	ADULTS & PEDIATRICS	4,619,672	365,639	4,985,311	404,867	5,390,178
26	2600	INTENSIVE CARE UNIT					
27	2700	CORONARY CARE UNIT					
28	2800	BURN INTENSIVE CARE UNIT					
29	2900	SURGICAL INTENSIVE CARE UNIT					
33	3300	NURSERY					
34	3400	SKILLED NURSING FACILITY	1,363,122	97,628	1,460,750	-265,398	1,195,352
35	3500	NURSING FACILITY					
37	3700	OPERATING ROOM				1,301	1,301
38	3800	RECOVERY ROOM					
39	3900	DELIVERY ROOM & LABOR ROOM					
40	4000	ANESTHESIOLOGY					
41	4100	RADIOLOGY-DIAGNOSTIC	245	11,597	11,842	12,658	24,500
42	4200	RADIOLOGY-THERAPEUTIC					
43	4300	RADIOISOTOPE					
44	4400	LABORATORY	34,658	385,652	420,310	22,479	442,789
45	4500	PBP CLINICAL LAB SERVICES-PRGM ONLY					
46	4600	WHOLE BLOOD & PACKED RED BLOOD CELLS					
47	4700	BLOOD STORING, PROCESSING & TRANS.					
48	4800	INTRAVENOUS THERAPY					
49	4900	RESPIRATORY THERAPY		46,829	46,829	-46,829	
50	5000	PHYSICAL THERAPY	2,459,156	954,658	3,413,814	-1,741	3,412,073
51	5100	OCCUPATIONAL THERAPY	1,680,898	400,843	2,081,741	72,318	2,154,059
52	5200	SPEECH PATHOLOGY	711,991	372,608	1,084,599	-234,014	850,585
53	5300	ELECTROCARDIOLOGY					
54	5400	ELECTROENCEPHALOGRAPHY					
55	5500	MEDICAL SUPPLIES CHARGED TO PATIENTS				414,768	414,768
56	5600	DRUGS CHARGED TO PATIENTS				529,018	529,018
57	5700	RENAL DIALYSIS		176,039	176,039		176,039
58	5800	ASC (NON-DISTINCT PART)					
59	3550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	279,550	17,709	297,259	25,972	323,231
60	6000	CLINIC	52,930	597,865	650,795	-588,411	62,384
61	6100	EMERGENCY					
62	6200	OBSERVATION BEDS (NON-DISTINCT PART)					
65	6500	AMBULANCE SERVICES					
66	6600	DURABLE MEDICAL EQUIP-RENTED					
67	6700	DURABLE MEDICAL EQUIP-SOLD					
70	7000	I&R SERVICES-NOT APPRVD PRGM					
88	8800	INTEREST EXPENSE					
90	9000	OTHER CAPITAL RELATED COSTS					
92	9200	AMBULATORY SURGICAL CENTER (D.P.)					
95		SUBTOTALS	18,730,563	19,932,941	38,663,504	-113,859	38,549,645
		NONREIMBURS COST CENTERS					
96	9600	GIFT, FLOWER, COFFEE SHOP & CANTEEN					
97	9700	RESEARCH					
97.01	9701	MARKETING					
98	9800	PHYSICIANS' PRIVATE OFFICES					
99	9900	NONPAID WORKERS					
99.01	9901	STEPS CLINIC	84,873	7,618	92,491		92,491
100	7952	GRANTS		321,834	321,834		321,834
100.01	7953	FUNDRAISING				59,721	59,721
100.02	7954	AMBULATORY SERVICES	154,064	110,770	264,834		264,834
100.03	7955	WEISS PROGRAM		352,056	352,056	54,138	406,194
101		TOTAL	18,969,500	20,725,219	39,694,719	-0-	39,694,719

RECLASSIFICATION AND ADJUSTMENT OF  
TRIAL BALANCE OF EXPENSES

I PROVIDER NO: I PERIOD: I PREPARED 12/ 8/2010  
I 14-3025 I FROM 7/ 1/2009 I WORKSHEET A  
I I TO 6/30/2010 I

COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS	NET EXPENSES FOR ALLOC
		6	7
	GENERAL SERVICE COST CNTR		
1	0100 OLD CAP REL COSTS-BLDG & FIXT		
2	0200 OLD CAP REL COSTS-MVBLE EQUIP		
3	0300 NEW CAP REL COSTS-BLDG & FIXT	-891,979	572,591
3.01	0301 NEW CAP REL COSTS-BLDG & FIX	-333,267	471,055
4	0400 NEW CAP REL COSTS-MVBLE EQUIP		662,649
5	0500 EMPLOYEE BENEFITS	-107,384	2,983,311
6	0600 ADMINISTRATIVE & GENERAL	-520,499	10,632,297
7	0700 MAINTENANCE & REPAIRS		
8	0800 OPERATION OF PLANT	-10,000	1,150,341
9	0900 LAUNDRY & LINEN SERVICE		198,542
10	1000 HOUSEKEEPING		799,753
11	1100 DIETARY		805,221
12	1200 CAFETERIA		
13	1300 MAINTENANCE OF PERSONNEL		
14	1400 NURSING ADMINISTRATION		224,962
15	1500 CENTRAL SERVICES & SUPPLY		445,434
16	1600 PHARMACY		1,243,120
17	1700 MEDICAL RECORDS & LIBRARY		179,982
18	1800 SOCIAL SERVICE	-43,549	365,007
20	2000 NONPHYSICIAN ANESTHETISTS		
21	2100 NURSING SCHOOL		
22	2200 I&R SERVICES-SALARY & FRINGES APPRVD		736,824
23	2300 I&R SERVICES-OTHER PRGM COSTS APPRVD		195,601
24	2400 PARAMED ED PRGM-(SPECIFY)		
	INPAT ROUTINE SRVC CNTRS		
25	2500 ADULTS & PEDIATRICS	-1,258,543	4,131,635
26	2600 INTENSIVE CARE UNIT		
27	2700 CORONARY CARE UNIT		
28	2800 BURN INTENSIVE CARE UNIT		
29	2900 SURGICAL INTENSIVE CARE UNIT		
33	3300 NURSERY		
34	3400 SKILLED NURSING FACILITY		1,195,352
35	3500 NURSING FACILITY		
	ANCILLARY SRVC COST CNTRS		
37	3700 OPERATING ROOM		1,301
38	3800 RECOVERY ROOM		
39	3900 DELIVERY ROOM & LABOR ROOM		
40	4000 ANESTHESIOLOGY		
41	4100 RADIOLOGY-DIAGNOSTIC		24,500
42	4200 RADIOLOGY-THERAPEUTIC		
43	4300 RADIOISOTOPE		
44	4400 LABORATORY		442,789
45	4500 PBP CLINICAL LAB SERVICES-PRGM ONLY		
46	4600 WHOLE BLOOD & PACKED RED BLOOD CELLS		
47	4700 BLOOD STORING, PROCESSING & TRANS.		
48	4800 INTRAVENOUS THERAPY		
49	4900 RESPIRATORY THERAPY		
50	5000 PHYSICAL THERAPY	-1,805	3,410,268
51	5100 OCCUPATIONAL THERAPY	-1,616	2,152,443
52	5200 SPEECH PATHOLOGY	-2,711	847,874
53	5300 ELECTROCARDIOLOGY		
54	5400 ELECTROENCEPHALOGRAPHY		
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS		414,768
56	5600 DRUGS CHARGED TO PATIENTS		529,018
57	5700 RENAL DIALYSIS		176,039
58	5800 ASC (NON-DISTINCT PART)		
59	3550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	-184,791	138,440
	OUTPAT SERVICE COST CNTRS		
60	6000 CLINIC	-5,183	57,201
61	6100 EMERGENCY		
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)		
	OTHER REIMBURS COST CNTRS		
65	6500 AMBULANCE SERVICES		
66	6600 DURABLE MEDICAL EQUIP-RENTED		
67	6700 DURABLE MEDICAL EQUIP-SOLD		
70	7000 I&R SERVICES-NOT APPRVD PRGM		
	SPEC PURPOSE COST CENTERS		
88	8800 INTEREST EXPENSE		-0-
90	9000 OTHER CAPITAL RELATED COSTS		-0-
92	9200 AMBULATORY SURGICAL CENTER (D. P.)		
95	SUBTOTALS	-3,361,327	35,188,318
	NONREIMBURS COST CENTERS		
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN		
97	9700 RESEARCH		
97.01	9701 MARKETING		
98	9800 PHYSICIANS' PRIVATE OFFICES		
99	9900 NONPAID WORKERS		
99.01	9901 STEPS CLINIC	-10,850	81,641
100	7952 GRANTS	-321,834	
100.01	7953 FUNDRAISING		59,721
100.02	7954 AMBULATORY SERVICES		264,834
100.03	7955 WEISS PROGRAM	-406,194	
101	TOTAL	-4,100,205	35,594,514

COST CENTERS USED IN COST REPORT

I PROVIDER NO: I PERIOD: I PREPARED 12/ 8/2010  
 I 14-3025 I FROM 7/ 1/2009 I NOT A CMS WORKSHEET  
 I I TO 6/30/2010 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	
3.01	NEW CAP REL COSTS-BLDG & FIX	0301	NEW CAP REL COSTS-BLDG & FIXT
4	NEW CAP REL COSTS-MVBLE EQUIP	0400	
5	EMPLOYEE BENEFITS	0500	
6	ADMINISTRATIVE & GENERAL	0600	
7	MAINTENANCE & REPAIRS	0700	
8	OPERATION OF PLANT	0800	
9	LAUNDRY & LINEN SERVICE	0900	
10	HOUSEKEEPING	1000	
11	DIETARY	1100	
12	CAFETERIA	1200	
13	MAINTENANCE OF PERSONNEL	1300	
14	NURSING ADMINISTRATION	1400	
15	CENTRAL SERVICES & SUPPLY	1500	
16	PHARMACY	1600	
17	MEDICAL RECORDS & LIBRARY	1700	
18	SOCIAL SERVICE	1800	
20	NONPHYSICIAN ANESTHETISTS	2000	
21	NURSING SCHOOL	2100	
22	I&R SERVICES-SALARY & FRINGES APPRVD	2200	
23	I&R SERVICES-OTHER PRGM COSTS APPRVD	2300	
24	PARAMED ED PRGM-(SPECIFY)	2400	
	INPAT ROUTINE SRVC C		
25	ADULTS & PEDIATRICS	2500	
26	INTENSIVE CARE UNIT	2600	
27	CORONARY CARE UNIT	2700	
28	BURN INTENSIVE CARE UNIT	2800	
29	SURGICAL INTENSIVE CARE UNIT	2900	
33	NURSERY	3300	
34	SKILLED NURSING FACILITY	3400	
35	NURSING FACILITY	3500	
	ANCILLARY SRVC COST		
37	OPERATING ROOM	3700	
38	RECOVERY ROOM	3800	
39	DELIVERY ROOM & LABOR ROOM	3900	
40	ANESTHESIOLOGY	4000	
41	RADIOLOGY-DIAGNOSTIC	4100	
42	RADIOLOGY-THERAPEUTIC	4200	
43	RADIOISOTOPE	4300	
44	LABORATORY	4400	
45	PBP CLINICAL LAB SERVICES-PRGM ONLY	4500	
46	WHOLE BLOOD & PACKED RED BLOOD CELLS	4600	
47	BLOOD STORING, PROCESSING & TRANS.	4700	
48	INTRAVENOUS THERAPY	4800	
49	RESPIRATORY THERAPY	4900	
50	PHYSICAL THERAPY	5000	
51	OCCUPATIONAL THERAPY	5100	
52	SPEECH PATHOLOGY	5200	
53	ELECTROCARDIOLOGY	5300	
54	ELECTROENCEPHALOGRAPHY	5400	
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	5500	
56	DRUGS CHARGED TO PATIENTS	5600	
57	RENAL DIALYSIS	5700	
58	ASC (NON-DI STI NCT PART)	5800	
59	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	3550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES
	OUTPAT SERVICE COST		
60	CLINIC	6000	
61	EMERGENCY	6100	
62	OBSERVATION BEDS (NON-DI STI NCT PART)	6200	
	OTHER REIMBURS COST		
65	AMBULANCE SERVICES	6500	
66	DURABLE MEDICAL EQUIP-RENTED	6600	
67	DURABLE MEDICAL EQUIP-SOLD	6700	
70	I&R SERVICES-NOT APPRVD PRGM	7000	
	SPEC PURPOSE COST CE		
88	INTEREST EXPENSE	8800	
90	OTHER CAPITAL RELATED COSTS	9000	
92	AMBULATORY SURGICAL CENTER (D.P.)	9200	
95	SUBTOTALS	0000	
	NONREIMBURS COST CEN		
96	GI FT, FLOWER, COFFEE SHOP & CANTEEN	9600	
97	RESEARCH	9700	
97.01	MARKETING	9701	RESEARCH
98	PHYSICIANS' PRIVATE OFFICES	9800	
99	NONPAID WORKERS	9900	
99.01	STEPS CLINIC	9901	NONPAID WORKERS
100	GRANTS	7952	OTHER NONREIMBURSABLE COST CENTERS
100.01	FUNDRAISING	7953	OTHER NONREIMBURSABLE COST CENTERS
100.02	AMBULATORY SERVICES	7954	OTHER NONREIMBURSABLE COST CENTERS
100.03	WEISS PROGRAM	7955	OTHER NONREIMBURSABLE COST CENTERS
101	TOTAL	0000	

RECLASSIFICATIONS

PROVIDER NO:  
143025

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

PREPARED 12/ 8/2010  
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER 2	INCREASE		SALARY 4	OTHER 5
			LINE 3			
1 ORTHOTICS RESALE	A	MEDICAL SUPPLIES CHARGED TO PATIENTS	55			406,031
2						
3						
4						
5 SPASTICITY PHARMACY RECLASS	B	DRUGS CHARGED TO PATIENTS	56			529,018
6 EQUIPMENT RENTAL RECLASS	C	NEW CAP REL COSTS-MVBLE EQUIP	4			223,026
7		NEW CAP REL COSTS-BLDG & FIXT	3			33,527
8						
9						
10						
11						
12 PROPERTY INSURANCE	D	NEW CAP REL COSTS-BLDG & FIX	3.01			16,810
13		NEW CAP REL COSTS-BLDG & FIXT	3			40,554
14 WEISS FRINGE RECLASS	E	WEISS PROGRAM	100.03			54,138
15 INTEREST EXPENSE RECLASS	F	NEW CAP REL COSTS-BLDG & FIXT	3			891,979
16		NEW CAP REL COSTS-BLDG & FIX	3.01			333,267
17 SINAI HEALTH SYSTEM RECLASS	G	NEW CAP REL COSTS-MVBLE EQUIP	4			9,396
18		NEW CAP REL COSTS-MVBLE EQUIP	4			100,042
19		EMPLOYEE BENEFITS	5			68,885
20		EMPLOYEE BENEFITS	5		178,957	
21		ADMINISTRATIVE & GENERAL	6		545,943	
22		SOCIAL SERVICE	18		16,834	
23		MARKETING	97.01		11,162	
24		FUNDRAISING	100.01		47,839	
25 EXECUTIVE SALARIES RECLASS	H	NURSING ADMINISTRATION	14		38,088	
26 PHYSICIAN TEACHING RECLASS	I	I&R SERVICES-OTHER PRGM COSTS APPRVD	23		143,739	
27 PROGRAM SPLIT BETWEEN DISCIPLINES	K	OCCUPATIONAL THERAPY	51			1,628
28		SPEECH PATHOLOGY	52			1,124
29		PSYCHIATRIC/PSYCHOLOGICAL SERVICES	59			2,441
30 OTHER ANCILLARY RECLASS	O	ADULTS & PEDIATRICS	25			8,580
31		OPERATING ROOM	37			1,301
32		RADIOLOGY-DIAGNOSTIC	41			12,658
33		LABORATORY	44			22,479
34		MEDICAL SUPPLIES CHARGED TO PATIENTS	55			8,737
35 FUNDRAISING RECLASS	P	FUNDRAISING	100.01			11,882
1 RESPIRATORY CARE RECLASS	Q	ADULTS & PEDIATRICS	25		46,829	
2 SUB-ACUTE THERAPY RECLASS	R	PHYSICAL THERAPY	50		116,825	
3		OCCUPATIONAL THERAPY	51		119,242	
4		SPEECH PATHOLOGY	52		5,800	
5		PSYCHIATRIC/PSYCHOLOGICAL SERVICES	59		23,531	
6 NURSING ADMIN RECLASS	S	ADULTS & PEDIATRICS	25		349,458	
36 TOTAL RECLASSIFICATIONS					1,644,247	2,777,503

(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:  
143025

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

PREPARED 12/8/2010  
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	CODE (1)	DECREASE				A-7 REF 10	
		COST CENTER 1	6	LINE NO 7	SALARY 8		OTHER 9
1 ORTHOTICS RESALE	A			50		113,373	
2				51		46,082	
3				52		240,938	
4				60		5,638	
5 SPASTICITY PHARMACY RECLASS	B			60		529,018	
6 EQUIPMENT RENTAL RECLASS	C			6		16,093	14
7				8		11,185	14
8				10		600	
9				17		32,927	
10				51		2,470	
11				15		193,278	
12 PROPERTY INSURANCE	D			6		57,364	12
13							12
14 WEISS FRINGE RECLASS	E			5		54,138	
15 INTEREST EXPENSE RECLASS	F			6		1,225,246	11
16							11
17 SINAI HEALTH SYSTEM RECLASS	G			5		178,957	14
18				18		16,834	14
19				97.01		11,162	
20				18		1,642	
21							
22				6		703,220	
23				6		67,243	
24							
25 EXECUTIVE SALARIES RECLASS	H			18	38,088		
26 PHYSICIAN TEACHING RECLASS	I			6	143,739		
27 PROGRAM SPLIT BETWEEN DISCIPLINES	K			50		5,193	
28							
29							
30 OTHER ANCILLARY RECLASS	O			60		53,755	
31							
32							
33							
34							
35 FUNDRAISING RECLASS	P			6		11,882	
1 RESPIRATORY CARE RECLASS	Q			49	46,829		
2 SUB-ACUTE THERAPY RECLASS	R			34	265,398		
3							
4							
5							
6 NURSING ADMIN RECLASS	S			14	349,458		
36 TOTAL RECLASSIFICATIONS					843,512	3,578,238	

(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:  
143025

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

PREPARED 12/ 8/2010  
WORKSHEET A-6  
NOT A CMS WORKSHEET

RECLASS CODE: A  
EXPLANATION : ORTHOTICS RESALE

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	MEDICAL SUPPLIES CHARGED TO PA	55	406,031	PHYSICAL THERAPY	50	113,373	
2.00			0	OCCUPATIONAL THERAPY	51	46,082	
3.00			0	SPEECH PATHOLOGY	52	240,938	
4.00			0	CLINIC	60	5,638	
TOTAL RECLASSIFICATIONS FOR CODE A			406,031				406,031

RECLASS CODE: B  
EXPLANATION : SPASTICITY PHARMACY RECLASS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	DRUGS CHARGED TO PATIENTS	56	529,018	CLINIC	60	529,018	
TOTAL RECLASSIFICATIONS FOR CODE B			529,018				529,018

RECLASS CODE: C  
EXPLANATION : EQUIPMENT RENTAL RECLASS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CAP REL COSTS-MVBLE EQUIP	4	223,026	ADMINISTRATIVE & GENERAL	6	16,093	
2.00	NEW CAP REL COSTS-BLDG & FIXT	3	33,527	OPERATION OF PLANT	8	11,185	
3.00			0	HOUSEKEEPING	10	600	
4.00			0	MEDICAL RECORDS & LIBRARY	17	32,927	
5.00			0	OCCUPATIONAL THERAPY	51	2,470	
6.00			0	CENTRAL SERVICES & SUPPLY	15	193,278	
TOTAL RECLASSIFICATIONS FOR CODE C			256,553				256,553

RECLASS CODE: D  
EXPLANATION : PROPERTY INSURANCE

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CAP REL COSTS-BLDG & FIX	3.01	16,810	ADMINISTRATIVE & GENERAL	6	57,364	
2.00	NEW CAP REL COSTS-BLDG & FIXT	3	40,554			0	
TOTAL RECLASSIFICATIONS FOR CODE D			57,364				57,364

RECLASS CODE: E  
EXPLANATION : WEISS FRINGE RECLASS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	WEISS PROGRAM	100.03	54,138	EMPLOYEE BENEFITS	5	54,138	
TOTAL RECLASSIFICATIONS FOR CODE E			54,138				54,138

RECLASS CODE: F  
EXPLANATION : INTEREST EXPENSE RECLASS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	891,979	ADMINISTRATIVE & GENERAL	6	1,225,246	
2.00	NEW CAP REL COSTS-BLDG & FIX	3.01	333,267			0	
TOTAL RECLASSIFICATIONS FOR CODE F			1,225,246				1,225,246

RECLASS CODE: G  
EXPLANATION : SINAI HEALTH SYSTEM RECLASS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CAP REL COSTS-MVBLE EQUIP	4	9,396	EMPLOYEE BENEFITS	5	178,957	
2.00	NEW CAP REL COSTS-MVBLE EQUIP	4	100,042	SOCIAL SERVICE	18	16,834	
3.00	EMPLOYEE BENEFITS	5	68,885	MARKETING	97.01	11,162	
4.00	EMPLOYEE BENEFITS	5	178,957	SOCIAL SERVICE	18	1,642	
5.00	ADMINISTRATIVE & GENERAL	6	545,943			0	
6.00	SOCIAL SERVICE	18	16,834	ADMINISTRATIVE & GENERAL	6	703,220	
7.00	MARKETING	97.01	11,162	ADMINISTRATIVE & GENERAL	6	67,243	
8.00	FUNDRAISING	100.01	47,839			0	
TOTAL RECLASSIFICATIONS FOR CODE G			979,058				979,058

RECLASS CODE: H  
EXPLANATION : EXECUTIVE SALARIES RECLASS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NURSING ADMINISTRATION	14	38,088	SOCIAL SERVICE	18	38,088	
TOTAL RECLASSIFICATIONS FOR CODE H			38,088				38,088

RECLASSIFICATIONS

PROVIDER NO:  
143025

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

PREPARED 12/ 8/2010  
WORKSHEET A-6  
NOT A CMS WORKSHEET

RECLASS CODE: I  
EXPLANATION : PHYSICIAN TEACHING RECLASS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	I&R SERVICES-OTHER PRGM COSTS	23	143,739	ADMINISTRATIVE & GENERAL	6	143,739	
TOTAL RECLASSIFICATIONS FOR CODE I			143,739				

RECLASS CODE: K  
EXPLANATION : PROGRAM SPLIT BETWEEN DISCIPLINES

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	OCCUPATIONAL THERAPY	51	1,628	PHYSICAL THERAPY	50	5,193	
2.00	SPEECH PATHOLOGY	52	1,124			0	
3.00	PSYCHIATRIC/PSYCHOLOGICAL SERV	59	2,441			0	
TOTAL RECLASSIFICATIONS FOR CODE K			5,193				

RECLASS CODE: O  
EXPLANATION : OTHER ANCILLARY RECLASS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	ADULTS & PEDIATRICS	25	8,580	CLINIC	60	53,755	
2.00	OPERATING ROOM	37	1,301			0	
3.00	RADIOLOGY-DIAGNOSTIC	41	12,658			0	
4.00	LABORATORY	44	22,479			0	
5.00	MEDICAL SUPPLIES CHARGED TO PA	55	8,737			0	
TOTAL RECLASSIFICATIONS FOR CODE O			53,755				

RECLASS CODE: P  
EXPLANATION : FUNDRAISING RECLASS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	FUNDRAISING	100.01	11,882	ADMINISTRATIVE & GENERAL	6	11,882	
TOTAL RECLASSIFICATIONS FOR CODE P			11,882				

RECLASS CODE: Q  
EXPLANATION : RESPIRATORY CARE RECLASS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	ADULTS & PEDIATRICS	25	46,829	RESPIRATORY THERAPY	49	46,829	
TOTAL RECLASSIFICATIONS FOR CODE Q			46,829				

RECLASS CODE: R  
EXPLANATION : SUB-ACUTE THERAPY RECLASS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	PHYSICAL THERAPY	50	116,825	SKILLED NURSING FACILITY	34	265,398	
2.00	OCCUPATIONAL THERAPY	51	119,242			0	
3.00	SPEECH PATHOLOGY	52	5,800			0	
4.00	PSYCHIATRIC/PSYCHOLOGICAL SERV	59	23,531			0	
TOTAL RECLASSIFICATIONS FOR CODE R			265,398				

RECLASS CODE: S  
EXPLANATION : NURSING ADMIN RECLASS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	ADULTS & PEDIATRICS	25	349,458	NURSING ADMINISTRATION	14	349,458	
TOTAL RECLASSIFICATIONS FOR CODE S			349,458				

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

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

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING BALANCES 1	PURCHASES 2	ACQUISITIONS DONATION 3	TOTAL 4	DI SPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7
1 LAND	495,490					495,490	
2 LAND IMPROVEMENTS	95,260					95,260	
3 BUILDINGS & FIXTURE	27,371,275	470,261		470,261		27,841,536	
4 BUILDING IMPROVEMENT							
5 FIXED EQUIPMENT							
6 MOVABLE EQUIPMENT	6,652,598	148,444		148,444		6,801,042	
7 SUBTOTAL	34,614,623	618,705		618,705		35,233,328	
8 RECONCILING ITEMS							
9 TOTAL	34,614,623	618,705		618,705		35,233,328	

PART III - RECONCILIATION OF CAPITAL COST CENTERS  
 DESCRIPTION

*	DESCRIPTION	COMPUTATION OF RATIOS			RATIO	ALLOCATION OF OTHER CAPITAL			TOTAL
		GROSS ASSETS	CAPITALIZED LEASES	GROSS ASSETS FOR RATIO		INSURANCE	TAXES	OTHER CAPITAL RELATED COSTS	
		1	2	3	4	5	6	7	8
1	OLD CAP REL COSTS-BL								
2	OLD CAP REL COSTS-MV								
3	NEW CAP REL COSTS-BL								
3 01	NEW CAP REL COSTS-BL								
4	NEW CAP REL COSTS-MV								
5	TOTAL				1.000000				

DESCRIPTION

SUMMARY OF OLD AND NEW CAPITAL

*	DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL					OTHER CAPITAL RELATED COST	TOTAL (1)
		DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES		
		9	10	11	12	13	14	15
1	OLD CAP REL COSTS-BL							
2	OLD CAP REL COSTS-MV							
3	NEW CAP REL COSTS-BL	498,510			40,554		33,527	572,591
3 01	NEW CAP REL COSTS-BL	454,245			16,810			471,055
4	NEW CAP REL COSTS-MV	330,185					332,464	662,649
5	TOTAL	1,282,940			57,364		365,991	1,706,295

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

SUMMARY OF OLD AND NEW CAPITAL

*	DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL					OTHER CAPITAL RELATED COST	TOTAL (1)
		DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES		
		9	10	11	12	13	14	15
1	OLD CAP REL COSTS-BL							
2	OLD CAP REL COSTS-MV							
3	NEW CAP REL COSTS-BL	498,510						498,510
3 01	NEW CAP REL COSTS-BL	454,245						454,245
4	NEW CAP REL COSTS-MV	330,185						330,185
5	TOTAL	1,282,940						1,282,940

\* 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

DESCR IPTION (1)	(2) BASIS/ CODE 1	AMOUNT 2	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED		LINE NO 4	WKST. A-7 REF. 5
			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	-1,258,543				
13 SALE OF SCRAP, WASTE, ETC.						
14 RELATED ORGANIZATION TRANSACTIONS	A-8-1					
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 CRITICAL PATHWAYS RENTAL INC A-8-1	B	-3,928	ADMINISTRATIVE & GENERAL		6	
38 EXTENDED SERVICES OTH OPER A-8-1	B	-104,168	ADMINISTRATIVE & GENERAL		6	
39 EXTENDED SERVICES MISC INC A-8-1	B	-4,405	ADMINISTRATIVE & GENERAL		6	
40 ADMINISTRATION OTH OPR A-8-1	B	-5,185	ADMINISTRATIVE & GENERAL		6	
41 MISC INCOME A-8-1	B	-177	ADMINISTRATIVE & GENERAL		6	
42 CRITICAL PATHWAYS MISC INC A-8-1	B	-4,546	ADMINISTRATIVE & GENERAL		6	
43 ANIXTER RENT A-8-4	B	-10,000	OPERATION OF PLANT		8	
44 TELEPHONE OFFSET A-8-6	A	-34,956	ADMINISTRATIVE & GENERAL		6	
45 DONATIONS OFFSET A-8-7	A	-2,000	ADMINISTRATIVE & GENERAL		6	
46 OUTREACH SERVICES A-8-11	B	-10,850	STEPS CLINIC		99.01	
47 LAND LEASE OFFSET A-8-12	A	-18,540	ADMINISTRATIVE & GENERAL		6	
48 GRANTS OFFSET A-8-13	A	-321,834	GRANTS		100	
48.01 PART B FRINGE OFFSET A-8-5	A	-93,870	EMPLOYEE BENEFITS		5	
48.02 INVESTMENT INCOME OFFSET A-8-8	A	-891,979	NEW CAP REL COSTS-BLDG &		3	11
48.03 INVESTMENT INOME OFFSET A-8-8	A	-333,267	NEW CAP REL COSTS-BLDG &		3.01	11
48.04 TRANSP./AMBULANCE OFFSET A-8-14	A	-147,109	ADMINISTRATIVE & GENERAL		6	
48.05 TRANSP./AMBULANCE OFFSET A-8-14	A	-43,549	SOCIAL SERVICE		18	
48.06 SCHWAB AT ANIXTER A-8-17	A	-5,183	CLINIC		60	
48.07 NEW FOCUC A-8-19	A	-1,805	PHYSICAL THERAPY		50	
48.08 NEW FOCUS A-8-19	A	-1,616	OCCUPATIONAL THERAPY		51	
48.09 NEW FOCU A-8-19	A	-2,711	SPEECH PATHOLOGY		52	
48.10 SELF INSURANCE INCOME OFFSET A-8-22	B	-15,386	ADMINISTRATIVE & GENERAL		6	
48.11 PHYSICIAN BILLING OFFSET A-8-24	A	-79,568	ADMINISTRATIVE & GENERAL		6	
48.12 WEISS OFFSET A-8-26	A	-406,194	WEISS PROGRAM		100.03	
48.13 PSYCHOLOGY PART B OFFSET A-8-31	A	-184,791	PSYCHIATRIC/PSYCHOLOGICAL		59	
48.14 PSYCHOLOGY FRINGE OFFSET A-8-31	A	-13,514	EMPLOYEE BENEFITS		5	
48.15 SELF INSURANCE EXPENSE A-8-33	A	-94,177	ADMINISTRATIVE & GENERAL		6	
48.16 LOBBYING EXPENSE OFFSET (A8-25	A	-6,354	ADMINISTRATIVE & GENERAL		6	
49 OTHER ADJUSTMENTS (SPECIFY)						
50 TOTAL (SUM OF LINES 1 THRU 49)		-4,100,205				

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

(2) Basis for adjustment (see instructions).

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

B. Amount Received - if cost cannot be determined.

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

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

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

LINE NO.	COST CENTER	EXPENSE ITEMS	AMOUNT OF ALLOWABLE COST	AMOUNT	NET* ADJUSTMENTS	WKSHT A-7 COL. REF.
1	2	3	4	5	6	
1	6	ADMINISTRATIVE & GENERAL	SINAI HEALTH SYSTEM	1,682,438	1,682,438	
2	6	ADMINISTRATIVE & GENERAL	MOUNT SINAI HOSPITAL	371,509	371,509	
3	6	ADMINISTRATIVE & GENERAL	SINAI MEDICAL GROUP	55,000	55,000	
4						
5		TOTALS		2,108,947	2,108,947	

\* 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	E	0.00	SINAI HEALTH SYSTEM	0.00	
2	E	0.00	MOUNT SINAI HOSPITAL	0.00	
3	E	0.00	SINAI MEDICAL GROUP	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.

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
25	ADULTS & Peds	2,229,529	1,258,543	970,986	177,200	22,235	1,894,251	94,713
101	TOTAL	2,229,529	1,258,543	970,986		22,235	1,894,251	94,713

WKSHT A LINE NO.	COST CENTER/ PHYSICIAN IDENTIFIER	COST OF MEMBERSHIPS & CONTINUING EDUCATION	PROVIDER COMPONENT SHARE OF COL 12	PHYSICIAN COST OF MALPRACTICE INSURANCE	PROVIDER COMPONENT SHARE OF COL 14	ADJUSTED RCE LIMIT	RCE DIS- ALLOWANCE	ADJUSTMENT
10	11	12	13	14	15	16	17	18
1	25	ADULTS & PEDS				1,894,251		1,258,543
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
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17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
101	TOTAL					1,894,251		1,258,543

COST ALLOCATION STATISTICS

PROVIDER NO: 14-3025  
 PERIOD: FROM 7/1/2009 TO 6/30/2010  
 PREPARED 12/8/2010  
 NOT A CMS WORKSHEET

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

COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION	OLD CAP REL C OSTS-BLDG & 1	OLD CAP REL C OSTS-MVBLE E 2	NEW CAP REL C OSTS-BLDG & 3	NEW CAP REL C OSTS-BLDG & 3.01	NEW CAP REL C OSTS-MVBLE E 4	EMPLOYEE BENE FITS 5
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
003 01 NEW CAP REL COSTS-BLDG &	572,591			572,591			
004 NEW CAP REL COSTS-MVBLE E	471,055				471,055		
005 EMPLOYEE BENEFITS	662,649					662,649	
006 ADMINISTRATIVE & GENERAL	2,983,311				5,895	3,707	2,992,913
007 MAINTENANCE & REPAIRS	10,632,297			40,880	134,921	111,011	813,739
008 OPERATION OF PLANT	1,150,341			65,939	43,794	69,737	
009 LAUNDRY & LINEN SERVICE	198,542			13,782	2,178	10,189	
010 HOUSEKEEPING	799,753			11,523	3,374	9,495	75,641
011 DIETARY	805,221				40,151	25,251	3,212
012 CAFETERIA							
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION	224,962				2,308	1,451	32,268
015 CENTRAL SERVICES & SUPPLY	445,434			15,312	17,286	20,669	40,963
016 PHARMACY	1,243,120						
017 MEDICAL RECORDS & LIBRARY	179,982				14,904	9,373	24,482
018 SOCIAL SERVICE	365,007			7,815		5,001	55,266
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI	736,824						112,299
023 I&R SERVICES-OTHER PRGM C	195,601				11,697	7,356	21,907
024 PARAMED ED PRGM-(SPECIFY)							
025 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS	4,131,635			179,935	80,015	165,462	764,482
027 INTENSIVE CARE UNIT							
028 CORONARY CARE UNIT							
029 BURN INTENSIVE CARE UNIT							
030 SURGICAL INTENSIVE CARE U							
033 NURSERY							
034 SKILLED NURSING FACILITY	1,195,352				46,333	29,139	167,304
035 NURSING FACILITY							
037 ANCILLARY SRVC COST CNTRS							
038 OPERATING ROOM	1,301						
039 RECOVERY ROOM							
040 DELIVERY ROOM & LABOR ROO							
041 ANESTHESIOLOGY							
042 RADIOLOGY-DIAGNOSTIC	24,500				2,892	1,819	37
043 RADIOLOGY-THERAPEUTIC							
044 RADIOISOTOPE							
045 LABORATORY	442,789				2,567	1,615	5,282
046 PBP CLINICAL LAB SERVICES							
047 WHOLE BLOOD & PACKED RED							
048 BLOOD STORING, PROCESSING							
049 INTRAVENOUS THERAPY							
050 RESPIRATORY THERAPY							
051 PHYSICAL THERAPY	3,410,268			126,950	44,202	109,035	392,605
052 OCCUPATIONAL THERAPY	2,152,443			78,054	13,143	58,213	274,359
053 SPEECH PATHOLOGY	847,874			14,465		9,256	109,399
054 ELECTROCARDIOLOGY							
055 ELECTROENCEPHALOGRAPHY							
056 MEDICAL SUPPLIES CHARGED	414,768						
057 DRUGS CHARGED TO PATIENTS	529,018						
058 RENAL DIALYSIS	176,039				2,883	1,813	
059 ASC (NON-DI STINCT PART)							
060 PSYCHIATRIC/PSYCHOLOGICAL	138,440			6,595		4,220	46,193
061 OUTPAT SERVICE COST CNTRS							
062 CLINIC	57,201						8,067
065 EMERGENCY							
066 OBSERVATION BEDS (NON-DIS							
067 OTHER REIMBURS COST CNTRS							
068 AMBULANCE SERVICES							
069 DURABLE MEDICAL EQUIP-REN							
070 DURABLE MEDICAL EQUIP-SOL							
092 I&R SERVICES-NOT APPRVD P							
095 SPEC PURPOSE COST CENTERS							
096 AMBULATORY SURGICAL CENTE							
097 SUBTOTALS	35,188,318			561,250	468,543	653,812	2,947,505
098 NONREIMBURS COST CENTERS							
099 GIFT, FLOWER, COFFEE SHOP					1,270	799	
096 RESEARCH							
097 01 MARKETING					1,242	781	1,701
098 PHYSICIANS' PRIVATE OFFIC							
099 NONPAID WORKERS							
100 01 STEPS CLINIC	81,641			11,341		7,257	12,935
100 GRANTS							
100 01 FUNDRAISING	59,721						7,291
100 02 AMBULATORY SERVICES	264,834						23,481
100 03 WEISS PROGRAM							
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	35,594,514			572,591	471,055	662,649	2,992,913

COST CENTER DESCRIPTION	SUBTOTAL	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY
	5a.00	6	7	8	9	10	11
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
007 ADMINSTRATIVE & GENERAL	11,732,848	11,732,848					
008 MAINTENANCE & REPAIRS							
009 OPERATION OF PLANT	1,329,811	653,872		1,983,683			
010 LAUNDRY & LINEN SERVICE	224,691	110,481		42,266	377,438		
011 HOUSEKEEPING	899,786	442,427		39,389		1,381,602	
012 DIETARY	873,835	429,667		104,747		76,086	1,484,335
013 CAFETERIA							
014 MAINTENANCE OF PERSONNEL							
015 NURSING ADMINISTRATION	260,989	128,329		6,021		4,373	
016 CENTRAL SERVICES & SUPPLY	539,664	265,354		85,741		62,281	
017 PHARMACY	1,243,120	611,246					
018 MEDICAL RECORDS & LIBRARY	228,741	112,473		38,881		28,243	
019 SOCIAL SERVICE	433,089	212,951		20,746		15,070	
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI	849,123	417,516					
023 I&R SERVICES-OTHER PRGM C	236,561	116,318		30,515		22,165	
024 PARAMED ED PRGM-(SPECIFY)							
025 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS	5,321,529	2,616,609		686,390	269,405	498,585	1,198,854
027 INTENSIVE CARE UNIT							
028 CORONARY CARE UNIT							
029 BURN INTENSIVE CARE UNIT							
030 SURGICAL INTENSIVE CARE U							
031 NURSERY							
032 SKILLED NURSING FACILITY	1,438,128	707,132		120,875	60,545	87,801	285,481
033 NURSING FACILITY							
034 ANCILLARY SRVC COST CNTRS							
035 OPERATING ROOM	1,301	640					
036 RECOVERY ROOM							
037 DELIVERY ROOM & LABOR ROO							
038 ANESTHESIOLOGY							
039 RADIOLOGY-DIAGNOSTIC	29,248	14,381		7,544		5,480	
040 RADIOLOGY-THERAPEUTIC							
041 RADIOISOTOPE							
042 LABORATORY	452,253	222,374		6,698		4,865	
043 PBP CLINICAL LAB SERVICES							
044 WHOLE BLOOD & PACKED RED							
045 BLOOD STORING, PROCESSING							
046 INTRAVENOUS THERAPY							
047 RESPIRATORY THERAPY							
048 PHYSICAL THERAPY	4,083,060	2,007,653		452,307	23,752	328,548	
049 OCCUPATIONAL THERAPY	2,576,212	1,266,731		241,483	19,910	175,409	
050 SPEECH PATHOLOGY	980,994	482,358		38,397		27,891	
051 ELECTROCARDIOLOGY							
052 ELECTROENCEPHALOGRAPHY							
053 MEDICAL SUPPLIES CHARGED	414,768	203,943					
054 DRUGS CHARGED TO PATIENTS	529,018	260,120					
055 RENAL DIALYSIS	180,735	88,868		7,520		5,462	
056 ASC (NON-DI STINCT PART)							
057 PSYCHIATRIC/PSYCHOLOGICAL	195,448	96,102		17,506		12,716	
058 OUTPAT SERVICE COST CNTRS							
059 CLINIC	65,268	32,092					
060 EMERGENCY							
061 OBSERVATION BEDS (NON-DIS							
062 OTHER REIMBURS COST CNTRS							
063 AMBULANCE SERVICES							
064 DURABLE MEDICAL EQUIP-REN							
065 DURABLE MEDICAL EQUIP-SOL							
066 I&R SERVICES-NOT APPRVD P							
067 SPEC PURPOSE COST CENTERS							
068 AMBULATORY SURGICAL CENTE							
069 SUBTOTALS	35,120,220	11,499,637		1,947,026	373,612	1,354,975	1,484,335
070 NONREIMBURS COST CENTERS							
071 GIFT, FLOWER, COFFEE SHOP	2,069	1,017		3,313		2,406	
072 RESEARCH							
073 MARKETING	3,724	1,831		3,240		2,354	
074 PHYSICIANS' PRIVATE OFFIC							
075 NONPAID WORKERS							
076 STEPS CLINIC	113,174	55,648		30,104	2,911	21,867	
077 GRANTS							
078 FUNDRAISING	67,012	32,950					
079 AMBULATORY SERVICES	288,315	141,765			915		
080 WEISS PROGRAM							
081 CROSS FOOT ADJUSTMENT							
082 NEGATIVE COST CENTER							
083 TOTAL	35,594,514	11,732,848		1,983,683	377,438	1,381,602	1,484,335

COST CENTER DESCRIPTION	CAFETERIA 12	MAINTENANCE OF PERSONNEL 13	NURSING ADMINISTRATION 14	CENTRAL SERVICES & SUPPLY 15	PHARMACY 16	MEDICAL RECORDS & LIBRARY 17	SOCIAL SERVICE 18
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
007 ADMINISTRATIVE & GENERAL							
008 MAINTENANCE & REPAIRS							
009 OPERATION OF PLANT							
010 LAUNDRY & LINEN SERVICE							
011 HOUSEKEEPING							
012 DIETARY							
013 CAFETERIA							
014 MAINTENANCE OF PERSONNEL							
015 NURSING ADMINISTRATION			399,712				
016 CENTRAL SERVICES & SUPPLY				953,040			
017 PHARMACY					1,854,366		
018 MEDICAL RECORDS & LIBRARY						408,338	
019 SOCIAL SERVICE							681,856
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C							
024 PARAMED ED PRGM-(SPECIFY)							
025 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS			323,767	170,950		177,867	552,303
027 INTENSIVE CARE UNIT							
028 CORONARY CARE UNIT							
029 BURN INTENSIVE CARE UNIT							
030 SURGICAL INTENSIVE CARE U							
031 NURSERY							
032 SKILLED NURSING FACILITY			75,945	35,197		8,418	129,553
033 NURSING FACILITY							
034 ANCILLARY SRVC COST CNTRS							
035 OPERATING ROOM							
036 RECOVERY ROOM							
037 DELIVERY ROOM & LABOR ROO							
038 ANESTHESIOLOGY							
039 RADIOLOGY-DIAGNOSTIC						1,842	
040 RADIOLOGY-THERAPEUTIC							
041 RADIOISOTOPE							
042 LABORATORY				20,286		8,865	
043 PBP CLINICAL LAB SERVICES							
044 WHOLE BLOOD & PACKED RED							
045 BLOOD STORING, PROCESSING							
046 INTRAVENOUS THERAPY							
047 RESPIRATORY THERAPY							
048 PHYSICAL THERAPY				167,607		77,462	
049 OCCUPATIONAL THERAPY				68,095		58,797	
050 SPEECH PATHOLOGY				356,196		10,856	
051 ELECTROCARDIOLOGY						55	
052 ELECTROENCEPHALOGRAPHY							
053 MEDICAL SUPPLIES CHARGED				125,407		7,090	
054 DRUGS CHARGED TO PATIENTS					1,854,366	49,022	
055 RENAL DIALYSIS				268		2,950	
056 ASC (NON-DI STINCT PART)							
057 PSYCHIATRIC/PSYCHOLOGICAL				3		4,305	
058 OUTPAT SERVICE COST CNTRS							
059 CLINIC				8,335		809	
060 EMERGENCY							
061 OBSERVATION BEDS (NON-DIS							
062 OTHER REIMBURS COST CNTRS							
063 AMBULANCE SERVICES							
064 DURABLE MEDICAL EQUIP-REN							
065 DURABLE MEDICAL EQUIP-SOL							
066 I&R SERVICES-NOT APPRVD P							
067 SPEC PURPOSE COST CENTERS							
068 AMBULATORY SURGICAL CENTE							
069 SUBTOTALS			399,712	952,344	1,854,366	408,338	681,856
070 NONREIMBURS COST CENTERS							
071 GIFT, FLOWER, COFFEE SHOP							
072 RESEARCH							
073 MARKETING							
074 PHYSICIANS' PRIVATE OFFIC							
075 NONPAID WORKERS							
076 STEPS CLINIC				696			
077 GRANTS							
078 FUNDRAISING							
079 AMBULATORY SERVICES							
080 WEISS PROGRAM							
081 CROSS FOOT ADJUSTMENT							
082 NEGATIVE COST CENTER							
083 TOTAL			399,712	953,040	1,854,366	408,338	681,856

COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	I&R SERVICES- SALARY & FRI	I&R SERVICES- OTHER PRGM C	PARAMED ED PR GM-(SPECIFY)	PR SUBTOTAL	I&R COST POST STEP-DOWN ADJ
	20	21	22	23	24	25	26
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
007 ADMINISTRATIVE & GENERAL							
008 MAINTENANCE & REPAIRS							
009 OPERATION OF PLANT							
010 LAUNDRY & LINEN SERVICE							
011 HOUSEKEEPING							
012 DIETARY							
013 CAFETERIA							
014 MAINTENANCE OF PERSONNEL							
015 NURSING ADMINISTRATION							
016 CENTRAL SERVICES & SUPPLY							
017 PHARMACY							
018 MEDICAL RECORDS & LIBRARY							
019 SOCIAL SERVICE							
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI			1,266,639				
023 I&R SERVICES-OTHER PRGM C				405,559			
024 PARAMED ED PRGM-(SPECIFY)							
025 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS			1,266,639	405,559		13,488,457	-1,672,198
027 INTENSIVE CARE UNIT							
028 CORONARY CARE UNIT							
029 BURN INTENSIVE CARE UNIT							
030 SURGICAL INTENSIVE CARE U							
031 NURSERY							
032 SKILLED NURSING FACILITY						2,949,075	
033 NURSING FACILITY							
034 ANCILLARY SRVC COST CNTRS							
035 OPERATING ROOM						1,941	
036 RECOVERY ROOM							
037 DELIVERY ROOM & LABOR ROO							
038 ANESTHESIOLOGY							
039 RADIOLOGY-DIAGNOSTIC						58,495	
040 RADIOLOGY-THERAPEUTIC							
041 RADIOISOTOPE							
042 LABORATORY						715,341	
043 PBP CLINICAL LAB SERVICES							
044 WHOLE BLOOD & PACKED RED							
045 BLOOD STORING, PROCESSING							
046 INTRAVENOUS THERAPY							
047 RESPIRATORY THERAPY							
048 PHYSICAL THERAPY						7,140,389	
049 OCCUPATIONAL THERAPY						4,406,637	
050 SPEECH PATHOLOGY						1,896,692	
051 ELECTROCARDIOLOGY						55	
052 ELECTROENCEPHALOGRAPHY							
053 MEDICAL SUPPLIES CHARGED						751,208	
054 DRUGS CHARGED TO PATIENTS						2,692,526	
055 RENAL DIALYSIS						285,803	
056 ASC (NON-DIAGNOSTIC PART)							
057 PSYCHIATRIC/PSYCHOLOGICAL						326,080	
058 OUTPAT SERVICE COST CNTRS							
059 CLINIC						106,504	
060 EMERGENCY							
061 OBSERVATION BEDS (NON-DIS							
062 OTHER REIMBURS COST CNTRS							
063 AMBULANCE SERVICES							
064 DURABLE MEDICAL EQUIP-REN							
065 DURABLE MEDICAL EQUIP-SOL							
066 I&R SERVICES-NOT APPRVD P							
067 SPEC PURPOSE COST CENTERS							
068 AMBULATORY SURGICAL CENTE							
069 SUBTOTALS			1,266,639	405,559		34,819,203	-1,672,198
070 NONREIMBURS COST CENTERS							
071 GIFT, FLOWER, COFFEE SHOP						8,805	
072 RESEARCH							
073 MARKETING						11,149	
074 PHYSICIANS' PRIVATE OFFIC							
075 NONPAID WORKERS							
076 STEPS CLINIC						224,400	
077 GRANTS							
078 FUNDRAISING						99,962	
079 AMBULATORY SERVICES						430,995	
080 WEISS PROGRAM							
081 CROSS FOOT ADJUSTMENT							
082 NEGATIVE COST CENTER							
083 TOTAL			1,266,639	405,559		35,594,514	-1,672,198

COST CENTER DESCRIPTION		TOTAL
		27
001	GENERAL SERVICE COST CNTR	
002	OLD CAP REL COSTS-BLDG &	
003	OLD CAP REL COSTS-MVBLE E	
003	01 NEW CAP REL COSTS-BLDG &	
004	NEW CAP REL COSTS-MVBLE E	
005	EMPLOYEE BENEFITS	
006	ADMINISTRATIVE & GENERAL	
007	MAINTENANCE & REPAIRS	
008	OPERATION OF PLANT	
009	LAUNDRY & LINEN SERVICE	
010	HOUSEKEEPING	
011	DIETARY	
012	CAFETERIA	
013	MAINTENANCE OF PERSONNEL	
014	NURSING ADMINISTRATION	
015	CENTRAL SERVICES & SUPPLY	
016	PHARMACY	
017	MEDICAL RECORDS & LIBRARY	
018	SOCIAL SERVICE	
020	NONPHYSICIAN ANESTHETISTS	
021	NURSING SCHOOL	
022	I&R SERVICES-SALARY & FRI	
023	I&R SERVICES-OTHER PRGM C	
024	PARAMED ED PRGM-(SPECIFY)	
	INPAT ROUTINE SRVC CNTRS	
025	ADULTS & PEDIATRICS	11,816,259
026	INTENSIVE CARE UNIT	
027	CORONARY CARE UNIT	
028	BURN INTENSIVE CARE UNIT	
029	SURGICAL INTENSIVE CARE U	
033	NURSERY	
034	SKILLED NURSING FACILITY	2,949,075
035	NURSING FACILITY	
	ANCILLARY SRVC COST CNTRS	
037	OPERATING ROOM	1,941
038	RECOVERY ROOM	
039	DELIVERY ROOM & LABOR ROO	
040	ANESTHESIOLOGY	
041	RADIOLOGY-DIAGNOSTIC	58,495
042	RADIOLOGY-THERAPEUTIC	
043	RADIOISOTOPE	
044	LABORATORY	715,341
045	PBP CLINICAL LAB SERVICES	
046	WHOLE BLOOD & PACKED RED	
047	BLOOD STORING, PROCESSING	
048	INTRAVENOUS THERAPY	
049	RESPIRATORY THERAPY	
050	PHYSICAL THERAPY	7,140,389
051	OCCUPATIONAL THERAPY	4,406,637
052	SPEECH PATHOLOGY	1,896,692
053	ELECTROCARDIOLOGY	55
054	ELECTROENCEPHALOGRAPHY	
055	MEDICAL SUPPLIES CHARGED	751,208
056	DRUGS CHARGED TO PATIENTS	2,692,526
057	RENAL DIALYSIS	285,803
058	ASC (NON-DIAGNOSTIC PART)	
059	PSYCHIATRIC/PSYCHOLOGICAL	326,080
	OUTPAT SERVICE COST CNTRS	
060	CLINIC	106,504
061	EMERGENCY	
062	OBSERVATION BEDS (NON-DIS	
	OTHER REIMBURS COST CNTRS	
065	AMBULANCE SERVICES	
066	DURABLE MEDICAL EQUIP-REN	
067	DURABLE MEDICAL EQUIP-SOL	
070	I&R SERVICES-NOT APPRVD P	
	SPEC PURPOSE COST CENTERS	
092	AMBULATORY SURGICAL CENTE	
095	SUBTOTALS	33,147,005
	NONREIMBURS COST CENTERS	
096	GIFT, FLOWER, COFFEE SHOP	8,805
097	RESEARCH	
097	01 MARKETING	11,149
098	PHYSICIANS' PRIVATE OFFIC	
099	NONPAID WORKERS	
099	01 STEPS CLINIC	224,400
100	GRANTS	
100	01 FUNDRAISING	99,962
100	02 AMBULATORY SERVICES	430,995
100	03 WEISS PROGRAM	
101	CROSS FOOT ADJUSTMENT	
102	NEGATIVE COST CENTER	
103	TOTAL	33,922,316

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
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS	11,816,259		11,816,259		11,816,259
26	INTENSIVE CARE UNIT					
27	CORONARY CARE UNIT					
28	BURN INTENSIVE CARE UNIT					
29	SURGICAL INTENSIVE CARE U					
33	NURSERY					
34	SKILLED NURSING FACILITY	2,949,075		2,949,075		2,949,075
35	NURSING FACILITY					
37	ANCILLARY SRVC COST CNTRS OPERATING ROOM	1,941		1,941		1,941
38	RECOVERY ROOM					
39	DELIVERY ROOM & LABOR ROO					
40	ANESTHESIOLOGY					
41	RADIOLOGY-DIAGNOSTIC	58,495		58,495		58,495
42	RADIOLOGY-THERAPEUTIC					
43	RADIOISOTOPE					
44	LABORATORY	715,341		715,341		715,341
45	PBP CLINICAL LAB SERVICES					
46	WHOLE BLOOD & PACKED RED					
47	BLOOD STORING, PROCESSING					
48	INTRAVENOUS THERAPY					
49	RESPIRATORY THERAPY					
50	PHYSICAL THERAPY	7,140,389		7,140,389		7,140,389
51	OCCUPATIONAL THERAPY	4,406,637		4,406,637		4,406,637
52	SPEECH PATHOLOGY	1,896,692		1,896,692		1,896,692
53	ELECTROCARDIOLOGY	55		55		55
54	ELECTROENCEPHALOGRAPHY					
55	MEDICAL SUPPLIES CHARGED	751,208		751,208		751,208
56	DRUGS CHARGED TO PATIENTS	2,692,526		2,692,526		2,692,526
57	RENAL DIALYSIS	285,803		285,803		285,803
58	ASC (NON-DISTINCT PART)					
59	PSYCHIATRIC/PSYCHOLOGICAL OUTPAT SERVICE COST CNTRS	326,080		326,080		326,080
60	CLINIC	106,504		106,504		106,504
61	EMERGENCY					
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS					
65	AMBULANCE SERVICES					
66	DURABLE MEDICAL EQUIP-REN					
67	DURABLE MEDICAL EQUIP-SOL					
101	SUBTOTAL	33,147,005		33,147,005		33,147,005
102	LESS OBSERVATION BEDS					
103	TOTAL	33,147,005		33,147,005		33,147,005

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	19,789,552		19,789,552			
26	INTENSIVE CARE UNIT						
27	CORONARY CARE UNIT						
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U						
33	NURSERY						
34	SKILLED NURSING FACILITY	1,873,527		1,873,527			
35	NURSING FACILITY						
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	3,752		3,752	.517324	.517324	.517324
38	RECOVERY ROOM						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC	461,547	20,693	482,240	.121299	.121299	.121299
42	RADIOLOGY-THERAPEUTIC						
43	RADIOISOTOPE						
44	LABORATORY	1,968,019	122,423	2,090,442	.342196	.342196	.342196
45	PBP CLINICAL LAB SERVICES						
46	WHOLE BLOOD & PACKED RED						
47	BLOOD STORING, PROCESSING						
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY	8,528,680	8,126,816	16,655,496	.428711	.428711	.428711
51	OCCUPATIONAL THERAPY	8,985,511	3,973,196	12,958,707	.340052	.340052	.340052
52	SPEECH PATHOLOGY	1,394,603	1,021,630	2,416,233	.784979	.784979	.784979
53	ELECTROCARDIOLOGY	12,240		12,240	.004493	.004493	.004493
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED	2,308,448	3,908	2,312,356	.324867	.324867	.324867
56	DRUGS CHARGED TO PATIENTS	10,120,466	790,244	10,910,710	.246778	.246778	.246778
57	RENAL DIALYSIS	656,605		656,605	.435274	.435274	.435274
58	ASC (NON-DISTINCT PART)						
59	PSYCHIATRIC/PSYCHOLOGICAL	951,536	6,563	958,099	.340341	.340341	.340341
	OUTPAT SERVICE COST CNTRS						
60	CLINIC		179,959	179,959	.591824	.591824	.591824
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES						
66	DURABLE MEDICAL EQUIP-REN						
67	DURABLE MEDICAL EQUIP-SOL						
101	SUBTOTAL	57,054,486	14,245,432	71,299,918			
102	LESS OBSERVATION BEDS						
103	TOTAL	57,054,486	14,245,432	71,299,918			

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27 1	CAPITAL COST WKST B PT II & III, COL. 27 2	OPERATING COST NET OF CAPITAL COST 3	CAPITAL REDUCTION 4	OPERATING COST REDUCTION AMOUNT 5	COST NET OF CAP AND OPER COST REDUCTION 6
37	ANCILLARY SRVC COST CNTRS						
38	OPERATING ROOM	1,941	16	1,925			1,941
39	RECOVERY ROOM						
40	DELIVERY ROOM & LABOR ROO						
41	ANESTHESIOLOGY						
42	RADIOLOGY-DIAGNOSTIC	58,495	6,110	52,385			58,495
43	RADIOLOGY-THERAPEUTIC						
44	RADIOISOTOPE						
45	LABORATORY	715,341	12,668	702,673			715,341
46	PBP CLINICAL LAB SERVICES						
47	WHOLE BLOOD & PACKED RED						
48	BLOOD STORING, PROCESSING						
49	INTRAVENOUS THERAPY						
50	RESPIRATORY THERAPY						
51	PHYSICAL THERAPY	7,140,389	405,401	6,734,988			7,140,389
52	OCCUPATIONAL THERAPY	4,406,637	221,691	4,184,946			4,406,637
53	SPEECH PATHOLOGY	1,896,692	67,625	1,829,067			1,896,692
54	ELECTROCARDIOLOGY	55	4	51			55
55	ELECTROENCEPHALOGRAPHY						
56	MEDICAL SUPPLIES CHARGED	751,208	14,817	736,391			751,208
57	DRUGS CHARGED TO PATIENTS	2,692,526	25,313	2,667,213			2,692,526
58	RENAL DIALYSIS	285,803	8,035	277,768			285,803
59	ASC (NON-DISTINCT PART)						
60	PSYCHIATRIC/PSYCHOLOGICAL	326,080	15,758	310,322			326,080
61	OUTPAT SERVICE COST CNTRS						
62	CLINIC	106,504	1,495	105,009			106,504
63	EMERGENCY						
64	OBSERVATION BEDS (NON-DIS						
65	OTHER REIMBURS COST CNTRS						
66	AMBULANCE SERVICES						
67	DURABLE MEDICAL EQUIP-REN						
68	DURABLE MEDICAL EQUIP-SOL						
101	SUBTOTAL	18,381,671	778,933	17,602,738			18,381,671
102	LESS OBSERVATION BEDS						
103	TOTAL	18,381,671	778,933	17,602,738			18,381,671

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			
38	OPERATING ROOM	3,752	.517324	.517324
39	RECOVERY ROOM			
40	DELIVERY ROOM & LABOR ROO			
41	ANESTHESIOLOGY			
42	RADIOLOGY-DIAGNOSTIC	482,240	.121299	.121299
43	RADIOLOGY-THERAPEUTIC			
44	RADIOISOTOPE			
45	LABORATORY	2,090,442	.342196	.342196
46	PBP CLINICAL LAB SERVICES			
47	WHOLE BLOOD & PACKED RED			
48	BLOOD STORING, PROCESSING			
49	INTRAVENOUS THERAPY			
50	RESPIRATORY THERAPY			
51	PHYSICAL THERAPY	16,655,496	.428711	.428711
52	OCCUPATIONAL THERAPY	12,958,707	.340052	.340052
53	SPEECH PATHOLOGY	2,416,233	.784979	.784979
54	ELECTROCARDIOLOGY	12,240	.004493	.004493
55	ELECTROENCEPHALOGRAPHY			
56	MEDICAL SUPPLIES CHARGED	2,312,356	.324867	.324867
57	DRUGS CHARGED TO PATIENTS	10,910,710	.246778	.246778
58	RENAL DIALYSIS	656,605	.435274	.435274
59	ASC (NON-DISTINCT PART)			
60	PSYCHIATRIC/PSYCHOLOGICAL	958,099	.340341	.340341
61	OUTPAT SERVICE COST CNTRS			
62	CLINIC	179,959	.591824	.591824
63	EMERGENCY			
64	OBSERVATION BEDS (NON-DIS			
65	OTHER REIMBURS COST CNTRS			
66	AMBULANCE SERVICES			
67	DURABLE MEDICAL EQUIP-REN			
68	DURABLE MEDICAL EQUIP-SOL			
101	SUBTOTAL	49,636,839		
102	LESS OBSERVATION BEDS			
103	TOTAL	49,636,839		

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
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS				718,864		718,864
26	INTENSIVE CARE UNIT						
27	CORONARY CARE UNIT						
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U						
33	NURSERY						
101	TOTAL				718,864		718,864

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	19,376	5,915			37.10	219,447
26	INTENSIVE CARE UNIT						
27	CORONARY CARE UNIT						
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U						
33	NURSERY						
101	TOTAL	19,376	5,915				219,447





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					19,376	
26	INTENSIVE CARE UNIT						
27	CORONARY CARE UNIT						
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U						
33	NURSERY						
34	SKILLED NURSING FACILITY					4,614	
35	NURSING FACILITY						
101	TOTAL					23,990	

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT PROG DAYS 7	INPAT PROGRAM PASS THRU COST 8
25	ADULTS & PEDIATRICS		5,915
26	INTENSIVE CARE UNIT		
27	CORONARY CARE UNIT		
28	BURN INTENSIVE CARE UNIT		
29	SURGICAL INTENSIVE CARE U		
33	NURSERY		
34	SKILLED NURSING FACILITY	3,362	
35	NURSING FACILITY		
101	TOTAL	9,277	

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						
38	RECOVERY ROOM						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
42	RADIOLOGY-THERAPEUTIC						
43	RADIOISOTOPE						
44	LABORATORY						
45	PBP CLINICAL LAB SERVICES						
46	WHOLE BLOOD & PACKED RED						
47	BLOOD STORING, PROCESSING						
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
57	RENAL DIALYSIS						
58	ASC (NON-DISTINCT PART)						
59	PSYCHIATRIC/PSYCHOLOGICAL						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES						
66	DURABLE MEDICAL EQUIP-REN						
67	DURABLE MEDICAL EQUIP-SOL						
101	TOTAL						

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF CST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
37	ANCILLARY SRVC COST CNTRS							
	OPERATING ROOM			3,752				
38	RECOVERY ROOM							
39	DELIVERY ROOM & LABOR ROO							
40	ANESTHESIOLOGY							
41	RADIOLOGY-DIAGNOSTIC			482,240			169,302	
42	RADIOLOGY-THERAPEUTIC							
43	RADIOISOTOPE							
44	LABORATORY			2,090,442			568,205	
45	PBP CLINICAL LAB SERVICES							
46	WHOLE BLOOD & PACKED RED							
47	BLOOD STORING, PROCESSING							
48	INTRAVENOUS THERAPY							
49	RESPIRATORY THERAPY							
50	PHYSICAL THERAPY			16,655,496			2,262,915	
51	OCCUPATIONAL THERAPY			12,958,707			2,212,548	
52	SPEECH PATHOLOGY			2,416,233			391,200	
53	ELECTROCARDIOLOGY			12,240			12,237	
54	ELECTROENCEPHALOGRAPHY							
55	MEDICAL SUPPLIES CHARGED			2,312,356			530,519	
56	DRUGS CHARGED TO PATIENTS			10,910,710			2,802,149	
57	RENAL DIALYSIS			656,605			448,927	
58	ASC (NON-DISTINCT PART)							
59	PSYCHIATRIC/PSYCHOLOGICAL OUTPAT SERVICE COST CNTRS			958,099			269,103	
60	CLINIC			179,959				
61	EMERGENCY							
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS							
65	AMBULANCE SERVICES							
66	DURABLE MEDICAL EQUIP-REN							
67	DURABLE MEDICAL EQUIP-SOL							
101	TOTAL			49,636,839			9,667,105	

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						
38	OPERATING ROOM						
39	RECOVERY ROOM						
40	DELIVERY ROOM & LABOR ROO						
41	ANESTHESIOLOGY						
42	RADIOLOGY-DIAGNOSTIC	7,227					
43	RADIOLOGY-THERAPEUTIC						
44	RADIOISOTOPE						
45	LABORATORY						
46	PBP CLINICAL LAB SERVICES						
47	WHOLE BLOOD & PACKED RED						
48	BLOOD STORING, PROCESSING						
49	INTRAVENOUS THERAPY						
50	RESPIRATORY THERAPY	20,359					
51	PHYSICAL THERAPY	9,517					
52	OCCUPATIONAL THERAPY	271					
53	SPEECH PATHOLOGY						
54	ELECTROCARDIOLOGY						
55	ELECTROENCEPHALOGRAPHY						
56	MEDICAL SUPPLIES CHARGED						
57	DRUGS CHARGED TO PATIENTS	58,437					
58	RENAL DIALYSIS						
59	ASC (NON-DISTINCT PART)						
60	PSYCHIATRIC/PSYCHOLOGICAL	5,096					
61	OUTPAT SERVICE COST CNTRS						
62	CLINIC						
63	EMERGENCY						
64	OBSERVATION BEDS (NON-DIS						
65	OTHER REIMBURS COST CNTRS						
66	AMBULANCE SERVICES						
67	DURABLE MEDICAL EQUIP-REN						
101	DURABLE MEDICAL EQUIP-SOL						
	TOTAL	100,907					

TITLE XVIII, PART A SKILLED NURSING FACILITY PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST	1	1.01	MED ED NRS SCHOOL COST	2	MED ED ALLIED HEALTH COST	2.01	MED ED ALL OTHER COSTS	2.02	BLOOD CLOT FOR HEMOPHILIACS	2.03
37	ANCILLARY SRVC COST CNTRS											
38	OPERATING ROOM											
39	RECOVERY ROOM											
40	DELIVERY ROOM & LABOR ROO											
41	ANESTHESIOLOGY											
42	RADIOLOGY-DIAGNOSTIC											
43	RADIOLOGY-THERAPEUTIC											
44	RADIOISOTOPE											
45	LABORATORY											
46	PBP CLINICAL LAB SERVICES											
47	WHOLE BLOOD & PACKED RED											
48	BLOOD STORING, PROCESSING											
49	INTRAVENOUS THERAPY											
50	RESPIRATORY THERAPY											
51	PHYSICAL THERAPY											
52	OCCUPATIONAL THERAPY											
53	SPEECH PATHOLOGY											
54	ELECTROCARDIOLOGY											
55	ELECTROENCEPHALOGRAPHY											
56	MEDICAL SUPPLIES CHARGED											
57	DRUGS CHARGED TO PATIENTS											
58	RENAL DIALYSIS											
59	ASC (NON-DISTINCT PART)											
60	PSYCHIATRIC/PSYCHOLOGICAL											
61	OUTPAT SERVICE COST CNTRS											
62	CLINIC											
65	EMERGENCY											
66	OBSERVATION BEDS (NON-DIS											
67	OTHER REIMBURS COST CNTRS											
101	AMBULANCE SERVICES											
	DURABLE MEDICAL EQUIP-REN											
	DURABLE MEDICAL EQUIP-SOL											
	TOTAL											

TITLE XVIII, PART A SKILLED NURSING FACILITY 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							
38	OPERATING ROOM			3,752				
39	RECOVERY ROOM							
40	DELIVERY ROOM & LABOR ROO							
41	ANESTHESIOLOGY							
42	RADIOLOGY-DIAGNOSTIC			482,240			40,147	
43	RADIOLOGY-THERAPEUTIC							
44	RADIOISOTOPE							
45	LABORATORY			2,090,442			298,996	
46	PBP CLINICAL LAB SERVICES							
47	WHOLE BLOOD & PACKED RED							
48	BLOOD STORING, PROCESSING							
49	INTRAVENOUS THERAPY							
50	RESPIRATORY THERAPY							
51	PHYSICAL THERAPY			16,655,496			892,662	
52	OCCUPATIONAL THERAPY			12,958,707			879,538	
53	SPEECH PATHOLOGY			2,416,233			62,818	
54	ELECTROCARDIOLOGY			12,240				
55	ELECTROENCEPHALOGRAPHY							
56	MEDICAL SUPPLIES CHARGED			2,312,356			208,366	
57	DRUGS CHARGED TO PATIENTS			10,910,710			1,307,641	
58	RENAL DIALYSIS			656,605				
59	ASC (NON-DISTINCT PART)							
60	PSYCHIATRIC/PSYCHOLOGICAL			958,099			6,917	
61	OUTPAT SERVICE COST CNTRS							
62	CLINIC			179,959				
63	EMERGENCY							
64	OBSERVATION BEDS (NON-DIS							
65	OTHER REIMBURS COST CNTRS							
66	AMBULANCE SERVICES							
67	DURABLE MEDICAL EQUIP-REN							
101	DURABLE MEDICAL EQUIP-SOL							
	TOTAL			49,636,839			3,697,085	

TITLE XVIII, PART A SKILLED NURSING FACILITY 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						
38	RECOVERY ROOM						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
42	RADIOLOGY-THERAPEUTIC						
43	RADIOISOTOPE						
44	LABORATORY						
45	PBP CLINICAL LAB SERVICES						
46	WHOLE BLOOD & PACKED RED						
47	BLOOD STORING, PROCESSING						
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
57	RENAL DIALYSIS						
58	ASC (NON-DISTINCT PART)						
59	PSYCHIATRIC/PSYCHOLOGICAL						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES						
66	DURABLE MEDICAL EQUIP-REN						
67	DURABLE MEDICAL EQUIP-SOL						
101	TOTAL						

















TITLE XVIII PART A SNF PPS

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

		1
66	SKILLED NURSING FACILITY/OTHER NURSING FACILITY/ICF/MR ROUTINE SERVICE COST	2,949,075
67	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	639.16
68	PROGRAM ROUTINE SERVICE COST	2,148,856
69	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO PROGRAM	
70	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COSTS	2,148,856
71	CAPITAL-RELATED COST ALLOCATED TO INPATIENT ROUTINE SERVICE COSTS	138,857
72	PER DIEM CAPITAL-RELATED COSTS	30.09
73	PROGRAM CAPITAL-RELATED COSTS	101,163
74	INPATIENT ROUTINE SERVICE COST	2,047,693
75	AGGREGATE CHARGES TO BENEFICIARIES FOR EXCESS COSTS	
76	TOTAL PROGRAM ROUTINE SERVICE COSTS FOR COMPARISON TO THE COST LIMITATION	2,047,693
77	INPATIENT ROUTINE SERVICE COST PER DIEM LIMITATION	
78	INPATIENT ROUTINE SERVICE COST LIMITATION	
79	REASONABLE INPATIENT ROUTINE SERVICE COSTS	2,148,856
80	PROGRAM INPATIENT ANCILLARY SERVICES	1,231,021
81	UTILIZATION REVIEW - PHYSICIAN COMPENSATION	
82	TOTAL PROGRAM INPATIENT OPERATING COSTS	3,379,877

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 B - MEDICAL AND OTHER HEALTH SERVICES

HOSPITAL

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)	
1.01	MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER APRIL 1, 2001 (SEE INSTRUCTIONS).	29,209
1.02	PPS PAYMENTS RECEIVED INCLUDING OUTLIERS.	90,916
1.03	ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO.	
1.04	LINE 1.01 TIMES LINE 1.03.	
1.05	LINE 1.02 DIVIDED BY LINE 1.04.	
1.06	TRANSITIONAL CORRIDOR PAYMENT (SEE INSTRUCTIONS)	
1.07	ENTER THE AMOUNT FROM WORKSHEET D, PART IV, (COLS 9, 9.01, 9.02) LINE 101.	
2	INTERNS AND RESIDENTS	
3	ORGAN ACQUISITIONS	
4	COST OF TEACHING PHYSICIANS	
5	TOTAL COST (SEE INSTRUCTIONS)	

COMPUTATION OF LESSER OF COST OR CHARGES

REASONABLE CHARGES		
6	ANCILLARY SERVICE CHARGES	
7	INTERNS AND RESIDENTS SERVICE CHARGES	
8	ORGAN ACQUISITION CHARGES	
9	CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS.	
10	TOTAL REASONABLE CHARGES	
CUSTOMARY CHARGES		
11	AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS	
12	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e).	
13	RATIO OF LINE 11 TO LINE 12	
14	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)	
15	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	
16	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	
17	LESSER OF COST OR CHARGES (FOR CAH SEE INSTRUC)	
17.01	TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 1.02, 1.06 AND 1.07)	90,916

COMPUTATION OF REIMBURSEMENT SETTLEMENT

18	DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)	
18.01	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 17.01 (SEE INSTRUCTIONS)	22,120
19	SUBTOTAL (SEE INSTRUCTIONS)	68,796
20	SUM OF AMOUNTS FROM WORKSHEET E PARTS C, D & E (SEE INSTR.)	
21	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	1,254
22	ESRD DIRECT MEDICAL EDUCATION COSTS	
23	SUBTOTAL	70,050
24	PRIMARY PAYER PAYMENTS	
25	SUBTOTAL	70,050

REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)

26	COMPOSITE RATE ESRD	
27	BAD DEBTS (SEE INSTRUCTIONS)	2,615
27.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	1,831
27.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	2,477
28	SUBTOTAL	71,881
29	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION.	
30	OTHER ADJUSTMENTS (SPECIFY)	
30.99	OTHER ADJUSTMENTS (MSP-LCC RECONCILIATION AMOUNT)	
31	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS.	
32	SUBTOTAL	71,881
33	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
34	INTERIM PAYMENTS	72,165
34.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
35	BALANCE DUE PROVIDER/PROGRAM	-284
36	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2	

TO BE COMPLETED BY CONTRACTOR

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

TITLE XVII HOSPITAL

DESCRIPTION	INPATIENT-PART A		PART B	
	MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT
	1	2	3	4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		11,953,244		72,165
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				
ADJUSTMENTS TO PROVIDER				
ADJUSTMENTS TO PROVIDER				
ADJUSTMENTS TO PROVIDER				
ADJUSTMENTS TO PROVIDER				
ADJUSTMENTS TO PROGRAM	2/22/2010	856,314		
ADJUSTMENTS TO PROGRAM	6/28/2010	893,359		
ADJUSTMENTS TO PROGRAM				
ADJUSTMENTS TO PROGRAM				
ADJUSTMENTS TO PROGRAM				
ADJUSTMENTS TO PROGRAM				
SUBTOTAL		-1,749,673		NONE
4 TOTAL INTERIM PAYMENTS		10,203,571		72,165
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				
TENTATIVE TO PROVIDER				
TENTATIVE TO PROVIDER				
TENTATIVE TO PROGRAM				
TENTATIVE TO PROGRAM				
TENTATIVE TO PROGRAM				
SUBTOTAL		NONE		NONE
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)		172,135		284
7 TOTAL MEDICARE PROGRAM LIABILITY		10,375,706		71,881

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 HOSPITAL

1	INPATIENT HOSPITAL SERVICES (SEE INSTRUCTIONS)			
1.01	HOSPITAL SPECIFIC AMOUNT (SEE INSTRUCTIONS)			
1.02	ENTER FROM THE PS&R, THE IRF PPS PAYMENT	1,655,305		5,372,740
1.03	MEDICARE SSI RATIO (IRF PPS ONLY) (SEE INSTR.)	.1464		
1.04	INPATIENT REHABILITATION FACILITY LIP PAYMENTS (SEE INSTRUCTIONS)	650,411		1,494,530
1.05	OUTLIER PAYMENTS	38,857		
1.06	TOTAL PPS PAYMENTS (SUM OF LINES 1.01, (1.02, 1.04 FOR COLUMNS 1 & 1.01), 1.05 AND 1.42)	10,119,605		
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.)	9.49		
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.)	9.71		
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)	9.49		
1.40	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)	53.084932		
1.41	MEDICAL EDUCATION ADJUSTMENT FACTOR $\{((1 + (LINE 1.39/1.40))) \text{ RAISED TO THE POWER OF } .9012 - 1\}$ .	.159770		.119733
1.42	MEDICAL EDUCATION ADJUSTMENT (LINE 1.02 MULTIPLIED BY LINE 1.41).	264,468		643,294
2	ORGAN ACQUISITION			
3	COST OF TEACHING PHYSICIANS			
4	SUBTOTAL (SEE INSTRUCTIONS)	10,119,605		
5	PRIMARY PAYER PAYMENTS			
6	SUBTOTAL	10,119,605		
7	DEDUCTIBLES	28,211		
8	SUBTOTAL	10,091,394		
9	COINSURANCE	185,317		
10	SUBTOTAL	9,906,077		
11	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROF SERV)	109,774		
11.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	76,842		
11.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	109,774		
12	SUBTOTAL	9,982,919		
13	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	392,787		
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 HOSPITAL

RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS		
17	TOTAL AMOUNT PAYABLE TO THE PROVIDER (SEE INSTRUCTIONS)	10,375,706
18	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
19	INTERIM PAYMENTS	10,203,571
19.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
20	BALANCE DUE PROVIDER/PROGRAM	172,135
21	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.	

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

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

	TITLE XVIII	SNF	PPS TITLE V OR TITLE XIX	TITLE XVIII SNF PPS
			1	2
1	COMPUTATION OF NET COST OF COVERED SERVICE			
2	INPATIENT HOSPITAL/SNF/NF SERVICES			
3	MEDICAL AND OTHER SERVICES			
4	INTERNS AND RESIDENTS (SEE INSTRUCTIONS)			
5	ORGAN ACQUISITION (CERT TRANSPLANT CENTERS ONLY)			
6	COST OF TEACHING PHYSICIANS (SEE INSTRUCTIONS)			
7	SUBTOTAL			
8	INPATIENT PRIMARY PAYER PAYMENTS			
9	OUTPATIENT PRIMARY PAYER PAYMENTS			
10	SUBTOTAL			
	COMPUTATION OF LESSER OF COST OR CHARGES			
	REASONABLE CHARGES			
11	ROUTINE SERVICE CHARGES			
12	ANCILLARY SERVICE CHARGES			
13	INTERNS AND RESIDENTS SERVICE CHARGES			
14	ORGAN ACQUISITION CHARGES, NET OF REVENUE			
15	TEACHING PHYSICIANS			
16	INCENTIVE FROM TARGET AMOUNT COMPUTATION			
17	TOTAL REASONABLE CHARGES			
	CUSTOMARY CHARGES			
18	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS			
19	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e)			
20	RATIO OF LINE 17 TO LINE 18			
21	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)			
22	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST			
23	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			
24	COST OF COVERED SERVICES			
25	PROSPECTIVE PAYMENT AMOUNT			
26	OTHER THAN OUTLIER PAYMENTS			1,311,421
27	OUTLIER PAYMENTS			
28	PROGRAM CAPITAL PAYMENTS			
29	CAPITAL EXCEPTION PAYMENTS (SEE INSTRUCTIONS)			
30	ROUTINE SERVICE OTHER PASS THROUGH COSTS			
31	ANCILLARY SERVICE OTHER PASS THROUGH COSTS			
32	SUBTOTAL			1,311,421
33	CUSTOMARY CHARGES (TITLE XIX PPS COVERED SERVICES ONLY)			
34	TITLES V OR XIX PPS, LESSER OF LNS 30 OR 31; NON PPS & TITLE XVIII ENTER AMOUNT FROM LINE 30			1,311,421
35	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)			
	COMPUTATION OF REIMBURSEMENT SETTLEMENT			
36	EXCESS OF REASONABLE COST			
37	SUBTOTAL			1,311,421
38	COINSURANCE			28,268
39	SUM OF AMOUNTS FROM WKST. E, PARTS C, D & E, LN 19			
40	REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)			
41	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS ENDING BEFORE 10/01/05 (SEE INSTRUCTIONS)			
42	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES			
43	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS BEGINNING ON OR AFTER 10/01/05 (SEE INSTRUCTIONS)			
44	UTILIZATION REVIEW			
45	SUBTOTAL (SEE INSTRUCTIONS)			1,283,153
46	INPATIENT ROUTINE SERVICE COST			
47	MEDICARE INPATIENT ROUTINE CHARGES			
48	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS			
49	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT OF PART A SERVICES			
50	RATIO OF LINE 43 TO 44			
51	TOTAL CUSTOMARY CHARGES			
52	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST			
53	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			
54	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION			
55	OTHER ADJUSTMENTS (SPECIFY)			
56	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS			
57	SUBTOTAL			1,283,153
58	INDIRECT MEDICAL EDUCATION ADJUSTMENT (PPS ONLY)			
59	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS			
60	TOTAL AMOUNT PAYABLE TO THE PROVIDER			1,283,153
61	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)			
62	INTERIM PAYMENTS			1,283,153
63	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)			
64	BALANCE DUE PROVIDER/PROGRAM			
65	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS)			

Health Financial Systems      MCRI F32      FOR SCHWAB REHAB HOSP & CARE NETWORK      IN LIEU OF FORM CMS-2552-96-E-3 (5/2008)

	PROVIDER NO:	PERIOD:	PREPARED 12/ 8/2010
CALCULATION OF REIMBURSEMENT SETTLEMENT	14-3025	FROM 7/ 1/2009	WORKSHEET E-3
	COMPONENT NO:	TO 6/30/2010	PART III
	14-5966		

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

TITLE XVIII

SNF

PPS  
TITLE V OR  
TITLE XIX  
1

TITLE XVIII  
SNF PPS  
2

IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.

TITLE XVIII

COMPUTATION OF TOTAL DIRECT GME AMOUNT

1	NUMBER OF FTE RESIDENTS FOR OB/GYN & PRIMARY CARE		
1.01	NUMBER OF FTE RESIDENTS FOR ALL OTHER (SEE INSTR)		
2	UPDATED PER RESIDENT AMOUNT FOR OB/GYN & PRIMARY		
2.01	UPDATED PER RESIDENT AMOUNT ALL OTHER (SEE INSTR)		
3	AGGREGATE APPROVED AMOUNT		
3.01	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR COST REPTG PERIODS ENDING ON OR BEFORE 12/31/96		11.59
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)	10.73	10.73
3.05	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR THE CURRENT YEAR FROM YOUR RECORDS		9.71
3.06	ENTER THE LESSER OF LINE 3.04 OR LINE 3.05.		9.71
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.		.47
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.		9.24
3.09	ENTER THE SUM OF LINES 3.07 AND 3.08.		9.71
3.10	SEE INSTRUCTIONS		9.71
3.11	WEIGHTED DENTAL & PODIATRIC RESIDENT FTE COUNT FOR CUR YEAR IN COLUMN 1. IF CURRENT YEAR IS ZERO & TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COL. ZERO.		
3.12	SEE INSTRUCTIONS		9.24
3.13	TOTAL WEIGHTED RESIDENT FTE COUNT FOR NONPRIMARY CARE RESIDENTS FOR THE PRIOR COST REPORTING YEAR (SEE INSTRUCTIONS)		10.00
3.14	TOTAL WEIGHTED RESIDENT FTE COUNT FOR NONPRIMARY CARE RESIDENTS FOR THE PENULTIMATE COST REPORTING YEAR (SEE INSTRUCTIONS)		8.48
3.15	ROLLING AVERAGE FTE COUNT (SEE INSTRUCTIONS)	RES INIT YEARS	9.24
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)		9.24
3.17	ENTER THE NONPRIMARY CARE PER RESIDENT AMOUNT.		122,346.22
3.18	SEE INSTRUCTIONS		1,130,479
3.19	ENTER THE WEIGHTED FTE RESIDENT COUNT FOR PRIMARY CARE AND OB/GYN RESIDENTS FOR THE PRIOR YEAR (SEE INSTRUCTIONS)		.42
3.20	ENTER THE WEIGHTED FTE RESIDENT COUNT FOR PRIMARY CARE AND OB/GYN RESIDENTS FOR THE PENULTIMATE YEAR (SEE INSTRUCTIONS)		.46
3.21	SEE INSTRUCTIONS	RES INIT YEARS	.45
3.22	SEE INSTRUCTIONS		.45
3.23	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001		129,205.48
3.24	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001		58,142
3.25	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001		1,188,621

COMPUTATION OF PROGRAM PATIENT LOAD

4	PROGRAM PART A INPATIENT DAYS		5,915
5	TOTAL INPATIENT DAYS		19,376
6	RATIO OF PROGRAM INPATIENT DAYS TO TOTAL INPATIENT DAYS.	LN 6 * LN 3.25 + E-3, 6 L 11	.305275
6.01	TOTAL GME PAYMENT FOR NON-MANAGED CARE DAYS	362,856	362,856
6.02	PROGRAM MANAGED CARE DAYS OCCURRING ON OR AFTER JANUARY 1 OF THIS COST REPORTING PERIOD (SEE INSTRUCTIONS)		592
6.03	ENTER THE TOTAL INPATIENT DAYS FROM LINE 5 ABOVE.		19,376
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.		31,185
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		656,605
9	RATIO OF DIRECT MEDICAL EDUCATION COSTS TO TOTAL CHARGES		

TITLE XVIII

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

APPORTIONMENT BASED ON MEDICARE REASONABLE COST TITLE XVIII ONLY

PART A REASONABLE COST

12	REASONABLE COST (SEE INSTRUCTIONS)	9,151,540
13	ORGAN ACQUISITION COSTS	
14	COST OF TEACHING PHYSICIANS	
15	PRIMARY PAYER PAYMENTS	
16	TOTAL PART A REASONABLE COST	9,151,540

PART B REASONABLE COST

17	REASONABLE COST	29,209
18	PRIMARY PAYER PAYMENTS	
19	TOTAL PART B REASONABLE COST	29,209
20	TOTAL REASONABLE COST	9,180,749
21	RATIO OF PART A REASONABLE COST TO TOTAL REASONABLE COST	.996818
22	RATIO OF PART B REASONABLE COST TO TOTAL REASONABLE COST	.003182

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

23	TOTAL PROGRAM GME PAYMENT	
23.01	FOR COST REPORTING PERIODS BEGINNING ON OR AFTER 10/1/97 (SUM OF LINES 6.01, 6.05, & 6.08)	394,041
24	PART A MEDICARE GME PAYMENT--TITLE XVIII ONLY	392,787
25	PART B MEDICARE GME PAYMENT--TITLE XVIII ONLY	1,254

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)	10.73	
3 UNADJUSTED DIRECT GME FTE CAP (WKST E-3, PART IV, SUM OF LINES 3.01 AND 3.02)	11.59	
4 PRORATED REDUCED DIRECT GME FTE CAP (SEE INSTRUCTIONS)	10.73	

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





	GENERAL FUND		SPECIFIC PURPOSE FUND	
	1	2	3	4
1 FUND BALANCE AT BEGINNING OF PERIOD		46,784,000		415,000
2 NET INCOME (LOSS)		2,535,062		
3 TOTAL		49,319,062		415,000
4 ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
5 ADDITIONS (CREDIT ADJUSTM				
6 DONOR CONTRUBUTIONS			574,000	
7				
8				
9				
10 TOTAL ADDITIONS				574,000
11 SUBTOTAL		49,319,062		989,000
12 DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
13 DEDUCTIONS (DEBIT ADJUSTM				
14 NET ASSETS RELEASED			583,000	
15				
16				
17				
18 TOTAL DEDUCTIONS				583,000
19 FUND BALANCE AT END OF PERIOD PER BALANCE SHEET		49,319,062		406,000

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

PART I - PATIENT REVENUES

REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3
GENERAL INPATIENT ROUTINE CARE SERVICES			
1 00 HOSPITAL	19,789,552		19,789,552
4 00 SWING BED - SNF			
5 00 SWING BED - NF			
6 00 SKILLED NURSING FACILITY	1,873,412		1,873,412
7 00 NURSING FACILITY			
9 00 TOTAL GENERAL INPATIENT ROUTINE CARE	21,662,964		21,662,964
INTENSIVE CARE TYPE INPATIENT HOSPITAL SVCS			
10 00 INTENSIVE CARE UNIT			
11 00 CORONARY CARE UNIT			
12 00 BURN INTENSIVE CARE UNIT			
13 00 SURGICAL INTENSIVE CARE UNIT			
15 00 TOTAL INTENSIVE CARE TYPE INPAT HOSP			
16 00 TOTAL INPATIENT ROUTINE CARE SERVICE	21,662,964		21,662,964
17 00 ANCILLARY SERVICES	35,417,036	15,614,000	51,031,036
18 00 OUTPATIENT SERVICES			
20 00 AMBULANCE SERVICES			
22 00 AMBULATORY SURGICAL CENTER (D. P.)			
24 00			
25 00 TOTAL PATIENT REVENUES	57,080,000	15,614,000	72,694,000

PART II - OPERATING EXPENSES

26 00 OPERATING EXPENSES		39,694,719	
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		39,694,719	







WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27 1	CAPITAL COST WKST B PT II & III, COL. 27 2	OPERATING COST NET OF CAPITAL COST 3	CAPITAL REDUCTION 4	OPERATING COST REDUCTION AMOUNT 5	COST NET OF CAP AND OPER COST REDUCTION 6
37	ANCILLARY SRVC COST CNTRS						
38	OPERATING ROOM	1,941	16	1,925	2	112	1,827
39	RECOVERY ROOM						
40	DELIVERY ROOM & LABOR ROO						
41	ANESTHESIOLOGY						
42	RADIOLOGY-DIAGNOSTIC	58,495	6,110	52,385	611	3,038	54,846
43	RADIOLOGY-THERAPEUTIC						
44	RADIOISOTOPE						
45	LABORATORY	715,341	12,668	702,673	1,267	40,755	673,319
46	PBP CLINICAL LAB SERVICES						
47	WHOLE BLOOD & PACKED RED						
48	BLOOD STORING, PROCESSING						
49	INTRAVENOUS THERAPY						
50	RESPIRATORY THERAPY						
51	PHYSICAL THERAPY	7,140,389	405,401	6,734,988	40,540	390,629	6,709,220
52	OCCUPATIONAL THERAPY	4,406,637	221,691	4,184,946	22,169	242,727	4,141,741
53	SPEECH PATHOLOGY	1,896,692	67,625	1,829,067	6,763	106,086	1,783,843
54	ELECTROCARDIOLOGY	55	4	51		3	52
55	ELECTROENCEPHALOGRAPHY						
56	MEDICAL SUPPLIES CHARGED	751,208	14,817	736,391	1,482	42,711	707,015
57	DRUGS CHARGED TO PATIENTS	2,692,526	25,313	2,667,213	2,531	154,698	2,535,297
58	RENAL DIALYSIS	285,803	8,035	277,768	804	16,111	268,888
59	ASC (NON-DISTINCT PART)						
60	PSYCHIATRIC/PSYCHOLOGICAL	326,080	15,758	310,322	1,576	17,999	306,505
61	OUTPAT SERVICE COST CNTRS						
62	CLINIC	106,504	1,495	105,009	150	6,091	100,263
63	EMERGENCY						
64	OBSERVATION BEDS (NON-DIS						
65	OTHER REIMBURS COST CNTRS						
66	AMBULANCE SERVICES						
67	DURABLE MEDICAL EQUIP-REN						
101	DURABLE MEDICAL EQUIP-SOL						
102	SUBTOTAL	18,381,671	778,933	17,602,738	77,895	1,020,960	17,282,816
103	LESS OBSERVATION BEDS						
	TOTAL	18,381,671	778,933	17,602,738	77,895	1,020,960	17,282,816

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			
38	OPERATING ROOM	3,752	.486940	.516791
39	RECOVERY ROOM			
40	DELIVERY ROOM & LABOR ROO			
41	ANESTHESIOLOGY			
42	RADIOLOGY-DIAGNOSTIC	482,240	.113732	.120032
43	RADIOLOGY-THERAPEUTIC			
44	RADIOISOTOPE			
45	LABORATORY	2,090,442	.322094	.341590
46	PBP CLINICAL LAB SERVICES			
47	WHOLE BLOOD & PACKED RED			
48	BLOOD STORING, PROCESSING			
49	INTRAVENOUS THERAPY			
50	RESPIRATORY THERAPY			
51	PHYSICAL THERAPY	16,655,496	.402823	.426277
52	OCCUPATIONAL THERAPY	12,958,707	.319611	.338341
53	SPEECH PATHOLOGY	2,416,233	.738274	.782180
54	ELECTROCARDIOLOGY	12,240	.004248	.004493
55	ELECTROENCEPHALOGRAPHY			
56	MEDICAL SUPPLIES CHARGED	2,312,356	.305755	.324226
57	DRUGS CHARGED TO PATIENTS	10,910,710	.232368	.246546
58	RENAL DIALYSIS	656,605	.409513	.434049
59	ASC (NON-DISTINCT PART)			
60	PSYCHIATRIC/PSYCHOLOGICAL	958,099	.319910	.338696
61	OUTPAT SERVICE COST CNTRS			
62	CLINIC	179,959	.557144	.590990
63	EMERGENCY			
64	OBSERVATION BEDS (NON-DIS			
65	OTHER REIMBURS COST CNTRS			
66	AMBULANCE SERVICES			
67	DURABLE MEDICAL EQUIP-REN			
101	DURABLE MEDICAL EQUIP-SOL			
102	SUBTOTAL	49,636,839		
103	LESS OBSERVATION BEDS			
	TOTAL	49,636,839		